'Everybody's Business'

Evaluating a pilot project developing community responses to family and domestic violence in regional South Australia

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Prepared by the Centre for Social Impact

for Centacare Catholic Family Services (SA)

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Centre for Social Impact

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Acronyms

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
CALD	Culturally and Linguistically Diverse
CSI	Centre for Social Impact
DCP	Department for Child Protection
DHS	Department of Human Services (South Australian Government)
DV	Domestic Violence
DVAG	Domestic Violence Action Group
FDV	Family and Domestic Violence
FTE	Full Time Equivalent
GP	General Practitioner
KPI	Key Performance Indicator
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer +
MP	Member of Parliament
NFP	Not for Profit
NGO	Non-Governmental Organisation
NT	Northern Territory
OFW	Office For Women (SA)
SA	South Australia
SAPOL	South Australia Police
UK	United Kingdom
US	United States

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EXECUTIVE SUMMARY

This report describes the findings of an evaluation of the activities of the pilot regional community responses project between November 2021 and August 2022, four months before the project is due to close. The regional community responses project is working in four regional areas of SA – Murray-Mallee, Whyalla, Riverland and Mt Gambier. The focus of the project is to develop collaborative activities aimed at the primary prevention of family and domestic violence (FDV). The aims of the regional community responses project are:

a) Establish local community-led groups in four regional SA locations, with links to specialist domestic violence service providers and other agencies and including key stakeholders from community groups and local government.
b) Enhance understanding of opportunities for whole of community responses to FDV in four regional SA locations.
c) Develop bespoke community action plans, including media and communication strategies, responding to FDV for four regional SA locations.
d) Capture broader learnings around the most effective ways of developing whole of community responses to FDV in non-urban areas.

In addition, the project aims to begin progress towards the following:

e) Implement community action plans responding to FDV in four regional SA locations.
f) Enhance community awareness of women's safety needs and strategies in four regional SA locations.
g) Enhance community capacity to enact primary prevention strategies addressing FDV in four regional SA locations.

The evaluation undertook an action research process alongside the project but conducted an independent assessment of project effectiveness through semi-structured interviews with twenty stakeholders. The evaluation addressed the over-arching question: *what approaches and strategies work best to support the development of sustainable whole of community responses to FDV in regional areas of SA?*

The evaluation found that stakeholders see a significant need for FDV primary prevention in their local communities, and believe a collaborative approach is necessary. They see significant potential to leverage the close-knit and self-sufficient nature of their regional communities for effective whole of community responses to FDV. Stakeholders affirmed the potential for collaborative primary prevention activities to deliver real outcomes and impact in their communities, if these activities were able to be sustained over time. Stakeholders said they particularly valued the contribution of the pilot regional community responses project in the following areas:

- Offering support, guidance and expertise in relation to *how* to work collaboratively.
- Providing overall coordination and a point of accountability.
- Connecting and networking in local communities.
- Re-establishing momentum for collaborative work in the wake of COVID-19.
- Developing a pathway for action to build on the talk.
- The opportunity to work with a project manager who was knowledgeable, efficient, persistent and responsive to community needs.

The project in turn benefited from a passion for, and deep commitment to, making communities safer among stakeholders across the four regional areas. The project was able to effectively leverage community assets to make significant progress towards its aims in its first nine months of operation.

It was acknowledged from the outset that the project would be resource-constrained, particularly as a result of being spread across four regions. Resource constraints, along with issues that commonly arise for

community-based collaborative activities working towards social change, meant the pilot regional community responses project had to navigate various challenges. These included practical considerations; addressing resistance; differing perspectives on the purpose and goals of the project; finding ways to engage the community more broadly; and the length of time required to deliver tangible and measurable outcomes from collaborative primary prevention work.

These challenges are not an indication that the pilot regional community responses project did not make excellent progress; nor that it is not worth investing in collaborative primary prevention activities in regional communities. Stakeholders were realistic about the time, energy and perseverance required to build strong partnerships and work towards social change, but optimistic that it was possible. There is a risk, however, that the progress made by the pilot regional community responses project will be lost without a longer term commitment to supporting collaborative primary prevention activities. The evaluation recommends the establishment of small place-based project teams, supported by a statewide backbone organisation, to take this vital work forward.

Key findings

Key finding 1
Stakeholders in the four regional areas view family and domestic violence as a significant problem in their communities and perceive some amplification of this problem during 2020 to 2022 associated with COVID-19.

Key finding 2
There is an unmet need for family and domestic violence primary prevention work in the four regional areas.

Key finding 3
The value of a collaborative approach to primary prevention work is recognised across the four regional areas and there have been prior collaborative networks and activities in each area.

Key finding 4
Prior collaborative networks and activities in the four regional areas have been compromised by factors such as: COVID-related disruption; insufficient capacity and resourcing; lack of structure, organisation and accountability; a tendency to focus on talk rather than action; and challenges engaging a broad cross-section of community.

Key finding 5
While the collaborative work should transition over time from community awareness of family and domestic violence to community mobilisation, the need for community awareness raising remains significant across the four regional areas.

Key finding 6
Stakeholders in the four regional areas view family and domestic violence as a significant problem everywhere with largely common drivers but identify some distinctive negative dimensions in non-urban areas, including: additional barriers to help-seeking; reduced service accessibility; higher levels of stigma and judgement; and greater resistance to shifting social norms.

Key finding 7
Stakeholders in the four regional areas identify specific opportunities for responding to family and domestic violence in non-urban areas, including: strong networks; high levels of social capital; an ethos of self-sufficiency; the influence of key prominent individuals; and greater potential for whole of community responses.

Key finding 8
Regional communities are all different and local context is key in effectively responding to family and

domestic violence, but there is scope for sharing experiences and learnings between communities over time.

Key finding 9
Passion for change is a key element of collaborative family and domestic violence primary prevention work. Highly engaged individuals who are driven and passionate about change are present in each of the four regional areas and are important assets for the regional community responses project as well as vital to the sustainability of the work after project close.

Key finding 10
Collaborative family and domestic violence primary prevention work requires targeted strategies for strengthening and expanding networks and links within communities. The regional community responses project has effectively deployed its limited resources to promote stronger collaborative partnerships and connect a range of players into collaborative activities in each of the four regional areas.

Key finding 11
Collaborative family and domestic violence primary prevention work benefits from a core 'steering group' of people who are highly engaged and represent key perspectives within communities, as well as a broader group of more loosely engaged stakeholders The regional community responses project put considerable effort into identifying key stakeholders in each regional area, though this process took some time and building engagement with the full range of important actors remains ongoing.

Key finding 12
Collaborative work benefits from the periodic introduction of new thinking around the concept and practice of working together in particular local contexts. The regional community responses project is successfully refreshing and reinvigorating collaborative practice in the four regional areas by facilitating reflection on different possibilities for working in partnership, particularly within a collective impact framework.

Key finding 13
Stakeholders in the four regional areas highlighted dedicated resourcing for organising and facilitating meetings, coordinating activities and promoting accountability as the most valuable contribution of the regional community responses project, indicating a backbone role is viewed as a key element of effective collaborative work.

Key finding 14
Acting as the coordination point for collaborative work requires a specific skillset, including: very strong relationship-building and interpersonal skills; organisational skills; facilitation skills; persistence; and content knowledge. The regional community responses project manager is an excellent fit for the job and has been well-supported by her host organisation within resource constraints.

Key finding 15
The coordination point for collaborative work needs to be well-trusted by community members and have a deep understanding of community, which normally requires being of community or in community for extended periods. The regional community responses project manager has been able to overcome being outside the four regional communities by: acknowledging communities as experts in their own needs; actively seeking the views of a range of diverse stakeholders; listening to stakeholders; and being highly responsive to stakeholder feedback.

Key finding 16
Collaborative work to achieve social change usually takes a long time to deliver results; identifying milestones and celebrating small wins can help keep engagement levels high during the journey. The regional community responses project has been able to motivate community stakeholders, instil hope and build momentum, while effectively managing expectations about what can realistically be achieved.

Key finding 17
Stakeholders in the four regional areas are interested in the evidence base for collaborative primary

prevention work, and ways of capturing its impact in their communities. The regional community responses project has begun to develop community knowledge and expertise in learning from and contributing towards the evidence base across the four regional areas.

Key finding 18
Bringing people together to work collaboratively is a logistical exercise that requires resourcing and allowance for unexpected problems and issues. The regional community responses project involves substantial organisational work and has been significantly affected by ongoing COVID-19-related disruptions in late 2021 and early 2022.

Key finding 19
The regional community responses project has experienced some pushback on family and domestic violence being viewed through a gendered lens but has adapted its communication strategies to respond to this with reasonable success.

Key finding 20
Government agencies, including SA Police, hospitals, schools, the Department for Child Protection and Centrelink, should be connected into collaborative family and domestic violence primary prevention work. The regional community responses project has made limited progress towards engaging government agencies (other than local government), partly due to the project's time and resource constraints but also related to challenges with agency capacity and 'access points'.

Key finding 21
Engaging community more broadly, including groups such as people with lived experience, Aboriginal and Torres Strait Islanders, workplaces/businesses and 'power players', in collaborative family and domestic violence primary prevention work is challenging and targeted strategies in this area are required. The regional community responses project has made limited progress towards engaging community more broadly because this process takes longer than the project timeframe allows.

Key finding 22
Targeted strategies are required to engage men and young people in collaborative family and domestic violence primary prevention work. The regional community responses project has made some progress towards engaging men and young people but there are particular challenges in these areas that need to be addressed over a longer timeframe.

Key finding 23
Relationship-building and collaboration are resource-intensive and considerable work is required by all parties involved. Time and capacity limitations affecting both the project manager and community stakeholders (particularly those in crisis-driven service roles) have meant the work of the regional community responses project cannot be rushed.

Key finding 24
Collaborative family and domestic violence primary prevention work does not deliver quick results and requires sustained effort over the medium term (two to five years) to produce real impact. Investment in short-term projects is best consolidated and built on with a continuing funding stream of some kind.

Key finding 25
Concepts such as 'collaboration', 'collective impact' and even 'primary prevention' can be interpreted in different ways, which at times has made it hard to reach a shared understanding of the purpose of the regional community responses project within regional communities. The project, and further collaborative work in the future, should continue to work towards clarifying key concepts and aims in ways that resonate for local communities.

Key finding 26
Assessing the outcomes of collaborative family and domestic violence primary prevention work is difficult,

but it is still necessary to identify key performance indicators which can be used to support ongoing monitoring of activities and ensure accountability to funders and community. Collaborative work in the future should identify appropriate indicators (incorporated in the community action plans), noting that it may be easier to measure the activities undertaken and the health of partnerships than long-term goals such as shifting social norms and reducing the incidence of family and domestic violence.

Recommendations

Recommendation 1
The progress made by the regional community responses project should be consolidated and built on through the establishment and funding of small place-based teams to coordinate collaborative primary prevention work over the medium term in each of the four communities.

Recommendation 2
The place-based team in each community should be embedded with a local host organisation (probably a not for profit service provider) and supported by a steering group of core stakeholders, working groups including other stakeholders, and potentially volunteers.

Recommendation 3
The work of the place-based team in each community should be coordinated and overseen by a statewide backbone organisation, which itself reports to a statewide governance group. This model could be rolled out to other regional communities over time.

Recommendation 4
The place-based team in each community, in conjunction with local supports and the statewide backbone organisation, should be responsible for: implementing the community action plans; promoting strong collaborative relationships; coordinating and facilitating collaborative activities; developing targeted strategies (both innovative and evidence-based) to build engagement across community; developing a framework for monitoring and assessing outcomes; and broadly communicating the work of the project.

1. INTRODUCTION

1.1 Overview

Women's experience of family and domestic violence (FDV) in regional communities is distinctive, notably because they experience additional barriers to seeking support, including lack of privacy and anonymity, service inaccessibility, and fear of stigma. COVID-19 and associated social restrictions have increased FDV rates and made it more difficult for women to seek help. This has resulted in a weakening of community supports and connections in some respects, but the post-pandemic phase offers an opportunity to put in place new mechanisms by which communities can reinforce and amplify the work of FDV service providers. It is imperative to take into account the ways that regional settings are distinct from metropolitan areas, *and* recognise that each regional setting is unique in its own way. This report considers how the distinctive characteristics of regional communities can contribute to effective primary prevention responses.

Key community players in regional communities include community organisations, local government, sporting clubs, businesses, education settings, community groups and churches. Opportunities for collaborative and whole of community responses to FDV include:

- Public education and awareness campaigns.
- Capacity-building and training.
- Strengthening linkages between different support sources to ensure a holistic approach.
- Shifting gender norms and calling out disrespectful behaviours.
- Embedding community understanding of Safety-First principles and national primary prevention campaigns such as Our Watch.
- Increased acknowledgement and articulation of the issue.
- Additional resourcing for FDV service providers.
- Supporting women to link to formal services.
- Strengthening informal supports, including providing information and resources for potential informal support providers.
- Grassroots and cross-sectoral collaborations involving community organisations, different levels of government, not for profit service providers and local businesses.

Identifying points of strength and opportunity within different communities is integral to driving authentic community-led initiatives. However, coordinated change making opportunities require appropriately deployed resources and strong organisational support to achieve sustainable improvements to safety in our regional communities.

1.2 Report structure

Section 2 of this report provides context around FDV in Australia, including prior research on how FDV is experienced in regional areas and the impact of the COVID-19 pandemic on FDV during 2020-22. Section 2 concludes with a discussion of evidence on the appropriateness and effectiveness of collaborative and whole of community responses to FDV, including collective impact approaches.

Section 3 of the report describes the approach taken by the regional community responses project and the activities that were conducted as part of the project. Section 4 describes the approach taken to evaluating the project and capturing key learnings. Section 5 discusses the findings of the assessment of how effective project activities have been to date. It considers what has worked well and what has proved more challenging across all four regional areas. Section 6 consolidates and summarises key findings and recommendations and points the way forward to future work supporting collaborative community responses to FDV in regional areas.

1.3 Contributions to report

This report is one of the outputs of Centacare's regional community responses project and an independent evaluation of that project. The project itself is a scoping or 'proof of concept' exercise. This report describes what has been done as part of the project and how it has been done; then assesses how effective these activities and methods were in achieving the goals of the project. This allows for key learnings from the project, as well as recommendations for future work, to be captured in a single place.

The project evaluator and author of the report is from the Centre for Social Impact at Flinders University. The assessment of how effective the project activities were was conducted independently and the evaluator is responsible for all key findings and recommendations. As a participatory research project, the evaluator worked alongside the regional community responses project and is indebted to the project team, including the project manager and two Centacare interns, for their support and contributions to the evaluation.

1.4 A note on defining 'regionality'

Centacare's regional community responses project focuses on four regional areas in South Australia (SA): Whyalla, Murray-Mallee, the Riverland and the Limestone Coast. The focus areas correspond to the four regional areas where Centacare offers specialist domestic violence services, with offices based in Whyalla, Murray Bridge, Berri and Mount Gambier, serving these centres as well as nearby towns and the surrounding rural hinterlands.

Each of the towns can be considered 'regional' in the sense that they have populations of less than 100,000, the measure used by the Australian Bureau of Statistics to define a major city (ABS 2016). The project activities also encompass 'rural' areas around these towns, but not communities that would be described as 'remote' (MM6) or 'very remote' (MM7) under the Australian Government's Modified Monash Model (Department of Health 2021).

How FDV is experienced, and access to formal services and informal supports for people affected, varies greatly between major cities, regional towns, rural areas and remote communities. Similarly, the community responses likely to be most effective also vary across these different settings. The discussion and findings in this report are most relevant to regional and rural communities, though some aspects are also applicable in urban and remote communities. A theme of this report is the need for collaborative community responses to FDV to recognise not only differences between urban, regional, rural and remote settings, but also the diversity between communities within those classifications.

2. LITERATURE REVIEW

This section reviews the literature and research on family and domestic violence (FDV) in regional areas, along with further literature relevant to the programmatic approach of the initiative being evaluated. For the purposes of this report, 'regional' can be taken to refer to 'non-urban': communities located outside major urban centres with populations of over 100,000, in alignment with the ABS's definition of 'major cities' (ABS 2016). Non-urban communities may be situated in large regional centres, country towns, rural areas or remote locations. It is important to note, however, that non-urban communities are far from all being alike; local contexts vary greatly and matter deeply. South Australia has no regional settlements with populations of over 100,000, meaning all towns outside metropolitan Adelaide can be classified as regional.

2.1 Family and domestic violence in Australia

2.1.1 What is family and domestic violence?

There has been considerable discussion of FDV since the 2009 release of Australia's *National Plan to reduce violence against women and their children 2010-2022* (Council of Australian Governments 2009). An updated version of the National Plan, the *National Plan to end violence against women and children 2022-2032*, was released as this report was being finalised in October 2022 (Commonwealth of Australia 2022). In recent consultation ahead of updating the National Plan, family, domestic and sexual violence was described as 'a national crisis in Australia' (Fitz-Gibbon et al. 2022, p. 9). Violence against women is a significant health and social issue that crosses demographic and socioeconomic groups (AIHW 2022); it has also been assessed as costing the Australian economy at least A$26 billion each year (KPMG 2016; PricewaterhouseCoopers 2015). Responses to FDV, particularly in the primary prevention area, are underfunded and community attitudes towards these responses are somewhat ambivalent (Tarzia et al. 2017). Survey data and qualitative research suggest that adherence to rigid gender norms and tolerance of violence against women remain high, particularly among young men (Mackenzie and Louth in press; Politoff et al. 2019; Webster et al. 2018).

Violence, in this context, is used broadly to include harassment, abuse, stalking and coercive control - the escalating regulation of the target's daily activities with the aim of isolating and disempowering them (see Smyth et al. 2021). Violence may take many forms, including physical, sexual, emotional, psychological, financial, spiritual, cultural and online (Our Watch 2021, p. 20). Family violence, domestic violence (sometimes described as intimate partner violence), violence against women and sexual violence are not synonymous with each other, though there is considerable overlap (see Figure 1).

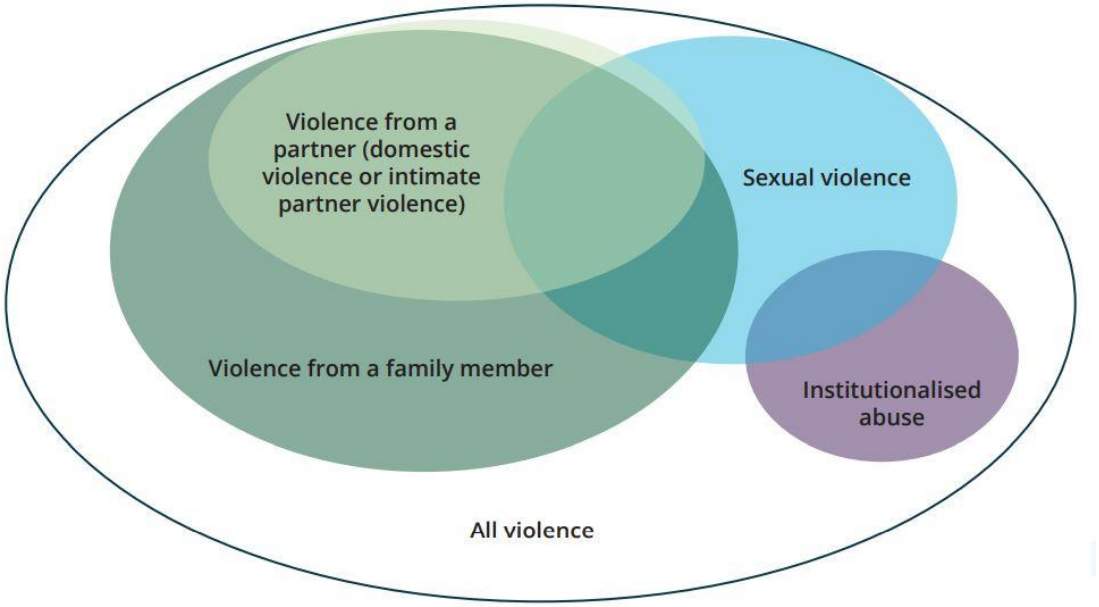
Family, domestic and sexual violence are perpetrated against men as well as women, and by women as well as men, however 95 per cent of male victims and 94 per cent of female victims experience violence from a male perpetrator and women are much more likely than men to experience violence from an intimate partner and/or in a domestic setting (Our Watch 2021). One in four women and one in 13 men has experienced violence from an intimate partner since the age of 15 (Our Watch 2021), with one in five women and one in 20 men experiencing sexual violence (AIHW 2019).

Violence perpetrated by men against women tends to have more serious consequences than violence perpetrated by women against men. One woman is killed by a partner every nine days in Australia and one man every 29 days (AIHW 2019). The threat of violence with potentially deadly consequences becomes a source of control for male perpetrators and there is evidence that leaving an intimate partner can trigger an escalation of violence and abuse towards women and their children (Macvean et al. 2018; Wendt et al. 2019.). Violence perpetrated against women is more likely than violence against men to impact on children, with substantial evidence of the detrimental effects on children of being exposed to FDV (Fitz-Gibbon et al. 2018; Humphreys and Campo 2017; Jaffe and Juodis 2006; Kimber et al. 2018; MacMillan et al. 2013; Yount et al. 2011).

This review of prior literature, and the community mobilisation project described in this report, focus on

violence perpetrated by men against women because it is far more common and tends to have more serious consequences than violence perpetrated by women, or by men against men. The focus is also on violence that occurs in a domestic setting and is perpetrated by an intimate partner. It is recognised, however, that women also experience violence perpetrated by partners in non-domestic settings, and violence perpetrated by men who are not their partners (see Our Watch 2021). The community mobilisation activities described in this report are particularly concerned with the primary prevention of violence perpetrated by men against women who are their intimate partners, and this is primarily what is referred to when the terms 'family and domestic violence' and 'violence against women' are used. Responses to violence by men against women who are their partners have the potential for broader impact on other forms of violence against women, such as assault by men who are not their partners.

Figure 1: Relationship between different forms of violence



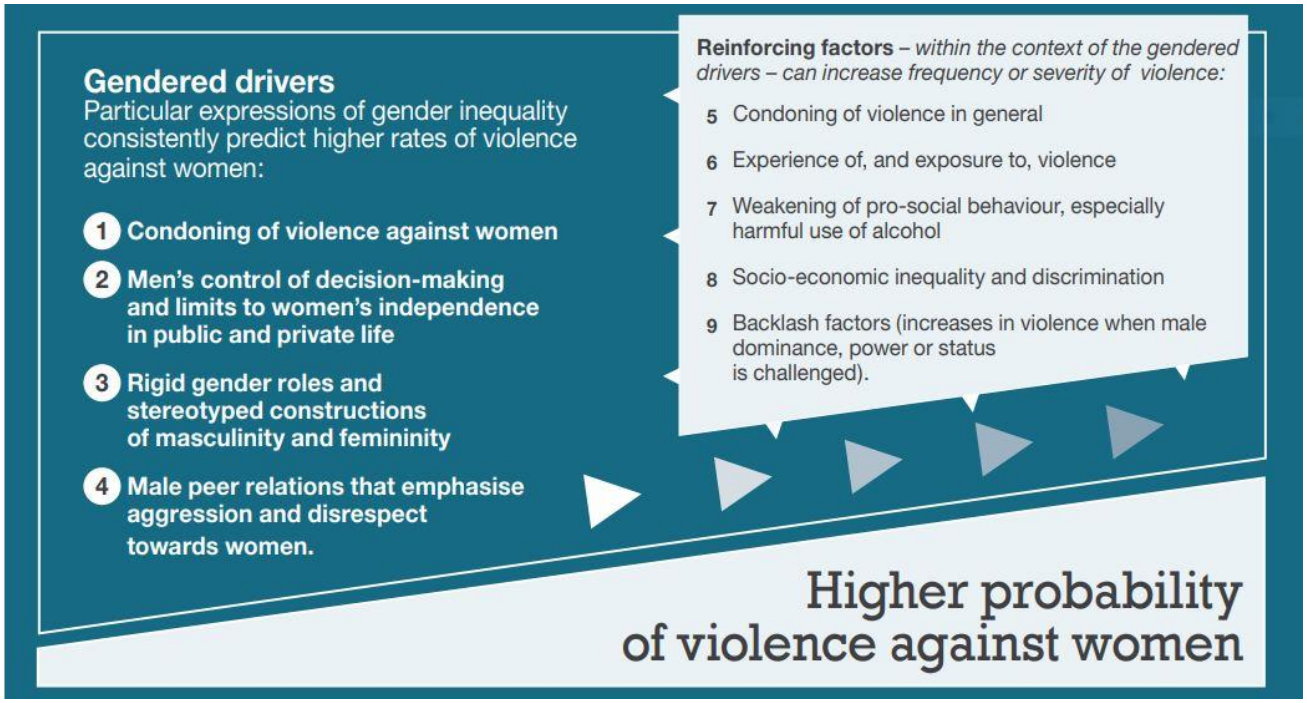
Source: AIHW (2019, p. 3)

2.1.2 What are the drivers of family and domestic violence?

Gender inequality and power imbalances are key drivers of FDV, which is why women are more commonly victim-survivors of this form of violence. The gendered dimensions of FDV are sometimes played down in policy and practice responses, which can make it harder to focus attention on the underlying factors which increase the occurrence of FDV (Phillips 2006; Wendt 2016). Failure to acknowledge the gendered drivers of FDV may sustain permissive cultures that quietly tolerate and treat FDV as the product of individual behavioural choices rather than embedded in patriarchal social structures that must be addressed at a system-wide level (Sheffield 2007).

