Two Steps Forward, One Step Back  
Community attitudes to violence against women:

Two Steps Forward, One Step Back is part of a program of activity being developed by VicHealth to support primary prevention of violence against women (VAW). VAW has a significant impact on women’s health and wellbeing, with intimate partner violence alone being responsible for an estimated 9% of the total disease burden in Victorian women aged 15-44 years.

Two Steps Forward, One Step Back summarises the findings of the “Violence Against Women Community Attitudes Project” conducted by VicHealth in 2005/6. The Project was undertaken to gauge community attitudes on violence against women, assess changes since 1995; and to improve understanding of the factors involved in attitude formation and change.

The causes of violence against women are complex and attitudes are not the only contributing factor. However, attitudes have been shown to influence violent behavior as well as the responses of victims, the community and services.

The project involved:

- A telephone survey of a random sample of 2000 Victorians 18 years and over, with a booster sample of 800 people from selected culturally and linguistically diverse (CALD) backgrounds. Findings from the 2006 random sample were compared with those from a 1995 national survey undertaken for the then Office of the Status of Women. These comparisons were done to monitor the effectiveness of government and community efforts to address attitudes and the impact of social and economic shifts on attitudes toward violence against women. Qualitative research involving the general community and Indigenous communities was also undertaken.

- A review of theory and evidence relating to factors influencing attitude formation and change to better understand the range of strategies needed to change attitudes; and

- A critical review of past social marketing strategies to address violence against women, so that future work can be based on lessons from the past.

Some progress has been made

Most Victorians do not hold violence supportive attitudes on many of the measures included in the survey and on most measures attitudes have improved over time:

- 97% of Victorians agree that domestic violence is a crime, compared with 93% in 1995
- 93% agree that forced sex in an intimate relationship is a crime
- 91% of Victorians agree that the person perpetrating domestic violence should be removed from the family home, consistent with Victorian Government policy
• There would appear to be increased confidence in police and court responses to victims of violence against women. 40% of people believed that police respond more quickly than they did in the past (though 43% were unsure). A smaller proportion of people in 2006 believed that the legal system treats rape victims badly, compared with 1995 (65% versus 77%)

• Between 81% and 95% report that they would intervene in a situation of domestic violence

Challenges remain

Ensuring that responsibility for violence lies with the perpetrator

• Although the overwhelming majority of respondents (97% or more) did not believe that violence could be justified, sizeable proportions believed that there are circumstances in which it can be excused. Nearly 1 in 4 respondents believed that domestic violence can be excused if the perpetrator genuinely regrets what they have done afterward or if the violence results from a temporary loss of control.

• Nearly two in five respondents believed that rape results from men not being able to control their need for sex.

• 15% believe that, in relation to sex, women often say “no” when they mean “yes”.

• Despite evidence to the contrary, nearly one in four respondents disagreed that ‘women rarely make false claims of being raped’

• Almost half of all respondents (46%) agreed that women going through custody battles often make up claims of domestic violence to improve their case. This is despite the fact that there are no studies proving this to be the case.

Improving understanding of violence and its impacts

There was wide understanding that physical and sexual assault and threats were domestic violence, however, people were less likely to believe that social, emotional and financial abuse were violence.

• 17% of Victorians did not believe that controlling the social life of one’s partner by preventing contact with family and friends is violence

• Almost one in three did not believe that controlling one’s partner by denying them money is violence.

Non-physical behaviors were also less likely to be regarded as serious.

• Nearly one quarter did not believe that yelling abuse at your partner is serious

• 17% do not believe that repeatedly criticising one’s partner to make them feel bad and useless is serious.

This is despite evidence showing that domestic violence is often characterised by a pattern of physical and other controlling behaviors which may cause considerable harm to the victim.

Although most respondents (77%) understood that violence was perpetrated mainly by men against women, a considerable proportion in 2006 (20%) believed that domestic violence is perpetrated equally by both men and women. This is a greater proportion than in the 1995 national sample (9%).
Informing the community about violence against women and sources of assistance

- One quarter of all those surveyed could not recall having read, seen or heard anything about violence against women in the media recently
- Between one quarter and one half of respondents reported that they would not know where to get advice and support on behalf of someone affected by domestic violence

Targeting information and interventions more effectively

The strongest and most consistent predictors of holding attitudes that may serve to condone or trivialise violence, or undermine efforts to address it, were being male and having weak support for gender equality.

Being born overseas was a predictor, though its effect was not as strong as sex and attitudes to gender equity. Lower educational attainment, being in a blue collar job and being unemployed were also relevant but predicted far fewer of the attitudes measured in the survey.

Existing information is reaching those least likely to hold violence supportive attitudes and women respondents from the selected CALD communities sample were least likely to know where to get advice and support.

What does the study tell us about what we can we do to prevent violence against women?

Violence against women has negative consequences for all members of society and places a major burden on our economy. There has been extensive community and government effort to respond to those affected by violence against women. There is a need to complement these efforts with initiatives to prevent violence before it occurs.

A range of factors shape attitudes toward violence against women, such as child hood experiences, peer relations, the environments we encounter in local sporting clubs and the strength of legal sanctions against violence. Attitudinal change is a necessary, but not a sufficient condition to prevent the problem. There are also other causal factors which need to be addressed.

The report proposes the need for an approach similar to that used to reduce tobacco use and road traffic accidents. Such an approach would be implemented across sectors and would include multiple and reinforcing strategies. These would include direct participation programs (such as behavior change programs for men); communication and marketing programs to influence beliefs and attitudes; community and organizational development approaches to raise awareness of violence and promote positive social norms; advocacy activities; and legislative reform. Specific evidence informed strategies for achieving attitudinal change are proposed, along with guidance for developing communications programs. The report identifies a number of attitudes which should be the subject of future education efforts and suggests particular target groups for prevention.

Copies of the Summary Report or the detailed technical reports of individual project components of the Community Attitudes Survey project are available on the VicHealth website at www.vichealth.vic.gov.au/cas