Active Bystander Training for Faith Communities:
An Evaluation of Think Prevent & FCCV’s Bystander Workshops
This program evaluation was undertaken by Dr. Amy Piedalue (Australia India Institute, University of Melbourne), who also authored this report, with research, analysis and writing support provided by Elena Robertson (M.A., University of Melbourne). The evaluation was funded by the Victorian Government’s Multicultural Affairs and Social Cohesion Division in the Department of Premier and Cabinet, and the report produced for that office and for the Faith Communities Council of Victoria (FCCV) and Think Prevent © 2018.
Executive Summary

This final report presents the key findings, conclusions, and recommendations from an evaluation of the Think Prevent Bystander intervention (BI) training workshops, a collaboration of Kempster Consultants (KC) and the Faith Communities Council of Victoria (FCCV). The primary aim of the evaluation was to assess the effectiveness of the training program in achieving its intended outcomes – with particular attention to workshop participants’ knowledge of the dynamics and drivers of gender-based violence (GBV); comfort level in using the bystander approaches taught in the training; and subsequent implementation of bystander approaches and GBV prevention knowledge following the training.

The evaluation research consisted of data collection through surveys and one-on-one interviews. Surveys were conducted for two different groups of workshop participants – (1) past participants, who attended a workshop in 2016 or 2017, and were invited to participate in an online survey; and (2) participants in workshops conducted in 2018 during the period of data collection, who were invited in person to take a Pre-Survey (on paper) prior to their training and a Post-Survey (on paper or online) either directly after or within about 2 days of their training workshop. In addition, past participants were invited for interviews. In total, 37 surveys were completed by past participants, and 13 sets of Pre- and Post-Surveys were gathered from 2018 participants. A total of 9 interviews were conducted, with a majority of those individuals being practitioners in the field of GBV response and prevention, who had also attended at least one Think Prevent workshop.

Key Findings and Significance

Given the limited response to calls for participation in the surveys and interviews, the data set available for analysis was quite small. Therefore, this data should not be considered as representative of faith communities on the whole, or of the much larger number of participants in Think Prevent workshops (estimated by Dr. Boddé as approximately 1,200 individuals). Despite this constraint, by triangulating analysis of the survey data with the in-depth qualitative findings from the interviews (which brought together significant expertise from the field) and with existing literature on best practices in bystander intervention and GBV prevention more broadly – this report identifies some key areas of strength and areas for potential growth and improvement of the Think Prevent BI workshops. These are summarized here and elaborated in greater detail in the full report.

The survey findings suggest that:

- A majority (about 74%, or 23 of 33 respondents for these questions) of participants demonstrate an understanding of GBV that mirror established best practices (that link GBV and gender inequality and measure GBV along a spectrum of attitudes and behaviours).
- Most workshop participants feel comfortable using at least one of the BI approaches taught in the workshops (68% or higher across several questions), and a majority said they were ‘Likely’ or ‘Very Likely’ to intervene (60% or more, or at least 20 respondents for each question) in examples provided.
- When 2016-17 workshop participants were asked if they have used the BI approaches since their trainings (months or years back), 19 out of 24 answering this question indicated they had used BI at least once.
- 71% of respondents felt that BI approaches are appropriate for their faith community.
As only a very small number of 2018 workshop participants (13 people) filled out both Pre- and Post-Surveys, significant weight should not be put on this data. However, the small number of respondents provided mostly consistent responses in their Pre- and Post-Survey questions about GBV, which would suggest that they came in to the training with a good degree of prior knowledge in the area. When shifts in answers do appear across this set of 11 paired surveys, they show slight and stronger positive shifts – that is, a small movement or large movement toward alignment with established knowledge in the field.

The interview findings suggest that:

- The baseline curriculum is solid, and would benefit from more time in general, and also more time carved out for individuals to self-reflect on key concepts.
- Even some practitioners were unfamiliar with bystander approaches prior to the workshop and found these very helpful for thinking about GBV prevention in daily life.
- There is some confusion around the Bi model as encouraging primary prevention, early intervention, and/or GBV response. Role plays seem more focused on intervention after violence is already occurring.
- Workshop curriculum could be more tailored or augmented to specific communities, drawing upon spiritual and/or cultural teachings and practices to encourage pro-social behaviours.
- Based on these findings and wider knowledge in the fields of bystander intervention and violence prevention, the program’s key strength can be summarized as:
  - Established connections in faith communities and with faith leaders;
  - The interactive nature of the Bi trainings, particularly the scenario role plays;
  - The flexibility of the model to be adapted for specific community contexts and audiences;
  - The introduction of pro-active strategies and actionable ideas that offer community members options for how to contribute to GBV prevention in their daily lives.

Conclusions & Recommendations

1. Integrating bystander intervention into wider GBV response and prevention initiatives: Bystander intervention is not a ‘silver bullet’ for solving the problem of GBV. This evaluation’s survey data and interview findings align with existing literature in the field of violence prevention in affirming that bystander approaches offer a particular kind of tool for addressing GBV and gender inequality, but one that should not stand alone as a singular method. As a result, Think Prevent and the FCCV should work to incorporate bystander approaches into a structured plan to address GBV in faith communities. This may take the form of distinctive plans evolved together with particular faith centres or faith communities, designed with those communities to meet their particular needs and the readiness of their members to engage in GBV prevention conversations and actions.

2. Building more comprehensive partnerships with select faith centres for longer-term engagement and deeper impact: A larger volume of single standalone trainings across a wide range of communities and places may not prove effective in building bystander intervention as an integrated approach within faith-based initiatives to address and prevent GBV. Think Prevent and FCCV should thus establish a smaller number of longer-term partnerships with selected faith centres committed to including active bystander training workshops as part of a set of initiatives focused on preventing family violence and promoting gender equity. These more focused partnerships (with 3-5 faith centres) would also allow for concentrated outreach to people who may be less likely to attend the workshops, such as men and younger people. Partnerships of this kind would involve more time with community members and more active involvement of faith leaders.

3. Setting up an ongoing, internal Monitoring & Evaluation system: Currently, more longitudinal data is needed in order to build best practices for incorporating bystander approaches into inter-faith GBV response and prevention initiatives. Think Prevent and the FCCV should establish a rigorous internal Monitoring and Evaluation component in order to build a longitudinal data set to guide curriculum and program development. This Monitoring and Evaluation should be based on local best practices and expand upon the short post-training survey currently being used. M&E should aim to (1) understand how effective the training workshops are in achieving the intended outcomes and (2) incorporate lessons learned in order to continually improve the workshops.

4. Continuing to refine and augment the Think Prevent curriculum: Think Prevent and FCCV should continue building and adapting their workshop curriculum, with a particular focus in the immediate term on clarifying the role of bystander approaches in primary prevention, early intervention, and direct response to GBV and on taking steps to formalize the process by which the curriculum is adapted for particular faith communities and across CALD groups (including language translation).

5. Expanding organizational structure and paid staff support: Broad outreach in (and beyond) faith communities is challenging for GBV prevention programs. This often means that participants self-selecting into a training workshop will already have some knowledge about or interest in the issues and that participants will likely include more women than men. Currently, the program has limited capacity to address these issues (and other recommendations) due to reliance on only one staff member to coordinate, plan, and facilitate Think Prevent BI workshops. The organizational structure of Think Prevent should be expanded to include additional staff support (in both facilitation and program administration) and an executive board to support the staff in program oversight, fundraising, and community outreach. Members of the FCCV should be part of the executive board to formalize the KC and FCCV partnership in conducting the Think Prevent workshops. Additional board members should be drawn from faith leaders, faith community members, and from local experts in the field of GBV response and prevention. FCCV and Think Prevent should also recruit and train a team of paid facilitators with experience in and membership across multiple faiths and CALD communities.

6. Coordinated action for GBV prevention in Victoria: While the bystander workshops should remain centred on GBV and gender equality, there is a need to more formally acknowledge communities’ internal diversities in the organizational framework. In addition, integrating active bystander workshops into a wider set of GBV prevention initiatives will require coordination with other programs. Think Prevent and FCCV should formalize partnerships with others working in the GBV prevention space in Victoria and across Australia. The primary goal should be to open communications in a formal capacity in order to explore the possibilities for coordinated action and to implement these in particular faith communities.

7. Funding recommendations and future work of FCCV & Think Prevent: These recommendations will require considerably more paid staff time and program funds than KC and the FCCV currently have available. The Victorian government should provide funding for implementing these recommendations, with funds held in partnership between the FCCV and Think Prevent. Funding should be distributed over a 2-3 year grant period during which additional evidence of program effectiveness can be gathered through the internal Monitoring and Evaluation.
The purpose of this evaluation was to ascertain the extent to which Think Prevent’s Bystander Intervention (BI) Training, evolved and implemented in partnership with the Faith Communities Council of Victoria, is an effective program for building violence prevention capacity within faith communities. This meant assessing the extent to which the training workshops increase participants’ knowledge around gender-based violence (GBV), increase their knowledge around and comfort level with intervention and primary prevention strategies, and finally, the extent to which workshop participants have used the bystander approaches in their everyday lives after completing a training workshop.

This evaluation both arises from and contributes to the current surge of interest in the prevention of gender-based violence. This focus on prevention grows out of decades of work to raise public awareness of violence against women and to provide legal and social service responses that support survivors of violence and hold perpetrators accountable. While awareness-raising and legal and social response to GBV continue to be necessary and important, a commitment to prevention recognizes the need for a more ‘upstream’ approach that seeks to build greater gender equity and transform gender relations in order to prevent violence from happening in the first place. This focus on transformation of attitudes, beliefs and norms fuels many prevention models.

Along with a focus on gender inequality as the basis for GBV, current best practices in Australian gender-based violence prevention identify several key ‘gendered drivers of violence against women.’ These drivers include: male control of decision making; rigid gender roles and stereotyped constructions of masculinity and femininity; male peer relations that emphasise or condone aggression towards women; and condoning of violence against women. In 2015, Our Watch developed ‘Change the Story’ as a national framework for preventing violence against women. Some features of best-practice primary prevention (catalogued in this framework and in other prevention research) include: targeting the root causes of violence; challenging gender constructs by moving beyond the ‘gender blind/neutral’ models; creating ongoing interventions with mutually reinforcing components (such as follow-ups and refresher sessions) engaging people of all genders; drawing upon new and existing research/evaluations; consulting with relevant experts; tailoring and developing programmes to the specific needs and context of the intended audience; establishing mechanisms capable of responding to participant disclosures of violence during a prevention programme; working across the socio-economic spectrum; and, of course, planning for long-term sustainability.

Taken in their entirety, these recommendations have enormous scope. Perhaps the most relevant for this evaluation are: the importance of approaching diverse communities; tailoring educational sessions for a given audience; creating opportunities for on-going learning such as follow-ups or refresher courses; drawing upon emerging research/evaluations, and working with experts to incorporate new approaches into programming.

**Moving Beyond the Victim/Perpetrator Dichotomy: Bystander Intervention**

The earliest explorations of what we now refer to as ‘bystanders’ in situations of violence are often dated to the post-WWII period. This research demonstrated the “prevalence of individuals’ conformity to peer group norms and pressures” as well as the potential for ‘positive influencers’ to inspire violence-prevention action in peer group members. These findings were absorbed into theories of social and community psychology, and thus the idea of bystander intervention as an active form of GBV prevention was born. In this framework, a bystander is an individual, neither a victim nor a perpetrator of violence, with the potential to prevent or interrupt violence. An active bystander is someone who chooses to act or intervene to prevent (further) violence, rather than passively observe a situation.

The BI training program is rooted in the belief that societal change requires community readiness and acceptance of responsibility for violence prevention. This necessitates community education and action, rather than efforts that teach individuals how to ‘avoid’ violence. In this way, bystander approaches re-focus interventions from treating every man as a would-be-perpetrator and every woman as a would-be-victim, and instead treat all participants as would-be-active-bystanders. Trainings are thus meant to reconfigure community identities to include violence prevention: that is, each individual begins to see her/himself as responsible for and capable of preventing and stopping GBV.
FUNDAMENTALS OF BYSTANDER INTERVENTION

1. Notice the situation
2. Decide whether the situation requires intervention
3. Assume individual responsibility for the situation
4. Knowledge of the appropriate course of intervention action
5. Confidence in personal ability and capacity to appropriately intervene

Biancardi et al (2005) developed one current model, called “Bringing in the Bystander,” by drawing upon theories of ‘community readiness to change’ and studies of helping/bystander behaviour (p. 90). They draw upon the Transactional Theoretical Model of Change (TTM), which “proposes that individuals (and communities) progress through a number of stages before changing adverse behaviours. The stages based on this model range from no awareness or denial of the problem to action-oriented states in which individuals implement specific behaviour-change plans.” In their Bringing in the Bystander programming, Biancardi and her colleagues focus on sexual violence in particular, and often employ the training on college campuses. The majority of programs operating today build from the Bringing in the Bystander model, including US and internationally-based programming and campaigns. However, another prominent model of bystander intervention training is Mentors in Violence Prevention (MVP), which was developed by Dr. Jackson Katz at Northeastern University. The MVP model has been widely used to develop context-specific bystander intervention programs, including Think Prevent’s model. Powell (2014) provides a helpful summary of the fundamental aspects of MVP programs (see Table 1, above and right).

Evaluations of Active Bystander Training Programs

The importance of addressing violence as a continuum of behaviours, instead of isolated incidents, is stressed across MVP program evaluations. A core component of MVP lies in demonstrating the ways GBV materialises in subtle forms through jokes, cat-calling, and more, before it escalates into physical or sexual assault. This model views GBV as a product of social and cultural norms that can be changed through attitudinal shifts. It was believed that “sexual violence will be eliminated only when broader social norms are also addressed,” and that changing social norms would only occur when individuals reframe not only their understanding of GBV, but their personal identities to incorporate the role of responsible prevention (see Recommendation R.4.1).

Where such measures were tested, all of the bystander intervention evaluations reviewed found that their respective programs were effective in increasing awareness of issues of gender inequality, perceived capability and willingness to intervene in a situation of GBV; and that there was little difference between the percentage of improvements between male and female cohorts within a single programme. Some evaluations found that improvements diminished (or succumbed to regression) to their baseline scores; approximately three to four months following the final session of the programme. In the evaluation by Katz et al (2011) of the Mentors in Violence Prevention (MVP) model in a high school setting in the Midwest of the US, the MVP program did not increase students’ willingness to intervene in a situation of GBV, but did increase students’ ability to correctly identify antecedent or ‘wrong’ behaviours. These findings suggest the importance of follow-up or refresher courses.

Several of these evaluations noted the importance of having both a male and female facilitator for a given programme. This follows Pease’s recommendations of ‘men educating men’ on issues of GBV because “men are likely to be perceived by other males, more credibly, and in doing so, male facilitators demonstrate responsibility for taking a stand against men’s violence against women thus decreasing women’s burden of prevention (see R.5.3).” Furthermore, many evaluations and reports have demonstrated that one of the biggest barriers to intervention is an individual’s perceived capability. Bystander intervention works to incorporate the ‘capable bystander’ into individual and community identities.

In a 2014 report on bystander approaches, the Australian Institute of Family Studies published Powell’s overview of current methodologies of bystander intervention. The report highlights successful programs including the Australian White Ribbon campaign, Men Can Stop Rape (US) and MVP (US). The types and locations of bystander intervention programs discussed are diverse, but some themes can be identified in all of the successful programs: increasing participants’ knowledge of GBV and bystander intervention, repeated exposure to these topics through multi-dimensional forms of (hypothetical) multi-segment advertisements; and some element of self-reflection to challenge existing images of masculinity and, more broadly, gender constructs.