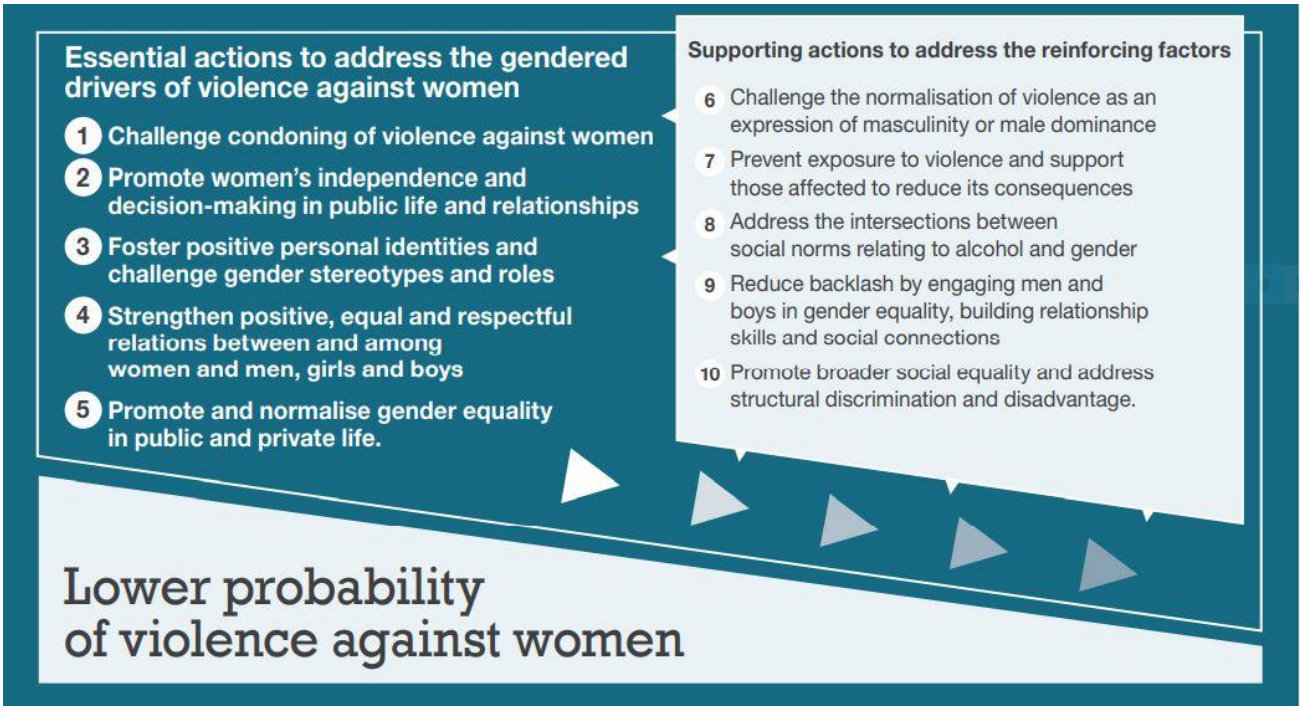
Gender inequalities and power imbalances are incorporated within a broader social structure which situates women as being of lower status than men. Gender inequalities intersect with other forms of discrimination and marginalisation, for example, based on ethnicity, disability, age and sexual identity. Gender inequalities are so deeply embedded in social structures and cultural norms in Australia that they are barely noticed at times (Our Watch 2021). Low support for gender equality is not benign, however, but is associated with tolerant attitudes towards violence against women (Webster et al. 2021). Figure 2 illustrates some of the gendered drivers of violence against women, while Figure 3 sets out the actions required to reduce the likelihood of violence against women.

Figure 2: Factors making violence against women more likely



Source: Our Watch et al. (2015, p. 8)

Figure 3: Actions making violence against women less likely



Source: Our Watch et al. (2015, p. 9)

2.2 Family and domestic violence in regional areas

2.2.1 Regional and urban differences

FDV affects a higher proportion of women living in regional areas of Australia than urban areas, and it affects non-urban women differently (Campo and Tayton 2015; Dillon et al. 2015; Our Watch 2021). A number of intersecting factors make the regional experience of FDV distinctive. These factors include geography and isolation; limited access to services; fewer transport options; more limited job opportunities; economic disadvantage; lower rates of educational attainment; lack of anonymity; and cultural characteristics such as more traditional views of gender roles (Campo and Tayton 2015; Dudgeon and Evanson 2014; Pruitt 2008; Ragusa 2017). Levels of disadvantage, measured across a range of indicators, tend to be higher in non-urban settings around Australia, though this is a little less the case in SA compared to other jurisdictions (Tanton et al. 2021).

Australian research has found that even 'spaceless violence' that is facilitated by technology (digital media and devices) affects women from non-urban areas in specific ways in relation to how it manifests, its impacts and barriers to seeking help (Harris and Woodlock 2022). The social norms and relations in regional communities, including strict gender roles, the 'privatization and tolerance of violence', and multiple interconnections between community members, make violence against women more likely and responses to it inadequate (Rawsthorne 2007). A meta-analysis of U.S. studies on urban-rural differences in FDV found that while the rate of violence was not significantly higher in non-urban areas, it was more likely to be chronic and severe, with deadlier effects and worse outcomes for women than in urban areas (Edwards 2015). Non-urban communities also showed more resistance to governmental involvement in addressing FDV.

What occurs in public spaces in non-urban areas, including women accessing services, is relatively easily scrutinised, but domestic spaces may be seen as very private and what goes on there as no-one else's business (Little 2017). The 'architecture of rural life' encourages women to stay quiet about their experiences of FDV, through shame about being a victim; concern to protect family privacy; implicit community prohibitions on speaking out; and social and economic dependency on men (Owen and Carrington 2015). Research in regional settings in Australia highlights a range of cultural narratives that affect the occurrence of and responses to FDV, including the importance of closeness and belonging; self-reliance and pride; Christian beliefs; the expectation that rural women will place the needs of others ahead of their own; and an emphasis on family unity (Wendt 2009; Wendt and Hornosty 2010).

The Australian Government recently released Australia's *National Plan to end violence against women and children 2022-2032,* an update of the *National Plan to reduce violence against women and their children* released in 2010. Consultation ahead of updating the Plan (Fitz-Gibbon et al. 2022) resulted in a number of recommendations in relation to addressing FDV in rural, regional and remote communities. These recommendations include:

- Developing a strategy to improve access to safe housing for women and children in non-urban areas.
- Increasing funding for service delivery to improve accessibility and address workforce retention challenges.
- Building the research evidence base on FDV in non-urban areas, including prevalence and service provision following natural disasters.

2.2.2 Help-seeking by women in regional areas

Women who are experiencing FDV often encounter barriers to accessing support, including lack of knowledge about the services available; inaccessibility of services; lack of resources; worry about the consequences of seeking help; and previous experience of being 'let down' when seeking help (Robinson et al. 2020). Some of these barriers are worse for women in regional areas (Ragusa 2017). For example, non-urban women experiencing FDV may be reluctant to seek help from police and other services because

they (and the perpetrator) are known to staff (Campo and Tayton 2015). There is some evidence that the response of service providers in these situations is influenced by assumptions staff make about the woman and the perpetrator (Evans and Feder 2016; Ragusa 2017). Help-seeking behaviours by women, and the responses they encounter, are strongly influenced by social norms and attitudes towards FDV in the local community. Primary prevention activities that aim to shift norms and attitudes can have a significant impact on help-seeking behaviours, options and outcomes.

Qualitative work with Australian rural women has found that their concerns about anonymity and lack of service accessibility were confirmed when they sought help, especially from police and courts, with cultural differences and power imbalances between those affected by FDV and service providers highlighted (Ragusa 2013). Overseas research has also identified the police as the professional service provider most likely to be linked with negative help-seeking experiences for women (Lelaurain et al. 2017).

Help-seeking by women experiencing FDV is highly contextual, with demographic, geographic, individual and social factors affecting decision-making (Cho et al. 2020, 2021; Lelaurain et al. 2017). Liang et al. (2005) develop a conceptual framework for help-seeking behaviour that captures the interplay of individual, interpersonal and sociocultural factors at each stage of a three-step process of recognising the problem, making the decision to seek help, and choosing a source of support. These stages then influence and inform each other through feedback loops; for example, the response women receive when seeking help influences future help-seeking behaviours. Patterns of help-seeking, including preferences for informal or formal supports, vary between individual women (Hedge et al 2017a) and help-seeking strategies can be complex and multi-faceted (Cheng et al. 2020; Lelaurain et al. 2017). The severity of the violence being experienced is an important predictor of help-seeking but external environmental barriers are also a determinant of whether women seek and receive support (Lelaurain et al. 2017).

In comparison to individual influences on help-seeking behaviours and outcomes, less is known about how community-level factors impact the help-seeking process (Augustyn and Willyard 2022). The framework developed by Liang et al. (2005) highlights how the broader systemic, structural and socio-cultural context affects help-seeking directly, while also shaping the effects of factors at the individual, interpersonal and incident level. Non-urbanicity is an important element of the broader context within which women in regional areas seek help in response to violence.

In small, close-knit communities, fear of loss of privacy, shame, stigma and judgement, can affect women's decisions about whether or not to seek help. A US study comparing the help-seeking and coping strategies of urban and rural women experiencing FDV found urban women reported significantly higher levels of accessing formal supports and resources, although when resources were accessed, there was little difference in perceived helpfulness between urban and rural women (Shannon et al. 2006). A systematic review of studies on help-seeking (Lelaurain et al 2017) highlighted the key role that shame associated with patriarchal belief systems that idealise the family and enforce traditional gender expectations plays in discouraging women from accessing supports.

Traditional and patriarchal values and norms that promote FDV and discourage help-seeking may be more prevalent in non-urban settings. A Canadian study of rural women exposed to FDV (Riddell et al. 2009) found that their experience of violence and accessing support was highly patterned by the reality of life outside cities. The women reported that fears for their safety, and their lack of escape options, were exacerbated by geographic isolation; economic dependency on their partners (including through shared farming enterprises); and mechanisms of social control based on a distinctive rural culture characterised by victim-blaming, public judgement, rigid gender roles, an emphasis on value consensus and religious convictions.

2.2.3 Strengthening informal supports

Accessing formal or informal supports can help improve women's outcomes whether they choose to leave or remain in a relationship with an abusive partner. Several studies have found that accessing supports improves the mental health and wellbeing of women during and after experiencing FDV (Brown et al. 2009; Coker et al. 2002; Melgar Alcantud et al. 2021; Sylaska and Edwards 2014). There is increasing evidence that receiving a positive response when they first seek help is especially beneficial for women's health and wellbeing, encourages further help-seeking, and makes it more likely women will safely leave their partners (Boethius and Åkerström 2020; Cheng et al. 2020; Fanslow and Robinson 2010; Gregory et al. 2019; Melgar Alcantud et al. 2021; Ragusa 2017; Shearson 2021; Voth Schrag et al. 2020). Community-wide education about the drivers of FDV and the importance of avoiding victim-blaming can help ensure women receive a positive response when they reach out for help.

Young women in particular may feel more comfortable seeking support from informal sources, such as friends, family members, sports coaches, co-workers or community leaders (Bundock et al. 2020; Hedge et al. 2017b; Mackenzie and Mackay 2019). In regional areas where formal services are less accessible, or women are reluctant to use them, informal supports are particularly important. Those providing informal support, however, may experience adverse effects such vicarious trauma, distress, anxiety, frustration, anger or blaming themselves (Gregory et al. 2017a; 2017b). Community education and awareness initiatives may help informal supporters to find information and develop the skills needed to help those experiencing FDV while also taking care of their own wellbeing (Coker et al. 2002). Education about non-physical forms of FDV may be especially useful for both women experiencing FDV and their supporters, with help-seeking, especially from formal sources, less likely by women experiencing psychological or emotional abuse compared to those experiencing physical or sexual violence (Cho et al. 2020; Hedge et al. 2017b; Lelaurain et al. 2017).

Research has found a strong relationship between informal and formal help-seeking. As well as providing vital support directly, well-informed contacts can help women experiencing FDV to connect with formal services (Voth Schrag et al. 2020). Informal help-seeking can change women's perceptions about the seriousness of what they are experiencing, and be a precursor to engaging with formal services (Hedge et al. 2017b). Targeted action may be required to promote help-seeking and helping behaviours among community members even in regional communities that are close-knit and oriented towards providing each other with instrumental support (Banyard et al. 2019). The community mobilisation strategies described in Section 2.4 suggest a range of possibilities for strengthening communities in ways that will enhance their capacity to respond to FDV.

2.3 Impacts of COVID-19

Crises and other events which cause disruption to ordinary life and increase the stresses people are experiencing, including pandemics, wars and natural disasters, are associated with the increased vulnerability of women and children to violence (Morley et al. 2021; Spiranovic et al. 2020). This is particularly relevant in non-urban areas which, while not necessarily more likely to experience pandemics or war, do tend to be more affected by natural phenomena such as floods, bushfire and drought. While crises can help communities pull together, they can also disrupt informal networks and interactions; this was particularly the case during COVID-19, when people tended to become more isolated from one another out of necessity. In regional communities with pre-existing collaborative efforts around FDV primary prevention, COVID disruption caused a loss of momentum and stalling of progress.

Responses to COVID-19, such as lockdowns, stay-at-home orders, quarantine requirements and other restrictions on mobility, have increased FDV rates in many places, although this can be difficult to track as women have also been less likely to seek help during this period. Women have been confined at home in close proximity to their abusers, and with less opportunity to access formal and informal supports. Services have been restricted in their capacity to engage with women experiencing FDV, for whom interactions by

phone or online may be impossible in the presence of their abusers, although for some, more flexible ways of engaging with services may have enhanced their accessibility (AIHW 2021). Frustrations arising from being confined at home, and financial problems following loss of work and income, may also have contributed to increased rates of abuse.

Data about service use in Australia (across domestic violence services, specialist homelessness services, health, justice and child protection) paints a mixed picture of whether the incidence of FDV has increased during COVID-19; service usage increased in many respects in 2020 but largely in line with pre-COVID trends (AIHW 2021). Research drawing on other indicators, such as self-reporting of FDV through surveys of women, finds evidence of increased FDV incidence and/or reduced help-seeking, in Australia (Boxall et al. 2020; Carrington et al. 2021; Pfitzner et al. 2020) and overseas (Kourti et al. 2021; Krishnakumar and Verma 2021; Muldoon et al. 2021; Piquero et al. 2021; Porter et al. 2021; Usher et al. 2020). Already marginalised groups such as CALD, Aboriginal and Torres Strait Islanders and LGBTQI+ are likely to have been disproportionately affected (Morley et al. 2021).

Researchers in Australia have speculated that the pandemic created conditions conducive to intimate partner violence and coercive control in particular (Smyth et al. 2021). Recent research by Australia's National Research Organisation for Women's Safety (ANROWS) found strong evidence of a link between economic insecurity during the pandemic and intimate partner violence, even after controlling for other demographic factors (Morgan and Boxall 2022). The link was stronger for women experiencing IPV for the first time, suggesting that economic insecurity is a cause as well as a possible consequence of violence.

FDV occurs within a broader social and economic context, and Australian research has noted how responses to the pandemic outside the FDV sector, including improvements to welfare benefits, emergency relief, tenant protections, childcare subsidies and mental health supports, contributed to ameliorating the incidence and impacts of FDV while they were in place (McKibbin et al. 2021). Community members have renewed awareness of the importance of supporting each other in times of need, while service providers across sectors have developed more flexible and innovative approaches to service delivery (Coram et al. 2021b). Largely positive policy and practice developments within the FDV sector include increased use of online platforms making supports more flexible and accessible, more untied funding, and greater attention to workforce training and development (McKibbin et al. 2021).

As the COVID-19 pandemic has progressed, many of the additional support measures put in place by governments have come to an end, but there remain opportunities to build on learnings from the service provision experience during 2020-21. McKibbin et al. highlight increased communication and cooperation between agencies and sectors during the pandemic as a promising foundation for change: 'the extent of collaboration and the structures developed between the DFV sector and government in response to the crisis provides a template for working beyond the pandemic' (2021, p. 56). In the period after the height of the pandemic, there are opportunities for re-establishing social connections and strengthening communities in the wake of shared challenges. An openness to reconnecting and doing things differently bodes well for the types of collaborative whole of community responses and social change initiatives discussed in Section 2.4.

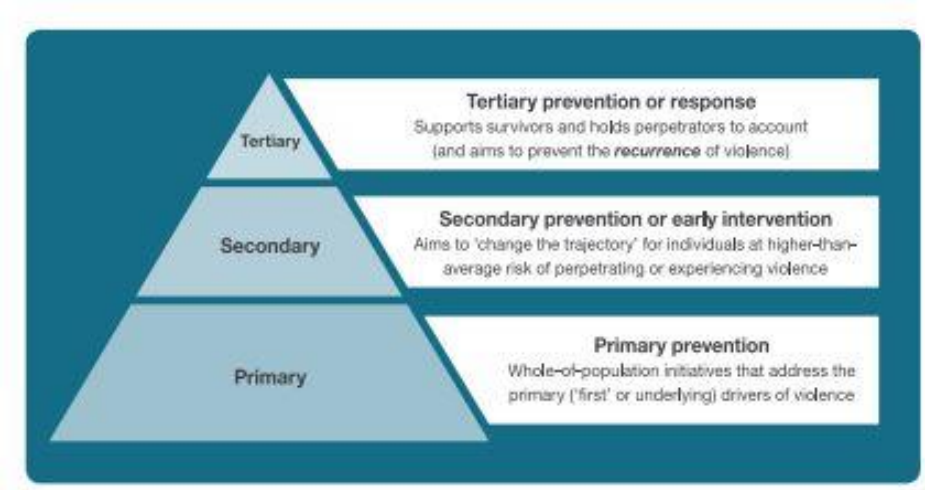
2.4 Collaborative whole of community responses to family and domestic violence

2.4.1 Primary prevention

Primary prevention aims to put in place conditions, such as more equal gender norms, that make FDV less likely. Figure 4 illustrates the difference between primary, secondary and tertiary prevention activities. Primary prevention approaches reflect complex social contexts and favour a holistic approach over targeting specific groups (Carmody et al. 2009; Storer et al. 2015; Walden and Wall 2014, p.17). Primary prevention focuses on the systemic and structural influences on behaviour (Foster-Fishman et al. 2007) and often involves a multi-faceted approach characterised by dynamic interactions across different system levels (Harvey et al. 2007). Socio-ecological models such as that shown in Figure 5 provide a useful framework for considering the interplay between factors driving or reinforcing violence at different system levels

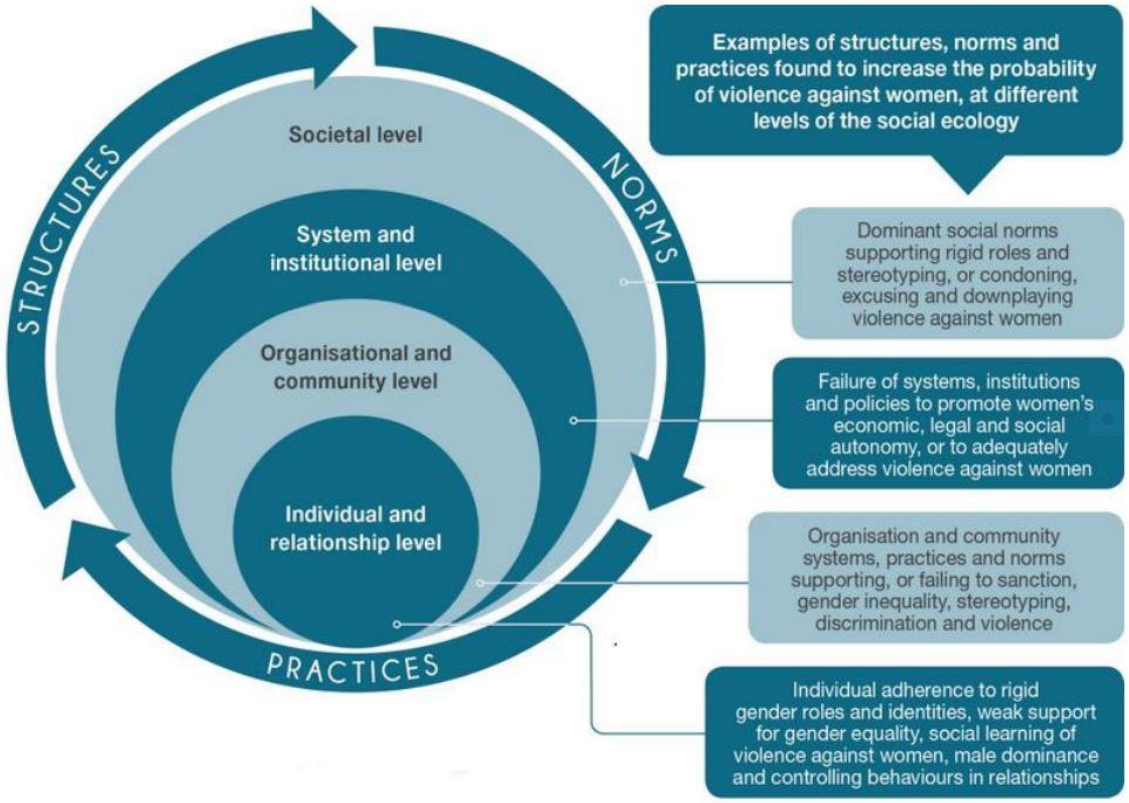
(Michau 2012). Such models align well with complex systems approaches that recognise uncertainty and multiple perspectives, consider the effects of system adaptation and feedback loops, and anticipate unintended consequences (Marra 2015; Mayne 2015).

Figure 4: Primary, secondary and tertiary prevention



Source: Our Watch et al. (2015, p. 15)

Figure 5: Socio-ecological model to inform the prevention of violence against women



Source: Our Watch et al. (2015)

Consultation to inform the updating of Australia's *National Plan to reduce violence against women and their children* (Fitz-Gibbon et al. 2022) called for an increased emphasis on, and investment in, the primary prevention of family, domestic and sexual violence, including clear targets and monitoring of progress. In

particular, the following actions were recommended:

- Developing a national gender equality strategy.
- A community awareness campaign focusing on coercive control and technology-facilitated abuse.
- Primary prevention initiatives with embedded evaluation to build an evidence base on the effectiveness of whole of community responses in different settings.
- A primary prevention workforce development strategy.
- Expanding age and culturally sensitive education on respectful relationships, sexualities and consent across school years.

The National Plan consultation also called for content on identifying and responding to FDV to be included in medical training. Other researchers have similarly suggested that university level courses in some fields, such as allied health, should include gender-based violence education (Doran and Orrock 2021). Education can go a long way towards encouraging attitudinal shifts, as well as preventive and supportive practices in settings such as workplaces (Breckenridge et al. 2021). Effective education around family, domestic and sexual violence may require some nuance, however. For example, researchers testing sexual violence prevention campaign strategies with university students found they wanted more subtlety and diverse representations of perpetrator and victim, reflecting some unpalatability around confronting the gendered nature of sexual violence head on (Graham et al. 2021).

Primary prevention of FDV through addressing cultural and social drivers has become a policy priority across Australian jurisdictions but may not move beyond rhetoric. For example, an analysis of Queensland's strategy and policy documents called for more concrete actions and identified problems such as assumptions about how attitudes and behaviours are linked, focusing too much on community members and insufficiently on perpetrators, and implicit reinforcement of gendered norms (Kuskoff 2022).

Increasing community awareness and understanding of FDV is important, but effective primary prevention needs to go a step further and shift norms and beliefs around gender equality to address one of the key drivers of gendered violence. A recent systematic review of evaluated primary prevention initiatives targeting gender stereotypes and norms (Stewart et al. 2021) found mixed results but identified some strategies that appeared to make interventions more effective, especially with men and boys:

- peer engagement;
- addressing multiple levels of the socio-ecological framework;
- developing agents of change;
- interactive learning;
- modelling norms and behaviours; and
- co-designing interventions with participants.

Engaging men in primary prevention work is vital but raises particular challenges. Existing gender norms act as a barrier to men's engagement in activities to shift those norms, there are disproportionately few men in the services that are most likely to engage in primary prevention and recruiting men into practice roles is difficult (Hansen et al. 2021). Young people are another group who must be engaged in primary prevention efforts and have the potential to act as change agents, but some still have limited understanding of the harms caused by FDV and little is known about how young people form their attitudes (Loney-Howes et al. 2021).

2.4.2 Community mobilisation

Whole of community approaches leveraging existing structures and networks can form the basis of effective primary prevention strategies that generate sustainable systemic change (Claussen et al. 2017). Community mobilisation is a particularly useful approach for developing primary prevention responses that aim to facilitate social change. Siloed approaches and interventions at the individual level cannot address systemic features; community engagement that is both deep and broad, and sustained over a period of time, is required to effect system change (Michau 2007; Michau et al. 2015; Michau and Namy 2021).

Community mobilisation is hard to define precisely, but its aim is to empower community members to collectively shift social norms. It is a long-term, holistic, iterative and inclusive process that tends to foster critical thinking and activism to promote social change. Crucially, community mobilisation is led by and from communities, rather than in top-down or hierarchical fashion by organisations (Michau 2012). Organisations such as government bodies or not for profits may catalyse and initially lead action but should recognise community expertise and be prepared to hand over leadership, and in some cases step out of the field. If organisational support for a community mobilisation initiative continues, it must be on the community's terms and local ownership is required for change to be sustainable (Hann and Trewartha 2015).

Community mobilisation initiatives should be structured and systematic, but highly contextualised and responsive to local conditions. Clear messaging is important, but the focus is on encouraging reflection and critical thinking by community members, rather than 'experts' telling them what to think (Hann and Trewartha 2015). Informal networks, activities, connections and relationships are vital to effectively engaging communities in change initiatives. Community mobilisation initiatives may involve community assessment (information gathering and relationship building); raising awareness; developing networks and encouraging community reflection; integrating activities, behaviours and norms in daily life; and consolidation to ensure sustainability (Michau and Naker 2003). Flexibility is required, however, and the process may cycle back to earlier phases if necessary (Hann and Trewartha 2015).

The types of activities that may be undertaken as part of community mobilisation processes will vary according to local context but may include activism (public events, community discussions, meetings, street marches); media and communication strategies; advocacy; training and capacity building; and monitoring and evaluation (Michau 2012). Effective preparation for community mobilisation can help make it as successful as possible. It is important to define what is meant by 'community' in the context of the initiative and taking a narrow view may make the community mobilisation process more manageable (Kim 2005).

Other ways a good foundation for community mobilisation can be laid include ensuring key players are well-equipped for their roles; developing a strong program design and program logic/theory of change; acknowledging complexity and uncertainty; being open to alternative approaches; and being ready to trust community members and cede control to them (Michau 2012). People supporting community mobilisation initiatives will ideally be innovative, adaptable, able to learn from mistakes, tolerant of ambiguity, understanding of local context; in possession of strong facilitation and mediation skills; and able to build trust and rapport with communities (Hann and Trewartha 2015; Hunt 2013; Public Safety Canada 2009).

Community mobilisation includes identifying and leveraging opportunities within local contexts to catalyse social change. In relation to preventing violence against women and girls, engaging community members who identify as male is vital but can be challenging. Experience with grassroots FDV primary prevention programs in SA and the Northern Territory highlights the potential for sporting clubs and schools to provide spaces for engaging with men and boys (Louth et al. 2018). Ideally, activities in these spaces would form part of a broader whole of community response to FDV, maximising potential impacts and sustainability (Louth et al. 2018).

Community-based responses often require significant investments of resources to develop and implement, and it can take a long time for initiatives to reach the point where coordinating organisations (see Section 2.4.6) can step back or out, assured that sufficient momentum has been built and strong local scaffolding is in place. A review of the implementation of an FDV primary prevention initiative in the Northern Territory found that while community activities had been steadily progressing over a period of more than a decade, building durable community partnerships and moving towards a community-driven approach was a long and time-consuming process (Coram et al. 2021a). The initiative worked across multiple communities, including in regional and remote locations, and a broad scope such as this can make community mobilisation particularly challenging, though shared learnings also become possible.

