Sharing
the evidence

Preventing violence
against women

Respect, Responsibility and Equality

Working together
against violence

Women's
Health
Victoria

VicHealth

Working Together Against Violence Final Project Report

Compiled by: Rose Durey

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Linfox courageously opened its doors to provide a workplace setting to trial, continually develop, and evaluate the program. In choosing to work with Women's Health Victoria, Linfox demonstrated that the desire and commitment to end violence against women can come in unexpected places.

Executive summary

History of the *Working Together Against Violence* project

Violence against women is a serious and pervasive issue that affects individuals, families and the wider community, including workplaces. Addressing the causes of violence through primary prevention activity is becoming increasingly necessary.

Women's Health Victoria's *Working Together Against Violence* project used workplaces as a setting for the primary prevention of violence against women. The project aimed to strengthen the organisational capacity of a male-dominated workplace to promote gender equality and non-violent norms. That workplace was Linfox.

Funded by VicHealth and comprehensively evaluated, the project comprised two phases spanning four years, from 2007 to 2011.
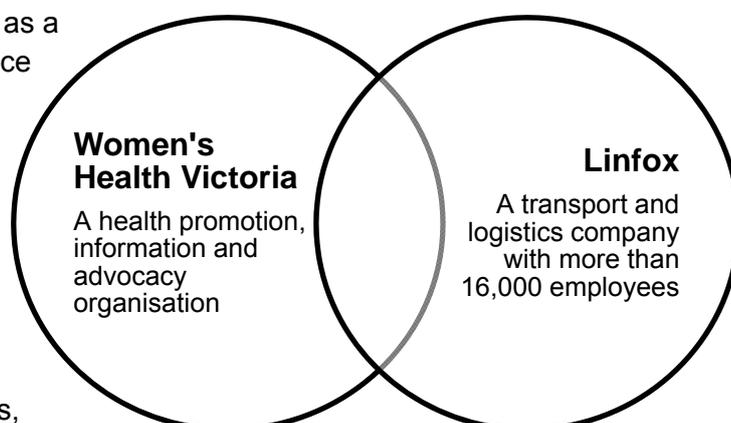
Women's Health Victoria
A health promotion, information and advocacy organisation

Linfox
A transport and logistics company with more than 16,000 employees

> It's been warming to see this come into an environment like this where we're blokes. … Some of us have been around a long time and we've never had this opportunity.
>
> *Training participant*

Theoretical grounding

Work to prevent violence against women must occur at an individual, organisational and societal level. The ecological approach to understanding violence, set out in VicHealth's framework, *Preventing violence before it occurs,* provided the grounding for the project.[2] The project was also informed by theories of masculinity, organisational culture theory, social norms theory and the bystander approach to violence prevention.

At a societal level, theories of masculinity were used to understand the context in which violence against women occurs. Organisational culture and change theory influenced understandings of workplace health promotion. Social norms theory overlayed these theories, informing efforts to prevent violence against women at an individual, organisational and societal level by examining how the norms that shape behaviour can be changed. The bystander approach provided Women's Health Victoria with the means to implement the theory in a male-dominated environment. *Working Together Against Violence* built the

> 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?
>
> *Jackson Katz*
> The Macho Paradox[1]

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.

About *Stand Up: Domestic Violence is Everyone's Business*

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

Stand Up: Domestic Violence is Everyone's Business is a whole-of-company program that addresses the prevention of domestic violence at a range of levels within a workplace. It 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 – *Stand Up* aims to prevents violence before it occurs by focusing on the determinants of violence against women.[2]
- Bystander approach – *Stand Up* engages and encourages men and women to stand up against violence against women.[1]
- Whole-of-company approach – *Stand Up* addresses all staff, systems, and levels of a company.[3]

Essentially, *Stand Up* helps companies prevent domestic violence before it occurs and support staff who might be experiencing it. This is achieved through three key elements – leadership, training and message promotion. Together, these three elements can create a workplace that does not tolerate violence. *Stand Up* was fully conceptualised and introduced into Linfox in March 2010.

> 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*

Engaging Linfox

The engagement process was fundamentally about building a relationship. Successfully navigating the relationship between a community organisation and a for-profit company is vital. For Women's Health Victoria, this was a new way of working, and the project represented, in part, a process of understanding the expectations of the corporate sector and negotiating 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. This included using language that Linfox felt comfortable with. Linfox initially decided on *Harm in the Home* instead of more direct language around domestic violence. As a relationship of trust was developed, the language was able to change to 'domestic violence', as used in *Stand Up: Domestic Violence is Everyone's Business*. This was an important learning process for Women's Health Victoria. Listening to Linfox's concerns enabled the project to proceed beyond its early stages.

> 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.
>
> Stand Up *Contact, Linfox*

Implementing *Stand Up*

Using workplaces as a setting for the primary prevention of violence against women is an emerging area of practice.[4] Linfox's perspective and support all provided Women's Health Victoria with an invaluable learning experience.

Linfox's agreement to the project itself, and then to *Stand Up* in 2010, 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 *Stand Up* Contact was nominated by head office, further signalling Linfox's support for the program.

> 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.
>
> *Worksite manager's views on the benefits of the training*

The bystander approach, used as the theoretical underpinning of the *Stand Up* training, was vital in gaining support for the project among managers and employees. It encouraged individuals to stand up against violence-supportive attitudes and behaviours. Importantly, it regarded men not as perpetrators, but as individuals who can make a difference. A program in which men felt targeted, or one that was more confrontational, would not have gained traction in a male-dominated company. The bystander approach was therefore key to the take up of the program, and the receptiveness of employees in training. In total, 515 employees participated in the training, across 11 Victorian worksites.

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

> It made me realise that the seemingly inconsequential comments can have an impact.
>
> *Training participant*

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

> Guys know now that they can approach management with personal issues. The guys know that Linfox cares about them as individuals.
>
> *Linfox worksite manager*

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

> Yeah, it is a good idea that Linfox is doing this. There are people that know people that do it 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*

Next steps

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 findings of this report make a valuable contribution to the evidence base for the primary prevention of violence against women using workplaces as the setting.

In looking to the future:

- Women's Health Victoria will be developing a resource guide and training to share what has been learnt with organisations that want to work with the corporate sector to prevent violence against women.
- Women's Health Victoria will seek to implement the *Stand Up* program in other companies so that more workplaces join in the primary prevention of violence against women.

stand UP

DOMESTIC VIOLENCE IS **EVERYONE'S** BUSINESS

1. About Women's Health Victoria

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. It's 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. Women's Health Victoria's ways of working are guided by four principles:

- A feminist framework that incorporates a rights based approach
- The acknowledgement of the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes
- An understanding that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions
- A commitment to 'doing our work well'; understanding that trust and credibility result from transparent and accountable behaviours

Women's Health Victoria has invested resources over a number of years in working to:

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

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

2. Theory and context

This chapter sets out the theory, research and policy context for the *Working Together Against Violence* project. Different theories were sought that would deepen understanding of the emerging issues and challenges, and how they could be overcome. This research supported and guided the direction of the project and ensured that it was grounded in the existing evidence base. An understanding of the primary prevention of violence against women provided the foundation for the project. Additional theories and approaches were explored throughout the evolution of the project, including theories of masculinity, organisational theory, social norms theory, and the bystander approach. These are considered below.

2.1   About violence against women

Violence against women is a serious and pervasive issue that affects individuals, families, communities and society as a whole. The *United Nations Declaration on the Elimination of Violence against Women* provides this definition:

> '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.[5]

In Australia, one in three women over the age of 15 years have experienced physical assault[6] 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]

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 aged 15 to 44 years.[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 have experienced violence are also more likely to suffer from poor mental health, such as depression or anxiety.[10] Domestic violence also impacts on the economy. In 2009, the cost of violence against women and their children to the Australian economy was estimated to be $13.6 billion.[12]

A note on language

The language used to describe violence against women is crucial to how it is understood and responded to. A range of terms are currently used. These terms change over time and can be highly contested, each reflecting a different political and theoretical perspective.[13,14]

Women's Health Victoria was cognisant of the significance of language when designing and developing the *Working Together Against Violence* project. A lack of gendered language can obscure the nature of violence against women, in which men are overwhelmingly the perpetrators.[6, 15-16] It can also conceal the power relationships between women and men that are central to explaining and addressing the violence.

In this report, the term 'violence against women' is used as a broad, all-encompassing description. 'Domestic violence' is used to describe violence that is perpetrated by a current or ex-partner. This definition is used in order to maintain consistency with the workplace program that was developed as part of *Working Together Against Violence*, entitled *Stand Up: Domestic Violence is Everyone's Business*. Women's Health Victoria decided to use the term 'domestic violence' in *Stand Up* to ensure understanding by a broad audience outside the women's health and family violence sector. For more discussion, see 5.2.1(b).

2.2 The primary prevention of violence against women

Primary prevention refers to a public health approach that reduces or eliminates the cause of a health problem. The primary prevention of violence against women is the prevention of violence before it happens,[16] achieved by addressing the causes or determinants of violence, rather than the symptoms.[2, 17] It differs from secondary prevention, which targets at risk populations, and tertiary prevention, which aims to prevent future incidents of violence by responding to past victims or perpetrators.[4]

In 2007, VicHealth published *Preventing violence before it occurs: a framework and background paper to guide the prevention of violence against women*. The framework identifies both the determinants or causes of violence against women and the contributing factors at the individual, relational, community and societal levels. 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 the *Working Together Against Violence* project.

An ecological approach to understanding violence against women and implementing primary prevention activities (as shown in figure 1) 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.[2] 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.

Figure 1. An ecological approach to understanding violence[2]
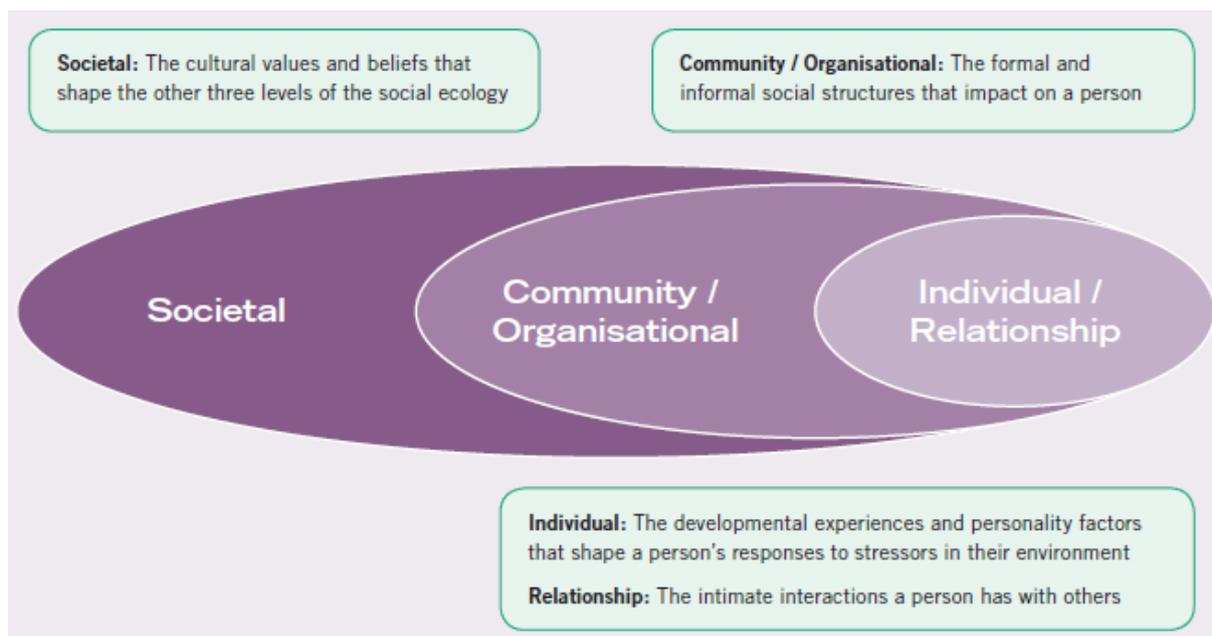
The determinants of violence against women provide the target for primary prevention action at each of these levels. These determinants are strongly linked to gender inequality.[5] The 'structural imbalances of power and inequality between women and men are both the context and causes of violence against women.'[18] They include:

- unequal power relations between women and men;
- adherence to rigid gender stereotypes; and
- broader cultures of violence.[19]

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

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

Figure 2 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.

Figure 2. Framework to guide primary prevention of violence against women[2]

KEY DETERMINANTS OF VIOLENCE AND THEME FOR ACTION

PROMOTING EQUAL AND RESPECTFUL RELATIONSHIPS BETWEEN MEN AND WOMEN

Individual/relationship determinants	Community & 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 & organisational cultures	• Institutional & cultural support for, or weak sanctions against, gender inequality and rigid gender roles

KEY CONTRIBUTING FACTORS AND THEMES FOR ACTION

PROMOTING NON-VIOLENT NORMS / REDUCING THE EFFECTS OF PRIOR EXPOSURE TO VIOLENCE

Individual/relationship contributors	Community & 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 & 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 ACCESS TO RESOURCES AND SYSTEMS OF SUPPORT

Individual/relationship contributors	Community & 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)

Working Together Against Violence actively engaged with the individual/relationship level and the community and organisational level. Work at a societal level was not the focus of the project, however the societal level is influenced by actions at both the individual and community level. Project strategies addressed both the determinants and contributing factors of violence against women. For example, training sought to promote equal and respectful relationships between women and men at an individual/relationship level. At an organisational level, *Working Together Against Violence* aimed to create a safe and respectful workplace, promoting non-violent norms and improving access to resources and systems of support.

2.3   Theories of masculinity

Gender inequality and an imbalance of power between women and men is a key determinant of violence against women.[2, 20] Conventional notions of masculinity 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'.[21] Conventional masculinity dictates that men should be self-reliant, powerful, strong, and invulnerable.[22] 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'.[2]

These attitudes condone violence against women, are present at all the levels of society set out in the ecological approach described above – individual, community and societal. A study into community attitudes to violence against women found that the strongest and most consistent predictor of holding violence-supportive attitudes was being male, and having weak support for gender equality.[23,24] This finding underscored the need to design a project that challenged violence-supportive attitudes and behaviours among men.

To be effective, primary prevention interventions must 'undermine the cultural and collective supports for physical and sexual assault found among many men'.[25] This is why understanding how masculinity operates was an important part of the design and development of the *Working Together Against Violence* project. Organisations need support to disrupt conventional scripts around masculinity and equip individual men with the tools to prevent violence against women.

The reason why 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.[26] 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.[1, 27]

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.[27] *Working Together Against Violence* needed to have the flexibility to address these issues. Organisations have the power to reinforce or disrupt conventional notions of masculinity.[26] Through adapting practices, policies and norms, 'organizations can equip men to undo gender by giving them the motivation, a model, and a margin of safety to deviate from conventional masculine scripts'.[26] In order to be effective, men as well as women must be meaningfully engaged in interventions to promote

gender equality and prevent violence against women.[11] This is what Women's Health Victoria hoped to achieve.

In designing and implementing *Working Together Against Violence*, some key principles regarding men's involvement in violence prevention were considered. These included the need to:

- Ensure that men's violence prevention was linked to the promotion of gender equality
- Ensure that a feminist analysis remained 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[28]

Women's Health Victoria adopted these principles to guide the work at Linfox. Theories of masculinity not only provided a wider, societal context for violence against women, they are also played out at all levels of the ecological approach to understanding violence. Engaging with these theories allowed Women's Health Victoria to consider what strategies would be most effective in a male-dominated workplace.

2.4   Workplaces and organisational culture

Workplaces have been identified as one setting in which the primary prevention of violence against women can take place.[2,19, 29] Health promotion interventions within workplaces have traditionally focused on shaping individual health behaviour, however workplace health promotion should also use organisational level strategies.[30] Not only are workplaces directly impacted by instances of domestic violence, they also play a 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.[2, 31-32] Workplaces therefore represent a site in which non-violent norms can be promoted, in line with the theme for action set out in VicHealth's framework, *Preventing violence before it occurs*. Workplaces also provide an opportunity to reach individuals who would not otherwise come into contact with health promotion interventions. This represents another theme for action – 'improving access to resources and systems of support'.[2, 4]

2.4.1   Theories of organisational culture and change

Theories of organisational culture and change have provided a useful foreground to the *Working Together Against Violence* project. They demonstrate the importance of locating primary prevention activities in workplaces – at the organisational level of influence. Organisations are complex social systems comprising group norms, organisational values, skills, informal structures of power, and shared meanings.[33-35] Analysing and understanding organisational culture can therefore be difficult. Theories of organisational change show that deliberate culture change is complex, takes time, requires leadership and ultimately, can be

hard to achieve.[34] 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. Such an environment:

- promotes equal and respectful relationships between men and women;
- promotes non-violent social norms and reduces the effects of prior exposure to violence; and
- improves access to resources and systems of support.[2]

Changing the work environment requires an understanding of how change happens. The stage theory of organisational change describes the process of cultural change that organisations pass through.[36] It has been applied to workplace health promotion and provided a useful framework for *Working Together Against Violence*:[37-38]

Stage 1:   *Define 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.'

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'.

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'.

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'.[37]

This illustrates the length of time needed for change to be enduring and sustainable. For this to happen, organisations and the employees working in them, must ultimately actively embrace change.[33,39] Addressing barriers to change is therefore an important part of organisational change.

Organisational change, particularly to address the primary prevention of violence against women, can often be compounded by the gendered nature of organisations. Studies have noted how men with power in an organisation can reinforce and perpetuate an organisational

culture that is 'heavily masculinized and unwelcoming of women'.[31] The reverse can also happen:

> Organizational change efforts that take account of deeply rooted masculinity…not only challenge some of the basic gendered assumptions that drive organizational behaviour, they also seek to change the effects of these assumptions at the level of concrete, everyday work practice.[40]

Organisational culture reflects broader societal norms and for that reason, it can be pivotal to the primary prevention of violence against women. However organisations are complex, and change is difficult. This knowledge served as a useful underpinning to the development of *Working Together Against Violence.*

2.4.2 Impact of domestic violence on workplaces

Domestic violence affects workplace productivity, employee health and occupational health and safety.

Productivity

- Domestic violence in Australia costs employers approximately $175 million annually.[41] 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.[42-43] Victims may also report an inability to concentrate or perform tasks, leading to lower organisational output.[3, 43-44] Employees who have experienced domestic violence in the past are more likely to be absent than employees with no such history.[45]
- 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.[41]
- Friends, family and colleagues may also take leave from work.[3, 44] 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.[41]
- 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, 43, 46]

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, 43]
- 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.[23, 42]

Occupational health and safety

- Psychological impacts are recognised as hazards under Occupational Health and Safety Acts.[47] 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.[43] One study found that 29 percent of victims who were stalked by their previous partner reported that the perpetrator loitered outside the workplace.[15] The employer's premises and equipment can also be used to perpetrate violence.[3, 43-44]

These impacts highlight the importance at a business level of preventing violence against women. Workplaces clearly stand to gain from measures that reduce the economic and employee costs of violence against women.

2.5   Social norms theory

Social norms are the rules or expectations of behaviour within a specific group. Perceptions of those norms shape individual behaviour.[48] They govern 'what is (and is not) acceptable and coordinate our interactions with others'.[49] A social norms approach to health promotion addresses the importance of social norms in shaping behaviour:[48-50]

> 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.[51]

The prevalence of harmful or damaging behaviour, such as violence against women, is usually overestimated, while protective behaviours are underestimated.[51-52] 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. Stated more clearly:

> 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.[51]

Misperceptions can stop people from intervening or challenging sexist behaviour, offensive jokes and other instances that occur along a spectrum of violence against women.[53] A social norms approach aims to subvert perceptions of harmful or damaging behaviour, and enhance perceptions of protective behaviour.[49]

Social norms theory intersects with the ecological approach set out in VicHealth's framework, *Preventing violence before it occurs* in regards to the 'promoting non-violent norms' theme for action, and at all levels of influence – individual, organisational and societal. Social norms theory has been used to encourage men to confront the problematic behaviour of other men.[54] Research has shown that men underestimate the extent to which other men are uncomfortable with sexist behaviour.[54] 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.[17] Studies have shown that an individual who challenges sexist behaviour can have the effect of reducing the conformity of others to those social norms.[52]

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.[48, 54] Five stages have been identified that are required for an individual to intervene and act on a social norm:[48, 51, 55]

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

Working Together Against Violence was designed to address these five stages. Interventions that seek to encourage a willingness to intervene and provide the skills to do so have been cited as evidence of promising practice.[48]

> While everyone in a community cannot be reached or convinced, if enough people from different walks of life are actively supportive of women's right to live free of violence, the climate in the community can shift from tolerating to rejecting violence against women.[38]

An understanding of the social norms that govern violence-supportive attitudes and behaviours is required for this to happen. The task of challenging and changing a patriarchal culture, and the individuals who are shaped by its rules is immense.[54] Although it takes time, changing attitudes and behaviours can lead to social and structural change.[56,21]

2.6   Bystander approach to violence prevention

The bystander approach to violence prevention is one way of challenging harmful social norms.

