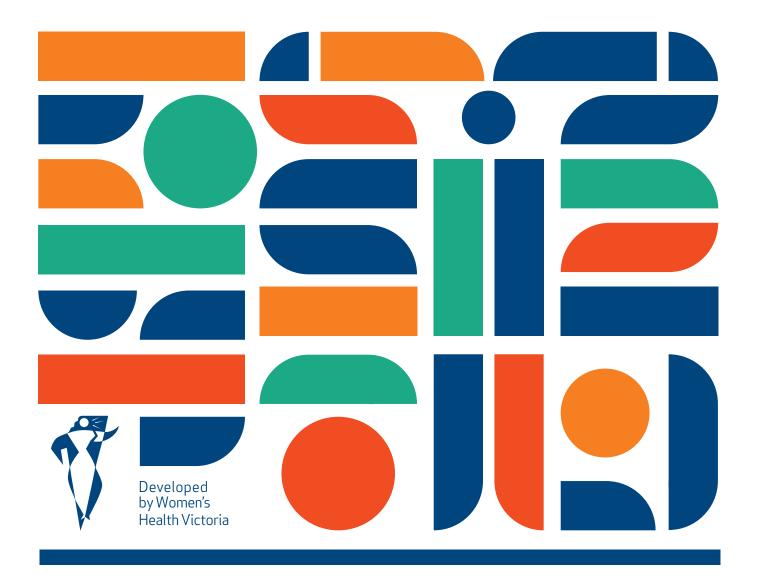
Everyone's business

A guide to developing workplace programs for the primary prevention of violence against women



Note

Everyone's business is best delivered using this guide and the *Everyone's business* training as a package. If you are in receipt of this guide, and have not completed the *Everyone's business* training, please contact Women's Health Victoria (see details below) for next available training dates.

Everyone's business: A guide to developing workplace programs for the primary prevention of violence against women

Compiled by: Bronwyn Upston and Rose Durey

© Women's Health Victoria

Level 8, 255 Bourke Street Melbourne Victoria 3001, Australia (GPO Box 1160 Melbourne, 3001) Telephone: 03 9664 9300 Facsimile: 03 9663 7955 Email: whv@whv.org.au URL: www.whv.org.au

Published January 2012

ISBN 978-0-9757540-4-7

WicHealth

This guide and the accompanying workshop were developed with funding and support from VicHealth.

Designed by The White Studio www.thewhitestudio.com.au

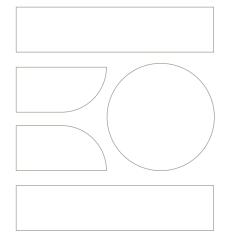
Contents

03	Purpose	03
Introduction	Using the guide	04
to the guide	The story so far	05
		10
	About violence against women	10
	What is domestic or family violence?	10
	Who experiences domestic violence?	11
	What are the consequences of domestic violence?	11
	What are the costs of domestic violence?	11
	What are the causes of violence against women?	12
	Why is domestic violence an issue for business and the workplace?	13
	Impacts on productivity	13
	Impacts on employee health	14
	Impacts on occupational health and safety	14
09	Primary prevention of violence against women	15
Foundations	What is primary prevention?	15
	What is the primary prevention of violence against women?	15
	Workplaces as settings for primary prevention	16
	The VicHealth primary prevention framework	16
	Theoretical base for using workplaces to prevent violence against women	17
	Gender inequality and conventional masculinity	17
	Social norms	19
	Organisational culture and change	21
	Primary prevention in your own organisation	22
23 Design and Plan	Understand the business	24
	Adopt a comprehensive approach	25
	Top-down commitment	25
	On-the-job tools (skills and information)	27
	Reinforcing a culture of non-acceptance of violence against women	31
	Use positive, inclusive messages	32
	Challenge social norms	32
	Get runs on the board	34
	Plan, including evaluation	34

37 Engage and Sustain	Make your case	38
	Learn their lingo	40
	Identify and educate contacts	41
	Be patient and persistent	42
	Accommodate resistance	42
	Secure endorsement from the top	44
40	Flexible training delivery	44
43 Implement and Evaluate	Self-care	46
	Sustainability	46
	Evaluation	47
	Appendix 1: An ecological approach to the prevention of violence against women	52
	Appendix 2: The stage theory of organisational change	54
51 Appendices	Appendix 3: Training, program and policy development resources	55
	Appendix 4: Women's Health Victoria's Prevention of Domestic Violence Policy template	57
	Appendix 5: Guidelines for managers and supervisors	59
	Appendix 6: Developing a safety plan	62
	Appendix 7: If a colleague is experiencing domestic violence	63
	Appendix 8: Memorandum of understanding template	65
	Appendix 9: Presenting your case template	67
	Appendix 10: Sample training participant feedback form	68

70 References

Introduction to the guide



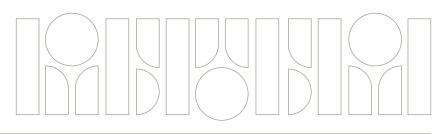
Purpose

Everyone's business: A guide to developing workplace programs for the primary prevention of violence against women was developed by Women's Health Victoria as part of a professional development package to inform the practice of primary prevention of violence against women using a business or workplace settings approach. The Everyone's business professional development package is aimed at local government or community and women's health organisations wishing to engage with businesses to deliver violence prevention programs.

The *Everyone's business* professional development package comprises:

- Everyone's business workshop facilitated by Women's Health Victoria
- The Everyone's business guide for workshop participants
- Ongoing support for workshop participants from Women's Health Victoria through a facilitated community of practice.

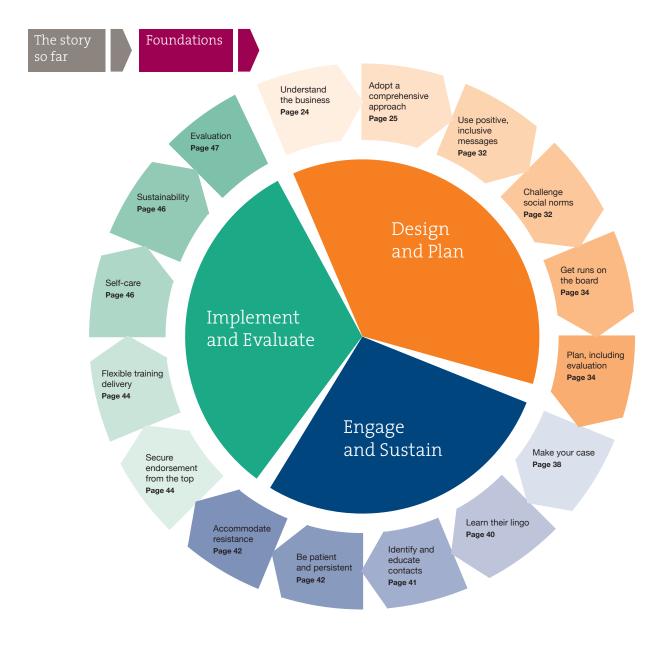
The information in the guide is equally relevant to private industry, government and nongovernment community sector organisation settings. For this reason the terms 'workplace' and 'business' are used interchangeably throughout.



Using the guide

The Everyone's business guide takes you through the three key phases in the development of a primary prevention program – Design and Plan; Engage and Sustain; Implement and Evaluate – and is structured accordingly.

The guide is extensively referenced, with links to further resources, including fact sheets and templates in the appendices. Elements can be adapted to suit your context, capacities and available resources. We suggest you progress through the manual in its entirety as an adjunct to the *Everyone's business* training before deciding how best to approach your primary prevention initiative.



The story so far...

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. Our vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls, and takes into account the diversity of their life circumstances. Over a number of years, Women's Health Victoria has invested resources in working to:

- understand the health impact of violence against women; and
- develop effective primary prevention of violence against women strategies¹.

From 2007 to 2011, Women's Health Victoria was funded by VicHealth to engage male-dominated workplaces in violence prevention. The Working Together Against Violence project used workplaces as a setting for the primary prevention of violence against women. It aimed to strengthen the organisational capacity of a male-dominated workplace to promote gender equality and non-violent norms. The company that Women's Health Victoria worked with to deliver the program was Linfox.

Much of the *Everyone's business* guide and professional development package is based on the learning and outcomes of this innovative project, as well as the growing evidence base on the primary prevention of violence against women.

History of the Working Together Against Violence project

In 2007, Women's Health Victoria obtained funding for one year for the Working Together Against Violence project as part of Phase I of VicHealth's Respect, Responsibility & Equality: preventing violence against women program. The funding was for a year-long pilot project at Linfox, a privately owned transport and logistics company with more than 18,000 employees in Australia and the Asia Pacific region. In 2008. Women's Health Victoria secured further funding from VicHealth to 'scale up' the project over three years, expanding the pilot to other Linfox worksites in Victoria. Phase II aimed to further embed in Linfox the prevention of violence against women through activities such as training, workplace policy and the dissemination of key prevention messages. It included the development and modelling of a workplace program that could be implemented in other companies. The workplace program was originally named Stand Up: Domestic Violence is Everyone's Business, and was re-branded Take a Stand against Domestic Violence: It's Everyone's Business in 2011. In this quide the program is referred to as Take a Stand.

Women's Health Victoria A health promotion, information and advocacy organisation

Working Together Against Violence

Linfox

A transport and logistics company with over 18,000 employees

05

1 More information about Women's Health Victoria is available at www.whv.org.au.

"It shows that as a company, we stand up against violence in the workplace and against domestic violence, that we are a caring employer. Employees can discuss stories with each other, ways to help each other out, bring everyone together and work together as a team."

Theoretical framework

The ecological approach to understanding violence, set out in VicHealth's framework, Preventing violence before it occurs, provided the grounding for the project.1 Working Together Against Violence was also informed by theories of masculinity, organisational theory, social norms theory and the bystander approach. It built the capacity of employees, particularly men, to challenge violence-supportive attitudes and behaviours. It was reinforced by strategies across all elements of the ecological approach to understanding violence - for more information on the ecological approach, see Appendix 1.

About Take a Stand against Domestic Violence: It's Everyone's Business

Using this theoretical grounding and the evidence collected at Linfox, a workplace program was developed – *Take a Stand against Domestic Violence: It's Everyone's Business.*

Take a Stand against Domestic Violence: It's Everyone's Business helps companies both prevent domestic violence before it occurs and support staff who might be experiencing it. The business imperatives to adopt the program include reduced absenteeism and increased productivity. A whole-of-company program that addresses the prevention of domestic violence at a range of levels within a workplace, Take a Stand is premised on the understanding that the health and safety of employees at home affects their health and safety at work. It is informed by the following concepts:

 Primary prevention – Take a Stand aims to prevents violence before it occurs by focusing on the determinants of violence against women.¹

- Bystander approach Take a Stand engages and encourages men and women to stand up against violence against women.²
- Whole-of-company approach
 Take a Stand addresses all systems, staff and levels of a company.³

Engaging Linfox

The engagement process between Women's Health Victoria and Linfox was about building and sustaining a relationship between a community organisation and a for-profit company. For Women's Health Victoria, this was a new way of working. Women's Health Victoria needed to develop an understanding of the expectations of the corporate sector and negotiate effective ways of working together.

Engagement occurred again and again as the project moved through diverse parts of the company, intersected with different employees, and implemented a range of primary prevention strategies. Women's Health Victoria was able to engage with Linfox on an ongoing basis through listening to concerns and responding to them:

"I think we've had the advantage of growing with (Women's Health Victoria) and the project. Going into a new business – I think Women's Health Victoria are good communicators. The fact that you are so flexible is helpful and that you do hear what a business is telling you. That's the most important part."

SENIOR HEAD OFFICE CONTACT, LINFOX Linfox's agreement to undertake the project is evidence of their leadership in this area. Other signifiers of Linfox's commitment to violence prevention were the fact that training was provided on paid time. Many worksite managers also made the training compulsory. A *Take a Stand* contact was nominated by head office, further signalling Linfox's support of the program.

"Yeah, it is a good idea that Linfox is doing this. There are people that know people that do it (domestic violence) and they might learn something from this and as a friend can say something. I've said to a friend, 'why are you talking to your wife like that?""

FOCUS GROUP PARTICIPANT, LINFOX

Outcomes of Take a Stand

The bystander approach, used as the theoretical underpinning of the *Take a Stand* training, was vital in gaining support for the project among managers and employees. It was key to the uptake of the program, and the receptiveness of employees to the training. In total, more than 600 employees participated in the training across 11 Victorian worksites.

Findings showed that participants felt they were more likely to challenge violencesupportive attitudes and behaviours as a result of the training, and understood how sexism occurs on a continuum of violence against women.

- Eighty seven percent of training participants felt that the training helped them to gain a better understanding of domestic violence.
- Eighty seven percent felt that the training helped them understand how things people say or do can support domestic violence.
- Eighty nine percent felt that they were very likely or quite likely to speak out against domestic violence as a result of the training.

Almost all participants felt that the training should be provided more widely. For the majority of focus group participants, the training had changed the way they thought about domestic violence and what they could do about it.

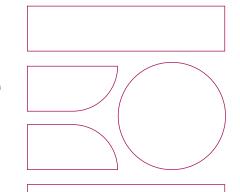
Following the *Take a Stand training*, 95 percent of participants were happy or very happy that Linfox was working with a not for-profit organisation to prevent domestic violence.

Women's Health Victoria learnt much about what is effective in engaging a company in the prevention of domestic violence, as well as what works in embedding and sustaining this work. The final evaluation report of the project is available at www.whv.org.au.