2.4.3 Mobilising regional communities to respond to family and domestic violence

There is considerable scope for collaborative whole of community initiatives to improve responses to FDV in regional areas. As discussed in Section 2.2, some aspects of life in non-urban communities, such as traditional values, lack of privacy and fear of being judged by others for not conforming to strict social norms, can make FDV more likely and discourage women from seeking help. Small, close-knit or tight communities, however, also offer opportunities for leveraging social connections that may not be available in larger, looser or less cohesive settings. The rich resources and strong social fabric of regional communities can offer a solid foundation for community mobilisation activities aimed at improving responses to FDV and outcomes for women affected.

Past studies of FDV primary prevention activities in non-urban areas note the importance of taking into account 'local know-how', 'lay theories' and community knowledge to maximise the effectiveness of initiatives (Edwards et al. 2016; Pruitt 2008). Canadian research has suggested that strengthening communities can lead to enhanced feelings of belonging that make it more likely people experiencing FDV will seek informal support (Barrett et al. 2020). Similarly, US research has highlighted a positive association between collective efficacy (social cohesion) and informal or 'bystander' intervention in FDV situations (Edwards et al. 2014). Australian researchers report that people are influenced by their attitudes towards both victim and perpetrator when deciding whether to intervene in intimate partner violence situations, and advocate for education campaigns to reduce victim-blaming and promote bystander intervention (Wijaya et al. 2022).

Another US study on formal and informal help-seeking by young women experiencing dating violence highlighted the importance of strengthening communities so that women feel confident they will be helped and educating potential non-professional helpers about their role in keeping women safe (Hedge et al. 2017b). This research noted the key role professional helpers (such as teachers, counsellors, religious ministers, police officers, social workers and doctors) have to play in these community-strengthening and education processes. Notably, past research in Australian non-urban communities has highlighted the importance of justice services (including police and courts) working to reduce the stigma around FDV and promote social change (Ragusa 2013).

2.4.4 The importance of place

Whole of community responses aimed at promoting broad-based social change are most effective when they respond to local context, and, as noted in Section 2.4.2, they are community driven. Section 2.2 highlighted some of the ways that place matters in relation to FDV, as with other social issues. FDV is a problem that is common to many, if not all, communities, but it manifests differently in different places and responses need to vary accordingly.

Spatially informed approaches offer the potential to promote change in ways that recognise social problems and various forms of disadvantage tend to be spatially patterned with unique local characteristics (Bentley and Pugalis 2014; Byron 2010; Seravalli 2015). Social supports and services, and responses to social problems, are often framed in terms of the urban experience, but regional communities are produced by, and produce, a different set of dynamics and relationships (Ellem et al. 2019; Mackenzie et al. 2020). Recognising the importance of place implies acknowledging intersections with scale and time. Zooming out too far can result in losing sight of local context, but at the same time taking a big picture view can highlight the things that communities share and the ways they can learn from each other's experiences addressing common problems.

Place-focused approaches align with conventional community consultation, while *place-based* approaches centre power in local communities rather than government or service delivery agencies (Victorian Government 2020). Genuinely place-based initiatives are co-designed and co-developed with local community members; they are inclusive, sustainable and participatory and reflect a sharing of power (Rooney 2011; Rose and Thompson 2012). Whole of community responses are likely to be more effective

if community members have ownership.

2.4.5 Working with Aboriginal and Torres Strait Islanders

In an Australian regional context, particular consideration should be given to working authentically and appropriately with Aboriginal and Torres Strait Islander people when implementing whole of community primary prevention responses to FDV. Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs) are important partners for any community-based activities wishing to engage with Aboriginal and Torres Strait Islander people. The Australian Council of Social Services has developed useful principles for NGOs partnering with Aboriginal and Torres Strait Islander organisations and communities (ACOSS n.d.).

The drivers of violence against Aboriginal and Torres Strait Islander women include not only gendered factors, but also the legacies and ongoing impacts of colonisation (Our Watch 2018). Aboriginal and Torres Strait Islander people may experience intersecting forms of disadvantage, intergenerational trauma and cultural dislocation, all of which can contribute to gendered violence (Adams et al. 2017; Hunter 2009; Our Watch 2018). Structural inequality, loss of culture and shifts in the traditional status of Aboriginal and Torres Strait Islander men may create feelings of powerlessness that make them more likely to perpetrate violence (Blagg et al. 2015, 2020; Olsen and Lovett 2016).

International evidence suggests that Indigenous people, including Australian Aboriginal and Torres Strait Islanders, are less likely than non-Indigenous people to seek formal or informal help when experiencing FDV (Fiolet et al. 2021a, 2021b). Barriers such as service inaccessibility, fear of discrimination, shame and distrust of services are particularly acute among Aboriginal and Torres Strait Islanders. Aboriginal and Torres Strait Islander women frequently experience harmful interactions with police when reporting FDV or when police become involved (Buxton-Namisnyk 2021). Women may also fear drawing the attention of child protection authorities, and the consequences for perpetrators of becoming involved in the criminal justice system. These negative experiences and barriers to help-seeking make it vital that responses to FDV among Aboriginal or Torres Strait Islander people recognise Indigenous voices, experiences, cultural beliefs and community practices (Blagg et al. 2015, 2020; Fiolet et al. 2021a, 2021b; Hurst and Nader 2006; Martin and Mirraboopa 2003).

2.4.6 Collective impact and collaboration

Whole of community responses to challenging social problems require collaboration between a range of different actors. Several factors have been identified as conducive to strong and effective collaborations. Common ground, shared vision and alignment of goals between actors are key (El Ansari and Phillips, 2001; Elkington et al. 2006; Main 2012). Building and maintaining strong and sustainable collaborative relationships requires time, effort and commitment from the parties involved (Chia 2011; El Ansari and Phillips 2001; Elkington et al. 2006; Hatzakis et al. 2005; Parrish et al. 2013; valentine et al. 2009). Negotiating power differentials and ensuring collaborations do not reflect existing disparities in resourcing, capacity or influence is important (Aveling and Jovchelovitch 2014; Biddle et al. 2018; Hicks et al. 2016; Mayan et al. 2020; Pawar and Torres 2011). Collaborative activities may be more effective when based on pre-existing relationships and cultures of cooperation, participation and communication (Gillam et al. 2016; Matarrita-Cascante et al. 2020).

A coordinating, intermediary or 'backbone' organisation is commonly viewed as a vital element of effective collaborations, including within the influential collective impact framework (Cabaj and Weaver 2016; Kania and Kramer 2011, 2013). In a collective impact framework, the backbone supports the collective impact initiative and supports effective collaboration by providing technical assistance and capacity-building; developing mechanisms for information-sharing; holding parties accountable for outcomes; building trust; reducing barriers to collaboration; and promoting evidence-based practice and continuous improvement (Cumberland et al. 2017; DuBow et al. 2018; Franks 2010; Franks and Bory 2015; McCoy et al. 2013; O'Neill 2020; Raderstrong and Boyea-Robinson 2016).

Collective impact (in its original form) is defined by five conditions: backbone support (an organisation or collective coordinating action); a common agenda (shared goals and commitment to the 'cause'); mutually reinforcing activities (agencies/workers and communities all aligned in their ways of working and why); shared measurement systems (common data and definitions); and continuous communication (Kania and Kramer 2011; Cabaj and Weaver 2016). As a framework for change, collective impact recognises that complex social issues are best solved by a coalition of organisations. Importantly, collective impact goes beyond just collaboration; it fully integrates the actions and efforts of organisations and individuals, aligned to vision, principles and evidence. A systemic review by Ennis and Tofa (2020) found that other components are required in addition to the five core conditions to foster alignment for collaboration. They identified relationships and trust as also being critical within initiatives (Ennis and Tofa 2020).

Collective impact initiatives in Australia have been implemented in a variety of situations and in a variety of ways. The Australian Institute of Family Studies notes that there are a range of approaches to how collective impact is implemented in Australia (AIFS 2017). In this sense, it could be argued that Australia has adopted 'collective impact' in lower case, by way of acknowledging the importance of the five principles of collective impact, but equally by way of avoiding debates over the precise ways in which these principles should be applied.

There are an increasing number of collective impact initiatives in Australia. United Way Australia has undertaken a number of collective impact initiatives within Australia as a 'neutral' backbone organisation (United Way 2017). In Queensland, the Logan Together initiative aims to enhance the health and wellbeing of infants, children and young people, their families and communities. The backbone team is hosted by Griffith University, who provide support to coordinate and enable the collective (Logan Together 2017).

A diverse range of collective impact initiatives have emerged in South Australia over recent years too, including Together in the South, Together in the North, the Adelaide Zero Project, the Mid Murray Family Connections Network and the Adelaide International Bird Sanctuary – Winaityinaityi Pangkara (Mackay et al. 2020)

These collective impact initiative address a range of issues in a variety of contexts. In common, they recognise the necessity of working together and of working across boundaries to achieve their common goals. Collaborative and collective impact approaches to FDV recognise that it is an issue that crosses policy and practice domains, and effective responses depend on multiple sectors and agencies working together. The consultation that informed the recent updating of Australia's *National Plan to reduce violence against women and their children* (Fitz-Gibbon et al. 2022) advocates improving system and service delivery integration and makes recommendations across housing, health (including mental health and alcohol and drug services), businesses and workplaces, child protection, education, and justice (including police and courts).

There is evidence that without feeling any ownership of FDV as a community-wide problem that everyone must help address, even qualified professionals may avoid responsibility. For example, a recent meta-analysis of studies with healthcare practitioners across 20 countries (Tarzia et al. 2021) found that there were personal as well as structural barriers preventing them from effectively supporting female patients experiencing intimate partner abuse. Healthcare practitioners described three types of personal barrier: 'I can't interfere' (seeing the abuse as a private matter); 'I don't have control' (women might not follow my advice); and 'I won't take responsibility' (addressing the abuse is someone else's job). Practitioners other than FDV service providers may be reluctant to carry the risk associated with taking action in complex situations and/or with few options available to protect women and children.

2.4.7 Evaluating social change

Evaluating community mobilisation activities is important to assess whether they are working well and effecting the desired changes. It can be difficult, however, to measure changes in culture or social norms. It is also challenging to determine the extent to which primary prevention programs have influenced people's

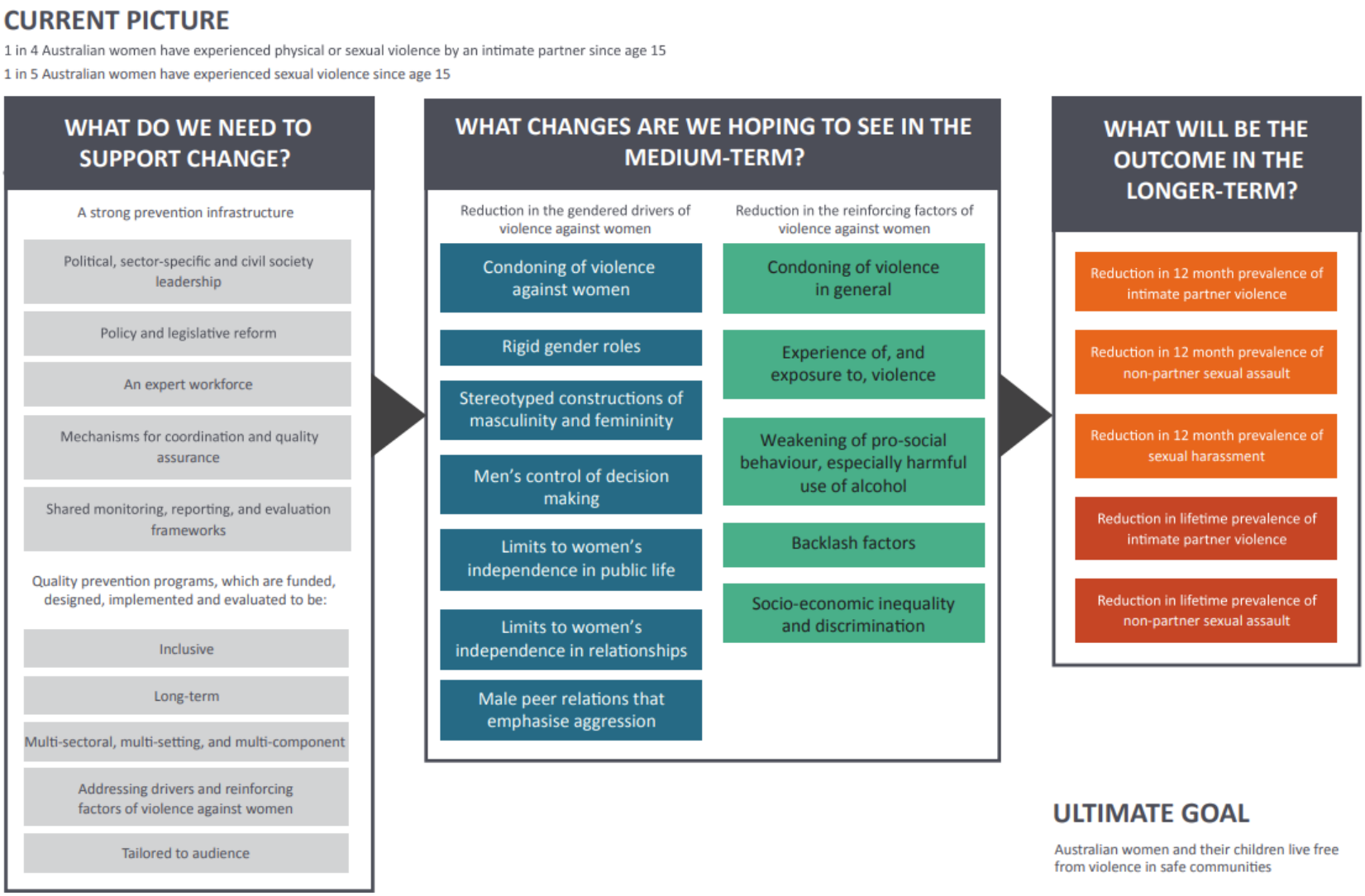
behaviours and reduced the incidence of FDV as it is hard to know what would have occurred without the program being implemented (de Gue et al. 2014; de Koker et al. 2014; Flood 2011; Stanley et al. 2015; Whitaker et al. 2006).

Efforts to monitor and assess responses to FDV should identify both quantitative and qualitative measures that indicate success in effecting social change and reducing the incidence and impact of violence (Michau 2012). Simple quantitative indicators such as the number of individuals or organisations involved in community mobilisation activities can suffice, while attitude shifts over time can be measured through survey tools. Community mobilisation is a long process, meaning interim goals or outputs can be useful indicators (Hann and Trewartha 2015), but higher-level outcomes in the form of systemic change should also be tracked even though they can be hard to measure.

The goal of primary prevention and community mobilisation activities in the area of FDV is to transform community attitudes and ultimately reduce the incidence of FDV, but even with effective action, it can take many years to see progress towards this goal. Our Watch's *Counting on change: a guide to prevention monitoring* (2017) notes that some improvements may be seen in the medium term (six to ten years) but others will only start to manifest in the long term (after ten years or more). Figure 6 illustrates some of the medium and long term outcomes that primary prevention activities hope to achieve.

Section 3 describes the approach taken to developing collaborative whole of community responses to FDV by Centacare's regional community responses project and Section 4 outlines how the effectiveness of the project was evaluated.

Figure 6: Key elements to measure when working towards prevention of violence against women



Source: Our Watch et al. (2017, p. 17)

3. CENTACARE'S REGIONAL COMMUNITY RESPONSES PROJECT

This section details key features of the regional community responses project and the activities undertaken as part of the project.

3.1 Project aims

The regional community responses project explores, maps and promotes opportunities for collaborative whole of community responses to FDV. These responses are intended to scaffold, reinforce and supplement the work of domestic violence service providers and other agencies in the wake of the COVID-19 pandemic, contributing to improved outcomes for women and children experiencing or at risk of FDV.

The project aims to achieve several outcomes, and begin progress towards others, while recognising that limited real change is possible in the project's short timeframe (originally from November 2021 to July 2022, later extended to December 2022), particularly with ongoing disruption caused by COVID-19.

The regional community responses project aims to deliver:

a) Establishment of local community-led groups in four regional SA locations, with links to specialist domestic violence service providers and other agencies and including key stakeholders from community groups and local government.
b) Enhanced understanding of opportunities for whole of community responses to FDV in four regional SA locations.
c) Development of bespoke community action plans, including media and communication strategies, responding to FDV for four regional SA locations.
d) Broader learnings around the most effective ways of developing whole of community responses to FDV in non-urban areas.

The regional community responses project aims to begin progress towards:

a) Implementation of community action plans responding to FDV in four regional SA locations.
b) Enhanced community awareness of women's safety needs and strategies in four regional SA locations.
c) Enhanced community capacity to enact primary prevention strategies addressing FDV in four regional SA locations.

The project seeks to build on and leverage existing community activities and assets to catalyse the development and implementation of coordinated, structured and strategic collaborative initiatives addressing FDV. These initiatives are to be suited to local context and sustainable through community-led action after the close of the regional community responses project.

3.2 Project approach

The regional community responses project recognises that preventing and responding to FDV is the work of whole communities, not just that of individuals, families or service providers. The project is informed by a community mobilisation approach (see Section 2.4.2), aiming to empower communities to lead change. It also draws on a collective impact framework (see Section 2.4.6), focusing on building collaboration around a shared vision and mutually reinforcing activities. The project emphasises primary prevention (see Section 2.4.1).

The regional community responses project draws on an existing evidence base and resources that have been developed for the Australian context. The Our Watch framework (see https://www.ourwatch.org.au) is the key Australian reference point for FDV primary prevention strategies. VicHealth (https://www.vichealth.vic.gov.au/our-work/gender-equality) also provides useful resources on gender equality and primary prevention. Australia's National Research Organisation for Women's Safety

(ANROWS) (https://www.anrows.org.au) produces rigorous research on FDV in Australia.

There is a small body of research on FDV in non-urban settings in Australia, discussed in Section 2.2, notably work by Sarah Wendt and Angela Ragusa. Monica Campo and Sarah Tayton (2015) provide a useful summary of the key issues relating to FDV in regional, rural and remote communities in Australia. Practice wisdom is vital to the work of the regional community responses project, which draws on the local knowledge and experience of Centacare's specialist domestic violence practitioners based in each of the four regions. The project also recognises the value of incorporating lived experience of FDV into the development of strategies and responses.

With the project's emphasis on primary prevention, actions that address the drivers of FDV are a key area of focus. These actions generally involve one or more of the following:

- challenging the implicit or explicit condoning of violence against women;
- promoting women's independence and decision-making;
- challenging gender stereotypes; and
- strengthening positive, equal and respectful relationships.

3.3 Project activities

3.3.1 Project locations

The regional community responses project team itself is based in Centacare's Adelaide CBD office. As noted in Section 1.4, the project engages with four regional areas in SA: Whyalla, Murray-Mallee, the Riverland and the Limestone Coast, aligning with the four regional areas where Centacare offers specialist domestic violence services. These regions, however, encompass many different communities and places, from large regional towns to small hamlets and rural hinterlands. The location of the four areas is shown in Figure 6.

For reasons of time and resource constraints, the project has focused its activities on larger town centres within each region: the town of Whyalla; Murray Bridge in the Murray-Mallee; Berri and Renmark in the Riverland, and Mount Gambier in the Limestone Coast region. 'Community' in these locations is necessarily somewhat ill-defined. Larger centres such as Whyalla, Murray Bridge and Mount Gambier, for example, arguably comprise multiple different communities but have been treated as if they were each one large community for the purposes of the project. These town centres also have porous boundaries, with people living in rural hinterland areas often travelling into town regularly (for school, work, shopping or to access services) and effectively forming part of the town communities.

The towns with which the regional community responses project engages effectively operate as case studies for the development of collaborative whole of community responses to FDV, allowing for commonalities and differences in what works best to be identified over time. This highlights the importance of community context and tailoring approaches to local conditions.

The communities with which the project engages are not representative of non-urban communities around Australia more broadly. For example, small country towns and remote communities (including predominantly Aboriginal or Torres Strait Islander communities) are not represented. These locations have specific contextual elements that are not present in the communities that are part of the regional community responses project. Nevertheless, some of the learnings from work undertaken with the project's communities have broader relevance for other non-urban (and in some cases urban) settings.

Figure 7: Map of South Australia

Source: https://ontheworldmap.com/australia/state/south-australia/south-australia-tourism-regions-map.html (viewed 19 August 2022)

3.3.2 Conduct of the project

The regional community responses project commenced with community mapping exercises in Whyalla, Murray-Mallee, the Riverland and the Limestone Coast. The project manager visited the main town centres in each region and, guided by the template at Appendix 1, undertook initial community mapping through desktop research and consultation with key community members. The initial mapping exercise included assessing the current community context and identifying opportunities, strengths and potential barriers to the work of the project. The mapping facilitated the development of a database of community stakeholders, and the circulation of a first community survey in February 2022 to gather further information about

responses to FDV in each of the regions. The mapping process effectively continued throughout the project as more contacts were made.

Based on the information gathered through the initial mapping, and with the assistance of key contacts in each area, the project manager then organised meetings with a broader group of community stakeholders. These were conducted face-to-face wherever possible, with the project manager making follow-up visits to each regional centre. Meetings took place online where necessary due to logistical constraints or COVID-19 restrictions.

The purpose of early meetings with community stakeholders was to begin to identify opportunities for collaborative whole of community responses to FDV in each region. This included building a deeper understanding of local context and appetite for activating FDV prevention strategies and finding out more about any existing activities responding to FDV. Community champions were identified and stakeholder engagement matrices developed to ensure all community voices were incorporated. During this phase the project manager also consulted with people outside the four SA communities who had experience developing and implementing whole of community responses to FDV in non-urban settings.

When identifying community champions for the prevention of FDV, the project sought community members known for their leadership (as employees or volunteers) in the field, and their knowledge, passion and commitment to addressing violence. Community champions have the local credibility to influence change and support collaborative efforts to builder safer communities for people experiencing FDV. The role of community champions in promoting change includes:

- fostering opportunities and encouraging partnerships addressing local factors which make FDV more likely;
- supporting and mentoring emerging leaders in the area; and
- acting as spokespeople at events and in the media to advance the cause of FDV prevention.

In addition to identifying community champions, the project also mapped priority settings in each region. These are spaces (which may be virtual, geographical or institutional) which offer opportunities to drive change by influencing social norms and organisational and community practices. Priority settings include:

- educational institutions (schools, universities, TAFEs);
- workplaces, local businesses and employee organisations;
- sporting and recreational clubs and leisure centres;
- arts and community centres;
- health, family and community service centres;
- churches and faith-based organisations;
- media, social media and advertising;
- entertainment and social venues;
- public spaces, infrastructure and transport; and
- legal, justice and correctional settings.

In the mid-phase of the project, the project team made further visits to the regional areas to continue the conversations that had commenced with community champions and other local stakeholders and begin to develop strategies for building collaboration. The focus of the conversations shifted to building coalitions of support that leveraged existing networks and connections in each community and considering practical actions and strategies for enhancing local responses to FDV. Some of the conversations facilitated by the project team brought multiple parties together, and community forums were held to allow broader engagement and discussion. The forums have involved facilitated group discussion on community preparedness to do the work of violence prevention, building a shared vision for change, priority actions to move towards change and accountability for these actions.

A second community survey (Appendix 2) was deployed in September 2022 to take another snapshot of

community awareness and attitudes, and also to gather information about people's experience of the project activities for those who had been involved. The final phase of the project activities, still in progress at the time of writing, involves the co-design of a community action plan (see template at Appendix 3), including details of implementation strategies and accountabilities, for each region with local stakeholders. The community action plans allow for a semi-formalisation of the discussions in each region and set out concrete steps for moving forwards with the development and implementation of collaborative whole of community responses to FDV. The plans are tailored to local context, recognising the strengths and opportunities in each region, as well as the potential barriers to success.

The draft community action plans for each region will be finalised before the end of the regional community responses project in December 2022. The community action plans focus on sustainable strategies that can be implemented locally beyond the life of the regional community responses project. They are considered draft as each community will devise its own process for endorsing the plans. They will also be living documents that will be regularly reviewed and updated.

The activities undertaken by the project in each regional area between November 2021 and October 2022 are summarised in Table 1. The project activities were spread relatively evenly across the four regions. Visits to Whyalla and Mt Gambier were less frequent but tended to be of longer duration as these areas area a little harder to reach from Adelaide. One of the forums held in Whyalla is pictured in Figure 7). The project manager has also made nine formal presentations to community stakeholders and the project has been featured in six media stories across the regions. The project has undertaken extensive engagement with stakeholders in the four regional areas, and also in Adelaide, other regional areas of South Australia, and the Northern Territory.

Table 1: Project activities by regional area

Region	Number of visits	Number of collaborations engaged with	Number of formal meetings and forums held
Riverland	8 (1 to 3 days each)	5	6
Mt Gambier	4 (3 to 4 days each); supplemented with 7 online meetings	2 (bi-monthly meetings)	4
Murray Mallee	18	12	6
Whyalla	5 (1 to 3 days each)	1 (collaboration stalled but interagency committee continues)	7

Source: Provided by Centacare.

3.3.3 Project team

The regional community responses project team has comprised a single project manager for most of the project duration. For a period of several months in early 2022, the project manager was joined by two part-time interns undertaking placements related to their tertiary studies in social work and political science/international development. The interns brought different disciplinary backgrounds to the project team, as well as a male viewpoint, a youth perspective, and experience living in non-urban communities and serving in Australia's armed forces.

The project team has worked closely with Centacare's Executive Manager (Strategy, Research and Evaluation), Regional Manager (Southern Country Domestic Violence Service) and Project Manager (Regional Community Responses), and the project evaluator from Flinders University throughout the regional community responses project. A project governance team which also included two representatives from the SA Government's Office for Women (housed within the Department of Human Services) has met regularly during the life of the project.

Figure 8: Project meeting with key stakeholders in progress in Whyalla, August 2022

Source: Author

3.3.4 Project constraints

It was acknowledged from the outset that spreading the regional community responses project across four regional areas with limited resources would be a challenge. Resource constraints experienced by the project emerged as a common theme in the evaluation data collection and have affected aspects of project activities in ways that are discussed further in Section 5. Centacare considered several possible project models with a view to maximising the available funding and meeting the requirement that four regional areas be involved. Having a single project manager working across all sites meant economies of scale were possible, the work could be readily coordinated, and there was potential for sharing of learnings between communities.