> 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?[1]

In researching the development of *Working Together Against Violence*, the bystander approach stood out as a key method for implementing the primary prevention of violence against women in a male-dominated workplace. 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 (see figure 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.[4]

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 to challenge violence-supportive attitudes and behaviours. Violence-supportive 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.[23] 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:

> If more men spoke up before, during, or after incidents of verbal, physical or sexual abuse by their peers, they would help to create a climate where the abuse of women – emotional, physical, sexual – would be stigmatized and seen as incompatible with male group norms.[1]

This is why a bystander approach is a key primary prevention strategy. The approach has been used successfully in programs across the United States[1, 57], and underpins the Australian Football League Respect and Responsibility program.[58]

By focussing on positive messages using the bystander approach, *Working Together Against Violence* reinforces healthy, respectful behaviours and centres 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.[1] Blame does not create attitudinal, behavioural or organisational change.[27] It individualises domestic violence so that it is understood as a result of individual men's dysfunctional behaviour.[1] This ignores the fact that violence against women is a part of pervasive system of gender inequality.[1] By increasing receptiveness to violence prevention using the bystander approach, broader community change can be envisaged.[59] The approach:

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

In order to act, however, 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.[59-60] 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.[61]

The primary factor influencing men's willingness to intervene to prevent sexual assault has been found to be their perception of other men's willingness to intervene.[54] Men's decisions to intervene are often based on traditional concepts of masculinity. One study found that 'men must not be weak, appear weak, or show weakness of any kind':[62]

> The importance these men attach to these beliefs cannot be dismissed. If these men's greatest fear is having their masculinity called into question, then they are arguably enslaved to a gender ideal that is dangerous to them and to the women they profess to feel responsible for protecting.[62]

The bystander approach is informed by and intersects with social norms theory and traditional notions of masculinity. How this plays out in the workplace is informed by theories of organisational culture and change.

2.7   Theory into practice

The theoretical context described above shaped the design of *Working Together Against Violence*. It also informed ongoing development and deepened understanding of the primary prevention of violence against women using workplaces as a setting. The ecological approach to understanding violence (set out in figure 1) provided the grounding for the project. Work to prevent violence against women must occur at an individual, organisational and societal level. This is reinforced in the VicHealth framework, *Preventing violence before it occurs* (see figure 2). The framework highlights how strategies need to promote equal and respectful relationships and non-violent norms, as well as improve access to resources and systems of support. These strategies, when reinforced at different levels, provide the means by which violence against women can be prevented.

Women's Health Victoria used this as a foundation for *Working Together Against Violence* and the project was informed by theories of masculinity, organisational theory, social norms theory and the bystander approach.

Broadly, the project, as it developed over four years, aimed to prevent violence against women by strengthening the organisational capacity of workplaces to promote gender equality and non-violent norms. At a societal level, theories of masculinity were used to understand the culture in which violence against women occurs. As Linfox is a male-dominated company, theories of masculinity provided an additional layer to organisational culture and change in that company. This enabled the development of strategies that were relevant to an organisational level of influence. Social norms theory overlayed these theories, informing efforts to prevent violence against women at an individual, organisational and societal level – that is, by examining how the norms that shape behaviour can be changed. The bystander approach provided Women's Health Victoria with the means to implement the theory in a male-dominated environment. Using a bystander model, *Working Together Against Violence* built the capacity of employees, particularly men, to challenge violence-supportive attitudes and behaviours. It enabled work at an individual level, reinforced by strategies across all elements of the ecological approach to understanding violence.

2.8   Victorian policy and programming context

The policy and programming context for *Working Together Against Violence* stretches back to 2003, when VicHealth first prioritised the prevention of violence against women as part of a broader program aimed at addressing the preventable causes of poor mental health and wellbeing. This was followed in 2004 with the publication of *The health costs of violence: measuring the burden of disease caused by intimate partner violence*.[9] In 2006, VicHealth published findings from another major study that explored community attitudes to violence against women. The study, *Two steps forward, one step back: community attitudes to violence against women*, showed that overall the Victorian community has a good understanding of the issue of violence against women and does not support men's use of violence.[23] The study was repeated in 2009.[24]

2.8.1 *Respect, Responsibility and Equality* Phase I

In 2006, VicHealth announced a new funding stream to develop Victorian policy and practice in preventing violence against women. The *Respect, Responsibility and Equality: preventing violence against women* program provided grants of up to $30,000 to government and non-government organisations to undertake primary prevention activities. A total of 29 projects received support from VicHealth.[63] *Working Together Against Violence* was one of these projects.

2.8.2 A primary prevention framework and a whole-of-government strategy

From 2006, VicHealth partnered with the Victorian Government to develop a framework to guide whole-of-government policy and activity on preventing violence against women. The end result, *Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria*, was published in 2007 (see 2.2 above).[2]

VicHealth's framework subsequently formed the basis for a ten-year, whole-of-government prevention strategy to promote gender-equitable and non-violent communities, organisations and relationships across the state.[19] Implementation is currently being coordinated by the Office of Women's Policy. This strategy will see the government-driven implementation of primary prevention initiatives over the next decade across the settings and with the population groups identified in the VicHealth framework.

The design of *Working Together Against Violence* was strongly shaped by VicHealth's *Preventing violence before it occurs* framework.[2] The framework sets out organisational and workforce development as one setting in which primary prevention can take place. The use of workplaces as a violence prevention setting is echoed in the Victorian government ten-year prevention strategy and federal government policies addressing violence against women, released since the project began.[19, 29]

2.8.3 *Respect, Responsibility and Equality* Phase II

In 2008 VicHealth embarked on Phase II of *Respect, Responsibility and Equality* by providing further funding to five of the original 29 projects for an additional three years to 'scale up' their interventions, including *Working Together Against Violence*.

2.8.4 Other VicHealth initiatives

- *Preventing violence against women short course*
  This course builds the capacity of Victorian primary prevention practitioners to implement evidence-based initiatives to prevent violence against women.
- *Local Government Networking and Capacity Building project*
  This project acknowledges the role that Victorian local governments have in fostering safety and wellbeing for members of their communities through social and

infrastructure planning, the provision of community facilities and services, and various community strengthening initiatives. The project builds on the efforts of many local governments that have already stepped into the primary prevention arena by increasing opportunities for the sector to network, develop partnerships, share resources, and build skills.

- *Fair Game – Respect Matters*
  Fair Game is a program for Victorian community football clubs to build safe and inclusive environments for women. It builds on the work of VicHealth and the Australian Football League through the *Respect and Responsibility* program.[57]

- *Media Advocacy project*
  This initiative supports survivors of domestic violence to speak to the media and public as advocates. The aim is to challenge myths about violence against women that persist in the wider community.

- *Respectful Relationships Education*
  VicHealth completed a review to identify best practice schools-based approaches to primary prevention. This was carried out in 2009 in conjunction with the Department of Education and Early Childhood Development. The report, *Respectful Relationships Education: violence prevention and respectful relationships education in Victorian secondary schools* informed the design of a pilot school-based program for the Victorian education system, implemented through a demonstration project with four secondary schools during 2010.[64]

3. About the project

3.1 Project history

3.1.1 *Respect, Responsibility and Equality* Phase I

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 project sought to engage male-dominated companies in the prevention of violence against women. The funding was for a year-long pilot project at Linfox, a privately owned transport and logistics company with more than 16,000 employees in Australia and the Asia Pacific. The project focused on employees located in Victoria.

Phase I of the *Working Together Against Violence* project established a promising partnership with Linfox. A training program was developed and piloted in one large worksite with more than 500 employees. The training focused on building the capacity of employees as bystanders to prevent violence against women. It was framed as part of Linfox's existing company-wide occupational health and safety strategy, Vision Zero (zero fatalities; zero injuries; zero motor vehicle accidents; zero net environmental emissions; zero tolerance of unsafe behaviours and practices). An internal marketing campaign was implemented at the pilot worksite to promote the violence prevention message to employees.

3.1.2 *Respect, Responsibility and Equality* Phase II

Phase II of the project is the subject of this report. In 2008, Women's Health Victoria secured further funding from VicHealth to 'scale up' the project over three years. The aim of this more substantial resource allocation was to 'support development of sustained changes in policy and practice…This more substantial resource allocation will assist to consolidate practice in the area of primary prevention of violence against women and to enable research activity to assess the impact of primary prevention activity and identify models of good practice that could be replicated by others'.[63]

Phase II aimed to further embed the prevention of violence against women in Linfox 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 named *Stand Up: Domestic Violence is Everyone's Business*.

It was also envisaged that Women's Health Victoria would:

- Promote Linfox's commitment to violence prevention through industry awards and the media;
- Lobby industry, employer and employee bodies, and other agencies to consider violence against women as a workplace issue; and
- Share learning about the process of engaging workplaces in the primary prevention of violence against women.

The project originally intended to engage three male-dominated companies, however in March 2009, Linfox became the only *Working Together Against Violence* workplace. Women's Health Victoria decided to focus solely on Linfox in order to consolidate the partnership, enhance sustainability and build Linfox as a model of best practice. There were a number of reasons for this variation in project activity. Working with a large company with a public profile is a new field for community organisations that focus on the prevention of violence against women in Australia. When Women's Health Victoria started the project there was limited evidence to inform project planning and partnership-building with a corporate. The global financial crisis also posed a challenge to engaging additional companies to take on the project.

3.2 Roles and responsibilities

3.2.1 Women's Health Victoria

Women's Health Victoria was responsible for the design, development and implementation of *Working Together Against Violence* as follows:

- Lead and coordinate the project, including the development of transferable violence prevention strategies for use in other workplaces across Victoria;
- Work with project partners to facilitate workplace training sessions on the prevention of violence against women; and
- Advocate for the uptake of violence prevention strategies in workplaces across Victoria.

Working Together Against Violence was led by a Project Coordinator, of which there were three over the course of the project. The Executive Director and the Policy and Health Promotion Manager provided support, insight and input into project development and implementation, and were involved at various points in its delivery at Linfox. Other forms of assistance were provided by members of the Women's Health Victoria's Policy and Health Promotion Team (to assist in delivering training to Linfox) and the Business Services Team (to provide administrative support).

3.2.2 Linfox

Linfox is an international company, with worksites across Australia and the Asia Pacific. *Working Together Against Violence* focused solely on Linfox's operations in Victoria, which included head office in Melbourne. In 2010, across 40 different worksites, Linfox had 1,975 Victorian employees, of whom 85 percent were men.

Women's Health Victoria approached Linfox to take part in this project in 2007, in Phase I. A pre-existing relationship enabled this partnership to develop and receive approval from Linfox's Board. Responsibility for implementation of the project was passed to the Senior Head Office Contact. Linfox:

- provided the workplace environment in which violence prevention strategies could be trialled and implemented;
- provided advice on corporate culture and how it affects violence prevention work;
- promoted workplace activities; and
- identified barriers to the uptake of strategies.

It was decided by Linfox that a memorandum of understanding between Women's Health Victoria and Linfox would not be necessary, therefore the partnership arrangement between the two organisations was not codified.

3.2.3 Project partners

Women's Health Victoria engaged No To Violence Male Family Violence Prevention Association (incorporating the Men's Referral Service) to co-facilitate the workplace training at Linfox. No To Violence provided a male facilitator and input into the design of the training. Additional male facilitators were independently employed on a contractual basis to deliver training.

Women's Health Victoria also approached the Victorian Equal Opportunity and Human Rights Commission to be a project partner. The intention was for the Commission to work with Women's Health Victoria to integrate violence prevention and gender equality messages into existing workplace training packages, such as Equal Opportunities Contact Officers and manager training. As Phase II began, the partnership was explored in more depth by both organisations. The training being run at Linfox was based on voluntary participation, whereas the training offered by the Commission was mandated by equal opportunity legislation. Given this divergence, it was mutually decided not to proceed with the partnership.

3.2.4 Governance

Regular meetings were held with VicHealth throughout the course of the project. This included, but was not limited to, quarterly Learning Circle meetings with the five 'scale up' projects (also funded by VicHealth); meetings with the VicHealth Senior Project Officer; and

meetings with the VicHealth Research Practice Leader. Progress reports to VicHealth were submitted twice a year throughout the project's duration.

Women's Health Victoria initially sought to establish an advisory group to guide project direction. However it was later decided by Women's Health Victoria that key stakeholders would be consulted as needed to ensure maximum flexibility and targeted advice.

Within Women's Health Victoria, the Project Coordinator reported to the Executive Director or Policy and Health Promotion Manager. Regular reports were also made to Women's Health Victoria's Council.

3.3   Project implementation plan

The project implementation plan for Phase II of *Working Together Against Violence* set out an overarching goal, together with clear objectives and strategies. The project was organic in that the strategies and expected achievements were adapted over time as knowledge increased, organisational environments altered and Women's Health Victoria's relationship with Linfox developed. Continuous evaluation of the project, together with emerging evidence in research, informed changes to the activities. The project goal and objectives, however, did not change.[i]

Goal	To prevent violence against women by raising awareness and strengthening the organisational capacity of male-dominated workplaces to promote gender equality and non-violent norms.

Objectives	1	To strengthen the organisational capacity of a male-dominated workplace to promote equal and respectful relationships between men and women.
	2	To promote prevention of violence against women activities within Victorian workplaces by developing and modelling transferable tools and systems.
	3	To increase the evidence base for primary prevention activities in the workplace aimed at prevention of violence against women.

The objectives were met using a range of strategies. As noted above, these were adapted over the course of the project and those listed below were finalised in January 2010.

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[i] The program logic model in Appendix 1 also sets these out.

Activities - Objective 1

Organisational policy
- Draft a policy demonstrating the organisation's commitment to violence prevention

Training
- Devise and run training
- Devise and run follow up training on gender equality and masculinity
- Devise and run train the trainer sessions

Promotion and awareness raising
- Engage management through successful business case
- Design workplace kit of violence prevention materials
- Devise activities for White Ribbon Day
- Use other internal communications methods

Activities – Objective 2

- Design a package of transferable tools, including guide to making a successful business case, training manual and best practice resource
- Promote and disseminate package

Activities – Objective 3

- Undertake comprehensive evaluation of the program
- Write and disseminate learnings

These activities aimed to address the underlying causes of violence and build capacity within Linfox to model, promote and facilitate respectful and non-violent gender relations. They sought to influence change at both an individual and organisational level, thus aligning with the ecological approach set out in VicHealth's framework, *Preventing violence before it occurs* (see discussion at 2.2).[2]

On an individual level, the activities aimed to:

- Raise awareness of domestic violence
- Provide participants with tools to challenge violence-supportive attitudes and behaviours
- Provide participants with appropriate information, referrals and contacts
- Model and promote equal and respectful relationships
- Provide a safe forum to discuss domestic violence
- Encourage the initiation of conversations around domestic violence among colleagues and their friends and family
- Promote the message that domestic violence will not be tolerated or ignored

At an organisational level, the activities aimed to:

- Develop and implement a whole-of-company program
- Address the structural context by implementing a domestic violence prevention policy
- Promote the project as a model for other organisations to follow
- Promote a healthy and respectful workplace culture
- Encourage equal and respectful relationships between men and women through resources and training
- Share learnings with a wider audience

At a societal level, these activities sought to harness the efforts of individual men taking a collective stand to prevent violence against women.

3.4 *Stand Up: Domestic Violence is Everyone's Business*

Through Objective 1 in particular, *Working Together Against Violence* sought to create a workplace program aimed at the primary prevention of violence against women using workplaces as the setting. *Stand Up: Domestic Violence is Everyone's Business* was created as the workplace program. It is a whole-of-company program that addresses the prevention of domestic violence at a range of levels within a workplace. It 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 – *Stand Up* aims to prevents violence before it occurs by focusing on the determinants of violence against women.[2]
- Bystander approach – *Stand Up* engages and encourages men and women to stand up against violence against women.[1]
- Whole-of-company approach – *Stand Up* addresses all systems, staff and levels of a company.[3]

Essentially, *Stand Up* aims to help companies prevent domestic violence before it occurs and support staff who might be experiencing it. This is achieved through three key elements – leadership, training and message promotion (see below).

Lead	Train	Promote
The company shows its commitment to the prevention of domestic violence through leadership at executive level, the adoption of workplace policy and the nomination of the *Stand Up* Contact, who has responsibility for the project and liaises with Women's Health Victoria.	Staff are educated about the causes, prevalence and impact of domestic violence. Staff are also given the skills to stand up and speak out against violence-supportive attitudes and behaviours.	Promotional materials and information are distributed to employees, sending the message that domestic violence will not be tolerated, and that employees experiencing it will be supported. Participation in White Ribbon Day is encouraged.

Stand Up acknowledges the effects of domestic violence on both an individual's home and work life. *Stand Up* provides participants with information about support services, relevant workplace policies and safety plans to support those affected by domestic violence. The safety and wellbeing of participants who may be experiencing violence is prioritised.

Section 5.2.1 describes the development of *Stand Up* in more depth.

4. Evaluation approach, design and methods

4.1   Purpose of evaluation

Women's Health Victoria's *Working Together Against Violence* project was one of five projects that make up Phase II of the VicHealth program *Respect, Responsibility & Equity: preventing violence against women.* A key emphasis of this program is to increase the evidence base for effective primary prevention across various sectors of the community.[63] Evaluation can:

- establish whether the objectives of the project have been met;
- identify whether anything has changed as a result of the project;
- identify how the project could have been more effective;
- identify any unintended outcomes; and
- support the development of the project.[65]

Robust evaluation has been a central focus of the design, development and implementation of *Working Together Against Violence*. The findings in this report cover Phase II of *Working Together Against Violence* from August 2008 to August 2011.

These findings may be relevant to a range of individuals and groups, including:

- The community sector to inform delivery of programs to prevent violence against women in workplace settings
- The government sector to inform policy development and program funding on workplace action on the primary prevention of violence against women.
- The business sector, particularly companies wishing to enhance their organisational culture, or with an interest in the prevention of violence against women as an element of corporate social responsibility

4.2   Evaluation approach

The approach to evaluation used in VicHealth's *Respect, Responsibility and Equality: Preventing Violence Against Women* program has been informed by participatory and empowerment models of evaluation. Where traditional modes of program evaluation utilise external experts to conduct evaluation activities, participatory and empowerment models

strengthen the evaluation capacity of individuals, groups and organisations involved in programs so that evaluation expertise is integrated into core program aspects. Evaluation capacity building (ECB) is a key concept and strategy of participatory and empowerment models.

ECB is defined as the design and implementation of learning activities to support program stakeholders in learning about and undertaking effective evaluation practice.[66] In the context of public health and health promotion, ECB:

- Involves program staff in the conduct of their own evaluation activities;
- operates within a learning environment where stakeholders learn about evaluation by doing it (a 'learn-by-doing' method);
- enables stakeholders to draw upon evaluation findings 'in real time' for program improvement (as part of an action research cycle); and
- focuses on empowering stakeholders with the view to sustaining evaluation practice beyond the program for which ECB activities were initially devised.

In practice, ECB engages an expert in a coaching and/or structured guidance role, that is, VicHealth's Research Practice Leader. The evaluator acts as a sounding board to support stakeholders in solving evaluation problems, although their involvement stops short of actually conducting the evaluation, since the point of ECB is to encourage stakeholders to 'learn-by-doing'.

ECB is not commonplace in preventing violence against women practice however VicHealth's *Preventing Violence Against Women* program recognises the value of such an approach for building the evidence base for primary prevention. Strengthening the capacity of programs to conduct evaluation helps to ensure that evaluation practice is integrated into core program activities.

VicHealth's ECB model is adapted from best practice examples of ECB in primary prevention – such as those documented by the Centers for Disease Control and Prevention (CDC) in the USA[67]. It is a partnership model where:

- Project Coordinators are positioned as the main researchers for their project evaluation activities;
- A considerable level of evaluation support is provided to Project Coordinators by the funding body through a Research Practice Leader, a core staff member of the Preventing Violence Against Women program at VicHealth;
- Project Coordinators are expected to work closely with the Research Practice Leader for the duration of their projects to develop all aspects of their evaluation design/research and for technical assistance in implementing various evaluation strategies; and
- Specific processes are put in place and continuously refined throughout the funding period to foster a 'learn-by-doing' environment for Project Coordinators. A combination of group instruction and individual assistance ensures that the Research Practice Leader's evaluation support is both meaningful and effective.

This ECB model has been documented in detail by VicHealth.[ii]

4.3   Evaluation framework

Evaluation of *Working Together Against Violence* aimed to ascertain what works in primary prevention using workplaces, and provide insight into enablers, challenges and barriers. The project is one of the first known workplace programs in Australia aimed at the primary prevention of violence against women. It was therefore vital to obtain data on what is effective in engaging workplaces, and what is effective in embedding and sustaining violence prevention work within a company, is therefore of vital importance.

Women's Health Victoria developed a comprehensive evaluation plan which included the project's three objectives and their expected achievements. A summary is shown below:

OBJECTIVE 1: To strengthen the organisational capacity of a male-dominated workplace to promote equal and respectful relationships between men and women.

What is expected to happen:
- LEAD:
  Package and policy embedded in the workplace – shift in organisational culture to acknowledge the increased importance of gender equality and prevention of violence against women
- TRAIN:
  Employees have knowledge of the impact of violence against women, positive attitudes about gender equality, skills to recognise and respond to violence against women, and behaviour that promotes gender equality
- PROMOTE:
  Promotion of prevention of violence against women message in the workplace

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OBJECTIVE 2: To promote prevention of violence against women activities within Victorian workplaces by developing and modelling transferable tools and systems.

What is expected to happen:
- Transferable tools and systems to prevent violence against women developed and modelled in target organisation
- Transferable tools and systems are promoted for use in other organisations
- Engagement with the transferable tools and systems, and the principles that underpin them, is demonstrated in other organisations

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[ii] More information can be found at www.vichealth.vic.gov.au.

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OBJECTIVE 3: To increase the evidence base for primary prevention activities in the workplace aimed at the prevention of violence against women.