Challenges for Bystander Intervention

The bystander intervention model does not necessarily address issues of power imbalances or gender hierarchies, and thus the linkage between GBV and gender inequality must be made explicit during the course of BI trainings. As Powell (2014) makes note, from one viewpoint, the term bystander “implies individuals’ externality and neutrality to sexual violence where arguably none exists...we are all implicated in the structures of inequality...and are ultimately responsible for violence.” This is particularly relevant for men, who “are both collectively and individually implicated in the structures that underpin and legitimise violence against women.” Furthermore, BI training programs face the additional challenge that in labelling all men as ‘potential interveners,’ men can retain the identity of ‘protector of women,’ which leaves problematic facets of masculinity and gender inequalities unexamined. In order to fully address the gendered drivers of intimate partner and family violence, BI models must address power imbalances inherent in relationships (be they familial, romantic, social, professional, or even circumstantial) (see R.4.3).

Faith Communities as Agents of Prevention

Existing literature on bystander intervention demonstrates a lack of practical engagement with racial, geographical, and cultural diversity. As the majority of evaluations were conducted at university and high school campuses in white areas of the United States, this dearth of diversity is due in part to convenience and location. In all but one evaluation reviewed (Eisenkraft 2015), the majority of students were white. Further, these programs (and evaluations) did not target faith communities nor explicitly work with multi-faith populations.

In recent years, the Australian Government has recognised the importance of addressing and involving faith communities in the effort to end GBV and family violence, including through three recommendations from the Royal Commission into Family Violence and through localised programming and work with faith community leaders and interfaith bodies. This is an important step in addressing what Le Roux and Loots (2014) term the ‘unhealthy divide,’ whereby across global and local interventions, GBV prevention primarily falls under a secular banner and is implemented by and within secular institutions. This reflects, in part, the ways in which secular institutions view faith groups and/or leaders as perpetrators of harmful norms that undermine GBV. At the same time, even when such institutions or organisations centralise cultural sensitivity in their programming, they do not extend this to faith sensitivity. The reality of this hesitancy to focus on faith groups as creators of change is evident in much of the GBV prevention and bystander intervention literature. This limits the reach of such prevention and response programming. As Le Roux and Loots say, “where faith is the reason for arts of SA[GBV], it needs internal religious contestation to address the issue.”

Further, in a report on intersectional family violence commissioned by the Royal Government of Australia, the Equality Institute (EQI) explored the intersectional factors (age, location, ethnicity, culture and language, faith, disability, employment, and gender and/or sexual identity) that impact various population groups. This report identified different ‘drivers’ of family violence within and between each intersecting community at the societal, community/organisational and individual/relationship levels. EQI emphasises the importance of recognising the diversity within faith communities: members of a given faith have a diverse range of characteristics, including age, gender identity and sexual orientation, Aboriginality, race/ethnicity, spiritual/religious beliefs, geography, population and ability. Assuming a homogenous faith within a given faith community, or a homogenous faith within a given cultural community, can lead to not only inaccurate stereotyping of faith and cultural communities, but also inappropriate prevention and response approaches. It is thus of the utmost importance to research and understand the demographics of a given community, and to partner with members of that community, before attempting to design or implement GBV prevention programmes.

Challenges of working with faith communities

Working within faith communities is not without its specific challenges. Neave et al 2016 note that in cases where women sought assistance from leaders in their faith communities, leaders were predominantly or exclusively men. In many cases, leaders’ responses were deemed inadequate: women reported that not only were leaders ill-equipped to respond to disclosures of GBV/family violence, but that in some cases leaders not only perpetuated harmful stereotypes (e.g. that violence could be prevented if a wife were a better cook or kept the house tidier), but manipulated women into remaining in violent marriages through pressure or actual collusion between leaders and perpetrators. This is not to say that faith leaders are unable and unhelpful or harmful advice, faith leaders failed to report violence to secular authorities. EQI similarly reports that faith leaders or communities may increase the risk of violation by discouraging reporting of violence; emphasising their responsibility in maintaining the family unit; or broader community over the importance of individual leader/consumer; or by promoting harmful norms and practices. This suggests a need to specifically target faith leaders in outreach for prevention programs like bystander workshops, as well as the need for more in-depth training of faith leaders (e.g. on how to ‘support survivors of abuse’) (see R.4.3).
Using the Bystander Intervention model with faith communities is particularly apt because even individuals without formal positions of power can be and are influential and persuasive. In fact, when discussing the role of women in violence prevention within faith communities, a 2015 Department of Social Services report noted that “recognising that all members of a community can take action will help to ensure that communities become and remain supportive and safe environments.” Given that faith communities are often home to a diversity of linguistic and cultural groups, drawing upon the strengths of communities is integral.

**Challenges of working within CALD communities**

As mentioned by EQI and others, one cannot assume a homogeneous population within a given religion or a cultural group. According to a report written for YWCA Victoria, young women in Culturally and Linguistically Diverse (CALD) communities may face a ‘triple disadvantage’ in terms of gender equality. This report highlights the importance of “culturally aware, appropriate and supportive” education programs, specifically when navigating issues of gender equality. A 2010 practice paper produced by the Queensland Government also emphasises that people from CALD backgrounds are not homogeneous: while a person’s cultural and linguistic background certainly play a role in their belief system and world experience, factors such as age, level of proficiency in English, reason for migration, religion, geographic location and socioeconomic status, among others, are just as influential. It is critical that, when working with CALD communities, outsiders working as facilitators avoid broad assumptions or stereotyping based on a person’s ethnicity, religion, culture or language. As noted in a 2015 report by the Australian Department for Social Services, “the real diversity within CALD communities is there is diversity within diversity.”

The Government of Queensland suggests that one way to mitigate these potential challenges is through the development of cultural competence and cross-cultural skills. Seemingly small acts such as working with interpreters and translators and developing collaborative curriculums with ‘ethno-specific agencies’ or leaders of a given group is not only respectful, but will enhance the quality of interaction and information communicated. CALD participants in a 2015 roundtable on preventing violence against women identified interpretation and translation services as the best way to enhance existing GBV prevention and intervention services (see R.4.5).
Think Prevent Bystander Intervention Trainings

The Think Prevent Bystander Intervention workshops represent a collaboration between Kemper Consulting (KC) and the Faith Communities Council of Victoria (FCCV), forged in 2015 as an extension of KC’s earlier work with the Anglican Diocese of Melbourne. In 2012 KC was contracted by the Anglican Diocese of Melbourne to deliver the Anglican 2012–2016 Prevention of Violence against Women Action Plan for the Diocese and its project partners the Brotherhood of St Laurence and Anglicare Victoria. The Anglicans drew on the Northern Interfaith Respectful Relationships Project, a Respectful Relationships Curriculum, developed by Garbin City Council and Virealth to promote respectful and gender equitable relationships. In Feb 2016, KC developed a Prosocial Behaviour/Bystander Intervention approach in order to extend the reach of GBV prevention curriculum in faith communities. The Bystander training workshops deliver key information about the drivers of gender violence and solutions to prevent it, as outlined in the National Framework to Prevent Violence against Women and their Children (2009–2021) and the Victorian Government report “Safe and Strong: a Victorian gender equality strategy” (2016).43

In October 2015, FCCV and KC formed an alliance to help drive cultural change around GBV in multi-faith communities in Victoria. Together they piloted the bystander training workshops beyond the Anglican Diocese of Melbourne. In July 2016, 40 faith leaders attended a seminar, hosted by the Victorian Council of Churches, to gauge responses to the Victorian Royal Commission into Family Violence, and particularly the recommendations that relate to faith communities (Recs. 163, 164, and 165). Delegates supported continuing the work to progress responses to ending violence against women across the spectrum from violence prevention, to early intervention and direct response. Over the course of 2016, Think Prevent delivered 28 bystander intervention workshops to selected faith communities across Victoria.44

At this time, FCCV and KC identified a need for research to document the program’s outcomes and fill the gap in evidence on bystander programs operating in faith communities. In April 2017, Dr. Boddé invited Dr. Amy Piedalue (author of this report) to partner with KC and the FCCV to conduct a program evaluation of the Think Prevent workshops, and they began conversations with the Victorian Government’s Multicultural Affairs and Social Cohesion Division in the Department of Premier and Cabinet regarding funding the evaluation. In August, a final funding proposal was submitted for review, and a funding agreement was signed in November 2017. Following a period of research design, and ethics approval for the research from the University of Melbourne, Dr. Piedalue commenced data collection in Jan/Feb 2018.

The evaluation combined quantitative and qualitative measures in order to assess the questions above and the overall effectiveness of bystander intervention as a pathway for gender violence prevention in faith communities. A set of surveys were designed to all workshop participants about: (1) their knowledge and intended outcomes; and (2) their comfort levels with bystander intervention and the extent of their use of various techniques featured in the workshops; and finally (3) their assessments of the workshop itself. A Follow-up Survey targeted individuals who participated in workshops in 2016 and 2017, and intended to gather some information on workshop participants’ retention of information over time and their use of active bystander techniques in everyday life. In addition, individuals who participated in workshops during the data-gathering phase of the evaluation (January–May 2018) were given a Pre-Survey just before the workshop and a Post-Survey just after a workshop or within 2-3 days of completing a workshop. The goal was to gather between 150-200 surveys across these two groups of participants.

The evaluation also aimed to gather 20-30 individual interviews with workshop participants from 2016–2018, as well as 2 focus groups (with 12-18 participants). The research design incorporated these qualitative methods in order to provide more depth to the survey responses and to allow for the incorporation of participants’ unanticipated perspectives on gender violence prevention and bystander approaches. The interview stage of the evaluation also aimed to incorporate the perspectives of practitioners in the field of gender violence prevention, from organizations such as Our Watch and inTouch. However, responses to the recruitment for interviews was also unfortunately quite limited and there was not enough interest from workshop participants to form the focus groups. As a result, the qualitative data for the evaluation took on a somewhat different character than originally designed. A total of nine interviews were completed, but six of those individuals also work as practitioners in the wider field of gender violence response and prevention; two are members of the FCCV; and one has been trained and practiced as a facilitator with Dr. Boddé in conducting bystander workshops. Only one of the nine interviewees was a community member not somehow employed in the violence prevention field or faith-based initiatives in this area. The large majority of interviewees (8 of 9) had participated in at least one bystander workshop put on by Think Prevent.

Following the closing of the survey period in June 2018, the data was analysed using the tools provided in the Survey Monkey online program. All interviews were complete by September 2018, at which point the audio recordings were transcribed and the transcriptions were analysed by hand – employing qualitative coding techniques and compiling the suggestions and observations of interview participants.45

Key Findings

The limited response to the calls for participation in the surveys and interviews for this evaluation constrain my ability to assess the extent to which the Think Prevent bystander training program meets its intended goals and equips faith community members with the knowledge and tools required to become ‘active bystanders’ in preventing GBV in their communities. However, the small data set compiled – including the in-depth assessments of practitioners gathered through one-on-one interviews – does suggest that the program has merit as an avenue for increasing awareness and active engagement with response and prevention work in faith-based communities. Thus, while the data should not be read as representative of faith communities or even of the larger number of past participants in Think Prevent workshops (estimated by Dr. Boddé at around 1,200 individuals), the findings do point to some key areas of strength, as well as areas for growth, that could position the program as a key component of violence prevention work in faith communities. This is particularly important given the program’s unique linkages with faith communities, and established contacts and networks within multi-faith spaces.

Survey Findings

The survey findings suggest that this program contributes to some degree to participants’ capacity to: i. identify the drivers of gendered violence; ii. develop their comfort level or skills set with active bystander approaches; and/or iii. progress in their individual process of change (along the TTM spectrum discussed on page 7), including taking an active role in collective processes of social norm change.

At this point, the extent of the program’s contribution in any of these areas cannot be rigorously assessed given the limited data set. The following findings should be considered with that constraint in mind – perhaps as preliminary indicators that require further monitoring and evaluation, which would provide additional data to assess the validity of those findings across a wider and more representative sample of faith community members engaging with violence prevention programming (please see recommendation R3 in the last section).

GUIDING QUESTIONS

1. To what extent does Think Prevent’s Bystander Intervention Training achieve its intended outcomes?
   a. To what extent do participants internalise gender equality messages?
   b. To what extent are participants informed and knowledgeable about the dynamics and drivers of GBV?

2. To what extent do they feel comfortable sharing their knowledge about GBV outside of the training space? (i.e. with peers, community, family etc.)

3. To what extent do participants feel comfortable applying at least one bystander approach?
   a. To what extent have participants intervened if/when a relevant situation arose?
   i. What was the outcome of this intervention?
   ii. What are the impacts of the training on participants specifically and in faith communities more generally?
   iii. To what extent does the Think Prevent training (design, content, intended outcomes and actual outcomes) equip members of faith communities with the knowledge and tools required to prevent and respond to GBV as active bystanders?

4. Does the training deliver, and do participants demonstrate, a clear understanding of primary prevention, including active bystander contributions to prevention?
The majority of all survey participants were Christian women of European descent over the age of 55 (see Appendix A for a table of more detailed demographic data). While this dataset is small and does not represent the full breadth of the participants reached through Think Prevent workshops over the past three years, it is possible that the higher respondent rate from this group might suggest a stronger connection or engagement with the program amongst this demographic. Given the diversities within faith communities (of faith practice, as well as across identities in relation to sexuality, ethnicity, age, and disability for example), this response suggests a need to gather demographic data on all workshop participants and to continually assess the reach of program across diverse community memberships (see R.3, R.4.4, R.4.5, R.4.6, and R.5.3).

Follow-up Survey (2016-17 workshop participants)

The following findings derive from the 37 surveys completed by participants in Think Prevent trainings that took place prior to the start of the evaluation (in 2016 and 2017). While the sample size is higher for this dataset, it is still only a small fraction of the total workshop participants. While no baseline is recorded (i.e., no pre-survey) that would allow comparison of these responses to the participants’ knowledge and perceptions prior to having completed an active bystander training. This means that we cannot ascertain the extent to which the training itself impacted individuals’ beliefs, attitudes or actions. The data does include some self-reporting of program’s impact, which provides some insight if not a tested baseline.

The findings summarized here address the following areas laid out in the evaluation’s guiding questions: (1) workshop participants’ knowledge of GBV, drivers of violence and links to gender inequality, and (2) participants comfort-level in using the active bystander approaches taught in the workshop in their everyday lives and community spaces.

1) Based on compiled answers to a series of questions, a significant majority (approximately 70% or higher, or 23 of 33) of participants demonstrate understandings of gender-based violence that mirror research and best-practices that link GBV to gender inequality and/or patriarchal attitudes and practices and identify violence along a spectrum (i.e. not only physical assault).

2) In a series of questions about the respondent’s likelihood of intervening in response to some indication of gender-based violence (either in a relationship, or in relation to sexist/homophobic jokes and comments), and regarding how likely they felt a reasonable or responsible action (or 20-24) of respondents indicated they were Likely or Very Likely to intervene for all 10 situations described. Total respondents was either 32 or 33, depending on the question.

3) A method intervention was strongest in situations where the person being (potentially) abused was a “FRIEND,” with 78.8% of respondents indicating likely intervention.

4) Likelihood of intervention was still high, but slightly lower, if the person being helped was an “ACQUAINTANCE,” with 78.8% of respondents indicating likely intervention across three different questions.

5) Likelihood of intervention takes a notable dip when the person seemingly in need of help is a “STRANGER,” with 62.5-76% of respondents indicating likely intervention.

6) For general questions about sexist or homophobic comments or jokes, 81-91% of respondents indicated likely intervention.