Foundations

About violence against women	10
What is domestic or family violence?	10
Who experiences domestic violence?	11
What are the consequences of domestic violence?	11
What are the costs of domestic violence?	11
What are the causes of violence against women?	12
Why is domestic violence an issue	
for business and the workplace?	13
Impacts on productivity	13
Impacts on employee health	14
Impacts on occupational health and safety	14
Primary prevention of violence against women	15
What is primary prevention?	15
What is the primary prevention of violence against women?	15
Workplaces as settings for primary prevention	16
The VicHealth primary prevention framework	16
Theoretical base for using workplaces	
to prevent violence against women	17
Gender inequality and conventional masculinity	17
Social norms	19
Organisational culture and change	21
Primary prevention in your own organisation	22

Foundations



There is a growing evidence base on the primary prevention of violence against women. Fundamental to the conduct of a primary prevention program to prevent violence against women is an understanding of its prevalence and underlying causes, and the different settings in which primary prevention can be carried out, including workplaces. This foundation chapter explores these issues and provides some relevant theory to underpin practice and program design, with a focus on addressing the underlying determinants of violence against women within the organisational context.

About violence against women

Violence against women is a serious and pervasive issue that affects individuals, families, communities and society as a whole.

Violence against women cuts across the boundaries of culture, race, class, geography and religion. The focus of this guide is on the violence that women experience in 'private life' known as domestic, family or intimate partner violence.

What is domestic or family violence?

Domestic violence, also referred to as family violence or intimate partner violence, is harmful behaviour that occurs when someone threatens or controls a family member through fear. It can include physical harm, sexual assault, emotional abuse and economic abuse.

The Family Violence Protection Act 2008 (Vic) defines 'family violence' as 'behaviour that is physically, sexually, emotionally, psychologically or economically abusive; threatening or coercive; or in any other way controls or dominates the family member and causes them to feel fear for the safety or wellbeing of that family member or another person'.⁵

The term 'domestic violence' is used in this guide as this was the language adopted in the *Take a Stand against Domestic Violence*. *It's everyone's business* program.

'Violence against women' means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.⁴

UNITED NATIONS DECLARATION ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN

Who experiences domestic violence?

In Australia, one in three women over the age of 15 years has experienced physical assault⁶ and over half of all women have experienced at least one incident of physical and/or sexual violence in their lifetime.⁷ Most violence against women occurs in the home and is perpetrated by a male known to the victim, predominantly an intimate partner.⁶

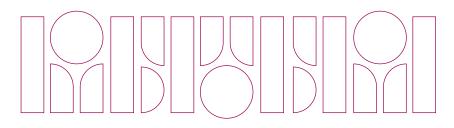
What are the consequences of domestic violence?

Domestic violence has significant and often devastating consequences for victims, including homicide, homelessness and poor social, mental and physical health outcomes.⁸ It is the leading contributor to death, disability and illness in Victorian women under the age of 44.⁹

Apart from injuries resulting from physical violence, long term physical consequences of violence include pain and fatigue, allergies and respiratory disorders, insomnia, bowel problems, onset of breast cancer, and eyesight and hearing difficulties.¹⁰⁻¹¹ Women who experience domestic violence have between two and eleven times the risk of contracting sexually transmissible infections and experiencing miscarriage compared to women who have not experienced violence.¹⁰ In addition to this, women who have experienced violence are more likely to suffer from poor mental health, such as depression or anxiety.¹⁰

What are the costs of domestic violence?

Domestic violence impacts on the economy. In Australia, the economic cost of violence against women and their children was estimated to be \$13.6 billion in 2009.¹² Domestic violence costs the Victorian economy an estimated \$3.4 billion per year.¹³ Further costs of domestic violence for business are described on page 13.



The underlying causes or determinants of violence against women are strongly linked to gender inequality. They include:

- unequal power relations between women and men;
- adherence to rigid gender stereotypes; and
- broader cultures of violence.¹⁴

What are the causes of violence against women?

The link between violence and gender inequality is well recognised in international understandings of men's violence against women. The *Declaration on the Elimination of Violence Against Women* states that violence is a 'crucial social mechanism by which women are forced into a subordinate position compared with men'.¹⁵

In a detailed study on violence against women, UN Secretary General Ban Ki-moon states that 'structural imbalances of power and inequality between women and men are both the context and causes of violence against women'.¹⁶

Research has shown a strong link between men's attitudes regarding gender and the perpetration of violence against women. For instance, men who hold conservative or traditional attitudes about gender roles, believe in male authority and/or have 'sexually hostile attitudes' towards women are more likely to perpetrate violence against their intimate partners than men who do not subscribe to such views. Similarly, men who believe that violence is trivial or can be excused because women 'ask for it' or 'deserve it' are more likely to perpetrate violence against women.¹ In addition to these underlying attitudes, there are a number of contributing risk factors for the perpetration of domestic violence. These include alcohol and substance abuse, depression and financial stress, among others.¹

Central to addressing gender inequality is the need to confront the structural dimensions that underpin it. Inequality must be addressed at every level and in every sphere; in organisations and institutions, in businesses and workplaces, in education and in homes, at local, national and international levels.

Violence against women is unacceptable and it is everyone's business to do something about it.



Why is domestic violence an issue for business and the workplace?

The health and safety of employees at home affects their health and safety at work. Domestic violence is the leading contributor to death, disability and illness in Victorian women aged 15 to 44 years.⁹ Of the Australian women who report violence by a current partner, nearly two thirds are in paid employment.¹⁷

Workplaces have a key role in influencing the behaviour of individuals and groups. They can reinforce or challenge normative beliefs and can also model non-violent, equitable and respectful gender relations.1, 18-19

Workplaces are directly impacted by instances of domestic violence. Whether the employee is a victim or perpetrator, the workplace is impacted through absenteeism, staff turnover and lost productivity. Acts of domestic violence can also occur at work, and colleagues are also affected.²⁰ The impact of violence against women in terms of productivity, employee health and occupational health and safety are outlined below:

Impacts on productivity

- A 2004 study estimated that domestic violence in Australia costs employers approximately \$175 million annually.²⁰ This figure represents instances where employees reported their absence from work as a result of a domestic violence incident - the real cost to employers is likely to be much higher due to under-reporting.
- Employee absence from work can include victims taking time off work because of injury, emotional distress, attendance at court, and perpetrator absenteeism due to stalking or criminal justice processes.²¹⁻²² Victims may also report an inability to concentrate or perform tasks, leading to lower organisational output.^{3, 22-23} Employees who have experienced domestic violence in the past are more likely to be absent than employees with no such history.24
- Costs incurred by employers due to employee absence include wages, onsite costs, hiring and training replacement workers, and the cost of overtime paid to other workers.²⁰

The health and safety of employees at home

affects their health and safety at work.

- Friends, family and colleagues may also take leave from work.^{3, 23} One study has shown that 47 percent of families and friends of victims of domestic violence reported taking time off work to accompany the victim to court, hospital, or to care for children.²⁰
- Domestic violence can have an effect on colleagues in various ways. Staff might try to protect victims from unwanted workplace phone calls and visits, experience distress or uncertainty about how to intervene, fear for their own safety, or play a role in workplace gossip or rumours – all of which contribute to decreased staff morale.^{3, 22, 25}

Impacts on employee health

- Domestic violence is a prevalent health issue which can lead to illness, disability and even death. This impacts on the work life of victims, their family and friends, and their colleagues.^{9, 22}
- The effects of domestic violence on an employee might include poor concentration because of injuries or stress. This could lead to the inability to safely operate equipment or focus on work tasks.^{21, 26}

Impacts on occupational health and safety

- Psychological impacts are recognised as hazards under occupational health and safety legislation.²⁷ These include workplace stress for both victims of domestic violence and their colleagues.
- Victims of domestic violence can experience physical or verbal harassment during work hours.²² One study found that 29 percent of victims who were stalked by their previous partner reported that the perpetrator loitered outside the workplace.²⁸ The employer's premises and equipment can also be used to perpetrate violence.^{3, 22-23}

14

Primary prevention of violence against women

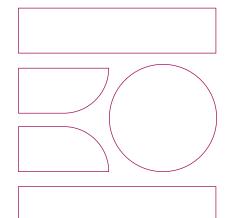
What is primary prevention?

Public health may be preserved, promoted or improved through prevention at three levels: primary, secondary or tertiary. Primary prevention is a public health approach to reducing or eliminating the cause of a health problem. Secondary prevention involves targeting interventions at risk groups before a problem is established (for example, interventions aimed at young men whose fathers were abusive). Tertiary prevention attempts to prevent the problem recurring (for example, behaviour change programs for men who have been violent towards their partner).²⁹

What is the primary prevention of violence against women?

The primary prevention of violence against women is the prevention of violence before it happens.³⁰ It is achieved by addressing the causes of violence rather than the more visible symptoms.^{1, 31} As previously discussed, gender inequality and gender-role socialisation are key determinants or causes of violence against women. Therefore, primary prevention strategies to prevent violence focus on promoting equal and respectful relationships between men and women at the individual, community, organisational and societal levels. This could be achieved through promoting non-violent norms, reducing the effects of prior exposure to violence and improving access to resources and systems of support.¹

Some community organisations may be wary of introducing primary prevention of violence against women programs for fear that resources and services will be diverted away from women and children affected by violence. The primary prevention of violence against women should be complementary to, not exclusive of, efforts to support victims of domestic violence.¹



Business stands to gain from measures that reduce the economic and employee costs of violence against women.

Organisations need support to disrupt conventional scripts around masculinity and equip individual men with the tools to prevent violence against women.³⁹

Workplaces as settings for primary prevention

Workplaces have been identified as one setting in which the primary prevention of violence against women can take place.^{1,14, 32} Health promotion interventions within workplaces have traditionally focused on shaping individual health behaviour, but they should also incorporate organisation-level strategies.³³ Workplaces are directly impacted by instances of domestic violence, and they play a key role in influencing the behaviour of individuals and groups. They can reinforce or challenge normative beliefs and can also model equitable and respectful gender relations.^{1,18,19}

Workplaces therefore represent a site in which non-violent norms can be promoted. Workplaces may also provide an opportunity to reach individuals affected by violence who may not otherwise come into contact with information about support services.

The VicHealth primary prevention framework

VicHealth's *Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria* is a key resource.¹ The framework highlights gender inequality and gender-role socialisation as key determinants of violence against women. The promotion of non-violent social norms is identified as a contributing factor in preventing violence against women. By using workplaces as a setting, this contributing factor can be addressed at the organisational level by promoting a workplace culture in which violence against women is denounced, and equal and respectful gender relationships are supported. Refer to Appendix 1.

Theoretical base for using workplaces to prevent violence against women

The underlying causes of violence against women, as outlined in the previous section, should inform your primary prevention practice. Before you start to design your program, however, there are other theories to consider. This chapter describes the theories that Women's Health Victoria found most useful in informing its *Working Together Against Violence* project. They incorporate:

- the links between gender inequality, conventional masculinity and violence against women;
- social norms theory; and
- organisational culture and change theory.

Gender inequality and conventional masculinity

Gender inequality and an imbalance of power between women and men is a key determinant of violence against women.^{1,34} Studies have shown that men are more likely to perpetuate domestic violence if they:

- hold traditional attitudes to gender roles;
- believe in male authority;
- have 'sexually hostile attitudes' towards women;
- believe that violence against women is trivial; and/or
- believe that violence against women can be excused because women 'ask for it' or 'deserve it'.^{1 26,35}

These attitudes condone violence against women and are present at all levels of society – individual, community and societal. They are perpetuated by conventional notions of masculinity that associate power with masculinity and passivity with femininity. This perpetuates 'a pattern of gendered violence, positioning man as predator and women as, invariably, his victim.'³⁶ Conventional masculinity dictates that men should be self-reliant, powerful, strong, and invulnerable.³⁷

To be effective, primary prevention interventions must 'undermine the cultural and collective supports for physical and sexual assault found among many men.'³⁸ This is why understanding how masculinity operates is an important part of the design and development of your program. Organisations need support to disrupt conventional scripts around masculinity and equip individual men with the tools to prevent violence against women.³⁹ The reason many men remain silent in the face of other men's abusive behaviour is embedded in male peer culture in which conventional masculinity dominates. Male-dominated workplaces are sites where conventional masculinity is played out and 'policing mechanisms' are evident.³⁹ The two key 'policing mechanisms' that men use to silence other men are:

- 1. Challenges to the manhood of men who speak out against sexism; and
- 2. Hostile questioning of their heterosexuality.^{2, 40}

Other barriers to men confronting violence against women include:

- a lack of role models;
- not knowing what to do;
- fear of not fitting in; and
- feeling hesitant about challenging behaviour that they may have carried out themselves.⁴⁰

Primary prevention programs need to have the flexibility to address these issues. Through adapting practices, policies and norms, organisations can equip men to undo gender stereotypes by giving them the motivation, a model, and a margin of safety to deviate from conventional masculine scripts.³⁹ To be effective, men as well as women must be meaningfully engaged in interventions to promote gender equality and prevent violence against women.¹¹

In designing and implementing a workplace primary prevention program you should consider some key principles regarding men's involvement in violence prevention. These include:

- Ensure that men's violence prevention is linked to the promotion of gender equality
- Ensure that a feminist analysis remains the central underpinning of the work
- Refocus primary prevention of men's violence to system interventions
- Work with non-violent men whose silence perpetuates other men's violence
- Locate men in their specific context
- Interrogate masculinity
- Ensure that men's violence prevention work is accountable to women^{41}

Workplaces in which conventional masculinity and its stereotypes are rewarded present an ideal opportunity for primary prevention of violence against women. A male-dominated workplace may not necessarily have a majority of male employees, but will invariably have more men than women in senior roles.

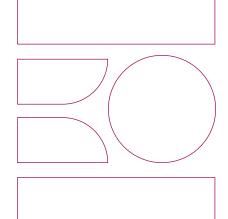
Social norms

Social norms are the rules or expectations of behaviour within a specific group. Perceptions of those norms shape individual behaviour.⁴² They govern 'what is (and is not) acceptable and coordinate our interactions with others'.⁴³ A social norms approach to health promotion addresses the importance of social norms in shaping behaviour.⁴²⁻⁴⁴

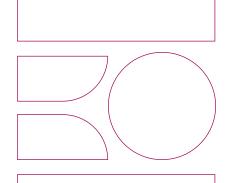
Social norms theory describes situations in which individuals incorrectly perceive the attitudes or behaviours of peers and other community members to be different from their own.⁴⁵ The prevalence of harmful or damaging behaviour, such as violence against women, is usually overestimated, while protective behaviours are underestimated.⁴⁵⁻⁴⁶ This means that individuals are more likely to stay silent, justify, or increase their own harmful behaviour because they believe that others are doing it too.

