

# A tool for addressing violence against women: An examination of the creation, benefits, and drawbacks of the ANROWS Evidence Portal

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We acknowledge the traditional and ongoing custodians of the land, the Wurundjeri Woi Wurrung people of the Kulin nation and pay our respects to Elders, past and present.

We value Aboriginal and Torres Strait Islander histories, cultures and knowledge. ANROWS is committed to standing and working with First Nations peoples, honouring the truths set out in the *Warawarni-gu Guma Statement*.

**1800 385 578** Full Stop Australia

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**13YARN (13 92 76)** Aboriginal and Torres Strait Islander national crisis support line

# ANROWS

AUSTRALIA'S NATIONAL RESEARCH  
ORGANISATION FOR WOMEN'S SAFETY

*to Reduce Violence against Women & their Children*

*We are an independent not-for-profit research organisation responsible for producing, disseminating, and enabling the application of evidence for policy and practice addressing violence against women and their children in Australia.*

Funding from the Australian Government Department of Social Services, states and territories

# Objectives



Part 1: Overview and creation of the Evidence Portal



Part 2: Benefits, drawbacks and learnings to date



Part 3: Ways of knowing and opportunities ahead

# What are evidence portals and how are they used to inform policy and practice?

- Evidence is not always “accessible, useful and usable” for decision-makers
- The “What Works” movement is based on the principle that good decision-making should be informed by the best available evidence <sup>1, 2</sup>
- Evidence portals can offer:
  - Consolidated information in a curated single place
  - Plain and accessible language
  - An overview of intervention effectiveness and key considerations



# Why was the ANROWS Evidence Portal created?



Primarily designed for policymakers



Desire for clarity around what the evidence says “works” in relation to interventions designed to address violence against women



Inform decision-making, funding, investment, policy direction



Seeking a trusted and credible resource

# What is the ANROWS Evidence Portal?

The Evidence Portal is a living resource of interventions designed to address and end violence against women in Australia and other high-income countries; capturing and assessing impact evaluations and systematic reviews.



## Intervention Finder & Reviews

Use this tool to find and filter interventions and learn about their components and effectiveness.

[LEARN MORE](#)



## Evidence and Gap Maps

Use the maps to view visual representations of existing evidence (and gaps) and filter by specific interventions and outcome types.

[LEARN MORE](#)

- The first of its kind in Australia
- Launched in September 2023
- <https://evidenceportal.au>

# Evidence and Gap Maps

Evidence and Gap Maps (EGMs) allow us to consolidate and visually represent the quantity and nature of the existing evidence in a particular research field. The maps show how much (or little) evidence exists, not whether the interventions studied were effective. For effectiveness and other details, see our [Intervention Reviews](#).



## Prevention

Evidence on preventing violence against women by changing attitudes and behaviours before violence occurs

[VIEW MAP](#)



## Early Intervention

Evidence on identifying violence against women as early as possible and intervening to change its trajectory

[VIEW MAP](#)



## Response

Evidence on responding to victims and survivors and perpetrators of violence against women to address immediate needs

[VIEW MAP](#)