What is expected to happen:
- All aspects of the project are comprehensively evaluated in a process of continuous evaluation and project development, following and action research model
- A resource is developed and disseminated to enable violence prevention work in male-dominated organisations
- Learning from the project is shared

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Indicators of effectiveness were developed for each objective. These served as benchmarks to measure whether the project was achieving what it set out to do, both at a process level, and with respect to its impact on organisational culture and individual capacity. Data collected about the project's processes enabled Women's Health Victoria to monitor and modify activities as needed.

As the project progressed, key project activities that were deemed feasible at the beginning of the project became less so as the focus of the project shifted to meet expectations and changing relationships. Accordingly, some of the indicators and the data to be collected needed to be changed. The objectives, however, remained almost constant throughout the life of the project. The full evaluation plan is included in Appendix 2.

4.4   Evaluation methods

Working Together Against Violence employed various methods to collect data over the course of the project. In line with the ecological approach outlined in section 2.2, Women's Health Victoria sought to measure the extent to which organisational and cultural change had occurred to build a workplace environment supportive of individual actions against domestic violence. An outline of the evaluation methods used and the data that was collected is provided below:

- *Feedback sheets*
  Collected at the end of each training session to obtain information from participants about:
  - Demographics, such as gender, age or cultural background
  - Educational value of the training and impact on awareness of domestic violence
  - Preference regarding the gender of facilitators
  - Likelihood of participants using the tools to stand up against domestic violence
  - Awareness of the prevention of domestic violence as a priority of Linfox

  The views of facilitators were also collected after each session, which included observations about participant engagement.

- *Focus groups*
  Held with training participants approximately six months after the training to assess its impact and seek feedback for improvement.

- *Interviews*
  Held with stakeholders including Linfox staff, project partners, and Women's Health Victoria staff at key points in the project. Findings provided feedback on:
  o What worked and did not work
  o How the project could be improved
  o Barriers and enablers in implementing the project
  o Impact of the project

- *Observational data*
  This included the observing, recording and analysing comments and actions within Linfox and during training.[65] Records were kept of informal conversations held with staff at Linfox together with email, phone and written communications.

- *Organisational data from Linfox*
  This took the form of minutes of relevant meetings, records of actions arising, organisational structure documents, information on Linfox demographics and workplace policy.

- *Project Coordinator reflections*
  The Project Coordinator employed from December 2009 to August 2011 kept a journal to record her personal impressions of the project and responses to key developments.

- *Narrative technique*
  Narrative technique draws on the example of the Narrative Evaluation and Action Research project offered by the Department of Human Services to community partners since 2004.[68] According to that project, storytelling is seen as an important part of evidence gathering and a valuable adjunct to methods that typically feature in evaluation research design, such as feedback sheets or statistical collection.[iii]

  For the *Working Together Against Violence* project, the technique began with three reflective interviews during June 2010 with Women's Health Victoria's Executive Director, Policy and Health Promotion Manager, and Project Coordinator. Then, through three writing group workshops from September 2010 to March 2011, the Project Coordinator was supported in shaping this data into the two vignettes about the project at 5.1.2(d) and 5.2.1(b).

A number of tools were developed for data collection to serve the different purposes required. These were devised with the support of the Research Practice Leader. For example, a post-training feedback sheet was developed for training participants of the first

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[iii] The application of narrative technique has been documented in detail by VicHealth. More information can be found at www.vichealth.vic.gov.au.

round of training (*Harm in the Home*). This was adapted for the second round (*Stand Up*) to obtain more targeted results and to enhance the qualitative element of the results by encouraging comment. A feedback sheet for facilitators was also devised to ensure that facilitators could comment on individual sessions in a structured way. These feedback sheets are included in Appendix 3.

Interview questions for focus groups and key stakeholder interviews were devised to obtain results that addressed gaps in knowledge. The Project Coordinator recorded organisational and observational data, such as conversations and communications with Linfox, as well as personal reflections.

The process of data analysis began in 2011. The Project Coordinator collated and reviewed the data that had been collected. The intention of this review was to identify gaps in knowledge that would require further evaluation, such as additional interviews. A summary of the data that had been collected was organised into a table of existing evaluation data. This table was organised into objectives and achievements, separating out the process and impact indicators, and the gaps in knowledge. This enabled further evaluation to take place, and also provided the foundation for the analysis of the evidence.

5. Findings

This section sets out the project's findings and is arranged according to *Working Together Against Violence*'s objectives, which guided the evaluation process. Each objective contained three statements outlining what was expected to happen. Progress against those statements are set out in this chapter. The findings are based on the data that was collected throughout the course of the project, as detailed in section 4.4.

5.1 Objective 1

To strengthen the organisational capacity of a male-dominated workplace to promote equal and respectful relationships between men and women

This objective forms the crux of Women's Health Victoria's work at Linfox. In order to meet this objective, Women's Health Victoria devised a workplace program aimed at strengthening Linfox's capacity to promote equal and respectful relationships between men and women – *Stand Up*: *Domestic Violence is Everyone's Business. Stand Up* was not fully conceptualised until midway through the project, however the story of its development is a central part of the project.

The three key elements of Objective 1 align with the three key elements of *Stand Up* – lead, train, and promote. Broadly speaking, 'lead' means executive-level commitment, 'train' refers to the training of employees, and 'promote' is about the promotion of the violence prevention message throughout the company. Evaluation of these three elements provided an indication of the extent to which Linfox's organisational capacity to promote equal and respectful relationships was strengthened. Women's Health Victoria sought evidence of positive changes in individuals as well as organisational structures and processes. The findings are set out below.

5.1.1 Lead

In the 'lead' element of *Stand Up,* it was intended that Linfox show its commitment to the prevention of domestic violence through:

- leadership at an executive level;
- the adoption of the domestic violence prevention workplace policy; and
- the nomination of the *Stand Up* Contact to take responsibility for the project at Linfox and act as the chief liaison with Women's Health Victoria.

'Lead' reflects the means by which *Stand Up* can be embedded in the workplace. Women's Health Victoria anticipated that this would drive a shift in organisational culture to acknowledge the increased importance of gender equality and the prevention of violence against women.

This section presents the evaluation findings relevant to the 'Lead' element of *Stand Up* (see outline of *Stand Up* at section 3.4). It incorporates data collected through interviews with key stakeholders, observational data, organisational data from Linfox and Project Coordinator reflections.

5.1.1(a) Executive-level commitment

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

The Linfox Board provided support for *Working Together Against Violence* in 2007 in the form of a letter approving the development of a partnership to implement Phase I of the project. Women's Health Victoria was allocated a Senior Head Office Contact from the Human Resources Department.

To maximise executive-level involvement, Women's Health Victoria sought to engage with the Chair of the Linfox Board, the Chief Executive Officer, and other senior management staff at different stages of Phase II of the project. Contact from Women's Health Victoria included requests for meetings and discussion on a range of issues, however Linfox was not always able to attend. Some of the topics included:

- Updates on the progress of the project
- An introduction to the *Stand Up* workplace program, in the form of an executive kit
- Summaries of training feedback
- Invitations to:
    - Awards ceremonies for the project
    - Participate in Business Leaders groups with White Ribbon Day
    - Other White Ribbon Day events
    - Meetings with government ministers

Because of the competing priorities faced by corporate leadership, and the difficulty in finding 'champions' who are personally committed to advocating on the issue, a different role was devised in the *Stand Up* program. The position of *Stand Up* Contact was created to overcome these barriers. The *Stand Up* Contact was a contact person nominated by the partner company with responsibility for *Stand Up's* implementation, in collaboration with the Women's Health Victoria Project Coordinator. The *Stand Up* Contact liaises with Women's Health Victoria on issues relating to the program, distributes relevant materials, implements

White Ribbon Day activities and works with Women's Health Victoria to organise training sessions. After the *Stand Up* project was introduced to Linfox, a *Stand Up* Contact person was nominated from the human resources department. More information about the work they carried out is available in section 5.1.3(c). Women's Health Victoria considered this a significant step that demonstrated Linfox's commitment to the program, and the violence prevention message.

5.1.1(b) Prevention of domestic violence policy

The prevention of domestic violence policy was designed to:

- encourage a safe and respectful workplace culture;
- support staff who are experiencing domestic violence;
- assist managers to handle issues relating to domestic violence; and
- send a clear message to all employees that domestic violence will not be tolerated.

At Linfox

Women's Health Victoria recommended the introduction of the policy at the start of Phase II of the project. However Linfox decided not to implement the policy component at that time and to initially focus on training.

At various stages throughout the course of the project, Women's Health Victoria initiated discussion of a Linfox policy. For example, take up of the policy was recommended in November 2008, March 2009 (when Women's Health Victoria sent a template policy to Linfox), and May 2009, when Women's Health Victoria received feedback that Linfox was considering including it as part of a suite of workplace diversity policies. A meeting was held with Linfox at that time. The name of the policy was discussed, with Linfox expressing a desire to frame it positively and connect it to policies on workplace stress. It was hoped that implementation would then commence.

When *Stand Up* was fully conceptualised and introduced to Linfox in March 2010, Women's Health Victoria reiterated that the policy was a central part of the program and was the foundation for training and message promotion. Linfox agreed to introduce the policy on White Ribbon Day, 25 November 2010, as part of a wider campaign to promote the *Stand Up* message. The Project Coordinator worked with the *Stand Up* Contact to develop the policy template into a document for use at Linfox. The following concerns were raised by Linfox, which provide insight into issues that might be raised by other companies:

- How to ensure that existing disciplinary policies and procedures will cover any breach of the domestic violence prevention policy
- The policy template states that the company will provide training of appropriate staff. Linfox was interested in how to ensure all staff received the benefits of the training and proposed to make information accessible to those staff who are unable to access the training.

- More information on what constitutes the 'commitment statement' described in the policy.
- How to ensure that the policy could be used nationally, rather than just in Victoria.

The policy was not endorsed in time for the launch on White Ribbon Day in 2010 and was deferred for incorporation as part of their revision of policies relating to harassment, bullying and workplace behaviour. At the time of writing this report, the policy was not yet introduced.

At Women's Health Victoria

In June 2008, a prevention of domestic violence policy was introduced into the Women's Health Victoria workplace. Women's Health Victoria wanted to demonstrate a commitment to the principles of the project by implementing a good practice workplace policy that could be shared with other organisations:

> There is the potential to make it quite visible that as an employer, we have this in place. Having the policy means that we recognise that (domestic violence) can happen, and that we take it seriously. For accreditation purposes, it is something we can say we have in place, as an HR issue.
>
> <div align="right">Business Manager, Women's Health Victoria</div>

The introduction of the policy was an unexpected and positive impact of the *Working Together Against Violence* project on Women's Health Victoria.

5.1.1(c)   Shifting organisational culture to acknowledge gender equality

Gender inequality is a determinant of violence against women and addressing it is a key part of primary prevention.[2] Workplace initiatives could be used to promote organisational culture to acknowledge gender equality. This could take the form of a review of policies, such as those relating to sexual harassment or parental leave, or the strengthening of flexible leave arrangements to ensure the workplace is more family friendly.[42]

Linking domestic violence and gender inequality can be a challenging process. Studies have found that it appears 'paradoxically more strategic to de-emphasise gender equity in favour of organisational effectiveness', particularly in initial stages of implementation.[69]

Women's Health Victoria focused on developing content that had a clear focus on domestic violence, rather than gender inequality, especially in the first two to three years of the project. Strategies specifically designed to enhance gender equality were not devised. Gender inequality was challenged in more subtle ways. For example, the *Stand Up* program incorporated training that challenged sexist behaviour. The statement of principles and workplace policy encouraged respectful relations. One worksite manager in a follow up interview six months after training was asked about what he felt was the most significant change following the training. He stated:

> I think it was the fact that we have in our own organisation a workplace diversity policy and our values that talk about mutual support and respect and I think the training drives that

message home more… We do have a lady working here for a while and the guys are more conscious of how they should behave within the workplace and there was the odd remark here and there and the guys would say 'hey, don't say that'… So I think for myself as a manager, it is about trying to stick to those values and it can be difficult. You're in a blokey blokes environment here, it's always been a male dominated environment … so we've always got to be conscious of what we say.

Because of the lack of specific strategies to address gender inequality, particularly at the start of the project, it is difficult to measure whether there has been a shift in organisational culture to acknowledge the increased importance of gender equality as a result of the *Working Together Against Violence* project.

5.1.2   Train

Training was one of the first elements to be developed by Women's Health Victoria as part of *Working Together Against Violence*. It also became a key element of the *Stand Up* program. Women's Health Victoria regarded training as the fundamental way of ensuring that employees learnt about the impact of domestic violence and developed the skills to recognise and respond to it. This would in turn encourage attitudes and behaviours that promote gender equality.

Linfox also regarded training as an important mechanism for disseminating the message that domestic violence is unacceptable. Training was a familiar, tangible method of staff development, with clear, easy to understand outcomes. At initial meetings, Linfox sought a training outline to demonstrate what would be covered and how. The type of language that would be used by Women's Health Victoria was also discussed. Linfox suggested that *Harm in the Home* be used in training to describe domestic violence, and the project also came to be known as *Harm in the Home* within Linfox. More discussion of the transition from *Harm in the Home* to more direct language around domestic violence is found at section 5.2.1(b). The presentation of evaluation findings for Objective 1 includes both *Harm in the Home* and *Stand Up.*

Three rounds of training were devised, and the first two of those rounds are evaluated below. The first round was for *Harm in the Home* and the second round was part of *Stand Up.* In total, 515 Linfox employees participated in the training, across 11 worksites in Victoria – 337 participants took part in *Harm in the Home* training, and 178 participants took part in *Stand Up* training.

Evaluation data shows that the process of planning and delivering the training for *Harm in the Home* and *Stand Up* shared many commonalities. They are summarised as follows:

Engagement of worksites	Worksites were engaged on a voluntary basis through their managers. Presentations about *Harm in the Home* and *Stand Up* were given to Linfox at three senior managers' meetings, where managers were asked to sign up their worksites. Linfox committed to providing the training on paid time.
	Managers could decide whether to make attendance at the training

compulsory. While training was made compulsory at most worksites, attendance was significantly lower when training was voluntary. One reason for this may have been that employees feared that assumptions would be made about them if they chose to attend training on domestic violence. Compulsory training can mean that there is a high level of resistance by participants to the message[70], but this was not found to be the case.

Organisation of the training with individual worksites took time, with some worksites more receptive than others. How the program was introduced into a worksite was important. For example, it was reported to the Project Coordinator that some employees had expressed suspicion of why Linfox was running such a project, assuming that there had been a serious domestic violence incident at Linfox that preceded the training. This presented a good opportunity to explain the context of the training. It also indicated the degree to which facilitators needed to clearly explain to participants the purpose of the training. This has now been written into the training script.

Duration
Sessions ran for 30 minutes. This duration was determined by Linfox to be the least disruptive to work schedules. It also meant that duration was not a barrier to managers signing up to the training. Three rounds of training were devised so that more issues could be covered.

The short training time meant that the sessions had to be closely timed, with minimal discussion. Sessions were scheduled on the hour, so 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.

Script
To ensure consistency of delivery across different worksites and from different facilitators, the training was fully scripted. Training scripts also ensured greater ease in learning new content. The script was informed by adult learning and behaviour change principles, including the need for the training to be respectful, goal-oriented, relevant and practical.[57]

Facilitators were invited to participate in a discussion of the script before the rounds of training began. They provided suggestions that would make the language more comfortable for them. Insight from the male facilitators was particularly important at this stage as the training had been developed by women, for delivery to a predominantly male audience.

Facilitators
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.[71] Importantly, male and

female facilitators working in partnership provide an opportunity to model respectful relationships between women and men.[21, 71-73] As a primary prevention program, having both genders present was important to promote non-violent norms.

Facilitators able to meet the flexible, ad hoc nature of the work were difficult to recruit. Female facilitators were sourced from Women's Health Victoria. Three male facilitators were also recruited. During recruitment, it was felt that it was important to ensure prospective facilitators understood and supported the bystander approach and working with a company. A pool of reliable, committed and trained facilitators meant that Women's Health Victoria could accommodate days of intensive training. Facilitators were deliberately paired to ensure a new facilitator was grouped with someone who had previously delivered a session.

All facilitators underwent a two hour facilitator training course before the start of each round of training. Facilitators were provided with a kit that included the aims and objectives of the project, an explanation of the bystander approach, a training outline and facilitator notes, and further reading on violence against women. Pairs of facilitators ran through the training and provided feedback on the script, which was then incorporated into the final version for use in the sessions.

Group size and gender

Women's Health Victoria decided that small groups would maximise learning and enable discussion, especially given the short duration of the training.[71] Smaller groups (8–10 people) provided a better forum for discussion. As Linfox is a male-dominated company, most participants were men. There were no sessions in which women made up the majority of participants. Facilitators found that group dynamics could be enhanced when both male and female employees were present although this was not always the case, with some female employees displaying greater resistance and opposition to the violence prevention message. It is possible that men were less likely to feel targeted or to make inappropriate jokes with women present. Responses and levels of engagement varied between groups.

Language and literacy barriers

Employees from Linfox come from a range of cultural and language backgrounds. Literacy levels also varied among employees. This was taken into consideration when delivering the training. Resources were designed to be clear and simple. The language was kept as free from jargon as possible, with images also used in the presentation.[74] Participants were not required to read aloud during activities, thereby reducing any anxiety that might stem from public speaking. Evaluation questions and multiple choice answers were read aloud by facilitators. Employees could also provide written comments in their preferred language which could then be translated, although this was not taken up. Facilitators were available after the session to explain any concepts or

issues that were raised.

Evaluation   A feedback sheet was completed by all participants at the end of each session. Facilitators also completed a feedback sheet to obtain their views on the session, and to note any relevant comments made by participants. These are available at Appendix 3. Observational notes about the session itself, the organisation of sessions, and the receptiveness of the worksite and its culture were made by the Project Coordinator, who co-facilitated most of the sessions.

The following pages summarise the evaluation findings of the project's training activities. Findings are drawn from participant feedback sheets, feedback from facilitators, the Project Coordinator's reflections, the views of worksite managers at Linfox, and participant views six months after the training took place.

5.1.2(a)   Findings from participant feedback sheets – *Harm in the Home*

The first round of training was entitled *Harm in the Home* (see 5.2.1(b) for more discussion about the terminology). The session covered a number of issues, including:

- What is *Harm in the Home* (that is, domestic violence)
- How prevalent is *Harm in the Home*
- *Harm in the Home* myths
- Discussion of why people may stay in a violent relationship
- Introduction to the tools to stand up against *Harm in the Home*
- Activity to put the tools into action

A total of 33 sessions were run between May and August 2009. These were held at six different Victorian worksites and 337 employees attended – 229 men and 17 women. The average group size was 11, with five being the smallest group and 17 the largest. The majority (212 people) of Linfox employees who participated in the training were aged between 25 and 44 years, 95 people were aged 45 and 64 years, 15 people between 15 and 24 years and two were 65 or over. While 50 percent of participants were born in Australia, over 40 percent were born outside of Australia (most were born in Vietnam, Ethiopia, the Philippines or New Zealand). A further 9 percent of participant backgrounds were unidentified.

Data was collected from feedback sheets that were completed immediately after the training. A full presentation of the data is available in Appendix 4.

A key indicator that the training had a positive impact on participants was that they found the experience to be relevant, informative and beneficial. It was also hoped that participants would feel better equipped to speak up against violence-supportive attitudes and behaviours. The post-training feedback sheets demonstrated that this had occurred.

Regarding how informative participants felt the training to be:

- Ninety seven percent of respondents considered the training session either 'very educational' or 'educational'.
- After completing the training, 86 percent of participants (293 people) were 'much more likely', or 'more likely' to agree that the community should help those who experience domestic violence.

Regarding whether participants felt better equipped to stand up against domestic violence:

- Ninety one percent of participants (312 people) felt that the toolbox of ideas presented on how to speak up against domestic violence was either 'very useful' or 'useful'.
- The majority of participants (94 percent, 308 people) agreed that 'to some extent' or 'to a great extent' they felt that they had some practical ways to help someone experiencing domestic violence. Four percent of respondents (21 people) disagreed and another 2 percent expressed uncertainty.

Regarding whether participants felt they would intervene if a colleague was experiencing domestic violence:

- Ninety one percent of participants (299 people) expressed that they were 'very likely' or 'somewhat likely' to intervene if they thought a colleague they knew well was experiencing domestic violence.
- Seventy seven percent of participants (250 people) expressed that they were 'very likely' or 'somewhat likely' to intervene if they thought a colleague they did not know very well was being harmed. Sixteen percent said 'somewhat unlikely' or 'very unlikely' and eight percent expressed uncertainty.
- The majority of participants (88 percent, 291 people) felt they were likely to share ideas from the session with family, friends or colleagues.

5.1.2(b)   Findings from participant feedback sheets – *Stand Up*

The second round of training was run after *Stand Up: Domestic Violence is Everyone's Business* had been introduced to Linfox. 'Domestic violence' rather than *Harm in the Home* was the term used (see 5.2.1(b) for more discussion of the terminology). Sessions covered a number of issues, including:

- What is domestic violence
- Domestic violence prevalence
- Myths relating to domestic violence
- Re-introduction of the tools to stand up against domestic violence.[iv]
- Activity to put the tools into action

[iv] It was decided that the tools would form the crux of each of the training sessions, in order to reinforce their importance and to ensure that participants who had not attended the previous session were familiar with what they were and how they worked.

- Introduction to the 'stand up ladder' which describes how violence-supportive attitudes and behaviours, and doing nothing about them, can contribute to a community in which domestic violence is prevalent. The 'stand up ladder' is loosely based on an exercise designed by Men Can Stop Rape entitled 'Continuum of harm to women'.[75]
- Activity relating to the 'stand up ladder.'