The project manager has been well supported by Centacare and is part of a broader team working in the research/policy/project area, which has added a sense of being integrated into the workplace. Centacare also strategically placed two interns with the project to add capacity and to support both the project activities and the evaluation, which was itself an add-on component made possible through in-kind support from Centacare.

The regional community responses project was intended to be a pilot to demonstrate what might be possible in terms of strengthening collaborative primary prevention activities, identifying areas of challenge and opportunity, and generating momentum for further work. Project activities have focused on laying the foundations for collaborative primary prevention work to continue into the future.

4. EVALUATION APPROACH

The regional community responses project aims, approach and activities were described in Section 3. This section outlines the approach taken to the evaluation of the project.

4.1 Aims and research questions

The evaluation assessed how effective the regional community responses project was at achieving its aims, with a view to capturing learnings about the most effective ways of developing and implementing collaborative whole of community responses to FDV in regional areas. The evaluation addressed the over-arching question: *what approaches and strategies work best to support the development of sustainable whole of community responses to FDV in regional areas of SA?*

Subsidiary research questions were:

a) To what extent did the regional community responses project achieve its aims?
b) What worked well in helping the regional community responses project achieve its aims?
c) What didn't work well in helping the regional community responses project achieve its aims?
d) How effectively did the regional community responses project mobilise community resources to support the development of sustainable whole of community responses to FDV?
e) How has the COVID-19 pandemic affected collaborative action to address FDV in regional areas of SA?
f) What opportunities are there for further work to strengthen and support whole of community responses to FDV in regional areas of SA?

There are challenges in assessing the impact of a short-term project that aims to promote collaboration and collective action and facilitate social change, such as shifts in gender norms and community attitudes towards FDV. Social change is generally a gradual process, and as noted in Section 2.4.2, community mobilisation initiatives take considerable time and resources to deliver results. The regional community responses project should be seen as laying the foundations for change rather than producing measurable change in its short timeframe of just over 12 months (with the evaluation data collection taking place after only nine months of project activities). The project can be conceived of as a type of pilot or 'proof of concept' exercise designed to generate learnings that can inform future projects, programs or community-led activities. Hence the evaluation of the project is developmental in nature and assesses not whether it has produced change, but how effectively it has created conditions likely to be conducive to change.

4.2 Methods

The evaluation embraced action research principles, with the evaluator working closely with the project team throughout the project, including in the field during project activities. The evaluation commenced with a review of prior research on FDV in the Australian context, the distinctive ways FDV is experienced by women in non-urban areas, and how the COVID-19 pandemic has affected women's experience of FDV. The review also considered what is known about effective whole of community responses to FDV, noting that evaluation of these activities is rare.

The second phase of the evaluation involved working with the project team to inform the process of collecting and analysing data as part of the community mapping exercise and through the first community survey. These data were collected and analysed by the project team and shared with the evaluator in de-identified form, as secondary data. The purpose of this phase of data collection was to inform the project activities and provide a snapshot of community attitudes and conditions early in the project.

The third phase of the evaluation involved a second survey administered through the project team and qualitative data collection undertaken by the evaluator. The second survey, deployed six months after the first, asked some of the same questions as the first. This was intended not to measure changes over the short

period of time but to provide another opportunity to take a snapshot of community attitudes and triangulate with the first survey results. The second survey also included new questions asking community members who were aware of, or had been involved in, the regional community responses project to reflect on their experience of the project. The survey data were collected by the project team and provided to the evaluator in deidentified form for analysis. For both the first and second community surveys, an overview of respondent characteristics is provided in Section 4.3 and key results are included in the thematic discussion in Section 5.

The qualitative data collection, conducted by the evaluator in August-September 2022, comprised interviews with project team members and with key stakeholders in the four regional communities and in Adelaide. Interviews were a combination of face to face, online and phone, depending on participants' location and preference. The evaluator visited and spoke to participants in person in three of the four regional locations – Whyalla, Murray Bridge and the Riverland. Mt Gambier interviews were all conducted remotely. Interview questions for project team members are included at Appendix 4 and questions for community stakeholders are included at Appendix 5.

The qualitative data were analysed thematically and findings are set out in Section 5. Some verbatim quotes have been lightly edited for ease of reading without changing the meaning or context. Participants are referred to using generic identifiers rather than age, gender identification or geographical location to reduce the risk of identifiability.

4.3 Participants and ethics approval

4.3.1 Survey respondents

The first community survey was promoted on Centacare's Facebook page and distributed via an email list compiled by the project team based on their contacts and networks in the four regional communities, and Google searches to identify further contacts. People receiving the survey were invited to forward it on to their own networks. The second community survey was similarly distributed, though with an expanded email distribution list based on additional contacts made by the project team over the course of the project.

The community surveys do not provide an indication of community-wide attitudes towards FDV and primary prevention because the respondents were not a representative sample of the broader population in their communities. All local community members for whom email addresses were known or found were included in the survey distribution, though inevitably the distribution list was skewed towards people in paid or volunteer positions with community, not for profit, education and government organisations. Respondents' reported professional and other roles in their communities suggest they are likely to be more aware of FDV and more engaged with efforts to address it than the broader population. For example, in the second survey, nearly four fifths of respondents said they worked in community services or health, and 91 per cent reported that FDV came up in the course of their paid or volunteer work.

Demographic characteristics of the first and second survey respondents are set out in Table 1. Interestingly, only just over a fifth of respondents to the second survey said they were aware of the regional community responses project although it had been running for nine months at the time. While the number of respondents who answered this question was relatively small (87), this suggests that the survey distribution was able to reach beyond the community members engaged with the project, through snowballing and web searching to compile the email distribution list. It also suggests, however, that there are many people with a personal and/or professional interest in FDV primary prevention in the four regional areas who had not yet been reached by the project at the time of the survey.

Table 2: Characteristics of survey respondents

		First survey (%)	Second survey (%)
Number of respondents		221	105
Gender	Male	12	10
	Female	88	90
	Other	0	0
Age	18-24	2	5
	25-34	15	13
	35-44	22	28
	45-54	31	28
	55-64	23	21
	65+	7	5
Location	Whyalla	21	14
	Murray-Mallee	19	22
	Riverland	24	12
	Limestone Coast	19	48
	Other	17	4
Aboriginal or Torres Strait Islander	Yes	6	6
CALD	Yes	6	3

Source: Author's analysis of survey data.

4.3.2 Interview participants

The 20 participants in the interviews were:

- Two project team members (the manager and the intern most involved in regional project activities);
- Seven key stakeholders based in Whyalla;
- Three key stakeholders based in the Riverland;
- Two key stakeholders based in Murray Bridge;
- Two key stakeholders based in Mount Gambier; and
- Four key stakeholders based elsewhere in SA.

Interview participants were drawn from a range of organisations, including:

- Centacare Catholic Family Services (SA);
- Centacare Catholic Country SA (a separate organisation, incorporated under a different archdiocese to the Adelaide-based Centacare);
- other not for profit organisations operating in regional SA;
- regional businesses;
- the Office for Women; and
- local government.

Only one of the 20 interview participants identified as male, while the remainder identified as female. Similarly, only one of the interview participants identified as Aboriginal or Torres Strait Islander. This reflects the identifications of the broader group of stakeholders who have been engaged in project activities. Interview participants were recruited through the regional community responses project team, who sought permission from stakeholders to pass their contact details on to the evaluator. The evaluator then contacted stakeholders inviting them to participate in an interview.

Ethics approval for the qualitative data collection component of the evaluation was obtained from the

Flinders University Human Research Ethics Committee (HREC) (project ID 5063). While none of the participants fell into high risk groups, the HREC conducted a full review of the project. This was due to concerns that talking to people about FDV (though not about their personal experiences of FDV) had the potential to cause distress for participants and/or the researcher. The researcher had distress protocols in place during the qualitative data collection, but no ethical issues were experienced.

5. FINDINGS AND DISCUSSION

The main findings of the evaluation, particularly the interviews with key stakeholders, are described in this section. The findings are set out in alignment with the major themes that emerged from the qualitative interview data. The section opens with a discussion of the need for collaborative primary prevention work in the four regional communities and the ways in which FDV manifests differently in these communities compared to urban settings. The section continues by describing learnings from the regional community responses project around what works well in promoting strong and effective collaborative primary prevention activities. It then outlines some of the challenges that may be encountered in developing this work and how they could be addressed, particularly with investment of time and resources. The section closes with a discussion of ways in which the progress made by the regional community responses project could be built on.

5.1 Collaborative primary prevention work is needed

5.1.1 Family and domestic violence is a significant issue in regional communities

Among the evaluation participants, there was an almost universal view that FDV is a problem in each of the four regional communities that are part of the regional community responses project. Participants did not think this view was widespread across the broader community, however (see Section 5.1.3). Nor did participants view FDV as a problem that was specific to their local areas. Rather, FDV was seen as a problem in all communities

Of the respondents to the first community survey, 97 per cent of women and 87 per cent of men agreed or strongly agreed that FDV was a serious problem in their local community. There was also widespread acknowledgement that women and girls were the people most affected by FDV, with 90 per cent of female respondents and 79 per cent of male respondents agreeing. Similarly, over four fifths of respondents in the second survey agreed that women and girls were most affected. These views were reinforced in in the interviews with community members. While participants said there was a lack of hard data about the incidence of FDV in their communities, and they acknowledged that they were very aware of the issue because they tended to come across it in their work, they were firmly of the view that FDV was unfortunately relatively widespread.

A few interview participants thought FDV had always been a significant issue in their communities and not much had changed, but most perceived an 'amplification' over recent years, and particularly during COVID-19 lockdowns. COVID-19 was reported to have placed extra stressors on families, increased the isolation of women and children, and restricted help-seeking opportunities. This aligns with Australian research finding an increased incidence of FDV and reduced help-seeking during 2020-2021 (Boxall et al. 2020; Carrington et al. 2021; Pfitzner et al. 2020). Evaluation participants generally believed that there had been an increase in FDV incidence as well as some increase in visibility, for example, through media reporting.

One of the reasons interview participants perceived an increased incidence of FDV in their communities was increased demand for services, though there is a supply-side driver in play here as well (such as resourcing and staffing constraints). Interview participants reported that not only were presentations to FDV crisis services increasing, but more people presenting to other services (such as housing, financial counselling, alcohol and drug support) were also affected by FDV. Community stakeholders reported that services were under so much pressure helping people in crisis situations that they did not have time to put in the work they would like to around primary prevention, particularly because primary prevention was not their core business or what they were funded to do. Two of the interviewees could be described as lay members of the community without any professional involvement in FDV or service delivery more broadly. Both of these interviewees also said they perceived an increase in FDV over recent years and had friends and relatives who were in abusive situations. As one of these participants said with some anguish: 'it's getting much worse, the community has to step up, we just have to' (key stakeholder 15).

Interview participants thought the drivers of FDV are largely common across different non-urban settings, and for that matter, urban settings as well. A severe shortage of affordable housing was highlighted by participants across all four regional communities, placing pressure on families and making it harder for women to leave abusive situations. As one participant observed: 'it's manic, there's no houses anywhere' (key stakeholder 1).

5.1.2 Existing activities need to be augmented

There was widespread support among interviewed stakeholders for collaborative work in FDV primary prevention in regional communities. A typical comment was:

> *You can see the strengths, you can learn from each other, someone might be good at something and can come over and do it and you might be good at something else…there is more strength in collaboration than in individual efforts.* (Key stakeholder 14)

The regional communities involved in the project already had collaborative networks of some form undertaking work in the FDV primary prevention space, but these networks had tended to wax and wane over time and in several cases had become largely inactive during COVID. The regional community responses project was not starting from scratch and has been able to leverage pre-existing relationships and networks in each community, which can help to promote more effective collaborative action and mobilisation (Claussen et al. 2017; Gillam et al. 2016; Matarrita-Cascante et al. 2020). The project's work has required more than reactivating dormant networks, however, as community stakeholders reported that these networks did not have sufficient capacity or resources to undertake the primary prevention work that was required.

Interviewees outlined a range of challenges that previous collaborative primary prevention efforts had faced, including lacking structure, organisation and accountability; a tendency to be 'all talk, no action'; and failure to engage a broad cross-section of community. These and other common barriers to collaboration are discussed further in Section 5.4 in the context of the regional community responses project. There was universal agreement among the interviewees that more and better primary prevention work was required in each of the four communities, and they welcomed the regional community responses project: 'I was so excited that we were going to get something up and running to start to build and create that awareness' (key stakeholder 13). Similarly, in the second community survey, 94 per cent of respondents said they would like to see whole of community responses to FDV continue in their community (the remainder were unsure).

5.1.3 Building awareness is still required

One of the reasons interviewees gave for more primary prevention work being needed was that broader community awareness around FDV remained low. While the regional community responses project aims to move beyond building awareness, stakeholders reported that there was still a long way to go in this area before other primary prevention activities would truly resonate. Nearly all the respondents in the first community survey had a good understanding of the range of behaviours that constitute family or domestic violence, but the majority said there was limited awareness of FDV across their broader communities, with 80 per cent of female respondents and 62 per cent of male respondents agreeing this was the case. In the second survey, nearly three quarters of respondents agreed there was limited awareness of FDV in their communities.

Interviewees described two dimensions to what they perceived as generally low levels of awareness across the broader community. One dimension was that many people genuinely had no idea of the prevalence of FDV, while the other was that some people preferred not to know. Stakeholders described some groups in the community who were particularly likely to lack awareness of FDV, wish to avoid acknowledging it, or to have rigid attitudes towards intimate partner relationships and gender norms. These groups included older people in the community, especially older men, people in smaller towns and rural areas, and people with conservative political views and/or religious beliefs. Also in this category were men who were abusive themselves or were unwilling to condemn abuse by others.

These groups can be very difficult to reach with whole of community responses. Interviewees described a level of defensiveness and people having 'their heads in the sand' and not wanting to shift their thinking on FDV or gender norms. One stakeholder described some of his conversations with community members as: 'I wasn't alive in the 1950s but I think this is what it was like!' (key stakeholder 18). Approaches that respond to local context and issues were seen as more likely to be effective when raising awareness among hard-to-reach groups. A typical comment was:

> *The role in community is 100% needed to build awareness…people say 'Oh, DV, do we have that here in [local community]? Oh, I had no idea'…it needs to be personalised, it needs to be in communities.* (Key stakeholder 13)

Lack of knowledge is an issue

Interviewees did acknowledge that FDV is a complex area and there were people with good intentions who just lacked understanding of the issue, particularly if they did not see any evidence of FDV in their daily lives. As one participant noted, 'if you're not exposed to it or you don't have the language or education around it, you're just going to miss these things' (key stakeholder 15). Another noted that 'knowledge gives confidence' (key stakeholder 14). Participants talked about reluctance to acknowledge FDV in their communities and even active efforts to 'sweep it under the carpet': 'it's hidden, it's always been like that' (key stakeholder 7).

Interviewees reported people being shocked when they heard the statistics on how many women and children experience FDV, and explaining the data alone was enough to shift some people's thinking. Interviewees suggested that presenting local statistics would be helpful and meaningful, but it is difficult to source data on FDV at this level and under-reporting is endemic. Interviewees also said that even amongst groups where awareness of FDV and the need for primary prevention was high, many people did not know how to take action or what to do about the problem: 'I think there's a lot of awareness. I found that a lot of people just don't even know where to start or don't know how to start' (key stakeholder 19).

Stakeholders did think that recent media coverage of FDV around Australia had led to some increased awareness of the different forms abuse could take, including coercive control and emotional or psychological abuse. The interviewees generally said, however, that these messages were not reaching everyone. More positively, interviewees reflected on how they themselves had been able to increase awareness and understanding among their own social circles. For example, one key stakeholder described the changes she had seen in the views of her husband and son since she started talking more openly about FDV. Another comment was:

> *The more people who understand about it, who've got the knowledge of what it is and what can be done in their own individual community, the better off we are as a whole community.* (Key stakeholder 14)

The 'not my problem' approach

Interviewees thought there was still a long way to go in relation to people seeing FDV as a community-wide issue that required a community-wide response. One element of this was that people found it hard to step back and take a holistic view of community, beyond their personal experience and issues: 'I don't think any of us thinks about the bigger picture much' (key stakeholder 4). FDV is confronting for people, especially with limited knowledge, and they feel like they don't know what to say or do, so avoiding the issue becomes easier than facing it head-on. One interviewee compared FDV to suicide as a taboo topic for discussion out of fear of the copycat factor. In Section 2 it was noted that even healthcare practitioners may be reluctant to take ownership of FDV as a problem they can help to address (Tarzia et al. 2021).

For some people, taking the 'this is not my problem' approach was convenient, because what they really meant was 'I don't want this to be my problem'. This was seen as applying particularly to men who were reluctant to be the first or only one to stand up and call out bad behaviour. There was also a distinctive small community dimension, with people worried about getting a reputation as an FDV activist, or someone who

interfered in the private business of others. Interviewees noted that while it is often a case of everyone knowing everyone else's business in small towns, intimate partner relationships are widely seen as off limits. As one interviewee observed:

> *When you get out there you find there's still the old thinking around it's between a husband and wife, and not our business, and she could just leave and all that.* (Key stakeholder 11)

Some key stakeholders had experience across child protection and FDV and contrasted attitudes towards children at risk and engender a shift in thinking.

Perpetrators and normalisation of abuse

Interview participants reported that in some parts of their local communities, there was intergenerational transmission of abuse and it had become deeply entrenched. This meant some people simply assumed abusive behaviour was normal or a fact of life and were not able to see that it was wrong or that alternatives were possible. Participants noted that it was hard to engage young people in educative efforts around FDV if they were receiving very different messages at home. It could also put children in difficult situations if they challenged a parent's behaviour. Women themselves sometimes do not realise they are experiencing domestic violence because it has been normalised in their social setting. As one interview participant observed of her grassroots work with women: 'they thought it was just part and parcel, because that was what they'd always seen, it was just a norm for them' (key stakeholder 15). Some interview participants reflected on how the everyday language we use and the way we talk about gender relationships can normalise certain messages and ways of thinking.

Participants thought adults at risk. Stakeholders said people had gradually become more aware that everyone had a role to play in keeping children safe and intervening or reporting if they thought a child was endangered. This was not yet the case in relation to adults, where people were more likely to think it was none of their business. Participants suggested that highlighting the impact of FDV on not only women but also children could help

perpetrator accountability was often missing from community responses to FDV. Several interviewees said that there a few men in their communities who were widely known to be perpetrators but they were prominent community members and sometimes held positions of some influence, so people were unwilling to call out their behaviour. Interviewees observed that the presence of a known perpetrator could change community dynamics, and whether their behaviour had consequences or not impacted community norms. Several participants suggested that highlighting that abusing their partners is often also a parenting choice by men with deep impacts on children could help reach some perpetrators and community members who preferred to turn a blind eye.

Another barrier to addressing perpetration was the lack of men's services and behaviour programs in regional areas. If a perpetrator was to be confronted about their abuse, there was unlikely to be anywhere local they could be referred for support and recovery.

Services could improve too

A number of interview participants observed that government and not for profit service providers sometimes also demonstrated a lack of understanding of FDV or the need for trauma-informed practice in this area. Service providers were also prone to a failure to acknowledge the bigger picture, often feeling they had to operate within their narrow sphere of core business and what they were funded to do. Instead of taking a person-centred approach that recognised intersecting issues in people's lives, providers were sometimes focused on a specific problem that they were charged with addressing.

Several interviewees thought local councils had important roles to play in demonstrating good practice and shifting norms. Participants said it would be helpful for influential organisations such as local government to explicitly consider the impact of their decisions and activities on women and children in the community.

Interview participants highlighted the pervasive and simplistic view that women in abusive relationships 'should just leave', often promoted by both individuals and service organisations as an easy answer to the problem of FDV. This ignored the reality that women often face multiple barriers to leaving, particularly in non-urban areas, including social isolation, unavailability of affordable housing, economic dependency, lack of transport options, and fear that leaving will result in an escalation of violence against themselves and their children.

Intersection with other issues

As noted above, one element of community awareness that could be improved is the capacity of individuals and organisations to take a more holistic view of how FDV affects their local communities and intersects with other issues. There are many factors related to or associated with FDV in some way, including poverty, housing, health, alcohol and drug use, child protection and disability. Interview participants talked about a tendency for some service providers to focus on whichever of these issues comprised their core business with little attention paid to how clients might be affected by intersecting issues. This appeared to be shifting somewhat, with providers generally becoming more aware of the benefits of a person-centred approach to service delivery and working collaboratively rather than in silos.

There were limits to this shift, however. Some participants from service provider organisations indicated that their managers were reluctant to allow them to spend too much time on community or collaborative activities which did not have an immediate and direct link to individual clients. This issue is discussed further in Section 5.4.7.

Catalysing action

Despite recognising the many challenges around primary prevention and collaborative efforts to address FDV, interview participants remained palpably frustrated by what they saw as a lack of action in this area. One participant said it was likely to take a deadly incident to get people moving in their community, and then everyone would then be questioning why something hadn't been done sooner. Another participant pointed out that she had attended several funerals for women killed by partners in the last few years and still nothing changed, saying 'no one knows where to go, what to do, how to start' (key stakeholder 15).

Types of primary prevention activities

While the respondents in the first survey had high levels of awareness and understanding of FDV, they had more limited knowledge about primary prevention activities or other responses to FDV occurring in their communities. Only a third of female respondents and a quarter of male respondents in the first survey cited specific activities or organisations when asked. Nearly all respondents, however, agreed that there was a need for enhanced primary prevention activities and whole of community engagement, including engaging with men and boys, in response to FDV.

In the second survey, 57 per cent of respondents said they were aware of FDV primary prevention activities in their area and respondents cited a wide range of activities, including: White Ribbon events, respectful relationships education in schools, the OFW safety havens, FDV action groups, family support services. Some secondary and tertiary activities, such as crisis services and men's behaviour change programs, were also mentioned. As noted in Section 4.3.1, only a fifth of respondents to the second survey were aware of the regional community responses project and there were only 19 responses to the question about whether project activities had been effective at promoting primary prevention work in their communities. Of those responses, nine people agreed or strongly agreed that project activities had been effective, eight were neutral and two disagreed. These results likely reflect the fact that the project had not been running long enough to have an observable impact for many people.

In the first survey, educating children and young people around respectful relationships was the most favoured primary prevention activity. Strong laws to protect non-violent partners and hold abusive partners accountable, and men calling out other men's disrespectful behaviour towards women, were also favoured

responses to FDV. Strategies that target FDV less directly, such as having more women in leadership roles, sharing domestic duties, paid parental leave for all genders, and women moving into traditionally male-dominated occupations, were less popular. In the free text fields of the survey, respondents noted a range of issues which they perceived as barriers to effective responses to FDV in their communities: mental health issues, shame and stigma associated with experiencing FDV, accessibility of pornography, problems with police handling of FDV, inadequate resourcing for services providers, inaccessibility of specialist supports in regional areas, and lack of affordable housing options for women escaping violence.

In the second community survey, respondents were asked to say in a free text field what types of responses they thought would help with changing attitudes toward FDV and creating safer communities. The following responses were recorded:

- Enhanced education programs in schools and beyond (cited by 49 respondents).
- Awareness campaigns (in some cases tailored to local context, e.g. featuring community leaders or local sports identities) (25).
- Reaching people through workplaces (inductions, training sessions, resources, etc) (25).
- Expanding DV services (23).
- Different groups working together more effectively (in primary prevention and crisis response) (22).
- Reaching people through sport and sporting clubs (10).
- Starting an age-appropriate education process at a young age (by primary school) (8).
- Providing more community-level/informal supports and safe spaces for women and children affected (8).
- Holding community events (information sessions, guest speakers, marches, barbecues, etc) (7).
- Taking a respectful relationships focus (6).
- Engaging men in conversations about FDV and providing supports to men where needed (6).
- Enabling open conversations about FDV in community (6).
- Enabling lived experience input and highlighting the impact of FDV/personal stories (5).
- Improving police responses (including better training for police) (4).
- Using social media to spread awareness (3).
- Addressing broader cultural issues (such as rigid gender norms) (3).
- Considering groups other than cis women who experience violence (such as men and LGBTQI+ people) (2).
- Encouraging media reporting and discussion (2).
- Using role modelling and mentoring (2).
- Having dedicated funding available for strategic primary prevention (2).

Key finding 1
Stakeholders in the four regional areas view family and domestic violence as a significant problem in their communities and perceive some amplification of this problem during 2020 to 2022 associated with COVID-19.

Key finding 2
There is an unmet need for family and domestic violence primary prevention work in the four regional areas.

Key finding 3
The value of a collaborative approach to primary prevention work is recognised across the four regional areas and there have been prior collaborative networks and activities in each area.

Key finding 4
Prior collaborative networks and activities in the four regional areas have been compromised by factors such as: COVID-related disruption; insufficient capacity and resourcing; lack of structure, organisation and accountability; a tendency to focus on talk rather than action; and challenges engaging a broad cross-section of community.

Key finding 5
While the collaborative work should transition over time from community awareness of family and domestic violence to community mobilisation, the need for community awareness raising remains significant across the four regional areas.

5.2 The non-urban family and domestic violence experience is distinctive

5.2.1 Greater scope for community mobilisation

In line with other research discussed in Section 2 (e.g. Campo and Tayton 2015; Dillon et al. 2015; Ragusa 2017), all the interview participants in the evaluation said there were distinctive dimensions to the non-urban experience of FDV. While they thought the drivers of FDV were common across urban and non-urban settings, participants said non-urban women faced particular barriers to seeking help. At the same time, there was also recognition that small, tight-knit communities could offer particular opportunities for effective whole of community responses that might not work as well in more loosely networked urban settings.

