

EVALUATION OF THE NORTHERN REGION PREVENTION OF VIOLENCE AGAINST WOMEN STRATEGY

Evaluation Framework NOVEMBER 2013



ACCESS TO SERVICES ASPECTS OF LIFE
CONDITIONS CONTEXT CONTROL
DISCRIMINATION DISTRIBUTION OF
RESOURCES EDUCATION EMPLOYMENT
EQUAL RIGHTS EQUAL STATUS EQUAL
TREATMENT EXIST FEAR GENDER HUMAN
RIGHTS IMBALANCE OPPORTUNITIES
PAID EQUALLY REGARDLESS OF SEX
RELATIONSHIP SOCIAL SUPPORT
TREATED WOMEN DESERVE
WORK PLACE



MONASH University

GENDER, LEADERSHIP AND SOCIAL SUSTAINABILITY RESEARCH UNIT
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**WOMEN'S HEALTH
IN THE NORTH**

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Acronyms and Abbreviations

GLASS	Gender, Leadership and Social Sustainability Research Unit (Monash University)
NMR	Northern Metropolitan Region
NIFVS	Northern Integrated Family Violence Services
PVAW	Preventing Violence against Women
WHIN	Women's Health In the North

Introduction to the Evaluation Framework

Women's Health In the North (WHIN) is the regional women's health service for the northern metropolitan region (NMR) of Melbourne, and has identified violence against women as a priority work area since its formation in 1991. An increasing focus on preventing violence before it occurs, led WHIN to develop *Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016*. This Strategy provides a framework, context and evidence-based actions to guide primary prevention work in the region. WHIN has committed to monitor and evaluate the *Building a Respectful Community – Preventing Violence against Women Strategy* as well as any prevention initiatives that are developed by WHIN in response to the action plan.

To undertake this evaluation, WHIN formed a partnership with Monash University's Gender, Leadership and Social Sustainability (GLASS) Research Unit. Phase 1 of the evaluation (the WHIN-GLASS partnership) was conducted from November 2012 to November 2013, and involved the development of this Evaluation Framework; development and administration of a workplace survey, focus groups and interviews; and the data analysis, findings and recommendations contained in the accompanying document, *Evaluation of the Northern Region Prevention of Violence against Women Strategy: Evaluation Report*.

This Evaluation Framework, developed by GLASS and WHIN, serves two purposes:

- To guide the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy* now and in the future; and
- To provide a structure and context for the evaluation of other regional approaches to preventing violence against women.

Section 1 provides an overview of the theoretical influences, understandings and foundations on which the evaluation framework is built.

In Section 2, more detailed information is provided about the evaluation methods, the development of the program logic and the Evaluation Plan. The framework considers both short and long-term outcomes and applies an ecological approach, which looks at outcomes for individuals, organisations, communities and societies. The Evaluation Plan (page 33) details process and impact indicators, data collection methods, and responsibilities and timelines.

The theoretical background, methods, templates and tools employed in this Evaluation Framework and Plan are designed to be transferable to other contexts. Consequently, they can be used in – or may inform – the evaluation of prevention of violence against women strategies and processes in WHIN's partner organisations and other organisations undertaking similar work.

The accompanying Evaluation Report provides the data analysis, evaluation findings and suggestions for future work and directions.

Evaluation Scope: An Overview

Project Title:

Evaluation of the Northern Region Prevention of Violence against Women Strategy.

Project Partners:

Women's Health In the North and Monash University's Gender, Leadership and Social Sustainability Research Unit. The Building a Respectful Community Implementation Advisory Group supports this project.

Project Description:

The project will undertake an evaluation of the strategies and processes used by WHIN in the regional approach to the prevention of violence against women in the northern metropolitan region of Melbourne. This regional approach is guided by *Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016*.

Key Evaluation Questions:

1. In what ways have the different approaches and activities employed in the *Building a Respectful Community – Preventing Violence against Women Strategy* achieved their aims?
2. How successful is a regional approach to a preventing violence against women strategy where regional partners are included in the activities? In what ways is it successful?

Geographic Area:

The northern metropolitan region of Melbourne includes the local government areas of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.

Stakeholders and Participants:

The stakeholders for this research are the partner organisations identified in the *Building a Respectful Community – Preventing Violence against Women Strategy*. They include local government, community health services, primary care partnerships and the Northern Integrated Family Violence Services (NIFVS) Strategic Network. Participants in the project include staff at these partner organisations, in particular members of the Building a Respectful Community Implementation Advisory Group (see page 37 for more detail).

Time Frame:

Phase 1 of the evaluation covers the period from November 2012 to November 2013 (WHIN-GLASS partnership). The Evaluation Framework guides Phase 1 of the evaluation and also provides a long-term framework for ongoing evaluation of this work, including an anticipated Phase 2 in 2016/2017.

Phase 1 Aims to:

- Establish baseline information regarding knowledge about, and attitudes to, violence against women in WHIN's partner organisations in the Strategy.
- Undertake an evaluation of the strategies and processes utilised in the regional approach to the prevention of violence against women in the northern metropolitan region of Melbourne.
- Establish baseline information regarding the effectiveness of a regional preventing violence against women strategy.

Phase 1 Data Collection:

Data collection methods for Phase 1 of the evaluation (WHIN-GLASS partnership) include: a workplace survey, focus groups and interviews.

Ongoing and Future Evaluation:

In addition to the evaluation undertaken by the WHIN-GLASS partnership, WHIN will conduct ongoing evaluation of its preventing violence against women work, and the implementation of the *Building a Respectful Community – Preventing Violence against Women Strategy*, throughout the life of the strategy (2011–2016). Data collection includes mapping of practice, policy and programs across the region; evaluation of all training, events and forums and written resources; partnership evaluations; and reflective practice sessions. This evaluation will be used to influence and adapt strategies and action within the *Building a Respectful Community – Preventing Violence against Women Strategy* and will contribute to a final evaluation of the Strategy.

Phase 2 of the evaluation is anticipated for 2016-2017, at which point the GLASS Research Unit may be engaged to complete another round of surveys, focus groups and interviews (pending funding).

SECTION 1: BACKGROUND AND CONTEXT

Section 1 provides background information on the lead organisation, the region, and the work that is being evaluated. Importantly, it gives an overview of the theoretical influences, understandings and foundations on which the evaluation framework is built. It is hoped that this will provide a context for not only this evaluation, but for the evaluation of other preventing violence against women work in the region and more broadly.

Women's Health In the North

WHIN is the regional women's health service for Melbourne's northern metropolitan region. WHIN aims to strengthen women's health and wellbeing, with a strategic focus on: violence against women; gender equity and gender analysis; sexual and reproductive health; and access to economic resources.

WHIN's mission is to "address gender inequities and the determinants of women's health, safety and wellbeing through leadership, advocacy, research, knowledge translation and strategic partnerships" (WHIN 2013, p. 1). WHIN is committed to carrying out this mission in a way that is feminist, ethical, inclusive and courageous.

WHIN's strategic objectives are to:

- Provide leadership and expertise to improve women's health, safety and wellbeing.
- Identify, build and resource strategic partnerships that promote women's health, safety and wellbeing, and improve regional service responses.
- Undertake and influence research, resource development and knowledge translation to inform innovative approaches to women's health, safety and wellbeing.
- Engage with women and communities to facilitate, influence and support positive change to their health, safety and wellbeing.
- Build a strong and sustainable future for the organisation (WHIN 2013).

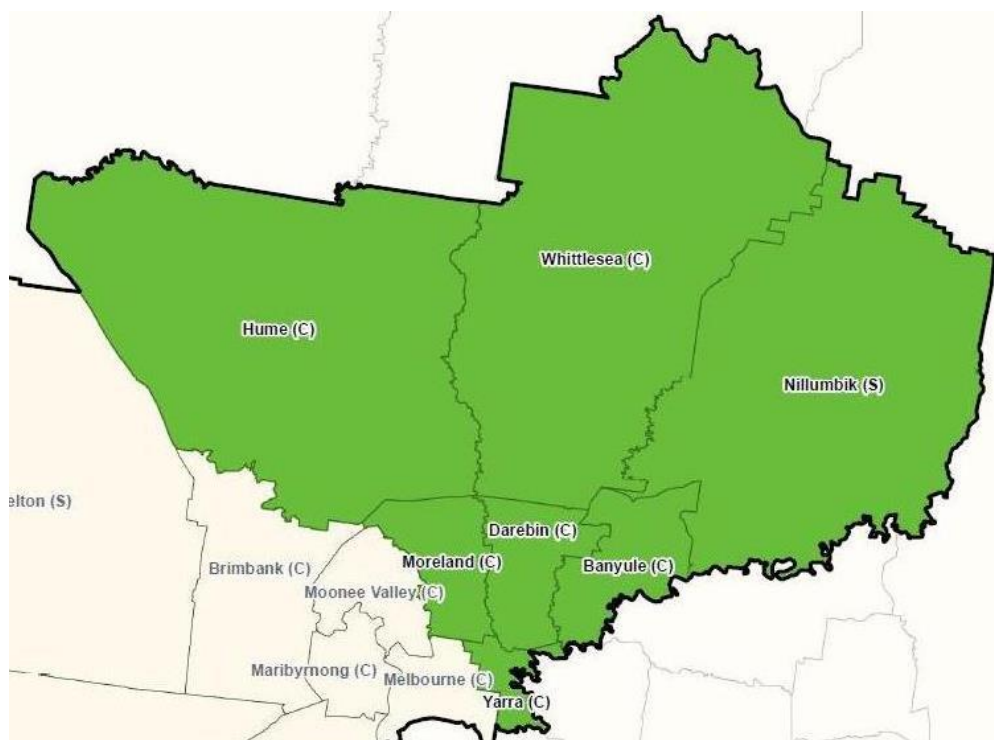
The Northern Metropolitan Region of Melbourne

WHIN is funded to work across the NMR of Melbourne, as defined by the Victorian Government Department of Health. This includes the local government areas of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra.

The NMR covers more than 1,600 square kilometres from the inner city parts of Richmond to the rural areas of the Kinglake Ranges. In between, the region contains suburbs diverse in ethnicity, socio-economic status and infrastructure. The NMR contains the growth corridors of Hume and Whittlesea, both of which are 'interface councils', along with Nillumbik. Hume attracts four new families a day, and eight babies are born there each day; Whittlesea attracts 10 new families a day and nine babies are born there each day, placing increasing demand on service delivery and infrastructure (Interface Councils 2013).

The estimated resident female population in the NMR is 437,016, which is 50.9 per cent of the total population of 858,895 (Australian Bureau of Statistics Census 2011).

Diagram 1: Map of the northern metropolitan region of Melbourne



Source: Map provided to WHIN by the Department of Health on 26/8/2011

Incidence of Violence against Women in the Region

The following information has been taken from *Violence against Women in Melbourne's North: 2012/2013 Information & Facts*, which reviews police data for two major forms of violence against women: family violence and sexual assault (WHIN 2013).

Family Violence

Victoria Police provides annual figures for reported incidents of family violence. Many women experiencing family violence do not report this to the police. Therefore, the following figures are likely to underestimate the extent of the problem.

Reported Incidents of Family Violence in the Northern Metropolitan Region in 2012-2013:

- The total number of reported incidents in the NMR was 9,861 (60,829 in Victoria).
- This is a rate of 1077.4 per 100,000 population for the NMR, compared to a rate of 1071.1 per 100,000 for Victoria.
- On average, 191 incidents of family violence were recorded by police in the NMR every week.
- Females were the majority of victims (74%).
- Males were the majority of perpetrators (78%).
- 73% of female victims were aged between 15 and 44 years.
- Of victims that reported they were "fearful" or "very fearful", 83% (3,414) were female.
- Children were present at 2,976 reported incidents of family violence (30%).
- Charges were laid in 4,421 cases, giving a rate of 483.1 per 100,000 (450.3 in Victoria). A combined total of 3,028 Family Violence Intervention Orders (IVOs) and Family Violence Safety Notices (FVSNs) were issued, giving a rate of 330.8 per 100,000 (273.7 in Victoria).

- Of all assaults recorded in the NMR in 2012/13, 47% were committed in a family violence context. Family violence was also the context for 43% of recorded abductions/kidnaps, 25% of rapes, 32% of other sexual assaults, and 40% of harassment offences.
- Seven homicides were committed in a family violence context in the NMR in 2012/13 (24% of all homicides in the NMR).

