Women’s Health Goulburn North East Community Crime Prevention Plan – Regional Preventing Violence Against Women and Children Strategy

Summative evaluation

Report from the external evaluator
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Executive summary

Introduction
This report presents the external evaluation of the Hume Regional Preventing Violence Against Women Strategy. This is one of 12 projects funded by the Department of Justice and Regulation in Victoria under its initiative to support primary prevention and early intervention-focused partnership projects that seek to prevent violence before it occurs or address the key contributing factors of violence against women and their children. The focus is on changing behaviours and attitudes that allow violence against women and children to continue. The lead agency in the project was Women’s Health Goulburn North East (WHGNE).

The Hume regional strategy
The focus of the project was to develop and implement a coordinated regional strategy that addresses the determinants of violence against women and builds the capacity of communities to take action to prevent such violence. At the outset it was envisaged that a key component of the strategy would be to undertake preventive activities that respond to identified gaps in the region.

The first version of the strategy was completed in September 2013 and formally launched in November 2013. In October 2013, Courageous Conversations was identified as the brand to be used for activities in the strategy, including a charter and other resources. As the project evolved, the strategy was revised to reflect differing levels of engagement and progress with the different parts of the work and to identify explicitly the activities associated with the brand. A revised version of the regional strategy was produced in September 2014, with four aims:

• promoting equal and respectful relationships between men and women;
• working across local government, workplaces and sporting settings to coordinate a region-wide approach to preventing violence against women;
• bringing about structural and systemic organisational change to promote gender equitable and non-violent cultures;
• build the capacity of leaders in preventing violence against women.

Different components of the activities carried out under the strategy included: partnership and capacity building; building gender equity in organisations; gender equity and masculinities training; bystander training; knowledge dissemination and the Courageous Conversations website.

The revised strategy also identified five objectives:

1. Establish partnerships across government and non-government agencies as well as accountable leadership structures for sustainable prevention
2. To support organisations to provide structural and cultural environments that promotes equal, and respectful relations
3. Build the capacity of leaders to take action against sexism, rigid gender roles and promote organisational change and workforce development
4. Promote and communicate key messages and tools that build respectful relationships skills and influence social norms, attitudes and behaviours
5. Undertake research, evaluation and monitoring to ensure continuous improvement and contribute to the evidence base.

**Evaluation methods**
The evaluation used both qualitative and quantitative data. Qualitative data was collected in interviews with project steering committee members, members of the local government preventing violence against women network, and attendees at workshops and training sessions run by WHGNE; and from open questions on various surveys and feedback forms.

Quantitative data came from surveys and feedback forms completed by participants at workshops and training sessions; staff at organisations where gender equity work was carried out; and routinely collected data. The evaluation examines the impacts of the various components of the strategy for which data are available.

**Strengths and limitations of the evaluation**
A particular strength of the evaluation has been the use of a wide range of data sources, allowing for triangulation between different sources. The interviews yielded extremely rich data, which was invaluable in understanding project impacts and understanding how these came about.

However, low response rates have limited the conclusions that can be drawn in many areas. The timing required for the submission of this report meant it has not been possible to examine the impacts of the organisational gender equity work carried out after the set-up phase. A further limitation is the non-availability of sufficient data for some components of the strategy to report any findings here.

**Findings**
This report identifies a number of important positive impacts associated with the project. Interviews with stakeholders and data collected using the Community Capacity Index both indicate that capacity in the region has increased. Besides the project considered here, contributing factors to this include other drivers such as activity in the violence prevention space by Municipal Association of Victoria, the Workplace Gender Equality Agency, VicHealth and other organisations, alongside the high state and national attention to domestic and family violence in the last two years, including the Royal Commission on Family Violence, and the creation of ANROWS and Our Watch.

Part of the increased capacity observed in the region is a direct result of activities provided as a part of this project, in particular the various training workshops and the gender equity work begun in two organisations.