Of 32 responses to a question about the specific BI approaches taught by Think Prevent, 68% or more of respondents indicated they were Comfortable or Very Comfortable employing 9 of the 11 approaches. For the remaining 3 approaches, 52% of respondents were comfortable using them. When asked if they had actually used any of the approaches since their training, 19 people indicated that Yes, they had used at least one of the approaches (19 of the 24 people who responded to this question, 15 people skipped it entirely). When asked “have you found the approaches you learned to be an effective way for you to address gender-based violence and abuse in your daily life?” 19 of the 29 who responded to this question (or 65%) indicated Yes in some fashion. Several others indicated they do not come across situations in which they would apply the training tools. When the same question is asked regarding faith community, 23 of 38 who answered the question (or 61%) indicated Yes in some fashion (and again several others said they haven’t had an appropriate situation to test this).

In addition, 71% of respondents felt that BI approaches are appropriate for their faith communities. The reasons participants gave for uncertainty of appropriateness were: that they had not witnessed/were unaware of any GBV situations; that every GBV situation is different; or that they think BI approaches are more useful as secondary techniques.

Many respondents indicated that they have not been in a situation where using BI approaches was warranted. One participant noted that “I’ve only had one incident, but what I did worked, so feel [the training] was effective,” another commented that “yes [the training has been useful] but feels that it’s hard to use them—people just don’t know what to do.” While others noted that the training increased their confidence in speaking out in a group setting if a peer makes a sexist or homophobic joke. These responses show some indication that participants feel capable of responding to incidents at the ‘upstream’ end of the continuum of violence meaning that they seem more comfortable with the idea of intervening when violence is more generalized (i.e. derogatory jokes or comments not aimed at a particular individual but directing women in general), or when a behaviour demonstrates a driver of GBV (as opposed to witnessing direct physical or verbal abuse between two individuals). These indications do not, however, contribute to primary prevention by raising participants awareness of the drivers of GBV and then providing them with tools to actively respond when they encounter situations or behaviours that perpetuate gender inequality and GBV. Qualitative responses also suggest with successful interventions may act as a reinforcement for future BI opportunities. In referencing which approaches they have actually used since the training, participants also indicate that they are more comfortable with taking indirect actions, such as the ‘silent stare’ and ‘be a role model’ approaches.

Pre- & Post-Surveys (2018 workshop participants)

Only a handful of training workshops were held during the study period, and amongst participants in those workshops, only 26 elected to fill out Pre-Surveys 49 and 16 filled out Post-Surveys. Of these completed surveys, only 13 could be matched to measure change transferable to the training workshop itself. Given this very small sample size of individual participants in this category, the conclusions that can be drawn from this data set are significantly limited. The findings below thus provide a very small snapshot of the program’s potential to contribute to changing attitudes, behaviours and norms, and would need to be supplemented with a considerably larger dataset in order to provide a valid assessment of change amongst a more representative sample of workshop participants. As these Post-Surveys were given either immediately after the training or within 1-2 days of workshop completion, future assessment might also look to conduct follow-up surveys with a consistent set of subjects over a longer period of time to increase validity of any findings indicating change in individual or collective capacity to contribute to the prevention of GBV in faith communities (see recommendation R3 on Monitoring & Evaluation).

The summary findings below are quite brief, given these restrictions, but additional data tables and analysis of this small dataset can be found in Appendix A. The summary notes here focus on change (or lack thereof) between pre and post surveys. In addition, as with the section above on the Follow-up Surveys, the findings summarized here are categorized by two themes: (1) workshop participants’ knowledge of GBV, drivers of violence and links to gender inequality, and (2) participants comfort-level in using the active bystander approaches taught in the workshop in their everyday lives and community spaces.

Evidence of changes between Pre-Training to Post-Training Surveys:

1) Consistency. For nearly all of the questions measuring understandings of gender-based violence (in relation to gender inequality and key drivers of GBV), 67% or more of participants did not change their answers between the Pre- and Post-Training Surveys (or roughly 9 people depending on how many answered the question): o Prevention: For questions asking about gender violence prevention in general (i.e. whether or not violence can be prevented, if people can learn to contribute to prevention, etc.), on average (across 7 questions) 68% of responses remained consistent between the Pre- and Post-Surveys (or roughly 9 people, depending on how many answered a given question).

2) Intervention: For questions asking about participants willingness to intervene or comfort level in doing so (in particular circumstances), on average (across 17 questions) 67% of responses remained consistent between the Pre- and Post-Surveys (or 8 of 12 participants responding).

One significant exception to this trend occurred for the question that asked participants their degree of agreement with the statement: “Men commit sexual assault because they cannot control their sexual desires/needs.” For this question, only 23% of answers (3 responses) remained the same. But 38% (5 respondents) showed significant positive change in their answer, and 23% (or 3 people) showed slight positive change.

What this says about the BI Training

1) Overall, the present data shows a positive shift in respondents’ understandings of GBV between 8% and 33% depending on the question (this means between 1 and 3 people demonstrated a positive change, out of 10-13 responding). Across the 16 questions, on average 29% (or 3-4 participants demonstrated positive change, with an average of 24% (or 1-2 respondents) showing slight positive change and an additional average of 9% (or 1 respondent) showing significant positive change).
On the Post-Survey, respondents indicated their comfort-level in using each of the 11 Bystander Intervention approaches taught in the Think Prevent training workshops. On average 90% of respondents indicated that they felt comfortable (56%) or very comfortable (34%) using the approaches.

Interview Findings

As previously noted, the majority of the nine interview participants are currently practitioners in the field of gender violence response and prevention (six total) or FVCV community members (two total), and eight of nine completed at least one BI workshop put on by Dr. Boddé and Think Prevent. Given this level of engagement from knowledgeable individuals also working on the issues FVCV and Think Prevent hope to address through the BI training workshops, this small, but more in-depth data set provides an unexpected and unique opportunity to apply a collective expertise in the field in assessing the program’s strengths and areas where it might be improved. All interview participants had positive things to say about the training design and content, and offered several insights for avenues of future development and growth for the program. The following assessments, reflections and suggestions from interview participants summarize their key contributions, which correlate often with the best practices’ literature, and directly inform the Conclusions and Recommendations of this report. I have divided these examples according to several thematic areas.

General reflections on bystander approaches

- One practitioner, who is well aware of the statistics on and dynamics of family violence - and even described himself as someone inclined to intervene as an active bystander in at least some situations - noted that the BI training provided more detailed information on bystander approaches and allowed for more consideration of a range of situations, which this person had not considered before. They noted in more than one instance that this strength of the training made the idea of intervention in a situation far simpler and more doable (Participant #12).
- This same participant also made an interesting connection between the Training and response work - specifically direct support for victim-survivors of violence and prevention. They described how supporting a survivor who discloses abuse (by validating her experiences, listening, helping to contextualize her experience and making connections to resources) can be a way of showing her that she has the support she needs.
- In a similar vein, another participant discussed how the training made them feel more comfortable talking about GBV issues and prevention (#16).

Identifying the usefulness of BI to primary prevention in particular:

- One practitioner felt that the workshops need a clearer focus on primary prevention and the ‘deeper’ work of preventing the violence and its consequences in the first place, which this person had not considered before. They noted in more than one instance that this strength of the training made the idea of intervention in a situation far simpler and more doable (Participant #12).
- A second practitioner who participated in one BI workshop, thought that the content was a bit too focused on changing social and cultural norms around gender, equity, and violence. This person thought the curriculum was currently more ‘early intervention’ focused, rather than primary prevention oriented (i.e. responding to problems, preventing institutionisation of gender roles, norms, etc.) (#47).
- A second practitioner who participated in one BI workshop, thought that the content was a bit too focused on visible and physical forms of violence. Given that we know Intimate Partner Violence that is surfacing in public is often visible and subtle, for example around control of money or mobility, this person suggested that the training scenarios might need more adequately focused on these subtleties (#24).
- This same participant also suggested that prevention programming should be digging below the baseline knowledge of what GBV is and general agreement that it is wrong - they said often there’s a “GBV is wrong but…” and that we need to dig into what comes after the ‘but’ to create change at individual and community levels (#24).
- A third practitioner suggested that the scenarios and content could more explicitly name and focus on the drivers of GBV as a route toward a clearer engagement with ‘upstream’ primary prevention (#97). Another participant noted that prevention work should address not just gender roles, but particularly the power differentials of gender imbalance (#84).

Comments on delivery, facilitation, and context-adaptation

- One practitioner noted that in one of the two trainings they attended, the facilitation did not seem appropriate for the primary audience (members of a CALD community) and at times was even condescending. This person agreed with a follow-up question asking if drawing facilitators from CALD communities would be helpful. Finally, they suggested that facilitators should engage the question of privilege - specifically their own privileges, and the issue of privilege within community spaces as part of the workshop (#12).
- Two practitioners also emphasized the need to embed a training workshop within the community being engaged. One person talked about this as knowing the community (doing research, etc. in advance) and having some adaptability in delivering curriculum based on that group and their context (#12). Another person emphasized that workshops should not be one-off trainings, but rather incorporated into community work in a more holistic way (#47).
- Another practitioner recommended further adapting the training to specific diversities of a community by partnering with ethno-specific agencies for trainings, which would support both language knowledge (e.g. translation for participants as needed) and incorporation of the “nuances of context” from persons best equipped to deliver and respond to such nuances for a particular CALD community (#24).
- Given some of these comments, the researcher directly asked many interview participants about their thoughts on drawing new facilitators from the communities. Think Prevent and FVCV worked with to deliver bystander workshops. Those asked agreed that if facilitators could be helpful. Two people noted that if facilitators could be trusted to understand the community, have greater understanding of cultural context, and act as leaders in the community, then they would be able to leverage their own cultural context/understanding, to communicate the messages more effectively, and have greater credibility in that context (#34, #67). Others noted that having facilitators from each community would be especially important for reaching more conservative pockets within faith communities (#84), and that this would be especially useful for facilitators’ ability to check-in periodically with workshop participants after the workshop, and because they could relate to one another based on ‘sharing a faith journey’ (#76).
- Finally, one participant suggested that each session should have multiple facilitators (as this can bring in greater gender diversity and other forms of diversity), and that these facilitators should share time equally in leading the workshop. Finally, facilitators should be paid for the time and commitment they offer (#76).

Concerns raised about addressing safety in the training space:

- Two practitioners raised their concern with some of the bystander approaches being potentially dangerous in situations of domestic abuse/IPV - for bystanders and/or the potential victim/victim/survivor (#12 & #97). One (#12) specifically mentions ‘calling out the harasser’ and ‘checking in with the target’, noting it would be very context specific, but that the training might not prepare participants to judge safety of a given situation/context before intervening. They said that because “we know that when intimate partner violence incidents start happening in public, particularly a physical incident…, we know that that’s already a sign of increased risk,” attention to safety is very important. Yet, in one training this person attended (they attended two), when such a safety concern was raised by another participant, this person felt that the issue was too quickly dismissed and not adequately addressed.
- Another practitioner emphasized that participants in workshops like this need to know more about how to support survivors and respond to disclosures of abuse for everyone’s safety, and for empowerment of survivors (#97). This person also noted, that an increased attention to primary prevention and ‘upstream’ interventions would make bystander intervention safer (#97).
- Finally, another practitioner, who works with survivors of violence and on prevention issues, provided some complicating reflections on how to address safety issues in the bystander training. When explicitly asked about this issue, the person referred to it as ‘tricky’ and noted that it is important that the workshops not give conflicting messages about acting or not acting (i.e. teaching people to be active, but then suggesting the should not intervene). This person also noted we don’t have this response to child abuse – that one should not react in public because it might cause the child greater harm at home later. While safety should be considered, this person said that ultimately/ eventually we want people not to just walk away (#41).

In summary, the interviews point to some key strengths of the training workshops:

- The role play scenarios (which should be given plenty of time).
- The ability to adapt the model to different contexts.
- The increased comfort levels experienced after the training both in contemplating or enacting active bystander interventions, as well as in general in talking about GBV and prevention issues openly.

And highlight some key areas for improvement:

- The need for more time in general and specifically for role playing (#12, 84, 76, 41).
- The incorporation of more explicit time for participants to engage in self-reflection around their own attitudes, behaviours, and privileges.
- Clearer attention to the meaning of primary prevention and how it can be enacted by bystanders.
- More attention to gender imbalances and power differentials, as well as more subtle evidence of GBV that might be more apparent in everyday life. For example, incorporating these issues in role plays - during and after in discussing/debriefing.
- More explicit tailoring of workshops to specific faith and CALD communities (i.e. prepared in advance and clearly reflected in training curriculum and role plays).
Finally, interview participants shared a few additional general reflections and suggestions of note:

- Some participants highlighted the significance of diversity within faith community (#12, 24) as a challenge in prevention programming.
- These same participants also noted, as practitioners, the positive impacts of connecting with LGBTQI initiatives and work when possible (#12, 24).
- One practitioner emphasised that faith leaders need additional training (beyond BI) where they have robust training on concepts and awareness of their own attitudes and values, and so that they can better understand how to anchor their contributions to violence prevention in their scriptures (#24).
- Most of the participants who agreed that follow-up sessions (beyond a single workshop) would be useful (#12, 17, 24, 67, 84 (with role play focus), 76).
- One participant (#84) also offered two suggestions for helping to keep the information fresh and accessible after a workshop:
  - Everything on the presentation slides & discussed by the facilitators should be in the info packets given to participants to take home; and
  - It would be very helpful to have a small take-away (like a card to keep in a wallet) that lists the BI approaches (as a quick reminder/reference).

**Survey and Interview Responses to Workshop Curriculum**

The author of the workshop curriculum, Dr. Boddé, describes the content as continually evolving based upon new research and best practices in the field, and organisational experience facilitating the training with diverse groups of faith community members. It draws from the Mentors in Violence Prevention model, but takes its own approach in adapting bystander and pro-social behaviour models for faith communities. The workshops begin with a brief set of conversations about the drivers of gender-based violence and equality and respect as solutions. The focus then shifts to introducing a series of active bystander approaches, followed by a longer period of scenario role play to engage participants in an interactive process of exploring what it means to be an active bystander in everyday life. The respondents who participated in this evaluation research on the whole responded well this curriculum, while offering some thoughts on strengthening it as well. Those workshop participants who are also practitioners in the fields of GBV response and prevention also gave positive feedback on the curriculum, and several also offered some insightful suggestions for improving it.

**Survey Participants:**

- Participants made particular note of the BI interventions being simple, accessible, easy to pick up, and showing a range of strategies. 80% found the information presented ‘useful,’ and had confidence in the facilitator’s knowledge.
- In assessing what was most useful about the workshop, participants praised role plays:
  - One wrote: “Role playing the scenarios brought the theory to life, and I was surprised how quickly after the workshop I got to put this into practice. Very useful.”
  - Another participant wrote: “Acting out a scenario was most helpful – it would have been better had we come up with real situations relevant to our faith community.”
- Several also commented on the usefulness of the Power & Control Wheel and Equality Wheel in the curriculum.
- Several participants felt the content of the workshop was too squeezed into a short time frame and that more time was needed – some suggested having morning and afternoon sessions with a lunch break; others suggested multiple or follow-up sessions; and several emphasized more time for role plays in particular.
- In final comments, a handful of respondents noted that more tailoring of the workshop content to specific community contexts would be helpful and make it (even) more accessible and useful.

**Interview Participants:**

- Several practitioners and other participants noted that the curriculum was generally solid, if rushed due to time constraints (#12, 84, 41). Concerns or suggestions related to workshop content fell into three main areas (each discussed above in interview findings): (1) a desire for more direct discussion of, and role play scenarios explicitly addressing, the drivers of GBV. Specifically, the kinds of more subtle actions or expressions that serve to perpetuate or justify direct forms of violence and how bystander interventions can play a role in primary prevention; (2) the need to address safety, and particularly the safety of potential victims, in the training; and (3) adapting pieces of the curriculum for particular community/cultural/linguistic/faith contexts.
- Three people particularly highlighted the scenario role playing activity as an excellent aspect of the workshops and one deserving of more time and attention (perhaps in follow-up workshops, see below) (#17, 84, 41).
One participant highlighted the strength of BI intervention as an adaptable approach, which makes it particularly well suited for diverse faith communities. They noted that bystander scenarios can be added or altered as needed, and such an adaptation to fit faith community contexts is more vital because faith plays a key role in values formation and in shaping of attitudes and behaviour (R#1).