A total of 21 sessions were run between August and September 2010. These were held at six different Victorian worksites – only one of those worksites had previously participated in the *Harm in the Home* training. A total of 178 employees attended – 153 men and 23 women (five participants did not respond to this question). The average group contained eight participants. The majority (93 people) of participants were aged between 25 and 44 years, a further 62 people were aged 45 to 64 and ten people were aged between 15 and 24 years. In total, 70 percent of participants were born in Australia, with other participants coming from a wide range of countries.

Data was collected from post-training feedback sheets. These results are available in Appendix 5. The feedback sheet was adapted from the first round of training, to accommodate the change to *Stand Up* and to encourage more qualitative data.

Similar to the first round of training (*Harm in the Home*), the post-training feedback sheets demonstrated that the *Stand Up* training had a positive impact on the majority of participants.

- Eighty seven percent of participants felt that the training helped them understand domestic violence a lot (64 people) or a fair bit (99 people). Twenty-four participants felt that it helped them a little bit and one participant felt that it did not help them much.
- Eighty seven percent of participants felt that the training helped them understand how things people say or do can support domestic violence a lot (70 people) or a fair bit (89 people).

When asked about what participants liked most about the training, the three most common responses related to gaining a greater understanding of domestic violence (24 percent of respondents); the fact that the training was clear and easy to understand (16 percent); and the informative nature of the training (12 percent of responses).

Regarding whether participants felt better equipped to stand up against domestic violence:

- Eighty eight percent of participants felt that the training helped them to use the tools to stand up against domestic violence a lot (79 people) or a fair bit (72 people).
- Eighty nine percent of participants felt that they were very likely (63 people) or quite likely (91 people) to speak out against domestic violence. Nineteen people felt they were a little bit likely to speak out and one person felt that they were not very likely to speak out.

When asked what participants felt was most useful about the training, the four most common responses were the 'tools to stand up' (26 percent of respondents); followed by information

on how to deal with domestic violence (17 percent); information about domestic violence itself (13 percent) and 'all of it (also 13 percent). Comments included:

Made me realise that the seemingly inconsequential comments can have an impact.

Realising it is offensive to joke about domestic violence.

Regarding whether participants felt they would share what they had learnt in the training:

- Seventy percent of participants felt that they were very likely (47 people) or quite likely (73 people) to discuss the ideas from the training with workmates. Forty four people felt they were a little bit likely to discuss the ideas and seven people felt that they were not very likely to do so.
- Seventy seven percent of participants felt that they were very likely (65 people) or quite likely (68 people) to discuss the ideas from the training with friends and family. Thirty people felt they were a little bit likely to discuss the ideas and nine people felt that they were not very likely to do so.
- Ninety two percent of participants would recommend the training to all staff (145 people). No participant felt they would not recommend the training at all.

Other comments from participants included:

Made me think twice about my behaviour and response to situations.

Well done, strong message sent across, will think about it more now. Thank you.

Thanks for being proactive.

Everyone should do this.

5.1.2(c)   Findings from facilitator feedback

Facilitators completed a feedback sheet after each session (see Appendix 3). These provided insight into the process of the training sessions, and what worked and did not work in the delivery. Changes could then be made to improve the training. For example, facilitators noticed that in most sessions, questions were asked about female perpetrators and male victims of domestic violence. The training was updated to acknowledge this as a serious issue, while clarifying the fact that men make up the majority of perpetrators. The question was asked less often after that. When it was asked, facilitators were prepared with their response, and ensured that discussion stayed focused.[73]

Facilitators also noted the levels of engagement of participants, and the questions that were asked. Common question topics included using violence to stop violence; police responses to domestic violence; personal experiences or the experiences of acquaintances; men as victims of domestic violence; prevalence of domestic violence in male-dominated cultures; and discussion of the message that is sent by jokes and comments that support domestic

violence. Disclosures that occurred as a result of the sessions were directed to appropriate support services.

5.1.2(d)   Project Coordinator's reflections

From December 2009 to August 2011, the Project Coordinator kept a journal of reflections about the partnership between Linfox and Women's Health Victoria and key project developments. Supported by other evaluation processes, these reflections influenced the design and continual development of *Working Together Against Violence*. Using the narrative technique described in section 4.4, the Project Coordinator captured a number of observations and reflections about an 'average day' of training for the *Stand Up* program. These were woven into the following vignette. The vignette illuminates some of the impacts the training had on participants and worksites, as well as practice insights for facilitators into the effect of running the training and the importance of how the training is structured.

Vignette 1. Training day

I check the address again. I'm heading to a training session at a Linfox warehouse on the outskirts of Melbourne. A lot of preparation has gone into organising these sessions and my bag is full of brochures and posters, packs for employees, post-training feedback sheets, pens and pencils, and the laptop. I've confirmed the sessions with the worksite manager – five today, almost my maximum. I've also checked in with the other trainer, Mark. We always have a male and a female trainer – the training is about respectful relations between women and men, and we need to show what that looks like. Sure enough, Mark is there in the carpark as I arrive.

We head into the building. We sign in and run through a safety briefing with the receptionist. Linfox is very safety conscious and we have to be too. So we put on our high-vis vests and head to the training room, where we meet the site manager and set up. The manager heard about the program when I presented at a senior managers meeting at Head office earlier in the year. He tells me how important this kind of work is and how pleased he is that his staff have the chance to learn more about domestic violence.

As trainers, this affirmation is a reminder of why we are doing this. I often meet with resistance and have to chase up worksites, so I'm even more impressed when he comes in to introduce each of the five sessions that day and reiterates to his team how good it is that Linfox is 'educating you guys about things in the community'.

It's 8am now and participants of the first session start filling the room. Each session lasts half an hour, so it's not too disruptive to staff time, and there are between 10 and 15 people to a group, mainly men.

There is a bit of chatter and the odd joke as participants walk in and see the first slide – *Stand Up: Domestic Violence is Everyone's Business.* The session covers an introduction to domestic violence and practical tools to challenge violence-supportive attitudes and behaviours. Participants put the tools into action in a small group activity about responding to everyday examples of domestic violence and sexism.

The first group of the day seems pretty resistant to begin with. There are a few folded arms, but gradually, participants become more engaged. This is because there is a positive message behind the training. Mark and I take care to explain that we are not targeting men because 'all men are perpetrators', but because all men have a role to play in standing up against domestic violence.

As we get into it, we get more questions and one man talks about how one-sided the training seems. His colleague responds, 'I've got four daughters, so this is important to me'. We talk about how the statistics show that women make up the majority of victims of this type of violence. It is rewarding to see, as the session draws to a close, how interested the group has become – and this is just in the space of half an hour. After filling out the post-training feedback sheets, participants head back to work. Mark and I spend time talking in more depth to the man who felt the training was biased towards women.

One down, four to go. Most sessions start with the folded arms or jokes, but there are always the guys that 'get it'. Participants share stories and examples of how they have been standing up against domestic violence. It's a welcome challenge to my own stereotypes. Throughout the day, one or two participants stay back after each session to talk to Mark and me. We make sure to space the sessions so we can do this. For some people, it means disclosing their own experience. Another man tells us, 'I was thinking, why do I have to come to this if it isn't work stuff? But it was really good – just a bit of time to start you thinking'.

Mark and I 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 'post-training 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.

As we are packing up at the end of the day, the manager comes in and shakes our hands. He talks about how good it is that Linfox is implementing this program and that staff will find it easier now to talk about these issues. It feels good to hear him say that. He has allowed us into his workplace to talk about the prevention of violence against women. And although I'm tired and ready to head back to the office, this means a lot to me.

5.1.2(e)   Views of management

The views of managers of worksites that took part in the training were obtained in a range of ways including observational data collected by facilitators and data from telephone and email conversations collected by the Project Coordinator. Interviews were also held with five worksite managers six months after the *Stand Up* training.

Worksites where managers actively supported the training by attending it themselves were felt by facilitators to be more open to the messages of the training. Managers who attended the training also sent the message that employees were not being specifically targeted. On the whole, the eight managers of worksites who took part in the training responded positively. All managers were happy that they had decided to sign their worksite up for the training. Comments included:

I'm happy that the training was done. It's a social responsibility and hopefully it may go on to help someone stand up to domestic violence in the future.

My blokes gave me good feedback about the training. I was happy with it. Would do it again.

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.

When asked what worked and did not work, all managers felt that in general, the training worked well. In terms of what did not work well, most noted the fact that not all employees attended. Other feedback included the nature of training facilities at the worksite or the need to extend the length of the training. Managers were asked about their view of the benefits of the training. Comments included:

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.

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

The blokes get a new view on things and start thinking more about their actions.

Managers were also asked about the risks. Most did not feel that there were any risks to Linfox taking part in the *Stand Up* program, and felt that it was instead a positive decision to be commended. The risks that were raised were as follows:

Some former victims of domestic violence did not feel comfortable participating. I made it compulsory training for everyone, as I personally feel it is very worthwhile, but I made a couple of exceptions for genuine cases where the individuals spoke to me.

If people are behaving inappropriately at work, then that exposes the company. Certainly in my role as a frontline manager and leader, if you ignore it, you're exposed to it, you're virtually allowing that behaviour to happen. And we have a zero tolerance for that sort of behaviour, so that's a risk – if we don't respond or react to that sort of behaviour, we can be exposed and get ourselves and the company into all sorts of trouble. The other risk is you can only do so much at work, the guys can get in their cars and go home to their families … Where they might have behaved out of line in the past, it might give them a second thought. You'd hope that, but you can't control it.

5.1.2(f)   Views of participants six months on

The views of participants six months after the training were sought through focus groups. These focus groups were often difficult to organise and did not always attract a lot of participants. Two focus groups were run six months after the first round of training, and one focus group was held six months after the second round of training. Sixteen people in total attended.

All focus group participants felt that they had benefited from the training. There was a reasonable level of recollection of the key messages. The 'tools to stand up' were well-remembered and felt to be useful. Some participants reported that they had used the tools after the training. Discussion was also generated about when it is appropriate to stand up against domestic violence. Safety was a primary concern, particularly in light of recent media around violence against individuals who had stepped in to help. It was felt by some focus group participants that the tools should not be used in all occasions, for fear of violence escalating, but were appropriate among family and friends, and in the workplace.

Some participants reported that they had shared the ideas with family and friends. One participant stated:

> Yeah, it is a good idea that Linfox is doing this. There are people that know people that do it 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?'

Many focus group participants commented on the fact that they welcomed being able to talk about domestic violence in the workplace:

> It's been warming to see this come into an environment like this where we're blokes. … Some of us have been around a long time and we've never had the opportunity.

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

All participants felt strongly that the training should take place across all of the company, and were pleased that Linfox was taking part in the program.

5.1.3   Promote

The promotion of the prevention of violence against women message is the third key element of *Stand Up*. It reinforces the message that is evident in other elements of the project, such as the training and workplace policy. In addition, promotion engages employees who may not know about the policy or have not attended the training. It can also provide employees with more detailed information about domestic violence and its causes.[76]

Findings are drawn from interviews with key stakeholders, observational data, organisational data from Linfox and Project Coordinator reflections. Most promotion activities occurred after *Stand Up* was fully conceptualised and introduced to Linfox in March 2010.

5.1.3(a)   Design of *Stand Up* logo and name

Linfox was cognisant of the fact that displaying materials on domestic violence, such as posters, could be taken as a public statement by the company. Out of the context of the training sessions, employees and visitors might incorrectly conclude that domestic violence is an issue at Linfox. The message therefore needed to be clear and positive. The name *Stand Up: Domestic Violence is Everyone's Business,* and its logo needed to:

- Convey the message that domestic violence is 'everyone's business' and is not a private matter
- Be action-focused
- Be positive
- Relate to workplaces (through both the image and 'everyone's business' strapline)
- Appeal to a male-dominated audience

Care was taken in the design of the *Stand Up* logo to ensure that it conveyed the message clearly, and fit the purposes and principles of the program.

Guidance was also sought to ensure the information was clear and accessible to a range of audiences.[74]

5.1.3(b)   Materials for distribution

Posters, magnets and brochures were all designed displaying the *Stand Up* logo. The brochure and poster used the bystander approach described in section 2.6. These materials reinforced the violence prevention message and the ways in which violence-supportive attitudes and behaviours can be challenged, as explored in the training. They could also be used by employees who had not attended the training. They state:

> When you hear someone joke about domestic violence, or do or say something to make a woman feel uncomfortable or unsafe, stand up against it…

The poster then describes different responses to violence-supportive attitudes and behaviours, such as:

> *Make it clear*: Change the conversation, make people think about what they're saying – 'Sorry I missed that, what did you say?'

> *We reckon*: You're probably not the only one who thinks that was out of line – 'Am I the only one who feels uncomfortable with this?

> *Chat*: Talk to the person in private about what they said or did.

These examples stem directly from the training where each round included an activity designed around different scenarios in which these approaches can be taken. The approaches are based on *A tool box of intervention strategies*, from Men Can Stop Rape.[77]

A kit for training participants was also designed for participants to take away. It was intended that these could also be given to staff who had not taken part. The kit included:

- A *Stand Up* brochure describing the 'tools to stand up'
- A *Stand Up* magnet
- The *Stand Up* principles, as they apply to Linfox
- A list of support services
- A brochure about what to do if a work colleague is experiencing abuse. (This was adapted from the Office of Status of Women's 2004 training manual *Domestic violence and the workplace*.)[78]
- A Men's Referral Service brochure
- A brochure for Linfox's Employee Assistance Program

These kits could be shared with family and friends. In focus groups that were held six months after the training, some participants commented that they had discussed what they had learnt in the training with their family. Although many participants stated that they had not used the kit again, some had used parts of it.

5.1.3(c) White Ribbon Day

The White Ribbon campaign is a male-led campaign to end violence against women.[79] It encourages men to take a stand and say that violence, in any form, is never acceptable. White Ribbon Day, which falls on 25 November each year, is a well-recognised national campaign and the *Stand Up* program encourages workplaces to get involved. Workplaces can ultimately initiate their own activities and campaigns without the support of Women's Health Victoria, as one way of promoting the message that domestic violence will not be tolerated.

Women's Health Victoria first invited Linfox to get involved in White Ribbon Day in 2010, at the March meeting in which *Stand Up* was introduced. Linfox agreed and decided that the 2010 White Ribbon Day could coincide with the launch of the workplace policy. It was also intended that training for relevant staff, such as human resources or managers, would accompany the policy. This could link to existing Linfox programs, such as the Employee Assistance Program, with a view to acting as joint trainers.[80]

Women's Health Victoria provided as much support as possible to facilitate Linfox's participation, liaising extensively with the *Stand Up* Contact to organise activities, supply white ribbons and wristbands, and provide supporting information for participating worksites. Text for emails that could be sent to employees were sent to the *Stand Up* Contact by the Project Coordinator, and meetings were held onsite to discuss different ways that Linfox could promote *Stand Up* across the company on White Ribbon Day. This included seeking training participants to participate in a White Ribbon Day public event. Executive-level staff

were also invited to a White Ribbon Day breakfast hosted by Victoria Police and the Australian Football League. The Project Coordinator also drafted media releases for Linfox and Women's Health Victoria to use on White Ribbon Day.

While there was interest at Linfox in being involved in the event and launching the prevention of domestic violence policy on the day, ultimately this did not occur. This decision was based on a number of reasons, including competing business demands and the potential for Linfox's involvement in a domestic violence prevention project to negatively impact on external perceptions of the company, for example, if it was incorrectly interpreted as a response to internal domestic violence issues. Linfox instead chose to roll out to the policy at a later date as part of a suite of workplace behaviour and diversity policies, which would also include harassment and discrimination. At the time of writing this report, the policy was still to be introduced.

5.1.3(d) Other means of promotion

Two articles about the *Working Together Against Violence* project were published in Linfox's employee magazine:

- 'Preventing violence' (October 2009) inviting worksites to participate in the project; and
- 'Anti-violence award' (April 2010) highlighting the Australian Crime and Violence Prevention Award that the project had received.

Other mechanisms in which the violence prevention message could be promoted were suggested by Women's Health Victoria for future consideration and included emails from the Chief Executive Officer to introduce the program to staff, an official launch of the program, and inclusion of *Stand Up* and the domestic violence prevention policy in inductions for new staff.

5.2 Objective 2
To promote prevention of violence against women activities within Victorian workplaces by developing and modelling transferable tools and systems

This section presents the evaluation findings in relation to the development of *Stand Up: Domestic Violence is Everyone's Business* as the workplace program, or 'transferable tools and systems', of this objective. It was envisaged that in Phase II, Women's Health Victoria would engage other organisations in conjunction with Linfox, however as the project unfolded, it became clear that this was not possible. The decision was made with VicHealth that Linfox would be the sole workplace focus for Women's Health Victoria (for further discussion, see section 3.1.2).

Objective 2 encompasses the development of a workplace program for use in the target organisation; the promotion of the program for use in other organisations; and the

demonstration of the use of the program, and the principles that underpin it, by other organisations.

5.2.1 Transferable tools and systems to prevent violence against women developed and modelled in target organisation

In December 2009, Women's Health Victoria began to develop a whole-of-company workplace program that would encompass project learnings based on *Harm in the Home*, current research and theory, and evidence of good practice. These 'transferable tools and systems' became *Stand Up: Domestic Violence is Everyone's Business*. The following section of the report details the *Stand Up* development process, the engagement of Linfox with *Stand Up*, and the relationship-building that took place to facilitate that engagement. An outline of *Stand Up* is provided in section 3.4.

5.2.1(a) Development process

The *Stand Up* workplace program was developed between December 2009 to March 2010. This marked the middle of the project and proved to be a pivotal point at which the project goal and objectives could be revisited, evaluation findings assessed, and progress on deliverables examined. At that stage, the first round of training had been held at various Linfox worksites in Victoria and Linfox had initially shown some reluctance to introducing a domestic violence prevention policy. For Women's Health Victoria, *Stand Up* provided the opportunity to re-engage Linfox in the violence prevention agenda. Much effort was invested into creating a professional, clear and comprehensive whole-of-company workplace kit.

Women's Health Victoria considered research into primary prevention, theories of masculinity, organisational culture and change theory, social norms theory and the bystander approach (see chapter 2). Best practice workplace programs that address domestic violence were examined. It was found that effective interventions are those that have both achievable short-term targets as well as more meaningful longer-term targets.[30] Interventions that integrate both occupational health and safety, and health promotion, were found to be more appealing to employers, and can lead to more effective prevention.[30] Research on social norms theory and strengthening cultural environments (such as universities or workplaces) to reduce sexual violence was also useful, highlighting the need to:

1. Strengthen the dominant culture of safety and respect
2. Engage men as allies
3. Reduce the effects of norms misperception
4. Strengthen accurate …norms through multiple communication strategies
5. Amplify the voice of the silent majority[54]

Development was informed by the data that had been collected from Linfox to date, including post-training feedback sheets, focus groups, interviews with key stakeholders, and conversations and communications with Linfox. The need for clarity around both the purpose and the language of the program emerged. The program also had to be transferable to other

workplaces and thus could not be Linfox-centric. It was at this point that it was decided to move away from *Harm in the Home* to more direct language around domestic violence. Women's Health Victoria's Policy and Health Promotion Manager stated:

> (*Harm in the Home*) was Linfox's language and, reflecting on it, it's what they were comfortable with at the time, it helped them to say yes which got us to *Stand Up*.

Harm in the Home was not a term that was transferable, nor did it fit with Women's Health Victoria's desire for clear and unequivocal language on violence against women. More information about the terminology can be found in section 5.2.1(b).

A number of people external to Linfox were consulted in order to gain a corporate perspective, including a project manager of a mining company and a human resources manager of an energy company. VicHealth provided valuable feedback, as did academics and professionals working in the primary prevention field. The Chair of the White Ribbon Foundation provided a letter of endorsement for the workplace program for inclusion in the *Stand Up* workplace kit.

Workplace programs on unrelated issues were also examined to gain insight into corporate expectations of similar initiatives. This informed the design of the program folder. A graphic designer was engaged to create a design that met Women's Health Victoria's aims (see 5.1.3(a) for discussion of the logo).

Training sessions were strengthened by input from facilitators and Women's Health Victoria employees who provided a critical audience for initial versions. Women's Health Victoria also met with Linfox's Employee Assistance Program staff to introduce them to the project and to explore ways that the organisations could support each other, such as through training for worksite managers.

5.2.1(b)   From *Harm in the Home* to *Stand Up*

As noted earlier, the training was one of the first elements to be developed by Women's Health Victoria as part of the *Working Together Against Violence* project. Training was regarded by Linfox as a familiar, tangible method of staff development. At initial meetings, the type of language that would be used by Women's Health Victoria was discussed. Linfox had some 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. 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 that *Harm in the Home* be used in training to describe domestic violence, and the project itself also came to be known as *Harm in the Home* within Linfox.

How the project was described, and how domestic violence was explained, was of critical importance to Women's Health Victoria. Negotiating this balance was a constant process. The first round of training was devised and rolled out using the term *Harm in the Home*. However Women's Health Victoria had always been cognisant of the need to use more

direct language. In 2009, feedback about a change in terminology was sought from Linfox employees and others, including academics in the violence prevention field. The majority of employees were positive about changing to language to make it more direct and clear. *Stand Up: Domestic Violence is Everyone's Business* was decided on. This was put to Linfox in March 2010. Linfox agreed to the changes and *Harm in the Home* was no longer used.

The following vignette describes the move from *Harm in the Home* to *Stand Up: Domestic Violence is Everyone's Business.* Narrative technique is used to describe the Project Coordinator's impressions of this process. For more information about narrative technique, see 4.4.

Vignette 2. Words moving forward

'The message should be positive and proactive.'