Misperceptions can stop people from intervening or challenging sexist behaviour, offensive jokes and other instances that occur along a spectrum of violence against women.⁴⁷ A social norms approach aims to subvert perceptions of harmful or damaging behaviour, and enhance perceptions of protective behaviour.⁴³

Social norms theory intersects with the ecological approach set out in VicHealth's framework, *Preventing violence before it occurs*, with regard to promoting non-violent norms, and at all levels of influence – individual, organisational and societal (refer to Appendix 1). Social norms theory has been used to encourage men to confront the problematic behaviour of other men.⁴⁸ Research has shown that men underestimate the extent to which other men are uncomfortable with sexist behaviour.⁴⁸ Although not yet extensively evaluated, programs that employ a social norms approach to the primary prevention of violence against women are an important means by which change can begin.³¹ Studies have shown that an individual who challenges sexist behaviour can have the effect of reducing the conformity of others to those social norms.⁴⁶



For a norm to be perpetuated, it is not necessary for the majority to believe it, but only for the majority to believe that the majority believes it.45



The task of challenging and changing a patriarchal culture, and the individuals who are shaped by its rules, is immense.48 Men's perception of other men's willingness to intervene to prevent violence against women has been found to be the strongest predictor of men's own willingness to intervene.^{42, 48} Five stages have been identified that are required for an individual to intervene and act on a social norm:

- 1. Notice the event
- 2. Interpret it as a problem
- 3. Feel responsible for the solution
- 4. Possess the necessary skills to act
- 5. Intervene^{42, 45, 49}

Enabling people to intervene and act to challenge social norms, using these five stages as a guide, is central to primary prevention at all levels within workplaces. Interventions that seek to encourage a willingness to intervene and that provide the skills to do so have been cited as evidence of promising practice.⁴²

While everyone in a community cannot be reached or convinced, if enough people actively support women's right to live free of violence, the climate in the community can shift from tolerating to rejecting violence against women.⁵⁰

An understanding of the social norms that govern violencesupportive attitudes and behaviours is required for this shift to happen. The task of challenging and changing a patriarchal culture, and the individuals who are shaped by its rules, is immense.⁴⁸ Although it takes time, changing attitudes and behaviours can lead to social and structural change.^{51,36}

Organisational culture and change

Organisations are complex social systems comprising group norms, organisational values, skills, informal structures of power, and shared meanings.⁵²⁻⁵⁴ Organisational culture reflects broader societal norms and is therefore pivotal to the primary prevention of violence against women.

Theories of organisational culture and change demonstrate that deliberate culture change is complex, takes time, requires leadership and ultimately, can be hard to achieve.⁵³ Preventing violence against women using workplaces as a setting involves adapting organisational culture, systems and structures so that they support a working environment that addresses the determinants of violence against women.

Changing the work environment requires an understanding of how change happens. The stage theory of organisational change has been applied to workplace health promotion and provides a useful framework for planning a primary prevention program.^{50, 55} It describes four steps in the process of cultural change that organisations pass through:⁵⁶

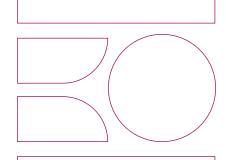
- Awareness raising
- Adoption
- Implementation
- Institutionalisation.

Refer to Appendix 2 for a more detailed description of the stage theory.

Considerable time is needed for organisational change. For change to be enduring and sustainable, organisations, and the employees working in them, must actively embrace the change.^{52,57} Exploring and addressing barriers to change is therefore critical for you in your program implementation.



21



"It just enhances the (organisational) values that we've already got. It means that we're a better corporate citizen." WORKSITE MANAGER, LINFOX

Primary prevention in your own organisation

Before your organisation can develop and deliver a program for the primary prevention of violence against women in a business, you may need to persuade key stakeholders in your organisation, such as management or funding bodies, of the need to resource this work. Some questions to ask yourself to help you prepare:

- Why do I/we want to work in this space?
- What do I/we want to achieve?
- Realistically, what resources are likely to be available and for how long?
- How will I/we gain support from our community, board, members?

You might need to use the information and tools set out in this guide in order to make a case to your own organisation well before you use them with business. A business plan may also need to be developed to obtain support from your Board.

Having your own house in order and being able to model best practice through the development and implementation of your agency's own Prevention of Domestic Violence Policy, may be a good starting point for bringing key stakeholders on board and ensuring that your organisation is committed to the need for primary prevention of violence within the workplace (refer to Women's Health Victoria Prevention of Domestic Violence policy template at Appendix 4).

Design and Plan



Understand the business	24
Adopt a comprehensive approach	25
Top-down commitment	25
On-the-job tools (skills and information)	27
Reinforcing a culture of non-acceptance of violence against women	31
Use positive, inclusive messages	32
Challenge social norms	32
Get runs on the board	34
Plan, including evaluation	34

Design and Plan

Be aware of and sensitive to management concerns about the risk to reputation posed by undertaking any program that is focussed on violence against women. This concern is real – the inference from those within the business, and their external stakeholders, may be that there are existing issues specific to that workplace that need fixing. In the first phase of the design and planning of your primary prevention program you should develop, as far as possible, an understanding of the business with which you hope to engage. Adopt a comprehensive approach that includes multiple points of influence and a flexible toolbox for program implementation. Use positive, inclusive messages from the outset to frame your program objectives as inclusive and achievable. For example, refer to men as partners in prevention rather than as perpetrators.

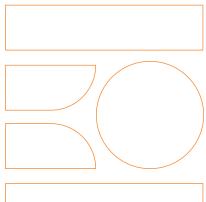
Start with only one business. This will enable you to build and consolidate your relationships, enhance sustainability and create a model of good practice you can use in the future. Plan for evaluation and collect your evidence along the way.

Understand the business

The aim of understanding the business with which you are engaging is to identify areas of shared interests or values, to assess the possible scope of your program, and to identify the people who will be key for your program. Information you may find useful includes:

- The industry sector/s of the business and any subsidiaries
- Names and titles of senior executives, managers and HR personnel
- Organisational structure
- Number of employees
- Gender mix
- Number of worksites and number of workers at each site
- Communication and language style
- Organisational values or key investments that support your program implementation, for example, occupational health and safety initiatives, bullying or violence policies or guidelines
- Location of project within the organisation
- Recent history of any relevant issues
- Previous work on gender diversity





Adopt a comprehensive approach

By adopting a comprehensive approach you will have multiple points of influence to increase uptake and ownership of your primary prevention of violence against women program. Gaining commitment from senior management is crucial and may take time. Policy change may follow effective implementation of other program activities such as workplace skills training, information provision and various strategies to reinforce key messages. Being flexible and demonstrating success along the way will place you in a better position to advocate for more systemic, organisationwide change such as a new policy or inclusion of best practice clauses in Enterprise Agreements.

Top-down commitment

The overall aim of your program is to create a sense of ownership, by management and employees alike, of responsibility for acting to prevent violence against women. Unless senior management supports the project, you are unlikely to get traction across the whole organisation. Initially, management may be reluctant to engage in discussions about changes to policy, but this situation may alter as the program progresses.

Any form of support (such as the provision of training in paid time or the attendance at training by supervisors and managers) demonstrates a willingness to act and may be built on later down the track. Adopt a comprehensive approach that includes multiple points of influence and a flexible toolbox for program implementation. Significant commitment by senior management to the prevention of violence against women may be demonstrated by the following:

Company statement

This is a written statement by the CEO or Director that demonstrates an understanding that violence in personal relationships affects workplace safety, security and productivity, that women are most often the victims of domestic violence and that business has a role to play in its prevention and support for workers who are affected. This type of statement may be used for an internal newsletter or a memo to introduce a training program, or may be for external communications such as a media release or an article in the Annual Report.

Inclusion of a best practice family violence clause in Enterprise Agreements

The first domestic violence clauses were introduced into several Australian Enterprise Agreements in 2010, with a growing number of workplaces following suit. The aim of the new clauses is to acknowledge the impact of domestic violence on workers and the workplace, and to provide support for victims to maintain employment. Refer to Appendix 3 for further information.

Policy development

A stand-alone Prevention of Domestic Violence policy or the incorporation of new statements into existing human resources policy (such as workplace behaviour, harassment, or bullying) further demonstrates senior management commitment to a workplace in which domestic violence is not tolerated, and victims are supported. Women's Health Victoria has developed a workplace policy template that can be adapted for individual workplaces. Refer to Appendix 4.

Attendance at meetings, key events or training activities

Any activities which are good PR for both the business and the program are opportunities for CEO or senior management involvement. In recognition that people are busy, be judicious in your invitations.

Nomination of key contact for the project

Having a key contact person (or people) nominated from within the workplace to support the project helps you gain access to the business and demonstrates senior management commitment.

Support for White Ribbon Day activities

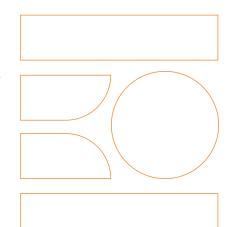
The White Ribbon Campaign is a male-led campaign to end violence against women. Men who wear a white ribbon demonstrate their opposition to violence against women and their commitment to equality between women and men. White Ribbon Day is held on the International Day for the Elimination of Violence Against Women, 25 November. A range of activities is available, including the nomination of a White Ribbon Day Ambassador – further information is available at www.whiteribbonday.org. au. It is important that men initiate and run these activities – an ideal opportunity for business and employees to demonstrate commitment to the prevention of violence against women.

On-the-job tools (skills and information)

In addition to awareness-raising about the prevalence and impacts of domestic violence, staff development activities need to provide relevant on-the-job tools (skills and information) so that individuals can take action to challenge social norms.

With an increased awareness of domestic violence comes a responsibility for employees to take action where there are concerns for an individual's safety. People disclosing their experience of domestic violence do not always disclose to their managers. One study showed that most victims disclosed to co-workers (64%), followed by immediate supervisors (29%), non-immediate supervisors (21%) and others within the workplace (14%).⁵⁸ This highlights the need for a whole-oforganisation approach to domestic violence in which all levels of staff are provided with information about what domestic violence is, why it happens, and how victims can be supported.

Employees need to know where to go with their concerns, that they will be taken seriously and that the company respects their privacy. Management and human resources professionals require clear guidelines and information about privacy and confidentiality, provisions for leave, company-sponsored assistance (such as Employee Assistance Programs) and community-based supports for victims (such as local women's or community health services) as a minimum (refer to Appendix 5). Training or professional development designed to meet these differing needs would be the most suitable strategy to increase the skills and knowledge of all staff.



The overall aim of your program is to create a sense of ownership, by management and employees alike, of responsibility for acting to prevent violence against women. Ideally, training would be compulsory, demonstrating top-down commitment. Making the training compulsory means that the staff who attend the training do not feel targeted. Compulsory training has the added benefit of reducing the rebound effect of training by ensuring all employees are exposed to the key message that violence is unacceptable. In education programs that aim to change attitudes, a rebound effect may occur whereby attitudes measured some time after a program was run, say six weeks later, return to those expressed immediately before the program. Following a presentation about sexism and violence, participants may express altered attitudes immediately afterwards, only to return to the worksite, discuss what they heard and receive strong, negative responses to it from those who did not participate. Men may feel pressure to reassert their masculinity by voicing their rejection of the new information.⁴⁰ Don't be discouraged if your training doesn't reach everyone - continue to look forward to emerging opportunities and promote your training successes.

Professional development for management and HR personnel

You may or may not have the opportunity to deliver training specially designed for management and HR personnel. As a minimum, the following information should be available and discussed with these stakeholders. Ideally, these topics would form the basis of professional development targeted to their needs:

- Legal definition of family violence
- Prevalence of family violence and its gendered nature (that is, women are the majority of victims, men are the majority of perpetrators)
- How to support victims of family violence in the workplace (for example, privacy, referrals to support services, the development of a safety plan – refer to Appendix 6)
- How to respond to perpetrators of violence in the workplace
- Developing a list of support services (refer to section Information about support services for victims and perpetrators on page 30)
- Dispelling the myths of family violence (for example, that is only happens to certain groups, that men cannot control their violence, that women deserve the violence, that it is connected to alcohol or drug use, that it is a private matter)
- Understanding why women stay in violent relationships

28

Training for workers

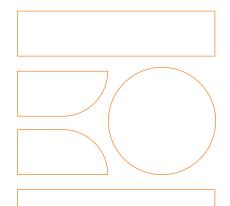
Training should be underpinned by the principles and theoretical base for using workplaces to prevent violence against women (refer to page 17). In addition, several key adult learning principles that have been applied to the practice of violence against women education may also be useful:

- Programs are more effective if they address all three domains of learning: cognitive, affective/emotional, and behavioural.
 Programs that explore only what people know are less effective than programs that also address how they feel and what they do⁵⁹
- By adopting active and participatory educational methods, educators encourage dialogue and reflection which in turn helps men develop critical consciousness that they are agents of change.⁴⁰

It is important to be able to articulate the core principles on which your training is based. In its training program with Linfox, Women's Health Victoria adopted the following principles which reflect those set out in *Men's behaviour change group work: a manual for quality practice* (2006):

- Male family violence has a context in patriarchal attitudes and structures, and the association between masculinity and violence is socially constructed
- Male family violence has wide-ranging, long-lasting negative effects on those who experience it
- There are many different ways that a man can be violent and controlling. Every man has a choice to use or not use violence
- The safety of women and children always comes first
- Male family violence is never acceptable or excusable, and some forms of violence are illegal
- Everyone needs to challenge sexism and secrecy about male violence⁶⁰

The practical design considerations of the training program are described in the section *Flexible training delivery* on page 44, and are dependent on the organisational context and commitment of senior stakeholders.