One practitioner, who has experience working with CALD communities, emphasized the need for more space for reflection and points to reflect. This person suggested an approach of working with participants to build concepts – which requires a process of surfacing the core values informing someone’s current views, as well as their unconscious biases, and working for change from there. The emphasis here, echoed by another participant, is the need for anyone engaged in violence prevention efforts, including active bystander initiatives, to first reflect on their own attitudes and beliefs in order to be able to change them (K24 R#4).

Conclusions & Recommendations

The following conclusions and recommendations aim to provide a comprehensive frame for building upon the current foundation of the FCCV and KC collaboration in the Think Prevent BI training workshops. As such, many of the issues raised here are known to FCCV and Think Prevent and in many cases, they have already laid the foundations for making the improvements outlined in the recommendations (for example, in beginning to train additional facilitators). These conclusions and recommendations are focused around key ideas that cross over between the existing literature and evaluations of BI approaches, best practices in GBV prevention, the small survey data set compiled for this evaluation, and expertise of local practitioners in the field.

This section is organized into conclusions (C.1 – C. 7) coupled with the relevant recommendations (R.1 – R. 7), many of which have been flagged in the preceding findings.

#1 – Bystander intervention as part of GBV prevention

C.1 Bystander intervention is not a ‘silver bullet’ for solving the problem of GBV. This evaluation’s survey data and interview findings align with existing literature in the field of violence prevention in affirming that bystander approaches offer a particular kind of tool for addressing GBV and gender inequality, but one that should not stand alone as a singular method. Bystander approaches should be part of a wider set of initiatives and violence prevention practices, which also reflect the commitment of a faith centre, faith leaders, and/or faith community members to addressing and preventing GBV.

R.1 Think Prevent and the FCCV should work to incorporate bystander approaches into a structured plan to address GBV in faith communities. This may take the form of distinctive plans or evolve together with particular faith centres or faith communities, which are designed with those communities to meet their particular needs and the readiness of their members to engage in GBV prevention conversations and actions. Several key areas should be addressed along with bystander intervention in such wider GBV prevention efforts: procedures and protocols for reporting GBV (such as sexual harassment) when it happens at a faith centre; training for faith leaders and community leaders on how to handle disclosures of abuse in safe and supportive ways that emphasize the self-determination of the survivor; both leadership and general community education on safety planning awareness and ‘how to support a survivor’; and targetted awareness raising campaigns and resource materials that draw upon faith teachings or traditions to open dialogue about GBV and gender (in)equality.

In addition, bystander approaches may be coordinated with a wide range of new or existing activities such as youth programs; healthy relationships courses; parenting workshops; lectures or dialogues; etc.

#2 – Partnerships with faith centres for longer-term engagement

C.2 A larger volume of single instalment trainings across a wide range of communities and places may not prove effective in building bystander intervention as an integrated approach within faith-based initiatives to address and prevent GBV. Given the evidence to support the coordination of bystander approaches with other violence prevention efforts, the current wide reach of Think Prevent’s bystander workshops may make it difficult to assure that these tools are being incorporated within wider initiatives. In addition, workshops may be primarily reaching people already interested in GBV prevention and educated about it. While expanding the reach of Think Prevent and the FCCV’s role in faith-based efforts to address GBV is an important goal, efforts to deepen engagement with GBV prevention may first require more concentrated efforts. Building several strong partnerships and longer-term engagement within a community allows for greater depth of outreach in that community. These partnerships (and data/evidence from them) could then serve as exemplars for expanding partnerships to new faith centre/communities.

R.2 Think Prevent and FCCV should establish a smaller number of longer-term partnerships with selected faith centres committed to including active bystander training workshops as part of a set of initiatives focused on preventing family violence and promoting gender equality. These more focused partnerships (with faith centres) would also allow for concentrated outreach to people who may be less likely to attend the workshops, such as men and younger people. The longer-term involvement would also help to build trust between Think Prevent, FCCV, and the leadership and membership of a particular faith centre/community. Such training would allow for greater outreach to community members who are more sceptical about gender equality messages.

R.2.1 Partnerships should be established with faith centres where Think Prevent and FCCV can rely upon the active and visible commitment of faith leaders. This would include faith leaders committing to participating in both general training on GBV and gender equality, as well as the BI workshops. Such involvement and support of faith leaders is important for conducting the bystander workshops. It will also be crucial for Think Prevent and FCCV to work closely with faith centres to establish (or re-visit, evaluate, expand) policies and procedures for responding to disclosures of abuse, sexual harassment, and other forms of gendered violence.

C.2.2 Currently, the bystander workshops often do not have sufficient time to deliver the curriculum and engage participants in role-play scenarios. This is particularly true for condensed sessions (at 2 hours in some cases) but depending on the size of the audience and their engagement level, is also true for 4-hour sessions. These time-frames often reflect an effort to fit the training into an evening time slot or not fill an entire weekend day. The condensed time-frame presents several challenges, however, including limiting the ability of the facilitator to build rapport and establish trust with community member participants. Such rapport is important to the creation of a space for honest, open engagement with the difficult aspects of confronting established gender norms and roles that influence and perpetuate GBV.

R.2.2 With each faith centre partnership, workshops should be offered multiple times per year and in different settings and contexts. For example, an ‘Introduction to Active Bystander Approaches’ workshop could be offered a few weeks later by a “Active Bystander, Part 2” workshop – a two-part training that would then be offered perhaps three times in the course of a year to accommodate schedules and attract wider attendance at the faith centre. Finally, follow-up sessions focused just on ‘Role Play Scenarios’ could be offered later in the year (or early the following year) for anyone wanting to “brush-up” their knowledge of the bystander approaches, and particularly their individual planning around how they might put the training into practice in their daily lives. These more informal follow-up sessions would also allow for community members to share their experiences using the training tools in ‘real life’ in a dialogue setting, and to brainstorm with one another and trained facilitators as needed. This model would allow for varying the time of day, and the day the training series is offered, in order to accommodate varying schedules amongst community members.

#3 – Ongoing, internal Monitoring & Evaluation

C.3 Prior evaluations of bystander programs and the present small data set collected from participants in Think Prevent workshops do suggest that teaching active bystander approaches can be an effective way of expanding community knowledge about GBV and capacity to actively respond to situations and behaviours that either constitute GBV or are drivers of GBV. However, the limitations of this study (and the findings and limitations of some other evaluations) also suggest that more longitudinal data is needed in order to build best practices for incorporating bystander approaches into inter-faith GBV response and prevention initiatives. Such data will increase understanding of the extent to which bystander approaches can be effectively used by workshop participants in everyday life, as well as the extent to which workshops positively influence participants’ views and actions towards greater investment in gender equality and GBV prevention.

R.3 Think Prevent and the FCCV should establish a rigorous internal Monitoring and Evaluation component in order to build a longitudinal data set to guide curriculum and program development. This Monitoring and Evaluation should be based on local best practices (see VicHealth 2015) and expand upon the short post-training survey currently being used. M & E should aim to (1) understand how effective the training workshops are and (2) incorporate lessons learned in order to continually improve the workshops.
R.3.1 Establishing a standing M & E committee that includes at least two training facilitators, along with one FCCV member, Dr. Boddé and at least one GBV prevention practitioner from a partner organisation with experience in M & E. This committee’s members may be rotated. The committee members should be maintained. Service on the committee should require some training in M & E practices. The committee should be charged first with designing the M & E program (see also R.3.5), and then with refining and reviewing the M & E program’s core training and on-going evaluation of data and, periodically, the evaluation of that data and collection of additional qualitative data (i.e. interviews, focus groups). All committee members need not be all be part of evaluating the data, however the person(s) responsible for evaluation should be a member of this committee.

R.3.2 Monitoring the training’s impact requires conducting both pre- and post-training surveys (either online or in-person as appropriate to maximize participation). These should be concise to take only a short amount of time to complete (approximately 10 minutes), but all workshop participants should be required to take the pre-survey and strongly encouraged to complete the post-survey. While pre- and post-surveys must be able to be matched (for each individual), to effectively measure changes, confidentiality should also be maintained.

R.3.3 Evaluation would involve periodic program reviews whereby an internal team analyses the pre- and post-surveys for a given period of time, and conducts one-on-one interviews and focus groups with previous workshop participants, as well as targeted interviews with community leaders. The use of multiple methods and cross-checking responses across those methods provides greater validity (see Marcus 2015).

R.3.4 Following the C.2 recommendations for a more focused attention on longer term impact in a selected set of faith communities, M & E in such a partnership model will allow for longitudinal measurement of change at both the individual and community level (i.e. tracking individuals anonymously) and communities across several months or years of staged trainings and other interventions. While M & E should be implemented even if the partnership model is not immediately implementable, this ongoing process of internal review will be better able to account for the diversity of communities and workshop participants. At least part of the M & E involves tracking longer-term results for both individuals and communities. This approach would offer greater depth of understanding for improving outreach, curriculum, facilitation, program design, etc.

R.3.5 There are several practitioner-oriented guides that can assist in the design and implementation of a rigorous internal monitoring and evaluation program. For example, Vi-Health’s 2015 resource “Evaluation Victorian projects for the primary prevention of violence against women: A concise guide” provides a comprehensive framework for incorporating M & E into GBV prevention programs, and insights might also be drawn from Marcus’s 2015 report on “Changing gender norms: monitoring and evaluating programmes and projects” (these opportunities for professional reference are referenced, and hyperlinked when possible, in Appendix D). Ideally, however, FCCV and Think Prevent should partner with a professionally trained researcher for guidance in designing the monitoring surveys and the process of periodic evaluation (including interview and focus group instruments) (potential partners would include the Equality Institute, a university-based researcher, or a private research agency). This need not be a permanent partnership, but a shorter contractual period where an experienced researcher could help to design the M & E instruments and also to train staff and volunteers internal to the program in preparation for the ongoing internal collection, cataloguing, and review of survey and interview data.

84 – Refining the Curriculum

C.4 The current Think Prevent curriculum for active bystander workshops reflects an ongoing process of research, trial, and adaptation. Based upon participants’ responses to the curriculum, comments of practitioners in the field, and alignment with best practices, the current curriculum provides a solid foundation for meeting the intended outcomes of the training. The program’s history of continual improvement of the curriculum and format also provides a basis for adaptation based not only on the feedback gathered through this evaluation, but also future input made possible from the M & E described in R.3. Currently, adaptations are also made on an implementation basis for each workshop and/or during the workshop in response to participants’ questions and needs. However, those are not always formally recorded in the curriculum for future workshops and/or training of new facilitators.

Some confusion exists around the training’s intended focus on primary prevention strategies – that is, whether or not the curriculum adequately explains primary prevention and offers examples of bystander actions that directly reflect this kind of ‘upstream’ intervention. While the program does not address exemplify situations of direct violence and thus encourage intervention after violence is already taking place (i.e. responding to a man yelling at or grabbing a partner in public). Given the program’s origins and goals, as well as the evidence of supporting integration of active bystander training within a wider structure of GBV response and prevention, the current curriculum does not adequately capture the differences between primary prevention, early intervention, and direct response as inter-related but also distinct areas for bystander action and pre-social interventions. In addition, the diversity between and within faith communities, and the inability of some workshop participants to read, understand, and fill-out surveys in English, suggest the need to formalize several versions of the curriculum (that share the core principles and messages around drivers of GBV and bystander intervention, but translate the material into multiple languages and to better align with the specific contexts of diverse communities).
facilitators who speak the languages, or the employment of professional translators (see R.5). Finally, Monitoring and Evaluation (R.3) will need to account for linguistic variation both by translating survey and interview materials, and by directly questioning participants about the effectiveness of the translated materials (i.e. did the translated words and phrases used to explain GBV drives and “bystander” approaches make sense to them in their native language?).

R.4.6 Also drawing on assessments of specific community needs (on a partnership by partnership basis), Think Prevent and FCCV should begin to create distinctive materials for different faith and cultural communities. This process would formalize the current practice of informally adapting materials for every new workshop before or during the workshop itself. Formalizing these faith-based and cultural adaptations in consultation with faith community members will help to assure that the materials feel authentic for participants and avoid the pitfalls of stereotypes or inaccurate generalizations. Core concepts would remain consistent, however additional materials may be developed to help ground the training in particular faith and cultural contexts. Additional explanations of concepts may include examples from scriptures or from cultural practices, and the encouragement of pro-social/active bystander behaviour might be reinforced from well-known spiritual or cultural concepts.

These adaptations might therefore be represented formally as an expanding series of appendices to the Facilitator’s Guide that provide some background information and specific role play scenarios designed for different faith communities. These should be designed in close conversation with faith leaders and community members in order to provide some added insight from the faith context of each community, and to assure that the scenarios reflect the diversities within each community. The purpose of these appendices would be for training new facilitators and to act as an ongoing tool for facilitators as they prepare to conduct workshops across various communities. While having representatives from each community be part of facilitation would be ideal (see R.5), when this is not possible, building trust and legitimacy with communities will benefit from efforts to mould the training as much as is possible to each specific community context. Transparent communication about how the materials were developed in this fashion would also support this aim.

R.4.7 Finally, future curriculum revisions should draw on what is learned from R.5 & R.6 conducted over longer-term engagements with specific faith centres, communities, and individual members. The more concentrated and long-term investment recommended in R.2 provides an opportunity to adapt the curriculum for more sustained engagements with participants.

R5 - Organizational Structure and Paid Staff Support

C.5 Broad outreach in (and beyond) faith communities is challenging for GBV prevention programs. This often means that new facilitators and/or volunteers will need to develop the capability to work with community members of diverse faiths, as well as deepening community partnerships and building trust across diverse communities. This is evident in work with CALD communities (e.g. by n’Saj) and in a growing emphasis on intersectionality in the field (see for example Our Watch 2017 “Intersectional Strategy”).

In the interviews for this evaluation, participants also referred to the significance of faith communities’ internal forms of inequality and/or violence. This is evident in work with CALD communities (e.g. by n’Saj) and in a growing emphasis on intersectionality in the field (see for example Our Watch 2017 “Intersectional Strategy”).

The current organizational structure of Think Prevent presents considerable limitations for addressing these issues – Dr. Boddé currently leads all workshops across a hugely diverse group of multi-faith and multicultural communities. While new facilitators are currently being trained, they continue to work alongside Dr. Boddé at this point. In addition, Dr. Boddé keeps up the website and produces the monthly online newsletter, and is responsible for coordinating with faith leaders and community partners, and planning the workshops. The progress made and workshops conducted by Dr. Boddé reflect her strong leadership and commitment to this work. The sustainability and growth of the program will, however, require additional staff. In addition, deepening community partnerships and building trust across diverse communities would benefit from a more formal representation of diverse faiths and CALD communities in the organization.

R.5 The organizational structure of Think Prevent should be expanded to include additional staff support (in both facilitation and program administration) and an executive board to support the staff in program oversight, fundraising, and community outreach. Members of the FCCV should be part of the executive board to formalize the KC and FCCV partnership in conducting the Think Prevent workshops. Additional board members should be drawn from faith leaders, faith community members, and from local experts in the field of GBV response and prevention. Expanding the leadership structure and staff support will be both necessary to and a key component of implementing R.2, regarding concentrating impact in a smaller number of more in-depth community partnerships (for the immediate term), and longer-term growth in the number of partnerships with faith centres/communities.