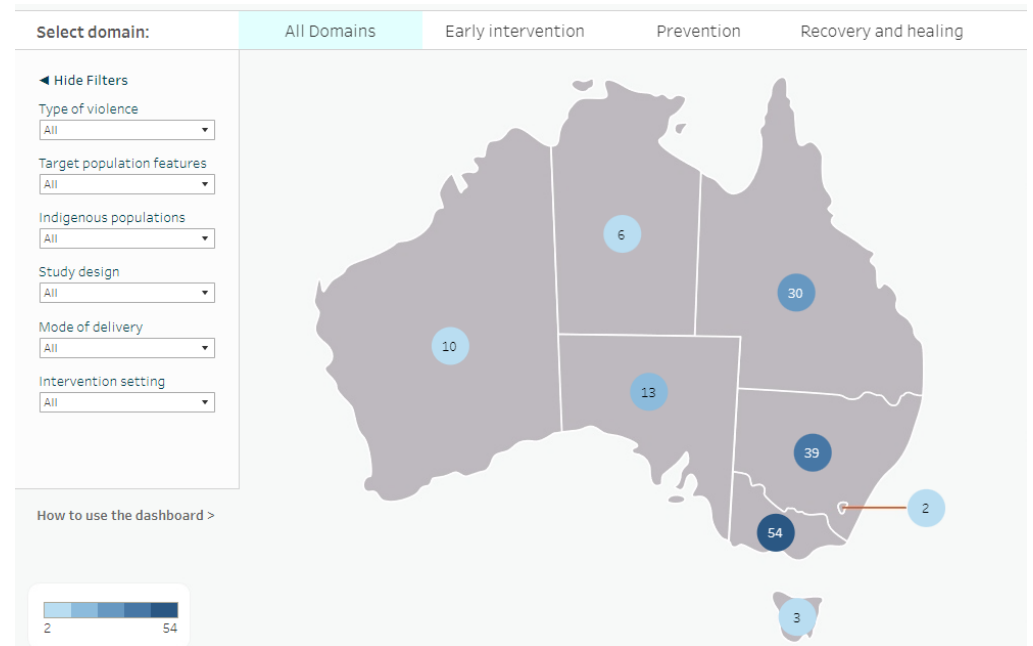
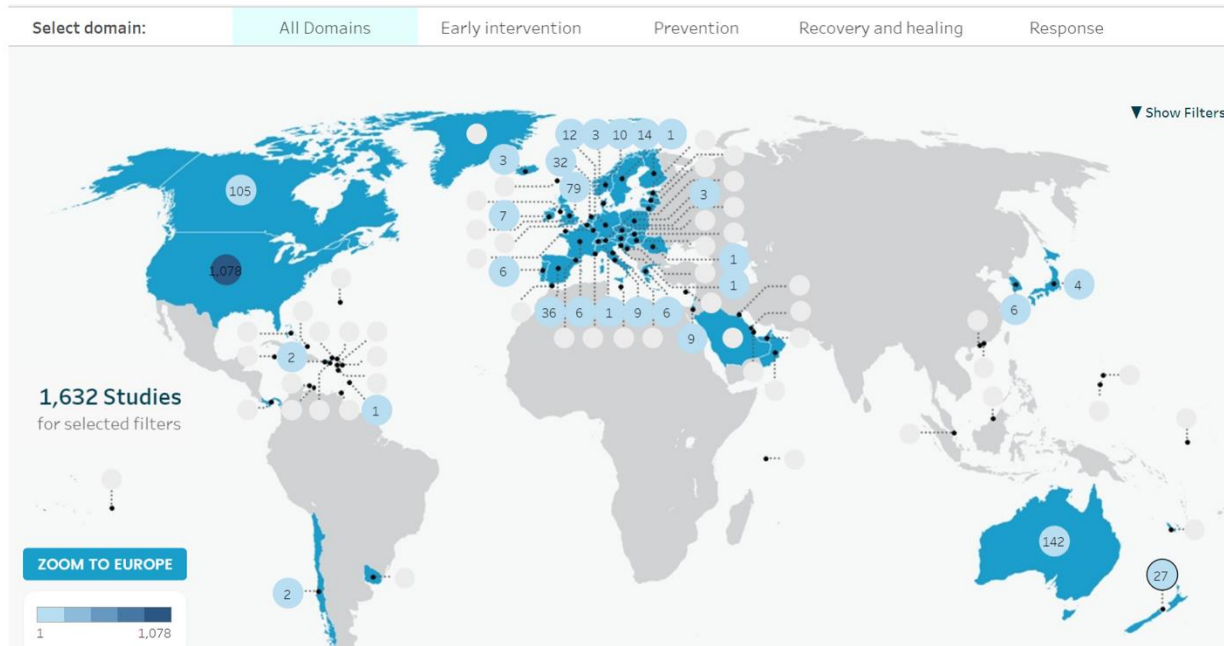


## Recovery & Healing

Evidence on improving the long-term health and wellbeing of victims and survivors of violence against women

[VIEW MAP](#)

# Geographic Maps



# Screening for intimate partner violence victimisation in emergency departments

ABOUT THIS REVIEW

AT A GLANCE

INTERVENTION DESCRIPTION

THEORY OF CHANGE

IMPACT

KEY POPULATIONS

KEY CONSIDERATIONS

INCLUDED STUDIES

REFERENCES AND FURTHER READING

## About this review

This Intervention Review is primarily based on four systematic reviews and 14 primary studies, published in 22 documents.

The review draws on the best available impact evaluation evidence. The studies were selected against set selection criteria which is based on a rigorous and comprehensive search and screening process. This review includes impact evaluations of the intervention and, therefore, does not necessarily reflect all evidence on the intervention. Further materials on this intervention are listed under **References and Further Reading**.