"It opens the door to communicate about these issues in the workplace."

FOCUS GROUP PARTICIPANT, LINFOX

Women's Health Victoria: Everyone's business Design and Plan

Information about what to do if someone you work with wants help

Increase the awareness and knowledge of all staff about what they should do if they are concerned about a colleague's wellbeing by providing guidelines about how to support colleagues experiencing domestic violence. In addition to its use in a training program, HR or senior management may incorporate these guidelines (along with the list of support services discussed below) into induction programs or may circulate them in a newsletter or memo to staff, perhaps in the lead up to International Day for the Elimination of Violence Against Women on 25 November. (A sample handout is available in Appendix 7.)

Information about support services for victims and perpetrators

Collaborative development of company-branded information resources is a useful strategy to promote business knowledge of, and ownership over, the issue of violence against women. A list of locally-relevant support services and contact information for employees affected by violence is a great place to start. Services that could be included on the list:

- The organisation's Employee Assistance Program (EAP)
- Local women's health or community health services
- 1800 Respect counselling service
- Men's Referral Service
- Women's Domestic Violence Crisis Service
- Immigrant Women's Domestic Violence Service
- Kids Help Line
- Police

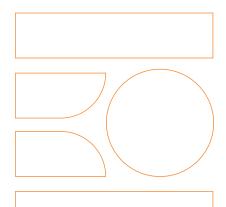


30

Reinforcing a culture of non-acceptance of violence against women

Reinforcement of the key message that violence against women is unacceptable and it is everyone's business to do something about it will help maintain awareness following a workplace training program or the implementation of new policy. Employ as many strategies to reinforce these messages as you can. Ideas include:

- A launch to introduce the training activity and/or the company's new Domestic Violence Prevention Policy
- Internal newsletter/intranet news article, with links to list of local support services
- Activities linked to International Day for the Elimination of Violence Against Women and the White Ribbon Campaign (see Appendix 3)
- Memo from the CEO or Director
- Company-branded posters and pamphlets to reinforce key messages
- Media release



Violence against women is unacceptable and it is everyone's business to do something about it.

We know we're not going to transform, overnight or over many decades, certain structures of male power and privilege that have developed over thousands of years. Nevertheless, how are we going to bring more men – *many more men – into* a conversation about sexism and violence against women? And how are we going to do this without turning them off, without berating them, without blaming them for centuries of sexist oppression?²

Use positive, inclusive messages

By focussing on inclusive, positive messages, your primary prevention program will reinforce healthy, respectful behaviours and centre on what people in the workplace can do to make a difference. This is important because an approach in which all men are regarded as potential perpetrators would disengage most men from the outset, as most men do not identify themselves in this way.² Blame does not create attitudinal, behavioural or organisational change.⁴⁰ It individualises domestic violence so that it is understood as a result of individual men's dysfunctional behaviour.² This ignores the fact that violence against women is a part of a pervasive system of gender inequality.² Broader community change can be envisaged by increasing receptiveness to violence prevention.⁶¹ Positive, inclusive messages should:

- encourage men and women to speak out against violencesupportive attitudes and behaviours;
- bring a complex and uncomfortable issue into the public arena to be discussed in a safe way;
- recognise the long term benefits of a preventative approach;
- provide practical tools for how to challenge violence-supportive attitudes and behaviours; and
- approach men as partners in prevention and not perpetrators.

Challenge social norms

The bystander approach to violence prevention is one way of challenging harmful social norms. It represents a means by which individuals can be equipped to take a stand against violence against women in the context of their working and personal lives. It also has the potential for broader community and societal change and thus connects to all levels of the ecological approach to understanding violence. (Refer to Appendix 1.)

A bystander is not a victim or perpetrator, but a friend, colleague or family member who takes action to: *identify, speak out about or seek to engage others in responding to: specific incidents of violence; and/or behaviours, attitudes, practices or policies that contribute to violence*.⁶² The bystander approach sends a message that domestic violence is everyone's business and that everyone has a positive role in eliminating it. It provides the mechanism for men and women to challenge violence-supportive attitudes and behaviours. Violencesupportive attitudes and behaviours:

- trivialise violence and its impacts;
- attribute blame to the victim of violence;
- deny violence occurred or that certain behaviours are violence;
- deny that public agencies or the community have a responsibility for preventing violence or holding violent people to account; and/or
- justify or excuse violence.

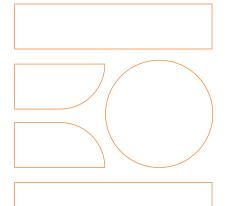
Jokes, remarks, aggressive or demeaning behaviour, or displaying offensive materials could all do this.²⁶ Challenging these attitudes and behaviours would ultimately lead to a shift in male culture in which abusive behaviour is not tolerated and victims are supported.

The bystander approach has been used successfully in programs across the United States.^{2, 63} It underpins the Australian Football League's Respect and Responsibility program⁶⁴ and Women's Health Victoria's *Take a Stand against Domestic Violence program*.

In order to act, bystanders must have an appreciation of the issue and its impact, and see themselves as partially responsible. They need to have an awareness of the fact that victims do not cause the violence. Bystanders must also feel they have the skills to act.^{61, 65} Practical tools for different, everyday situations are needed. Actions bystanders could take include:

- interrupting situations that could lead to assault before it happens or during an incident,
- speaking out against social norms that support (sexual) violence; and
- having skills to be an effective and supportive ally to survivors.66

Including both men and women in your primary prevention program acknowledges that both can learn skills to take action in the workplace, and more broadly in the community, when violence or violence-supportive attitudes are expressed.



"It made me realise that the seemingly inconsequential comments can have an impact."

TRAINING PARTICIPANT, LINFOX

"The training adds a personal perspective and brings the home into the workplace. This is really important. It's about supporting the guys however we can and building a good rapport between management and staff." WORKSITE MANAGER, LINFOX

Get runs on the board

Obtaining quick, tangible results is important in enabling you to achieve longer term strategies that require a greater level of commitment and organisational change. A key learning for Women's Health Victoria in its primary prevention work with Linfox was the need to demonstrate results based on what the employer considered the most important aspect of the program. In this case, Linfox regarded training as an important mechanism for disseminating the message that domestic violence is unacceptable. Training was a familiar method of staff development, with clear, easy to understand outcomes.⁶⁷ It could be evaluated readily with results fed back to senior management.

The training developed by Women's Health Victoria in consultation with Linfox management ensured that employees learnt about the impact of domestic violence and developed the skills to recognise and respond to it. In this process, managers and HR personnel were also learning. The training outcomes in turn encouraged attitudes and behaviours that promoted gender equality in the workplace and beyond.

Plan, including evaluation

Use the VicHealth framework, *Preventing violence before it occurs: a framework and background paper to guide the prevention of violence against women* to inform your planning and set realistic objectives (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime scale) that match the 'intermediate outcomes' described in the framework (refer to Appendix 1). An example of how to use the framework to underpin your planning is provided on the next page. In practice, your project plan would have far more operational detail.

Sample: Commencing your primary prevention plan using the VicHealth framework

Goal: Respectful gender relations are valued and promoted in xx organisation

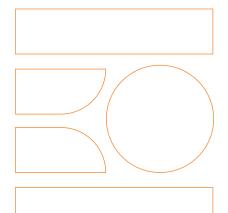
Objective 1	By [date] xx organisation has increased capacity to promote respectful and non-violent gender relations
Possible activities	 CEO written endorsement Organisational policy development Gender pay audit Flexible leave arrangements Ongoing training program and annual calendar of events
Objective 2	By [date] all employees are aware of and have increased capacity to promote respectful and non-violent gender relations.
Possible activities	 Modelling by senior staff Training Marketing/messages Involvement in White Ribbon Day

Your project implementation plan should set out:

- an overarching goal
- clear objectives
- proposed strategies or activities
- key deliverables (outputs)
- timeframes.

You may also need to consider who is responsible for what work and how the work will be costed.

(Refer to Appendix 3 for resources that may assist you to structure your program implementation plan.)



Alongside the project plan, draw up an evaluation framework so that you are clear about the evidence gathering activities you will undertake and the types of data you will collect right from the beginning of your program. Continuous evaluation of your program and adaptation to the environment should inform changes to the activities you conduct. The project goal and objectives, however, will not change over time. Program evaluation is further discussed and an example evaluation framework is provided on page 48.

A program logic model may be used to assist you in your planning and to underpin your implementation plan and evaluation framework. A program logic model illustrates your logical reasoning that connects program activities or strategies, through 'if-then' relationships, to the ultimate program goal. There should be a clear link between the activities/strategies and the expected outputs (program deliverables) as measured by your process indicators, and the impacts (program objectives) as measured by your impact indicators. The model below is adapted from the Department of Health *Integrated health promotion evaluation planning framework* (Victoria, 2010).⁶⁸

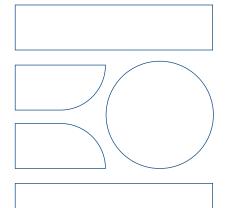
Inputs	Activities/ Strategies	Outputs	Impacts	Outcomes
Resources	What you will do	Program deliverables; linked to process, eg. program reach, participant satisfaction	Changes as a result of your activities; linked to impact indicators, eg. change in capacity, behaviour, knowledge	Longer-term goal; linked to outcome indicators. Unlikely to be able to be measured by you.
if-then	if-then	if-t	hen	if-then

Engage and Sustain



Make your case	38
Learn their lingo	40
Identify and educate contacts	41
Be patient and persistent	42
Accommodate resistance	42

Engage and Sustain



"(Benefits include) indirect, intangible things, like a happier workforce, better productivity and less leave because of disenchantment. The training has a flow on effect. Workers are more conscientious and the efforts you put in come back to you." To successfully implement your primary prevention program, the importance of building and sustaining relationships over time cannot be overestimated. Successful projects are unlikely to be achieved through one point of contact, so engage several key contacts at different levels of the organisation. These people might be in HR, occupational health and safety, senior management or individual worksites. Build the relationship and really get to know the organisation before you start making recommendations.

If your community organisation and the business/workplace with which you are engaged consider there is a partnership relationship, you may want to suggest the development of a Memorandum of Understanding (MOU) or protocol agreement which outlines the mutual objectives and strategy for the partnership. (Refer to Appendix 8 for a sample MOU template.) For further information about partnerships, see the *VicHealth Partnerships Tool* described in Appendix 3.

Make your case

You will need a clear rationale for why a business should invest in your program to persuade decision makers to act. Your case should:

- present the statistics about the prevalence and impact of domestic violence on women, families and society as a whole
- contain a succinct statement of the cost-benefit of the program for business
- be relevant to the core business
- address the primary concerns of time and money, in addition to other interests such as social responsibility and reputation
- align the program with company vision and values

Prepare an analysis highlighting the costs (financial or otherwise) to business of doing nothing about domestic violence compared to the costs of doing the prevention program. The costs of domestic violence to business will cover productivity, absenteeism, performance, staff retention and worksite costs. Costs of doing the program will be the immediate up-front costs, as well as any future costs. Present the benefits of implementing the program, including cost savings (those future costs that may be saved by doing the program, for example, those related to occupational health and safety). Describe any additional non-quantifiable benefits, such as the enhanced business reputation as a good community citizen, which may help the case.

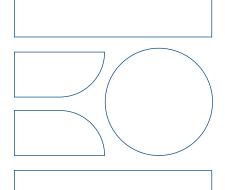
Finish the case with a clear proposal for what business can do to prevent domestic violence – appeal to hearts and minds! Appendix 9 provides a template for presenting your case with key headings to guide you.

When making your case, you are likely to encounter resistance, such as:

- It's got nothing to do with our business/the work of our organisation
- It's a private matter between people at home
- We don't have the time or money. It's just not a priority
- What about men? They are victims of violence too
- That sort of thing doesn't happen here.

Be prepared to respond confidently to these sorts of statements. Remember that resistance is better than indifference, as it indicates there is at least some engagement around the issue of domestic violence. "Guys know now that they can approach management with personal issues. The guys know that Linfox cares about them as individuals." WORKSITE MANAGER, LINFOX





Listen to suggestions from the company about what would work.

Learn their lingo

How you frame your program (a solution) will depend on the 'hook' (area of interest or concern) for the business. At Linfox, for example, the hook was the company's zero tolerance policy about occupational health and safety. At another workplace, linking into the diversity policy may be the way in. You will need to translate your program and its language to be consistent with that to which you are linking. Other hooks may include: productivity, absenteeism, staff retention, fairness and ethical work practices, responsible corporate citizenship, ethical leadership. Listen to people's concerns or suggestions about what would work in their company.

Listening to the language

At initial meetings with Linfox to organise the training, the type of language that would be used by Women's Health Victoria to describe domestic violence was discussed. Linfox had concerns with direct language around violence against women and were uncertain of how involvement in the project could impact on external perceptions of the company – whether outsiders would come to the incorrect conclusion that violence against women was a specific problem for Linfox. How staff would respond to such language was also not known, and it was thought that more indirect language would mean the training was received more positively.

These were significant issues which had the potential to influence the progress of the project. Linfox suggested the term 'Harm in the Home'. Using this term meant that the real issue – men's violence against women – was obscured. For Women's Health Victoria, this was a challenging development.

Women's Health Victoria, however, ultimately agreed that use of the term 'Harm in the Home' was a necessary step in our work at Linfox. In the training, we talked about how 'Harm in the Home' happens when one person uses violence and abuse to gain power and control over someone with whom they are in a relationship. Participants were responsive to the message behind 'Harm in the Home'.

continued overleaf

How the project was described, and how domestic violence was explained, was of critical importance to Women's Health Victoria. We asked training participants what they thought of the name 'Harm in the Home'. The majority of employees were positive about changing to language that was more direct and clear. After that consultation, we proposed *Stand Up: Domestic Violence is Everyone's Business* (now *Take a Stand against Domestic Violence: It's Everyone's Business*). This suggestion was put to Linfox and they agreed wholeheartedly, especially in light of the feedback from their own staff.