Factors such as high levels of cohesion, robust networks, strong community identity and an ethos of self-sufficiency in small non-urban communities make them well suited to community development and mobilisation activities. As one interview participant noted: 'people in a country town have a real passion for their town' (key stakeholder 1). Another observed: 'there's more connection to community, so the community-wide responses really have more of an impact' (key stakeholder 11). Other typical comments included:

> *There's a greater sense of place, and this is my community, and they're used to being without resources…They have relied on each other and know each other or of each other.* (Key stakeholder 20)

> *That do-it-yourself element of community life in country areas may well mean that responses can be really effective because people are good at doing things themselves and know that they have to and also because they're committed to their area, committed to their community.* (Key stakeholder 4)

'Community' is often more easily defined and mobilised in non-urban areas, and 'whole of community' responses become more feasible. Interview participants saw great potential for the collaborative responses envisaged by the project. A typical comment was:

> *That's what could be great going forward from this project, to generate that community response, so it's a whole community that doesn't tolerate this behaviour, from the local council to businesses, everybody stands together against domestic violence.* (Key stakeholder 8)

Country areas had to be more self-sufficient than urban areas because they were widely seen as being inadequately serviced, which was highlighted by participant comments such as:

> *Regional SA is not serviced well at the moment and it's not serviced well in any way shape or form and that equally applies to DV and what's available for people to access in the country…Rural communities have to generate it from within because there's just not much coming from government.* (Key stakeholder 8)

5.2.2 Social relationships can help and hinder

Some interview participants commented on the nuanced relationships people in country towns sometimes

have with each other. The very fact of people being closely connected and visible in the community means they put up barriers to protect their privacy at times, with strict delineations between public and private business. As one interviewee observed: 'we know everything about each other, we live in a goldfish bowl and no one's business is private, *except* when it's something to do with your relationship' (key stakeholder 15). Another interviewee described interpersonal relationships in non-urban areas as follows:

> *I think that rural areas, the way people relate to each other overall, is different. I would say that in rural areas people tend to be more friendly with their neighbours but tend to be less intimately connected…It means sometimes people just don't get into the detail of other people's lives because they can't afford to, they've got to live there, they don't want to overwhelm themselves with other people's issues, or have their own issues everywhere because they've got to live there. So there's a certain reserve or restraint in country areas that may mean it's harder for people to talk about what's happening at home or to find safe places to go with their concerns.* (Key stakeholder 4)

In line with previous research, interview participants talked about fear of stigma and judgement, which can be more acute in small communities, discouraging people from talking about FDV or seeking help. Participants described elements of an 'architecture of rural life' (Owen and Carrington 2015) which created particular barriers to confronting a challenging issue like FDV. They highlighted a general conservatism and resistance to change, saying it was hard to shift mindsets, not only in relation to social norms and hierarchies but also individual personas. This could make it difficult for people to move on from past experiences or actions, affecting both those who experience abuse and the perpetrators of abuse who seek to change their situations, as well as protecting those who need to change but do not wish to. Comments from interviewees included:

> *Small communities, there's the stigma: 'he's well thought of, I'm not going to make waves, I've got to keep living here, I can't move away, I'm restricted in my options'. (Key stakeholder 14)*

> *Being small communities, everyone's really afraid to talk about DV because everyone's got their own story within their family…People in the country judge you by who you were, it's hard to change as people don't recognise it. We have to support people to make change. (Key stakeholder 13)*

> *Most of the men in this town are so well known, they really stick together, it is a privileged white men's town…there are still quite a few men who are sitting on those pedestals, who like things their way and this is the way they've always been done. And that really stifles change. (Key stakeholder 15)*

Strong links between people in non-urban communities can give collaborative activities a head start, though it is often hard for outsiders to gain access to local networks. One community stakeholder observed:

> *Working in a country council is just so different. It's taken me a while to find the networks but there are a lot of very active network groups that you can go to. So you just know the people to get in touch with, or I do now, I've been here five years…now I just know who to go to…I think it's just a country town mentality, we all work together.* (Key stakeholder 1)

5.2.3 Help-seeking is harder

Interview participants discussed factors affecting help-seeking in non-urban areas, such as geographic isolation, lack of transport options, risk of being excluded from social networks and limited service accessibility. Participants said that women in non-urban areas tend to have fewer help-seeking options than their city-dwelling counterparts, and lack of anonymity in small towns means women accessing services may be observed doing so, potentially putting them at increased risk. On the other hand, some interview participants said that knowing other community members well, meant women were more likely to know who they could trust and there may be enhanced opportunities for informal help-seeking and support.

Participants had mixed views on how well local police handled FDV and whether there was more they could do to make women feel comfortable reporting abuse. Some participants described elements of police culture that meant FDV was not managed appropriately, while others said there were good practices in place. The perception of whether police handle FDV appropriately is almost as important as the reality because

women's formal help-seeking will be affected by how they expect to be treated. Police in the four communities were generally perceived as being very busy, undermining their capacity to engage in community liaison activities, including collaborative FDV responses.

5.2.4 Individuals make a big difference

A number of interview participants talked about the importance of key individual community members with social capital who are willing to champion a cause such as primary prevention of FDV. In small regional communities, these individuals can have a wide-ranging influence. The reverse also holds true: a key community member with influence can be a significant obstacle to change. As one interviewee observed:

> *It's really personality driven in the country regions, like it really depends on who the mayor is, who's in those positions, who the local copper is…It's a bit like pot luck, if you've got some dynamic people in the community who are wanting to take it on and do something about it, then you should get some traction and you've got a good chance. (Key stakeholder 8)*

The regional community responses project has not directly encountered any 'change blockers' but the process of identifying 'change enablers' was harder than expected. The project manager described 'getting to the right people early rather than later' as one of the biggest challenges the project had faced, and this was the case across all four regions. Perhaps surprisingly, the stakeholders connected into the project during the initial community mapping phase did not always identify the best people to link into project activities. As the project manager came to know each community better, she was able to make these identifications and connections herself. An example of this process was that it took nine months before it became clear that the leader of the Our Town project in Berri was a key player with a deep understanding of the local community and undertaking work that intersected with FDV.

There are several possible explanations for the challenges with identifying key influencers early in the regional community responses project. One is that the project manager has been spread thinly across the four communities, has not been place-based, and has not had sufficient time to become more fully immersed in each community and build her knowledge of local networks. Another issue is that key stakeholders tend to identify other key stakeholders in similar positions to themselves when asked who should be linked into a project. This means practitioners on the frontline are likely to nominate people at similar levels in other service provision agencies, rather than, say, agency managers, local business representatives or councillors. This highlights the importance of community mobilisation projects engaging with a broad range of community members from different sectors and at different levels as early as possible during the community mapping phase.

A third possible reason for the challenges identifying key players is potentially the most interesting: even in small, tight-knit communities, no one has the full picture, and there are few people able to step back, out and up to take an overview of community networks. This is in fact one of the reasons a community mobilisation project is helpful when responding to 'wicked problems' that cross sectoral boundaries and involve multiple points of intersection and interactions between different system components. One of the primary purposes of a project in this context is to do the connecting and linking of system components that will not otherwise occur. Interview participants identified performing this connecting function as one of the most valuable contributions the regional community responses project made in its first nine months of operation.

5.2.5 Scope for shared learnings

Individual community members with high levels of social capital can have a significant influence on the success of whole of community responses to social problems, as can the social networks, dynamics and relationships in different communities. This highlights why community responses to FDV need to be tailored to local context. There is scope, however, for different communities to learn from others' experience about what works and why, with the flexibility to adapt approaches as necessary. Interview participants had mixed views about the value of sharing learnings between the communities involved in the regional

community responses project, although this may be an artefact of project activities being at an early stage. The benefits of sharing experiences, and the recognition of these benefits, would likely increase over time as different ideas were tested in different communities.

Interviewees said they were interested in hearing about what worked in FDV primary prevention in other places, but they also noted the distinctiveness of their own communities. As one interviewee observed, 'if you've been to one country town, you've been to one country town' (key stakeholder 5). The two project team members interviewed reported that their work in each community was tailored to local context but informed to some degree by their experiences in other communities. The value of shared learnings for the project and local communities would likely increase over the course of a longer project.

The four areas that are part of the regional community responses project are quite different from each other, and different again from many other non-urban areas in SA, such as towns further from Adelaide like Ceduna or Coober Pedy, and remote communities with a significantly higher Aboriginal population. The four areas that are part of the project were selected on the basis that Centacare had a domestic violence crisis service located in each area (in Murray Bridge, Whyalla, Berri and Mt Gambier) that could support the initial process of community mapping and engagement. That is, the four areas were not selected due to any special characteristics or a perceived greater need for FDV primary prevention activities, though the existence of crisis services operating at capacity in each area speaks to local need. Interview participants were all of the view that FDV was a significant problem everywhere, not just in particular areas or in non-urban settings (although the FDV experience in non-urban areas was seen as distinctive and different types of community responses were appropriate).

Interview participants also noted that local context could vary over time and what worked at one point might not work at another. Non-urban communities can be deeply affected by fluctuations in their economic fortunes and natural events such as bushfire, drought and flood. In farming communities, there tend to be good years and bad years depending on weather conditions. In mining towns, shifts in commodity prices and the scaling back of production can have far-reaching effects. The COVID-19 pandemic has been an unexpected event that affected all communities but in different ways. For example, areas highly dependent on tourism were hit harder by travel restrictions.

Interestingly, the project manager reports that while work on each of the four community action plans has been proceeding independently, each community has identified almost identical priorities and focus areas. The specifics of activities, the people who would be involved, and how they would be resourced, are likely to vary between communities, however.

Participants observed that understanding *why* an activity had been effective in a specific community would help with assessing how likely it was to be effective in a different setting. In this respect, the differences between the four communities involved were seen as a positive aspect of the regional community responses project, adding greater scope to the learnings that were possible (especially if the project was able to operate over a longer period of time). As one participant noted: 'each of the regions is so different around their communities and around the need, so I was quite excited that we had this project to look at them and see what's happening' (key stakeholder 11).

Interview participants said relationship-building was likely to be vital in every community, but the dynamics of collaboration would vary. Notably, interviewees said different communities would have varying degrees of commitment to the work of FDV primary prevention. Ideally, participants thought that local communities each needed their own tailored whole of community responses, overseen by separate project structures, but these project structures could be networked and supported by a coordinating organisation (or backbone) to promote communication and sharing of experiences (see Section 5.5).

Key finding 6
Stakeholders in the four regional areas view family and domestic violence as a significant problem everywhere with largely common drivers but identify some distinctive negative dimensions in non-urban areas, including: additional barriers to help-seeking; reduced service accessibility; higher levels of stigma and judgement; and greater resistance to shifting social norms.

Key finding 7
Stakeholders in the four regional areas identify specific opportunities for responding to family and domestic violence in non-urban areas, including: strong networks; high levels of social capital; an ethos of self-sufficiency; the influence of key prominent individuals; and greater potential for whole of community responses.

Key finding 8
Regional communities are all different and local context is key in effectively responding to family and domestic violence, but there is scope for sharing experiences and learnings between communities over time.

5.3 What works in promoting collaborative whole of community responses?

Community stakeholders who participated in the evaluation were universally of the view that the regional community responses project was a very welcome initiative that was making an important contribution in their local areas. Stakeholders expressed some concerns about the project's effectiveness and sustainability, which was not unexpected given the known resource constraints. This section describes aspects of the project that are helping to promote conditions conducive to collaborative whole of community responses to FDV.

5.3.1 Passion for change

Interview participants used the word 'passion' again and again when discussing what was needed to bring people together to drive change. Typical comments included:

> *That collective approach works when you've got that passion.* (Key stakeholder 7)
>
> *You need to have someone fairly passionate to take it on and drive it.* (Key stakeholder 8)
>
> *We need people with a passion around women and children's rights to be safe in their community.* (Key stakeholder 11)
>
> *Especially when you're starting off, you need people who are driven to help make these changes.* (Key stakeholder 17)
>
> *You're really relying on the passion from the community.* (Key stakeholder 20)

Interviewees saw the passion and drive present in the project team and among stakeholders in each community as a key asset for the regional community responses project that was being effectively leveraged. While a passion for change is laudable, it is telling that so many stakeholders saw deep commitment and energy as essential preconditions for effective action. This reflects the reality that hard work and persistence are required to address complex social problems through collaborative activities.

5.3.2 Strengthening collaboration

Interview participants thought the regional community responses project was working well within its resource constraints and timeframe. The project's limited resources were seen as being appropriately deployed to optimise impact. Participants recognised that measurable change in community awareness, attitudes and norms was not possible in nine months, and nor could the strength of nascent partnerships and collaborations be assessed at this early stage. They nevertheless said that the project was building momentum towards stronger collaborative action in the area of FDV primary prevention.

The project manager was pragmatic about the progress made towards building strong collaborative frameworks in the first nine months of the project. Reflecting on progress through a collective impact lens,

the project manager was well aware of the long road ahead and described the project's work as 'embryonic'. In her view, each community was still working towards developing a shared understanding of where they wanted to go and a common vision for change.

5.3.3 Connecting people

Community stakeholders placed significant value on the project's role in bringing together disparate stakeholders to reflect on primary prevention strategies for each local community. Relationship-building is resource-intensive and rarely factored into funding frameworks (see Section 5.4.7). All the interview participants recognised how important this work was but noted that it was no one's core business and was therefore continually deprioritised. The great contribution of the regional community responses project is providing dedicated resources for connective relationship-building work.

Interview participants gave examples of how connections made through the project uncovered common interests and the potential to work towards shared goals. One illustration of this was the project manager linking two organisations in the same town which both wanted to train staff to deliver a respectful relationships program and found that sharing costs would make in-person training a viable proposition.

5.3.4 Having the right people round the table

Having the right mix of people involved in the right things at the right times is an important factor supporting effective collaborative activities but one that can be challenging. It is not always clear who 'the right people' are, and as the regional community responses project has found, it will be a different group in each community. People with passion and drive are needed, but commitment and hard work are also important, as are people who can exert influence.

In the second community survey, respondents were asked who they thought needed to be engaged in whole of community responses to FDV in their community and the consensus was just about everyone! The options specified for respondents are listed in order of popularity below:

- Everyone that has the passion and energy for this issue (supported by 81 respondents – 91%).
- Not for profit service providers (80 – 90%).
- People with lived experience of FDV (80 – 90%).
- Police (78 – 88%).
- Health services (78 – 88%).
- Sporting clubs (78 – 88%).
- Schools/universities (77 – 86%).
- Local workplaces (76 – 85%).
- Local government/councils (75 - 84%).
- Philanthropic foundations (61 – 68%).

Additional suggestions made by respondents included churches and religious groups, industry and corporate bodies, retailers, aged care providers, service/community clubs such as Rotary and Lions, pubs and social media groups.

There was broad agreement among interview participants that a core group of around ten people was needed to play a steering role in collaborations. This group needed to be large enough to have critical mass but not so large that it became unwieldy: 'if you have it too big it becomes a talkfest and no one actually does anything' (key stakeholder 7). There was no agreement, however, about who should be part of this group.

The core group will generally be drawn from a much larger network of individuals and organisations who are part of the collaboration. In the case of whole of community responses, the broader network effectively encompasses the entire community, though most individuals and organisations will be only very loosely connected. Whole of community responses generally require active and sustained efforts to engage the majority of community members who are loosely connected and strengthen their links to the collaborative

activities.

The regional community responses project has experienced an issue common to whole of community responses: it is difficult to engage people and organisations for whom FDV is not of professional relevance and who do not already have a strong interest in the area. Not surprisingly, staff from FDV crisis services and other not for profit service providers have been the most engaged participants in the project's activities in each community. The scope of service areas represented is wide, covering housing and homelessness, child protection and out of home care, financial counselling, mental health, alcohol and drug support, youth services, and family and children's services. Participation is largely from practitioners/frontline staff rather than managers in not for profit agencies.

The government and private sectors have been less engaged with the project. Local government is represented, though largely by people in roles related to community safety and development. There are a range of groups and organisations whose enhanced participation in the project would be valuable but who were only loosely engaged at the time of the evaluation, including:

- SA Police (SAPOL).
- SA Department of Education and local schools.
- Children's centres, kindergartens and early childhood services.
- SA Health, local hospitals and general practice clinics.
- SA Housing Authority.
- SA Department of Human Services.
- SA Department for Child Protection.
- Centrelink.
- Aboriginal people and Aboriginal organisations, such as ACCOs and ACCHOs.
- Sporting clubs and other community groups.
- Local business associations, chambers of commerce and business networks.
- Men.
- Young people (aged 18 to 25).
- People with lived experience of FDV.

Interview participants mentioned all of the groups above as having the potential for greater engagement with the project. Interviewees noted, however, that there were barriers to participation in many cases. For example, SAPOL, hospitals, schools and child protection staff were perceived as being very busy. Some of the groups above are discussed further in Section 5.4.

In the course of the project, the tagline 'Everyone's business' was coined to describe the project's focus and work. This phrase captures the need not just for ensuring the right mix of people are around the table at the heart of the collaborative work, but that community more broadly is also drawn in and engaged.

5.3.5 Introducing new thinking

The regional community responses project aims to encourage communities to think differently about how they can collaborate to implement effective primary prevention strategies. The project staff who were interviewed reported some success in this respect and community stakeholders agreed, with a number reflecting on new ideas and approaches introduced by the project, notably the collective impact framework (see Section 5.4.9 for further discussion). Importantly, new thinking can catalyse action as well as informing it.

Some stakeholders reported that pre-existing local collaborations and networks had done some good work before COVID-19, especially in relation to community awareness, but they tended to 'have a set pattern and work to that' (key stakeholder 10). The regional community responses project has been able to reinvigorate and refresh the collaborative approaches already in place, and work towards the transition from community awareness to community mobilisation. As one interviewee observed:

> *Sometimes the existing collaborations have fairly fixed ideas about themselves, so actually introducing something new has been a bit challenging and it's almost important to sit outside, connected but outside, so that we can visualise ourselves in new ways rather than getting stuck on a particular idea of ourselves. (Key stakeholder 20)*

5.3.6 Coordinating activities

Interview participants strongly affirmed the need for collaborative initiatives to have some sort of structure and framework, including a coordination point akin to the 'backbone organisation' identified as a key feature of collective impact activities (see Section 2.4.6). Interviewees said coordination and facilitation was important to developing and implementing a shared vision, and to make people feel accountable to someone, meaning they were more likely to stay engaged, attend meetings and perform tasks they had committed to. Community stakeholders highlighted the need for someone to keep the work visible and progressing among the range of competing priorities people had to manage, not only in relation to their core professional roles but also other community-wide issues:

> *As much as domestic violence is important and prominent, there are so many other things vying for the attention as well, like mental health, housing. So we're in a very competitive field for people's attention and time and awareness and capacity to actually tackle, it would need to have somebody to continually not let it slide.* (Key stakeholder 1)

Interview participants highlighted the importance of having a project manager with the right skillset and reported that this was the case for the regional community responses project. Interviewees said the project had been well run with a high degree of organisation and commented on the depth of knowledge and experience the project manager brought to her role. Interviewees were positive about the way the project was supported by Centacare and the intern who assisted the project manager with community engagement activities. There was also appreciative feedback on the investment of government funding into collaborative primary prevention initiatives in regional communities.

5.3.7 Building trust

Interview participants observed that effective collaborative activities depended on trust between parties, and particularly with the individual or organisation taking a coordinating role. The regional community responses project was perceived as doing a very good job of building trust with stakeholders in each community. Similarly, the project manager reported that she had been 'met with generosity and commitment' in the communities.

The project manager was described as having 'very good skills at building relationships with people and building relationships well and quickly and being very open and inviting of people' (key stakeholder 4). Another typical comment about the project manager and staffing was:

> *She was a perfect person for it and then having a uni student to support, that was brilliant and needed, to assist with that thinking and after having a conversation, being able to unpack it.* (Key stakeholder 13)

The project manager is trusted by community stakeholders partly because she represents a known and recognised not for profit organisation, but mainly because of the way she engages with community members. The project manager has been conscious of not being of community and acknowledges this in her interactions. In particular, she listens to what community stakeholders tell her is needed and responds accordingly. The regional community responses project has also evolved as it progressed in ways that interview participants saw as highly responsive to local needs and context.

Some community stakeholders were particularly enthusiastic about the inclusive, open and responsive approach taken by the project, and highlighted the potential for the project to make a real difference in local communities:

> *I love so many parts of this project. I love that you guys are coming down and talking to us about what* we *want to do…I think it's really important that communities say what they need and work*

> *together to take ownership of how we're going to implement that, what works, what doesn't. And having someone like [project manager] come in to do the hard work for us putting it all together, I think it's amazing…We're so lucky to have you guys working on this, we really want to make the most of it!* (Key stakeholder 15)

Building trust is a process and progress can be lost if it is disrupted or there is a perception that the trusted party has 'left the field' when the game is still being played. This highlights the importance of maintaining continuity and building on momentum in collaborative activities (Ennis and Tofa 2020).

5.3.8 Understanding community

Having a project manager based in Adelaide was an acknowledged risk for the regional community responses project. Running the project across four different areas meant the project manager was going to be outside community in at least three of the sites and have significant travel commitments; an Adelaide base exacerbated these issues. Not only is the project manager not a community member and only occasionally present in community, she is also from an urban rather than regional setting. There are positives, however, to a project manager covering several communities. These benefits include economies of scale, scope for shared learnings between communities, and capacity-building for local communities provided by a project manager with high-level expertise. There is a need for balance here to reap the benefits of a place-based project presence as well as multi-site coordination and sharing.

Drawing on 'local know-how', 'lay theories' and community knowledge increases the effectiveness of FDV primary prevention initiatives in non-urban settings (Edwards et al. 2016; Pruitt 2008) and this was well-recognised by the regional community responses project. The evaluation found only limited evidence that the project manager's Adelaide base has reduced her capacity to develop a strong understanding of local context or to build trust in the four regional communities due to being seen as an outsider. As noted above, interview participants said the project manager was adept at acknowledging her outsider status, inviting community members to share their knowledge and experience, and listening carefully and respectfully to what they had to say. A typical comment was: 'it was very well communicated that we're the experts in our community' (key stakeholder 1). Interview participants said it was possible to overcome outsider status by engaging with community, talking to people and getting involved in local activities. Several stakeholders observed that there were some benefits to coming into community from outside, bringing new ideas, fresh eyes and perspective:

> *It would usually be better coming from a local person but maybe not. Maybe there's too much local politics, maybe it needs to be someone from outside coming to start the process at least and then getting the right people together and then letting it go.* (Key stakeholder 8)

Only two community stakeholders thought the project manager's outsider status was a little problematic, noting that it was difficult to access settings such as sporting clubs from this position. Nearly all community stakeholders, however, said that over time collaborative work should have a place-based presence within the local community (see Section 5.5).

The project manager herself perceived a little resistance arising from her outsider status, commenting:

> *I think I addressed that very early in all my conversations. I acknowledged that I was an outsider and the project was temporary and it was about supporting communities where they were at. I really led with that…I got some pushback, from some people I would have really liked in the fold.*

The project manager also reported that there were times when she felt community stakeholders were not sharing as much information as they could with her, though this was not because they were holding back intentionally. In some cases it is likely that community stakeholders are unaware what information might be relevant because they are unclear about the exact nature of the project and collective impact (see Section 5.4.9 for further discussion).

The project's process of developing knowledge of each community, identifying key stakeholders and mapping community assets has been fairly organic. While significant progress has been made within a short

timeframe, the project manager reported that the limited resources available to the project, and having few opportunities for shared reflection with other team members, made the initial community mapping process more challenging. The project has also experienced disruptions to travel and face to face meetings caused by the ongoing COVID-19 pandemic in late 2021 and the first half of 2022. These constraints have meant the project activities to date have involved a fairly limited number of stakeholders drawn from service providers. Broader community engagement will be made easier by ongoing systematic mapping of community networks and assets.

There has been a significant advantage to the project's more fluid and incremental approach to building community knowledge, however. It has given the project flexibility, time and space to get to know communities in a non-threatening and non-intrusive way and for communities to grow comfortable with the project. A slow and steady project roll-out, with scope for organic development, was greatly preferred by community stakeholders over a 'hit the ground running' approach. A whole of community response needs to progress at a pace that suits that particular community. Project staff recognised the advantages of this, with one observing:

> *We built those relationships first. We didn't essentially focus around the project…It's got to be organic because you just don't know how individuals respond, you don't know how the community responds…you can't just head straight in like 'this is what we're doing'. So I feel like it's got to be organic and you've just got to go with the energy of the community.*

5.3.9 Being in community

While it is possible to overcome outsider status by building a strong knowledge of community and establishing relationships of trust with community members, this generally requires being present in community regularly over a period of time. This has been a challenge for the regional community responses project with four regional areas involved and ongoing COVID-19-related disruptions to travel and face to face interaction. Project staff reported that group meetings and community forums conducted online were generally much less successful than those that took place face to face in local communities. This was particularly the case when not all attendees had access to the technology and Internet connection required to support online meeting platforms.

Some interview participants noted that it was important to regional communities that people from the city sometimes came to them, and this is especially the case when conducting community development or mobilisation work that depends on close engagement with local communities. Interviewees did see a place for online interaction under some circumstances. Project staff reported that it was helpful to conduct some one-to-one meetings online when the timing or COVID-19 situation did not allow for a regional visit. Community stakeholders noted that sometimes attending a meeting in person was not possible for them and it was convenient in these cases to have an online option.

5.3.10 Acting as well as talking

Several interview participants talked about the perception that collaborative networks were 'all talk, no action' acting as a disincentive to participation. A fair amount of frustration was expressed with the fact that while there had been increasing discussion of FDV in the media and other forums, and plenty of research undertaken, there seemed to have been little real change in the incidence of FDV or its drivers, including gender norms. Each of the four communities that were part of the regional community responses project had past experience with collaborative networks in this area, but interviewees generally said it was hard to see much evidence of real impact from these efforts and resourcing constraints were a persistent problem. Community stakeholders said of past collaborative work: 'they meet but they do tend to just talk and not do a lot' (key stakeholder 1) and 'too many ideas, all over the place, and then nothing ended up happening' (key stakeholder 3). Another noted: 'the research has been done, we know what we need to do, but we're not doing it and that's the frustration' (key stakeholder 16).

Project staff were well aware of the dangers of what they described as 'consultation fatigue' in communities,

and the need to keep people engaged without over-promising on what could be delivered, as these remarks from the project manager illustrated:

> *It's difficult to invite community into another consultation, they are too fatigued, you won't pull them in. It's difficult to go in and consult on just a proof of concept, they're busy, it's valuable time…It would be really difficult to engage them if you weren't absolutely serious about what you're doing. But I was also really aware that I didn't want to set them up.*

The project manager reported that she had quickly realised that community stakeholders needed to know that their engagement in collaborative activities would be meaningful and have impact. People want to see concrete outcomes, and they generally want to see them quickly. As one community stakeholder said:

> *I like tangible, applied things, I want to know what to do. I'm practical, not airy fairy…a lot of people won't hang in there if they can't see anything tangible that they can do and contribute towards.* (Key stakeholder 14)

This raises significant challenges for community mobilisation and collective impact activities aiming to generate social change as they tend to deliver results that are difficult to measure and only manifest in the medium to long-term (see Section 5.4.10 for further discussion). As the quote above suggests, however, meaningful actions can keep people engaged even if meaningful outcomes take a long time to appear.

Some community stakeholders thought that delivering a community action plan for each community at the end of the project was a good idea, though others were sceptical about how effectively the plans would be implemented if the project was closed. Most stakeholders took the view that while 'the problem is there's community action plans for everything' (key stakeholder 1), these plans could still play a useful role in guiding goals, action and ongoing monitoring, as well as raising the visibility of particular issues and ensuring they remained on the radar.