The incidence of family violence is particularly high in the growth corridors of Hume and Whittlesea, with Hume recording 1,429.5 incidents per 100,000 population and Whittlesea recording 1248.8 incidents per 100,000, compared to the Victorian rate of 1071.1 per 100,000.

Sexual Assault

Police records of sexual assault offences are another measure of the extent of violence against women. As with family violence, recorded offences are likely to underestimate the extent of the problem. Sexual assault data is collected under headings of 'rape', and 'sex (non-rape)' – all other forms of sexual assault. It is important to note that police statistics for sexual assault are difficult to compare, due to the ways in which data regarding incidents, victims and perpetrators is recorded.

NMR Sexual Assault Recorded Offences for 2012–2013:

- The total number of recorded offences for rape in the NMR was 339 (1,985 in Victoria); this is a rate of 37 per 100,000 population, compared to 34.9 per 100,000 for Victoria.
- The total number of recorded offences for other sexual assaults in the NMR was 965 (6,526 in Victoria); this is a rate of 105.4 per 100,000 population, compared to 114.9 for Victoria.
- Females were the majority of victims (89%).
- Males were the majority of alleged offenders (99.5%).
- 89% of female victims were aged less than 35 years.

This information and the statistics specific to the NMR clearly highlight and reinforce the need for a preventing violence against women strategy. Of equal importance is the monitoring and evaluation of a preventing violence against women strategy in order to see where it is working effectively, what changes might be occurring, and to note areas requiring further and different work.

Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016

WHIN has identified violence against women as a priority work area since its formation in 1991. Since the introduction of the integrated family violence reforms in Victoria in 2006, WHIN has employed the Family Violence Regional Integration Coordination Team that works with family violence services to implement the reforms. WHIN has worked across services to increase integration and coordination through convening networks, producing resources and providing training.

WHIN has had an increasing focus on primary prevention, following on from the release of VicHealth's *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence* (2004) and *Preventing violence before it occurs – A strategy and background paper to guide the primary prevention of violence against women in Victoria* (2007). Local governments in the northern metropolitan region of Melbourne were some of the first in Australia to consider the primary prevention of violence against women as part of their core business.

The first regional preventing violence against women strategy in Victoria was developed by the Western Region Prevention of Violence Against Women Working Group (led by Women's Health West, HealthWest Partnership and Inner North West Primary Care Partnership), and resulted in the launch of *Preventing Violence Together* in 2010. At a similar time, WHIN had begun developing the northern region strategy, in consultation with local government and the NIFVS Strategic Network. In October 2011, WHIN launched *Building a Respectful Community – Preventing Violence against Women – A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016*.

The *Building a Respectful Community – Preventing Violence against Women Strategy* provides a framework, context and evidence-based actions to guide primary prevention of violence against women work in the region. It is underpinned by VicHealth's work, mentioned above, which puts a focus on primary prevention, and identifies the social determinants of violence against women as gender inequality and rigid gender roles.

The *Building a Respectful Community – Preventing Violence against Women Strategy* emphasises the importance of a coordinated approach with mutually-reinforcing strategies across settings, and identifies the key partners as local government, the NIFVS Strategic Network, primary care partnerships (including community health services), and local family violence networks.

The *Building a Respectful Community – Preventing Violence against Women Strategy* vision is:

"To build a community in the northern region in which violence against women is unacceptable and where communities, cultures and organisations are non-violent and gender equitable; a community in which all relationships are equal, respectful and non-discriminatory."

The Strategy includes an Action Plan, with a range of primary prevention actions that partner organisations are encouraged to take up. The actions listed under the following action areas:

1. Partnerships and Structures.
2. Community Leadership.
3. Capacity and Tools.
4. Communications, Advocacy and Champions.
5. Skills, Attitudes and Social Norms.
6. Planning, Research and Evaluation.
7. Embedding.

It should be noted that the *Building a Respectful Community – Preventing Violence against Women Strategy*, and WHIN's health promotion work, is targeted at the primary prevention level but puts an emphasis on continually being informed by the response sector. WHIN recognises that prevention work extends across a spectrum from primary, secondary and tertiary prevention, and that information exchange and partnerships between the primary prevention and response sectors are critical. The Strategy focusses on addressing the determinants of violence against women and using community engagement to address these determinants.

WHIN works with partner organisations to implement the *Building a Respectful Community – Preventing Violence against Women Strategy* and supports a regional approach to the prevention of violence against women by:

- convening and resourcing networks, including the Building a Respectful Community Implementation Advisory Group;
- delivering presentations, forums, training and events;
- producing resources;
- conducting advocacy, communications and campaigns; and
- providing information and support to staff and organisations.

WHIN established the Building Respectful Community Implementation Advisory Group in March 2012, which meets quarterly. The Advisory Group membership comprises representatives from WHIN, the seven local governments, the three regional primary care partnerships, community health services, and the NIFVS Strategic Network. Members monitor and evaluate the *Building a Respectful Community – Preventing Violence against Women Strategy*, develop violence against women prevention initiatives, pursue funding, and disseminate relevant information to the sector.

Why evaluate the *Building a Respectful Community – Preventing Violence against Women Strategy*?

Sullivan (2011) notes that funding bodies are increasingly requiring non-profit organisations, including those working in the field of prevention of violence against women, to evaluate the outcomes of their programs. This can be problematic for organisations working in the area of violence against women given concerns about safety, privacy and confidentiality for women, and the inherent difficulties in deciding what constitutes – and how to measure – change and outcomes in preventing violence against women work. Nevertheless, evaluation can be viewed as an opportunity for the development and strengthening of programs and services offered by these organisations.

Batliwala and Pittman (2010) suggest several major reasons for undertaking evaluations within women's rights and gender equality work. Evaluation can assist us to understand, and to learn about, how change happens and to demonstrate how change has advanced social justice goals. Information about what activities and interventions work and do not work can be collected and then used to further develop or change future plans, activities and strategies.

Measuring change in attitudes and behaviour is a difficult endeavour given the many interacting and influencing factors at play when attempting such change. Achieving changes in attitudes from conservative and rigid ideas about violence against women and gender roles to more flexible ideas about gender equity and gender equality can be a long process and a slippery concept to measure; changes in attitude do not always transfer to changes in behaviour. However, any and all change that occurs clearly contributes to the achievement of social justice goals. As other communities, organisations and populations notice these changes and achievements, broader support for the change effort can be activated and shared.

Batliwala and Pittman (2010) observe that in women's rights work, evaluators and participants need to be prepared for unforeseen findings, changes and outcomes from evaluations. They suggest that as soon as any momentum toward achieving social justice goals becomes evident, and patriarchal or other social power structures are challenged or questioned, setbacks can often occur. As Batliwala and Pittman (2010, p. 12) say, "These are not, ironically, always indicative of failure or lack of effectiveness, but exactly the opposite – this is evidence that the process was working and was creating resistance from the status quo as a result".

Change is most likely to occur, be sustained and expanded, when the people who will be affected by the change are involved in the shaping, developing, implementing and evaluating the change process. Strategies and activities that aim to prevent violence against women in local communities are more likely to have the desired impact when people and organisations within that community participate in shaping activities and plans, analyse the change processes, and have a sense of engagement and empowerment in these processes. As participants in a change process, we need to explore and be aware of the role we play in bringing about or inhibiting change. What are our assumptions about what the change 'should' be or about how change can happen? How might we influence other people toward or away from our ways of thinking and how aware are we of doing this?

Finally, evaluation provides accountability, credibility and transparency, not only to funding bodies and associated stakeholders, but also to the community and beyond. Organisations and groups frequently undertake evaluations in order to demonstrate the progress and outcome requirements of funding bodies. Evaluations that show progress and change as a result of the development and implementation of projects, programs and/or strategies can be effective tools in negotiations and in bids for continued, increased or new funding and resourcing.

These reasons are all relevant in understanding the rationale behind the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy*. Further, at the time of writing, social and political contexts are relatively conducive to developing and evaluating prevention of violence against women programs and strategies. Research has now demonstrated that violence against women is preventable. As VicHealth stated “...practice in the prevention of violence against women has an evidence base, sound rationale for action and support for development by government, non-government, philanthropic and corporate sectors” (2007, p. 5). In 2010 the Australian Government released the *National Plan to Reduce Violence against Women and their Children* with one of the goals being to identify and change the factors that contribute to violence against women. The Victorian Government released its *Action Plan to Address Violence against Women & Children* in October 2012 and prevention of violence against women and children is, again, a significant goal.

Given the reasonably early days of the development and implementation of preventing violence against women strategies throughout the world, evaluation of these strategies is crucial. In a review and analysis of a range of prevention of intimate-partner and sexual violence programs and strategies, the World Health Organisation (2010) noted the difficulties inherent in evaluating and developing evidence bases for prevention of violence against women programs. In addition to a tendency to separate research and advocacy activities, the contributing factors to violence against women are many and varied. Extra complexity is seen when these factors interact and escalate risk for women. Factors such as gender inequality, gendered social norms around expected behaviours of men and women, and weak and unenforceable sanctions against violence against women are complex, complicated to measure and it is difficult to distinguish how and when change occurs. Nevertheless, and probably even more because of this, evaluation needs to be a core component in any preventing violence against women strategy in order to develop informed knowledge about what is effective and why it is effective in reducing and preventing the violence that is experienced by women.

Moreover, evaluation is desirable given that selected funding, in Victoria at least, for prevention of violence against women activities has been directed to a range of organisations that have not previously engaged in work specifically targeting or responding to women and their children experiencing or leaving violence. Local government, for example, has emerged as a key partner in prevention work and, as noted earlier, is a partner with WHIN in the *Building a Respectful Community – Preventing Violence against Women Strategy*. Important and informative evaluations of a variety of preventing violence against women programs located within local government have been undertaken including the Networking and Capacity Building Project in the City of Darebin, and the Maribyrnong Respect and Equity: Preventing Violence Against Women project by the Maribyrnong City Council (VicHealth 2012; Wilkinson 2011).

In summary, the evaluation of preventing violence against women activities and strategies is complex and multi-dimensional. Whilst there are multiple reasons why such evaluation is crucial, evaluation in the field of preventing violence against women is an emerging and developing area. This evaluation can be challenging when gauging or measuring change in attitudes and behaviours is a goal and so the focus for much of this evaluation is a mixture of short and long-term objectives. Flexibility and openness to new partners in preventing violence against women work and subsequent evaluations must also feature.

Significance of this Evaluation Project

This evaluation project aims to evaluate the overall *Building Respectful Community – Preventing Violence against Women Strategy* rather than evaluate discrete, single programs, projects, policies or practices. Cox et al (2009) use the term ‘strategy’ rather than ‘program’ to describe violence prevention efforts that occur across the individual, relationship, community and societal levels that are central to the ecological model of understanding violence against women (see page 19). As the name suggests, a whole-of-strategy evaluation seeks to measure a whole strategy by examining the management and implementation of the strategy, the extent to which it is coordinated at the implementation level, and its impact at a broad level. As Marcus and Shaw (2013, p. 16) explain in their whole-of-strategy evaluation, the evaluation is “not intended to re-examine each component in detail but examine how the combined effort of all components has worked holistically to achieve outcomes”. This model of evaluation also enables exploration of partnership approaches, including at a whole-of-government level, and a strategy’s effectiveness and sustainability at a regional level. Thus, this evaluation of the *Building Respectful Community – Preventing Violence against Women Strategy* occurs on multiple levels, at different stages over time and with a variety of data types. Findings from a whole-of-strategy evaluation can provide direction for the future development and management of a strategy.

Batliwala and Pittman (2010, p. 10) suggest that more attention be given to the development of evaluation frameworks and approaches that can “capture the results of larger-scale women’s empowerment processes that build collective power and deeper change, including accounts of success as well as challenges and backlash”. Wall (2013) notes the complexities and contextual influences that make the evaluation of large-scale, multi-level prevention strategies in fields such as sexual assault and domestic violence so challenging. She advocates for innovative and sophisticated evaluation designs and methods to measure social change emanating from prevention efforts. Similarly, in order to provide consistency with other evaluations carried out in complex service delivery contexts and reflecting an awareness of the complexities involved in evaluating domestic violence services and interagency partnerships, Laing and Toivonen (2012) employed a mixed methodology that included both quantitative and qualitative data.

These perspectives and understandings guided the development of the evaluation framework that supports the *Building Respectful Community – Preventing Violence against Women Strategy* evaluation project.