If we had rigidly stuck to our principles, Linfox would not have continued with the project. They knew more than we about how their reputation might be threatened. Damaging their brand would mean damaging our work with Linfox. We had to be pragmatic about finding the middle ground that would enable us to work together and we achieved this by meeting Linfox where they were at.

Working Together Against Violence Project Coordinator, Women's Health Victoria

Identify and educate contacts

An ongoing and two-way process should exist whereby you and your key contacts or internal change agent/s (often HR personnel) learn from each other. Don't assume anything about their knowledge of violence against women and its causes. Give your key contacts the language and background information to be able to advocate internally, and listen to feedback along the way. Stay in regular contact and ask for advice, for example in identifying the organisation's key influencers. Create opportunities to work together on a task, like documenting locally-relevant support services for victims of domestic violence. Have more than one key contact within the organisation so that if there are staffing changes you have at least one person who knows the history and rationale for the project.

Be patient and persistent

Change in organisational culture and the development of genuine partnerships take time, and you should factor this into your primary prevention program. It is an ongoing, long-term process of engaging over and over again at different levels within the organisation.

Recognition and celebration of small gains will help you to stay motivated and persist with your efforts. For example, during Women's Health Victoria's work with Linfox, the key Linfox contact went on leave and delegated her work on the project to another member of staff.⁶⁷ This was an indicator that change was under way and that the program was being taken seriously.

Accommodate resistance

Gender inequality and its link to the prevention of violence against women is a challenging topic for many people. Be aware that you are taking this concept to an organisation for which this is not core business. Be prepared to encounter resistance at some point. You might need to think about how you challenge gender inequality or violence-supportive behaviours and attitudes in more subtle ways. For example, the *Take a Stand against Domestic Violence* program incorporated training that challenged sexist behaviour and the statement of principles and workplace policy encouraged respectful relations.⁶⁷

In general, allowing time to listen to and address stakeholder concerns throughout the course of your program will strengthen your relationship.



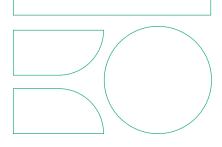
42

Implement and Evaluate



Secure endorsement from the top	44
Flexible training delivery	44
Self-care	46
Sustainability	46
Evaluation	47

Implement and Evaluate



"It was good for the staff to show that we're not always harping on about getting to work on time, but doing something good and are interested in their home life too."

WORKSITE MANAGER, LINFOX

Secure endorsement from the top

Once you have sought approval from your key contact/s for the program and its activities, it is crucial that you obtain endorsement from the CEO, Director or business owner. This approval may take several forms, including verbal consent or an email to you, but a written and signed statement, memorandum or formal letter is ideal.

Executive-level support for the prevention of violence against women is vital in conveying the message to employees that domestic violence is not tolerated. A CEO represents the values and beliefs of the organisation and can guide a shared commitment to a new program. A commitment to violence prevention from this level sets the tone for a workplace culture that is safe, respectful and supportive.

Presentation of your proposed workplace program will provide you with the opportunity to educate senior managers and HR personnel about the rationale and background to the program, and increase the likelihood of gaining their commitment to sign up their team/worksite to participate on paid time. Acknowledging that these key stakeholders know the workplace and its people demonstrates you are able to be flexible and respond to their needs. Listening to their concerns and feedback will give invaluable information to help you structure the training delivery and to use the most suitable approach and language to fit the workplace culture.

Flexible training delivery

In the development and delivery of a training program to reach the maximum number of people, there are no hard or fast rules. However, compulsory training for all staff and a minimum of two sessions would be ideal to reduce the potential rebound effect inherent in delivery of attitudinal change programs (see discussion on page 28).⁴⁰

Engagement	– How many worksites are there in the business?
of worksites	– Will worksites be engaged on a voluntary or compulsory basis?
	– How will worksites be engaged?
	– What resources will you need to invest into organising the training?
	– Will someone from the business be able to help you organise the training?
	- How will the training be introduced into a worksite? How will it be described?
Duration	– How long will your training sessions be? Will this be decided with the business?
	 How much time will you allow between sessions in one day? An interval between sessions means that time could be spent after each session discussing issues in more depth with the group, or responding to comments, questions or disclosures from individuals.
Content/ script	 How will training cater to all three domains of learning: cognitive, affective/ emotional, and behavioural? This will need to be devised as well as the content of the workshop itself.
	 Will you have scripted notes for facilitators? Scripts can be helpful to ensure consistency of delivery across different worksites and from different facilitators. Will you involve facilitators in a run through of the training in which they are able to give feedback on the script?
Facilitators	
Facilitators	 How many facilitators do you plan on having for each session? What gender will your facilitators be? Women's Health Victoria regarded having a male and female facilitator deliver each session as fundamental. Although much of the literature suggests that male-led, male-only groups are more effective in violence prevention work, other research has shown that workshop facilitation by men and women has also been successful.⁶⁹ Importantly, male and female facilitators working in partnership provide an opportunity to model respectful relationships between women and men.^{36, 69-71} As a primary prevention program, having both genders present was important to promote non-violent norms. Will facilitators able to meet the flexible, ad hoc nature of the work?
	 What will you need to include in the facilitator training? For example, aims and objectives of the project, an explanation of the chosen theoretical approach, a training outline and facilitator notes, and further reading on violence against women.
Group size and gender	 What group size suits you? Small groups can maximise learning and enable discussion. What will be the gender mix of your groups? Will that affect how you run the sessions or the responses you can expect?
Language	- What are the expected language and literacy barriers for training participants?
and literacy barriers	 How does the training accommodate these barriers? For example, clear, non-jargon language, use of images and diagrams, availability of interpreters or translated materials, not requiring participants to read aloud.
Evaluation	 What evaluation will you provide? Refer to the evaluation section of this guide for more details. You could include feedback sheets for participants, facilitators and observational notes about the session itself from facilitators.

"We talk about how, as trainers, we are holding the anxiety, emotion and tension that is in the room when we talk about domestic violence. and we are thinking constantly, 'what's going on for them?' Even good days can be exhausting so we fill out our own 'posttraining feedback sheets' at the end of each session. That is another reason why time between sessions is so important – we can debrief, talk about how we handled a particular question, or talk through a participant's difficult story."

TRAINER, WORKING TOGETHER AGAINST VIOLENCE PROJECT

Self-care

It may seem evident, but self-care can easily be overlooked in program delivery. It is vital to build in time and processes for trainers and other program workers to consolidate their skills, refine the program and debrief about issues raised.

Think about how you will build self-care into your program. Ideas include:

- Post-training discussions between facilitators
- Facilitator feedback form
- Access to debriefing sessions
- Critical incident/stress debriefing process⁷²
- Professional learning element

Sustainability

The greater the commitment to the program, at various levels of the business, the greater the likelihood of sustainability of the key message that violence against women is unacceptable and it is everyone's business to do something about it.

Systemic changes, such as dedicated staff resources, implementation of a Prevention of Domestic Violence policy or inclusion of information/skills training in induction processes are indicators of sustainable outcomes. Other indicators of sustainability may include: inclusion of key messages in regular staff communications, dedicated sessions in the staff training calendar, posters and leaflets visibly displayed, and regular involvement in the White Ribbon Day campaign.

Evaluation

With your evaluation framework in place from the outset of your program, recording your work, collecting information and stopping to reflect on what you are learning throughout your program will help you to keep your evaluation process on track. As discussed on page 34, your strategies or activities may need to change along the way in response to factors outside your direct influence, but your objectives can still be achieved.

You may be familiar with commonly used evaluation methods such as the use of training participant feedback sheets (an example of which is provided in Appendix 10). However, a project officer's reflective journal, quotes from management or training participants and the construction of case studies are invaluable, rich sources of information for both evaluation and program marketing purposes. Various process and impact measures can be used to answer your evaluation questions. Using the previous example for program planning (page 35) the evaluation framework overleaf illustrates how you may go about collecting the evidence you need to inform your evaluation.



Evaluation framework: an example

Goal

Respectful gender relations are valued and promoted in xx organisation

Objective 1

By [date/time] xx organisation has increased capacity to promote respectful and non-violent gender relations.

Evaluation question

 Does the organisation have increased capacity to promote respectful and non-violent gender relations?

Possible process indicators

- Management engaged in whole of company approach
- Policy drafted and presented for endorsement
- Preliminary discussions conducted with HR about gender pay audit concept and flexible leave arrangements

Possible impact indicators

- Sustainable relationships between business and project officer
- CEO written endorsement for program
- Policy adopted at the highest level
- Employees aware of and understand policy
- Organisation committed to staff development and key messages
- Organisation promotes the program as evidence of their corporate social responsibility

- What is the evidence for this?

Examples of data type and method

- Records of meetings held to discuss and formulate policy or other organisation-wide initiatives
- Documentation of policy development process (emails, drafts)
- Gender pay audit and flexible leave arrangements on the HR agenda
- Project officer reflections journal; narratives
- Nomination by business of key contact person/s for project
- Turn-around time for communications between key contacts and project officer
- Staff survey of awareness and understanding
- Ongoing training program and calendar of events in annual planning
- Availability of information and display of key messages
- Program is evident on website and in other publications

Evaluation framework: an example

Goal

Respectful gender relations are valued and promoted in xx organisation

Objective 2

By [date/time] all employees are aware of and have increased capacity to promote respectful and non-violent gender relations.

Evaluation questions

- Are employees aware of the need for respectful and non-violent gender relations?
- Do employees have increased capacity to promote respectful and non-violent gender relations?

Possible process indicators

- Internal publicity of training and other aspects of program
- % of staff attending training
- Number, type and location of training sessions delivered
- Training participant satisfaction with relevance and quality of training
- Key messages and resources visible and readily available

Possible impact indicators

- Senior staff remain committed to program in the longer term
- Change in knowledge and behavioural intentions of training participants
- Behavioural change of training participants
- % of staff able to identify key messages and resources
- % of staff involved in White Ribbon Day; number of senior staff involved

- What is the evidence for this?

49

Examples of data type and method

- Samples of staff memos, newsletters or emails
- Training attendance lists
- Training schedule
- Administration and collation of feedback (verbal and written questionnaire) from training participants. Record of quotes from participants.
- Observation of workplace and feedback from staff.
- Annual review in consultation with key stakeholders
- Survey of participants regarding their change in knowledge and behavioural intentions as a result of the training
- Follow up evaluation focus groups, interviews, conversations
- General staff survey
- Feedback from key contact

By building in your evaluation processes, you will be able to use your findings along the way, as well as at the end of your program, for reporting, quality improvement and marketing purposes.

50

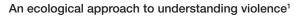
Appendices

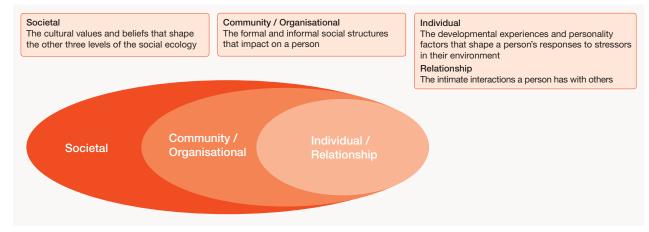
Appendix 1: An ecological approach to the prevention of violence against women	52
Appendix 2: The stage theory of organisational change	54
Appendix 3: Training, program and policy development resources	55
Appendix 4: Women's Health Victoria's Prevention of Domestic Violence Policy template	57
Appendix 5: Guidelines for managers and supervisors	59
Appendix 6: Developing a safety plan	62
Appendix 7: If a colleague is experiencing domestic violence	63
Appendix 8: Memorandum of understanding template	65
Appendix 9: Presenting your case template	67
Appendix 10: Sample training participant feedback form	68

Appendix 1 An ecological approach to the prevention of violence against women

In 2007, VicHealth published *Preventing violence before it occurs: a framework and background paper to guide the prevention of violence against women.* The framework is based on an ecological approach to understanding violence against women and identifies both the determinants or causes of violence and the contributing factors. In naming the determinants, the framework provides a sound theoretical and evidence base to support primary prevention activity, and outlines themes for action, intervention types, settings, and population targets. This document provided the basis for Women's Health Victoria's *Working Together Against Violence* primary prevention approach.

An ecological approach to understanding violence against women and implementing primary prevention activities (as shown in the diagram below) identifies the complex nature of violence against women, moves away from single-factor explanations, and incorporates a range of disciplines, such as sociology, psychology and anthropolgy.¹ The factors that contribute to violence against women are located at a range of levels of influence, requiring action at individual/relationship, community/organisational and societal levels.