'What about "take action" or "stand up" or "working together"?'

'Do we use "domestic violence" or "family violence" or "intimate partner violence" or "violence against women"?'

'What would work at Linfox? Would that work in other organisations?'

It is about three years into Women's Health Victoria's work with Linfox and we are thinking about the words to reframe the program. Where we are now is a long way from where we started. The words we have used to describe the project along the way describe that journey. It has been one of listening, negotiating, refining, adapting and moving forward.

When Women's Health Victoria first approached Linfox, the idea of doing prevention of violence against women in a workplace was a new one – for us and for Linfox. We are a not-for-profit women's health organisation with about 20 staff. Linfox is a company that employs more than 16,000 people. We had to work out a shared language that was acceptable to both of us. Linfox thought that direct or gendered language around violence against women could harm their brand. People might think Linfox had a problem with domestic violence. So we asked 'what terms would you use?'

Harm in the Home.

This was difficult to reconcile with our feminist principles. It did nothing to name the issue – in fact it obscured it. Harm in the home sounded like it was about how to avoid getting electrocuted by your toaster. It stemmed from the occupational health and safety language that Linfox is comfortable with. Men's violence against women was invisible.

We talked to our feminist colleagues in the sector. What did they think? Was it sacrificing our principles or was it an inevitable part of working with those who don't have an understanding of feminist theory of violence against women? Are we taking two steps back? Do we need to go there before we can move forward?

We talked, and ultimately, we agreed that *Harm in the Home* was a necessary step in our work at Linfox. If we had rigidly stuck to our principles, Linfox wouldn't have continued the project. And they knew more than us 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.

So we started to roll it out. 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 they are in a relationship with. Participants were responsive to the message behind *Harm in the Home*.

In focus groups and informal conversations, I asked participants what they thought of the words.

'It's confusing.'

'It could mean anything.'

So I asked about the new terminology we were thinking of – 'What about *Stand Up: Domestic Violence is Everyone's Business*?'

'That works.'

'Domestic violence seems to spell out exactly that, domestic violence.'

Stand Up sends a simple and positive message and participants wanted clarity. Changing the language was part of the progress we wanted to see at Linfox. I took this feedback to our next meeting.

'The training has been received positively by participants. And those participants have said that they would be comfortable with more direct language around violence. We think we're at the point where we can change it. How about *Stand Up: Domestic Violence is Everyone's Business*?'

Linfox went with it. Our Senior Head Office Contact at Linfox even said to us, 'This is working because you were open to understanding who we are and how we work.' Being flexible about *Harm in the Home* got us there.

We are now implementing *Stand Up: Domestic Violence is Everyone's Business*. The words are not being questioned. In the journey from *Harm in the Home* to *Stand Up* we have learnt a lot. Understanding what motivates a business was invaluable. We had to build trust between two very different organisations. The words we use have moved forward and show us how far we have come.

5.2.1(c)   Engagement of Linfox in *Stand Up*

Women's Health Victoria introduced key staff at Linfox to the *Stand Up* program at a meeting in March 2010. A number of developments took place:

- Women's Health Victoria provided a summary of the evaluation of the *Harm in the Home* training.
- Linfox agreed to a change in terminology from *Harm in the Home* to *Stand Up: Domestic Violence is Everyone's Business*.
- A meeting was set up with senior managers to invite them to volunteer for the second round of training.

- Linfox staff were provided with the workplace kit and invited to commit to the program, which they did.
- A *Stand Up* Contact was nominated from Linfox with responsibility for liaising with Women's Health Victoria, supporting the promotion element of the program and assisting in the organisation of training. A member of the human resources department was appointed to the role.
- The policy was re-introduced to Linfox. Linfox recommitted to its introduction.
- Linfox agreed that the company could take part in White Ribbon Day on 25 November, when the policy could be launched. The violence prevention message would be promoted at that time.

Women's Health Victoria considered the meeting to be a success as it indicated a renewed commitment from Linfox. Immediate feedback on the policy and the workplace kit was that it was well written, of a high quality and would not be difficult to coordinate. It was also noted that the policy would be easily linked to Linfox's core values and would not need to be considerably re-written.

On reflection, Women's Health Victoria's Policy and Health Promotion Manager stated:

> It has to look a whole lot more professional than just a Word document that we emailed to them. It had to look the part and once it looked the part (with *Stand Up*), they suddenly got it.

Other forms of data were used to indicate how *Stand Up* was received and integrated into Linfox. For example, organising training with different schedules was often complicated and gave some indication of the enthusiasm or resistance to the program from individual worksites. It also indicated the importance of timing and ensuring that training was not scheduled during peak business times. Evaluation processes, such as organising focus groups or interviews, could also be difficult. One worksite manager, in deciding not to run a focus group at her worksite, stated:

> I felt the session was informative, however staff did not show any interest after the session. I still have all brochures from that day on display, which no one has taken and feel that initiating a follow up session would not be beneficial.

Ultimately, 515 employees took part in training out of a total of 1,975 staff in Victoria. Eleven out of 40 Victorian worksites were involved. The following sections set out the engagement of individual worksites in the first and second rounds of training.

5.2.1(d) Engagement of worksites in training – *Harm in the Home*

In order to engage worksites in the *Harm in the Home* training, a presentation was given at a senior managers meeting at the end of 2008, an article was published in the Linfox employee magazine, and a senior human resources manager volunteered to follow up with managers. Women's Health Victoria found that the most successful method of engaging new managers was via a presentation delivered at the senior managers meeting (which was the method used for round two of the training). Unforeseen circumstances and competing priorities hindered other means of engaging worksites.

At the senior managers meeting, a number of questions were asked by managers, including whether training could be run for managers to understand the project and to know how to support their workers. This was later set up with managers offering a truncated version of the first session of the training. Despite a relatively small turnout, it was felt to be a useful exercise.

Although the project was only given a 15 minute time slot at the senior managers meeting in 2008, it was strategically utilised and the response was positive. Key outcomes of the meeting included that six managers registered their interest in the training, covering nine worksites. Important messages were communicated, including:

- The manager from the worksite involved in the pilot affirmed his commitment to the project, stating 'you have to look out for your number one asset – your workers.'
- Support from the Linfox Board and the project's relevance to existing strategy was emphasised by the Linfox Occupational Health and Safety worker.
- The manager of VicHealth's Preventing Violence Against Women program brought to light the experiences of other organisations, including the *Respect and Responsibility* program at the Australian Football League.

Managers who had expressed their interest in the training were contacted shortly after the meeting. This involved a short survey to ascertain basic information regarding availability, the main employment type at the worksite, and the number of employees. Training dates were then organised. In the week prior to the training, the Project Coordinator confirmed the training and final details. Some worksites were also sent posters to assist with the promotion of the training. All managers consented to the training being held during paid worker time. One manager who originally registered his interest did not return any phone or email contact.

5.2.1(e)   Engagement of worksites in training – *Stand Up*

In April 2010, a meeting was held with senior managers at Linfox to introduce them to *Stand Up* and to invite them to sign up to the second round of training. The project was introduced by the Senior Head Office Contact at Linfox. Women's Health Victoria then gave a presentation that covered the evaluation of the first round of training, introduced *Stand Up* and noted that it had received an Australian Crime and Violence Prevention Award. A manager who had run the first round of the training at her worksite also gave a brief statement on its benefits. She said that it had raised awareness about domestic violence and gave staff the skills to stand up against it. This was important as studies showed that one of the most powerful predictors of whether managers expressed an interest in training (in that case diversity and inclusion training), was their perception of how interested other managers were.[81] Gaining traction with influential managers was therefore important. Following the presentation, names were collected for worksites that might be interested in the next round of training. Out of approximately 30 managers, six volunteered their worksites (the same number as in the first round).

Eleven worksites were approached to complete round 2, including the five that had completed round one. Of those worksites that had completed the *Harm in the Home* training, only one went on to run round two of the training. The reasons for not running the second round of training included that they were too busy (two worksites); or not interested, but wanted promotional materials to be sent to them (two worksites). Of the worksites that had volunteered for the first time at the managers meeting in April 2010, only one worksite did not run the training. The manager who had volunteered his worksite had since moved to another worksite, which took part instead.

In interviews held with managers six months after they had taken part in the training, all managers that were interviewed stated that they were happy that they had made the decision to sign up. Managers were asked what made them decide to run the training. Responses included:

> Just the topic itself. Just from what you read, what you see on the television, the horror stories you hear. That straight away told me, yeah, why not.

> It's not a subject that is openly spoken about much, but I thought it was a great opportunity to get the message out there to my male employees and also to my female employees.

> To share the knowledge that I know (Women's Health Victoria) has on this important issue with my workers.

All managers stated that they were pleased that Linfox was taking part in the program and were happy to be a part of it.

5.2.1(f)   Relationship-building

Relationship-building was an ongoing priority for Women's Health Victoria and was central to the success of any aspect of the project. As a community organisation working with a business, expectations, assumptions and motivations differed. Exploring this was an important part of the development of a good working relationship with Linfox. Evidence of how the relationship changed and was strengthened was demonstrated in a number of ways.

Indicators of the strengthening of the relationship included the increased level of correspondence and communication between Women's Health Victoria and Linfox, and the development of more trusting working relations. For example, the Senior Head Office Contact requested an outline of what would be discussed at the first senior managers meeting in 2008 that Women's Health Victoria attended, and provided feedback on the topics to be covered and the time to be taken on each. This provided Women's Health Victoria with valuable insight into the expectations of a corporate organisation, and emphasised the need to understand and work within the company's culture, systems and processes to progress the aims of the project. Prior to the second senior managers meeting that Women's Health Victoria attended in 2010, however, much less information was provided to Linfox. The response from the Senior Head Office Contact, the same person as in 2008, was similarly brief. This indicates the extent to which a relationship of trust had been

built between Linfox and Women's Health Victoria, and the understanding that Linfox now had about the project.

This trust is evident in other ways. For example, information about the number of male and female employees was not divulged by Linfox until May 2010. When the *Stand Up* Contact went on leave for two months, that project liaison role was passed to another member of the human resources department, indicating the commitment of Linfox to the project.

The Project Coordinator communicated regularly with Linfox regarding the progress of the project, seeking engagement with executive-level staff, and inviting participation in relevant events. Feedback from the training was sent to Linfox to maintain their connection to the project. This was well received and an important way of ensuring that head office was aware of the positive response of employees to the training.

However without a 'top down' approach, the momentum needed for the program could not be generated due to the company structure and the autonomy of individual worksites. Both the Senior Head Office Contact and the *Stand Up* Contact were asked for their perspective on the strengths and weaknesses of the partnership between Women's Health Victoria and Linfox. Their comments included:

> A weakness has been the rollover of people at Women's Health Victoria (three Project Coordinators over the course of the project)…We've lost a bit of impetus at times… The strengths have been the communication you have kept up… You realise it's not my top priority in my working world but you've given me options and made it as easy as possible right the way through.

> Strengths were the good communication and follow up… I was happy with the level of contact. It was difficult for me because of my role and trying to juggle that and the project.

These comments highlight the need for the project to be flexible enough to be able to respond to business demands, and strong enough to maintain momentum. They also acknowledge that Linfox's priorities were not always aligned with Women's Health Victoria's priorities.

5.2.2   Transferable tools and systems are promoted for use in other organisations

Women's Health Victoria originally intended that three male-dominated companies be engaged in *Working Together Against Violence*. In March 2009, Women's Health Victoria made the decision with VicHealth that this was not feasible (see discussion at section 3.1.2). It was decided to focus solely on Linfox in order to strengthen the partnership, enhance sustainability and build Linfox as a model of best practice. As a result, the transferable tools and systems component, that is, the *Stand Up: Domestic Violence is Everyone's Business* program, was not promoted for use in other organisations during Phase II of the project.

The workplace policy, however, was promoted for use in other organisations, primarily through a paper given at the Australian Women's Health Network Conference in May 2010 (see 5.3.3). As it is a policy used at Women's Health Victoria, it was felt that it could be

provided to other organisations, in line with Women's Health Victoria's existing practice of sharing workplace policies. In total, the policy was shared with ten different organisations from across Australia.

5.2.3 Engagement with the transferable tools and systems, and the principles that underpin them, is demonstrated in other organisations

Because the decision was made in March 2009 to focus solely on Linfox, *Stand Up* was not implemented in any other organisation. A number of organisations, however, did express an interest in running the program, following the promotion of *Stand Up* detailed in section 5.3.3. Upon the completion of Phase II of *Working Together Against Violence*, Women's Health Victoria is committed to promoting and delivering the program in other workplaces.

5.3 Objective 3
To increase the evidence base for primary prevention activities in the workplace aimed at the prevention of violence against women

This objective is aimed at increasing the evidence base for primary prevention activities in the workplace. This is a growing field of research and adding to the evidence base was therefore an important objective for both Women's Health Victoria and VicHealth. The first and second objective of the project are intended to build the evidence, and the third objective considers how this knowledge will be evaluated and disseminated.[63]

5.3.1 All aspects of the project are comprehensively evaluated in a process of continuous evaluation and project development, following an action research model

Working Together Against Violence was comprehensively and continuously evaluated. This evaluation fed into the project's development. The evaluation approach, design and methods used are discussed in Chapter 4.

5.3.2 A resource is developed and disseminated to enable violence prevention work in male-dominated organisations

Women's Health Victoria aimed to develop and disseminate a resource that would share the knowledge and experience gained from working with Linfox. This report is the foundation of a resource which is currently in development. The resource will be the main mechanism by which what has been learnt by Women's Health Victoria is shared with other organisations interested in conducting primary prevention activities with businesses. For that reason, the development of the resource was transferred to a period of additional funding provided by VicHealth which focused on the sustainability of *Working Together Against Violence*.

5.3.3 Learning from the project is shared

Primary prevention activity focused on the prevention of violence against women using workplaces as the setting is an emerging area of research and practice, so it was important to share project learnings.[4] Presentations about the project have included:

Topic	Event	Date
Working together against violence	Centre for Women's Health, Gender and Society, University of Melbourne	August 2010
The primary prevention of violence against women in practice	VicHealth forum	June 2010
The work of Women's Health Victoria to prevent violence against women	Association of Women on Campus, University of Melbourne	June 2010
Working with corporates	6th Australian Women's Health Network Conference	May 2010
Workplace policy for the prevention of violence against women	6th Australian Women's Health Network Conference	May 2010
White Ribbon Business Roundtable *Held in Sydney, both Women's Health Victoria and Linfox were unable to attend. Slides about* Stand Up *were presented at the meeting*	White Ribbon Foundation and KPMG	April 2010

Working Together Against Violence was also nominated for the following awards:

Award	Year	Result
Australian Crime and Violence Prevention Award	2009	Received a Certificate of Merit
VicHealth Award for Health Promotion, 'organisational development' category	2010	Received
Victorian Community Sector Awards, 'new approaches to partnerships with philanthropy and business' category	2010	Runner Up

Kookaburra Awards, Our Community	2010	Nominated
International Health Promotion Awards	2010	Nominated

Women's Health Victoria published several media releases about the project:

- Workplace programs that address domestic violence are vital and should be expanded, 25 November 2010
- More workplaces need to take domestic violence seriously, 25 October 2010
- Violence-supportive attitudes in our community: report reveals there is still more to be done, 7 April 2010

Two letters to the editor were sent in relation to publicised incidents of domestic violence. One was published in *The Age* on 6 October 2010.

Working Together Against Violence was also profiled in the following articles:

- 'Respect and responsibility at work', *VicHealth Letter*, issue 35, October 2010
- 'Anti-violence award', Linfox's employee magazine, issue 47, April 2010
- 'Preventing violence', Linfox's employee magazine, issue 41, October 2009
- Project included as an example of current activity in the Victoria Women's Health and Wellbeing Strategy 2010-2012
- Project included as a case study in *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2020-2020.*[19]
- Project included as an example in 'Building Respect' 2010 from the Minister of the Respect Agenda.
- Project included in 'Local government and community leaders: inspiring examples in the prevention of violence against women', August 2010, Local Government Network and Capacity Building Project to Prevent Violence Against Women.[82]

Meetings to share learnings were also held with agencies including the White Ribbon Foundation, the Australian Domestic and Family Violence Clearinghouse, the Office for Women's Policy, the Department of Planning and Community Development, Women's Health Loddon Mallee, the Australian Services Union and McAuley Community Services for Women.

6. Discussion

The *Working Together Against Violence* project aimed to prevent violence against women by raising awareness and strengthening the organisational capacity of male-dominated workplaces to promote gender equality and non-violent norms. A number of strategies were employed to achieve this goal. Significantly, the project led to the development of a whole-of-company workplace program, *Stand Up: Domestic Violence is Everyone's Business*, which is intended for use in other companies. This program was introduced into Linfox in March 2010, two years after Phase II began. It incorporated what was learnt during the course of the project and has a strong theoretical grounding.

This section discusses the findings described in chapter 5. It is centred on what Women's Health Victoria learnt about engaging with a company, what was learnt in the process of implementing the *Stand Up* program, and what was learnt about workplaces as a setting for the primary prevention of violence against women. The limitations of the evaluation research as also considered in this chapter.

6.1 Engaging a business

Women's Health Victoria initially engaged Linfox through a pre-existing relationship that led to approval by the Linfox Board. This is, in itself, a significant achievement. It meant that the project was approved at the appropriate level from the outset. It facilitated the initial connection to a company that can be difficult for a community organisation to instigate. However this remained the only contact with the Board that the project had. Over the course of the project, it became clear to Women's Health Victoria that the engagement of a company is a continuous process. Engagement occurs again and again as the project moves through diverse parts of the organisation, intersects with different employees, and implements a range of primary prevention strategies. It is ongoing, and this should be acknowledged in planning and preparation stages. Engagement is a project activity and needs to be reflected as such in project planning.

What helped Women's Health Victoria engage Linfox, particularly at the initial stages, was research into the company, with a view to identifying organisational values, structure, and whether the company and its leaders had positive attitudes to women, to the extent known. Research enabled Women's Health Victoria to align the project with Linfox's principles and values. Key contacts provided information about existing structures, systems and frameworks within the company that the project could connect to. At Linfox, occupational

health and safety (OHS) was an example of this. Linking *Working Together Against Violence* to OHS included:

- discussing the training as part of the existing OHS strategy, Vision Zero;
- providing information on how domestic violence impacts on OHS; and
- considering how the prevention of domestic violence can meet an employer's OHS responsibilities.

The phrase – 'the health and safety of employees at home affects their health and safety at work' – was used on a number of occasions to a range of audiences within the company to reinforce this point. OHS was found to be a successful way of framing the project to ensure it was understood as an organisational issue. It also demonstrated the importance of listening to the key contacts to learn about what would work in their workplace.

The engagement process is fundamentally about building a relationship. For Women's Health Victoria, working with a for-profit company was a new experience. Linfox is an international company with more than 16,000 employees, and Women's Health Victoria is a statewide women's health organisation with 20 employees. The ways of working of a company and a community organisation provided Women's Health Victoria with an opportunity to develop new skills and capacity. There was much to learn about companies and their expectations. Corporate motivations include risk and reputation management, competition, employee satisfaction, profit and immediate results.[83] By contrast, community organisations are generally motivated by long-term goals, committing resources without necessarily the expectation of short-term results.[83] Their aim is to prevent future negative outcomes (making it hard to measure effectiveness).

For Women's Health Victoria, understanding these motivations and ensuring they were incorporated into *Stand Up* was crucial to engaging and continuing to engage Linfox.

- Women's Health Victoria began the project using the collaborative and consultative approach that is central to the not-for-profit sector. As the project progressed, Women's Health Victoria began to identify with and model the roles that Linfox expected – that of expert consultants. Linfox also expected Women's Health Victoria to take on a more directive role, as the expert in this field.
- *Stand Up* included a business case in which the impact of domestic violence on productivity, OHS, and employee health were set out. Women's Health Victoria also emphasised the positive aspects of the program, such as how it could contribute to the creation of a safe, respectful and supportive workplace.
- The set of resources that were designed were branded, using a format that was familiar to businesses and fitted the expectations of the resources that an expert consultant might use. Senior staff in the human resources department at Linfox, upon being introduced to the resources, remarked that it was professional, useful and would be easy to implement.
- Women's Health Victoria engaged Linfox on an ongoing basis through listening to concerns and responding to them, building trust. This included meeting Linfox on their terms and accepting that the company's core business is not the primary prevention of violence against women. This meant using language that Linfox felt

comfortable with. After initially deciding on *Harm in the Home*, Linfox then moved to the more direct *Stand Up: Domestic Violence is Everyone's Business* (for more discussion, see 5.2.1(b)). This was an important learning process for Women's Health Victoria. Listening to Linfox's concerns enabled the project to proceed beyond its early stages.

The project was also a learning process for Linfox. For example, Women's Health Victoria provided the language and knowledge required for the Senior Head Office Contact to advocate for the project within Linfox. Resources were created that described domestic violence, its prevalence and its effect on workplaces. Additional direct education and awareness-raising activities for key contacts and managers during the initial stages would be useful in working with other companies. The staff responsible for progressing the project need to be provided with a baseline level of understanding.

6.2   Implementing *Stand Up*

Women's Health Victoria began working with Linfox at a time when the primary prevention of violence against women using workplaces as a setting was in its early stages. Women's Health Victoria had not previously worked with a company in this way and much has been learnt since then. Women's Health Victoria developed *Stand Up* as part of the project after approximately three years of working at Linfox (one year of Phase I and two years of Phase II of the project). It was first introduced to Linfox in March 2010. *Stand Up* is based around three core elements – lead, train and promote. Key principles of the design included:

- Whole-of-company approach
- Bystander model, with a positive message that change is possible
- Appeal to a male audience
- Easy to use
- All resources needed are contained in the program folder
- Language is clear and accessible

The workplace program was an important part of the continued engagement of Linfox. The extent to which the elements of *Stand Up* were implemented is discussed below.