5.3.11 Celebrating small wins

A number of community stakeholders reported that previous collaborative work on primary prevention initiatives in their communities had run afoul of the 'thinking big' problem. Interviewees said there were always some people who wanted to undertake large-scale, 'flashy' projects that were simply not achievable, particularly when no one had the time to commit to doing the necessary work. One interviewee reflected as follows:

> *Sometimes people in the community can be really idealistic in wanting to achieve grand big things, big events, raising funds for things…It just got bigger than Ben Hur but when it came down to it, no one wanted to put their hand up to do any of the work…People can be a bit disheartened when they realise their dreams are being squashed down so it is a bit of a delicate balance between well, let's work together and try something that is achievable, but also respecting that they have high hopes.* (Key stakeholder 2)

Most interviewees favoured smaller-scale activities that delivered maximum 'bang for buck' and meant people saw results and stayed motivated: 'having little successful actions and activities on a fairly regular basis to keep people's morale up' (key stakeholder 4). Specific activities that were mentioned by interviewees included school colouring competitions with a respectful relationships theme, including a White Ribbon round in sporting fixtures, speaking at community events, community memorial spaces and vigils, and 'dunny door' poster campaigns. Some interviewees observed that regular reminders and embedded activities could work to reinforce and normalise key messages.

There were some interviewees, however, who thought that reducing expectations and keeping activities low-key risked glossing over the issue, limiting the progress that could be made towards real change. As one interviewee complained: 'I'm sick of doing the band aid effect…we're not fixing the source of the problem, which is men's aggression and control' (key stakeholder 13). This interviewee also suggested that ordinary community members, rather than those deeply engaged with the collaboration, could offer insight into the activities that would be most effective. The community action plans that are under development will inform

the mobilisation process by identifying target actions and higher level aspirations in consultation with a broad range of stakeholders.

5.3.12 Capturing data

Several interview participants commented that one area where a community mobilisation project could add value to existing community activities was in monitoring and evaluation. These participants reflected that local communities often lacked the expertise or resources to assess the effect of primary prevention activities: 'how do we capture that data so we know we're having an impact?' (key stakeholder 16). The two community surveys conducted by the regional community responses project generated considerable community engagement and interest, producing data at a local level (most data on FDV attitudes and responses are at a much higher, often national, level). Local data can be perceived as more relevant by community members and assist with countering the 'that doesn't happen here' argument.

Some of the interview participants were also interested in what the project could share about evidence-based primary prevention activities and the project manager has been able to direct community members to a range of helpful resources. A number of interview participants said that incorporating a formative evaluation component into the project, despite the short timeframe, was a great way of capturing learnings and pointing the way forward to effective collaborative primary prevention activities in the four communities beyond the life of the project. In the case of the regional community responses project, the evaluation component was funded separately and directly by the host organisation to maximise the value of the project as a pilot which could generate learnings around what works in collaborative primary prevention, what the challenges are, and how the work can best continue.

Key finding 9
Passion for change is a key element of collaborative family and domestic violence primary prevention work. Highly engaged individuals who are driven and passionate about change are present in each of the four regional areas and are important assets for the regional community responses project as well as vital to the sustainability of the work after project close.

Key finding 10
Collaborative family and domestic violence primary prevention work requires targeted strategies for strengthening and expanding networks and links within communities. The regional community responses project has effectively deployed its limited resources to promote stronger collaborative partnerships and connect a range of players into collaborative activities in each of the four regional areas.

Key finding 11
Collaborative family and domestic violence primary prevention work benefits from a core 'steering group' of people who are highly engaged and represent key perspectives within communities, as well as a broader group of more loosely engaged stakeholders The regional community responses project put considerable effort into identifying key stakeholders in each regional area, though this process took some time and building engagement with the full range of important actors remains ongoing.

Key finding 12
Collaborative work benefits from the periodic introduction of new thinking around the concept and practice of working together in particular local contexts. The regional community responses project is successfully refreshing and reinvigorating collaborative practice in the four regional areas by facilitating reflection on different possibilities for working in partnership, particularly within a collective impact framework.

Key finding 13
Stakeholders in the four regional areas highlighted dedicated resourcing for organising and facilitating meetings, coordinating activities and promoting accountability as the most valuable contribution of the regional community responses project, indicating a backbone role is viewed as a key element of effective collaborative work.

Key finding 14
Acting as the coordination point for collaborative work requires a specific skillset, including: very strong relationship-building and interpersonal skills; organisational skills; facilitation skills; persistence; and content knowledge. The regional community responses project manager is an excellent fit for the job and has been well-supported by her host organisation within resource constraints.

Key finding 15
The coordination point for collaborative work needs to be well-trusted by community members and have a deep understanding of community, which normally requires being of community or in community for extended periods. The regional community responses project manager has been able to overcome being outside the four regional communities by: acknowledging communities as experts in their own needs; actively seeking the views of a range of diverse stakeholders; listening to stakeholders; and being highly responsive to stakeholder feedback.

Key finding 16
Collaborative work to achieve social change usually takes a long time to deliver results; identifying milestones and celebrating small wins can help keep engagement levels high during the journey. The regional community responses project has been able to motivate community stakeholders, instil hope and build momentum, while effectively managing expectations about what can realistically be achieved.

Key finding 17
Stakeholders in the four regional areas are interested in the evidence base for collaborative primary prevention work, and ways of capturing its impact in their communities. The regional community responses project has begun to develop community knowledge and expertise in learning from and contributing towards the evidence base across the four regional areas.

5.4 What are the challenges for collaborative whole of community responses?

Community stakeholders who participated in the evaluation said the regional community responses project had done an excellent job of laying the foundation for further collaborative primary prevention work. They identified some areas which would benefit from further investment of time and resources. This section describes the aspects of the project activities which were particularly challenging, and in some cases potential strategies for addressing challenges. In general, devising and testing different strategies for strengthening and enhancing primary prevention work will be a community-driven process as part of continuing collaborative activities.

5.4.1 Practical and logistical issues

Bringing groups of people together to pursue shared activities can involve considerable organisational work, particularly in non-urban areas where infrastructure and transport options are more limited. Project staff reported that project activities had been significantly affected by COVID-19-related disruption, which had practical implications as well as acting as an understandable distraction from collaborative activities for community stakeholders. The project manager reported:

> *The pandemic has had a real impact on collaboration and people's eyes going above what's in front of them, like crisis and adapting their practices. That's certainly taken priority, as it needed to, but it really impacted people's ability to find any time at all for collaboration.*

COVID-related disruptions have reduced as the project has progressed, but other unexpected events can occur, particularly in non-urban communities, which have the potential to cause logistical difficulties and distract attention from collaborative activities. These events include extreme weather, bushfire, drought, flood, and economic factors such as downturns in commodity prices or the withdrawal of major employers from regional areas. Regional areas are also more acutely affected by changing government priorities and funding allocations; if government chooses to move funding away from a regional community, substitute

services are likely to be harder to access than in urban areas.

Some of these issues are difficult, if not impossible, to control or predict, but project planning and activities should take known factors into account and incorporate some level of contingency planning for unexpected developments.

5.4.2 Responding to resistance

The regional community responses project occasionally encountered resistance to the focus on making communities safer for *women and girls*. There were community stakeholders, including among the evaluation interviewees, who expressed some discomfort with this gendered lens.

The pushback against placing a gendered lens on FDV appeared to have two facets: discomfort with perceived lack of acknowledgement of people who identify as male experiencing FDV, and discomfort with perceived lack of acknowledgement of people who identify as female being perpetrators of FDV. Some service providers (from non-DV-specific services) pointed out that they often had male clients who were experiencing FDV (and in the case of children affected, there are of course many boys). Community stakeholders also noted that FDV occurred in relationships where both parties had the same gender identification.

These are all valid and important points. The rationale for the project's focus on the impact of FDV on women, and its perpetration by men, as described in Section 2.1, is that primary prevention work must address the drivers of FDV and these drivers are often gendered. It is not possible to respond to these drivers without gender being front and centre. Additionally, while men are impacted by FDV, women are more so. Women are much more likely than men to experience violence from an intimate partner, sexual violence, domestic violence that has lethal consequences and violence that directly affects children.

Project staff reported that their strategies for responding to resistance have worked relatively well. Framing the project's work more broadly, in terms of 'safe and equal communities for all', has been a good approach when talking with people who might find a focus on domestic violence or a gendered lens off-putting. The project manager has been conscious of the need to 'invite people in' rather than making them feel shut out of the conversation, and this sometimes requires some adaptation of strategy and judicious use of language.

At the same time, the evaluation heard some frustration around the need for this adaptation, with one interviewee observing:

> *Women are doing all the hard work and that gets tiring. How inviting are men to women into their spaces? It's the essential problem around the power imbalance…people do not step away from their own power.* (Key stakeholder 20)

Challenges around engaging men in whole of community responses are discussed further in Section 5.4.5.

5.4.3 Engaging with government agencies

The importance of having the right players involved in collaborative activities was discussed in Section 5.3.4. Some actors, including state government agencies, have been less engaged than others during the pilot phase of the regional community responses project. Intensive relationship-building requires a significant investment of time and resources, and relationship-building is two-way. The evaluation heard evidence from community stakeholders that some government service providers, including SAPOL, Health, Child Protection and Education, could be hard to engage due to lack of capacity, lack of prioritisation of collaborative activities and few obvious 'access points'.

SAPOL, Health and Child Protection in particular were perceived by interviewees as crisis-driven and necessarily reactive, limiting their capacity to engage with primary prevention or collective impact activities. Schools were seen as under pressure on a number of fronts and understandably selective about the community initiatives they engage with. All of these areas have been impacted by COVID-19 and subject to increased pressures during 2021 and 2022. As one interviewee noted:

> *Anything that's crisis driven is going to find it really challenging to collaborate in this space because they've been under the pump. When you've got the client demand that is relentless, that impacts.* (Key stakeholder 20)

Interview participants said that SAPOL, Health, Child Protection and schools, and possibly Centrelink, should be included in whole of community responses to FDV, while recognising the factors that make this challenging. Local police, health services and schools tend to be high profile parts of regional communities, making their engagement especially important. There may be a tension here between a collective impact project's perceived advocacy role and involvement by stakeholders from government agencies. One interviewee from a state government agency noted: 'we can't be seen to be in a position of lobbying governments, so there's a little bit of a need for reserve' (key stakeholder 12). Given these tensions and challenges, strategies for engaging effectively with government agencies active in local communities are an important element of future collaborative work responding to FDV in regional areas.

5.4.4 Engaging community more broadly

In any collective impact or community mobilisation initiative, there are invariably some groups and individuals who are very loosely engaged or not engaged at all. Reaching out beyond 'the usual suspects', those with a professional or personal interest in the issue, is a challenge. Typical comments from stakeholders included:

> *You need all the facets of the community to be interested in taking a stand and making it a community responsibility, which is a hard thing to do.* (Key stakeholder 8)

> *These sorts of actions and programs are needed because in every community there are those that work in that space and know about it and work around it, but it will never touch the greater community and that's what we need to do.* (Key stakeholder 12)

At the time of the evaluation, the regional community responses project had not been in operation long enough to build broad community engagement. This is a process that takes time and generally requires targeted activities aimed at a broad audience, as well as adequate resourcing. Community stakeholders reported that previous collaborative efforts had achieved some success at engaging people more broadly through collective events such as sporting matches, marches and vigils.

Interviewees noted that a key element of the work of a whole of community response to FDV is building awareness and acknowledgement firstly that FDV is a problem, and then that it is everyone's problem. Only then can the fundamental drivers of FDV begin to be addressed. This is a slow, incremental process, not something that can be achieved rapidly:

> *DV is such a complicated conversation, it takes a long time…it's going to take a whole lot more conversations than just ten minutes over the water cooler in the office.* (Key stakeholder 10)

> *It's definitely not going to happen overnight and it's not going to happen in a year…it's addressing all these sort of gender relations, power relations stuff that's been around for literally millennia.* (Key stakeholder 19)

It can be difficult to find effective strategies for drawing in a broader group. Comments from community stakeholders were often along the lines of 'I'm afraid I haven't got the answer' (key stakeholder 1). Some community stakeholders thought there had been some progress in their communities towards acknowledging that FDV required a broad-based, shared response, but knowing what to do, how to do it and who should do it was the bigger challenge. Many interviewees were somewhat at a loss as to how exactly to make change happen and said there was a risk of FDV being relegated to the 'too hard basket':

> *The consensus out there is that it is our responsibility…but whether the actions actually come from there, it's probably a bit hard to tackle.* (Key stakeholder 1).

The path forward to engaging community more broadly is not always clear but some stakeholders could see possibilities, particularly through leveraging the close connections present in small communities:

> *In a small regional area, all of the people who are involved will also be involved with all those areas that aren't involved. Some of them will be going to a sports club or a church or a service club or their husband will work at a hotel.* (Key stakeholder 4)

The regional community responses project has made some progress towards engaging with local business networks and workplaces, but this has generally been one of the areas of challenge. Gaining traction with sporting clubs has also been difficult. The project manager observed that community members who didn't have professional exposure to FDV sometimes found it hard to see how they could contribute to primary prevention or collaborative activities:

> *They didn't see themselves as central to the work, they were happy to support where they could, but it's not their usual business or nothing they felt they could initiate in that space…people can't quite see their place.*

Action plans remain a first step in solidifying community networks and links, identifying concrete actions and, depending on how they are structured, outlining ways to evidence and measure impact. There was limited evidence in the evaluation that stakeholders saw the purpose of action plans in this regard, perhaps reflecting lack of clarity around their function and the early stage of development.

The project manager said that with time and effort helping disparate groups and individuals see how they could play a role was an achievable goal. In the context of engaging with the wider community, interviewees again raised the potential for individual community members to have significant influence in broadening engagement. There was acknowledgement that people in positions of power could helpfully exercise leadership and provide resources for project activities – 'you need someone…who has a bit of clout to make things happen and maybe provide funding' (key stakeholder 12). Community stakeholders also talked about people such as hairdressers and St Johns volunteers who were very well networked in community, heard a lot about what was going on and interacted with a broad cross-section of community members. Interviewees noted that community activities had to be really well promoted and publicised, including through local media, to maximise their impact and reach as many people as possible.

Some interviewees said that more effort needed to be made to engage people with higher level, more strategic roles and greater control over resources – the 'power players' (key stakeholder 8) – rather than largely practitioners working in frontline positions. There were comments, however, that people such as mayors, MPs, church leaders and business leaders, while being prominent and influential in regional communities and generally acting with goodwill, sometimes did not engage with issues such as FDV at a deep level, being more likely to pay lip service or provide tokenistic support. Some stakeholders noted that people in high level positions often had fairly limited understanding of FDV and intersecting issues such as socioeconomic disadvantage, gender-based discrimination, marginalisation, intergenerational trauma and social isolation. There was also a view expressed that including the voices of those without power and influence was more important in a whole of community response:

> *The people I've met who are really passionate about it are not privileged and it's really hard in this town to get anything done if you're not standing in a privileged position…the people that are trying to help, if you don't have any understanding of it, you're just throwing money down the drain.* (Key stakeholder 15)

Notably, the two interviewees who were 'lay' members of community rather than professionally connected with FDV directly or indirectly said they were not sure of their role in collaborative activities despite being proactive and interested enough to engage:

> *I was lost, I was going to these meetings, I was thinking 'what are we achieving here?' I wanted to be there to support but I couldn't see what my role was.* (Key stakeholder 14)

> *I'm not a service provider, so when I walk into the meetings, I actually get a lot of looks like 'what are you doing here?' And it's been really interesting because it's really challenged my perception and whether I should be there and I deserve that seat at the table.* (Key stakeholder 15)

These participants did say that after several months of engaging with the project, they were starting to feel more confident and clearer about what they could contribute, and that people from service providers also recognised their potential role. This increased level of comfort was partly attributed to the project manager making an effort to make these participants feel welcome and talk with them about how they would like to be involved.

Interview participants reflected on how people with lived experience of FDV could be engaged in collaborative activities and while there was general agreement that this was desirable, there were different views on how the engagement could occur. Some community stakeholders were passionate about ensuring people with lived experience played a key role:

> *I'd love to see those marginalised, vulnerable voices more pronounced…to address the issues we need to ask them how to do it, we need to stop assuming that we know best.* (Key stakeholder 15)

Other interviewees expressed concerns about how people designated as having lived experience could participate safely in the core group guiding the collaborative activities. Interviewees noted that one person's lived experience was not another's and a single individual couldn't be expected to represent the perspective of everyone who was affected by FDV. There was concern that people with lived experience may find open discussion of FDV triggering, and it could be hard to ensure there were safe spaces created for them. Some practitioners were worried about professional boundaries being crossed if they found themselves around the table with past or present clients, saying of lived experience input: 'there's a time and place for that involvement…it's quite a tricky space' (key stakeholder 6). It is vital that multiple perspectives, and particularly those of people with lived experience, are represented in collaborative activities, and stakeholder comments highlight the importance of ensuring this occurs in a safe and appropriate way.

The regional community responses project has made efforts to engage ACCOs in the local communities in project activities. Interviewees reported that these organisations were engaged with pre-existing local collaborations and networks, but their engagement was sometimes sporadic and they tended to be very busy with multiple competing priorities. Partnership activities take time and effort, and both sides need adequate resourcing for this, particularly in the context of the importance of Aboriginal voices being heard and the SA Government encouraging engagement with ACCOs/ACCHOs across a range of areas.

Some stakeholders highlighted the need to allow for different people and groups to engage in different ways and noted that the collaborative culture and group dynamics in play could encourage participation or, alternatively, put some people off: 'it's really tricky because when you get a group of people, you just need the right mix' (key stakeholder 11). Having a diverse range of people strongly engaged with a whole of community response was seen as important to encourage as many members of diverse communities as possible to link in.

5.4.5 Engaging men

A number of stakeholders observed that there were only a few men strongly engaged with the regional community responses project. Interviewees did not find this surprising and reported on cases of backlash they had observed when men did try and get involved in FDV primary prevention. This could come from other men or from women who viewed male involvement as unwelcome. Nevertheless, the evaluation did hear about prior collaborative and community activities in which local men had been heavily involved, and about men who community stakeholders thought would like to engage (in addition to a small number of men who have been engaged in project activities).

Interviewees said it was important to engage men in collaborative responses to FDV but they recognised some barriers to doing so, not least the fact that the space was dominated by women. Involving mainly service providers in collaborative activities reinforces this gender bias because community services disproportionately employ women. Observations made by interviewees aligned with previous research noting how gender norms discourage men's engagement in norm-shifting activities and how the lack of men in relevant practice roles creates an additional barrier (Hansen et al. 2021). Stakeholders noted that it

required a degree of bravery for men to engage when few other men were:

> *It will take a lot of stepping up and a lot of support, like safety nets around that person, and it needs to be someone brave enough to step up and do it.* (Key stakeholder 12)

Interviewees saw some key activities in a collaborative whole of community response as best undertaken by men, such as encouraging more men to engage, role modelling positive behaviours, calling out bad behaviour by other men and encouraging abusive men to seek help. Stakeholders thought the first step towards engaging more men in FDV primary prevention was to break down common narratives around the issue and show men how they could be part of the response. One stakeholder observed:

> *I think men tend to be 'it's not my problem and it's not me, so therefore I don't have to be involved'.*
>
> *We need to change that. Okay, it's not your problem, but we want someone exactly like you.* (Key stakeholder 12)

Sporting clubs, workplaces and men's sheds were suggested by interviewees as good venues for engaging men in whole of community responses to FDV. The experience of the regional community responses project suggests, however, that it can take some time and perseverance to access these settings.

In recognition of the challenges being experienced with engaging men, the second community survey asked respondents what strategies they thought could help primary prevention work engage with men. The following were the most popular suggestions (in order of popularity):

- Engagement through sport and sporting clubs (cited by 47 respondents).
- More education, through schools but also around awareness and bystander skills (33).
- Engagement through workplaces (32).
- Broadcast, print or social media campaigns (20).
- Role modelling or peer interaction, ideally face to face (15).
- Engagement through pubs, retail or recreation spaces (9).
- Providing more services for men and male victims (9).
- Engagement through community groups, clubs and events (8).
- Talking about FDV more (7).
- Addressing male culture more broadly (6).
- Engagement through men's sheds or men's groups (4).
- Embedding in mental health education and awareness campaigns (3).

5.4.6 Engaging young people

There is a need for enhanced strategies for engaging young people, including people aged in their twenties, in primary prevention work. Again, it can take time and persistence to access educational settings, which tend to be managing competing priorities and are selective about the community activities they engage with. Both schools and universities have been affected by COVID-19-related disruptions, including periods when students have not been present on campus. More progress engaging with educational institutions should be possible with the consolidation and continuation of the project work in the future. The project has had some success reaching young people through service providers (such as youth services and alcohol/drug support) and youth groups. These avenues are likely to continue to be productive and there can be advantages to engaging with young people outside school settings where they may feel more relaxed and less pressured.

Schools remain key players in helping to raise young people's awareness and understanding of FDV in age-appropriate ways and interviewees said there had been some engagement from schools with prior collaborative networks. Community stakeholders reported that schools in their communities were implementing some activities aimed at engaging young people with content related to respectful relationships and gender norms, but there was a widespread view that not enough was being done. In line with previous Australian research (Loney-Howes et al. 2021), some interviewees said local young people

in their communities needed a better understanding of FDV and its impacts.

Interviewees said teachers did not always have the knowledge and training required to deliver relevant content appropriately, and to manage potential fallout (such as pushback from parents and young people with FDV exposure being triggered, disclosing their experiences, or having problems reconciling the messages they were hearing with what they observed in their home environments). In-reach programs were seen as a good option for schools, so that appropriately trained professionals could deliver content, but the involvement of school wellbeing teams was also important. At the new high school in Whyalla, the wellbeing team includes five social workers employed by Centacare Country to provide counselling, therapeutic responses and class content and this model was working well so far. Interviewees noted that having men and Aboriginal people represented on school wellbeing teams would be helpful. Sport was identified as another avenue for engaging with young people, with the Port Adelaide Football Club's work with schools cited as a good example (see Louth et al. 2018).

In recognition of the challenges being experienced with engaging young people, the second community survey asked respondents what strategies they thought could help primary prevention work engage with this group. The following were the most popular suggestions (in order of popularity):

- Enhanced education in schools, either by teachers or others (cited by 45 respondents).
- Engagement through sport and sporting clubs (17).
- Using young people's preferred modes of communication (e.g. social media) (16).
- Education focusing on healthy relationships and communication (14).
- Starting education at a younger age (10).
- Engagement through youth groups, social settings and community spaces (10).
- Role modelling or mentoring (9).
- Education through TAFE or universities (8).
- Enhanced education in schools through inreach rather than teachers (8).
- Engagement through workplaces (6).
- Having efforts shaped by young people (5).
- Offering programs outside school settings (4).
- Offering culturally appropriate programs (3).
- Creating safe spaces in community to talk about the issues (3).
- Print or broadcast media public awareness campaigns (2).
- Addressing broader cultural issues such as gender norms (2).
- Reaching young people through parents (2).

5.4.7 Capacity for partnership building

Interview participants said that time/capacity constraints were the a significant challenge for strengthening collaborative responses to FDV in regional communities. Lack of capacity was identified as the key reason prior and pre-existing collaborative efforts had gained limited traction or stalled. Relationship-building and collaboration are resource-intensive and considerable work is required by all parties involved, but these activities are rarely funded accordingly. One stakeholder described her involvement in prior collaborative activities as follows:

> *It became like a second job which we really didn't have time to do, it was not like a paid position and then you've got your own work on top of that…People were willing to put their hand up in the beginning but then not willing to follow through with actually attending the meetings and committing to it…we're happy to be a part of something and raise that awareness but it does need to be achievable goals, it needs to not be this pie in the sky.* (Key stakeholder 2)

Unsurprisingly, the evaluation participants all said the regional community responses project was spread too thinly trying to cover four disparate areas, that it was too short, and that one person (the project manager) was not enough to carry the load. Interviewees said more intensive activities over a longer period of time

were required to increase the impact of collaboration. The project manager reflected that it would be good to spend longer in each community (maybe five days rather than two or three) on each visit. The project manager observed:

> *It's crazy each trip, you're just racing around and taking in so much, just going here and going there, it was pretty full on, I was really exhausted.*

Community stakeholders thought the project could have been even more impactful if it was concentrated in one or two communities, highlighting the often intensive nature of the work and the value that could be gained through a place-based presence supported by an over-arching coordinating organisation. Typical comments from interviewees included:

> *One of the greatest disadvantages of the project as it's running is that there's just one person…there should be at least two people working together. It's really hard to try and juggle four different communities and four different places…I do think she's done an amazing job but my sense is it's not the best way to run it.* (Key stakeholder 4)

> *I worried that it diluted it too much to actually be able to have any impact…Had it just been focused in one area, it would have had the capacity to go deeper into what it was trying to achieve…It was a little bit unwieldy because of the size of it. It's really hard to get measurable impact when you're spreading one person across many regions.* (Key stakeholder 8)

> *It was too big a concept for one person in the timeframe and for the budget that was provided…I feel like we needed more time…geographically it's huge…it was a lot for one person.* (Key stakeholder 11)

Interviewees said that the workload and spread across four communities had made it hard for the project to build and maintain momentum, particularly with ongoing COVID-19 disruptions, again highlighting the need for continuity and place-based presence:

> *It's been too big a project, too big a footprint. If you were there all the time, constantly at it, I think you'd really keep the momentum happening.* (Key stakeholder 10)

> *It's hard to get any momentum going because there's not someone there to run it and if Megan's not there to run it I think it kind of comes to a standstill. If she was able to invest more time with one group, for example, then I think a lot more would happen.* (Key stakeholder 12)

Interviewees emphasised that what some saw as relatively slow progress for the project in some aspects of its activities was due to circumstances outside the control of the project manager, who was described as highly effective, efficient and persistent. The following comment was typical:

> *She kept trying, she never gave up, she went to the next step…She's been so consistently connecting with people…It took her a long time but that wasn't a reflection on her hard work at all.* (Key stakeholder 13)

Greater capacity in the project team would open up opportunities to enhance collegiality and mutual support. Collaborative work, especially around an issue like FDV, is psychologically and emotionally demanding. People working in this space can benefit from having someone with whom to debrief, unpack issues, share ideas and discuss how things are going.