Through the development of an overarching evaluation framework, a model was developed that is transferable to other contexts and able to be employed in the evaluation of other prevention of violence against women strategies and processes. Consequently, this evaluation contributes to the emerging body of research about what large-scale strategies work successfully to reduce and prevent violence against women.

Background to the Prevention of Violence against Women

Worldwide attention to the scale, nature and impact of violence against women has grown in recent decades. Following the adoption of the *Convention on the Elimination of All Forms of Discrimination Against Women* by the United Nations in 1979, the *Declaration on the Elimination of Violence Against Women* in 1993 by the United Nations General Assembly and the addition of the *Beijing Platform for Action* at the Fourth World Conference for Women in 1995, violence against women is recognised as a violation of women’s basic human rights. The *Declaration on the Elimination of Violence Against Women* calls for countries and organisations to take action to prevent and

eliminate violence against women. Efforts to do so have included responses that strengthen and maintain women's safety and their involvement in social, political and economic activities; encourage attitudinal change; place responsibility for violence on perpetrators; and support communities to be active in preventing this violence and introduce legislative and policy reform.

In 2002 the World Health Organization published the first *World report on violence and health*. The goal of the report was to "raise awareness about the problem of violence globally, and to make the case that violence is preventable and that public health has a crucial role to play in addressing its causes and consequences". This marked a shift in international approaches to preventing violence, including violence against women, towards reframing it as a public health concern.

In Australia, VicHealth followed this with the release of two documents that were internationally recognised: *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence* (2004) and *Preventing violence before it occurs – A framework and background paper to guide the primary prevention of violence against women in Victoria* (2007), which made recommendations to the Victorian Government.

In 2009, the Victorian Government launched *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020* which focussed on primary prevention strategies (State of Victoria 2009). Nationally, in 2010, the Council of Australian Governments endorsed *The National Plan to Reduce Violence against Women and their Children 2010-2022*. With a change in government in Victoria, *A Right to Respect* was replaced by *Victoria's Action Plan to Address Violence against Women and their Children – Everyone has a responsibility to act* (State of Victoria 2012).

Community and health organisations across Melbourne's NMR have long been responding to violence against women through the provision of crisis response services for women and children. The past five years have seen an increased focus on primary prevention and the emergence of local government as a key partner in prevention work.

Key Terms, Concepts and Contextual Understandings

When researching and evaluating violence against women, it is important to clearly articulate and explain the key terms that are employed in the project. This ensures consistency in the meanings and use of these terms. Clear definitions also explicate the major values, beliefs, assumptions, rationale and theoretical positions that underpin understandings about what constitutes violence against women; the contributing factors to this violence; the ways in which prevention of violence against women strategies are designed and implemented; and the manner in which evaluations of these strategies are developed and employed. The following key terms, concepts and contextual understandings are important in this evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy*.

Violence against Women

The *Building a Respectful Community – Preventing Violence against Women Strategy*, in line with the United Nations, adopts a broad definition of violence against women.

In 1993, the United Nations General Assembly defined that violence against women should be understood to encompass, but not be limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Many women of all ages experience violence or threats of violence as part of their daily lives. A woman's experience of, and responses to, this violence will be influenced by her access to enforceable legal rights, socioeconomic status, cultural background, sexuality, indigenous status, ability, age, and/or experience of migration. Indigenous women, women with disabilities, women with mental illness and women from culturally and linguistically diverse backgrounds are potentially at higher risk of experiencing violence. It is important to acknowledge women's subjectivity in terms of defining their lived experience of violence perpetrated against them (WHIN 2011).

WHIN also follows the definition of family violence in the Victorian *Family Violence Protection Act 2008*, as per the following:

- (1) For the purposes of this Act, family violence is—
 - (a) behaviour by a person towards a family member of that person if that behaviour—
 - (i) is physically or sexually abusive; or
 - (ii) is emotionally or psychologically abusive; or
 - (iii) is economically abusive; or
 - (iv) is threatening; or
 - (v) is coercive; or
 - (vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or
 - (b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).

Violence against women is the largest contributor to preventable illness, injury and death in women aged between 15 and 44 (VicHealth 2004). A recent study by the World Health Organization reported that, "This report presents clear evidence that exposure to violence is an important determinant of poor health for women ... The findings highlight that intimate partner violence is a major contributor to women's mental health problems, particularly depression and suicidality, as well as to sexual and reproductive health problems, including maternal health and neonatal health problems" (2013, p. 31).

Victoria Police statistics show a 20.1% increase in recorded family violence incidents in the NMR of Melbourne in 2012-13 (Victoria Police 2013). However, despite the severity and prevalence of violence against women, there is now recognition that this violence is preventable.

Feminist and Gendered Understandings of Violence against Women

Research has consistently documented that violence against women is a gendered occurrence and a gendered crime (Garcia-Moreno and Watts 2011; UN 1993; Reed, Raj, Miller and Silverman 2010). Gender refers "... to the socially constructed roles, identities and expectations that are assigned to men and women – that is, the masculine and feminine qualities, behaviours and roles that help to shape who you are" (Women's Health In the North 2011). Alston (2013, p. 96) suggests that gender refers to the different ways that people "... operate within socially constructed, sanctioned roles that subsequently shape the ways individuals respond to circumstances and events".

Gender differentially impacts on men's and women's access to, ownership of, and influence over power and resources, employment, income, safe and secure accommodation, political representation and other roles in society. True (2012, p. 5) notes, "... it is the gendered social and economic inequalities between women and men that make women most vulnerable to violence and abuse in whatever context". Violence against women is significantly enabled by gender inequality and, conversely, gender-based violence is seen as a major contributor to gender inequality.

Gender is closely linked to attitudes to women and to violence against women. Meyering (2011) concludes that attitudes to gender equality are the key predictor of attitudes to domestic violence. Attitudes may hold that violence is an acceptable means to resolve conflict and that the use of violence and control against women are acceptable actions to maintain the social order. Attitudes within peer groups and social networks are persuasive in shaping attitudes toward gender equality, as are attitudes towards women held by those in organisations such as sporting clubs and religious institutions. Societal factors such as the use and regulation of the mass media, advertising and pornography also influence attitudes towards women, violence and gender equality. Non-existent, weak or unenforced sanctions in response to violence against women further reinforce attitudes and assumptions that this violence is acceptable (VicHealth 2007; World Health Organisation 2009).

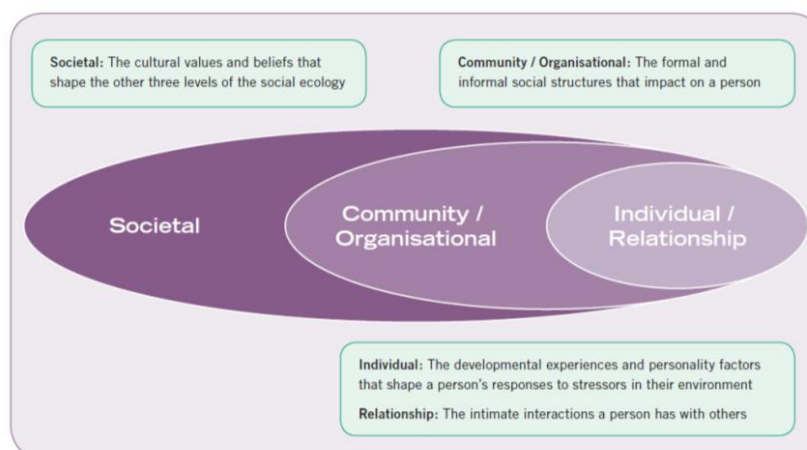
Violence against Women as a Public Health Concern

The World Health Organization put the case for viewing violence against women as a public health concern in 2002 in the *World Report on Violence and Health*. "Initially viewed largely as a human rights issue, partner violence is increasingly seen as an important public health problem", it states (p. 89). The report goes on to say that "Resolving it requires the involvement of many sectors working together at community, national and international levels. At each level, responses must include empowering women and girls, reaching out to men, providing for the needs of victims and increasing the penalties for abusers. It is vital that responses should involve children and young people, and focus on changing community and societal norms" (2002, p. 113).

The report recommended an approach which identifies the causes, reviews and tests interventions and policy responses, and implements actions shown to be most effective at local, national and international levels. This work has shaped Australian approaches to preventing violence against women and in Victoria it set the scene for much of VicHealth's influential work, which supported and expanded on the World Health Organisation findings (VicHealth 2004, 2007). The public health approach now dominates preventing violence against women plans at the local, state and federal government levels.

The World Health Organisation report also discussed the application of an ecological framework (2002). See Diagram 2 overleaf. Beliefs in, and adherence to, rigidly-defined gender roles and stereotypes for women and men may be expressed on individual, social, cultural, community and institutional levels. An ecological framework within a public health perspective is commonly employed to illustrate and explain the different levels on which violence against women occur, the factors that contribute to its occurrence, and the different levels on which response and/or prevention activities are engaged (Bronfenbrenner 1994; Heise 1998; VicHealth 2007; WHO 2002). For example, attitudinal support for violence against women (that in some instances it is acceptable to use violence against women), may be held by individuals – that is, at the individual and/or relationship level. Strong support for the privacy of the family may be a belief and practice that enables violence against women to occur and is visible at the individual/relationship and at the community/organisational levels. Weak and unenforceable sanctions are situated on the societal level.

Diagram 2: An Ecological Approach to Understanding Violence



Source: VicHealth 2007; adapted from CHANGE 1999; Heise 1998; WHO 2002

Preventing Violence against Women

Prevention work can be achieved at individual, community and population levels and is typically described within three dimensions: primary, secondary and tertiary prevention. *Building a Respectful Community – Preventing Violence against Women Strategy* focuses on primary prevention initiatives which aim to stop violence before it occurs. In Victoria, initiatives are often guided by the following themes:

- promoting equal and respectful relationships between men and women;
- promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children); and
- improving access to resources and systems of support (VicHealth 2007).

Primary prevention activities can be delivered to the whole population or to particular groups that are at higher risk of using or experiencing violence in the future. Key features of primary prevention strategies include:

- universal strategies targeting the whole community;
- selected or targeted strategies to reach those who are likely to be missed through universal efforts or to build the capacity of specific groups to take action;
- strategies which apply an ecological approach aimed at influencing societal, community/organisational, and individual/relationship levels;
- coordination of strategies across the different settings for action;
- partnerships across sectors; and
- inclusive community engagement processes for planning, implementation and evaluation (WHIN 2011; VicHealth 2007).

Secondary prevention, or early intervention, is targeted at individuals and groups who exhibit early signs of perpetrating violent behaviour, or of having been subjected to violence. Early intervention strategies can be aimed at changing behaviours or increasing the skills of individuals and groups of people.

Tertiary prevention, or intervention, involves providing support and intervention to women and children who are affected by violence and/or to men who use violence. Tertiary prevention strategies are implemented after violence has occurred (VicHealth 2007).

Evaluation

Evaluation is typically described as the systematic collection and analysis of data in order to assess the worth and value of a particular program, intervention, policy or practice. Processes, impacts, changes and outcomes may be evaluated and the evaluation is undertaken in relation to overt goals and objectives. Evaluation assists in the understanding of if, how and why particular interventions have worked, not worked, had a certain impact or outcome, and for how long changes have been, or might be, sustained. Evaluations are understood to be pictures at a certain point in time, and can provide a basis for program, policy, practice or program improvement as well as organisational learning and knowledge building (Alston and Bowles 2012; Batliwala and Pittman 2010; Grinnell Gabor and Unrau 2012). The notion of evaluation as indicating what works, at a certain point in time for a certain purpose, underpins the realist evaluation approach (Pawson and Tilley 2004) and is a helpful reminder of how to interpret and use evaluation findings.

Evaluations of programs, projects, activities, policies and practice may take many forms and use different methods and evaluation tools. The particular model of evaluation for any given requirement will depend on factors such as the aims and goals of the evaluation, ethical considerations, availability of participants and stakeholders, values, beliefs and assumptions held by those involved and the theoretical and methodological choices made.

Evaluation Principles, Perspectives and Models Underpinning this Project

Having provided an introduction to this evaluation project and clarified key terms and concepts, the following section describes and explores the literature, policies and theories that have informed this evaluation and that have been employed in the development of this Evaluation Framework.