6.2.1   Lead

This element was about a demonstrated commitment to the prevention of domestic violence through leadership at executive level, the adoption of the prevention of domestic violence policy, and the nomination of the *Stand Up* Contact. This was found to be one of the most difficult elements to implement because of competing priorities, and the fact that the prevention of domestic violence was not Linfox's core business. Nevertheless, a number of achievements occurred. Linfox's agreement to the project itself, and then to *Stand Up* in 2010, is evidence of leadership in this area.

Important signifiers of Linfox's commitment and leadership were the fact that training was provided on paid time. Many worksite managers also made the training compulsory. The commitment of individual managers is evident in the interviews held six months after the training had occurred. Many managers saw themselves as having a key role in demonstrating support for the aims of the project, and described how they aligned with the company's values:

> As a manager who already stands up to domestic violence, I thought it was very worthwhile, and it shows your staff that you care about their welfare not only at work but at home also.

> Guys know now that they can approach management with personal issues. The guys know that Linfox cares about them as individuals.

> 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.

The connection that managers made between the training and the company's culture was significant. The way leadership was demonstrated was also important. For example, facilitators who delivered training found that worksites in which managers actively supported the training by attending it themselves were more open to the violence prevention message and follow up evaluation – it could be implied from this that they were more understanding of the importance of the program itself.

A *Stand Up* Contact was also nominated by head office, signalling Linfox's commitment to the program. In an interview with the *Stand Up* Contact after 12 months in the role, she described the main benefits of *Stand Up*:

> 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.

Like others interviewed, including training participants, worksite managers and the Senior Head Office Contact, the *Stand Up* Contact also wanted to see the training available to staff in all sites.

At the time of writing this report, a domestic violence prevention policy has not yet been adopted by Linfox, although importantly, it has been approved at an executive level. For Women's Health Victoria, the policy was an important way of embedding the program into Linfox – making it sustainable, ensuring that all employees could receive the benefits of the program, and sending a clear message to all staff that domestic violence was not tolerated. Executive level support needs to be in place from the start of the program as this influences the extent of take up by the company as a whole. The importance of a demonstrated commitment at executive level, and how this might be achieved, is clearly articulated as a core element of *Stand Up.*

6.2.2 Train

Through training, employees learnt about the causes, prevalence and impact of domestic violence. Employees were also given the skills to stand up against domestic violence and speak out against violence-supportive attitudes and behaviours. In total, 515 employees participated in the training, across 11 Victorian worksites. Training principles were consistent across *Harm in the Home* and *Stand Up*. These principles reflect those set out in *Men's behaviour change group work: a manual for quality practice* and include:

- 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 violence.[84]

The duration of the training - 30 minutes – was brief and the sessions were therefore carefully scripted. However this meant that the length of the training was not a barrier to participation, and made it easier for Linfox to offer paid participation. It also enabled a greater number of staff to take part – an important consideration for both Linfox and Women's Health Victoria. Three separate sessions were designed so that more topics could be covered. When asked about the duration, 75 percent of participants from the second round of training felt that the training was just right and 24 percent felt that there was too little time. Even a slightly longer session, such as 45 minutes, would be more effective in enabling discussion and allowing for more learning. A gap between sessions was important for further discussion with participants, debriefing, and setting up for the next session. Because of the short session time, small group size was found to enhance learning by allowing for questions to be asked and discussed, and learning shared.

Utilising both a male and female facilitator was vital to the training, particularly in the modelling of respectful and gender equitable relationships. Seventy one percent of training participants agreed that having both a male and female facilitator was useful. However, this often proved difficult in terms of resourcing. The ad hoc nature of the training meant that finding regular trainers was an ongoing pressure. Women's Health Victoria was fortunate to be able to use its own health promotion staff (women), and had two to three male facilitators who were available for the duration of the project.

The training introduced participants to the bystander approach, which provided the means to challenge violence-supportive attitudes and behaviours. Social norms theory also informed the training. Five stages have been identified that are required for an individual to act on a social norm – notice the event; interpret it as a problem; feel responsible for the solution; possess the necessary skills to act; and intervene (see discussion at section 2.5): [48, 51, 55]

Of the participants who underwent the *Stand Up* training (the second round of training), 87 percent felt that the training helped them to gain a better understanding of domestic violence – that is, they had the skills to notice the event and interpret it as a problem. Insight was also gained into the continuum of violence, and the way in which violence-supportive attitudes and behaviours contribute to a community in which domestic violence is prevalent. Ninety nine percent of participants felt that the training helped them understand this to some degree. Eighty nine percent of participants felt that they were very likely or quite likely to speak out against domestic violence as a result of the training. One participant stated, 'it made me realise that the seemingly inconsequential comments can have an impact'. This shows that participants feel responsible for the solution.

There is also evidence of an increase in understanding of domestic violence and a preparedness to stand up against it. Ninety nine percent of participants felt that they would use the tools to stand up again (46 percent said they would use them a lot; 42 percent felt they would use them a fair bit; 11 percent felt they would use them a little bit). After the training, 36 percent of participants felt they were very likely to speak out against domestic violence, 52 percent felt they were quite likely to speak out, and 11 percent felt they were only a little bit likely to speak out. Only one percent of participants felt they were not likely to speak out. This shows that following the training, the majority of participants felt they possessed the necessary skills to act, and to intervene.

The training element was felt by Women's Health Victoria to be one of the most successfully implemented elements of *Stand Up*. Training is a familiar way of learning. It is measurable and tangible for companies that are new to the concept of the primary prevention of violence against women. Women's Health Victoria was able to reach many employees with the violence prevention message. Findings also showed that participants felt they were more likely to challenge violence-supportive attitudes and behaviours as a result of the training, and understood how sexism occurs on a continuum of violence against women. Not only that, the training may continue to promote organisational culture change within individual worksites, as staff come to discuss domestic violence more openly, and are more cognisant of how what they say or do can contribute to a culture in which domestic violence is prevalent. Almost all participants felt that the training should be provided more widely. The majority of focus group participants felt that the training had changed the way they thought about domestic violence and what they could do about it.

6.2.3   Promote

The 'Promote' element was designed to send a clear message throughout the workplace that domestic violence is not tolerated, and that employees experiencing domestic violence will be supported. This was achieved through promotional information and materials that were distributed to employees. Linfox included two articles about the program in their employee magazine, and posters and brochures were distributed to worksites that had taken part in the training. Using different formats was important to ensure the message was received.[85] Participants also received information kits to take away from the training. Although different strategies for promotion were encouraged by Women's Health Victoria through the *Stand Up* program, not all were taken up.

Women's Health Victoria aimed to produce project resources with a clear, positive message that change is possible. Linfox's concern that the company reputation may be negatively impacted by an association with domestic violence limited much of the promotional work. Displaying materials on domestic violence, such as the *Stand Up* posters, could be interpreted in a number of ways for those who had not taken part in the training. Therefore only worksites that had taken part in the training were provided with posters or promotional magnets.

Women's Health Victoria encouraged participation in White Ribbon Day as a way of showing support for violence prevention through a broad and well-recognised campaign. It was also an aspect of the 'promote' element that could be facilitated by Linfox and individual worksites. As a campaign aimed at enlisting men, it was felt to be a good fit for Linfox. Although Linfox initially agreed to participate in 2010, this was later reconsidered, together with the decision to engage in activities that would generate media attention.

6.3 Workplaces and the primary prevention of violence against women

Using workplaces as a setting for the primary prevention of violence against women is an emerging area of practice.[4] Linfox's concerns, perspective and support all provided Women's Health Victoria with an invaluable learning experience. Some of those keys to success and barriers to change are explored below.

The bystander approach, used as the theoretical underpinning of the *Stand Up* training, was vital in gaining support for the project among managers and employees. It encouraged individuals to stand up against attitudes and behaviours that support domestic violence. It sent the positive, easy to understand message that domestic violence is everyone's business and that everyone can help to eliminate it. Importantly, it regarded men not as perpetrators, but as individuals who can make a difference. A program in which men felt targeted, or one that was more confrontational, would not have gained traction in a male-dominated company. The bystander approach was therefore key to the take up of the program, and the receptiveness of employees in training.

In challenging sexist behaviour, the bystander approach also provided a link to gender inequality as a determinant of violence against women. This connection, so crucial to the primary prevention of domestic violence, is often difficult to grasp. At Linfox, this was achieved through means such as the discussion of sexist behaviour in training activities, addressing sexism in the *Stand Up* principles, and the inclusion of respectful relationships between women and men in the prevention of domestic violence policy.

The process of organisational culture change is slow, and made more difficult without whole-of-company support. This, at times, acted as a barrier to the project's success. Theories of organisational change show that deliberate culture change is complex, takes time, requires leadership and ultimately, can be difficult to achieve.[34] Women's Health Victoria recognised and celebrated the achievements that indicated progress. These included, for example, the fact that when the *Stand Up* Contact went on leave, the role was delegated to another staff

member. The training results were also positive and showed that participants valued the opportunity to discuss domestic violence with their colleagues and learn about ways of standing up against it. It was found that participants were willing to share the ideas from the training with others, including colleagues, family and friends. For example, following the *Stand Up* training, 70 percent of participants felt that they were very likely or quite likely to discuss the ideas from the training with colleagues. Seventy seven percent of participants felt that they were very likely or quite likely to discuss the training with friends and family. This gives some insight into the extent to which the training opened up wider discussion about domestic violence.

Although organisational change takes time, there was some indication that changes were occurring at Linfox. These include the positive responses of training participants, the connection made between Linfox's values and the program by managers whose worksites had taken part in the training, and the nomination of a *Stand Up* Contact by Linfox. The progression to more direct language around violence against women from 'harm in the home' to 'domestic violence', was also a significant development.

Successfully navigating the relationship between a community organisation and a for-profit company is vital. For Women's Health Victoria, this was a new way of working, and the project represented, in part, a process of understanding the expectations of the corporate sector and negotiating effective ways of working together. Doing this well is a key to success. Not acknowledging or adapting to the differences is a barrier to change. Much of what Women's Health Victoria learnt informed the design of *Stand Up*.

It was also found that both employees and worksite managers were very supportive of the program, after undertaking the training. Following the *Stand Up* training, 95 percent of participants were happy or very happy that Linfox was working with a not for-profit organisation to prevent domestic violence. One focus group participant stated:

> This sort of thing that you're doing now is great. Every worksite, schools, everywhere, should be having something like this.

Many of the findings relate to how Women's Health Victoria learnt to work within a corporate framework. Communication was important. For example, Women's Health Victoria needed to find out when peak business times were. Training could then be scheduled accordingly. Establishing a relationship of trust was a way of overcoming fears of negative media around the company's involvement with the program. Using a model that was familiar to the company was also important. Women's Health Victoria adopted a position of expert consultant; ran tangible, measurable training; developed a policy to be added to those already in existence at the company; and designed a set of resources that was professional, clearly branded and in line with corporate style. The Senior Head Office Contact stated of the evolution of the partnership:

> The first half of the project before *Stand Up* was advantageous to us because we were learning how the systems would cope and handle it too, not just being out on site, but working in with shifts, and the people themselves – how they would hear the messages without getting them offside or turning them against it. And that's why we went through all that title change. 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.

In the development of *Stand Up*, mechanisms for evaluation and sustainability were incorporated into the design of the program. Evaluation represented the means by which progress could be measured, fed back to Linfox and added to the evidence base. Sustainability was also important – ensuring that the project could be embedded in the company, and ultimately continue to grow without in-depth involvement from Women's Health Victoria. The policy was designed to be the most sustainable element of the project – once it was introduced, it would form part of the company's systems and structures. Three rounds of training that could be carried out either a short time apart, or up to a year apart, also contributed to the project's sustainability as they could span a longer period of time. As a yearly campaign, White Ribbon Day activities could be carried out on a ongoing basis. There was also scope for Linfox to engage in White Ribbon Day without the involvement of Women's Health Victoria. The Commitment to *Stand Up*, which acts like a memorandum of understanding between the two organisations, contains a 'review and next steps' section. This has not taken place at the time of writing, but has the potential to expand Linfox's involvement in the prevention of violence against women.

Table 1. Summary of enablers and barriers for organisations implementing programs like *Stand Up*

Enablers	Barriers
- Researching the company - Aligning with organisational values - Aligning with organisational priorities, such as OHS - Understanding and acknowledging differences between companies and not-for-profit organisations - Investing in resource design - Using the bystander model - Understanding that cultural change takes time - Business adopting a whole-of-company approach	- Not having the capacity to deliver the training to all staff - Not addressing the potential for public misconception of the company's involvement and impact on reputation - Not understanding and acknowledging differences between companies and not-for-profits - Not understanding that cultural change takes time - Lack of readiness to adopt a whole-of-company approach by the business

6.4　Limitations of the evaluation research

The *Working Together Against Violence* project was comprehensively evaluated using an action research model, supported by the Research Practice Leader. One limitation of the evaluation was the fact that focus groups and worksite manager interviews were self-selected, with some worksites choosing not to take part. There were two other key limitations to the evaluation findings. The first is that *Working Together Against Violence* was only tested in one company. How the project developed and operated may have been different if more companies were included.

The second limitation was the extent to which the *Stand Up* program was tried and tested in this project. Because the program developed as a result of the project, it was only introduced into Linfox as a complete package in March 2010, and has therefore only been running for just over one year at the time of writing this report. Not all aspects of the program had been implemented and it has only been trialled in one company. What has been learnt from working at Linfox, however, is considerable. As a large, male-dominated company that was at times resistant to implementing aspects of the program, Women's Health Victoria learnt much about the barriers that could arise in working with other companies, and how they could be overcome. This experience strengthened both *Stand Up* and Women's Health Victoria's understanding of the primary prevention of violence against women using workplaces as a setting.

7. Conclusion

The primary prevention of violence against women using workplaces as a setting is a growing practice area in Australia. It has the potential to challenge gender inequality and promote non-violent social norms. The VicHealth *Respect, Responsibility and Equality* program provided Women's Health Victoria with an opportunity to be creative about how to prevent domestic violence by building the capacity of a male-dominated workplace to promote non-violent norms. Through the *Working Together Against Violence* project, these ideas could be explored. Linfox provided the unique environment in which new strategies could be tested, lessons learnt, and insight gained.

VicHealth's framework, *Preventing violence before it occurs*, and the ecological approach to understanding violence that it describes, provided a firm grounding for the primary prevention activities that were carried out in *Working Together Against Violence*. It also informed Women's Health Victoria's ongoing exploration of the evidence base, including theories of masculinity, organisational change theory, social norms theory and the bystander approach. All of this fed into the development of the *Stand Up: Domestic Violence is Everyone's Business* workplace program.

Stand Up's implementation relied on building a good working relationship between Women's Health Victoria and Linfox. At Linfox, it was a relationship that employees responded to. Following the *Stand Up* 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 was able to reach many employees and findings showed that participants felt they were more likely to challenge violence-supportive attitudes and behaviours as a result of the training. Within worksites, staff came to discuss domestic violence more openly and were more cognisant of how what they say or do can contribute to a culture in which domestic violence is prevalent. Almost all participants felt that the training should be provided more widely within Linfox.

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 findings of this report make a valuable contribution to the evidence base for the primary prevention of violence against women using workplaces as the setting. Women's Health Victoria will also be developing a resource guide and training to share what has been learnt with other organisations that want to work with the corporate sector to prevent violence against women. Women's Health Victoria will also seek to implement the *Stand Up* program in other companies so that more workplaces join in the primary prevention of violence against women.

8. Appendices

Appendix 1: Program logic model

GOAL	**To prevent violence against women (VAW) by raising awareness and strengthening the organisational capacity of male-dominated workplaces to promote gender equality and non-violent norms.**

OBJECTIVES

Objective 1: To strengthen the organisational capacity of a male-dominated workplace to promote equal and respectful relationships between men and women.

Objective 2: To promote prevention of VAW activities within Victorian workplaces by developing and modelling transferable tools and systems.

Objective 3: To increase the evidence base for primary prevention activities in the workplace aimed at the prevention of VAW.

ACTIVITIES

Organisational policy
● Draft a policy demonstrating the organisation's commitment to violence prevention.

Training
● Devise and run Harm in the Home training.
● Devise and run follow up training on gender equality and masculinity.
● Devise and run train the trainer sessions.

Promotion and awareness raising
● Engage management through successful business case.
● Design workplace kit of violence prevention materials.
● Devise activities for White Ribbon Day
● Use other internal communications methods

Design a package of transferable tools based on the activities under Objective 1, including guide to making a successful business case, training manual and best practice resource.

Promote and disseminate package, eg: through a launch.

Undertake comprehensive evaluation of the program.

Write up and disseminate learnings.

OUTCOMES

SHORT-TERM

● Management successfully engaged.
● Organisational policy devised.
● Training program devised and delivered.
● Promotion & awareness raising tools devised and disseminated.

● Comprehensive package designed.
● Program devised and tested at current organisation.

● Focus groups, post-training surveys, and interviews carried out.
● Findings reported on and used to further develop program.

MEDIUM-TERM

● Package and policy embedded in the workplace – shift in organisational culture to acknowledge the increased importance of gender equality and the prevention of VAW.
● Promotion of prevention of VAW message in the workplace.
● Employees have knowledge of impact of VAW, positive attitudes about gender equality, skills to recognise and respond to VAW, and behaviour that promotes gender equality.

● Program used at other workplaces.
● Gender equality and the prevention of VAW promoted to a wider audience – more organisations model, promote and facilitate respectful and non-violent gender relations.

● Resource developed to enable capacity for violence prevention work in male-dominated orgs.
● Learnings disseminated.
● Linfox's profile in this area raised.

LONG-TERM

Prevention of VAW through increased understanding of VAW and the strengthening of the organisational capacity of male-dominated workplaces to promote gender equality and non-violent norms.

RATIONALE

Primary prevention and the determinants of VAW
This project is based on a primary prevention model, that is, it seeks to prevent VAW before it occurs. It does this through interventions that promote behaviour change, increase skills and capacity to prevent violence, and change to structural and societal contexts (VicHealth 2007 Preventing violence before it occurs). Primary prevention can also address the underlying causes of violence against women, ie: unequal power relations between men and women; adherence to rigid gender stereotypes; and broader cultures of violence (Right to Respect 2010-2020).

Working Together Against Violence project
The project is based on VicHealth's Framework Report: *Preventing Violence Before It Occurs.* It aims to address the underlying causes of violence and build individual capacity within male-dominated workplaces to model, promote and facilitate respectful and non-violent gender relations. The project seeks to influence change at both and individual and organisational level.

Individual / Relationship
● Raise awareness of violence against women.
● Provide participants with tools to change behaviours – to seek help and challenge violent supportive behaviours.
● Provide participants with appropriate information, referrals and contacts.
● Model and promote equal and respectful relationships.
● Provide a safe forum to discuss the issue of family and domestic violence.
● Provide the tools to encourage employees to initiate conversations around violence against women among friends, family and colleagues, and promote the message that "violence against women is not ok".
● Use of a bystander approach to training – appealing to men not as perpetrators but as positive role models (eg: Katz, Banyard). Increase capacity to challenge violence supportive attitudes and behaviours.

Organisational
● Address the structural context by implementing a workplace policy that communicates Linfox's stance on violence, and a Vision Zero approach.
● Development of package of transferable tools.
● Public promotion of the project and modelling for other organisations to follow.
● Promoting healthy and respectful workplace culture and encouraging equal and respectful relationships between men and women through resources, follow up training, use of male and female trainers throughout etc.
● Learnings around primary prevention in a workplace setting are published for use by other organisations.

INFLUENTIAL FACTORS

Factors contributing to success of the project:

● Developing a relationship and trust with Linfox.
● Endorsement of the project at the highest executive level.
● Aligning the violence prevention message to Linfox core business.
● Flexibility, eg: adapting to Linfox's peak times of industry demand.
● Bystander approach - positive, proactive message.
● Enlisting champions of the project.
● Wider government policy environment (eg: *Right to Respect; Time for Action*).

Limitations and challenges of the project:

● Not getting Linfox 'sign off' at the right level to ensure whole-of-company engagement and sustainability of the project.
● Staff movement within Linfox and WHV.
● Not engaging a champion within the head office corporate structure.
● Not understanding the way the corporate structure works.
● Not Seeking to find the "hook" and translating it into corporate language and structure.
● Needing to understand and respond to corporate culture and expectations.
● Time restraints on training sessions (ie: – 30 minute duration).
● Addressing barriers re: language / literacy.
● Not engaging Linfox to adopt workplace policy.
● Not engaging people at the right level at Linfox.

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Appendix 2: Evaluation Plan – outcome indicators and data to be collected

This table sets out the process and impact indicators against what is expected to happen for each objective. Data to be collected is also listed.