Collaborative activities depend on everyone involved having the time and energy to contribute to the initiative and building and maintaining strong relationships. Interviewees from service provider agencies said that they would like to contribute more but they simply did not have time and were required to focus on their core business of working with individual clients, often in crisis situations. As one stakeholder noted: 'the time factor is the demon in all of this' (key stakeholder 13). Over time, collaborative activities should incorporate enhanced engagement with higher level staff in service provision organisations, to demonstrate to managers the value of their team members contributing to the activities. The aim should be to develop a shared understanding across organisations, including funding bodies, of the benefits of the collaborative activities. As the project manager observed:

> *This is in nobody's contract, nobody gets any space for this work, they do it for free and they just haven't got the time. The state government, if we as a community think this is important, we need to carve out and find time for the work. Then we're all engaging in trying to change the story.*

A dedicated resource to coordinate, facilitate and organise was viewed as being of some help in terms of relieving pressure on other participants in a collaboration. While some people could spare enough time to attend meetings and do a little follow-up work, taking on leadership roles was a step too far for most. There was also feedback that shorter, more regular meetings were preferable to long meetings which took people out of their offices for several hours.

Collaboration 'doesn't happen automatically' (key stakeholder 3); nor does it happen without costs (chiefly staff time). If collaboration is seen as valuable and important – and it certainly was seen as such by the evaluation participants – it needs to be resourced. Interviewees commonly said they wished that the service funding environment reflected the importance of collaboration. Instead, they felt that there remain some significant barriers to collaboration in the form of competitive tendering and payment based on contracted service outputs rather than system-wide or collective outcomes or impact. The recent reform of the specialist homelessness services system in SA into regionally-based Homelessness Alliances and a statewide FDV Homelessness Alliance offers a model for collaborative working that is worthy of following, as a broad scale attempt at collaboration for better outcomes, driven through funding structures and collective decision making. Primary prevention work in the FDV space more generally could be delivered through a similar arrangement(s), albeit with investment needed to ensure clear goals, a backbone or collaborative structure and outcomes measurement.

5.4.8 The importance of continuity

Collaborative work cannot be pushed harder or faster than stakeholders can accommodate. The need for community mobilisation activities to be sustained over a long period of time to deliver results is a common theme in the relevant literature (e.g. Chia 2011; Michau 2007; Parrish et al. 2013). As a pilot, the regional community responses project was originally planned to run for a little over six months until a funding extension allowed it to continue for another six months. While interviewees said the extra time meant there would be meaningful progress made, and the scope to produce community action plans to consolidate this progress, they thought 12 months was still too short. A typical comment was:

> *The work she [the project manager] has done has been outstanding but she could not have done it in the smaller timeframe…This sort of project needs to be funded for at least two years, it has to be something that there's a start date and a finish date and it needs to be a small team, you can't have someone on their own, and ideally it needs to be made up of a man and a woman to drive it, and a few key people in the group. Ideally it has to be over four or five years because the community needs to see the consistency, the same people coming in with the same language.* (Key stakeholder 13)

Community stakeholders were accustomed to projects coming and going as priorities changed and funding was moved around, but they noted that progress made was often lost when funding was not sustained. This meant investments made were not capitalised on. Some interviewees had seen this process play out repeatedly over decades:

> *There's a whole range of different projects and they're all projects that start, but over 30 years, I don't see them sustain themselves.* (Key stakeholder 16)

Interviewees were concerned about the sustainability of the gains made by the regional community responses project after the project was closed. There were many comments about this, such as the following:

> *I'm concerned about when [project manager's] position finishes…[her] involvement is pretty crucial to actually make something happen…what's it going to be like when she's not there to crack the whip and make sure there's that accountability?* (Key stakeholder 3)

> *The sad part about it is it's going to end, the funding's going to end…We need ongoing funding to*

> *resource and drive an initiative…Someone needs to be responsible to lead when you have a group of people. Everyone's passionate but everyone's also busy, they're not funded for it and it's not part of their core business.* (Key stakeholder 6)

> *One action is not going to make DV go away and it's a message that needs to be repeated and repeated and repeated…If it was ongoing, and people knew it was going to be ongoing, that would guarantee more success. People would be more willing to become a part of it.* (Key stakeholder 12)

> *At the end of it it's going to be a disaster…it really needs a [project manager] to continue on to make it sustainable…It will take time, I believe we will get there over time.* (Key stakeholder 14)

Many interviewees reported that key stakeholders moving around and taking up different roles also contributed to a lack of continuity which compromised project outcomes, for the regional community responses project and others. One interviewee said there had been great people engaged in collaborative activities in the past 'but then they get shifted or they get cut or their service says they are no longer able to come to this meeting' (key stakeholder 16). Another interviewee observed:

> *Like anywhere, this work requires at least a kind of core consistency of people that are travelling with the learning and prepared to stick around. And that is challenging, because a lot of people move.* (Key stakeholder 20)

Interviewees suggested that ensuring there was a core group of people strongly connected to a collaborative project meant it was more likely to be able to withstand some people moving on. It was also noted that if there were people outside service provision roles engaged, a project would be less affected by turnover in those roles. The community action plans under development will assist with maintaining continuity and focus on a set of actions and desired outcomes.

5.4.9 Clarifying purpose and action

The regional community responses project has had to manage conceptual 'fuzziness' across several dimensions. Primary prevention is not always a clearly defined or well understood concept; nor is there a common, shared understanding of 'community mobilisation', 'whole of community response' or 'collective impact'. Sometimes these concepts mean different things in different settings and at different times. As the project manager observed, people have to be comfortable with ambiguity and uncertainty when engaging with primary prevention and collaborative activities aimed at producing social change.

The aim of the regional community responses project has shifted a little during project rollout and there has not always been a shared understanding among stakeholders about what it was trying to achieve and how it was going to work towards its goals. For example, one stakeholder thought the project had originally been conceptualised as a community mapping or fact-finding exercise to explore the potential for collaboration and engagement in each community, and was surprised it had moved beyond this purpose. This stakeholder acknowledged, however that even the idea of community mapping 'was a bit murky, what was trying to be achieved' (key stakeholder 8).

In some ways the evolution of project aims and activities over time is a positive sign; it reflects a responsiveness to local needs and context, and what community stakeholders have said needs to be done. The project manager quickly found that local stakeholders were eager for concrete action and progress, rather than a community mapping exercise that they thought would largely tell them what they already knew about their communities. Shifts in project aims and activities could sometimes have been better communicated across all stakeholders, but lack of capacity in the project made it hard to implement rigorous communications strategies. There was also a risk of confusing people, particularly community stakeholders, with changing messages.

The project manager has generally framed the regional community responses project as a 'collective impact' initiative and drawn on the collective impact conceptual framework and terminology described in Section 2.4.6 as an explanatory tool, with some success. (See, for example, Figures 8 and 9, which show tools used

by the project to illustrate collective impact.) One of the advantages of using collective impact framing rather than simply 'collaboration' is that there is more meat on the bones of collective impact to help people understand what it might mean to work together. Concepts like shared vision, mutually reinforcing activities, a coordinating backbone, common measurement, shared accountability and containers for change can seem more meaningful than the vague ideal of collaboration. The evaluation found that while stakeholders said they had learned a lot from talking through collective impact, there remained varied interpretations of the concept. Despite stakeholders saying they sought action rather than talk, many found it challenging to conceive of how to move collaboration beyond communication and information-sharing.

The project manager reported that while community stakeholders were very positive about collaboration, they were unsure how to put it into practice, noting:

> *Generally, collective impact is a new concept for people. I don't think it's well understood because it's a kind of moving, permeable, finding our way together…it's new and we've had to develop a whole lot of resources for people, like containers for change, well, what does that mean? It's not held by anybody…people have to be comfortable with ambiguity…and to believe, because you can't actually see it, you have to believe it.*

Similarly, a community stakeholder observed:

> *The service providers around the table are a little bit scratching their heads, they're finding the concept hard to grasp, because they're so used to running their own programs and doing their own thing.* (Key stakeholder 15)

5.4.10 Measuring outcomes

Assessing the outcomes of collaborative primary prevention work is difficult. Social change is usually slow and difficult to measure. There are outputs and in some cases higher level outcomes produced in the medium term, but real impact manifests over the long term.. In order to keep participants motivated and monitor how collaborative activities are going, milestone goals can be identified. These milestones, including establishing strong relationships, governance mechanisms and processes, represent small steps along the path to change. Interviewees noted that it was important to draw on prior learnings as well as monitoring to try and ensure the right work was being done:

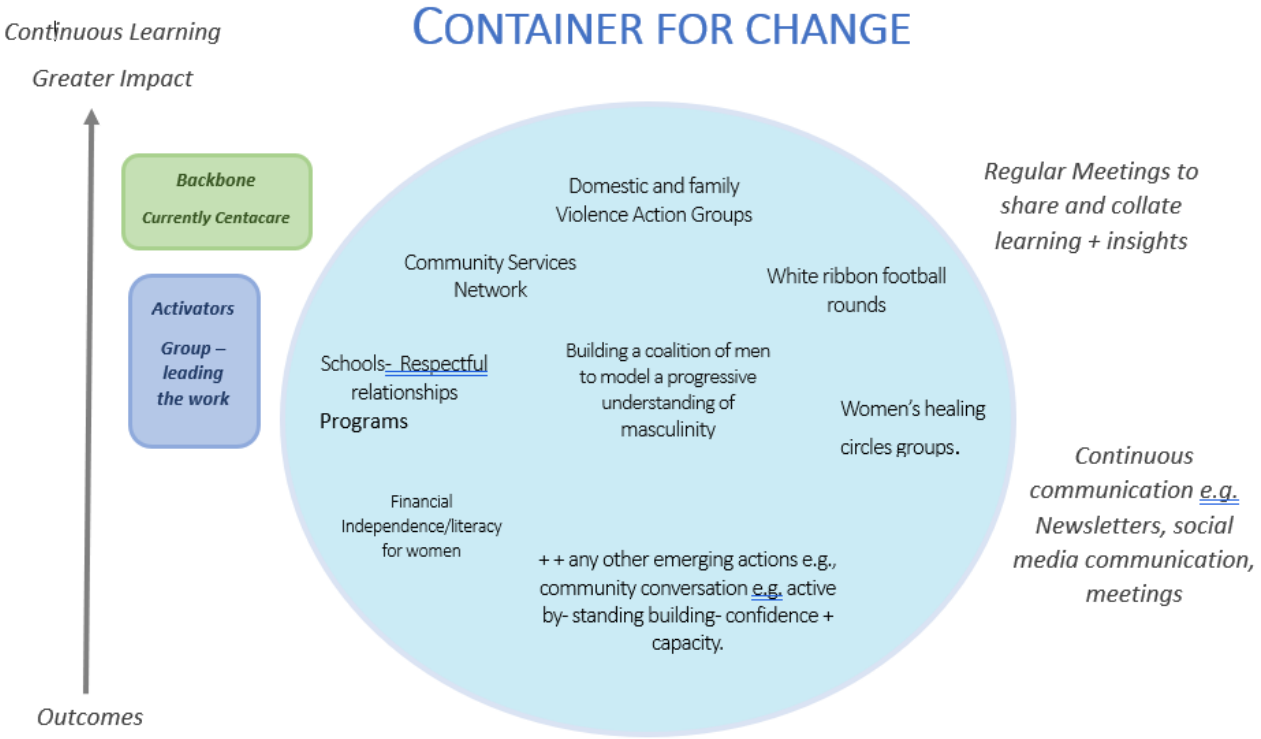
> *There's all sorts of things that are good and fine but for the effort it takes to do this work, you want to know that what you're doing is really impactful…we want to be doing things where we have got an evidence base.* (Key stakeholder 20)

Outcomes for each regional area will form part of the community action plans currently under development as part of the project activities. Attention to outcomes is required not just to keep collaborators motivated and focused, but also to meet funders' expectations if collaborative work is to be properly resourced. There was widespread agreement among interview participants that collaborative work needed dedicated funding, and that this funding would need to be linked to key performance indicators to ensure accountability. These indicators could be based on the collaborative activities undertaken and the strength of the relationships built (using a tool for assessing the health of partnerships, for example). Indicators relating to the collaboration itself are likely to be more readily measurable, particularly in the short term, than indicators relating to the ultimate goals of the collaboration (such as shifting social norms and reducing the incidence of FDV).

Figure 9: Collective impact diagram

Source: Centacare

Figure 10: Container for change diagram



Source: Centacare

Key finding 18
Bringing people together to work collaboratively is a logistical exercise that requires resourcing and allowance for unexpected problems and issues. The regional community responses project involves substantial organisational work and has been significantly affected by ongoing COVID-19-related disruptions in late 2021 and early 2022.

Key finding 19
The regional community responses project has experienced some pushback on family and domestic violence being viewed through a gendered lens but has adapted its communication strategies to respond to this with reasonable success.

Key finding 20
Government agencies, including SA Police, hospitals, schools, the Department for Child Protection and Centrelink, should be connected into collaborative family and domestic violence primary prevention work. The regional community responses project has made limited progress towards engaging government agencies (other than local government), partly due to the project's time and resource constraints but also related to challenges with agency capacity and 'access points'.

Key finding 21
Engaging community more broadly, including groups such as people with lived experience, Aboriginal and Torres Strait Islanders, workplaces/businesses and 'power players', in collaborative family and domestic violence primary prevention work is challenging and targeted strategies in this area are required. The regional community responses project has made limited progress towards engaging community more broadly because this process takes longer than the project timeframe allows.

Key finding 22
Targeted strategies are required to engage men and young people in collaborative family and domestic violence primary prevention work. The regional community responses project has made some progress towards engaging men and young people but there are particular challenges in these areas that need to be addressed over a longer timeframe.

Key finding 23
Relationship-building and collaboration are resource-intensive and considerable work is required by all parties involved. Time and capacity limitations affecting both the project manager and community stakeholders (particularly those in crisis-driven service roles) have meant the work of the regional community responses project cannot be rushed.

Key finding 24
Collaborative family and domestic violence primary prevention work does not deliver quick results and requires sustained effort over the medium term (two to five years) to produce real impact. Investment in short-term projects is best consolidated and built on with a continuing funding stream of some kind.

Key finding 25
Concepts such as 'collaboration', 'collective impact' and even 'primary prevention' can be interpreted in different ways, which at times has made it hard to reach a shared understanding of the purpose of the regional community responses project within regional communities. The project, and further collaborative work in the future, should continue to work towards clarifying key concepts and aims in ways that resonate for local communities.

Key finding 26
Assessing the outcomes of collaborative family and domestic violence primary prevention work is difficult, but it is still necessary to identify key performance indicators which can be used to support ongoing monitoring of activities and ensure accountability to funders and community. Collaborative work in the future should identify appropriate indicators (incorporated in the community action plans), noting that it may be easier to measure the activities undertaken and the health of partnerships than long-term goals such as shifting social norms and reducing the incidence of family and domestic violence.

5.5 Building on progress

All of the community stakeholders wanted collaborative primary prevention work addressing FDV to continue in their local communities, ideally building directly on the progress made by the regional community responses project. Stakeholders had different views on how this work should be structured, though there was agreement on some key dimensions.

There is a tension between allowing community-based grassroots initiatives to develop organically and putting in place some sort of structure or framework to keep them focused and effective. The collective impact approach attempts to balance these two factors. The majority of interviewees favoured a relatively high degree of structure, though one interviewee highlighted the dangers of the work becoming institutionalised:

> *I really would like our community to start feeling connected, and that it's our problem, it affects everybody and we all have to fix it, so I would really love to see it keep going. I would be disappointed if it was given to a service provider and it wasn't actually run by the community…I think it would empower a lot of women who have been through this or are going through this to step in, let their voices be heard, talk about how we can get out, and they could become mentors for the next wave that come through.* (Key stakeholder 15)

There was some similar commentary in the second survey when respondents were asked if there was anything else they would like to share that would assist with primary prevention work in their community. Support was expressed for some structural framework and embedding around a place-based project team,

but there were also comments emphasising the need for community to own the response and for the resources and decision-making to be in community hands.

Interviewees agreed that dedicated funding for collaborative work was invaluable. Ideally, there would be some scope to support the participation of a range of stakeholders from different organisations, that is, collaborative work would be embedded as core business across government and not for profit service agencies and resourced accordingly. Stakeholders saw this as impractical and unlikely, however, and said a separate project resource was a good alternative.

Interviewees thought collaborative primary prevention work should be funded for a substantial length of time (the longer the better, but at least two years) and based locally. Rather than a single position, the preferred model was for a small team to be in place. This would avoid the full project load falling on one person and allow for peer support and shared reflection and planning. There would be enhanced opportunities for outreach beyond regional towns and into rural hinterlands with more 'boots on the ground'. A team approach would also open up the possibility of more diverse perspectives being reflected within the project team. There may be options for service provider staff to be seconded part-time into project roles while retaining their substantive positions at a reduced FTE.

There was widespread agreement among interviewees that the collaborative work would benefit from a backbone or coordination point. A typical comment was:

> *I think you need a backbone, there's no doubt about it…It's been really important in terms of guiding the work and the conversations that we've been having. I think if you bubble up from below you can get lost and it reduces the focus on impact.* (Key stakeholder 20)

Having the right people in the project roles was viewed as critical by stakeholders. Coordinating and facilitating collaborative work requires strong interpersonal, relationship-building and organisational skills, as well as content knowledge relating to FDV. It is helpful for people heavily involved in this work to have a high tolerance for ambiguity and an ability to navigate complex social networks and intersections. Interviewees said people with the right skillsets to facilitate collaborative work were rare.

Place-based teams could be supported by volunteers, as well as by steering/advisory groups of key stakeholders – what one stakeholder described as 'core diverse community leadership' (key stakeholder 20). The local team and steering group could be assisted by small working groups (perhaps covering lived experience, workplaces and businesses, sport and community activities, education, health, etc) to engage a wider range of people and perspectives in a more structured and systematic way.

A key issue of divergence among stakeholders was around where a place-based team should sit. The team would need an authorising environment, reporting lines, broader organisational supports and a physical location. In the second community survey, respondents were asked who they thought might be well placed to coordinate whole of community responses to FDV in their community and invited to select as many as they wished from a list of options, with the following results:

- Not for profit service providers (supported by 54 respondents – 61%).
- Community centres or community organisations (52 – 58%).
- Local government/councils (51 – 57%).
- Health services (42 – 47%).
- Schools (37 – 42%).
- Sporting clubs (33 – 37%).
- Philanthropic foundations (24 – 27%).

These results suggest that not only do respondents think primary prevention activities should engage a range of different groups (see Section 5.3.4), they also think there are multiple points where the local coordination role could sit. Survey respondents were invited to provide more commentary on who would be well placed to coordinate and the following suggestions were most popular:

- Whoever has capacity and/or dedicated funding (cited by 5 respondents).
- A collaborative/collective body (3).
- Local Domestic Violence Action Groups (DVAGs) or other specialised committee (3).

Interviewees generally thought that Centacare was an appropriate coordinating organisation for the pilot regional community responses project. Some interviewees favoured not for profit agencies as the host organisations for place-based teams in future, though others were concerned that this would make it appear as if the project were owned by a specific agency rather than being collectively owned. One version of this option could involve a networked management structure with multiple reporting lines, similar to the Office for Women's haven model. Another possibility would be for the host organisation to rotate every one or two years.

Some interviewees said local councils, which had a strong interest in building safer and more positive communities, were best placed to act as host organisations for place-based teams, while others said it didn't make much difference how the project was hosted as long as the right people were involved. Several stakeholders said a state government agency would be the wrong fit as a host organisation because 'it's too restrictive with too many rules and regulations' (key stakeholder 14).

The collaborative work is more likely to continue going forward if there is clear responsibility for it and a separate funding source. The disadvantage of a separate project model that some interviewees highlighted was that the work would remain somewhat detached from core business rather than collaboration being embedded as part of everyday activities on an ongoing basis. A separate project could make it harder to move towards a scenario where safe and respectful communities were seen as 'everybody's business' rather than a 'nice to have' that someone else would sort out. As one stakeholder observed:

> *The problem I see with backbone organisations is that they tend to run with a project and then the project finishes. And if you have things set up as part of your normal functioning, not as a project, it seems to me you're more likely to keep it going.* (Key stakeholder 4)

Another question on which stakeholders had mixed views was how beneficial it would be to link activities in different regions. As discussed in Section 5.2.5, the benefits of sharing learnings and experiences are likely to increase over time. Some stakeholders could see the potential benefits of connecting the place-based project teams or steering groups in different communities: 'I quite like the idea of regions connecting with other regions, and country with city for that matter' (key stakeholder 4).

Centacare has developed a possible model for how collaborative work could be structured and connected across multiple regional communities (Figure 10). Figure 11 shows what the place-based project teams might look like at the local level.

The evaluation believes the model illustrated at Figures 10 and 11 is aligned with the evaluation findings in relation to the best ways of sustaining collaborative primary prevention work in the four regional communities, and potentially other communities. The evaluation findings indicate that local communities see a need for ongoing collaborative primary prevention work, are committed to moving it forward, and seek to capitalise on the momentum established by the pilot regional community responses project. Community members report that they need resources and a structural framework to support the ongoing work, fearing that otherwise its progress will stall, as has been experienced with some prior efforts to develop broad-based community responses to FDV.

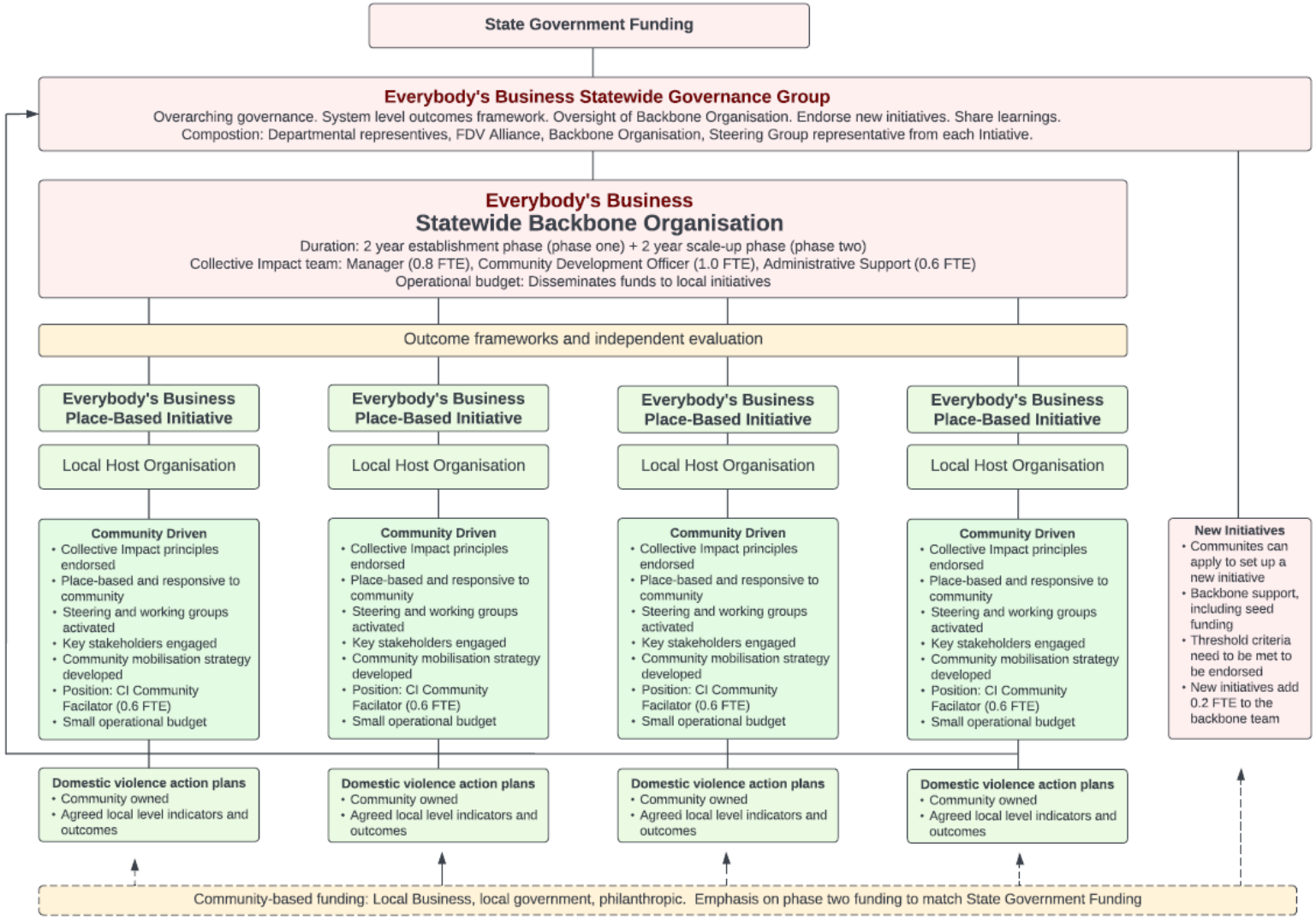
If no further funding is available for collaborative primary prevention work in the four regional communities, there is still some scope for work to continue by drawing on existing community resources, including people's passion and goodwill and in-kind support (particularly time release for staff) from some organisations. Pre-existing community networks, such as DVAGs, would need to play a key role in bringing people together, building and disseminating a shared vision, coordinating and ensuring talk became action. In this scenario, there would still be benefits from the activities of the pilot regional community responses

project, including:

- An injection of new thinking and ideas.
- A range of new community connections made.
- Revived impetus and momentum.
- Concrete strategies in the form of the community action plans currently being drafted.
- Learnings captured in this evaluation report to inform future collaborative activities.

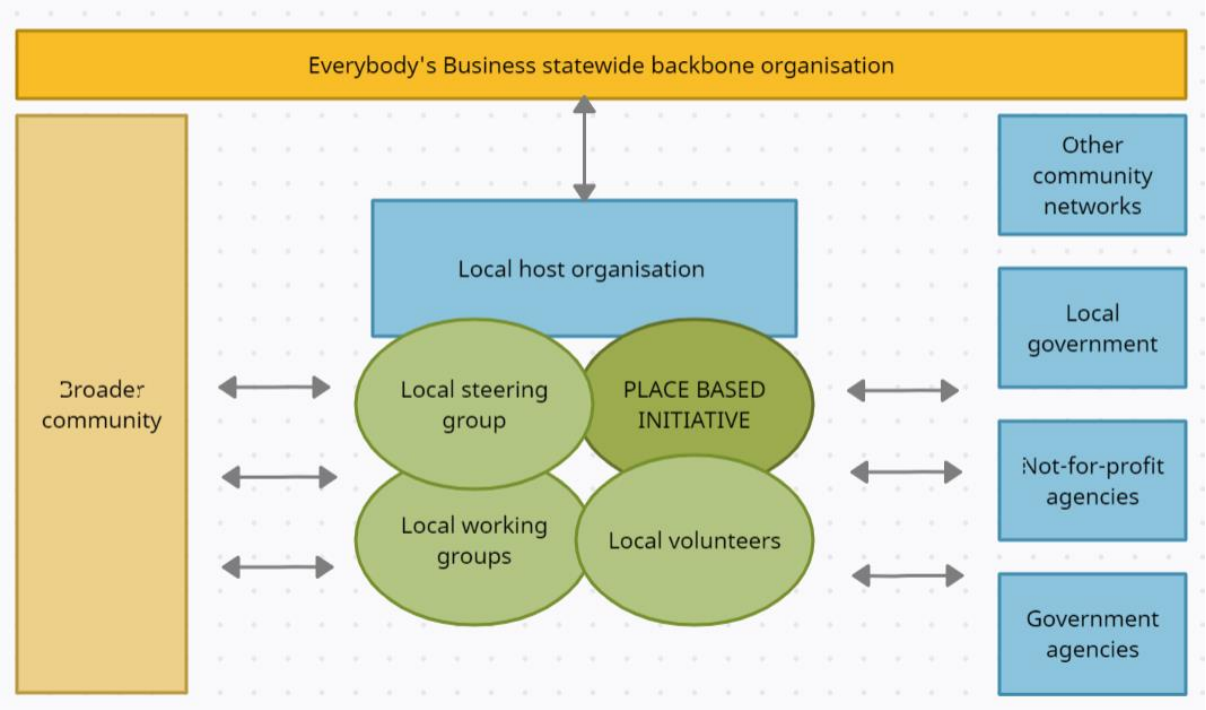
Without dedicated funding for coordination and facilitation over the medium term, community stakeholders were pessimistic about the chances of collaborative primary prevention work gaining the traction they thought was needed in their local communities.