Diverse, yet connected and related literature, policies and theories informed this Evaluation Framework. This diversity was required given the emergent nature of the field of preventing violence against women evaluation. Diversity was also important given the breadth (regional geographical area; range of organisations) and depth (WHIN's partner organisations' employees and members of the Building a Respectful Community Implementation Advisory Group and the NIFVS Strategic Network) of this evaluation. Batliwala and Pittman (2010) observe that no single evaluation framework can adequately capture all dimensions of gendered social change processes and, as a result, an evaluation framework that combines different approaches and methods is logical.

The Evaluation Methodology

Broadly, methodology refers to the evaluation design and what comprises the overall evaluation process. A methodology provides the theoretical underpinnings and directions for the choice and use of particular methods (for example, focus groups), models, concepts, assumptions and understandings in relation to a given evaluation framework and evaluation project. The evaluation methodology and framework for the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy* is comprised of the following components.

A Feminist Conceptual Viewpoint and Feminist-Informed Evaluation

A feminist conceptual viewpoint understands that evaluation is characterised by specific feminist-informed perspectives, understandings and approaches. Podems (2010) notes that feminist evaluation is grounded in feminist research which, in turn, is grounded in feminist theory. Participatory, empowering and social justice foci are crucial in shaping and directing feminist-informed evaluation.

Feminist-informed evaluation can be guided by what Ackerly and True (2010) call a feminist research ethic, and by feminist evaluation and research principles. A feminist research ethic enables evaluators to be aware of intended and unintended consequences of research and evaluation. It is a commitment to 'inquiry about how we inquire'. Within this process, evaluators undertake continuous critical reflection and consideration of four key factors:

- The power of knowledge. This includes, for example, the assumptions we hold about knowledge, the development of knowledge, who knows what and how we know it, and the way these assumptions and understandings can shape the way we undertake evaluations. Thus, this background and context section information is important in the overall evaluation process because it contains the theoretical and practical knowledge that WHIN holds in relation to what constitutes violence against women, and ideas about how a preventing violence against women regional strategy might be developed and used.
- Boundaries, marginalisations, silences and intersections. Preventing violence against women work is complex and long-term. Numerous contextual factors and societal, political, economic, cultural and historical influences intersect to contribute to this complexity. All of these influences and factors must be identified and recognised in order for effective prevention work to be achieved, and in order for effective evaluation of this work to occur. Evaluation of this work must also identify and be aware of apparent silences, marginalisations and boundaries. For example, is there an action within the regional strategy that no-one comments about, even if opportunities within evaluation processes are provided? It is the responsibility of evaluators to highlight this and to be curious about why these silences might exist. Similarly, are there particular organisations or employees who are not included in the evaluation? Are they marginalised, their feedback or knowledge not considered relevant for the evaluation? Again, evaluators can play a part in raising questions about why this might be happening.
- Relationships and their power differentials. Various working relationships between organisations and between individuals exist. How do evaluators ensure that all organisations and all individuals who wish to participate in the evaluation of this *Building a Respectful Community – Preventing Violence against Women Strategy* are able to? How do evaluators ensure that organisations and individuals who hold, or are seen to hold, more power because of their positions in the community or because of the amount of funding they receive for preventing violence against women work for example, are not afforded extra say in the evaluation simply because of their power and influence? Evaluators, themselves, must also ensure that their perceived, or real, potential for exercising power over people participating in the evaluation or developing the evaluation is acknowledged and averted. Working to reduce the power differentials between evaluators and evaluation participants is vital.
- The evaluator's socio-political positioning and locations. Evaluators need to be open about their own ideas, influences, assumptions and experiences in relation to the notion of prevention of violence against women work and what they think constitutes good practice, worthwhile outcomes, and successful strategies.

Within this evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy*, a feminist conceptual viewpoint is further informed by feminist research and evaluation principles. The principles that are particularly relevant to this evaluation are:

- The focus on issues of importance to women. Clearly the prevention of violence against women is crucial for women's safety and human rights. In addition, however, a key assumption and belief underpinning this evaluation is that prevention of violence against women is a whole-of-community problem that needs to be addressed by whole communities and the entire NMR.
- The identification and exploration of gender influences and differences. The assumption is that gender and social inequalities are systemic and embedded in social structures. It therefore follows that the evaluation will explore the ways in which the *Building a Respectful Community – Preventing Violence against Women Strategy* addresses these structures. For more information about the use of a gender analysis framework, see page 24.
- Diversity is acknowledged, recognised and valued. An awareness of diversity is incorporated in evaluation activities, processes, outcomes and recommendations.
- Participants are 'co-evaluators'. Participants are, therefore, involved throughout the evaluation process, have decision-making capacity and can influence and inform evaluation activities, processes and directions.
- Learning, growth, change and transformation are key objectives. An assumption here about learning, growth and change, is that change occurs at individual, community and systemic levels. This assumption reflects and connects with the ecological model that situates violence occurring on individual/relationship, community/organisational and societal levels (VicHealth 2007).
- Emotion and values are accepted and identified; evaluation is not value-neutral.

Empowerment Evaluation

The development of this Evaluation Framework and the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy* has a two-fold focus which fits with the approach of empowerment evaluation. Clearly, the most obvious focus is the development, implementation and outcomes of the evaluation *itself*. A second focus, however, is developing the Evaluation Framework and involving participants in the evaluation processes in such a way that organisations and individuals implementing preventing violence against women strategies can access information and materials in order to undertake evaluation work themselves in the future.

Cox et al (2009, p. 9) explain that, "empowerment evaluation places an explicit emphasis on building the evaluation capacity of individuals and organizations so that evaluation is integrated into the organization's day-to-day management processes. Through empowerment evaluation, both individual and organizational evaluation capacity are increased through a 'learn-by-doing' process, whereby organizations and their staff evaluate their own strategies". Once evaluation processes become integrated into an organisation's practice, evaluation is then a continuous undertaking, not a one-off process of judging the value of a program or strategy. This makes sense for the evaluation of preventing violence against women strategies given the complex and long-term nature of the changes that are required in order to reduce and prevent violence against women.

Principles of empowerment evaluation that are relevant for this Evaluation Framework and Evaluation Plan are:

- Community ownership. The whole-of-community – or whole-of-region – is responsible for developing, implementing, reviewing and participating in the evaluation of the *Building a*

Respectful Community – Preventing Violence against Women Strategy. The focus of the evaluation is on working with organisations and communities rather than working for them.

- Inclusion. Key stakeholders are involved in the evaluation in a collaborative, democratic fashion.
- Community knowledge within violence prevention organisations and the communities within which they work is valued. The assumption here is that organisations and communities are aware of the nature and extent of the problem of violence against women in their communities and, therefore, have a role in informing and evaluating prevention efforts.
- Improvement. Through ongoing evaluation, including process and outcome evaluations, preventing violence against women strategies can be refined, improved and further developed in order to achieve their aims and outcomes. This process also contributes to attaining the principle of social justice because social and gender inequalities are identified, challenged, reduced and no longer tolerated.
- Organisational learning. A culture of learning and continuous quality improvement within organisations is encouraged (Cox et al 2009).

Empowerment evaluation has similar characteristics to another evaluation approach, that of participatory action research.

Participatory Action Research

There are various models of action research although they share most key elements. A brief overview of participatory action research and the relevant principles that have guided the development of this evaluation and the development of this Evaluation Framework is now provided.

The major purposes of participatory action research are to generate new knowledge, new theory, reach new understandings and gain insight into how change can occur (Cahill, Cerecer and Bradley 2010; McNiff and Whitehead 2011). In this evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy*, these are all crucial reasons for undertaking an evaluation and an analysis of what is working to prevent violence against women, what is not working and why this might be.

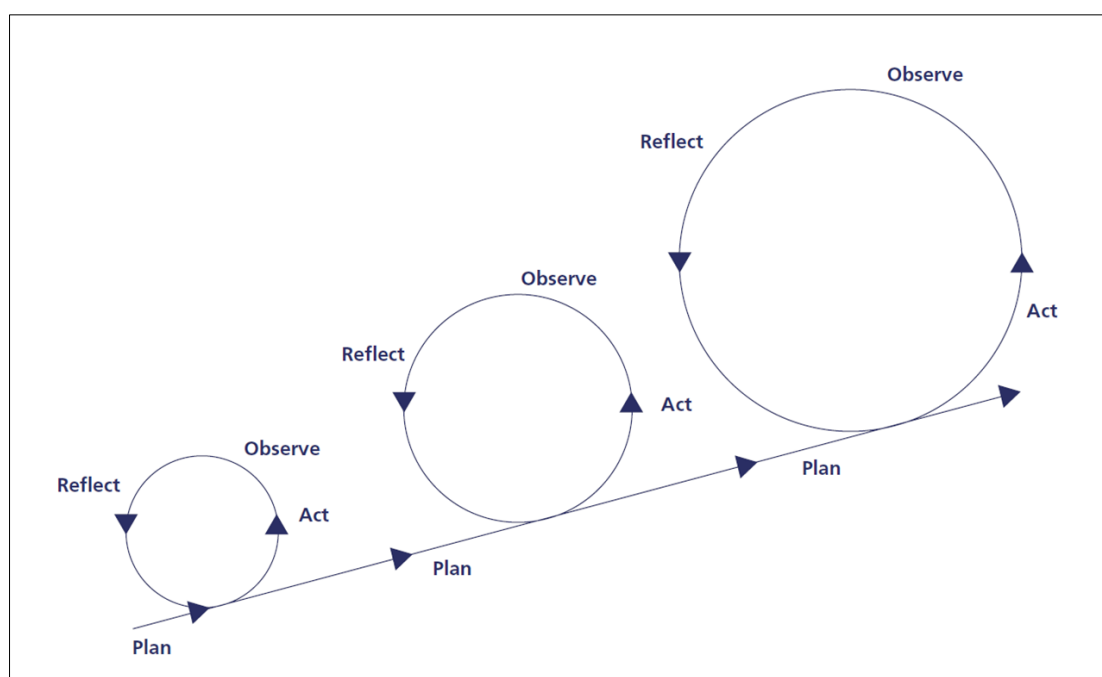
Furthermore, participatory action research shares many of the feminist evaluation principles mentioned earlier in this document, including the participatory nature of the evaluation process; consideration and critique of power structures and influences; and the emphasis on change, action and transformation. Like empowerment evaluation, participatory action research “democratises” (Krumer-Nevo 2009, p. 280) the process of the evaluation because partnerships are created not just between the participating organisations and individuals, but between them and the evaluators. Clearly these are all relevant factors that can inform and structure the ways in which an evaluation of preventing violence against women strategies can occur.

Why is participatory action research relevant to this evaluation? Participatory action research approaches to evaluation encourage the forming of partnerships between those who are directly affected by the problem which is the focus of the evaluation; in this case, WHIN and WHIN’s partner organisations. Very often, so-called “outsiders” (Monash University through GLASS) also join the partnerships in order to bring in particular skills or resources, which are added to existing and local resources and knowledge. In addition to undertaking the evaluation, the participatory action research approach in this project aims to achieve collaborative learning between all partners, and transformative change. One of the goals of working in this way is for organisations to use the resources and the knowledge they have acquired to develop and implement their own evaluations of prevention of violence against women work.

For our purposes, one of the most useable characteristics of participatory action research is the cycles of action and reflection that make up the process. This process involves ongoing cycles of planning, acting, observing and reflecting, and reinforces the notion of evaluation as an ongoing and continual process. The reflections are used to review the previous actions and to plan the next steps in the overall strategy. In effect, the process of the evaluation – what is happening as the evaluation occurs from day-to-day – is as important as the outcome of the evaluation – what is found at the end.

Diagram 3 (overleaf), showing action research cycles, from Crane & Richardson (2000), can help us visualise the process. Briefly, the 'plan' stage involves discussion between partners about the problem to be evaluated. The nature of the problem, the current knowledge about it and response to it, the rationale, aims and methods of the evaluation are all relevant factors to discuss and plan. The proposed activities and evaluation processes are implemented in the 'act' stage. In the 'observe' stage, the partners look at what is happening, ask questions about how the evaluation is proceeding, seek feedback from other stakeholders, and regularly refer back to the rationale and goals of the evaluation that were discussed in the planning stage. In the next stage of 'reflect', partners reflect on what has been achieved and learned and how this new knowledge helps in understanding the problem that was identified in the planning stage. They think about and analyse the changes that have occurred as well as what has been successful, according to the initial goals, and what has not. Ideas for further action and evaluation are sought. Then the cycle takes all this information, learning, changes and developments and the process begins again.