R.5.1 Create an executive board consisting of 2 members of the FCCV, 2-3 faith leaders and community members, and 1-2 people working as practitioners in the field GBV response and prevention. The creation of this board should be guided by Dr. Boddé and the FCCV, as a way of formally involving community participants from individual communities representing a range of faith and CALD communities. Volunteer service on the board should involve a commitment to the body itself, as well as to acting as an organizational liaison by helping to raise awareness of the bystander training workshops and increasing outreach across faith communities.

R.5.2 Recruit and train a team of paid facilitators with experience in and membership across multiple faiths and CALD communities. Considerably more staff support will be needed to implement the recommendations presented thus far (and below), in order to build long-term sustainability, and to further cement this as a community-embedded program that works closely with diverse communities (and regularly assesses and improves this work). As all facilitators should be well-trained and responsible for helping to establish and maintain partnerships with faith centres, these should be paid staff positions in order to reflect the importance of the work and the responsibilities of the job. Several part-time or hourly positions would be ideal, as that will allow for recruiting a wider network of facilitators.

R.5.3 New facilitators should be recruited directly from the faith communities Think Prevent & FCCV currently work with, and/or with whom the organisation intends to establish more in-depth partnerships. By employing skilled and knowledgeable individuals from faith communities, who can combine GBV expertise with insider knowledge of the faith, as well as linguistic skills and cultural knowledge as relevant, Think Prevent and FCCV will expand their leadership within faith communities on GBV prevention, build the credibility of the training within diverse community spaces, and increase outreach to harder to reach areas of faith community.

Training for new facilitators must begin with extensive training in the dynamics of GBV (particularly around safety planning and survivor support), as well as GBV prevention broadly. Think Prevent should coordinate with other organisations that provide direct support to survivors of violence in order for new facilitators to enrol in those organisations’ trainings. Facilitators in training should be paid for these hours spent attending training (and any required fees should be covered for the trainee). Trainers should then move on to learning the Think Prevent curriculum, which they then practice through self-facilitation while in training (with any knowledge and experience about establishing faith-based and cultural adaptations in consultation with faith community members). New facilitators will then be prepared to facilitate on their own or in pairs for larger groups. As noted in reviewing the BI literature, pairs of men and women can be particularly effective as facilitators, particularly in educating men about gender inequality issues.

R6 - Coordinated action for GBV prevention in Victoria

C.6. The bystander intervention model has diverse applications in the violence prevention space and is currently being used to address a range of inequalities (including and beyond gender inequality) and forms of violence (including GBV, racism, Anti-Semitism, and Islamophobia). The current focus of the Think Prevent and FCCV workshops addresses a vital need in faith communities – in raising awareness of the drivers of GBV and prevention strategies. However, we also know that GBV and inequality are not entirely separable from other forms of inequality and/or violence. This is evident in work with CALD communities (e.g. by n’Saj) and in a growing emphasis on intersectionality in the field (see for example Our Watch 2017 “Intersectional Strategy”).

In the interviews for this evaluation, participants also referred to the significance of faith communities’ internal forms of inequality and/or violence. This is evident in work with CALD communities (e.g. by n’Saj) and in a growing emphasis on intersectionality in the field (see for example Our Watch 2017 “Intersectional Strategy”).
R.6 Think Prevent and FCCV should formalize partnerships with others working in the GBV prevention space in Victoria and across Australia. In order to open dialogue and coordinate efforts in this area, this might mean creating a working group through which organisations can learn more about one another’s work, exchange areas of specialty and expertise, and capacity for coordinated action. One result of such a working group might be different NGOs partnering to offer a series of workshops in a particular faith community (over several months), beginning with a GBV 101-type of seminar, next a dialogue about how to support a survivor of GBV in your community, and then a series of bystander intervention workshops. In order to recognize and highlight differences within faith communities, Think Prevent and FCCV should also work with other NGOs to establish linkages between gender equality/GBV prevention programming and programs on LGBT rights, disability justice, elder abuse, youth empowerment, etc. Another example would be Think Prevent working with other NGOs and the FCCV to create a template policy or protocols for assisting faith communities in establishing better internal support systems for survivors when abuse is reported to faith leaders or members of institutional boards. Several possibilities would likely emerge from such a working group. The primary recommendation is to open communications in a formal capacity in order to explore the possibilities for coordinated action and to implement them as possible and needed in particular faith communities.

R.7 – Funding recommendations and future work of FCCV & Think Prevent

C.7 Despite the limitations of this study (in survey and interview participant recruitment, and lack of longitudinal data), there is evidence here and in the wider literature that active bystander approaches hold great potential as one mode of GBV prevention. The work of Think Prevent and FCCV demonstrates that there is significant interest and support for this approach within faith communities in Victoria. The preceding six sets of conclusions and recommendations offer evidence-based suggestions for building upon the existing bystander workshop model to deepen outreach and impact within faith communities. However, most of these recommendations will require considerably more staff time and program funds than KC and the FCCV currently have available.

R.7 The Victorian government should provide funding for implementing these recommendations, with funds from the partnership between the FCCV and Think Prevent. For example, staff for the period during which additional evidence of program effectiveness can be gathered through M & E. The most urgent area of need for funding is labour, which is of course often a community-based NGO’s biggest budgetary line item. Funds will be required to hire and pay a team of facilitators (recruited from faith communities) and at least one additional administrative staff person. The facilitators (at least 10 float; minimum of 10 hours/ week each) will require training, but then be capable of not only facilitating workshops but also of helping to establish and build partnerships with faith centres for long-term programming. Some facilitators may also help implement the internal M & E. An additional administrative staff person should be hired and trained to assist Dr. Boddé and the FCCV in: creating an organisational 5-year plan; recruiting an executive board; working with the FCCV to design and implement internal M & E; overseeing curriculum adaptations and translation; and establishing formal partnerships with other NGOs in the field (e.g. through a coordinated action working group). This staff person should be at least 0.5 FTE. Depending upon the availability of funds from the Victorian government, new staff could also work with Dr. Boddé and the FCCV to identify more opportunities for funding through university partnership grants (e.g. ARC Linkage grants), private foundations, etc.

End Notes:

1 Dr. Pedalino, Postdoctoral Researcher, Australia India Institute, has extensive experience working with community advocacy organisations and conducting research on gender-based violence and violence prevention efforts. She has undergone over 100 hours of training with organisations supporting survivors of domestic abuse and sexual assault, and has spent the last 14 years volunteering and partnering with community-based organisations in the U.S., India, and New Australia (including working on crisis lines, in a domestic violence shelter, on community-based research projects, and facilitating gender violence 101 and violence prevention trainings). Amy completed her PhD in Geography in 2015 at the University of Washington (Seattle, U.S.A.), building upon her B.A. degrees in Women Studies and South Asian Studies. Her dissertation research highlighted the peacebuilding and social change work undertaken by grassroots women’s organisations working with Muslim women in Hyderabad, India and with South Asian Muslims in Seattle. These organisations address gender-based violence through both direct services to survivors and longer-term efforts working through a community organizing model.


4 Powell, 2014, p 4


6 By Roux and Louts 2017, p.740


21 Banyard et al 2015

22 Powell, 2014


Participants were assigned numbers from a random number generator in order to protect their anonymity during analysis and reporting. The following numbers were assigned to the nine interview participants: 12, 17, 24, 41, 47, 67, 76, 54, and 97.

For these averages, I have removed the aforementioned question (re: “Men commit sexual assault because they cannot control their sexual desires/needs.”) as this was an outlier and skews the averages.

Significant positive change refers to a change from Agree to Disagree (or vice versa) or a change from “Don’t know” to either Agree or Disagree. Whereas “Small positive change” refers to a change only in degree – from either Agree to Slightly Agreement or Disagree to Slightly Disagree. The changes are considered positive if the movement is toward answers to either Agree or Disagree. Whereas “Significant positive change” refers to a change only in degree – from Agree to Disagree (or vice versa) or a change from “Don’t know” to either Agree or Disagree.

Several of the Victorian Multicultural Commission Regional Advisory Councils in 2016 (Hume and Geelong) and several of the Victorian Multicultural Commission Regional Advisory Councils in 2016 (Hume and Geelong).

APPENDICES
Appendix A - Demographics & Data Tables

Demographics for Follow-up Survey Data:  
(taken by 2016-17 workshop participants)

Among the 37 total survey participants:

- Gender: 73% women and 27% men
- Ethnicity (36 responses):
  - European descent: 75% (27 people)
  - Asian descent: 11.11% (4 people)
  - African descent: 2.78% (1 person)
  - Other: 11.11% (4 people)
  - These 4 people wrote in their ethnicities as: 'Australian', 'Samoa', 'Persian', and 'Anglo'.
- Age: average age of 55.4 years, with range from 19 to 78, with more than half of respondents (20 people) over the age of 60.

Demographics for Pre- & Post-Training Surveys: 
(taken by 2018 workshop participants)

Among the 13 participants who completed pre- & post-surveys:

- Gender: 61.5% women & 38.5% men
- Ethnicity:
  - European descent: 61.5% (8 people)
  - Asian descent: 7.7% (1 person)
  - African descent: 15.4% (2 people)
  - Indigenous Australian or Torres Strait Islander: 7.7% (2 people)
  - Other: 7.7% (1 person)
- Faith Community:
  - Christian (Catholic): 23.1% (3 people)
  - Christian (Protestant): 69.2% (9 people)
  - Islamic/Muslim: 7.7% (1 person)

Appendix A - Demographics & Data Tables

Scenarios

The last section of the Pre- and Post-Training Surveys contained a set of Scenarios followed by ranking questions aimed at gauging respondents’ likely modes of intervention (or lack thereof). The following describes the findings from that portion of the surveys, and the limitations of those findings. As noted previously, the matched Pre- and Post-Surveys (13 total) provides quite a small sample size for analysis. Please read the following with that in mind (for this section, and the next data table under ‘Understanding Gender-based Violence’).

The Pre- and Post-Surveys included four scenario questions, which are listed in Appendix A (pgs. 4-7), along with charts summarizing how often respondents chose each action (i.e. whether they were ‘mostly likely’, ‘very likely’, etc. to choose a particular option), including answers on the Pre and Post Surveys. In the four scenarios presented, the post surveys suggest some shift toward more active bystander engagement, as participants were more likely to choose an active response than they were a passive response (in post-training survey vs. pre-training survey).

For instance, in the Pre-Training Survey, “Talk to my faith leader and express my concern that she may need community support” was ranked in the ‘very likely’ category, but shifted positively to the ‘most likely’ category in the post-training survey. In a more pronounced positive shift, the rankings for the option of “Speak with a friend in my community about the situation and seek their advice” moved from the ‘least likely’ category into the ‘very likely’ category.

The Pre- & Post-Surveys included the following instructions for scenarios:

At the start:
“Please read each of the following short scenarios and imagine yourself in the situation described. Then answer the questions that follow about how you would respond if you were in that situation.”

After each scenario:
“Rank order each of the following statements according to how likely you are to take the action described. Include all behaviours in your ranking. Use 1 to indicate your first choice of action (i.e. whether they were ‘mostly likely’, ‘very likely’, etc. to choose a particular option), including answers on the Pre and Post Surveys. In the four scenarios presented, the post surveys suggest some shift toward more active bystander engagement, as participants were more likely to choose an active response than they were a passive response (in post-training survey vs. pre-training survey).

For instance, in the Pre-Training Survey, “Talk to my faith leader and express my concern that she may need community support” was ranked in the ‘very likely’ category, but shifted positively to the ‘most likely’ category in the post-training survey. In a more pronounced positive shift, the rankings for the option of “Speak with a friend in my community about the situation and seek their advice” moved from the ‘least likely’ category into the ‘very likely’ category.”

0
17.5
35
52.5
70
Faith Community
Baha’i Buddist Christian
Jewish Agnostic Quaker
In Question 11 (see right column; new to this report), which asks respondents to indicate (from a list) which actions constitute GBV. Based on comparing the Pre- and Post-Surveys, participation in the Bystander Intervention improved respondents understanding of GBV. As the table shows, more people agreed that ‘throwing objects or smashing things, furniture etc’ is an act of GBV after completing the training than did before the training. This was the case across several answers, however, this is including two actions that are not generally considered acts of GBV: ‘arguing with a partner when you disagree about a decision that effects both of you’, and ‘disagreeing with a partner about how to raise a child.’ This suggests that the training increases participants’ sensitivity to GBV, but may not enable them to critically assess whether a behaviour/situation is GBV or is a form of potential conflict that can be part of a non-abusive/non-violent marriage (as is disagreeing about how to raise a child).

In addition, in Question 12 (see chart below) respondents shared the extent of their agreement with various statements about GBV and drivers of abuse. The responses show that participants’ in the BI workshops express more equitable views of what should and shouldn’t occur in terms of sexist actions. Perhaps the most significant change is the increase in participants who originally strongly agreed with the statement that ‘a woman can leave a violent relationship if she really wants to.’ This suggests that the training increases respondents understanding of GBV. As the table shows, more people agreed that ‘a woman can leave a violent relationship if she really wants to.’ This is an important step in understanding responsibility to seek help if she is experiencing GBV. This is an important step in understanding community responsibility for GBV prevention.

One area of concern (but perhaps of confusion for participants) is the indication in some post-surveys that more respondents believe GBV happens ‘only in some communities’. This may indicate that the training needs to place greater emphasis on the universality of GBV.
Scenario Questions: Changes in Likelihood of Taking Specific Actions in Pre and Post Training Surveys

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Action</th>
<th>Category in Pre-Survey</th>
<th>Category in Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 1: You notice that a recently married member of your faith community has missed services lately and withdrawn from some community activities, which seems unusual for her. She has grown quiet and seems isolated and hesitant to engage with anyone. When someone speaks to her, she often glances at her husband before answering and seems fearful of him.</td>
<td>Wait until her husband is not present, and ask her if she would like to have coffee sometime soon to talk. If she says she cannot, tell her that she can come to me anytime to talk.</td>
<td>most likely</td>
<td>most likely</td>
</tr>
<tr>
<td></td>
<td>Talk to my faith leader and express my concern that she may need community support.</td>
<td>very likely</td>
<td>most likely</td>
</tr>
<tr>
<td></td>
<td>Approach someone who seems close to the woman and tell them I am concerned about her friend and want to support her if possible.</td>
<td>moderately likely</td>
<td>most likely</td>
</tr>
<tr>
<td></td>
<td>Approach her and her husband and ask how she is doing, indicating that I have noticed her absence at some events recently.</td>
<td>moderately likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td></td>
<td>Wait to see if the situation seems to improve, and decide then if I need to do something.</td>
<td>moderately likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td></td>
<td>Speak with a friend in my community about the situation and seek their advice.</td>
<td>unlikely</td>
<td>very likely</td>
</tr>
<tr>
<td></td>
<td>Ask her husband if something is wrong, perhaps she has been sick lately.</td>
<td>least likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td></td>
<td>Do nothing, she is probably fine and just not feeling social.</td>
<td>least likely</td>
<td>unlikely</td>
</tr>
</tbody>
</table>