The determinants of violence against women provide the target for primary prevention action at each of these levels. These determinants are strongly linked to gender inequality.⁴ The 'structural imbalances of power and inequality between women and men are both the context and causes of violence against women'.⁷³ They include:

- unequal power relations between women and men;
- adherence to rigid gender stereotypes; and
- broader cultures of violence.14

The determinants are modifiable, making violence against women preventable. They link to the three themes for action set out in the VicHealth framework:

- Promoting equal and respectful relationships between men and women
- Promoting non-violent social norms and reducing the effects of prior exposure to violence
- Improving access to resources and systems of support

The framework (overleaf) illustrates how these themes for action can be addressed at different levels of influence, that is, at the individual/relationship level, community and organisational level, and the societal level.¹

	▼	
Promoting equal and	respectful relationships between m	ien and women
Individual/relationship determinants	Community and organisational determinants	Societal determinants
 Belief in rigid gender roles and identities, weak support for gender equality Masculine orientation/sense of entitlement Male dominance and control of wealth in relationships 	 Culturally-specific norms regarding gender and sexuality Masculine peer and organisational cultures 	 Institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles
Key cont	ributing factors and themes for act	ion
	▼	
Promoting non-violent no	rms / reducing the effects of prior e	xposure to violence
Individual/relationship contributors	Community and organisational contributors	Societal contributors
 Attitudinal support for violence against women Witnessing or experiencing family violence as a child Exposure to other forms of interpersonal or collective violence Use and acceptance of violence as a means of resolving interpersonal disputes 	 Neighbourhood, peer and organisational cultures which are violence-supportive or have weak sanctions against violence Community or peer violence 	 Approval of, or weak sanctions against, violence/violence against women Ethos condoning violence as a means of settling interpersonal, civic or political disputes Colonisation
Improving ac	ccess to resources and systems of s	support
Individual/relationship contributors	Community and organisational contributors	Societal contributors
 Social isolation and limited access to systems of support Income, education, occupation Relative labour force status Alcohol and illicit drug use* Poor parenting Personality characteristics and poor mental health* Relationship and marital conflict Divorce/separation 	 Weak social connections and social cohesion and limited collective activity among women Strong support for the privacy of the family Neighbourhood characteristics (service infrastructure, unemployment, poverty, collective efficacy) 	 Support for the privacy and autonomy of the family Unequal distribution of material resources (e.g. employment, education)

53

*denotes increased risk of perpetration only

Appendix 2 The stage theory of organisational change

Changing the work environment requires an understanding of how change happens. The stage theory of organisational change describes the process of cultural change through which organisations pass.⁵⁶ It has been applied to workplace health promotion and provides a useful framework for planning a primary prevention program: ^{50, 55}

Stage 1: Define the problem (awareness raising)

'This stage is intended to stimulate interest and support for organisational change at a senior level by clarifying health-related problems in the organisational environment, and identifying potential solutions.'⁵⁵

Stage 2: Adoption

This stage 'involves planning for and adoption of a policy, program or other innovation which addresses the problem identified in Stage 1. This includes the identification of resources necessary for implementation. Ideally, this stage will involve negotiation and adaptation of intervention ideas in order to make them compatible with the circumstances of individual organisations.⁵⁵

Stage 3: Implementation

This stage is 'concerned with the technical aspects of program delivery, including the provision of training and material support needed for the introduction of change. ...This capacity building is essential for the successful introduction and maintenance of change in organisations.⁵⁵

Stage 4: Institutionalisation

This stage is about 'the long-term maintenance of an innovation, once it has been successfully introduced. Senior administrators establish systems for monitoring and quality control, including continued investment in resources and training.'⁵⁵



Appendix 3

Training, program and policy development resources

Prevention of violence against women program resources

- The United Nations Entity for Gender Equality and the Empowerment of Women has a virtual knowledge centre which provides essential information and guidance for developing programs to address violence against women and girls, including: basics on the forms, prevalence and consequences; international frameworks; main challenges; main strategies for prevention and response; and a full module on monitoring and evaluation. It also provides quick links to various resources and tools for implementation.

Link: http://goo.gl/bDhBU

Prevention of violence against women research

- VicHealth has produced a research summary *Preventing violence against women in Australia* (October 2011).

Link: http://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/MentalHealthandWellBeing/ Publications/Attachments/ResearchSummary_VAW.ashx

Women's Health Victoria has developed an Issues Paper on Women and Violence.
 Link: http://whv.org.au/publications-resources/publications-resources-by-topic/post/women-and-violence-ip/

Primary prevention of violence against women program resources

- The U.S. Centers for Disease Control and Prevention initiated the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program, creating a strong foundation of information and lessons learned regarding promising practices in the primary prevention of intimate partner violence. Materials to support replication of these efforts can be accessed via The National Online Resource Center on Violence Against Women. An example of the information available is the *Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide*.

Link: www.VAWnet.org

Intimate partner and sexual violence primary prevention training resources

- The WHO Intimate partner and sexual violence prevention course presents an evidence-based public health and life-course approach to preventing intimate partner and sexual violence against women. It provides an overview of the scale of the problem, its consequences and costs, risk and protective factors for intimate partner and sexual violence, and the importance of intimate partner and sexual violence primary prevention strategies. This course is designed for individuals actively engaged in prevention of intimate partner violence, either in developing policies or implementing prevention programs.

Link: http://www.who.int/violence_injury_prevention/capacitybuilding/courses/intimate_partner_violence/en/index.html

Resources to assist development of workplace policy and agreements

- The Domestic violence workplace rights and entitlement project is an initiative of the Australian Domestic and Family Violence Clearinghouse (ADFVC), funded by the Commonwealth Department of Education, Employment and Workplace Relations. It seeks to inform Australian unions and employers about domestic violence issues for employees and to promote the introduction of domestic violence provisions in enterprise agreements using the new Fair Work framework. Examples of domestic violence clauses in Awards and Agreements can be found at the website.

Link: www.dvandwork.unsw.edu.au

- The Women's Health Victoria *Prevention of Domestic Violence Policy* template can be adapted for individual workplaces. (Refer to Appendix 4.)

Victorian workplace program resources

The VicHealth Creating Healthy Workplace Program adopts a settings-based approach to health promotion with a focus on generating organisational and system-level change within workplaces. Evidence reviews of international workplace health research for effective workplace health interventions are due to be released by VicHealth as part of this program.

Link: http://www.vichealth.vic.gov.au/Programs-and-Projects/Economic-Participation/Creating-Healthy-Workplaces.aspx

 Workplace Accreditation and Workplace Awards are key resources to support the primary prevention of violence against women currently being developed by the White Ribbon Campaign.
 Link: http://www.whiteribbon.org.au/programs/workplaces

Partnership development tool

 To facilitate partnerships across sectors, the VicHealth Partnerships Analysis Tool assists agencies entering into or working with a partnership to assess, monitor and maximise its ongoing effectiveness.

Link: http://www.vichealth.vic.gov.au/en/Publications/Mental-health-promotion/Partnerships-Analysis-Tool.aspx

Health promotion program evaluation resources

 The Victorian Department of Health provides an evaluation framework for funded health promotion and disease prevention programs.

Link: http://docs.health.vic.gov.au/docs/doc/AE7E5D59ADE57556CA2578650020BBDE/\$FILE/ Evaluation%20framework%20for%20health%20promotion.pdf

 The Partners in Prevention Evaluation Working Group produced an evaluation tip sheet to help guide network members on their evaluation journey. Partners in Prevention is a Victorian capacity building project for professionals with an interest in working with young people for the primary prevention of violence against women.

Link: http://www.dvrcv.org.au/pip/wp-content/uploads/2010/05/PiP-Evaluation-tip-sheet-09.pdf

Appendix 4

Women's Health Victoria's Prevention of Domestic Violence Policy template

1. Workplace commitment

[] is committed to providing a workplace in which domestic violence is not tolerated or excused, and victims are reasonably supported to overcome the work-related impacts of domestic violence.

Domestic violence is recognised as the most significant preventable health risk factor amongst Victorian women aged between 15 to 44 years. The key causes of domestic violence are unequal power relations between men and women, adherence to rigid gender stereotypes and broader cultures of violence. [] recognises this and is committed to preventing domestic violence.

Physical and psychological injury and illness, resulting from domestic violence, can impact employees in the workplace, translating into a workplace health and safety risk. Employers are legally obliged to address workplace health and safety risks under occupational health and safety legislation.

This policy is intended to increase workplace awareness of domestic violence in an effort to prevent occurrence and respond to the needs of victims.

2. Policy

- 2.1 [] is committed to promoting a workplace free from all forms of violence including domestic violence.
- 2.2 Domestic violence is defined as harmful behaviour that occurs when someone threatens or controls a family member through fear. It can include physical harm, sexual assault, emotional abuse and economic abuse.
- 2.3 All employees are required to demonstrate behavior that does not support or promote violence, or unequal power relations between men and women.
- 2.3 [] has procedures in place for employees who wish to discuss any issues relating to domestic violence, whether or not they wish to make a formal report to police.
- 2.4 [] management will ensure all disclosures will be treated confidentially and seriously.
- 2.5 [] management will take immediate action to act on any potentially dangerous or threatening instances of domestic violence that occur within a [] workplace.

3. Procedures and Protocols

- 3.1 Education and Support for Employees Who Experience Domestic Violence
- 3.1.1 [] has developed a domestic violence prevention commitment statement that is made visible around the workplace. New staff will be made aware of this statement, and the Prevention of Domestic Violence Policy, in their induction process.
- 3.1.2 [] will make available within workplaces a list of support services for victims and perpetrators of domestic violence. The list will be posted in highly visible locations and distributed to new staff as part of their induction process.
- 3.1.3 [] will arrange for the training of appropriate staff regarding the impact of domestic violence in the workplace, with managers encouraged to refer employees to appropriate domestic violence support services for professional support. []'s Employee Assistance Program could be referred to, or the list of support services.

- 3.1.4 [] will make reasonable efforts to provide a safe workplace for employees experiencing domestic violence.
- 3.1.5 [] will not discriminate against a victim of domestic violence in hiring, staffing, or other terms, conditions, or privileges of employment.
- 3.2 Flexible Leave Options for Employees Who Experience Domestic Violence
- 3.2.1 [] will make reasonable efforts to help employees who need time off for medical and legal assistance, court appearances, counselling, relocation, or to make other safety arrangements as a result of experiencing domestic violence. To this end, [] will try to grant leave with or without pay or adjust work assignments.
- 3.2.2 The leave of the absence will be determined by the employee's situation through collaboration with the employee and manager.
- 3.2.3 Employees and managers are encouraged to first explore paid leave options that can be arranged to help the employee cope with the situation without having to take a formal unpaid leave of absence. Depending on circumstances, this may include:
 - a Arranging flexible work hours so the employee can seek protection, go to court, look for new housing, enter counselling, arrange child care, etc.
 - b Considering use of sick time, job sharing, compensatory time, paid leave, informal unpaid leave, etc., particularly if requests are for relatively short periods.
- 3.3 Performance Issues Related to an Employee Experiencing Domestic Violence
- 3.3.1 [] is aware that employees experiencing domestic violence may have performance problems such as absenteeism, work interruptions or trouble concentrating as a result of domestic violence.
- 3.3.2 [] will make reasonable efforts to consider all aspects of the employee's situation and, to the extent possible, utilise all reasonable options to attempt to resolve the performance/conduct problem, including sourcing external employee support.
- 3.3.3 If reasonable attempts to resolve the performance problems are unsuccessful, within a reasonable amount of time, [] will discuss termination of employment options with the employee and/or the employees representative.
- 3.4 Employees Who Commit Acts or Threats of Domestic Violence
- 3.4.1 Any employee who threatens, harasses or abuses a current or ex-partner at, or from, the workplace will not be tolerated and such employees will be subject to disciplinary action according to []'s existing policies and procedures. This includes employees who use workplace resources such as phones, fax machines, e-mail, mail or other means to threaten or abuse a current or ex-partner.
- 3.4.2 Any sanctions against an alleged perpetrator are a matter for the criminal justice system and not [], unless a conviction directly impacts the exercise of their duties.
- 3.4.3 Abuse of provisions in this agreement is a serious disciplinary offence, and will be dealt with under the disciplinary procedures.

Appendix 5

Guidelines for managers and supervisors

Guidelines for discussions with an employee experiencing domestic violence

If you suspect an employee is experiencing violence or abuse, ensure your discussion is sensitive, empathetic, and has regard for the employee's privacy.

- Gently approach the employee without forcing disclosure.
- Let the employee know what you have observed. *'I noticed your bruises and you seem upset or worried today.'*
- Express concern that the employee might be abused.

'I thought it was possible you are being hurt by someone and I am concerned about you.'

- Make a statement of support.

'I am really concerned about your safety.'

- If an employee at risk of abuse chooses not to disclose, no further questions or speculations should be made. The list of support services or details of your Employee Assistance Program, if your company has one, should be made available.
- Reinforce to the employee the confidentiality of the discussion.

Providing support

Once an employee has disclosed that they are a victim of domestic violence, the following procedures should be implemented to increase the safety of the victim and other employees:

- Respond sensitively and ensure confidentiality

Avoid victim blaming and judgemental statements. Inform the victim that confidentiality will be maintained. Give affirming messages: 'You do not deserve to be treated this way', 'You are a valuable employee, thank you for telling me about the abuse'.

Make referrals

Refer the victim to appropriate internal services and externally using the list of support services.

- Flexible work schedules and paid leave options

At times an employee may need time off for legal matters, court appearances, housing and childcare. Managers and employees are encouraged to first explore paid options, such as flexible work hours, sick or annual leave and temporarily assigning work to another employee. If lengthy leave is necessary, unpaid leave should be explored with the employee. The employer should always maintain confidentiality of the employee's whereabouts.

Confidentiality

Confidentiality is very important in establishing trust between the manager and employee, and should be maintained at all times. Communicate information to other personnel strictly on a need-to-know basis only. It is important to respect employee privacy – do not confront or force disclosure about domestic violence.

Managing performance issues

If you suspect performance issues to be related to domestic violence, the following procedures are suggested:

- Find a private space to talk to the employee;
- Clearly identify the performance problems you have seen;
- Tell them you understand that sometimes personal issues can interfere with good performance;
- If there are signs of abuse, gently encourage the employee to discuss what may be upsetting them;
- Suggest ways that good performance can be achieved. Be clear about the performance review
 process and what the consequences are; and
- Whether or not they disclose the abuse, offer referrals or information on how to get help.

Thinking of safety

Domestic violence victims may require some changes to make their workplace safer. In consultation with the employee, use a team approach to provide additional safety measures. The team may include manager, security, human resources representative or other relevant employee service staff. As an important safety measure, do not disclose the situation or safety plan to anyone outside the necessary parties and only after obtaining the employee's permission.