Diagram 3: Action Research Cycles



Source: Crane and Richardson 2000

A Gender Analysis Framework

Applying a gendered analysis to health is the foundation of all of WHIN's work. A gender analysis looks at the way women and men are able to participate in social, economic and political life, and how these contributions are valued. It systematically considers the way in which gender roles, social norms and expectations, and access to power and privilege influences the lives of women and men. It draws attention to the way in which societal expectations and systems affect women and men.

differently, with women usually experiencing poorer outcomes, and particular groups of women experiencing greater disadvantage (WHIN 2012).

Integrating a gender analysis into policy, planning and service delivery leads to more equitable outcomes. It helps uncover the hidden gendered assumptions and values that, if left unchecked, may unintentionally perpetuate inequalities. A comprehensive gender analysis is a necessary step in identifying, responding to, and improving the social position, and health and wellbeing, of particular groups of women and men (WHIN 2012). A crucial component of gender analysis is to ensure research data is sex-disaggregated.

Gender is a relational determinant of health; it intersects with and impacts on all the other social determinants of health.

A Gendered and Intersectional Lens and Awareness

A final concept important in thinking about the evaluation, and in contributing to the development of this evaluation framework, is that of intersectionality. This concept reminds us of the impacts and consequences that intersecting factors of gender, race, ethnicity, age, (dis)ability, class and sexuality may have on different women's experiences of violence, inequality, oppression and marginalisation. We are then more able to make visible and recognise the experiences of violence against women from varying backgrounds, locations and positions and, following Nixon and Humphreys (2010), to contribute to the continuing development of feminist theorising around violence against women. Nixon and Humphreys (2010, p. 139) note the importance of "creating a more nuanced and sophisticated understanding of (violence against women) and how it can differentially affect those who experience and survive abuse".

Key Guiding Documents

The following key documents are employed in the preventing violence against women work undertaken by WHIN. They have been influential in shaping and informing the development of the evaluation design and processes for the *Building a Respectful Community – Preventing Violence against Women Strategy* evaluation.

- *The National Plan to Reduce Violence against Women and their Children 2010-2022* (Council of Australian Governments 2010).
- *Victoria's Action Plan to Address Violence against Women and Children 2012-2015: Everyone has a responsibility to act* (State of Victoria 2012b).
- *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* (VicHealth 2007).
- *National survey on community attitudes to violence against women 2009: Changing cultures, changing attitudes – Preventing violence against women* (VicHealth 2007).
- *10 Point Plan for Victorian Women's Health 2010-2014* (Victorian Women's Health Services 2011).
- *Ottawa Charter for Health Promotion* (World Health Organization 1986).
- *A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010-2020* (State of Victoria 2009).
- *Women and Mental Health: Position Paper 2012* (Australian Women's Health Network).
- *On Her Way: Primary prevention of violence against immigrant and refugee women in Australia 2011* (Poljski 2011).
- *Indigenous Family Violence Primary Prevention Framework* (State of Victoria 2012a).

- United Nations:
 - Beijing Declaration and Platform for Action 1995.
 - Convention on the Elimination of all forms of Discrimination Against Women 1979.
 - Declaration on the Elimination of Violence Against Women 1993.

Challenges and Limitations of Evaluating Strategies to Prevent Violence against Women

WHIN has identified a range of limitations and challenges related to evaluating strategies to prevent violence against women, emerging from discussions among the prevention sector in Victoria.

Whilst much of the prevention work in Victoria follows a health promotion framework, violence against women is not a typical health promotion issue. It is a crime against the person, not an individual health behaviour affecting a person's own health. It is incredibly complex, being rooted in gender inequality and rigid gender roles, but also significantly impacted by contributing factors such as violence-supportive norms and unequal distribution of material resources.

Addressing the root causes means looking at issues of power and control, attitudinal change, and systemic change in societal gender relations and gender equality – issues for which indicators of change are still being refined and interrogated. This is an emerging body of work and remains difficult to measure, particularly in the short-to-medium term.

We work within the assumption that over several decades, the body of work to prevent violence against women will result in a reduction in rates of violence against women. However, measuring rates of violence against women is problematic in itself. Police reports, population surveys (such as the Australian Bureau of Statistics Personal Safety Survey), and rates of contact with support services give only part of the picture. There is a range of reasons why women may or may not report incidents to the police, seek assistance, or include their experiences in research surveys. Additionally, intimate-partner violence follows patterns of power and control that may not be represented in surveys looking at single incidents of physical violence (Flood 2012).

Since 2006, when the integrated family violence reforms and Victoria Police Code of Practice were introduced, there have been significant increases in police reports of family violence every year (Victoria Police 2013). Assumptions have been made that the increased reporting does not necessarily mean the incidence is increasing. For example, Chief Commissioner Ken Lay has said it is due to “changes to the way police respond to and record family violence incidents, as well as greater community confidence to report these matters” (Bucci 2013, p. 1). We are yet to find a way to measure the extent of this correlation, and due to these factors, police reports cannot be relied upon alone to determine whether rates of violence in the community are increasing or decreasing.

There are also inherent challenges in evaluating a ‘regional approach’ or ‘regional strategy’, where there can be a multitude of influences and strategies that may impact on the outcomes. As seen in the Program Logic (page 32), the outcomes rely on and are impacted by actions and investment from WHIN’s partner organisations, as well as state and federal government. With so many potential impacting factors, it is not feasible to isolate the exact strategies or actions that have resulted in the outcomes.

Other challenges are explored in the ‘Why Evaluate the *Building a Respectful Community – Preventing Violence against Women Strategy*?’ section (page 13).

SECTION 2: THE EVALUATION FRAMEWORK

This Evaluation Framework, developed by WHIN and GLASS, serves two purposes:

- to guide the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy* now and in the future; and
- to provide a structure and context for the evaluation of other regional approaches to preventing violence against women.

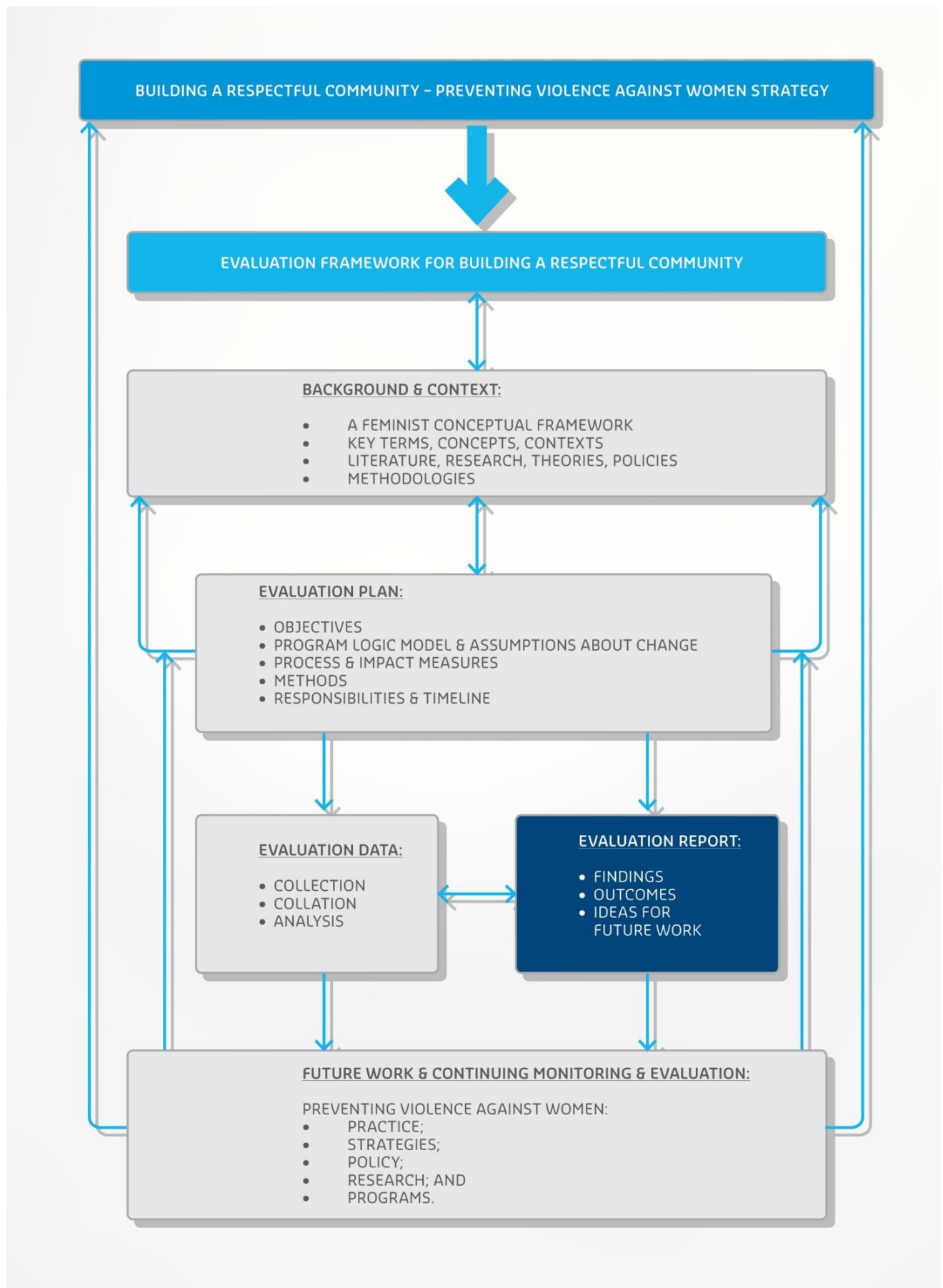
In Section 2, more detailed information is provided about the evaluation methods, the development of the program logic and the Evaluation Plan. The Framework considers both short and long-term outcomes and applies an ecological approach, which looks at outcomes for individuals, organisations, communities and societies. The Evaluation Plan (page 33) details process and impact indicators, data collection methods, responsibilities and timelines.

The theoretical background, methods, templates and tools employed in this Evaluation Framework and Plan are designed to be transferable to other contexts. Consequently they can be used in – or may inform – the evaluation of prevention of violence against women strategies and processes in WHIN’s partner organisations and other organisations undertaking similar work.

The Components of the Evaluation Framework

Diagram 4 overleaf shows the different components within the Evaluation Framework and the links and connections between these components. Each component and each step is informed by, and itself informs, other components. In this way, the process of evaluation is represented as one of continual monitoring, review and development; that is, evaluation is a continuous and ongoing practice.

Diagram 4: Components of the Evaluation Framework



The Nature of Evaluation Processes

Broadly, there are different stages through which evaluations progress. Planning to evaluate and identifying what requires evaluation is crucial and, while it may seem obvious, this stage is not always completed as thoroughly as it needs to be. Engaging stakeholders and participants, describing and designing the evaluation project, including deciding upon clear and answerable evaluation questions, and undertaking the evaluation through collecting and analysing data constitute subsequent stages. Towards the end stages, findings and conclusions are developed and communicated, and evaluation findings, outcomes and recommendations then need to be acted upon and implemented. The phases in the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy* mirror the stages just described.