Screening in other health settings such as general practice, maternity care, women's and children's health clinics, or dental clinics, will be the subject of other Intervention Reviews.

See the [Early Intervention Evidence and Gap Map](#) to explore similar interventions. For details about the individual studies, see the **Included Studies** section. For further information about the methods informing this review, please see the *Intervention Review Technical Report* (forthcoming).

**Suggested citation:** Australia's National Research Organisation for Women's Safety. (2024). *Screening for intimate partner violence victimisation in emergency departments* [Evidence Portal intervention review]. ANROWS.

## Info

Date Created: 16 February, 2024

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# Clarifying terminology



**Interventions** are any program, strategy, policy, tool, or other activity designed to produce change



**Countries** classified as "high-income" by the World Bank



**Violence against women** includes domestic and family violence, sexual violence, children's exposure to and experiences of parental IPV; adolescent family violence and elder abuse

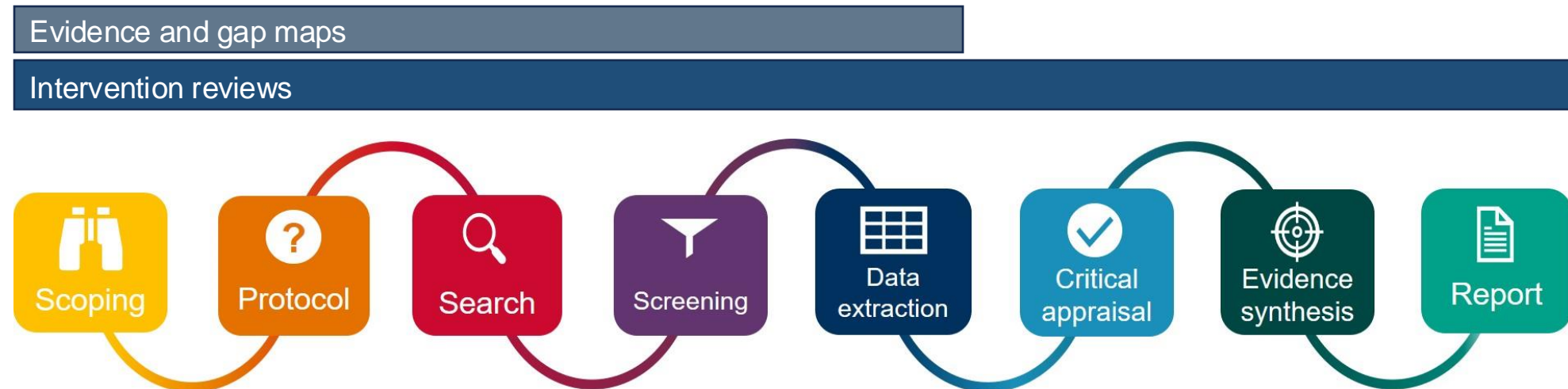


**An impact evaluation** provides information about the observed changes or 'impacts' produced by an intervention

# How was the ANROWS Evidence Portal created?

Underpinned by a rigorous systematic review methodology, shaped by technical and policy advisory groups

- 37 academic databases, spanning social and psychological sciences, criminology, and health areas
- Additional grey literature searches to capture evaluations not published in academic databases



# What evidence is captured in the Evidence Portal?

## INCLUDE

- ✓ Studies published in high-income countries
- ✓ Papers published in English between 1 Jan 1994 - 31 Dec 2022
- ✓ Impact evaluations and systematic reviews of interventions focused on violence against women
- ✓ Quantitative, qualitative or mixed methods design
- ✓ Designed for victims and survivors, people who use violence, people at risk and general population



## EXCLUDE

- ✗ Low- and middle-income countries
- ✗ Studies published prior to 1994
- ✗ Biographies, obituaries, book reviews, editorials, promotions, training guides, correspondence, media, opinions, legislation.
- ✗ Process and implementation evaluations



# What studies might you find in the Evidence Portal?

## Some examples:

- A qualitative evaluation of a men's behaviour change program
- A pre-post evaluation of a respectful relationships session for school students
- An RCT of a screening initiative for women presenting to emergency departments
- A First Nations-led evaluation of a healing program for victims and survivors