Figure 11: Possible model for structuring collaborative work across regional areas



Source: Centacare

Figure 12: Possible model for place-based project teams



Source: Author

Recommendation 1
The progress made by the regional community responses project should be consolidated and built on through the establishment and funding of small place-based teams to coordinate collaborative primary prevention work over the medium term in each of the four communities.

Recommendation 2
The place-based team in each community should be embedded with a local host organisation (probably a not for profit service provider) and supported by a steering group of core stakeholders, working groups including other stakeholders, and potentially volunteers.

Recommendation 3
The work of the place-based team in each community should be coordinated and overseen by a statewide backbone organisation, which itself reports to a statewide governance group. This model could be rolled out to other regional communities over time.

Recommendation 4
The place-based team in each community, in conjunction with local supports and the statewide backbone organisation, should be responsible for: implementing the community action plans; promoting strong collaborative relationships; coordinating and facilitating collaborative activities; developing targeted strategies (both innovative and evidence-based) to build engagement across community; developing a framework for monitoring and assessing outcomes; and broadly communicating the work of the project.

6. CONCLUSION

This report has outlined the findings of an evaluation of the activities of the pilot regional community responses project between November 2021 and August 2022, when the project still has four months to run. Conducting the evaluation before project close allows a small amount of time for the funding body, project manager and the four communities involved to reflect on how the project work could be taken forward before the end of the project. This will maximise the chances of a smooth transition to embedding the work in communities and sustaining the momentum that has been developed by the project.

6.1 Aims of the regional community responses project

The regional community responses project is working in four regional areas of SA – Murray-Mallee, Whyalla, Riverland and Mt Gambier – and aims to achieve several outcomes and begin progress towards others. The project aims are:

h) Establish local community-led groups in four regional SA locations, with links to specialist domestic violence service providers and other agencies and including key stakeholders from community groups and local government.
i) Enhance understanding of opportunities for whole of community responses to FDV in four regional SA locations.
j) Develop bespoke community action plans, including media and communication strategies, responding to FDV for four regional SA locations.
k) Capture broader learnings around the most effective ways of developing whole of community responses to FDV in non-urban areas.

In addition, the project aims to begin progress towards the following:

l) Implement community action plans responding to FDV in four regional SA locations.
m) Enhance community awareness of women's safety needs and strategies in four regional SA locations.
n) Enhance community capacity to enact primary prevention strategies addressing FDV in four regional SA locations.

6.2 Aims of the evaluation

The evaluation worked alongside the project but conducted an independent data collection and analysis process nine months into the life of the project. This process involved in-depth semi-structured interviews with twenty stakeholders, including community stakeholders from each of the four regional areas. The evaluation addressed the over-arching question: *what approaches and strategies work best to support the development of sustainable whole of community responses to FDV in regional areas of SA?*

Subsidiary research questions were:

a) To what extent did the regional community responses project achieve its aims?
b) What worked well in helping the regional community responses project achieve its aims?
c) What didn't work well in helping the regional community responses project achieve its aims?
d) How effectively did the regional community responses project mobilise community resources to support the development of sustainable whole of community responses to FDV?
e) How has the COVID-19 pandemic affected collaborative action to address FDV in regional areas of SA?
f) What opportunities are there for further work to strengthen and support whole of community responses to FDV in regional areas of SA?

6.3 Need for the regional community responses project

The evaluation found that the regional community responses project was very well received in the four regional areas, with stakeholders reporting a significant need for primary prevention activities, including promoting community awareness, in their local communities. Stakeholders viewed collaborative work as the best approach to primary prevention, although many were not sure how to go about it and the concept of collective impact was new to most. Each of the regional areas had experience with collaborative and networked FDV responses prior to the project but there was scope in each area for collaborative work to be strengthened, expanded and intensified. COVID-19 had exacerbated various issues being experienced with pre-existing collaborative activities. These issues included a lack of coordination, a tendency towards talk rather than action, meetings becoming sporadic, limited engagement beyond service providers, lack of resourcing and few people willing and able to take on leadership or organisational roles.

The slowing down and in some cases stalling of existing collaborative responses to FDV during COVID-19 made the timing of the regional community responses project ideal. There was appetite among community stakeholders to reengage with each other and reinvigorate collaborative activities, as well as a desire to address what they perceived as a worsening of FDV during the lockdowns of 2020 and 2021. COVID-19-related disruptions were ongoing and made project activities more challenging, but community stakeholders were ready to restart engagement and felt some urgency around the need to respond more effectively to FDV. The project has been able to tap into this readiness to engage.

Community stakeholders said there were distinctive aspects of the FDV experience in non-urban areas, including limited services, geographical and social isolation, lack of privacy, reluctance to acknowledge that FDV was a problem, and the significant influence of key individuals in communities. Whole of community responses were seen as more feasible in non-urban communities, however, because they tend to be smaller and closer-knit, with strong local networks and high levels of social capital. Responses to FDV, including collaborative primary prevention work, need to be tailored specifically for local context, which varies substantially between non-urban communities.

6.4 Progress towards project aims

At the time of the evaluation, the regional community responses project had been highly effective and built significant momentum given its short timeframe and resourcing constraints, as well as the ongoing disruption caused by COVID-19 in 2021-22. Stakeholder feedback indicated that the project had achieved its first two aims: establishing community-led groups with engagement from service providers, local government and other key stakeholders; and enhancing local understanding of opportunities for whole of community responses to FDV. There remained more work that could be done in both these areas, however. At the time of the evaluation, the project was on track to develop a bespoke community action plan for each location, though timelines were likely to be tight. These community action plans will capture and reflect learnings from the project, as does this evaluation report, giving communities guidance and resources to inform future work.

The remaining three project aims are expected to be in progress at the time of project close. It is unlikely that the community action plans will be finalised in time for the project to support the early stages of their implementation. In relation to starting to work towards enhancing community awareness of women's safety, the evaluation found the project is responding to a need in this area but there has not been sufficient time to make measurable progress and engagement has not yet broadened out to the general community. In relation to enhancing community capacity to enact primary prevention strategies, the evaluation found evidence that some progress has been made towards this goal, though largely through developing the capacity of key stakeholders rather than community more broadly.

The project's progress has been uneven across the four locations and some are likely to be better placed than others to finalise and implement their community action plans, and take collaborative primary prevention work forward. Differences in progress across the locations reflected differences in their starting

points, the strength of existing networks, the key individuals involved, and other community assets. There is a risk in all four locations that the progress made by the pilot regional community responses project could be lost if it is not possible to establish dedicated place-based teams as coordination points for ongoing collaborative activities.

6.5 What worked well about the project

Based on stakeholder feedback, the evaluation identified the following factors as promoting the project's progress towards achieving its aims:

- A passion for, and deep commitment to, making communities safer and responding more effectively to FDV shared across many stakeholders in each location.
- Implementing targeted strategies aimed at building strong collaborative partnerships based on shared vision.
- Creating opportunities for community members to connect with new people in new ways.
- Bringing together a broad and diverse range of people to ensure different perspectives and enhance the 'reach' of primary prevention activities.
- Sharing new ways of conceptualising and practising primary prevention and collaboration.
- Providing a coordination point for collaboration, including taking the lead on organising and facilitating, and holding people accountable.
- Building trust with community members by listening to their needs and being responsive.
- Developing a good understanding of community, including local context, key players, interrelationships and existing community assets.
- Moving collaboration beyond talk to concrete action, while managing expectations about what is possible.
- Acknowledging that change is incremental, setting milestones and celebrating small wins along the way.
- Seeking ways to capture evidence of impact, while recognising that social change will often be difficult to measure.

In addition to these factors, stakeholders reported that the regional community responses project benefits from having a project manager who is knowledgeable, efficient and persistent. Stakeholders said having the right skillset was vital for people coordinating collaborative primary prevention work, and the project manager is seen as an excellent fit for the role.

6.6 Challenges the project experienced

At the time of the evaluation, progress towards putting in place some of the conditions listed above remains incomplete and there is a need for work to continue. It was known at the outset that the pilot regional community responses project was resource-constrained and that this would cause some challenges. Based on stakeholder feedback, the evaluation identified the following factors as particular challenges that have affected the project:

- Practical considerations needing to be worked around, including ongoing COVID-19 disruption and geographical distance.
- Addressing pushback and resistance, notably in relation to framing FDV through a gendered lens and linking it to broader gender norms.
- Limited engagement and difficulty 'getting a foot in the door' with government agencies, such as local police, hospitals, schools, DCP and Centrelink.
- Limited outreach to community more broadly than people with a strong interest in FDV, such as 'power players', workplaces, sporting clubs and community groups.
- Challenges engaging with men, including fear of stigma and few men working in relevant service

areas.

- Challenges engaging with young people, including educational settings being hard to access.
- Key stakeholders in communities having limited capacity to engage.
- Different understandings of the purpose of the project and the nature of collaborative action.
- The length of time it takes to deliver tangible and measurable outcomes from collaborative primary prevention work.

These challenges are not an indication that the pilot regional community responses project did not make excellent progress; nor that it is not worth investing in collaborative primary prevention activities in regional communities. The challenges noted above are common when undertaking collaborative community-based work to shift social norms and attitudes.

The evaluation found that community stakeholders strongly affirm the need for primary prevention in their local areas, and that they believe a collaborative approach is vital. Stakeholders perceive significant potential for collaborative primary prevention activities to deliver real outcomes and impact in their communities, if these activities are able to be sustained over time. Stakeholders are realistic about the time, energy and perseverance required to build strong partnerships and work towards social change, but optimistic that it is possible.

6.7 Opportunities

The pilot regional community responses project has so far been a very worthwhile exercise that will leave the four regional communities with key deliverables and findings to inform future collaborative primary prevention work in these settings. The project is being well-executed by the project manager, supporting team and host organisation within tight resourcing constraints. The project is also benefiting immeasurably from a large group of engaged and passionate stakeholders in each community.

The four regional areas each have a wealth of local assets and resources to draw on, notably key people who are deeply committed to social change in their communities, and significant potential to engage a broader cross-section of community over time. The regional community responses project has been effectively mobilising change 'activators' in each community and showing them new possibilities for working together, though there has been insufficient time to expand the reach of activities more broadly across community.

Key players with passion and drive are necessary but insufficient to sustain collaborative primary prevention activities. Relationship-building, coordinating activities and working towards a shared vision for change are resource-intensive processes that require long-term commitment and capacity for engagement. There are significant risks that without dedicated resourcing for coordination and facilitation of collaborative primary prevention work, the momentum that has been built over the course of the pilot regional community responses project will be lost.

6.8 Key findings and recommendations

The evaluation makes a number of key findings and recommendations as set out here and in Section 5.

Key finding 1
Stakeholders in the four regional areas view family and domestic violence as a significant problem in their communities and perceive some amplification of this problem during 2020 to 2022 associated with COVID-19.

Key finding 2
There is an unmet need for family and domestic violence primary prevention work in the four regional areas.

Key finding 3
The value of a collaborative approach to primary prevention work is recognised across the four regional

areas and there have been prior collaborative networks and activities in each area.

Key finding 4
Prior collaborative networks and activities in the four regional areas have been compromised by factors such as: COVID-related disruption; insufficient capacity and resourcing; lack of structure, organisation and accountability; a tendency to focus on talk rather than action; and challenges engaging a broad cross-section of community.

Key finding 5
While the collaborative work should transition over time from community awareness of family and domestic violence to community mobilisation, the need for community awareness raising remains significant across the four regional areas.

Key finding 6
Stakeholders in the four regional areas view family and domestic violence as a significant problem everywhere with largely common drivers but identify some distinctive negative dimensions in non-urban areas, including: additional barriers to help-seeking; reduced service accessibility; higher levels of stigma and judgement; and greater resistance to shifting social norms.

Key finding 7
Stakeholders in the four regional areas identify specific opportunities for responding to family and domestic violence in non-urban areas, including: strong networks; high levels of social capital; an ethos of self-sufficiency; the influence of key prominent individuals; and greater potential for whole of community responses.

Key finding 8
Regional communities are all different and local context is key in effectively responding to family and domestic violence, but there is scope for sharing experiences and learnings between communities over time.

Key finding 9
Passion for change is a key element of collaborative family and domestic violence primary prevention work. Highly engaged individuals who are driven and passionate about change are present in each of the four regional areas and are important assets for the regional community responses project as well as vital to the sustainability of the work after project close.

Key finding 10
Collaborative family and domestic violence primary prevention work requires targeted strategies for strengthening and expanding networks and links within communities. The regional community responses project has effectively deployed its limited resources to promote stronger collaborative partnerships and connect a range of players into collaborative activities in each of the four regional areas.

Key finding 11
Collaborative family and domestic violence primary prevention work benefits from a core ‘steering group’ of people who are highly engaged and represent key perspectives within communities, as well as a broader group of more loosely engaged stakeholders The regional community responses project put considerable effort into identifying key stakeholders in each regional area, though this process took some time and building engagement with the full range of important actors remains ongoing.

Key finding 12
Collaborative work benefits from the periodic introduction of new thinking around the concept and practice of working together in particular local contexts. The regional community responses project is successfully refreshing and reinvigorating collaborative practice in the four regional areas by facilitating reflection on different possibilities for working in partnership, particularly within a collective impact framework.

Key finding 13
Stakeholders in the four regional areas highlighted dedicated resourcing for organising and facilitating

meetings, coordinating activities and promoting accountability as the most valuable contribution of the regional community responses project, indicating a backbone role is viewed as a key element of effective collaborative work.

Key finding 14
Acting as the coordination point for collaborative work requires a specific skillset, including: very strong relationship-building and interpersonal skills; organisational skills; facilitation skills; persistence; and content knowledge. The regional community responses project manager is an excellent fit for the job and has been well-supported by her host organisation within resource constraints.

Key finding 15
The coordination point for collaborative work needs to be well-trusted by community members and have a deep understanding of community, which normally requires being of community or in community for extended periods. The regional community responses project manager has been able to overcome being outside the four regional communities by: acknowledging communities as experts in their own needs; actively seeking the views of a range of diverse stakeholders; listening to stakeholders; and being highly responsive to stakeholder feedback.

Key finding 16
Collaborative work to achieve social change usually takes a long time to deliver results; identifying milestones and celebrating small wins can help keep engagement levels high during the journey. The regional community responses project has been able to motivate community stakeholders, instil hope and build momentum, while effectively managing expectations about what can realistically be achieved.

Key finding 17
Stakeholders in the four regional areas are interested in the evidence base for collaborative primary prevention work, and ways of capturing its impact in their communities. The regional community responses project has begun to develop community knowledge and expertise in learning from and contributing towards the evidence base across the four regional areas.

Key finding 18
Bringing people together to work collaboratively is a logistical exercise that requires resourcing and allowance for unexpected problems and issues. The regional community responses project involves substantial organisational work and has been significantly affected by ongoing COVID-19-related disruptions in late 2021 and early 2022.

Key finding 19
The regional community responses project has experienced some pushback on family and domestic violence being viewed through a gendered lens but has adapted its communication strategies to respond to this with reasonable success.

Key finding 20
Government agencies, including SA Police, hospitals, schools, the Department for Child Protection and Centrelink, should be connected into collaborative family and domestic violence primary prevention work. The regional community responses project has made limited progress towards engaging government agencies (other than local government), partly due to the project's time and resource constraints but also related to challenges with agency capacity and 'access points'.

Key finding 21
Engaging community more broadly, including groups such as people with lived experience, Aboriginal and Torres Strait Islanders, workplaces/businesses and 'power players', in collaborative family and domestic violence primary prevention work is challenging and targeted strategies in this area are required. The regional community responses project has made limited progress towards engaging community more broadly because this process takes longer than the project timeframe allows.

Key finding 22
Targeted strategies are required to engage men and young people in collaborative family and domestic violence primary prevention work. The regional community responses project has made some progress towards engaging men and young people but there are particular challenges in these areas that need to be addressed over a longer timeframe.

Key finding 23
Relationship-building and collaboration are resource-intensive and considerable work is required by all parties involved. Time and capacity limitations affecting both the project manager and community stakeholders (particularly those in crisis-driven service roles) have meant the work of the regional community responses project cannot be rushed.

Key finding 24
Collaborative family and domestic violence primary prevention work does not deliver quick results and requires sustained effort over the medium term (two to five years) to produce real impact. Investment in short-term projects is best consolidated and built on with a continuing funding stream of some kind.

Key finding 25
Concepts such as 'collaboration', 'collective impact' and even 'primary prevention' can be interpreted in different ways, which at times has made it hard to reach a shared understanding of the purpose of the regional community responses project within regional communities. The project, and further collaborative work in the future, should continue to work towards clarifying key concepts and aims in ways that resonate for local communities.

Key finding 26
Assessing the outcomes of collaborative family and domestic violence primary prevention work is difficult, but it is still necessary to identify key performance indicators which can be used to support ongoing monitoring of activities and ensure accountability to funders and community. Collaborative work in the future should identify appropriate indicators (incorporated in the community action plans), noting that it may be easier to measure the activities undertaken and the health of partnerships than long-term goals such as shifting social norms and reducing the incidence of family and domestic violence.

Recommendation 1
The progress made by the regional community responses project should be consolidated and built on through the establishment and funding of small place-based teams to coordinate collaborative primary prevention work over the medium term in each of the four communities.

Recommendation 2
The place-based team in each community should be embedded with a local host organisation (probably a not for profit service provider) and supported by a steering group of core stakeholders, working groups including other stakeholders, and potentially volunteers.

Recommendation 3
The work of the place-based team in each community should be coordinated and overseen by a statewide backbone organisation, which itself reports to a statewide governance group. This model could be rolled out to other regional communities over time.

Recommendation 4
The place-based team in each community, in conjunction with local supports and the statewide backbone organisation, should be responsible for: implementing the community action plans; promoting strong collaborative relationships; coordinating and facilitating collaborative activities; developing targeted strategies (both innovative and evidence-based) to build engagement across community; developing a framework for monitoring and assessing outcomes; and broadly communicating the work of the project.

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APPENDIX 1 – COMMUNITY MAPPING TEMPLATE

Area/community:

Key formal service providers:

Other key stakeholders:

Formal service usage patterns:

General observations on informal networks, activities and supports:

General observations on FDV awareness levels:

FDV related strategies, plans, activities occurring:

COVID-19 impacts on FDV and responses:

Strengths and opportunities:

Weaknesses and threats:

Actions, outputs, timeframes:

APPENDIX 2 – SECOND COMMUNITY SURVEY

1. How old are you?
    - 18-24
    - 25-34
    - 35-44
    - 45-54
    - 55-64
    - 65+

2. What is your gender?
    - Female
    - Male
    - Prefer to say in my own words

3. I identify as:
    - Aboriginal and/or Torres Strait Islander
    - Culturally and/or Linguistically Diverse
    - A member of the LGBTQI+ community
    - None / prefer not to say

4. I live in:
    - Whyalla – Barngarla Country
    - Riverland – Erawirung / Jirawirung Country
    - Limestone Coast – Boandik / Ngarrindjeri Country
    - Murray Mallee – Ngarrindjeri Country
    - Other [write in]

5. Which of these best describes your main area of work (paid or volunteer)? (Pick one)
    - Community services
    - Health
    - Local government / council
    - Education
    - Small business (for profit)
    - Mining and energy
    - Other [write in]

6. Does the issue of domestic and family violence ever come up in the course of your paid or volunteer work?
    - Yes
    - No
    - Not sure

7. Are you aware of any family and domestic violence primary prevention activity in your area?
    - Yes
    - No

8. Can you provide examples of the primary prevention activities? [write in]

9. To what extent do you agree with this statement: There is limited awareness of domestic and family violence in this community.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

10. To what extent do you agree with this statement: Women and girls are the people who are most affected by domestic and family violence in this community.

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

11. How do you think primary prevention work can better engage with men? Examples may be through sport, television advertising, strategies in the workplace. Your answers will contribute to future planning for prevention activities. [write in]

12. How do you think primary prevention work can better engage with young people aged 16-25? Your answer will contribute to planning of this work. [write in]

13. What types of responses do you believe would help with changing attitudes toward family and domestic violence and creating safer communities? Examples might include different groups working together more effectively, education programs in schools, expanding domestic violence services, awareness campaigns in workplaces, etc. Your answer will be used in future planning for this work. [write in]

14. Were you aware of the Regional Community Responses to the Prevention of Domestic and Family Violence Project?

Yes
No
Not sure

15. [For those answering yes at q.14] What type of project activities were you aware of or involved in? [write in]

16. [For those answering yes at q.14] In your view, were the project activities effective at promoting primary prevention work in your community?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Don’t know

17. Would you like to see whole of community responses to family and domestic violence continue in your community?

Yes

No
Don't know / Unsure

18. Who do you think needs to be engaged in whole of community responses to family and domestic violence in your community? (pick as many as you like)

Everyone that has the passion and energy for this issue
People with lived experience of domestic and family violence
Not for profit service providers
Philanthropic foundations
Health services
Police
Local government/councils
Local workplaces
Sporting clubs
Schools/universities
Other [write in]

19. Who do you think might be well placed to coordinate whole of community responses to family and domestic violence in your community? (pick as many as you like)

Not for profit service providers
Philanthropic foundations
Health services
Local government/councils
Community centres and community organisations
Sporting clubs
Schools
Other [write in]

20. Is there anything else you would like to share with us that would assist with primary prevention work in your community?

APPENDIX 3 – COMMUNITY ACTION PLAN TEMPLATE

1. Introduction/Vision
2. The Project
3. Community Profile
4. Aims/Why
5. Evidence base / Methodology / Evaluation
6. Collective impact / Place-based Principles
7. Diagram
8. Evaluation
9. Partners and stakeholders
10. Vision and Priorities
11. How we will work together
12. Action Plan and Timetable

APPENDIX 4 –INTERVIEW QUESTIONS (PROJECT TEAM)

How would you describe your role on the regional community responses project?

From what you know of the four communities the project is working with, do you think family and domestic violence (FDV) is a significant issue for those centres? What do you think are some of the drivers of FDV in each of the four communities? Are the drivers similar in each place?

From what you know of the four communities, how would you describe the levels of awareness and understanding of FDV in each place?

Were there many activities or strategies targeting FDV already in place in the four communities? How well do you think they were working?

Can you tell me a bit about the how the project 'got to know' each community? What worked well to get an understanding of the local context? Were there challenges?

What sort of activities did the project undertake in each community? What do you think worked well and what could have worked better? What were the challenges involved in engaging community members?

Are there some groups who were harder to engage than others and do you have any suggestions about how this could be addressed?

Were there any differences that you observed in terms of local context that affected the project in each of the four communities?

Do you think the project has made a difference, even a small one, to how each of the communities thinks about and responds to FDV?

What do you think is required for any gains made by the project to be continued into the future? Does there need to be a coordinating organisation to keep things moving? What other conditions need to be in place to support whole of community responses to FDV?

Do you have any suggestions for others who might undertake a similar community mobilisation project responding to FDV? What worked well, what could have been done differently, what are the learnings that you are taking away from the project?

APPENDIX 5 –INTERVIEW QUESTIONS (STAKEHOLDERS)

What organisation do you represent and what is your role?

How have you been involved in Centacare's project? How did you hear about it?

Do you see family and domestic violence (FDV) as a significant issue in your community? What do you think are the main drivers of FDV in your community?

How would you describe the levels of awareness and understanding of FDV in this community? How do we know and what do you think are the best ways of assessing awareness? Centacare did a survey but there are lots of groups who would not have been reached but was it helpful to start with this as a baseline?

Can you tell me a little bit about what was happening in relation to FDV before Centacare's project started at the end of last year? Were there any activities or strategies in place in your community? How well were they working? Who was involved?

What happened when Centacare's project started? Was there any change in people's awareness of FDV in your community? Did any different activities occur? Did any new players get involved or were new collaborative links established? In what ways did the project build on what was already occurring in your community?

Centacare's project has only been running for a short time and we know building collective action is not a quick process, nor is shifting social norms! In the short time that the project has been running, what has it been able to achieve in your community? Are you in a different place now than nine months ago? Have there been any wins?

From what you know of Centacare's project and your community, what challenges has the project faced? What could have worked better?

Possible prompts:
Resistance to the project activities?
Difficulty getting people to engage?
Hard to build trust and credibility when coming in from outside?
Lack of understanding of local community needs?
Not enough time to make progress?
Challenges coordinating collective action?

Do you see collective action – working collaboratively with shared goals and in a mutually reinforcing way – as a good way to respond to FDV in your community? What are the benefits? What about the challenges?

What conditions need to be in place to support collective action in your community? Has Centacare's project helped to put some of these conditions in place? How important is it to have a 'backbone' or coordinating organisation?

Are the right people and organisations connected into Centacare's project activities in your community? Is anyone missing?

Are the right activities being pursued as part of Centacare's project in your community? Is there anything

missing?

It is very hard to implement genuine whole of community responses. There are always some groups that are harder to reach. Who are these groups in your community when it comes to FDV and what strategies might work to engage them? For example, what are ways of reaching out to men and young people?

Centacare's project has operated across four different regional areas. Do you think there is any value in sharing learnings about whole of community responses to FDV between different communities? How important is local context in this area?

Centacare's project is due to finish up at the end of the year. How do you think your community can build on what has been achieved? Would there be value in continuing to have a designated coordinating organisation? Should it be someone based outside the community or within?

Do you have any other thoughts about how your community can continue its work to improve outcomes for women and children affected by or at risk of FDV?