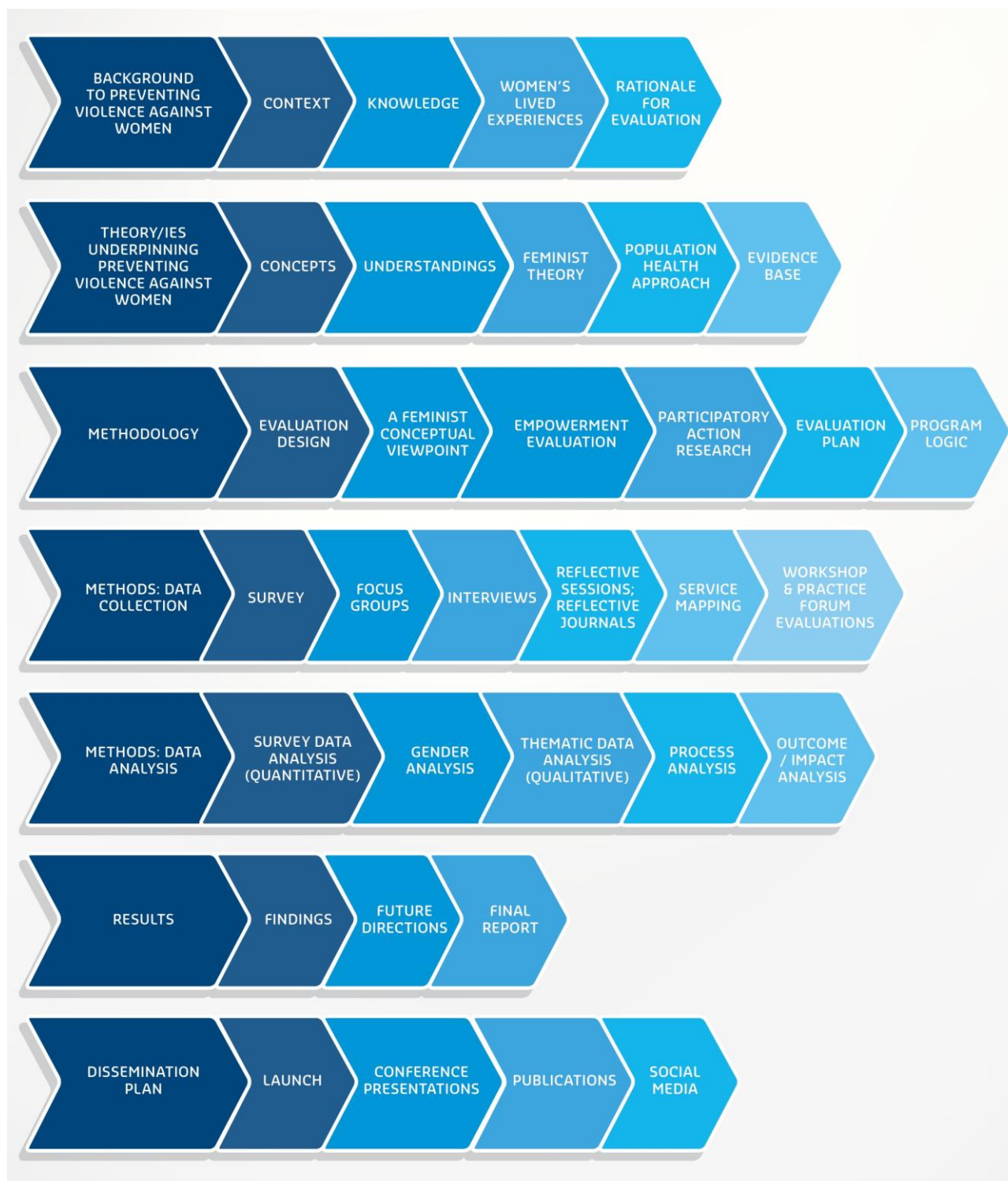
Given the participatory, action research and feminist-informed nature of the evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy*, the evaluation process is ongoing, recursive and reflective. Consequently, the evaluation design has the capacity to consider outcomes and processes involved in the *Building a Respectful Community – Preventing Violence against Women Strategy*.

The terms, outcome and process are commonly applied when describing different types, or purposes, of evaluations. Briefly, evaluations of program or strategy outcomes assess whether the goals of the program or strategy were met and how well they were met. Other questions may ask who benefitted from the program, in what way, and were they the intended beneficiaries? Were there barriers to the implementation of the program and did any unintended consequences of program implementation arise? In the context of preventing violence against women strategies, significant evaluation questions about strategy outcomes could be: Did change in knowledge about the nature of violence against women occur? What type of change occurred? Who experienced the change in knowledge? And is/was it sustainable?

Process evaluation does not consider outcomes of a program or strategy, but focuses on the activities, dynamics and relationships that occur during the implementation of a program or strategy. Evaluation may explore how well a strategy is running - are the targeted participants involved? Are the relevant activities engaging people and achieving their aims? Outcome and process evaluations are often undertaken together and distinctions between them are not always easy to make.

Diagram 5 (overleaf) summarises the different stages of this Evaluation Framework.

Diagram 5: Evaluation Framework Stages and Processes



Program Logic

WHIN developed program logic to guide its preventing violence against women work, within a regional approach – see Diagram 6, overleaf.

Program logic, or a logic model, is an approach used in population health planning and health promotion. A logic model is “a visual depiction of the underlying logic of a planned initiative ...

designed to provide a simple graphic illustration of the relationship assumed between the actions that will be initiated and the results anticipated” (Fertman & Allensworth 2010, p. 155).

WHIN’s program logic identifies:

- Medium-term outcomes for individuals: staff involved in work to prevent violence against women and leadership (senior representatives) of WHIN’s partner organisations.
- Medium-term outcomes for organisations: WHIN’s partner organisations include local government, community health, primary care partnerships and NIFVS Strategic Network member organisations.
- Long-term outcomes for the community, based on the goals in the *Building a Respectful Community – Preventing Violence against Women Strategy*.

It is important to recognise that while WHIN contributes to the preventing violence against women work in the region, long-term change for the community relies on the regional partner organisations implementing complementary strategies and programs, and the Victorian and Australian Governments continuing to invest in this work and implement policies and plans.

The program logic is based on evidence-based assumptions that:

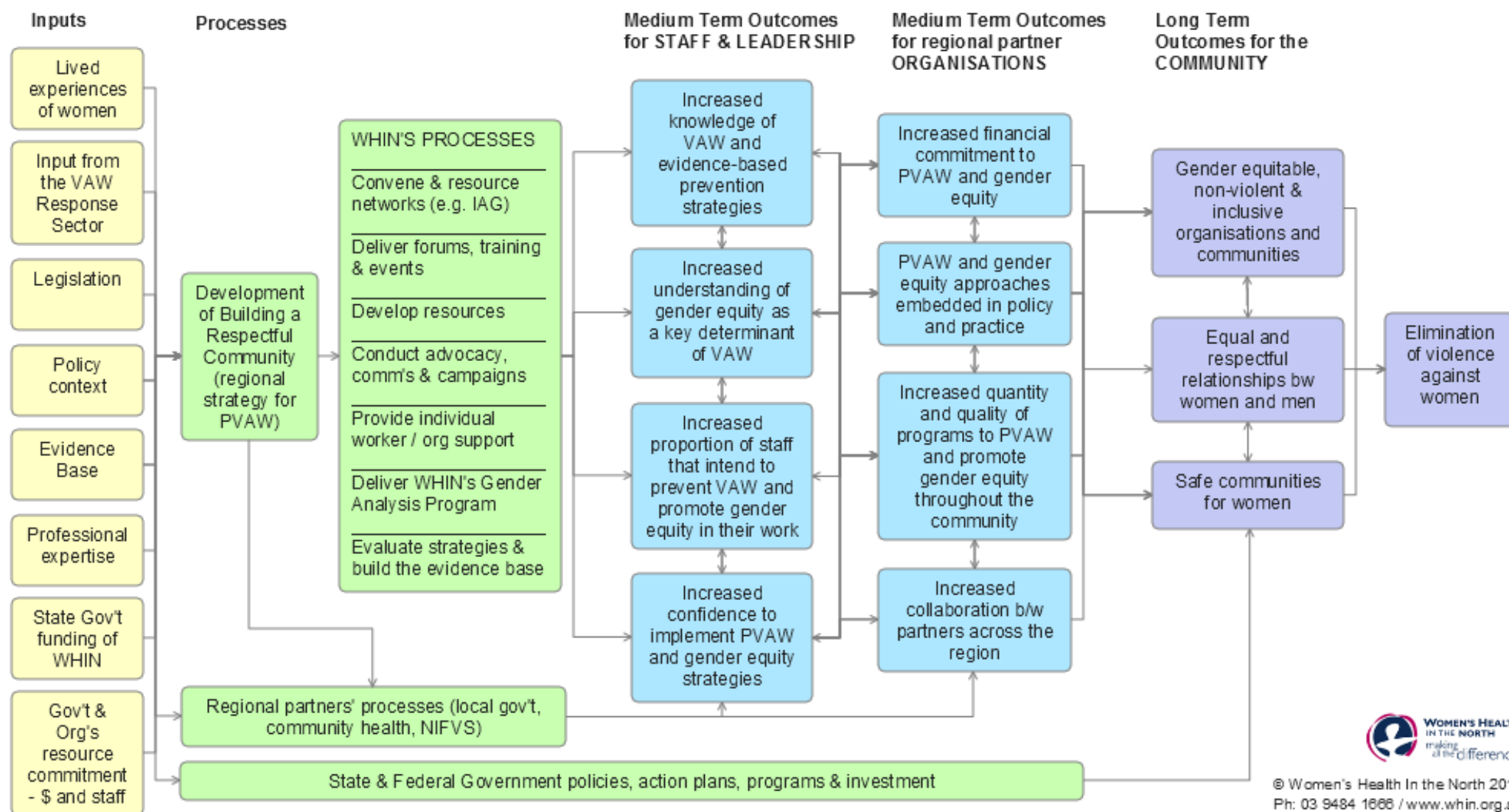
- Health promotion and capacity building strategies are effective in improving long-term health outcomes (Nutbeam & Harris 2004; NSW Health 2001).
- Changes to organisational practice and programs and staff skills will transfer to improved outcomes for the community (Fertman & Allensworth 2010; Nutbeam & Harris 2004).
- Preventing violence against women efforts are most likely to be effective when coordinated, mutually-reinforcing strategies are targeted across settings (VicHealth 2007).
- The key themes for action to prevent violence against women are “promoting equal and respectful relationships between men and women, promoting non-violent norms, and improving access to resources and systems of support”. (VicHealth 2007, p. 14).

The Evaluation Framework is informed by the program logic, but not wholly reliant on it, taking account of other evaluation methodologies. The indicators in the Evaluation Plan are drawn from the medium-term outcomes identified in the program logic, whilst the data collection methods and analysis also consider a broader scope of how strategies are implemented, including consideration of relationships, practice, culture and power. It will also look at potential unintended outcomes or consequences.

According to Holt (2009, p. 13), the limitations of using a logic model include the following:

- A logic model only represents reality: it is not reality. Reality is complex, interactive and recursive over time.
- A logic model diagrams expected outcomes, however unexpected outcomes may also occur.
- May be presented as a cause and effect model when intended to be based on assumptions about a program – it does not test cause and effect of program components.

Diagram 6: Program Logic for Preventing Violence against Women in the Northern Region



Evaluation Plan

Key Evaluation Questions:

1. In what ways have the different approaches and activities employed in the *Building a Respectful Community – Preventing Violence against Women Strategy* achieved their aims?
2. How successful is a regional approach to a preventing violence against women strategy where regional partners are included in the activities? In what ways is it successful?

Objectives (from Program Logic)	Key Questions (Process & Impact)	Data Collection Methods	Responsibility; Timeline
<p><u>1. To influence knowledge and attitudes of staff and leadership:</u></p> <ul style="list-style-type: none"> • To increase staff knowledge of violence against women and evidence-based prevention programs, and of gender equity as a key determinant. • To increase staff intention and confidence to implement preventing violence against women and gender equity strategies in their work. 	<p><u>Process:</u></p> <p>Who is involved (individuals & organisations)?</p> <p>What is being delivered?</p> <p>How is it being delivered?</p> <p><u>Impact:</u></p> <p>What changes have occurred?</p> <p>What lessons were learned?</p> <p>What impact has the 'regional approach' had?</p> <p>What strategies/activities have been most effective and why?</p>	<p><u>Process:</u></p> <p>Records of WHIN's publications, emails and other communications, distribution lists</p> <p>Meeting minutes (Building a Respectful Community Implementation Advisory Group & NIFVS Strategic Network)</p> <p>Attendance records and evaluation forms from WHIN's practice forums, workshops & presentations</p> <p>Reflective practice notes</p> <p>List of senior representatives who signed the Building a Respectful Community Banner.</p> <p><u>Impact:</u></p> <p><i>Evaluation of the Northern Region Prevention of Violence against Women Strategy Workplace Survey ('the Workplace Survey', Sections 1 & 2) – to be compared 2013 to 2016</i></p>	<p>WHIN; ongoing</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p> <p>WHIN; May 2013</p> <p>GLASS; June 2013 (& 2017)</p>