## Men's Behaviour Change Program: Participants' and Facilitators' Perceptions

Amanda O'Connor<sup>1</sup>, Anastasia Panayiotidis<sup>2</sup>, Andrew Bickerdike<sup>2</sup>, Sandra Opoku<sup>2</sup> and Helen Skouteris<sup>1</sup>

<sup>1</sup> Monash University, Australia

<sup>2</sup> Relationships Australia Victoria, Australia

Men's behaviour change programs (MBCPs) are group programs for men using family violence. This preliminary evaluation examines participants' and facilitators' perceptions of a redeveloped MBCP. Participants reported significant improvements in their ability to manage stress, understand the impact of their use of violence, and apply skills to repair the impact of their use of violence. Facilitators reported that peer support was an important component contributing to changes in the participants' knowledge, awareness, attitudes, and behaviours. Preliminary findings indicate that the program could potentially influence men's perceptions of family violence and consequently promote the safety and wellbeing of women and children.

**Keywords:** domestic violence, evidence-based practice, intervention, practice research

## Preventive Care in the Emergency Department: Screening for Domestic Violence in the Emergency Department

Deirdre Anglin, MD, MPH, Carolyn Sachs, MD, MPH

### Abstract

**Objectives:** The most effective methods for identification and management of domestic violence (DV) victims in health care settings are unknown. The objective of this study was to systematically review screening for DV in the emergency department (ED) to identify victims and decrease morbidity and mortality from DV. **Methods:** Using the terms "domestic violence" or "partner violence," and "identification" or "screening," and "emergency," the authors searched MEDLINE, the Cochrane Database, and Emergency Medical Abstracts from 1980-2002. They selected articles studying screening tools, interventions, or determining the incidence or prevalence of DV among ED patients. The studies were analyzed using evidence-based methodology. **Results:** Three hundred thirty-nine articles resulted from the literature search. Based on selection criteria, 45 were reviewed in detail and 17 pertained to the ED. From references of these 17 articles, three additional

articles were added. Screening can be conducted using a brief verbal screen and existing ED personnel. A randomized, controlled trial did not demonstrate a difference in screening rates between experimental and control hospitals. No studies assessed the effect of ED screening for DV on morbidity or mortality of domestic violence. An ED-based advocacy program resulted in increased use of shelters and counseling. **Conclusions:** Because of the paucity of outcomes research evaluating ED screening and interventions, there is insufficient evidence for or against DV screening in the ED. However, because of the high burden of suffering caused by DV, health care providers should strongly consider routinely inquiring about DV as part of the history, at a minimum for all female adolescent and adult patients. **Key words:** domestic violence; screening; partner violence. **ACADEMIC EMERGENCY MEDICINE** 2003; 10:1118-1127.

## 'Bulldozers aren't just for boys': respectful relationships education challenges gender bias in early primary students

Debbie Ollis<sup>a</sup>, Cassandra Iannucci<sup>b</sup>, Amanda Keddie<sup>c</sup>, Elise Holland<sup>b</sup>, Maria Delaney<sup>a</sup> and Sarah Kearney<sup>b</sup>

<sup>a</sup>Faculty of Arts and Education, Strategic Research Centre in Education, Research for Educational Impact (REDI), School of Education, Deakin University, Burwood, Australia; <sup>b</sup>Our Watch, Melbourne Australia

### ABSTRACT

Addressing respect, gender equity and gender-based violence in schools has a long history. Renewed government efforts to address gender-based violence in schools through a whole school approach have commenced under the umbrella 'respectful relationships education'. The research presented in this paper is nested within a larger project aimed to evaluate the implementation and impact of a whole school approach to respectful relationships education across two Australian states (Our Watch, forthcoming). The purpose of this paper is to examine the effects of a six-month respectful relationships education program on the gender awareness and bias of early primary school students. Using a single group pre-post test research design, students from two primary schools in Australia completed a survey before (n = 202) and after (n = 217) completion of a respectful relationships education pilot program. A modified version of the Children's Occupation, Activities, and Traits-Attitudes Measure (COAT-AM; Liben and Bigler, 2002) and the Children's Occupation, Activities, and Traits-Personal Measure (COAT-PM; Liben and Bigler, 2002) were used to assess students' views about gender. After the pilot, boys and girls were significantly less likely to consider stereotypically masculine occupations and activities as only for boys and stereotypically feminine occupations and activities as only for girls. Results indicate that ongoing respectful relationships education could be an effective way to disrupt gender stereotyping in early primary school students.