Two particularly important outcomes from the project’s work have been the creation of the local government network and the Courageous Conversations website as a repository for tools and resources, both of which will continue beyond the end of this Department of Justice and Regulation-funded project. This is important for the sustainability of violence prevention work across the region.
It is still too earlier to draw any definitive conclusions about the gender equity work being carried out in Alpine Health and Murrindindi Shire Council. A promising start has been made using an evidence-based participative process to produce an action plan for each of these organisations. In both organisations, the process offered opportunities to involve the whole workforce, and good participation rates were achieved at times when there were many other demands on staff including a structural re-organisation in one organisation. Participation of men and women was evident and, in the surveys at least, seems roughly in proportion to the gender balance in each organisation. Action plans are now being implemented in the two organisations, and a follow-up evaluation is planned for later this year.

While all of the training delivered was positively received to some extent, the positive effects did not reach statistical significance, and in some cases there were negative effects (although again not statistically significant). Stronger results were achieved in the bystander training delivered to participants in a single workplace, where a program of work in relation to gender equity was already underway. Participants in this training were predominantly females working in health and human services. The challenge now is to provide training throughout the region, reaching beyond the professional groups so far involved and in particular engaging a much higher proportion of men.

Feedback from participants in all types of training emphasised the importance of an appropriate balance between theory and practice, suggesting that there was too much theoretical material covered in the training offered and not enough emphasis on practical action that could be taken. Training participants also talked about the need to target training more specifically and to increase the engagement of men.

**Conclusions and recommendations**

The discussion above has noted progress against each of project objectives 1 to 5. Particular contributions to the evidence base include evidence supportive of targeted training rather that delivered to open audiences; and evidence supportive of identifying work as supporting or working towards gender equity rather than preventing (men’s) violence against women. Gender equity work can be seen as inclusive in approach and more consistent with the asset-based approaches recommended elsewhere in the literature. The findings also demonstrate progress towards each of the aims set out in the strategy; however, much remains to be achieved in the remaining period of the strategy (2016–17), given that the reach of activities across the population of the region so far is limited.

**Recommendations**

1. Further detailed evaluation of the impacts of the gender equity work in the longer term is important.
2. Training activities need to be specifically designed to encourage engagement of men.
3. Where non-gender specific training is delivered, a mixed-gender facilitation team is recommended. This enables the modelling of equal and respectful relationships between genders and makes participants more receptive to messages delivered.
4. While all training needs a theoretical basis and to be evidence-informed, the theoretical basis need not be directly taught to the participants. Training design should be consistent with the principles outlined in Dyson and Flood (2008) and reiterated in Chung et al (2012).
1 Introduction and background

Domestic violence, that is abuse (physical, sexual, psychological or financial) by a current or previous intimate partner, is a major public health problem, both globally (García-Moreno et al 2005) and in Australia (National Council to Reduce Violence against Women and their Children 2009; Office of Women's Policy 2009). It occurs in all countries irrespective of culture, socioeconomic status or religion, and in all types of relationships, both same-sex and heterosexual (Krug et al 2002). The context and severity of violence by men against women makes domestic violence against women a much larger problem in public health terms than domestic violence against men (Krug et al 2002; WHO 1997).

Domestic violence has severe short and long-term health consequences, physical and mental, for the partner experiencing abuse, and for any children in the family (Bedi and Goddard 2007; Campbell 2002; Ellsberg et al 2008). As evidence of the magnitude of the problem, domestic violence is a major cause of death, disability and illness among women aged between 15 and 44 years in Victoria (VicHealth 2004; Vos et al 2006). The problem has major societal costs in both social and economic terms: the latest estimate, published in November 2015, put the annual cost of domestic violence in Australia in 2014–15 at $AU21.7 billion (PwC 2015).

The prevalence and severity of the problem represented by domestic violence makes the development and implementation of primary prevention a priority, alongside the provision of a comprehensive service response in all sectors that can meet the needs of those who experience it and those who perpetrate it.

It is well established that inequality in the distribution of power and resources between men and women is a primary determinant of violence against women (VicHealth 2007, Wall 2014, Our Watch et al 2015). While a number of other reinforcing factors have been identified (such as alcohol use, childhood exposure to violence or low socio-economic status), many are only significant within a context of gender inequity or rigid gender norms (VicHealth 2007, Our Watch et al 2015). Primary prevention approaches to reducing violence against women therefore tend to have particular focus on improving gender equity.