		<p>Focus Groups and interviews</p> <p>Survey of recipients the <i>Preventing Violence against Women in the North – Executive Update</i> (e-newsletter)</p> <p>Evaluation of WHIN's publications</p> <p>Evaluation forms from WHIN's practice forums, workshops & presentations</p> <p>Reflection on WHIN's relationship and interactions with senior representatives of partner organisations</p>	<p>GLASS; Aug 2013 (& 2017)</p> <p>WHIN; 2014 & 2017 (TBC)</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p>
<p><u>2. To influence organisational practice and programs:</u></p> <ul style="list-style-type: none"> To embed preventing violence against women and gender equity approaches in policy and practice in partner organisations. To increase the quality and quantity of programs to prevent violence against women and promote gender equity in the community. To see increased financial commitment to preventing violence against women and gender equity. 	<p><u>Process:</u></p> <p>Who is involved (individuals & organisations)?</p> <p>What is being delivered?</p> <p>How is it being delivered?</p> <p><u>Impact:</u></p> <p>What changes have occurred?</p> <p>What lessons were learned?</p> <p>What impact has the 'regional approach' had?</p> <p>What strategies/activities have been most effective, and why?</p>	<p><u>Process:</u></p> <p>Attendance at WHIN's practice forums, workshops, presentations & events (including 'The North Commits to Building a Respectful Community' event)</p> <p><i>The North Commits to Building a Respectful Community: Achievements and Commitments (the 'Achievements and Commitments Report')</i> (2013 & 2017 to be compared)</p> <p>Records of WHIN's involvement in subregional networks (e.g. primary care partnerships)</p> <p>Records of WHIN's contributions to other organisations and programs (e.g. submissions, policy and planning advice, attendance at meetings, participation on working groups, emails and phone calls)</p>	<p>WHIN; ongoing</p> <p>WHIN; May 2013; 2015; 2017</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p>

		<p>Records of WHIN's advocacy, social media, newspaper articles and other communications (regionally and state-wide)</p> <p><u>Impact:</u> <i>Preventing Violence against Women in the Northern Region of Melbourne Mapping Report (the 'Mapping Report')</i> (2013 & 2017 to be compared)</p> <p><i>Achievements and Commitments Report</i> (2013 & 2017 to be compared)</p> <p>Evaluation of 'The North Commits to Building a Respectful Community' event</p> <p>Workplace Survey Section 2</p> <p>Focus Groups and interviews</p> <p>Review of grants received across the region for preventing violence against women work</p>	<p>WHIN; ongoing</p> <p>WHIN; 2013 & annual updates</p> <p>WHIN; 2013 & annual updates</p> <p>WHIN; May 2013</p> <p>GLASS; June 2013 (& 2017)</p> <p>GLASS; Aug 2013 (& 2017)</p> <p>WHIN; 2017</p>
<p><u>3. To build collaboration across sectors and settings:</u></p> <ul style="list-style-type: none"> To increase collaboration between partner organisations across the region. 	<p><u>Process:</u> Who is involved (individuals & organisations)?</p> <p>What is being delivered?</p> <p>How is it being delivered?</p> <p><u>Impact:</u> What changes have occurred?</p> <p>What lessons were learned?</p>	<p><u>Process:</u> Attendance records from Building a Respectful Community Implementation Advisory Group and NIFVS Strategic Network meetings</p> <p>Terms of Reference, meeting minutes</p> <p>Attendance records from WHIN's regional events and activities</p> <p>Records (content) of WHIN's publications, emails and presentations where information has been shared; distribution numbers</p>	<p>WHIN; ongoing</p> <p>WHIN; 2013; ongoing</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p>

	<p>What impact has the 'regional approach' had?</p> <p>What strategies/activities have been most effective, and why?</p>	<p>Reflective practice notes</p> <p><u>Impact:</u></p> <p>Workplace Survey Section 2</p> <p>Focus Groups and interviews</p> <p>Meeting minutes (Building a Respectful Community Implementation Advisory Group & NIFVS Strategic Network)</p> <p>Evaluation of WHIN's regional events and activities</p> <p>Evaluation of WHIN's publications and presentations</p>	<p>WHIN; ongoing</p> <p>GLASS; June 2013 (& 2017)</p> <p>GLASS; Aug 2013 (& 2017)</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p> <p>WHIN; ongoing</p>
4. Overall evaluation:	<p>How has the Strategy been used?</p> <p>What effects has the Strategy had?</p> <p>What works/what doesn't work?</p> <p>How sustainable is the Strategy?</p> <p>How transferable is the Strategy?</p> <p>What alternative approaches are there?</p>	<p>Workplace Survey</p> <p>Focus Groups and interviews</p> <p>Observations of researcher</p>	<p>GLASS; 2013 (& 2017)</p> <p>GLASS; 2013 (& 2017)</p> <p>GLASS; 2013 (& 2017)</p>

Stakeholders and Participants

The organisations that WHIN works with on regional preventing violence against women work were chosen as stakeholders for the evaluation. These organisations include local government, community health, primary care partnerships and the NIFVS Strategic Network.

Specifically, the organisations participating in this research project are:

Banyule City Council	Plenty Valley Community Health
Darebin City Council	North Yarra Community Health
Hume City Council	Merri Community Health Services
Moreland City Council	Sunbury Community Health Centre
Nillumbik Shire Council	Inner North West Primary Care Partnership
City of Whittlesea	North East Primary Care Partnership
City of Yarra	Hume Whittlesea Primary Care Partnership
Darebin Community Health	NIFVS Strategic Network
Banyule Community Health	Women's Health In the North
Dianella Community Health	

WHIN chose to focus the evaluation at the organisational level, rather than the community level, for several reasons. Firstly, whilst measuring change in the community is important, the cost of administering community attitudes surveys or other population-wide methods was prohibitive to this project. Secondly, change in the community will take many years, and may not be apparent within the time frame of the *Building a Respectful Community – Preventing Violence against Women Strategy*, but change within the partner organisations is expected within a few years. Finally, the staff in partner organisations are well placed to observe changes in their organisations and communities, and to identify barriers and challenges to the work.

Participants for Phase 1 of the evaluation (which includes the workplace survey, focus groups and interviews) were drawn from the partner organisations listed above.

	Participants	Participant numbers sought
Group 1	Staff members of all WHIN's regional partners in the <i>Building a Respectful Community – Preventing Violence against Women Strategy</i> (see above list)	Approx. numbers of available staff: Councils = 7 x 800 staff Community health = 9 x 100 staff Primary care partnerships = 3 x 5 staff TOTAL up to 6,500
Group 2	Members of the Building a Respectful Community Implementation Advisory Group	Up to 20
Group 3	Members of the NIFVS Strategic Network	Up to 40
Group 4	Other workers who have been directly involved in PVAW work in Melbourne's NMR (and not included in Groups 2 or 3)	Up to 20

Group 1

All organisations were invited to participate in a workplace survey. Notification of the evaluation project was given to organisations and networks by WHIN and by the GLASS evaluator. Once organisations had provided written agreement to participate in the evaluation project and had nominated a contact person for the GLASS evaluator, electronic surveys and hard copy surveys were distributed to the contact person in each organisation for distribution.

The survey aimed to:

- assess participants' knowledge of and attitudes to violence against women; and

- gather and analyse their assessments about the effectiveness of strategies and approaches that have been, or could be, used to achieve the goals of the *Building a Respectful Community – Preventing Violence against Women Strategy*.

Group 2

The Building a Respectful Community Implementation Advisory Group includes WHIN's key contacts for regional prevention work. It has representation from all councils, the primary care partnerships, community health, and the NIFVS Strategic Network. The focus group/s and/or interviews aimed to assess participants' thoughts about their engagement in the *Building a Respectful Community – Preventing Violence against Women Strategy* and their thoughts about the effectiveness of the Implementation Advisory Group to date in supporting and enabling the work in the strategy.

Group 3

The NIFVS Strategic Network brings together organisations in the northern region that have a role in family violence response and support. In recent years, the network has also had prevention as a priority area. The focus group/s and/or interviews aimed to explore participants' thoughts about their engagement in the *Building a Respectful Community – Preventing Violence against Women Strategy* and their thoughts about the effectiveness of the regional approach.

Group 4

Staff who were engaged in work to prevent violence against women, but not captured through Groups 2 or 3 were invited to participate in interviews or focus groups. The focus group/s aimed to assess participants' knowledge of, and attitudes to, violence against women and to gather and analyse their assessments about the effectiveness of strategies and approaches that have been, or could be, used to achieve the goals of a preventing violence against women strategy.

Ethical Considerations

Ethical considerations must be included in any research. Monash University Human Research Ethics Committee approval was granted for this evaluation project. The project was also guided by WHIN's Research Ethics Policy.

It is recommended that an organisation undertaking research and evaluation establish its own policy and procedures for undertaking ethical research and evaluation to ensure safety and mitigate risk. The National Statement on Ethical Conduct in Human Research from the National Health and Medical Research Council provides detailed information about issues to consider. The National Statement aims "to promote ethically good human research. Fulfilment of this purpose requires that participants be accorded the respect and protection that is due to them. It also involves the fostering of research that is of benefit to the community" (National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee. 2007, 2007, p. 7).

Organisations and individuals undertaking research with humans must be aware of their ethical responsibilities when designing, conducting and disseminating the results of human research. See the following site for more information and ideas about developing a human research ethics policy and procedure:

http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72_national_statement_130813.pdf

It is worth highlighting some of the ethical issues that were considered in this project, to help guide others undertaking similar work. The importance of the ethics process is to ensure the safety of participants. People must have a clear idea of what the research is about, and processes must be in place to ensure that people don't feel pressured or obligated to participate in the research/evaluation.

The following questions are useful to ask when considering how to undertake research/evaluations in ethical ways:

- What is the background to, and rationale for, the evaluation?
- Why is the evaluation project significant?
- What are the aims of the evaluation project?
- How will participants be recruited and how many participants are needed?
- Are there any people who would not be eligible to participate in the research or evaluation? For example, is there an age limit? Do people need to be able to converse in English?
- What do potential participants need to know about the evaluation project before they can decide if they want to participate? For example, what will people be required to do? Attend an interview? Complete a survey? How much time would be involved? What happens if they are invited to participate, but decline? Are there consequences for this? This is particularly important to clarify, especially for people who are receiving or might receive a service from the organisation that is undertaking the research or evaluation. What happens if people agree to participate, then change their minds or decide they don't want their information included in the research or evaluation? Is participation voluntary?
- Where will the data collection take place and who will be responsible for collecting it? For example, if interviews are used, when and where will they be held? Will they be held in a safe location that affords some degree of privacy and is free from interruptions?
- How will people receive the information about what would be involved? In this evaluation, detailed Explanatory Statements were prepared by WHIN and GLASS which provided this information for potential participants.
- How, and by whom, will potential participants be contacted and invited to participate?
- What are the likely risks and benefits of participating in the research or evaluation?
- How will potential participants indicate that they wish to participate? How will they give their informed consent? GLASS developed a consent form for participants to sign and to agree that they had been given information about the evaluation project, what was expected of them and that they agreed to be audio-taped during interviews and focus groups.
- Is privacy and confidentiality possible?
- What type of information will be collected? Will it be identifiable? Who will have access to this information? Where will it be kept and for how long?
- What will the participants' information be used for? For example, will it be included in the final evaluation report, in publications, in presentations at conferences?
- How will the findings and results from the research or evaluation be disseminated? Will participants be informed of the results and findings? How?

For this evaluation project, all employees in WHIN's partner organisations in the *Building a Respectful Community – Preventing Violence against Women Strategy* were invited to participate in the evaluation survey. Given that these surveys were distributed via each organisation's email

system, it was important that these organisations gave the GLASS evaluator permission for this to occur. Letters of permission were sought and received from participating organisations.

Data Collection Methods

A variety of data collection methods and measures strengthen the capacity of an evaluation framework to take into account the many factors influencing the likelihood and extent of changes – in knowledge, attitude and/or behaviour – in relation to prevention of violence against women. Similarly, collecting a range of different data, both qualitative and quantitative, provides an array of information that can be used to answer the questions that are specific to a particular evaluation project.

More information about data collection processes and the data collection methods used in this evaluation of the *Building a Respectful Community – Preventing Violence against Women Strategy* are presented in the Evaluation Report.

Phase 1 of the Evaluation (2012–2013)

Briefly, the data collection undertaken by the GLASS Research Unit included the following:

- electronic and hard copy surveys (regional partners, including local governments; primary care partnerships; and community health services);
- focus groups (members of Building a Respectful Community Implementation Advisory Group or NIFVS Strategic Network, or otherwise involved in work to prevent violence against women); and
- targeted interviews (members of Building a Respectful Community Implementation Advisory Group or NIFVS Strategic Network, or otherwise involved in work to prevent violence against women).

More detail on this data collection is provided in the Evaluation Report.