### ARTICLE HISTORY

Received 11 May 2020  
Accepted 8 January 2021

### KEYWORDS

Respectful Relationships Education; Primary Prevention of gender based violence; Health Education; Primary Education; Gender Stereotyping

## The Gippsland CommUNITY Walk Against Family Violence

### Evaluation report

### Background to project

This evaluation report describes a community initiative that took place in East Gippsland in late November 2008. The Gippsland CommUNITY Walk Against Family Violence extended over four days and brought together Aboriginal and non-Aboriginal women, children and men, and agencies across the family violence and criminal justice service sectors. The Walk aimed to bring about change in community attitudes towards family violence, by focusing on celebrating culture, strengthening communities, building partnerships and publicly demonstrating an attitude of no tolerance towards family violence. The Walk is

widely regarded as a successful, ground breaking, Aboriginal-led event.

The walk was initiated by Aboriginal people and led by the East Gippsland Family Violence Regional Action Group (EGFVRAG) in partnership with Yoo-winna Wurnalong Healing Service and Aboriginal women and Aboriginal men. Overall, the event involved collaboration between 26 Aboriginal and non-Aboriginal services. In a collective public outcry, over one thousand Aboriginal and non-Aboriginal community members: workers, women, children and men spoke out against community and family violence.

As a creative, participatory, community-based action, shaped by Aboriginal approaches, the initiative offers a unique opportunity for understanding and identifying potential strategies for bringing together Aboriginal and non-Aboriginal services and communities in order to address the shared problem of family violence.

# What are the benefits of the Evidence Portal?



Curated repository of VAW impact evaluations, expanded over time



Makes evidence on VAW interventions accessible



Focus on supporting strategic decision-making



Identifies where there are gaps in the evidence base



Insights into the *quality* of VAW evidence available



Provides assessments of VAW intervention effectiveness



Can guide future VAW research and program investment priorities

# What are the limitations of the Evidence Portal?

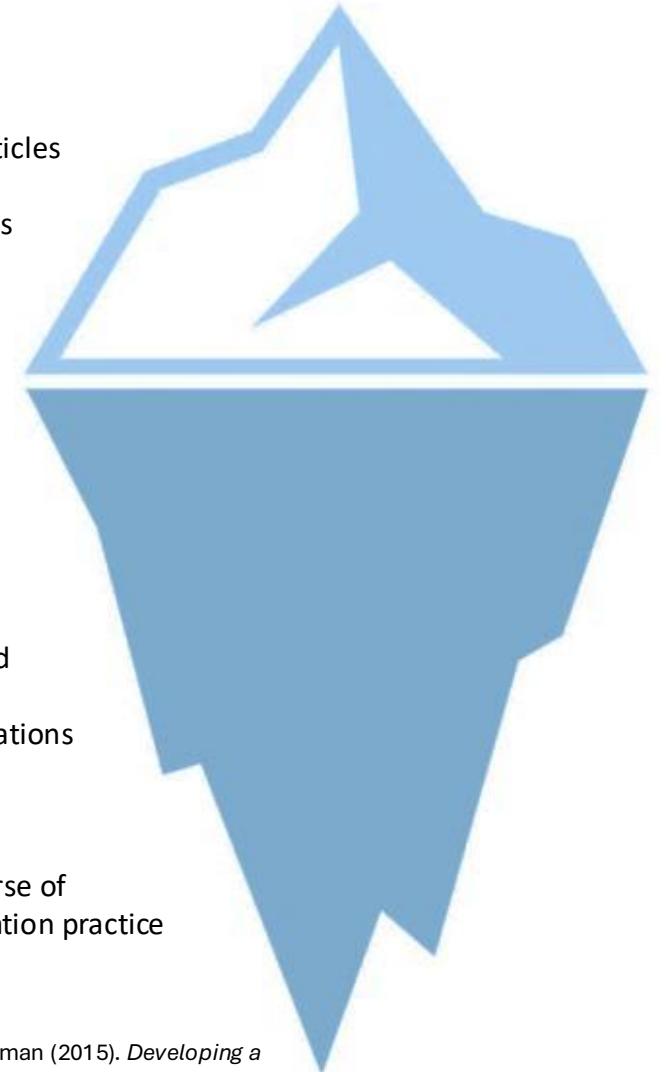
- Only published evaluations - but many unpublished ones exist!
- Limited process and implementation information
- Doesn't include the non-intervention evidence base
- Some interventions are less likely to be captured, such as complex, community-based or emerging interventions