You may consider a workplace plan that includes:

- Asking the victim what changes could be made to make them feel safer. The victim knows the perpetrator better than anyone else;
- Changing the victim's work hours;
- Transferring the victim to a new site or office if possible;
- Screening the victim's phone calls, or changing her phone number to prevent the perpetrator from calling or harassing her;
- Providing the appropriate staff (security or reception) with a photograph of the perpetrator and copies of any protection orders;
- Encouraging employees to name the workplace as a protected place in any legal orders that might be sought;
- Limiting information that is disclosed by phone. Information that would assist a perpetrator to locate the employee or that indicates what time they would be returning should not be provided;
- Providing additional protection for other employees, if it is determined that they also may be at risk;
- Reviewing safety of parking arrangements and making changes as necessary;
- Providing priority parking next to the building;
- Escorting the victim to their car and installing extra lighting in the car park.

Managing victims and perpetrators who may be in the same workplace

When an employee commits domestic violence either on company time or property or against a colleague, the employer should take disciplinary action and seek police assistance if required. Workplace policies and procedures do not excuse or tolerate violence of any kind.

Responses to employees who are perpetrators are based on these situations:

- 1. Did the violence occur on company property?
- 2. Does the perpetrator have a performance problem due to domestic violence?
- 3. Is the victim an employee of the company?

Perpetrators tend to deny or minimise their behaviour and need assistance in addressing it. Holding an abusive employee accountable for their actions may be the first step in ending the violence. Supervisors or managers can play a crucial role in responding to perpetrators.

Strategies to address workplace domestic violence

- If the employee commits an act of workplace domestic violence or discloses an act of workplace domestic violence, discuss this with the employee. Performance issues could be linked to workplace acts of domestic violence.
- Inform the employee of workplace policies around domestic violence. Be clear the company will
 not tolerate domestic violence and there are no excuses.
- Don't be taken in by excuses for the violence or assume it won't happen again. Domestic violence seldom stops without intervention and in fact often gets worse over time.
- Call the police if the employee is violent at work.
- Refer the abusive employee to a specific domestic violence programme using the list of support services.
- Provide information on domestic violence and other helpful resources.

While responding to the employee who is the perpetrator, take actions to provide additional safety for the victim who is also an employee.

Adapted from: Office of the Status of Women. (2004) *Domestic Violence: A Workplace Handbook*. Canberra: Australian Government.

Appendix 6 Developing a safety plan

Workplace risks associated with family violence mainly relate to the safety of the victim and colleagues if the perpetrator attends the workplace with the intent to cause harm. Safety plans should therefore be drawn up with the victim. It is essential to take reasonable measures to provide protection for them, including:

- Maintain a list of family violence support services available to employees
- Maintain the confidentiality of family violence disclosures to the extent permitted by law
- Where possible, arrange reasonable leave and adjust work schedules or locations for employees experiencing family violence
- Ensure relevant employees are aware of the importance of not disclosing the personal details (such as address, telephone numbers or shift patterns) of other employees without the consent of that employee
- Obtain legal advice and inform the CEO when corrective or disciplinary actions are considered against employees who commit acts of family violence at the workplace.

Other issues could also be considered when drafting a safety plan such as:

- Where possible, consider requesting a change of work schedule, work location, or work telephone numbers if practicable
- If an absence is agreed to, ensure the employee is clear about the plan to return to work.
 While absent, the employee should maintain contact with the appropriate manager
- Consider getting the employee to identify an emergency contact person should the employer be unable to contact the victim
- If possible, obtain a restraining order that includes the workplace, and keep a copy on hand at all times. The employee may consider providing a copy to her or his supervisor and reception along with a photo of the perpetrator
- Reviewing safety of parking arrangements and making changes as necessary.⁷⁴

A workplace team could be set up to identify safety risks. The team may include manager, security, human resources representative or other relevant employee service staff. The situation of safety plan should not be disclosed to anyone outside the necessary parties. There are other resources available to help employers assess and respond to risks relating to family violence. The Safe at Work Coalition in the United States publishes some useful resources for employers, such as a threat assessment checklist.⁷⁵

Appendix 7 If a colleague is experiencing domestic violence

Knowing the signs

If your colleague has injuries or gives explanations that don't seem to fit the injuries, seems distracted, has trouble concentrating, often misses work or receives repeated unwanted telephone calls during the day, then they may be suffering abuse from their partner. They may appear anxious, upset or depressed. The quality of their work may seem to fluctuate for no apparent reason. Or they may seem to take a lot of sick leave, due to frequent medical problems or fears about leaving the children at home with the perpetrator.

Providing support

You may be hesitant to talk with your colleague about domestic violence because you see it as a personal matter. But many victims of domestic violence find it hard to ask for help and are truly relieved when someone reaches out to them. Let your colleague know you are there if they want to talk about it.

If they do talk about it then:

- Listen. They may not have others in whom they can confide.
- Believe. Often the reality of domestic violence is difficult to comprehend. They may be saying things that shock you. Be aware of your own reactions.
- Validate their feelings. 'I can see this is difficult for you to talk about.'
- Assure them the violence is not their fault. Many victims of domestic violence blame themselves for the violence or think that the abuse is their fault. 'If only I...'
- Let them know violence and abuse are not okay and they have a right to a life free from abuse.
- Allow them to make their own decisions. Don't take over they don't need another person telling them what to do.
- Tell them that you take the abuse seriously and that you have concerns for their safety.
- Trust their assessment of the situation and their safety. They alone know what the perpetrator is capable of.
- Urge them to talk to someone with expertise in the area of domestic violence use the list of support services.
- Ask what assistance (if any) would be helpful.

Thinking of safety

In any type of intervention with victims of domestic violence SAFETY IS THE MOST IMPORTANT ISSUE. Under no circumstances should you suggest any type of action without first considering safety.

When speaking with the victim it is important to stress the issue of safety. Don't just say 'Leave'. Leaving the abusive situation is not necessarily the immediate goal. Leaving a domestic violence situation can increase the danger. Let the victim decide when, where and how to leave and how to receive support and services.

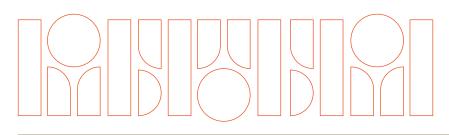
Confidentiality

If a colleague does disclose they are being abused at home, it is important to maintain their confidentiality. Only those people who need to know about it to increase the victim's safety should be told. It is difficult for victims to talk about their experience: often victims are fearful of what will happen if they tell anyone about the abuse. If the perpetrator is a colleague there are immediate safety concerns – if the perpetrator were to find out the victim had discussed the matter at work it could pose serious risk to the victim's safety.

Who in the organisation needs to know?

Know who in your organisation is the most appropriate person to act as a point of referral, such as the human resources manager or the staff member's line manager. The employee concerned should not have to tell what is happening to them to several different people up the management line. It is often difficult and traumatic for victims of domestic violence to talk about the abuse; they may be embarrassed or ashamed about the situation.

From: Office of the Status of Women. (2004) *Domestic Violence: A Workplace Handbook*. Canberra: Australian Government.



Appendix 8 Memorandum of understanding template

A Memorandum of Understanding (MOU) is simply a written agreement to identify the working relationships and guidelines between collaborating entities. An MOU spells out the common understandings between the parties. It clarifies what kind of support will be provided and creates more meaningful ways for communication or participation. It defines the rights and responsibilities of each involved entity. Here are some typical components of an MOU, with sample language. The following page provides an MOU template.

Purpose and agreement(s)

The memorandum should state the purpose and goals of the collaboration or partnership between the two entities. The specific agreements should be detailed into separate paragraphs or listings along the lines of "What [X Agency] Will Do" and "What [Y Group] Will Do."

Duration or term of memorandum and termination process

The memorandum should identify the beginning and end dates of the agreement or its duration.

Example:

This memorandum shall commence on [date] and shall continue for period of [ending date/number of years].

The memorandum should also identify how the MOU can be terminated.

Example:

This memorandum may be terminated by either party giving the other party [three months'] notice in writing.

Meetings and reporting

An MOU describes the interaction between the organisations. It provides a structure, such as a specific meeting time, or the informal expectations of either party. It is also a way for parties to specify their reporting needs and timeframes.

Example:

To accomplish the purpose and objective set forth in the MOU, partners will meet at least [twice] a year.

Financial considerations

The financial or funding support situation should be explained. Someone may need to take responsibility for financial record-keeping and reporting. Specify who will review and approve expenditures and financial decisions on behalf of the collaboration, if needed.

Here are a few examples of statements for program collaborations or partnerships where funding is not part of the agreements:

Nothing in this MOU shall be deemed to be a commitment or obligation of funds from either or (or any of their various components).

The entities acknowledge that all or any financial arrangements must be negotiated and will depend upon the availability of funds.

Signatures with dates

Once the MOU is prepared and agreed upon by parties involved, it should be signed and dated by the authorised individuals representing each partner or organisation. Copies should be kept in an easily accessible location by both entities.

Purpose		ing between and
-	m of Linderstanding (MOU) establishes the guidelines for collaboration
		in the delivery of
Agreement		
The	and	hereby agree to work together to:
1		
2		
3		
4		
Meetings and re	eporting	
the purposes of I	orogram planning and	ers will meet at least times a year for I monitoring and evaluating outcomes. Decisions at the (simple majority, consensus etc)
Funding and fin	ancial responsibilitie	2S
For: Name of par	tner (insert specific fir	nancial arrangements)
For:		
Duration		
	vill and may be modified and and	ed with the mutual consent of the authorised individuals
0 ,	authorised officials of Intil [Month Day, Year]	both groups, this MOU will begin [Month Day, Year] and
Signed,		
Name		
Organisation		
Title		
Date		
Signed,		
Name		
Organisation		
Title		
Date		
Some addition	onal clauses that	may be included:
Staff		
		to jointly appoint a suitably qualified manager to manag ns and remuneration for this position will be determined

by the parties to this agreement.

All other staff employed as a result of obtaining business shall be employed by _____

Appendix 9

Presenting your case template

The case for a primary prevention of domestic violence program at [name of business/workplace]

The problem

Cost of doing nothing / maintaining the status quo

Cost of implementing the program

Benefits of implementing the program

Cost saving (future costs that may be saved by doing the program) Additional non-quantifiable benefits

Proposed solution (the program)

Appeal to hearts and minds

Appendix 10 Sample training participant feedback form

1. How much did the training help you with: (circle one number for each question)

	Not much	A little bit	A fair bit	A lot
understanding domestic violence	1	2	3	4
understanding how things people say or do can support violence	1	2	3	4
using the tools to stand up against domestic violence	1	2	3	4
supporting someone who is experiencing domestic violence	1	2	3	4

2. Now that you have done the training, how likely would you be to: (circle one number for each question)

	Not very likely	A little bit likely	Quite likely	Very likely
speak out against domestic violence	1	2	3	4
recommend the training to other workmates	1	2	3	4
contact your employee assistance program or other support services if you or someone you know needs help	1	2	3	4
discuss the ideas from the training with workmates	1	2	3	4
discuss the ideas from the training with friends and family	1	2	3	4

3. What did you like most about the training?

4. What did you like least about it?

5. What was most useful?		
6. What's the main thing you learned	ed?	
5. How could we improve the traini	ng?	
Tick one box for each of the following question		
6. How do you feel about [name of c community/health organisation] t	o help prevent domestic violence?	
Very happyHappyDon't know	Not happyVery unhappy	
7. Would you recommend this training	ng to other [name of company] staff?	
□ Yes, to all staff	Yes, to managers/supervisors only	
 Yes, to Occupational Health and Safety (OHS) staff only 	□ No □ Don't know	
Other comments		
Thank you		

69

References

- VicHealth. Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria. Melbourne: VicHealth; 2007 [cited 19 October 2009]; Available from: http://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/ MentalHealthandWellBeing/DiscriminationandViolence/PreventingViolence/framework%20web. ashx.
- 2. Katz J. The macho paradox: why some men hurt women and how all men can help. Naperville, Illinois: Sourcebooks Inc; 2006.
- 3. Versola-Russo J, Russo F. When domestic violence turns into workplace violence: organizational impact and response. *Journal of Police Crisis Negotiations*. 2009;9:141-8.
- United Nations. Declaration on the elimination of violence against women. Geneva: United Nations; 1993 [cited 2 February 2011]; Available from: http://www.un.org/documents/ga/res/48/ a48r104.htm.
- 5. Government V. Family Violence Protection Act 2008 (Vic). Melbourne [cited 24 October 2011]; Available from: http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932 b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E27C/\$FILE/08-52a.pdf.
- Australian Bureau of Statistics. Personal Safety Survey 4906.0. Canberra: Australian Bureau of Statistics; 2006 [cited 25 January 2011]; Available from: http://www.abs.gov.au/ausstats/abs@.nsf/ mf/4906.0.
- Mouzos J, Makkai T. Women's experiences of male violence: findings from the Australian component of the International Violence Against Women Survey (IVAWS). Canberra: Australian Institute of Criminology; 2004 [cited 19 October 2009]; Available from: http://www.aic.gov.au/ publications/current%20series/rpp/41-60/rpp56.aspx.
- Marcus G, Braaf R. Domestic and family violence studies, surveys and statistics: pointers to policy and practice. Sydney: Australian Family and Domestic Violence Clearinghouse; 2007 [cited 2 February 2011]; Available from: http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/ Stakeholderpaper_1.pdf.
- 9. VicHealth. The health costs of violence: measuring the burden of disease caused by intimate partner violence. Melbourne: VicHealth; 2004 [cited 25 January 2011]; Available from: http://www.vichealth.vic.gov.au/en/Publications/Freedom-from-violence/The-Health-Costs-of-Violence. aspx.
- 10. National Council to Reduce Violence Against Women and their Children. Background paper to Time for Action: The National Council's plan for Australia to reduce violence against women and their children, 2009-2021 Canberra: Australian Department of Families, Housing, Community Services and Indigenous Affairs; 2009 [cited 2 February 2011]; Available from: http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/background/Pages/default.aspx.
- WHO and Liverpool John Moores University. Violence prevention: the evidence promoting gender equality to prevent violence against women. Geneva: World Health Organization; 2009 [cited 8 February 2011]; Available from: http://www.who.int/violence_injury_prevention/ violence/4th_milestones_meeting/publications/en/index.html.
- 12. National Council to Reduce Violence Against Women and their Children. Economic cost of violence against women and their children Canberra: Australian Department of Families, Housing, Community Services and Indigenous Affairs; 2009 [cited 2 February 2011]; Available from: http://www.fahcsia.gov.au/sa/women/pubs/violence/np_time_for_action/economic_costs/ Pages/default.aspx.