Scenario 2: A close friend of yours tells you that she observed one of the leaders in your faith community arguing with his wife, during which he grabbed her arm roughly and she winced in pain. Your friend fears that this may not be an isolated incident and wants to approach the woman and offer her support.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>PRE-SURVEY</th>
<th>POST-SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make a plan with my friend to invite our faith leader’s wife to lunch and raise the issue of marital struggle to give her space to share with us if she chooses.</td>
<td>most likely</td>
<td>very likely</td>
</tr>
<tr>
<td>Talk to my spouse about the situation first and see if s/he has advice about the situation.</td>
<td>very likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Join my friend in approaching the woman to indicate that we are there to support her and help find resources if her husband is being abusive.</td>
<td>very likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Suggest that we wait for a while and observe if there are other indications of abuse.</td>
<td>moderately likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td>Tell my friend we should do nothing, it’s none of our business.</td>
<td>moderately likely</td>
<td>unlikely</td>
</tr>
<tr>
<td>Tell my friend that married couples argue all the time and grabbing someone’s arm is not domestic violence.</td>
<td>moderately likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td>Tell my friend she can do what she wants, but I don’t want to insult the faith leader or his wife by suggesting that he might be abusive.</td>
<td>unlikely</td>
<td>moderately likely</td>
</tr>
</tbody>
</table>
Scenario 3: A male co-worker of yours is discussing a high-profile case of sexual assault and suggests that the woman is either lying or deserves what happened to her because she looks promiscuous and has dated many different men.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>PRE-SURVEY</th>
<th>POST-SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask my co-worker why he believes the woman is lying and if he is aware of the low rates of false accusations of sexual assault.</td>
<td>most likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Tell my co-worker that a woman’s dress or prior relationships have nothing to do with this incident and rape is rape, no matter who is targeted.</td>
<td>most likely</td>
<td>very likely</td>
</tr>
<tr>
<td>Approach my co-worker’s direct supervisor privately and suggest that the supervisor speak with him about saying these things in the workplace.</td>
<td>most likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Approach a friend of this co-worker and suggest that they talk to him about his inappropriate statements.</td>
<td>very likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td>Privately talk to my co-worker about how his comments promote a culture of victim-blaming and disrespect for women, and can even perpetuate sexual harassment and assault.</td>
<td>moderately likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Ignore my co-worker and leave the conversation politely.</td>
<td>moderately likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td>Do nothing, he makes some relevant points and after all, none of us know what really happened in this situation, only what’s being reported in the news.</td>
<td>unlikely</td>
<td>unlikely</td>
</tr>
</tbody>
</table>

Scenario 4: During a community picnic, a group of men and women are discussing youth services at your faith center. Many in the group believe that it is important that the older youth be educated about marriage, including the importance of men’s and women’s distinct roles in the family. They agree that even in modern marriages where both partners work, men should be the head of household and take responsibility for important decision-making in the home, while wives should care for the children and not question their husbands’ decisions or actions.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>PRE-SURVEY</th>
<th>POST-SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell the group we should discuss these issues with youth, but that men and women should make decisions together, respecting one another’s opinions at all times and on all decisions.</td>
<td>most likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Agree with the need to educate youth about marriage and with the ideas being suggested about teaching young people about their roles as men and women in marriages and family life.</td>
<td>very likely</td>
<td>most likely</td>
</tr>
<tr>
<td>Approach the leaders of our youth program to discuss my discomfort with teaching youth some of these ideas about men’s and women’s rigid roles.</td>
<td>very likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td>Talk privately with just a couple of those present and suggest that we should instead emphasize equal respect between married partners, good communication, and both partners agreeing to their roles and with family decision-making.</td>
<td>moderately likely</td>
<td>very likely</td>
</tr>
<tr>
<td>Agree with the need to educate youth about marriage roles, but suggest we talk to some youth leaders to get their input on the content of those education conversations.</td>
<td>moderately likely</td>
<td>moderately likely</td>
</tr>
<tr>
<td>Disagree, saying that I think our faith community is not the place to talk about these issues and parents can discuss it with their older children as they get old enough for marriage.</td>
<td>unlikely</td>
<td>unlikely</td>
</tr>
<tr>
<td>Say nothing, but talk to my own children about equality and respect in marriage &amp; family life.</td>
<td>unlikely</td>
<td>least likely</td>
</tr>
</tbody>
</table>
Appendix B - Research Instruments

FOLLOW-UP SURVEY (2-3+ months after training workshop)
Thank you for your participation. Please read each question carefully. Please remember that there are no right or wrong answers to any of the questions. We are interested in your honest response. Your answers will be anonymous.

Demographics & Community Information

Age: _____
Gender: □ Male □ Female □ Gender non-conforming
Ethnicity: □ African descent □ Indigenous Australian or Torres Strait Islander □ Asian descent □ European descent □ Latin American descent □ Biracial □ Multiracial □ Other, please specify ________

When did you attend a bystander training workshop facilitated by Think Prevent?
□ 2-4 months ago □ 5-6 months ago □ 7-8 months ago □ 9-10 months ago
□ about 1 year ago □ between 1 and 1½ years ago □ between 1½ and 2 years ago □ 2 or more years ago

The Bystander Intervention Program (facilitated by Think Prevent and Kempster Consultants) emerges from the work of the Faith Communities Council of Victoria (FCCV). As this program aims to work with and in multi-faith communities, we also seek to understand how the curriculum is experienced by members of various faith communities. The following questions relate to this endeavor.

i. Please indicate the broader faith community to which you belong:
□ Bahá’í □ Buddhist □ Christian (Catholic) □ Christian (Protestant)
□ Hindu □ Islamic/Muslim □ Jewish □ Sikh
□ Atheist □ Agnostic □ Other, please specify ________

ii. Do you regularly attend religious services and/or participate in community events?
□ Yes □ I am somewhat active in my faith center/community
□ I rarely attend/participate

iii. Do you feel a sense of community with other people at your faith center?
□ Not really □ Somewhat □ For the most part □ Absolutely

Appendix B – Research Instruments

iv. Is gender-based violence an issue/concern in your faith community?
□ Yes □ No □ I don’t know

v. Is gender-based violence an issue your faith community should do something about (to respond or prevent)?
□ Yes □ No

vi. Do you talk about issues related to gender-based violence (i.e. domestic abuse, sexual harassment, etc.) at your faith center?
□ Yes, including in formal lectures/sermons □ Yes, only in informal conversations
□ Not really □ No, but I think we should □ No, and I don’t think we should

SECTION ONE

1.1 Gender-based violence and abuse includes (circle as many as you think are correct):

a) Physically hurting an intimate partner (for example, hitting, slapping, kicking, punching, choking)
b) Threatening to physically harm an intimate partner
c) Throwing objects or smashing things, furniture, etc.
d) Forcing a partner or spouse to have sex when they do not want to

e) Preventing a partner from practicing their religious or spiritual beliefs.
f) Putting down an intimate partner, calling them names, humiliating them, insulting them
g) Playing mind games or making a partner think they are crazy
h) Threatening to take away children or pets
i) Arguing with a partner when you disagree about a decision that affects both of you
j) Threatening to commit suicide if the person’s partner leaves
k) Limiting a partner’s access to or interactions with friends and family
l) Controlling a partner by denying them money
m) Continually criticizing a partner’s ability to keep a home, raise children, please her husband
n) Disagreeing with a partner about how to raise children

o) Using religious texts or beliefs to minimize, justify or excuse or rationalize the use of physical, emotional, or sexual violence.
p) Refusing to include a partner in household decisions or over-ruling them when they disagree
q) Monitoring a partner’s communications (i.e. checking phone and text usage, looking through their email, checking browser history, etc.)

Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3 Gender-based violence only happens in some communities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Gender-based violence does not happen in my community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Men commit sexual assault because they cannot control their sexual desires/needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 A woman can leave a violent relationship or marriage if she really wants to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix B – Research Instruments

### SECTION ONE

Please mark the box that best fits your understanding for each statement below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
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### SECTION TWO

Please mark the box that best fits your view for each statement below.

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<th>Statement</th>
<th>Strongly Agree</th>
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<th>Not Sure</th>
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<th>Strongly Disagree</th>
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### SECTION THREE

1.1 If someone discloses abuse to me, I should: (please circle all that you think apply)

- a) Tell the person that I believe them and listen.
- b) Assure the person that it is not their fault their partner is abusing or has abused them.
- c) Call the police.
- d) Ask the person questions to learn more about the violence to verify it.
- e) Find out if the person experiencing abuse is currently in immediate danger.
- f) Review resources and services with the person so that they know the options available to them.
- g) Offer to make referrals or call services for the person (and do so if they agree).
- h) Tell someone close to me about the situation so that they can help.
Appendix B – Research Instruments

i) Document the incident and actions in a secure way.

j) Bring the issue to my faith leader with the person’s permission.

k) Bring the issue to my faith leader even if the person has said not to.

<table>
<thead>
<tr>
<th>Please mark the box that best reflects your likely response to the situation described.</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unsure</th>
<th>Not Likely</th>
<th>Very Unlikely</th>
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<td>3.2 Ask a friend who seems upset if they are okay or need help.</td>
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<td>3.3 Ask a stranger who seems upset if they are okay or need help.</td>
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<td>3.4 Approach a friend if I thought they were in an abusive relationship and let them know I’m here to help.</td>
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<td>3.5 Approach an acquaintance if I thought they were in an abusive relationship and let them know I’m here to help.</td>
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<td>3.6 I see a man and his wife/girlfriend whom I know in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is okay.</td>
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<td>3.7 I see a man and his wife/girlfriend whom I don’t know but the man’s fist is clenched and his partner looks upset. I ask if everything is okay.</td>
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<td>3.9 When I hear a sexist comment, I tell the person I do not like what they have said or respond in a way that indicates I didn’t like it.</td>
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<td>3.10 Confront a friend or acquaintance who makes excuses for others’ abusive behavior.</td>
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<td>3.11 Speak up against sexist or homophobic jokes.</td>
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SECTION FOUR

Bystander Intervention Approaches

Please indicate how you would feel using each approach*:

| 4.1 | The Fake Friend | Very Comfortable | Comfortable | Not Sure | Uncomfortable | Very Uncomfortable |
| 4.2 | ‘Call out the harasser’ | | | | | |
| 4.3 | ‘Make your presence felt’ | | | | | |
| 4.4 | ‘Check in with the target’ | | | | | |
| 4.5 | ‘The Distraction’ | | | | | |
| 4.6 | ‘Be a role model’ | | | | | |
| 4.7 | ‘Silent stare’ | | | | | |
| 4.8 | ‘Bring it home’ | | | | | |

* More information about the bystander intervention approaches can be found in your training booklet.

4.12A – Please check the box next to all of the bystander approaches you have used since you completed the Think Prevent training workshop:

- The Fake Friend
- ‘Call out the harasser’
- ‘Check in with the target’
- ‘The Distraction’
- ‘Be a role model’
- ‘Silent stare’
- ‘Bring it home’
- ‘We’re friends right...’

4.12B – Please describe the effect(s) of your intervention when you employed one (or more) of these approaches:

4.13A – Since completing the bystander intervention training, have you found the approaches you learned to be an effective way for you to address gender-based violence and abuse in your daily life? Why or why not?

4.13B – Are they an effective way for you to address gender-based violence and abuse in your faith community?

4.14 – In your experiences since participating in the bystander intervention training, what have you learned about actual, real-life situations and bystander intervention?

4.15 Please read each of the following short scenarios and imagine yourself in the situation described. Then answer the questions that follow about how you would respond if you were in that situation.

A. You notice that a recently married member of your faith community has missed services lately and withdrawn from some community activities, which seems unusual for her. She has grown quiet and seems isolated and hesitant to engage with anyone. When someone speaks to her, she often glances at her husband before answering and seems fearful of him.

How much do you think this woman needs your help?

1 2 3 4 5 6 7 8 9 10

She is fine. She urgently needs help.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

_ Do nothing, she is probably fine and just not feeling social._
_ Ask her husband if something is wrong, perhaps she has been sick lately._
_ Approach her and her husband and ask how she is doing, indicating that I have noticed her absence at some events recently._

Please mark the box that best reflects your likely response to the situation described.

3.2 Ask a friend who seems upset if they are okay or need help.
3.3 Ask a stranger who seems upset if they are okay or need help.
3.4 Approach a friend if I thought they were in an abusive relationship and let them know I’m here to help.
3.5 Approach an acquaintance if I thought they were in an abusive relationship and let them know I’m here to help.
3.6 I see a man and his wife/girlfriend whom I know in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is okay.
3.7 I see a man and his wife/girlfriend whom I don’t know but the man’s fist is clenched and his partner looks upset. I ask if everything is okay.
3.9 When I hear a sexist comment, I tell the person I do not like what they have said or respond in a way that indicates I didn’t like it.
3.10 Confront a friend or acquaintance who makes excuses for others’ abusive behavior.
3.11 Speak up against sexist or homophobic jokes.

Appendix B – Research Instruments
Appendix B – Research Instruments

__ Speak with a friend in my community about the situation and seek their advice.
__ Wait until her husband is not present, and ask her if she would like to have coffee sometime soon to talk. If she says she cannot, tell her that she can come to me anytime to talk.
__ Talk to my faith leader and express my concern that she may need community support.
__ Approach someone who seems close to the woman and tell them I am concerned about her friend and want to support her in any way I can.
__ Wait to see if the situation seems to improve, and decide then if I need to do something.
__ Other: __________________________________________________________________

How much do you think the faith leaders’ wife needs your help (or your friend’s help)?

1 2 3 4           5 6 7 8 9 10

She is fine. She urgently needs help.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

__ Tell my friend we should do nothing, it’s none of our business.
__ Tell my friend that married couples argue all the time and grabbing someone’s arm is not domestic violence.
__ Tell my friend she can do what she wants, but I don’t want to insult the faith leader or his wife by suggesting that he might be abusive.
__ Suggest that we wait for a while and observe if there are other indications of abuse.
__ Talk to my spouse about the situation first and see if s/he has advice about the situation.
__ Make a plan with my friend to invite our faith leader’s wife to lunch and raise the issue of marital struggle to give her space to share with us if she chooses.
__ Join my friend in approaching the woman to indicate that we are there to support her and help find resources if her husband is being abusive.
__ Other: __________________________________________________________________

Appendix B – Research Instruments

__ Tell my co-worker why he believes the woman is lying and if he is aware of the low rates of false accusations of sexual assault.
__ Tell my co-worker that married couples argue all the time and grabbing someone’s arm is not domestic violence.
__ Tell my co-worker why he believes the woman is lying and if he is aware of the low rates of false accusations of sexual assault.
__ Tell my co-worker that his assertions are not appropriate.
__ Approach my co-worker’s direct supervisor privately and suggest that they talk to him about his inappropriate statements.
__ Approach my co-worker’s direct supervisor privately and suggest that they talk to him about his inappropriate statements.
__ Privately talk to my co-worker about how his comments promote a culture of victim-blaming and disrespect for women, and can even perpetuate sexual harassment and assault.
__ Other: __________________________________________________________________

__ Agree with the need to educate youth about marriage roles, but suggest we talk to some youth leaders to get their input on the content of those education conversations.
__ Disagree, saying that I think our faith community is not the place to talk about these issues and parents can discuss it with their older children as they get old enough for marriage.
__ Agree with the need to educate youth about marriage and with the ideas being suggested about teaching young people about their roles as men and women in marriages and family life.
__ Tell the group we should discuss these issues with youth, but that men and women should make decisions together, respecting one another’s opinions at all times and on all decisions.
__ Talk privately with just a couple of those present and suggest that we should instead emphasize equal respect between married partners, good communication, and both partners agreeing to their roles and with family decision-making.
__ Approach the leaders of our youth program to discuss my discomfort with teaching youth some of these ideas about men’s and women’s rigid roles.
__ Say nothing, but talk to my own children about equality and respect in marriage & family life.
__ Other: __________________________________________________________________

SECTION FIVE – Evaluating the Training Program

<table>
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<tr>
<th>Please mark the box that best fits your view for each statement below.</th>
<th>Very</th>
<th>Quite a Bit</th>
<th>Somewhat</th>
<th>A Little Bit</th>
<th>Not at all</th>
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<tr>
<td>5.1 How useful was the information presented during the training?</td>
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<td>5.2 How new to you was the information presented during the training?</td>
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Appendix B – Research Instruments

5.3 How knowledgeable was the training facilitator(s)?
5.4 How well organized was the training?
5.5 How useful were the scenarios?
5.6 How prepared do you feel to use the information & skills learned in the training?
5.7 How well did the training address scenarios and situations that make sense in your daily life?
5.8 How comfortable do you feel using the bystander approaches with someone you know well?
5.9 How comfortable do you feel using the bystander approaches with an acquaintance (for example in your faith community)?
5.10 How comfortable do you feel using the bystander approaches with someone you do not know/a stranger?