Journal articles  
about  
evaluations

Publicly  
accessible  
accounts of  
evaluations

Documented  
information  
about evaluations

Universe of  
evaluation practice



# What challenges did we face in developing the tool?



Ambitious goal to synthesise available impact evaluation evidence



Ongoing search and screening process



Large volume of literature, with half a million studies captured



Finding ways to centre victim-survivor and Indigenous knowledges

# What are our learnings to date from creating this tool?



**Need to be open and explicit about the limitations and boundaries** of the portal.



**Contested space!** What is valued as “best” available evidence is highly contested (and understandably so)



**Lots of risks!** Risk of presenting condensed assessments of interventions (e.g. users won't consider context and place.)



**Limited local studies:** Most of the evidence included is from the United States

Need to understand more about this:

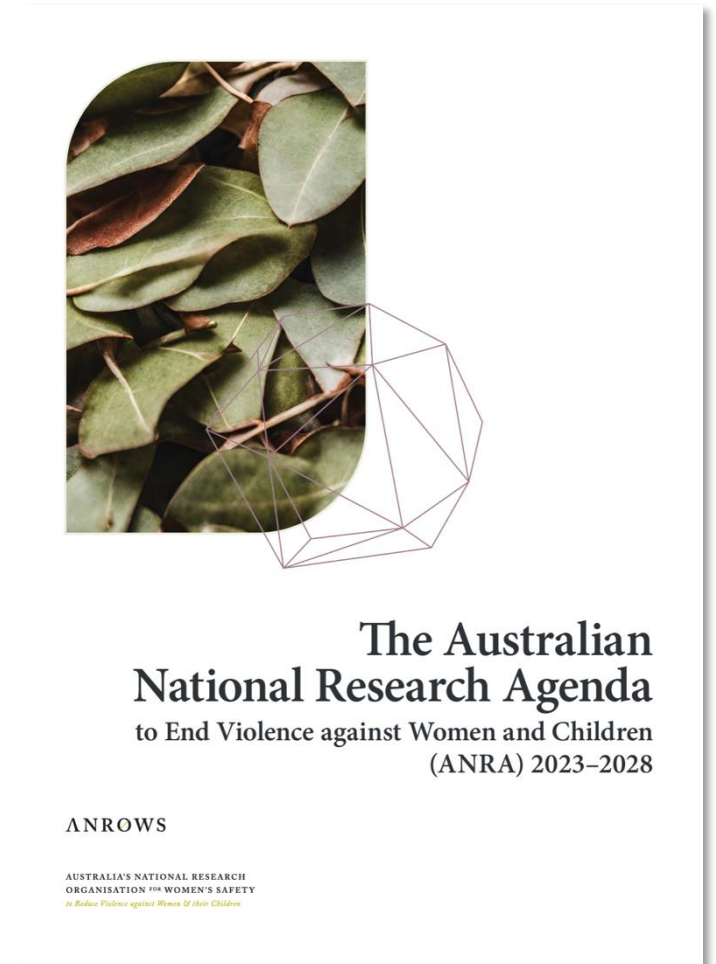
- Funding for impact evaluations in Australia?
- Are evaluations being made public?
- Are interventions and services funded long-enough to enable impact evaluations?

# What other 'ways of knowing' should be considered alongside this tool?

## The Evidence Portal is just one "tool in the toolkit"

Other "ways of knowing" must be drawn upon to complement the knowledge base of the Evidence Portal, such as:

- Lived experiences
- Indigenous research methodologies
- Practitioner expertise



# Looking forward: Learning and adapting



**Relevance and accessibility** are our core learning questions, guiding continuous improvement.



**“User testing never ends”**, with a focus on adapting based on real-world feedback.



**Ongoing stakeholder consultation and user testing** to understand if the tool is meeting sector needs and is user-friendly.



**Sector feedback** after release will directly inform future versions of the Evidence Portal.



**Understanding sector needs and priorities** to shape future prioritisation of Intervention Reviews.



**Regular reflection** across our team and with stakeholders.

# Thank you and questions

Please reach out if you have questions or would like to collaborate:

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James McEwan, Lucy Macmillan, Dr Nicola Helps and Dr Viv McGregor

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