Ongoing Evaluation throughout the Life of the Strategy (2011–2016)

Data collection undertaken by WHIN includes the following:

- mapping of practice, policy and programs to prevent violence against women;
- evaluation of training, workshops and forums;
- evaluation of the 'Endorsement Event' (held in May 2013) and other events;
- evaluation of written resources;
- partnerships evaluation;
- media monitoring; and
- reflective sessions and reflective project journals.

The above evaluations will contribute to Phase 2 of the evaluation (see below). Reports that have wider relevance or interest may be provided either on the WHIN website (for reports with broad application such as the mapping) or distributed to the Building a Respectful Community Implementation Advisory Group (for smaller process evaluations). All monitoring and evaluation will continually feed into and influence WHIN's practice, strategies and actions in an ongoing cycle.

Phase 2 of the Evaluation (2016-2017)




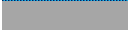
Data collection will be undertaken by an external evaluator, and will include:

- electronic and hard copy surveys (regional partners, including local governments, primary care partnerships and community health services);
- focus groups (members of Building a Respectful Community Implementation Advisory Group or NIFVS Strategic Network, or otherwise involved in work to prevent violence against women); and
- targeted interviews (members of Building a Respectful Community Implementation Advisory Group or NIFVS Strategic Network, or otherwise involved in work to prevent violence against women).

Time Frame

The *Building a Respectful Community – Preventing Violence against Women Strategy* covers the period from 2011–2016. Phase 1 of the Evaluation Project covers the period from November 2012 to November 2013 (WHIN and GLASS partnership). The Evaluation Framework guides Phase 1 of the Evaluation Project and also provides a long-term framework for ongoing evaluation of this work, including an anticipated Phase 2 of the Evaluation Project in 2016/2017.

	2013	2014	2015	2016	2017
Evaluation Framework	GLASS				External evaluator (pending funding)
Survey	GLASS				External evaluator (pending funding)
Focus Groups	GLASS				External evaluator (pending funding)
Interviews	GLASS				External evaluator (pending funding)
Mapping	WHIN				WHIN
Evaluation of events, training & presentations	WHIN	WHIN	WHIN	WHIN	WHIN
Evaluation of written resources	WHIN	WHIN	WHIN	WHIN	WHIN
Reflective practice	WHIN	WHIN	WHIN	WHIN	WHIN
Input from Implementation Advisory Group	WHIN	WHIN	WHIN	WHIN	WHIN
Evaluation Report	GLASS				External evaluator (pending funding)

	GLASS
	WHIN
	WHIN and GLASS
	External evaluator (pending funding)

Data Analysis, Evaluation Findings and Outcomes

The *Evaluation of the Northern Region Prevention of Violence against Women Strategy: Evaluation Report*, to be released at the conclusion of Phase 1 of the evaluation, includes the data and the data analysis, the findings, outcomes and conclusions from the data analysis and ideas for future work.

WHIN will use the evaluation findings and recommendations to build on, inform and influence current practice in the implementation of the *Building a Respectful Community – Preventing Violence against Women Strategy*, and the direction and practices of the Building a Respectful Community Implementation Advisory Group. The evaluation may lead to changes in direction of strategies or actions.

It is anticipated that the findings of this evaluation may potentially be built into strategic plans, health plans, work plans or policies of WHIN or regional partner organisations, and that it will assist in the alignment of organisational plans across the region.

The evaluation findings and recommendations may also be used to inform prevention work in other regions.

There is also scope for the development of:

- practice principles;
- benchmarks; and
- the organisations' own evaluation strategies.

Ongoing and Future Evaluation

WHIN will use all monitoring and evaluation findings to continually adapt practice, strategies and actions. They will influence the implementation of the *Building a Respectful Community – Preventing Violence against Women Strategy*, including the direction and practice of the Implementation Advisory Group, the development of written resources, and the delivery of training, forums and events.

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- World Health Organization and London School of Hygiene and Tropical Medicine 2010, *Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence*, World Health Organization, Geneva.

Appendix 1: Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING BETWEEN:

MONASH UNIVERSITY (Gender, Leadership and Social Sustainability [GLASS] Research Unit,
Department of Social Work, Faculty of Medicine, Nursing and Health Sciences)

AND

WOMEN'S HEALTH IN THE NORTH (WHIN)

Purpose of this Memorandum of Understanding (MoU):

This MoU outlines the work to be undertaken together by Monash University (GLASS Research Unit) and Women's Health In the North in this evaluation research project. Roles, responsibilities, timelines and deliverables are described.

Research Project:

The project will undertake an evaluation of the strategies and processes utilised in the regional approach to the prevention of violence against women in the NMR of Melbourne. This regional approach is guided by *Building a Respectful Community: Preventing Violence against Women: A Strategy for the Northern Metropolitan Region of Melbourne 2011-2016*.

Personnel Involved:

Ms Sandra Morris, Manager, Health Promotion and Ms Monique Bouma, Health Promotion Worker, WHIN

Dr Deborah Western, Monash University (GLASS Research Unit, Department of Social Work)

Nature of Work to be Undertaken

Following initial discussions on 13 June 2012, both organisations agreed to enter into this MoU and to develop a work plan for this project. The project involved an evaluation of the strategies and process utilised in the regional approach to the prevention of violence against women in Melbourne's NMR. This regional approach is guided by the *Building a Respectful Community: Preventing Violence against Women Strategy*, developed by WHIN for Melbourne's NMR.

The GLASS Research Unit will employ, build on, further develop and contribute to the evaluation work already undertaken by WHIN. To date, WHIN's evaluation work, frameworks and models include:

- *Building a Respectful Community Program Logic* model;
- *Building a Respectful Community Implementation Advisory Group*;
- the current and proposed evaluation activities and methods;
- the *WHIN Gender Analysis Planning and Audit Tool*;
- the WHIN *Whole-of-Organisation Audit Tool*;
- WHIN's Integrated Health Promotion Plan and accompanying Prevention of Violence against Women Program Logic; and
- municipal public health plans and other NMR local government organisational plans and strategies.

The resources outlined above will be employed to provide direction and reference points for the evaluation.

Other literature and research that will provide direction and orientation for the evaluation include:

- VicHealth's National Community Attitudes towards Violence against Women survey (2009);
- VicHealth's Preventing Violence Before it Occurs: A Framework and Background Paper to Guide the Primary Prevention of Violence against Women in Victoria (2007);
- The National Plan to Reduce Violence against Women and their Children 2010-2022; and
- The forthcoming Victorian State Action Plan Addressing Violence against Women and their Children.

Scope of the Project:

The evaluation will explore two main areas:

1. In what ways have the different approaches and activities employed in the *Building a Respectful Community – Preventing Violence against Women Strategy* achieved their aims?
2. How successful is a regional approach to a preventing violence against women strategy where regional partners are included in the activities? In what ways is it successful?

Within these research questions, the evaluation will also seek to examine community attitudes and changes in these over time. A mixture of the following research activities and strategies is proposed:

- The development of questions for inclusion in local government community attitudes and safety surveys. Local councils will collect and analyse this data and provide results to WHIN.
- A mixture of targeted interviews and electronic workplace surveys for staff in organisations that have been involved in regional prevention of violence activities and programs and supporting training to:
 - assess their knowledge of and attitudes to violence against women; and
 - gather and analyse their assessments about the effectiveness of strategies and approaches that have been, or could be, used to achieve the goals of a preventing violence against women strategy.
- Targeted interviews and/or focus groups for workers who have been involved in work in the NMR to discuss and evaluate the effectiveness of a regional approach.

The research project will be undertaken within a feminist evaluation framework, which will be developed by GLASS in consultation with WHIN. It will include a gender analysis lens; the narratives and experiences of women – and men – involved in preventing violence against women activities; and a strong analysis of the nature and achievement of change. An action research approach, which includes reflection, learning and participation by the people involved in preventing violence against women activities and programs will be employed.

These evaluation activities and strategies within the framework will be refined and further determined after ongoing discussion between GLASS and WHIN. Their identification, development and implementation will themselves form a component of the project.

Roles and Responsibilities:

GLASS will undertake the evaluation and research in this project in consultation with WHIN. GLASS will develop a detailed evaluation framework at the commencement of the project. This framework will be a dynamic document that will be reviewed, refined and updated as work is completed and new ideas emerge.

In consultation with WHIN, GLASS will develop the questions to be included in the local government community attitudes and safety surveys. WHIN will contact and negotiate with local governments regarding the inclusion of the questions and the collection of the results.

In consultation with WHIN, GLASS will develop the questions for the workplace surveys and focus groups. WHIN will identify the workers and organisations to be invited to participate in the surveys and organise administrative requirements. GLASS will administer the surveys, collate the results, analyse the data and write a summary report of the findings. Where appropriate, briefings will be provided to evaluation champions.

WHIN will identify the workers and organisations to be invited to participate in the focus group(s) and arrange the venues and other administrative requirements. GLASS will facilitate the focus group(s) with workers, audio-record the discussions, analyse the data and write a summary report of the findings.

In consultation with WHIN, GLASS will develop the questions for the collection of baseline data from the Implementation Advisory Group focus group. It is anticipated that this focus group will be held in February-March 2013 and will explore members' feelings of engagement in the PVAW strategy, and their thoughts about the effectiveness of the group to date in supporting the work in the strategy to occur. GLASS will facilitate this focus group.

GLASS and WHIN will maintain regular contact throughout the project through formal evaluation meetings. These meetings will be guided by the evaluation framework and the roles and responsibilities outlined in this MoU. The meetings will provide an opportunity to plan for ongoing work and to review the work that has been undertaken. Consultation and partnership between the parties is viewed as a crucial underpinning to the project.

GLASS and WHIN will disseminate reports and findings through their networks, in discussion with each other (refer to 'Intellectual property and publication rights' for further information).

Timelines:

The project will begin in October 2012 and continue until October 2013. A review of the project and work achieved will be held in September 2013 in order to decide on the need for further evaluation and research in this stage of the project. There is a shared understanding that WHIN intends to re-engage GLASS to conduct further/final evaluation in 2016 (funds permitting).

(see overleaf for projected activities and timeline)

Projected Activity and Timeline 2012 – 2013

	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	April 2013	May 2013	Jun 2013	July 2013	Aug 2013	Sept 2013	Oct 2013
Negotiations re MoU finalised. MRO input	WHIN & GLASS												
Funding	WHIN & GLASS												
Commence project	WHIN & GLASS												
Ethics		GLASS											
Literature review		GLASS											
Development of evaluation framework		GLASS											
Development of questions for surveys		GLASS											
Implementatio n Advisory Group meetings		WHIN			WHIN & GLASS			WHIN			WHIN		
Evaluation of Implementatio n Advisory Group				WHIN & GLASS									
Developmental work for & administration of workplace surveys				WHIN & GLASS									
Data collection and analysis 1					GLASS								
Facilitation of focus group(s) and interviews						GLASS							
Data analysis 2								GLASS					
Reports - findings & recommendati ons							GLASS						
Evaluation project meetings	WHIN & GLASS												
Dissemination of reports and findings												WHIN & GLASS	
Write & publish articles; present at conferences										WHIN & GLASS			

Deliverables:

- A feminist and gender-focused evaluation framework for evaluating preventing violence against women programs and activities.
- Evaluation activities and strategies within the evaluation framework that have been trialled and assessed for relevance, usefulness and future use.
- Summary reports of preliminary findings after the analysis of each data set 1-2.
- Final report providing findings and recommendations from the evaluation of the strategies and process utilised in the regional approach to the prevention of violence against women in Melbourne's NMR.
- Completed research project.
- Developed research links and partnership between WHIN (a field-based partner) and GLASS (an academic-based partner).

Ethics Approval:

GLASS will seek ethics approval for this research project through the Monash University Human Research Ethics Committee.

The research will also be guided and informed by WHIN's Research Ethics Policy.

Intellectual Property and Publication Rights:

Both GLASS and WHIN will hold the intellectual property of the evaluation and research framework, activities and outcomes developed during this project. Both organisations are free to publish any material and present any of the material at conferences and workshops during and/or after this project. WHIN and GLASS agree to notify each other about how the materials will be used and, to demonstrate and continue the partnership, will look for opportunities to present the material together wherever possible.

Funding and Budget (Estimated):

Confidential.

Signed:

Women's Health In the North

Date

GLASS Research Unit

Date:

WOMEN'S HEALTH IN THE NORTH

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