Please answer the following questions about the bystander intervention training program. Your input is valuable, and we appreciate you sharing as much feedback as you can. Thank you.

1. What specific information did you learn about the issues that you found particularly insightful or will stick with you the most?

2. As a result of this program, I will....

3. Would you recommend this program to others in your faith community(ies)? Why or Why not?

4. Please list two things you found most useful about the training program:
   1) 
   2) 

5. Please list two things you would change or would add to about the training program:
   1) 
   2) 

Any Additional Comments? If you wish, please share any thoughts on the workshop or bystander intervention that you have not had an opportunity to include above:
Appendix B – Research Instruments

SECTION ONE

1.1 Gender-based violence and abuse includes (circle as many as you think are correct):

r) Physically hurting an intimate partner (for example, hitting, slapping, kicking, punching, choking)
s) Threatening to physically harm an intimate partner
t) Throwing objects or smashing things, furniture, etc.
u) Forcing a partner or spouse to have sex when they do not want to
v) Preventing a partner from practicing their religious or spiritual beliefs.
w) Putting down an intimate partner, calling them names, humiliating them, insulting them
x) Playing mind games or making a partner think they are crazy
y) Threatening to take away children or pets
z) Arguing with a partner when you disagree about a decision that affects both of you
zz) Threatening to commit suicide if the person’s partner leaves
bb) Limiting a partner’s access to or interactions with friends and family
c) Controlling a partner by denying them money
d) Continuously criticizing a partner’s ability to keep a home, raise children, please her husband
e) Disagreeing with a partner about how to raise children
ff) Using religious texts or beliefs to minimize, justify or excuse or rationalize the use of physical, emotional, or sexual violence.

1.12 Refusing to include a partner in household decisions or over-ruling them when they disagree
hh) Monitoring a partner’s communications (i.e. checking phone and text usage, looking through their email, checking browser history, etc.)

Please indicate your level of agreement with the following statements:

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<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>Gender-based violence only happens in some communities</td>
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<td>Gender-based violence does not happen in my community</td>
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<td>Men commit sexual assault because they cannot control their sexual desires/needs</td>
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<td>A woman can leave a violent relationship or marriage if she really wants to</td>
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<td>Women abuse men just as much as men abuse women</td>
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<td>Most women who experience gender-based violence report it to the police</td>
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<td>As the head of household, a man has the right to discipline his partner</td>
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<td>Most domestic violence is caused by poverty or men’s unemployment</td>
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<td>Domestic violence is caused by culture</td>
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<td>Men sometimes say derogatory things about women or their bodies is just harmless &quot;locker room&quot; talk</td>
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<td>If a woman is experiencing/has experienced gender-based violence, it is her responsibility to reach out for help or go to the police.</td>
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Please mark the box that best reflects your view for each statement below.

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<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>Commenting on a woman’s appearance or whistling at her on the street is just playful and does not cause harm.</td>
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1.14 Do any of the texts and/or teachings of your faith indicate that in some cases it is acceptable for a man to hurt or discipline his wife?

☐ Yes  ☐ No  ☐ I do not know

a. If yes, do you agree with this? Why or Why not?

1.15 Have any faith leaders in your community said that it is acceptable for a man to hurt or discipline his wife?

☐ Yes  ☐ No  ☐ I do not know

a. If yes, do you agree with this? Why or Why not?

SECTION TWO

Please mark the box that best fits your view for each statement below.

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<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>A man who tells his girlfriend/wife whom she can hang out with is being too controlling.</td>
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<td>Women who wear revealing clothing should expect to receive sexual comments.</td>
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<td>A person is not really abusive as long as they don’t physically harm anyone.</td>
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<td>When important decisions need to be made (e.g. in the home, in the community or at a place of worship) men should take the lead and women should accept and support the decisions of the men.</td>
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<td>Men and women are equal and should be treated the same way.</td>
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<td>Gender-Based Violence can be prevented.</td>
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<td>There are certain things a person can do to help prevent violence.</td>
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<td>I myself can make a difference in helping to prevent violence.</td>
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<td>People cannot be taught to help prevent violence.</td>
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<td>Most religious people believe it is their responsibility to intervene when they notice a problematic situation.</td>
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<td>Doing or saying certain kinds of things can work to help prevent violence.</td>
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</table>
3.1 If someone discloses abuse to me, I should: (please circle all that you think apply)

- Ask a friend who seems upset if they are okay or need help.
- Ask a stranger who seems upset if they are okay or need help.
- Approach a friend if I thought they were in an abusive relationship and let them know I'm here to help.
- Approach an acquaintance if I thought they were in an abusive relationship and let them know I'm here to help.
- I see a man and his wife/girlfriend whom I know in a heated argument. The man's fist is clenched and his partner looks upset. I ask if everything is okay.
- I see a man and his wife/girlfriend. I don't know them but the man's fist is clenched and his partner looks upset. I ask if everything is okay.
- When I hear a sexist comment, I tell the person I do not like what they have said or respond in a way that indicates I didn't like it.
- Confront a friend or acquaintance who makes excuses for others' abusive behavior.
- Speak up against sexist or homophobic jokes.

### SECTION THREE

3.12 I can learn to do or say the kinds of things that help prevent violence.

3.13 I do not have the skills to help support someone who is in an abusive relationship.

3.14 Even people who are not involved in a fight can do things to help prevent violence.

3.15 I do not believe my peers will listen to me if/when I speak out against gender-based violence.

3.16 I am comfortable saying something to a man who is acting inappropriately toward a woman, or insulting his partner.

3.17 It would be too hard for me to confront a stranger who was being abusive toward a woman.

3.18 I worry that intervening in a situation of abuse might cost me friendships.

3.19 I worry I might mistakenly intervene when nothing is wrong and then feel embarrassed.

3.20 I worry I might be physically hurt if I intervene.

### SECTION FOUR

Please read each of the following short scenarios and imagine yourself in the situation described. Then answer the questions that follow about how you would respond if you were in that situation.

**E.** You notice that a recently married member of your faith community has missed services lately and withdrawn from some community activities, which seems unusual for her. She has grown quiet and seems isolated and hesitant to engage with anyone. When someone speaks to her, she often glances at her husband before answering and seems fearful of him.

How much do you think this woman needs your help?

1 2 3 4 5 6 7 8 9 10

She is fine.

She urgently needs help.

Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

- Do nothing, she is probably fine and just not feeling social.
- Ask her husband if something is wrong, perhaps she has been sick lately.
- Approach her and her husband and ask how she is doing, indicating that I have noticed her absence at some events recently.
- Speak with a friend in my community about the situation and seek their advice.
- Wait until her husband is not present, and ask her if she would like to have coffee sometime soon to talk. If she says she cannot, tell her that she can come to me anytime to talk.
- Talk to my faith leader and express my concern that she may need community support.
- Approach someone who seems close to the woman and tell them I am concerned about her friend and want to support her in any way I can.
- Wait to see if the situation seems to improve, and decide then if I need to do something.
- Other:
Appendix B – Research Instruments

F. A close friend of yours tells you that she observed one of the leaders in your faith community arguing with his wife, during which he grabbed her arm roughly and she winced in pain. Your friend fears that this may not be an isolated incident and wants to approach the woman and offer her support.

How much do you think the faith leaders’ wife needs your help (or your friend’s help)?

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<th>1</th>
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<tr>
<td>She is fine.</td>
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<td>She urgently needs help.</td>
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Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

__ Tell my friend we should do nothing, it’s none of our business.
__ Tell my friend that married couples argue all the time and grabbing someone’s arm is not domestic violence.
__ Tell my friend she can do what she wants, but I don’t want to insult the faith leader or his wife by suggesting that he might be abusive.
__ Suggest that we wait for a while and observe if there are other indications of abuse.
__ Talk to my spouse about the situation first and see if s/he has advice about the situation.
__ Make a plan with my friend to invite our faith leader’s wife to lunch and raise the issue of marital struggle to give her space to share with us if she chooses.
__ Join my friend in approaching the woman to indicate that we are there to support her and help find resources if her husband is being abusive.
__ Other: __________________________________________________________________

G. A male co-worker of yours is discussing a high profile case of sexual assault and suggests that the woman is either lying or deserves what happened to her because she looks promiscuous and has dated many different men.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

__ Do nothing, he makes some relevant points and after all, none of us know what really happened in this situation, only what’s being reported in the news.
__ Ignore my co-worker and leave the conversation politely.
__ Ask my co-worker why he believes the woman is lying and if he is aware of the low rates of false accusations of sexual assault.
__ Tell my co-worker that a woman’s dress or prior relationships have nothing to do with this incident and rape is rape, no matter who is targeted.
__ Approach a friend of this co-worker and suggest that they talk to him about his inappropriate statements.
__ Approach my co-worker’s direct supervisor privately and suggest that the supervisor speak with him about saying these things in the workplace.
__ Private talk to my co-worker about how his comments promote a culture of victim-blaming and disrespect for women, and can even perpetuate sexual harassment and assault.
__ Other: __________________________________________________________________

Appendix B – Research Instruments

H. During a community picnic, a group of men and women are discussing youth services at your faith center. Many in the group believe that it is important that the older youth be educated about marriage, including the importance of men’s and women’s distinct roles in the family. They agree that even in modern marriages where both partners work, men should be the head of household and take responsibility for important decision-making in the home, while wives should care for the children and not question their husbands’ decisions or actions.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

__ Agree with the need to educate youth about marriage roles, but suggest we talk to some youth leaders to get their input on the content of those education conversations.
__ Disagree, saying that I think our faith community is not the place to talk about these issues and parents can discuss it with their older children as they get old enough for marriage.
__ Agree with the need to educate youth about marriage and with the ideas being suggested about teaching young people about their roles as men and women in marriages and family life.
__ Tell the group we should discuss these issues with youth, but that men and women should make decisions together, respecting one another’s opinions at all times and on all decisions.
__ Talk privately with just a couple of those present and suggest that we should instead emphasize equal respect between married partners, good communication, and both partners agreeing to their roles and with family decision-making.
__ Approach the leaders of our youth program to discuss my discomfort with teaching youth some of these ideas about men’s and women’s rigid roles.
__ Say nothing, but talk to my own children about equality and respect in marriage & family life.
__ Other: __________________________________________________________________
Appendix B – Research Instruments

POST-SURVEY

Thank you for your participation. Please read each question carefully. Please remember that there are no right or wrong answers to any of the questions. We are interested in your honest response. Your answers will be anonymous.

Participant code # _______________

Participant code number = First 2 letters of your mother’s maiden name (e.g. her family name at birth) + the DAY of the month you were born (e.g. if you were born 1 November 1965, use ‘01’ here) + your number of siblings (only children enter 0).

Demographics & Community Information

Age: ______

Gender: □ Male □ Female □ Gender non-conforming

Ethnicity: □ African descent □ Indigenous Australian or Torres Strait Islander □ Asian descent □ European descent □ Latin American descent □ Biracial □ Multiracial □ Other, please specify

The Bystander Intervention Program (facilitated by Think Prevent and Kempster Consultants) emerges from the work of the Faith Communities Council of Victoria (FCCV). As this program aims to work with and in multi-faith communities, we also seek to understand how the curriculum is experienced by members of various faith communities. The following questions relate to this endeavor.

xiii. Please indicate the broader faith community to which you belong:

□ Bahá’í □ Buddhist □ Christian (Catholic) □ Christian (Protestant) □ Hindu □ Islamic/Muslim □ Jewish □ Sikh □ Atheist □ Agnostic □ Other, please specify

xiv. Do you regularly attend religious services and/or participate in community events?

□ Yes □ I am somewhat active in my faith center/community

□ I rarely attend/participate

xv. Do you feel a sense of community with other people at your faith center?

□ Not really □ Somewhat □ For the most part □ Absolutely

xvi. Is gender-based violence an issue/concern in your faith community?

□ Yes □ No □ I don’t know

xvii. Is gender-based violence an issue your faith community should do something about (to respond or prevent)?

□ Yes □ No

xviii. Do you talk about issues related to gender-based violence (i.e. domestic abuse, sexual harassment, etc.) at your faith center?

□ Yes, including in formal lectures/sermons □ Yes, only in informal conversations □ Not really □ No, but I think we should □ No, and I don’t think we should

Appendix B – Research Instruments

SECTION ONE

1.1 Gender-based violence and abuse includes (circle as many as you think are correct):

□ ii) Physically hurting an intimate partner (for example, hitting, slapping, kicking, punching, choking)

□ jj) Threatening to physically harm an intimate partner

□ kk) Throwing objects or smashing things, furniture, etc.

□ ll) Forcing a partner or spouse to have sex when they do not want to

□ mm) Preventing a partner from practicing their religious or spiritual beliefs.

□ nn) Putting down an intimate partner, calling them names, humiliating them, insulting them

□ oo) Playing mind games or making a partner think they are crazy

□ pp) Threatening to take away children or pets

□ qq) Arguing with a partner when you disagree about a decision that affects both of you

□ rr) Threatening to commit suicide if the person’s partner leaves

□ ss) Limiting a partner’s access to or interactions with friends and family

□ tt) Controlling a partner by denying them money

□ uu) Continually criticizing a partner’s ability to keep a home, raise children, please her husband

□ vv) Disagreeing with a partner about how to raise children

□ ww) Using religious texts or beliefs to minimize, justify or excuse or rationalize the use of physical, emotional, or sexual violence.

□ xx) Refusing to include a partner in household decisions or over-ruling them when they disagree

□ yy) Monitoring a partner’s communications (i.e. checking phone and text usage, looking through their email, checking browser history, etc.)

Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Gender-based violence only happens in some communities.</td>
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<tr>
<td>1.3 Gender-based violence does not happen in my community.</td>
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<td>1.4 Men commit sexual assault because they cannot control their sexual desires/needs.</td>
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<tr>
<td>1.5 A woman can leave a violent relationship or marriage if she really wants to.</td>
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<td>1.6 Women abuse men just as much as men abuse women.</td>
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<td>1.7 Most women who experience gender-based violence report it to the police.</td>
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<td>1.8 As the head of household, a man has the right to discipline his partner.</td>
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<tr>
<td>1.9 Most domestic violence is caused by poverty or men’s unemployment.</td>
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<td>1.10 Domestic violence is caused by culture.</td>
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<tr>
<td>1.11 Men sometimes saying derogatory things about women or their bodies is just harmless “locker room” talk.</td>
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<tr>
<td>1.12 If a woman is experiencing/has experienced gender-based violence, it is her responsibility to reach out for help or go to the police.</td>
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</table>
Appendix B – Research Instruments

1.13 Commenting on a woman’s appearance or whistling at her on the street is just playful and does not cause harm.

1.14 Do any of the texts and/or teachings of your faith indicate that in some cases it is acceptable for a man to hurt or discipline his wife?
- [ ] Yes
- [ ] No
- [ ] I do not know

a. If yes, do you agree with this? Why or Why not?

1.15 Have any faith leaders in your community said that it is acceptable for a man to hurt or discipline his wife?
- [ ] Yes
- [ ] No
- [ ] I do not know

a. If yes, do you agree with this? Why or Why not?