OBJECTIVE 1:	
To strengthen the organisational capacity of a male-dominated workplace to promote equal and respectful relationships between men and women.	
What is expected to happen: Employees have knowledge of the impact of violence against women, positive attitudes about gender equality, skills to recognise and respond to violence against women, and behaviour that promotes gender equality.	
Process indicators: • Training devised that addresses determinants of violence against women and is inclusive of diverse population groups and literacy levels. • Meetings are held with senior managers that result in sign up to the training program at different worksites. • All three rounds of training provided to staff at a range of worksites. • Training sessions to relevant staff regarding implementation of the policy are held. **Impact indicators:** • Employees who attended training felt it to be relevant, informative and beneficial. • Employees who have undergone training feel better equipped to speak up against attitudes and behaviours that sustain violence. • Commitment from Linfox to provide regular, ongoing education for staff after the formal end of the project. • Linfox encourages gender sensitive behaviour within the organisation.	**Data to be collected and method of collection** **Process:** - Training development process reported on by project officer, including consultation with different sources regarding training design and practice. - Email contact, meetings and contribution to development of training schedule. Training sessions held. - Statistics / no. of training participants will be collected from participant attendance sheets. **Impact:** - Follow up evaluation (post training, focus groups, interviews, conversations). - Documentation of contact made to EAP or other support services. - Informal feedback, conversations and interviews. - Yearly consultations are conducted with key stakeholders to reflect on project learnings/outcomes, including aspects that have worked well and areas for improvement. - Contact and conversations with senior personnel and other staff, written evidence in corporate communications, records of minutes.
What is expected to happen: Package and policy embedded in the workplace – shift in organisational culture to acknowledge the increased importance of gender equality and prevention of violence against women.	
Process indicators: • Policy drafted that demonstrates Linfox's commitment to the prevention of violence against women. • Meetings are held to engage management in the whole-of-company approach.	**Data to be collected and method of collection** **Process:** - Workplace policy is produced, development process recorded. - Email contact, conversations and meetings with HR to develop and progress the policy.

Impact indicators:	Impact:
• Policy is accepted at highest levels at Linfox. • Stand Up Contact is appointed by Linfox. • Prioritising of *Stand Up* is evident in relations with staff at Linfox. • Sustainable relationships with Linfox are built and fostered. • Senior personnel agree to drive *Stand Up* as a result of meetings. • Support for *Stand Up* is demonstrated at CEO leadership level through corporate communications and attendance at meetings / key events. • Recognition among employees who have undergone training that prevention of VAW is a priority for Linfox. • Employees aware of and feel engaged with the policy. • Senior personnel state the program is valuable for Linfox – corporate recognition of domestic violence as an important workplace issues. Mangers acknowledge the impact of domestic violence on OHS, employee health and productivity. • Senior managers demonstrate commitment to fostering gender equality across all levels of Linfox. • Commitment to integrate and sustain program beyond project end. • Provision of direct financial resources to *Stand Up* by Linfox following completion of the project.	- Documentation of implementation of policy, eg: Board acceptance. - Appointment of Stand Up Contact. - Email contact and conversations in which WHV is kept informed by Linfox of relevant organisational changes. - Prompt response to queries and communications, number and timeliness of phonecalls, email communications. - Project officer reflections journal. Follow up evaluation (post training, focus groups, interviews, conversations). - Reference in corporate communications, records of attendance at key meetings / events. - Contact and conversations with senior personnel and other staff, written evidence in corporate communications, records of minutes. - Informal feedback, conversations and interviews. - Yearly consultations are conducted with key stakeholders to reflect on project learnings/outcomes, including aspects that have worked well and areas for improvement. - Financial records, written commitment by Linfox.

What is expected to happen: Promotion of prevention of violence against women message in the workplace.	
Process indicators: • Promotion materials are devised in a process that includes consultation with a range of sources. • Promotion materials are distributed consistently across different worksites. • Internal promotion through intranet, newsletters and other methods takes place. • Profile of the program and messages is raised through promotion at staff meetings. • *Stand Up* workplace resource and employee kits are distributed to relevant staff. • Linfox agrees to refer to policy in inductions of new staff. • Linfox takes part in White Ribbon Day activities.	**Data to be collected and method of collection** **Process:** - Production of promotion materials. - Documentation of distribution and communication of internal promotional materials, including workplace kit and employee kit. - Meeting schedules, attendance records, completion of actions arising, email communications. - Record of WHV support in planning for White Ribbon Day, including encouraging nominations for White Ribbon Day Ambassadors. - Record of acceptance of *Stand Up* as an area of corporate social responsibility for Linfox (eg: on Linfox website). **Impact:**

• Linfox frames and promotes *Stand Up* as evidence of their corporate social responsibility work on their website and in other publications. **Impact indicators:** • Staff engage with message and discuss it with colleagues, friends and family.	- Follow up evaluation (post training, focus groups, interviews, conversations). - Informal feedback, conversations and interviews. - Yearly consultations are conducted with key stakeholders to reflect on project learnings/outcomes, including aspects that have worked well and areas for improvement.

OBJECTIVE 2:
To promote prevention of violence against women activities within Victorian workplaces by developing and modelling transferable tools and systems.

What is expected to happen: Transferable tools and systems to prevent violence against women developed and modelled in target organisation.

Process indicators: • Workplace-based, whole-of-company prevention program designed – based on research, evidence of best practice, and learnings at Linfox. • Workplace resource kit designed and distributed. • Employee kit designed and distributed. **Impact indicators:** • Positive response to design and content of the package • Staff respond positively to content and messages of the workplace kit and employee kit.	**Data to be collected and method of collection** **Process:** - Production of program including workplace kit, employee kit. - Records of distribution of package at Linfox. **Impact:** - Feedback sheets completed at the end of each training session, focus group sessions held. - Consultations are conducted with key stakeholders to reflect on the effectiveness of workplace kit. - Project officer reflections journal - Informal feedback, conversations and interviews.

What is expected to happen: Transferable tools and systems are promoted for use in other organisations.

Process indicators: • A training package, with a 'train the trainer' module, is developed. • Program is promoted through a range of mechanisms including media, meetings and events, presentations and conferences. • Plan for how WHV can implement program in other workplaces is devised. • A forum to launch and promote the training package to a range of stakeholders including community, corporate and business	**Data to be collected and method of collection** **Process:** - Training package is produced. - Record of promotional work and response the program receives. - Record of promotional work regarding Linfox as a leader. - Plan devised. - Documentation of forum planning.

sectors is held. • Evidence of WHV's promotion of Linfox's leadership role through media, including reports in trade journals and business forums. • Evidence of WHV's promotion of Linfox's leadership role through links with other organisations and their work, including White Ribbon Foundation. **Impact indicators:** • Linfox regarded as a corporate leader in this area.	**Impact:** - Evidence from media, informal conversations and meeting records is documented. - Recognition and receipt of awards are recorded.

What is expected to happen: Engagement with the transferable tools and systems, and the principles that underpin them, is demonstrated in other organisations.	
Impact indicators: • Interest in the program and messages of the program is demonstrated by other organisations. • Program is taken up for use in other organisations.	**Data to be collected and method of collection** - Survey/expression of interest sought from participants at the forum. - Formal and informal feedback following launch, conferences, events and media is documented. - Written documentation of sign up to the program by other organisations.

OBJECTIVE 3: **To increase the evidence base for primary prevention activities in the workplace aimed at the prevention of violence against women.**	
What is expected to happen: All aspects of the project are comprehensively evaluated in a process of continuous evaluation and project development, following and action research model.	
Process indicators: • Range of evaluation methods used and reported on. • Evaluation Plan and program logic model are drafted. • Meetings held with VicHealth Research Practice Leader to guide evaluation. **Impact indicators:** • Findings are reported on and used to further develop the program.	**Data to be collected and method of collection** **Process:** - Focus groups, post-training feedback sheets and interviews carried out. - Evaluation Plan and program logic model are produced. - Informal conversations and other methods of communication reported on. - Project Officer keeps project journal. - Interviews with key stakeholders held. - Key findings documented in the final evaluation report. **Impact:**

	- Use of findings in project development is recorded in final report.

What is expected to happen: A resource is developed and disseminated to enable violence prevention work in male-dominated organisations.	
Process indicators: • A resource documenting consultations and lessons from the project, including organisational barriers and enablers, is developed. • Resource is disseminated through forums such as meetings, conference presentations and publications. **Impact indicators:** • Resource is relevant, accessible and engaging.	**Data to be collected and method of collection** **Process:** - Resource is produced using evaluation findings (e.g. resistance, perceived benefits). - Records of dissemination, including presentations and articles written. **Impact:** - Email communications, post forum feedback sheets, interviews, conversations. - Informal feedback, conversations and interviews.

What is expected to happen: Learning from the project is shared.	
Process indicators: • Links are made with other organisations to build and disseminate learnings. • Nomination of project for relevant awards. • Resource and project promoted through media and journal articles. • Learnings are disseminated through forums such as meetings, conference presentations and publications. **Impact indicators:** • Responses received from dissemination of learnings (including awards received) demonstrates that core messages have been heard.	**Data to be collected and method of collection** **Process:** - Record is kept of expressions of interest from other organisations. - Records of links made with other organisations are kept. - Nominations submitted and awards received are recorded. - Promotional work recorded, and response to that work. - Records of dissemination, including presentations and articles written. **Impact:** - Email communications, post forum feedback sheets, interviews, conversations. - Informal feedback, conversations and interviews.

Appendix 3: Post-training feedback sheets

(Round 1 of training – Harm in the Home)

LINFOX WORKSITE TRAINING
FEEDBACK FORM

Please <u>do not</u> write your name on this form

Your feedback will be used by local charities to help prevent harm in the home. We value your help.

☑ Tick **only** one answer for each question:

1. How educational did you find today's training session?
   ☐ Very educational
   ☐ Educational
   ☐ Not very educational
   ☐ Not at all educational
   ☐ Don't know

2. Do you have a preference for a female or male presenter, or both?
   ☐ Prefer to have both a male & a female presenter
   ☐ Prefer to have a male presenter only
   ☐ Prefer to have a female presenter only
   ☐ No preference

3. What did you think of the session's ideas on how to speak up against harm in the home?
   ☐ Very useful
   ☐ Useful
   ☐ Not very useful
   ☐ Not at all useful
   ☐ Don't know

4. Do you think you will discuss or share the session ideas on how to speak up against harm in the home?
   ☐ Yes, with family, friends & co-workers
   ☐ Yes, with family or friends
   ☐ Yes, with co-workers
   ☐ No
   ☐ Don't know

5. Are you more likely to agree that we should help people who experience harm in the home?
   ☐ Much more likely
   ☐ More likely
   ☐ Same
   ☐ Less likely
   ☐ Much less likely
   ☐ Don't know

<div style="border:1px solid black; display:inline-block; padding:4px;">Please turn over page</div>

6. Do you feel like you now have some practical ways of helping someone who is being harmed at home?

☐ Yes, to a great extent
☐ Yes, to some extent
☐ No, not really
☐ Not at all
☐ Don't know

7. If a co-worker that you knew well was being harmed at home, how likely would you be to help **in any way**?
    ☐ Very likely
    ☐ Somewhat likely
    ☐ Somewhat unlikely
    ☐ Very unlikely
    ☐ Don't know

8. If a co-worker you didn't know well was being harmed at home, how likely would you be to help **in any way**?
    ☐ Very likely
    ☐ Somewhat likely
    ☐ Somewhat unlikely
    ☐ Very unlikely
    ☐ Don't know

9. How do you feel about Linfox working with charities to help prevent harm in the home?
    ☐ Very happy
    ☐ Happy
    ☐ Not happy
    ☐ Very unhappy
    ☐ Don't know

10. Are you more likely to agree that Linfox's employee assistance program can help if a co-worker is experiencing harm in the home?
    ☐ Much more likely
    ☐ More likely
    ☐ Same
    ☐ Less likely
    ☐ Much less likely
    ☐ Don't know

11. Would you recommend this training to other Linfox staff?
    ☐ Yes, to all staff
    ☐ Yes, to Occupational Health and Safety (OHS) staff only
    ☐ Yes, to managers/supervisors only
    ☐ No
    ☐ Don't know

Other comments:

_____

_____

_____

THANK YOU

(Round 2 of training **– Stand Up***)*
LINFOX WORKSITE TRAINING
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
a) understanding domestic violence	1	2	3	4
b) understanding how things people say or do can support violence	1	2	3	4
c) using the tools to stand up against domestic violence	1	2	3	4
d) 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
a) speak out against domestic violence	1	2	3	4
b) recommend the training to other workmates	1	2	3	4
c) contact your employee assistance program or other support services if you or someone you know needs help	1	2	3	4
d) discuss the ideas from the training with workmates	1	2	3	4
e) 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?	
3. What was most useful?	
4. What's the main thing you learned?	

5. How could we improve the training?

Tick one box for the following questions:

8. Did you attend the *Harm in the Home* training last year? ☐ Yes   ☐ No

9. Did you think that 30 minutes for the training was:
     ☐ Too much time
     ☐ Too little time
     ☐ Just right

10. How do you feel about Linfox working with charities to help prevent domestic violence?
     ☐ Very happy
     ☐ Happy
     ☐ Not happy
     ☐ Very unhappy
     ☐ Don't know

11. Would you recommend this training to other Linfox staff?
     ☐ Yes, to all staff
     ☐ Yes, to Occupational Health and Safety (OHS) staff only
     ☐ Yes, to managers/supervisors only
     ☐ No
     ☐ Don't know

Other comments:

_____

_____

_____

THANK YOU

POST-TRAINING IMPRESSIONS FROM FACILITATORS

Date: **Worksite:**

Time: **Trainer:**   **Total no:**

Any issues with delivery of training content **(participants didn't understand, didn't flow etc)**	
Logistics of the session **(location, timing, compulsory/voluntary, tech issues etc)**	
Engagement of participants **(body language, jokes, reticence, comments etc)**	
Any questions/discussion from participants after the session	
Other comments	

Appendix 4: Findings from Round 1 (*Harm in the Home* training)

Question 1: *How educational did you find today's training session?*
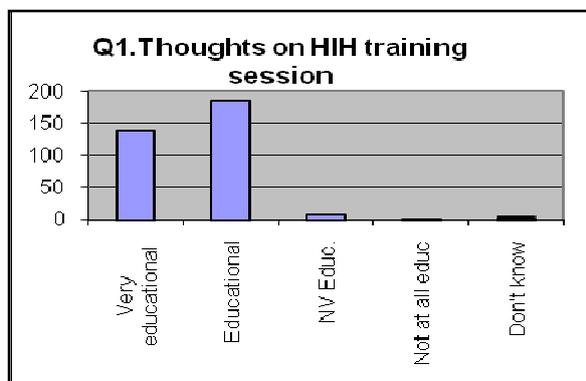
Ninety seven percent of respondents considered the training session as either 'very educational' or 'educational'.

Question 2: *Do you have a preference for a female or male presenter, or both?*
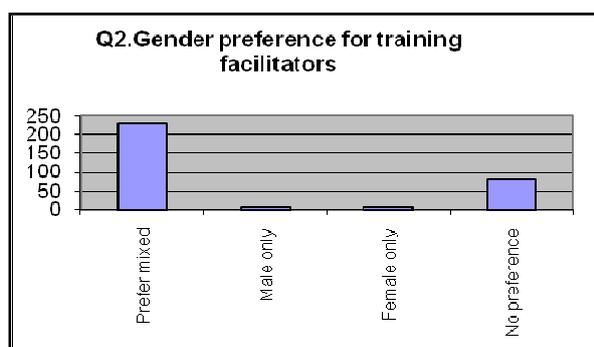
Seventy one percent preferred both male and female trainers. Twenty five percent (82 people) had no preference, and only 2 percent respectively expressed a preference for either a male or female only facilitator.

Question 3: *What did you think of the session's ideas on how to speak up against harm in the home?*
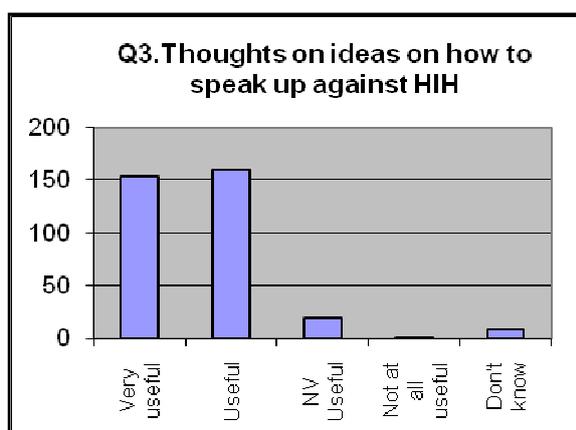
Ninety one percent of participants (312 people) felt that the toolbox of ideas presented on how to speak up against harm in the home was either 'very useful' or 'useful'. 20 people felt the toolbox idea was 'not very useful', one person felt it was 'not at all useful' and nine were uncertain.

Question 4: *Do you think you will discuss or share the session ideas on how to speak up against harm in the home?*
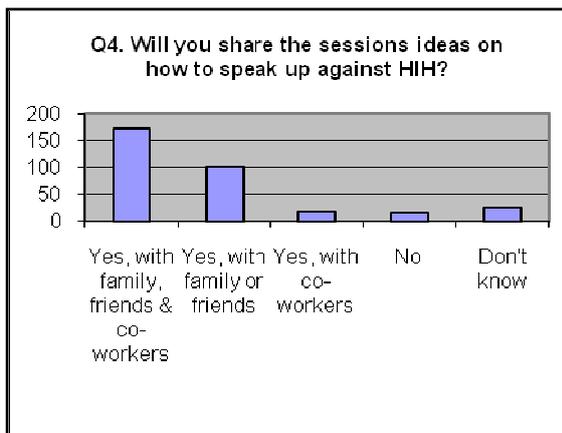
The majority of participants (88 percent, 291 people) felt they were likely to share ideas from the session with family, friends or co-workers. Only 5 percent of respondents (16 people) said they would not share the ideas, and another 8 percent expressed uncertainty.

Question 5: *Are you more likely to agree that we should help people who experience harm in the home?*
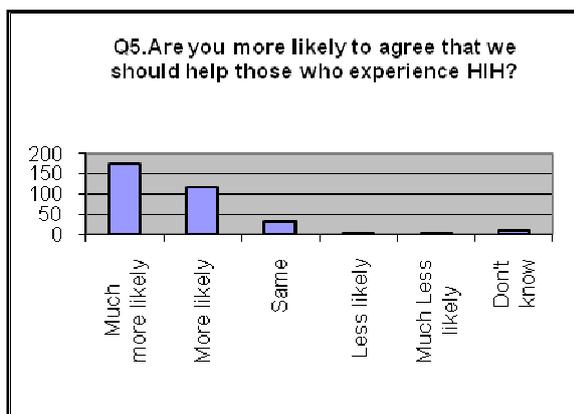
After completing the training, 86 percent of participants (293 people) were 'much more likely', or 'more likely' to agree that we should help those who experience harm in the home. 10 percent (34 people) expressed no difference, 1 percent (3 people) said they were 'less likely' or 'much less likely' and another 3 percent were uncertain.

Question 6: *Do you feel like you now have some practical ways of helping someone who is being harmed at home?*
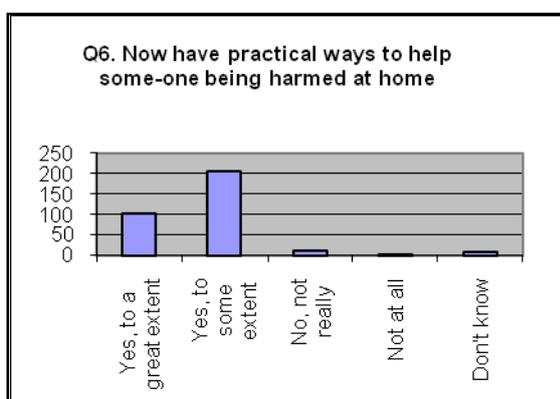
The majority of participants (94 percent, 308 people) agreed that 'to some extent' or 'to a great extent' they felt that they had some practical ways to help someone being harmed at home. 4 percent of respondents (21 people) disagreed and another 2 percent expressed uncertainty.

Question 7: *If a co-worker that you knew well was being harmed at home, how likely would you be to help in any way?*

Q7. Likelihood of intervening if you thought a co-worker, you knew well, was being harmed
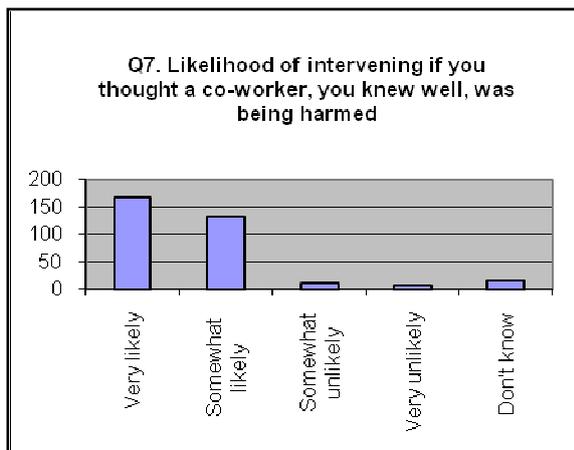
Ninety one percent of participants (299 people) expressed that they were 'very likely' or 'somewhat likely' to intervene if they thought a co-worker they did knew very well was being harmed. Three percent said 'somewhat unlikely', 2 percent 'very unlikely' and 5 percent expressed uncertainty.

Question 8: *If a co-worker you didn't know well was being harmed at home, how likely would you be to help in any way?*

Q8. Likelihood of intervening if you thought a co-worker, didn't know well, was being harmed
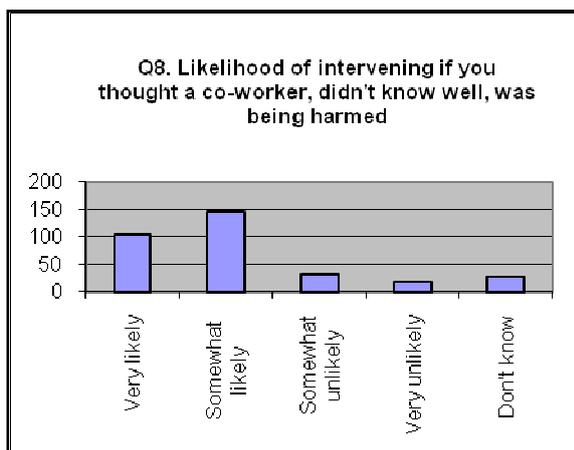
Seventy seven percent of participants (250 people) expressed that they were 'very likely' or 'somewhat likely' to intervene if they thought a co-worker they did not know very well was being harmed. Sixteen percent said 'somewhat unlikely' or 'very unlikely' and 8 percent expressed uncertainty.