- 13. Victorian Office of Women's Policy. A right to respect: Victoria's plan to prevent violence against women 2010-2020. Melbourne: Victorian Government; 2010 [cited 2 February 2011]; Available from: http://www.dpcd.vic.gov.au/women/womens-safety/prevention-plan.
- Policy OoWs. A right to respect: Victoria's plan to prevent violence against women 2010-2020. Melbourne: Victorian Department of Planning and Community Development; 2010 [cited 2 February 2011]; Available from: http://www.dpcd.vic.gov.au/women/womens-safety/preventionplan.
- 15. Fourth World Conference on Women A/CONF.177/20. Beijing Declaration and Platform for Action. Geneva: United Nations Department for Policy Coordination and Sustainable Development; 17 October 1995 [cited 24 October 2011]; Available from: http://www.un.org/esa/gopher-data/conf/fwcw/off/a--20.en.
- 16. Ki-moon B. Ending violence against women: from words to action. Study of the Secretary-General – In-depth study on all forms of violence against women: Report of the Secretary-General. Sixty-first session, Item 60(a), A/61/122/Add.1. Geneva: United Nations; 2006 [cited 24 October 2011]; Available from: http://daccessdds.un.org/doc/UNDOC/GEN/N06/419/74/PDF/ N0641974.pdf?OpenElement.
- 17. Broderick E. When domestic violence comes to work. The Punch; 2008.
- 18. Connell RW. The role of men and boys in achieving gender equality. Brasilia: UN Division for the Advancement of Women: Expert Group Meeting; 2003 [cited 11 Feburary 2011]; Available from: http://www.un.org/womenwatch/daw/egm/men-boys2003/documents.html.
- 19. Cunradi C, Ames G, Moore R. Prevalence and correlates of intimate partner violence among a sample of construction industry workers. *Journal of Family Violence*. 2008;23:101-12.
- 20. ACCESS Economics. The cost of domestic violence to the Australian economy. Canberra: Australian Government, Office of the Status of Women; 2004 [cited 25 January 2011]; Available from: http://www.fahcsia.gov.au/sa/women/pubs/violence/cost_violence_economy_2004/ Pages/default.aspx.
- 21. Joy Mighty E. Conceptualizing family violence as a workplace issue: a framework for research and practice. *Employee Responsibilities and Rights Journal*. 1997;10(4):249-62.
- 22. Swanberg J, Macke C, Logan T. Intimate partner violence, women and work: coping on the job. *Violence And Victims*. 2006;21(5):561-78.
- 23. Murray S, Powell A. Working it out: domestic violence issues and the workplace. Australian Domestic & Family Violence Clearinghouse; 2008 [cited 4 February 2011]; Available from: http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Issues%20Paper_16.pdf.
- 24. Reeves C, O'Leary-Kelly A. The effects and costs of intimate partner violence for work organizations. *Journal of Interpersonal Violence*. 2007;22(3):327-44.
- 25. Ridley E, et al. Domestic violence survivors at work: how perpetrators impact employment. Maine: Maine Department of Labor and Family Crisis Services; 2005 [cited 2 February 2011]; Available from: http://www.maine.gov/labor/labor_stats/publications/dvreports/survivorstudy.pdf.
- 26. VicHealth. Two steps forward, one step back: community attitudes towards women. Melbourne: VicHealth; 2007 [cited 19 October 2009]; Available from: http://www.vichealth.vic.gov. au/~/media/ProgramsandProjects/MentalHealthandWellBeing/DiscriminationandViolence/ ViolenceAgainstWomen/CAS_TwoSteps_FINAL.ashx.

- 27. Lake J, Barnes G. Bringing business on board: domestic violence prevention in the workplace. Auckland: Domestic Violence Centre; 2002 [cited 2 February 2011]; Available from: http://www. anztsr.org.au/02conf/anztsrpapers/Lake,%20Janet%20&%20Barnes,%20Graham.pdf.
- Australian Bureau of Statistics. Women's safety Australia 4128.0. Canberra: Australian Bureau of Statistics; 1996 [cited 2 February 2011]; Available from: http://www.abs.gov.au/ausstats/abs@. nsf/mf/4128.0/.
- 29. Donovan Robert J. The role for marketing in public health change programs. *Australian Review of Public Affairs*. July 2011;Volume 10(Number 1):23-40.
- World Health Organization. World report on violence and health. Geneva: World Health Organization; 2002 [cited 15 Feburary 2011]; Available from: http://www.who.int/violence_injury_ prevention/violence/world_report/en/index.html.
- 31. World Health Organization. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization; 2010 [cited 3 February 2011]; Available from: http://www.who.int/violence_injury_prevention/violence/ activities/intimate/en/index.html.
- 32. FaHCSIA. National plan to reduce violence against women and their children 2010-2022. Canberra: Australian Government; 2011 [cited 13 April 2011]; Available from: http://www. fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx.
- 33. LaMontagne A. Integrating health promotion and health protection in the workplace. In: Handson health promotion. Melbourne: IP Communications; 2004. p. 285-98.
- Barrett Meyering I. Thematic review 1: What factors shape community attitudes to domestic violence? Sydney: Australian Domestic and Family Violence Clearinghouse; 2011 [cited 15 February 2011]; Available from: http://www.adfvc.unsw.edu.au/PDF%20files/Thematic%20 Review_1.pdf.
- 35. VicHealth. National survey on community attitudes to violence against women 2009. Melbourne: VicHealth; 2010 [cited 2 February 2011]; Available from: http://www.vichealth.vic.gov.au/en/ Publications/Freedom-from-violence/National-Community-Attitudes-towards-Violence-Against-Women-Survey-2009.aspx.
- 36. Seymour K. Women, gendered work and gendered violence: so much more than a job. *Gender, Work and Organization*. 2009;16(2):238-65.
- 37. Nobis R, Sanden I. Young men's health: a balance between self-reliance and vulnerability in the light of hegemonic masculinity. *Contemporary Nurse*. 2008;29(2):205-17.
- 38. Flood M. Engaging men: strategies and dilemmas in violence prevention education among men. *Women Against Violence*. 2002;13:25-32.
- 39. Ely R, Meyerson D. An organizational approach to undoing gender: the unlikely case of offshore oil platforms. *Research in Organizational Behaviour*. 2010;30:3-34.
- 40. Funk RE. Reaching men: strategies for preventing sexist attitudes, behaviors and violence. Indianapolis: JIST Life; 2006.
- 41. Pease B. Engaging men in men's violence prevention: exploring the tensions, dilemmas and possibilities. Sydney: Australian Domestic and Family Violence Clearinghouse; 2008 [cited 25 January 2011]; Available from: http://www.austdvclearinghouse.unsw.edu.au/issues_Papers. htm.

- 42. Berkowitz A. Fostering healthy norms to prevent violence and abuse: the social norms approach. To be published in Kaufman, K (ed) The prevention of sexual violence: a practitioner's sourcebook. 2010. NEARI Press; 2010 [cited 10 Feburary 2010]; Available from: http://www. alanberkowitz.com/papers.php#1.
- 43. WHO and Liverpool John Moores University. Violence prevention: the evidence changing cultural and social norms that support violence. Geneva: World Health Organization; 2009 [cited 8 February 2011]; Available from: http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/publications/en/index.html.
- 44. Neighbours C, Walker D, Mbilinyi L, O'Rourke A, Edleson J, Zegree J, et al. Normative misperceptions of abuse among perpetrators of intimate partner violence. *Violence Against Women*. 2010;16(4):370-86.
- 45. Berkowitz A. Applications of social norms theory to other health and social justice issues. In: The social norms approach to preventing school and college age substance abuse: a handbook for educators, counselors, and clinicians. San Francisco: Jossey-Bass; 2003.
- 46. Kilmartin C, Smith T, Green A, Heinzen H, Kuchler M, Kolar D. A real time social norms intervention to reduce male sexism. *Sex Roles*. 2008;59:264-73.
- 47. Berkowitz A. Using how college men feel about being men and 'doing the right thing' to promote men's development. *In*: Masculinities in higher education: theoretical and practical implications Routledge, Kegan and Paul; 2011. p. 161-76.
- 48. Fabiano PM, Perkins HW, Berkowitz A, et al. Engaging men as social justice allies in ending violence against women: evidence for a social norms approach. *Journal of American College Health*. 2003;52(3):105-12.
- 49. Casey E, Smith T. 'How can I not?': men's pathways to involvement in anti-violence against women work. *Violence Against Women*. 2010;16(8):953-73.
- 50. Michau L. Approaching old problems in new ways: community mobilisation as a primary prevention strategy to combat violence against women. *Gender & Development*. 2007;15(1):95-109.
- 51. World Health Organization. Preventing violence: a guide to implementing the recommendations of the *World report on health and violence*. Geneva: World Health Organization; 2004 [cited 15 February 2011]; Available from: http://www.who.int/violence_injury_prevention/media/ news/08_09_2004/en/index.html.
- 52. Butterfoss F, Kegler M, Francisco V. Mobilizing organizations for health promotion: theories of organizational change. *In*: Health behaviours and health education: theory, research and practice. San Francisco: Jossey-Bass; 2008. p. 335-61.
- 53. Holbeche L. Understanding change: theory, implementation and success. Oxford: Butterworth Heinemann; 2006.
- 54. Morrison R, Nolan T. I get by with a little help from my friends...at work. *Kotuitui: New Zealand Journal of Social Sciences*. 2009;4:41-54.
- 55. Nutbeam D, Harris E. Models which explain change in organisations and the creation of healthsupportive organisational practice. *In*: Theory in a nutshell: a guide to health promotion theory. Sydney: McGraw-Hill; 2002.

- 56. Butterfoss F, Kegler M, Francisco V. Mobilizing organizations for health promotion: theories of organizational change. *In*: Health behavious and health education: theory, research and practice. San Francisco: Jossey-Bass; 2008.
- 57. Kirkpatrick D. Managing change effectively: approaches, methods, and case examples. San Francisco: Butterworth Heinemann; 2001.
- 58. Swanberg J, Logan TK, Macke C. Intimate partner violence, employment, and the workplace: consequences and future directions. *Trauma, Violence & Abuse*. 2005;6(4):236-312.
- 59. Flood M. Changing men: best practice in sexual violence education. *Women Against Violence*. 2005-2006(18):26-36.
- 60. No To Violence Male Family Violence Prevention Association. Men's behaviour change group work : a manual for quality practice. Melbourne: NTV; 2006.
- 61. Banyard V, Plante E, Moynihan M. Bystander education: bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*. 2004;32(1): 61-79.
- 62. VicHealth. Review of bystander approaches in support of preventing violence against women. Melbourne: VicHealth; 2011 [cited 9 June 2011]; Available from: http://www.vichealth.vic. gov.au/Publications/Freedom-from-violence/Review-of-bystander-approaches-in-support-ofpreventing-violence-against-women.aspx.
- 63. Dyson S, Flood M. Building cultures of respect and non-violence: a review of literature concerning adult learning and violence prevention programs with men Respect and Responsibility Program. Melbourne: VicHealth; 2007 [cited 11 February 2011]; Available from: http://www.vichealth.vic.gov.au/en/Publications/Freedom-from-violence/Building-Cultures-of-Respect-and-Non-Violence.aspx.
- 64. Australian Football League. Respect and Responsibility Program. Melbourne: Australian Football League; 2009 [cited 14 February 2011]; Available from: http://www.afl.com.au/tabid/10321/ Default.aspx.
- 65. Banyard V. Measurement and correlates of prosocial bystander behavior: the case of interpersonal violence. *Violence And Victims*. 2008;23(1):83-97.
- 66. Banyard V, Moynihan M, Crossman M. Reducing sexual violence on campus: the role of student leaders as empowered bystanders. *Journal of College Student Development*. 2009;50(4):446-57.
- 67. Durey R. Working Together Against Violence Final Project Report. Melbourne: Women's Health Victoria; 2011 [24 October 2011]; Available from: http://whv.org.au/static/files/assets/8b4e9b75/ Working_Together_Against_Violence_final_project_report.pdf.
- 68. Department of Health. Integrated health promotion evaluation planning framework 2010-11 to 2011-12. In: Health PaP, editor.October 2010.
- 69. Berkowitz A. Working with men to prevent violence against women: an overview (Part One). Pennsylvania: Applied Research Forum, National Electronic Network on Violence Against Women; 2004 [cited 6 June 2011]; Available from: http://www.alanberkowitz.com/articles/ VAWNET.pdf.

74

- Flood M. Changing men: best practice in violence prevention work with men. Home Truths Conference: stop sexual assault and domestic violence – a national challenge; 15-17 September; Melbourne 2004.
- 71. Ervin Fink R. Reaching men: strategies for preventing sexist attitudes, behaviours and violence. Indianapolis: JIST Life; 2006.
- 72. Braithwaite R. Violence: understanding, intervention and prevention. Oxford: Radcliffe Professional Press; 1992.
- 73. UN Secretary-General. Background documentation for: 61st session of the General Assembly; Item 60(a) on advancement of women; Secretary-General's study on violence against women. Geneva: United Nations; 2006 [cited 2 February 2011]; Available from: http://whv.org.au/static/ files/assets/9b67374f/Women_and_violence_issues_paper.pdf.
- 74. Office of the Status of Women. Domestic violence: a workplace handbook. Canberra: Australian Department of Families, Housing, Community Services and Indigenous Affairs; 2004.
- 75. Safe at Work Coalition. DV Checklist: threat assessment. Australia: Safe at Work Coalition; 2010 [cited 25 March 2011]; Available from: http://www.safeatworkcoalition.org/workplacepolicy/ dvchecklist.htm.