SECTION TWO

Please mark the box that best fits your view for each statement below.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 A man who tells his girlfriend/wife whom she can hang out with is being too controlling.</td>
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<tr>
<td>2.2 Women who wear revealing clothing should expect to receive sexual comments.</td>
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<td>2.3 A person is not really abusive as long as they don’t physically harm anyone.</td>
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<td>2.4 When important decisions need to be made (e.g. in the home, in the community or at a place of worship) men should take the lead and women should accept and support the decisions of the men.</td>
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<tr>
<td>2.5 Men and women are equal and should be treated the same way.</td>
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</table>

Please mark the box that best fits your understanding for each statement below.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 Gender-Based Violence can be prevented.</td>
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<tr>
<td>2.7 There are certain things a person can do to help prevent violence.</td>
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<tr>
<td>2.8 I myself can make a difference in helping to prevent violence.</td>
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<tr>
<td>2.9 People cannot be taught to help prevent violence.</td>
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<td>2.10 Most religious people believe it is their responsibility to intervene when they notice a problematic situation.</td>
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<tr>
<td>2.11 Doing or saying certain kinds of things can work to help prevent violence.</td>
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SECTION THREE

3.1 If someone discloses abuse to me, I should: (please circle all that you think apply)

- [w] Tell the person that I believe them and listen.
- [x] Assure the person that it is not their fault their partner is abusing or has abused them.
- [y] Call the police.
- [z] Ask the person questions to learn more about the violence to verify it.
- [aa] Find out if the person experiencing abuse is currently in immediate danger.
- [bb] Review resources and services with the person so that they know the options available to them.
- [cc] Offer to make referrals or call services for the person (and do so if they agree).
- [dd] Tell someone close to me about the situation so that they can help.
- [ee] Document the incident and actions in a secure way.
- [ff] Bring the issue to my faith leader with the person’s permission.
- [gg] Bring the issue to my faith leader even if the person has said not to.

Please mark the box that best reflects your likely response to the situation described.

<table>
<thead>
<tr>
<th>Very Likely</th>
<th>Likely</th>
<th>Unsure</th>
<th>Not Likely</th>
<th>Very Unlikely</th>
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<tbody>
<tr>
<td>3.2 Ask a friend who seems upset if they are okay or need help.</td>
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<td>3.3 Ask an acquaintance who seems upset if they are okay or need help.</td>
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<tr>
<td>3.4 Ask a stranger who seems upset if they are okay or need help.</td>
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</table>
Appendix B: Research Instruments

3.5 Approach a friend if I thought they were in an abusive relationship and let them know I’m here to help.

3.6 Approach an acquaintance if I thought they were in an abusive relationship and let them know I’m here to help.

3.7 I see a man and his wife/girlfriend whom I know in a heated argument. The man’s fist is clenched and his partner looks upset. I ask if everything is okay.

3.8 I see a man and his wife/girlfriend. I don’t know them but the man’s fist is clenched and his partner looks upset. I ask if everything is okay.

3.9 When I hear a sexist comment, I tell the person I do not like what they have said or respond in a way that indicates I didn’t like it.

3.10 Confront a friend or acquaintance who makes excuses for others’ abusive behavior.

3.11 Speak up against sexist or homophobic jokes.

SECTION FOUR

Bystander Intervention Approaches

Please indicate how you would feel using each approach*:

<table>
<thead>
<tr>
<th>Very Comfortable</th>
<th>Comfortable</th>
<th>Not Sure</th>
<th>Uncomfortable</th>
<th>Very Uncomfortable</th>
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<tbody>
<tr>
<td>4.1 “The Fake Friend”</td>
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<td>4.2 “Call out the harasser”</td>
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<td>4.3 “Make your presence felt”</td>
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<td>4.4 “Check in with the target”</td>
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<td>4.5 “The Distraction”</td>
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<td>4.6 “Be a role model”</td>
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<td>4.7 “Silent stare”</td>
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<td>4.8 “Bring it home”</td>
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<td>4.9 “We’re friends right…”</td>
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<td>4.10 Group Intervention</td>
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<tr>
<td>4.11 Use humor</td>
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* More information about the bystander intervention approaches can be found in your training booklet.

4.12A After completing the bystander intervention training, do you think the approaches you learned are an effective way for you to address gender-based violence and abuse in your daily life? Why or why not?

4.12B Are they an effective way for you to address gender-based violence and abuse in your faith community?

4.13 Please read each of the following short scenarios and imagine yourself in the situation described. Then answer the questions that follow about how you would respond if you were in that situation.

I. You notice that a recently married member of your faith community has missed services lately and withdrawn from some community activities, which seems unusual for her. She has grown quiet and seems isolated and hesitant to engage with anyone. When someone speaks to her, she often glances at her husband before answering and seems fearful of him.

How much do you think this woman needs your help?

1 2 3 4 5 6 7 8 9 10

She is fine.

She urgently needs help.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

1. Do nothing, she is probably fine and just not feeling social.
2. Ask her husband if something is wrong, perhaps she has been sick lately.
3. Approach her and her husband and ask how she is doing, indicating that I have noticed her absence at some events recently.
4. Speak with a friend in my community about the situation and seek their advice.
5. Approach someone who seems close to the woman and tell them I am concerned about her and want to support her in any way I can.
6. Wait to see if the situation seems to improve, and decide then if I need to do something.

Other:

J. A close friend of yours tells you that she observed one of the leaders in your faith community arguing with his wife, during which he grabbed her arm roughly and she winced in pain. Your friend fears that this may not be an isolated incident and wants to approach the woman and offer her support.

How much do you think the faith leaders’ wife needs your help (or your friend’s help)?

1 2 3 4 5 6 7 8 9 10

She is fine.

She urgently needs help.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

1. Tell my friend we should do nothing, it’s none of our business.
2. Tell my friend that married couples argue all the time and grabbing someone’s arm is not domestic violence.
3. Tell my friend she can do what she wants, but I don’t want to insulate the faith leader or his wife by suggesting that he might be abusive.
Appendix B – Research Instruments

L. A male co-worker of yours is discussing a high-profile case of sexual assault and suggests that the woman is either lying or deserves what happened to her because she looks promiscuous and has dated many different men.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

__ Do nothing, he makes some relevant points and after all, none of us know what really happened in this situation, only what’s being reported in the news.
__ Ignore my co-worker and leave the conversation politely.
__ Ask my co-worker why he believes the woman is lying and if he is aware of the low rates of false accusations of sexual assault.
__ Tell my co-worker that a woman’s dress or prior relationships have nothing to do with this incident and rape is rape, no matter who is targeted.
__ Approach a friend of this co-worker and suggest that they talk to him about his inappropriate statements.
__ Approach my co-worker’s direct supervisor privately and suggest that the supervisor speak with him about saying these things in the workplace.
__ Privately talk to my co-worker about how his comments promote a culture of victim-blaming and disrespect for women, and can even perpetuate sexual harassment and assault.
__ Other: __________________________________________________________________

K. During a community picnic, a group of men and women are discussing youth services at your faith center. Many in the group believe that it is important that the older youth be educated about marriage, including the importance of men’s and women’s distinct roles in the family. They agree that even in modern marriages where both partners work, men should be the head of household and take responsibility for important decision-making in the home, while wives should care for the children and not question their husbands’ decisions or actions.

Rank order each of the following statements according to how likely you are to take the action described. Include all behaviors in your ranking. Use 1 to indicate your first choice of action, 2 to indicate your second choice, etc. Be sure to put a number next to each one. Use a “0” to indicate something you should not do.

__ Agree with the need to educate youth about marriage roles, but suggest we talk to some youth leaders to get their input on the content of those education conversations.
__ Agree with the need to educate youth about marriage and with the ideas being suggested about teaching young people about their roles as men and women in marriages and family life.
__ Talk to my spouse about the situation first and see if s/he has advice about the situation.
__ Make a plan with my friend to invite our faith leader’s wife to lunch and raise the issue of marital struggle to give her space to share with us if she chooses.
__ Join my friend in approaching the woman to indicate that we are there to support her and help find resources if her husband is being abusive.
__ Other: __________________________________________________________________

Appendix B – Research Instruments

SECTION FIVE – Evaluating the Training Program

Please mark the box that best fits your view for each statement below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very</th>
<th>Quite a Bit</th>
<th>Somewhat</th>
<th>A Little Bit</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 How useful was the information presented during the training?</td>
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<td>5.2 How new to you was the information presented during the training?</td>
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<td>5.3 How knowledgeable was the training facilitator(s)?</td>
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<td>5.4 How well organized was the training?</td>
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<td>5.5 How useful were the scenarios?</td>
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<tr>
<td>5.6 How prepared do you feel to use the information &amp; skills learned in the training?</td>
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<td>5.7 How well did the training address scenarios and situations that make sense in your daily life?</td>
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<td>5.8 How comfortable do you feel using the bystander approaches with someone you know well?</td>
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<tr>
<td>5.9 How comfortable do you feel using the bystander approaches with an acquaintance (for example in your faith community)?</td>
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<tr>
<td>5.10 How comfortable do you feel using the bystander approaches with someone you do not know/a stranger?</td>
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</table>

Please answer the following questions about the bystander intervention training program. Your input is valuable, and we appreciate you sharing as much feedback as you can. Thank you.

6. What specific information did you learn about the issues that you found particularly insightful or will stick with you the most?

7. As a result of this program, I will...

8. Would you recommend this program to others in your faith community(ies)? Why or Why not?
Appendix B – Research Instruments

9. Please list two things you found most useful about the training program:
   1) 
   2) 

10. Please list two things you would change or would add to about the training program:
    1) 
    2) 

Any Additional Comments? If you wish, please share any thoughts on the workshop or bystander intervention that you have not had an opportunity to include above:

INTERVIEW QUESTIONS

The Workshop:
- When did you participate in the bystander intervention training workshop?
  - How did you hear about the workshop?
  - Why did you choose to attend/participate?
- What do you remember most about the bystander training? What stuck with you over time?
- What did you find valuable or useful about the workshop?
- What did you find less helpful or think could be changed or added?
- Would you, or have you, recommended this workshop to others in your faith community?
- What kinds of opportunities have you had to continue talking about and learning about these issues after your workshop?
  - Would you like more, or less, of such opportunities?
  - Do you have ideas of what would help you best apply the workshop skills over time?
  - i.e. Would it be helpful to have a refresher workshop or community conversation about GBV, family violence and/or bystander intervention to follow-up on your initial training?

Gender Violence & Prevention:
- In your view, what are the causes, or drivers, of GBV? What did you learn about gender-based violence in the Think Prevent training?
- Do you think gender-based violence can be prevented? Why/why not?
  - Was this your view before the training or did it change?
- How, if at all, did the Training change you? (e.g. what you know and your views about GBV, how you act in your community, how you relate to other people)
- Has this in turn had any impact on other people in your faith community? If yes, how?
- To what extent did the Training adequately equip you to identify, respond to and prevent GBV?
- What have you learned you can do to prevent GBV before it ever happens?
- What have you learned you can do to respond to GBV when you see indications of it happening?
- Are you personally responsible for trying to prevent or respond to GBV that you become aware of in the lives or relationships of friends and/or family members? What about in your community more generally? Why or why not?
  - If yes, what have you done (or are doing) to prevent/respond to GBV? (This can include using the approaches you learned in the Training or other things.)
    - What has been the effect of your efforts?
    - [If approaches are mentioned] What approach(es) did you use? How did it go?
- Should your faith community be doing more to prevent GBV? Why or why not?
  - If yes, what more should your faith community be doing and what could be your role in making it happen?

Bystander Intervention:
- What does it mean to be an active bystander?
- Do you consider yourself an active bystander? Why or why not?
- Have you used anything you learned in the Training?
  - If yes, please tell me about it.
  - If no, why not?
- Do you feel comfortable using (at least some of) the bystander approaches discussed in the workshop? Which one(s)?
  - If yes, why?
  - If no, why?
Appendix C - Think Prevent Bystander Approaches

The following chart draws from the Think Prevent Facilitator Guide to summarize the eleven primary active bystander approaches or ‘tips’ used in the training and practiced during the second part of the workshop focused on role play scenarios.

The different approaches are preceded by the following statements:

“Below are some approaches you could consider. This list is by no means exhaustive – you could probably think of others for any given situation.

Use your judgment and common sense. The most effective time to act may be later, not on the spot, and you may want to get advice before taking steps.

Of course, you should not choose a course of action that puts you or anyone else at risk of harm. Know your own limits and ‘comfort zone’, and use your common sense. To get guidance for yourself, or to refer people appropriately, familiarize yourself with the resources on www.thinkprevent.com”

<table>
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<tr>
<th>#</th>
<th>Bystander Strategy/Approach</th>
<th>Description of Action</th>
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<tbody>
<tr>
<td>1</td>
<td>'The fake friend'</td>
<td>An effective and safe way of intervening is to become a ‘fake friend’ to the target.</td>
</tr>
<tr>
<td>2</td>
<td>‘Call out the harasser’</td>
<td>Most harassers stop once their behaviour is acknowledged and reprimanded. Use three simple steps to call out the harasser – 1. Name the act (e.g. ‘You’re groping that woman’); 2. State a principle (e.g. ’That’s not okay’); 3. Make a command (e.g. ‘Stop harassing people!’)</td>
</tr>
<tr>
<td>3</td>
<td>‘Make your presence felt’</td>
<td>Let the harasser know that you see, recognise and condemn the behaviour. Something as simple as spilling your coffee/tea, asking for directions/time or ringing the door bell can work wonders.</td>
</tr>
<tr>
<td>4</td>
<td>‘Check in with the target’</td>
<td>‘Are you OK? ’; ‘Do you need any help? ’; ‘Is that person bothering you?’ One question alone can deter a harasser who believes no one will intervene. Also, the target knows you’ve got their back!</td>
</tr>
<tr>
<td>5</td>
<td>‘The distraction’</td>
<td>Try coming in between the target and the harasser (if it’s physical harassment) or creating some sort of commotion to allow the target to leave the situation.</td>
</tr>
<tr>
<td>6</td>
<td>‘Be a role model’</td>
<td>Possibly the most effective to end street harassment. If you treat others with respect and choose to raise your voice when you see someone being harassed, your peers, friends, family, and anyone around you will learn from you.</td>
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<tr>
<td>7</td>
<td>‘Silent stare’</td>
<td>Remember you don’t have to speak to communicate. Sometimes a look can be far more powerful.</td>
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<td>8</td>
<td>‘Bring it home’</td>
<td>Prevents someone from distancing themselves from the impact of their actions. Example: ‘I hope no one ever talks to you like that.’ Prevents them from depersonalising their target as well. Example: ‘What if you referred to your mother as a bitch.’</td>
</tr>
<tr>
<td>9</td>
<td>‘We’re friends right’</td>
<td>Reframes the confrontation as a caring non-critical gesture. Example: ‘Hey, Jack. As your friend I gotta tell you that the way you bad mouth women is killing your reputation.’</td>
</tr>
<tr>
<td>10</td>
<td>Group intervention</td>
<td>There is safety and impact in a united front. Best used with someone who has a clear pattern of behaviour where many examples of their own behaviour can be presented.</td>
</tr>
<tr>
<td>11</td>
<td>Use humour</td>
<td>Using humour reduces the tension of an intervention and makes it easier for the person to hear you. Do not undermine what you say with too much humour. Funny does not mean unimportant. Examples: ‘Ouch!’ or ‘You’d better put some body armour on after that remark!’</td>
</tr>
</tbody>
</table>
Appendix D - References and Resources


Equality Institute. 2017. “Preventing and Responding to Family Violence: Taking an Intersectional Approach to Address Violence in Diverse Australian Communities.” The Equality Institute. [https://states1.squarespace.com/stat e-a55ac6a46a6b019f86d737e0b2cc05f8f47a5fc0f503669972/internationality/Report_FinalCVR.pdf]