Question 9: *How do you feel about Linfox working with charities to help prevent harm in the home?*

Q9. Thoughts on employer working with charities to prevent HIH?
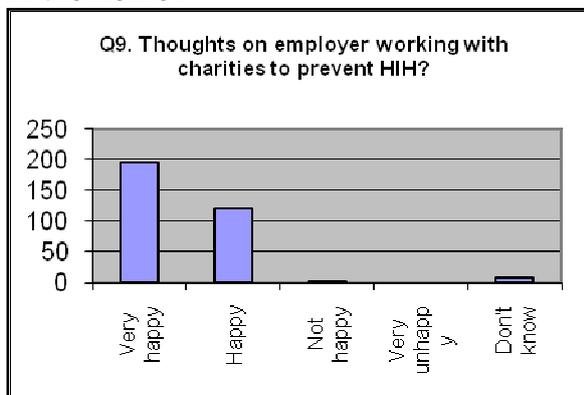
Ninety seven percent of participants (317 people) felt 'very happy' or 'happy' about their employer working together with a charity to help prevent *Harm in the Home*. Only one respondent reported that they were 'not happy' and nine felt uncertain.

Question 10: *Are you more likely to agree that Linfox's employee assistance program can help if a co-worker is experiencing harm in the home?*
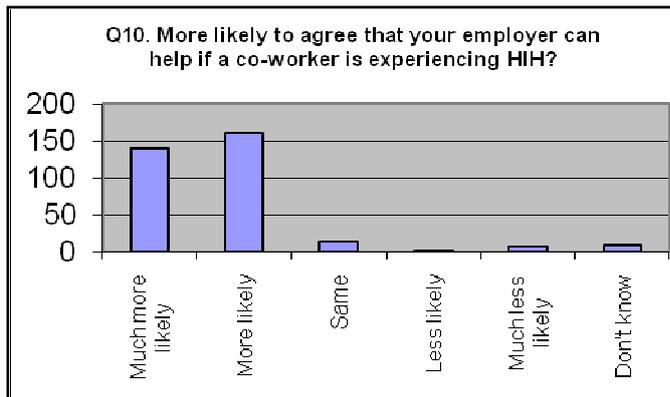
Ninety one percent of respondents were 'much more likely' or 'more likely' to agree that their employer could help if a co-worker was experiencing *Harm in the Home*. Four percent (14 people) saw no difference and a further 3 percent (9 people) thought their employer was either 'less likely' or 'much less likely' to be able to help. Two percent (8 people) were uncertain.

Question 11: *Would you recommend this training to other Linfox staff?*

Ninety eight percent of participants would recommend the training to other Linfox employees. While 44 percent recommended it for all staff, 50 percent of respondents felt it was more appropriate for occupational health and safety staff only, 4 percent thought management only and 1 percent expressed uncertainty.

Appendix 5: Findings from Round 2 (*Stand Up* training)

Question 1(a): *How much did the training help you with understanding domestic violence?*
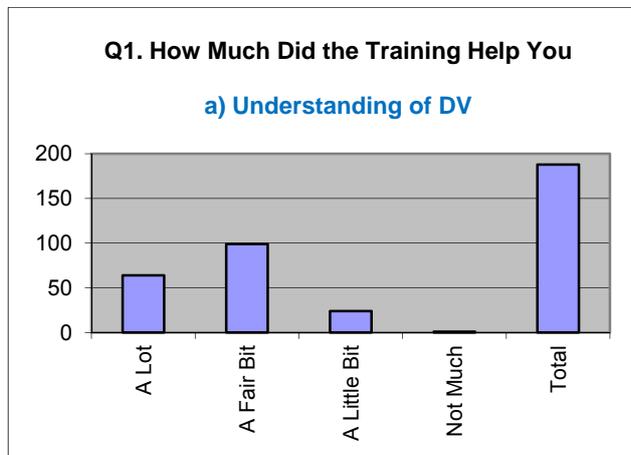
Q1. How Much Did the Training Help You

a) Understanding of DV

Eighty seven percent of participants felt that the training helped them understand domestic violence a lot (64 people) or a fair bit (99 people). 24 participants felt that it helped them a little bit and one participant felt that it did not help them much.

Question 1(b): *How much did the training help you with understanding how things people say or do can support violence?*
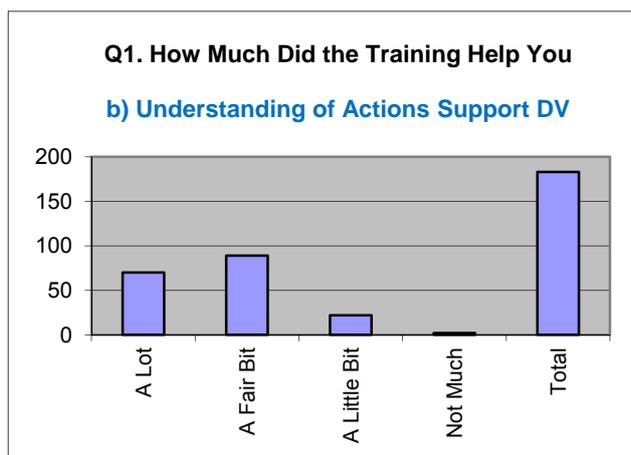
Q1. How Much Did the Training Help You

b) Understanding of Actions Support DV

Eighty seven percent of participants felt that the training helped them understand how things people say or do can support domestic violence a lot (70 people) or a fair bit (89 people). Twelve percent felt that it helped them a little bit and two people felt that it did not help them much.

Question 1(c): *How much did the training help you with using the tools to stand up against domestic violence?*
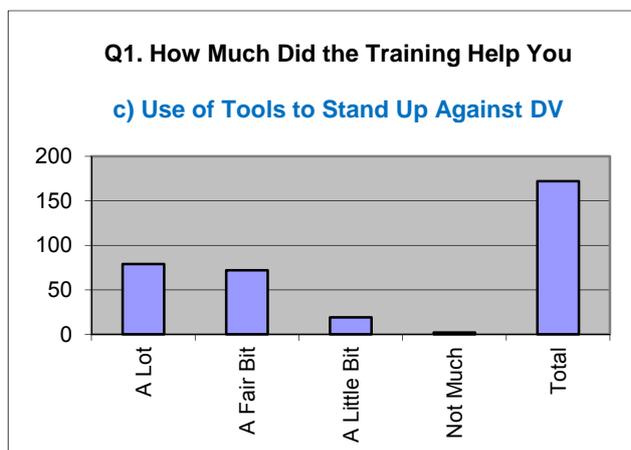
Q1. How Much Did the Training Help You

**c) Use of Tools to Stand Up Against DV**

Eighty eight percent of participants felt that the training helped them to use the tools to stand up against domestic violence a lot (79 people) or a fair bit (72 people). Eleven percent felt that it helped them a little bit and two people felt that it did not help them much.

Question 1(d): *How much did the training help you with supporting someone who is experiencing domestic violence?*

Q1. How Much Did the Training Help You

**d) Supporting Someone Experiencing DV**
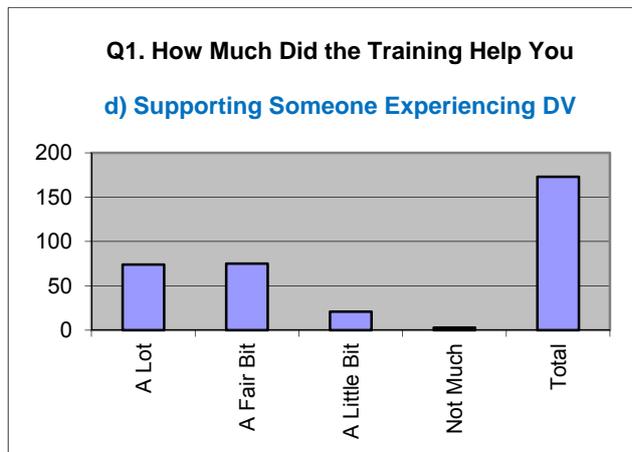
Eighty six of participants felt that the training would help them support someone who is experiencing domestic violence a lot (74 people) or a fair bit (75 people). Twelve percent felt that it helped them a little bit and three people felt that it did not help them much.

Question 2(a): *Now that you have done the training, how likely would you be to speak out against domestic violence?*
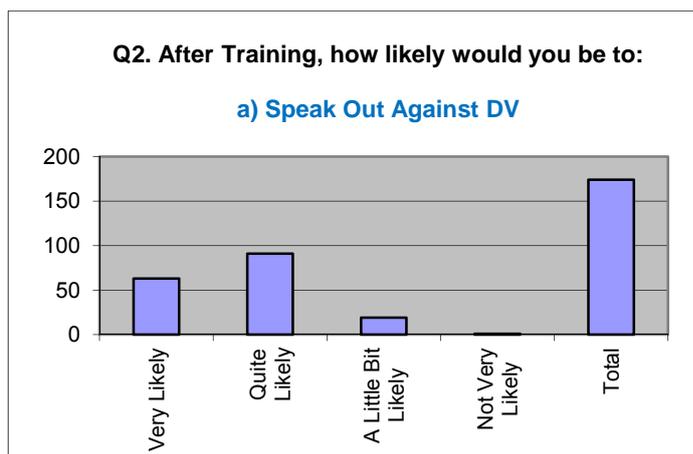
Q2. After Training, how likely would you be to:

a) Speak Out Against DV

Eighty nine percent of participants felt that they were very likely (63 people) or quite likely (91 people) to speak out against domestic violence. Nineteen people felt they were a little bit likely to speak out and one person felt that they were not very likely to speak out.

Question 2(b): *Now that you have done the training, how likely would you be to recommend the training to other workmates?*

Q2. After Training, how likely would you be to:

**b) Recommend the Training to Workmates**
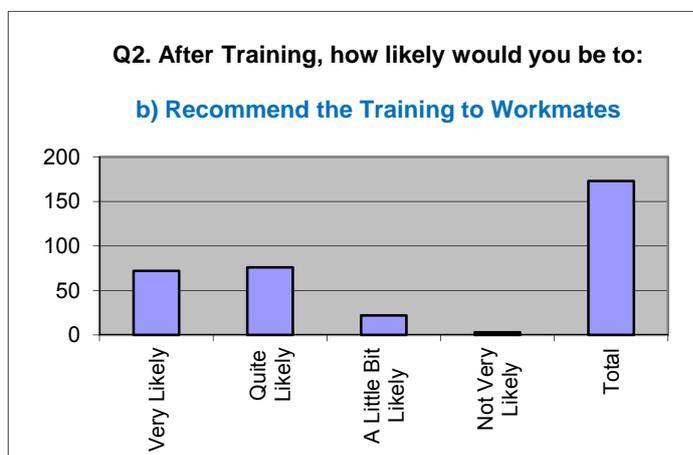
Eighty six percent of participants felt that they were very likely (72 people) or quite likely (76 people) to recommend the training to workmates. Twenty two people felt they were a little bit likely to recommend the training and three people felt that they were not very likely to do so.

Question 2(c): *Now that you have done the training, how likely would you be to contact your employee assistance program or other support services if you or someone you know needs help?*

Q2. After Training, how likely would you be to:

**c) Seek Assistance/Support if You/Others Need Help**
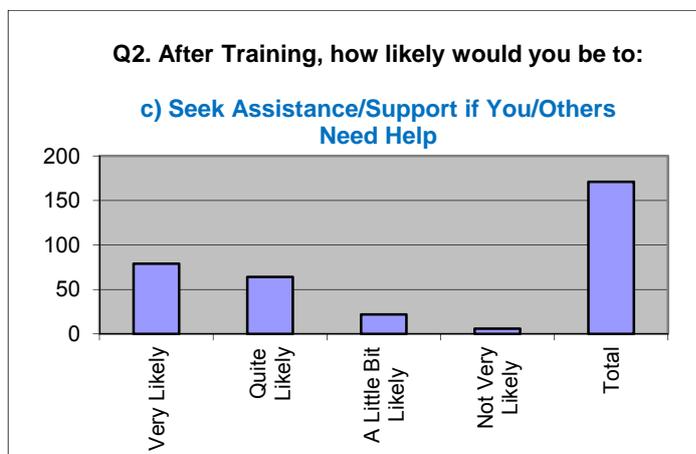
Eighty four percent of participants felt that they were very likely (79 people) or quite likely (64 people) to seek support. Twenty two people felt they were a little bit likely to seek support and six people felt that they were not very likely to do so.

Question 2(d): *Now that you have done the training, how likely would you be to discuss the ideas from the training with workmates?*

Q2. After Training, how likely would you be to:

d) Discuss Ideas From Training with Workmates
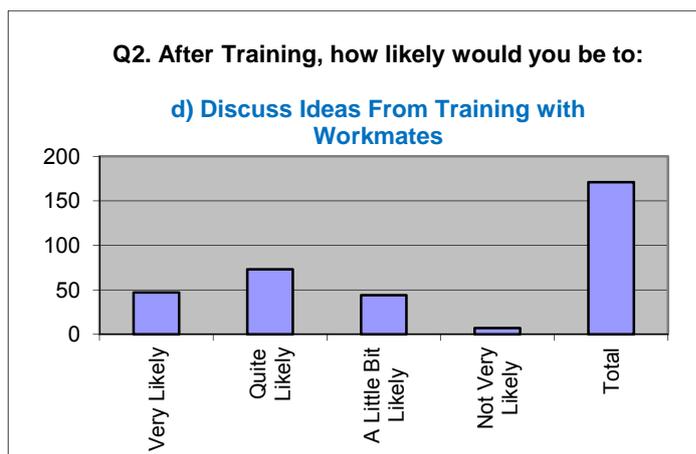
Seventy percent of participants felt that they were very likely (47 people) or quite likely (73 people) to discuss the ideas from the training with workmates. Forty four people felt they were a little bit likely to discuss the ideas and seven people felt that they were not very likely to do so.

Question 2(e): *Now that you have done the training, how likely would you be to discuss the ideas from the training with friends and family?*

Q2. After Training, how likely would you be to:

e) Discuss Ideas From Training with Friends/Family
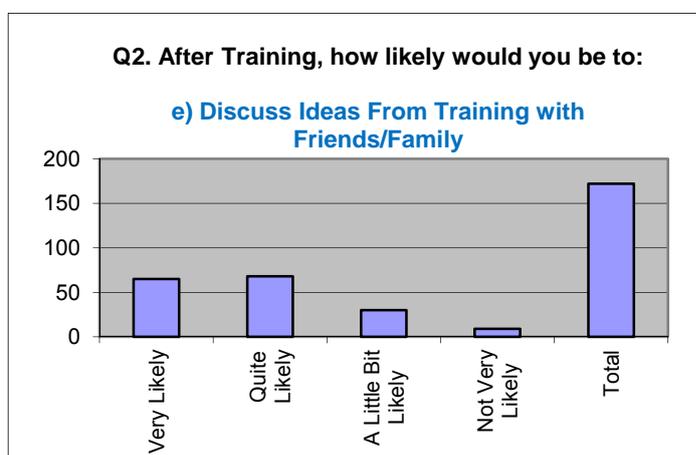
Seventy seven percent of participants felt that they were very likely (65 people) or quite likely (68 people) to discuss the ideas from the training with friends and family. Thirty people felt they were a little bit likely to discuss the ideas and nine people felt that they were not very likely to do so.

Question 3: *What did you like most about the training?*

The three most common responses to this question related to gaining a greater understanding of domestic violence (24 percent of respondents); the fact that the training was clear and easy to understand (16 percent); and the informative nature of the training (12 percent of responses). Comments included:

Opened up views on domestic violence.

Clear, direct, simple, easy to understand.

Better understanding of domestic violence and how I can stop it.

Refreshing hearing people discuss issues.

Question 4: *What did you like least about the training?*

The three most common responses to this question were that participants liked all of it (37 percent of respondents); that it was too short (19 percent); and that it focussed too much on men as perpetrators (10 percent). Comments included:

Not enough time to delve deeper into the topic.

Seems to be one sided – males as perpetrators and females as victims. Should be gender neutral.

Question 5: *What was most useful about the training?*

The four most common responses to this question were that the 'tools to stand up' were the most useful part of the training (26 percent of respondents); followed by information on how to deal with domestic violence (17 percent); information about domestic violence itself (13 percent) and 'all of it (also 13 percent). Comments included:

Made me realise that the seemingly inconsequential comments can have an impact.

Realising it is offensive to joke about domestic violence.

That domestic violence isn't just about physical violence.

Question 6: *What's the main thing you learned?*

The three most common responses to this question were how to deal with domestic violence (24 percent of respondents); how to stand up against domestic violence (21 percent); and that domestic violence is unacceptable (11 percent). Comments included:

Instead of making it a big deal, sort things out.

Create an environment where it is not tolerated.

That any violence is unacceptable and should be reported.

Not ok to watch it happen and say nothing.

Made me think twice about my behaviour and response to situations.

Question 7: *How could we improve the training?*

The four most common responses to this question were that the training should be longer (18 percent of respondents); that it does not need improvement (12 percent); that there should be more discussion (also 12 percent); and that should be gender neutral (9 percent).

Question 9: *What did you think of the 30 minutes duration for the training?*

Q9. Did you think 30 minutes for the training was:
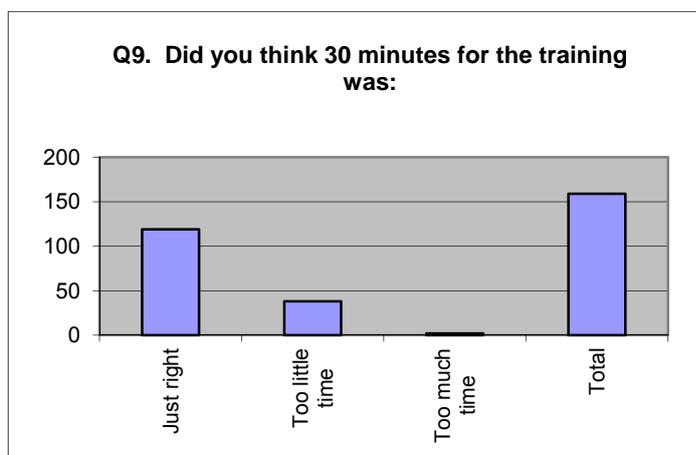
Seventy five percent of participants felt that the training was just right, 24 percent felt that it was too little time and 1 percent (two people) felt that it was too much time.

Question 10: *How do you feel about Linfox working with charities to help prevent domestic violence?*

Q10. Linfox working with charities re DV prevention?
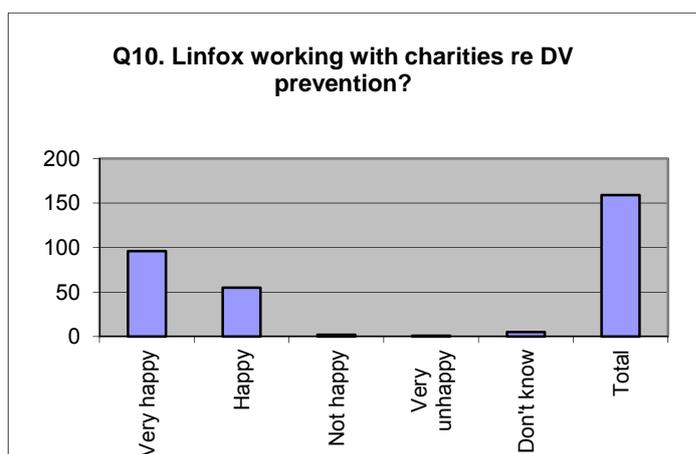
Ninety five percent of participants were happy (96 people) or very happy (55 people) that Linfox was working with charity organisations to prevent domestic violence. Two people were not happy, one person was very unhappy, and five people didn't know.

Question 11: *Would you recommend the training to other Linfox staff?*

Q11. Recommend this training to other Linfox Staff?
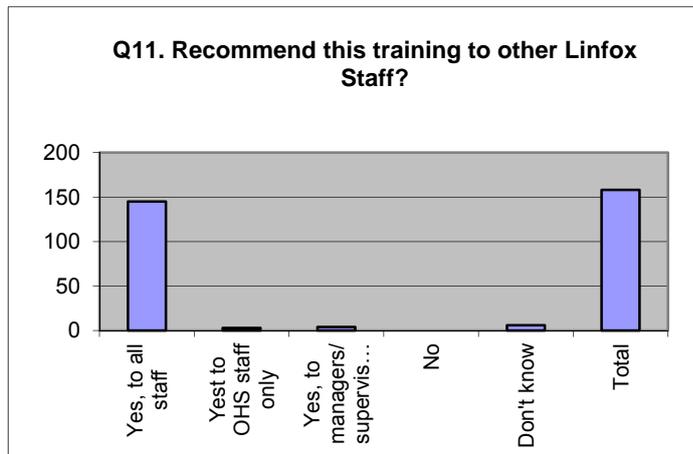
Ninety two percent of participants would recommend the training to all staff (145 people), three people would recommend the training to occupational health and safety staff only, four people would recommend the training to managers or supervisors only and six people did not know. No participant felt they would not recommend the training at all.

Participants were also asked if they had any other comments or suggestions. Comments included:

Well done, strong message sent across, will think about it more now. Thank you.

Thanks for being proactive.

Everyone should do this.

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