Work within organisations to improve gender equity can contribute to societal change by promoting a culture of respect where violence against women and gender inequity are not tolerated, and relaying this message to the wider community (Chung et al 2012). Workplaces are considered a key setting for promoting health and wellbeing generally (WHO 2010; Holmes and Flood 2013). Actively addressing gender inequity and barriers to women’s participation and leadership in the workplace therefore has strong potential to influence societal attitudes and behaviour in relation to respectful relationships and gender equity and thereby contribute to prevention of violence against women (Chung et al 2012; Holmes & Flood 2013).
The Hume regional strategy

The Hume Regional Preventing Violence Against Women Strategy⁴ (WHGNE 2013) is one of 12 projects funded by the Department of Justice and Regulation in Victoria under its initiative to support primary prevention and early intervention-focused partnership projects that seek to prevent violence against women and their children or address the key contributing factors of violence. The focus is on changing behaviours and attitudes that allow violence against women and children to continue.

The Hume Region project contributes to Victoria’s Action Plan to Address Violence against Women and Children (Victorian Government 2012) and aligns with the National Plan to Reduce Violence against Women and their Children (FaHCSIA 2011) — in particular with the first priority of the national plan’s Second Action Plan (Department of Social Services 2013), which focuses on driving whole of community action to prevent violence.

The Hume Region project was led by Women’s Health Goulburn North East (WHGNE), and initially involved 12 other organisations operating in all or part of the region. These organisations were partners in the successful grant application and include local government, health and other organisations. Seven of the 12 councils in the region were included (Benalla Rural City Council, Greater Shepparton City Council, Mansfield Shire Council, Mitchell Shire Council, Murrindindi Shire Council, Strathbogie City Council, Wodonga City Council). The other five organisations were: Goulburn Valley Centre Against Sexual Assault; Ovens & King Community Health; NESAY (North East Support and Action for Youth); Nexus Primary Health; and Yarrawonga Community Health.

The focus of the project was to develop and implement a coordinated regional strategy that addresses the determinants of violence against women and builds the capacity of communities to take action to prevent violence against women and children. At the outset it was envisaged that a key component of the strategy would be to undertake PVAW activities that respond to identified gaps in the region. The strategy drew on VicHealth’s comprehensive, evidence-based framework to guide primary prevention of violence against women (VicHealth 2007). VicHealth suggests an ecological systems approach to understanding and preventing violence against women, whereby strategies can be implemented at interacting levels from the individual through to society as a whole. This approach aims to influence the cultural conditions that allow violence against women to occur within everyday settings.

The first version of the regional strategy (WHGNE 2013) was produced in the initial stages of the project in 2013 and focused around four key aims:

- promoting equal and respectful relationships between men and women during their transition to parenthood;
- working across local government, workplaces and sporting settings to coordinate a region-wide approach to preventing violence against women;

¹ In the remainder of this document this will be referred to as the regional strategy or Hume regional strategy
• bringing about structural and systemic organisational change to promote
gender equitable and non-violent cultures;
• build the capacity of male leaders in preventing violence against women.

The first version of the strategy was completed in September 2013 and formally
launched in November 2013, with 16 organisations endorsing it. In October 2013,
Courageous Conversations was identified as the brand to be used for activities in the
strategy, including the Charter and other resources. As the project evolved, further
organisations joined the work, and the strategy was revised to reflect differing levels
of engagement and progress across different parts of the work and to identify
explicitly the activities associated with the brand.

A second version of the regional strategy was produced by the steering committee in
September 2014 (WHGNE 2014a). This version was endorsed by 19 organisations,
the additions being Indigo Shire Council, Moira Shire Council and Alpine Health. The
four aims in the second strategy are:
• promoting equal and respectful relationships between men and women;
• working across local government, workplaces and sporting settings to
coordinate a region-wide approach to preventing violence against women;
• bringing about structural and systemic organisational change to promote
gender equitable and non-violent cultures;
• build the capacity of leaders in preventing violence against women.

Changes in the first and fourth aims reflect changes in the development of the work
over the course of time. Both strategies cover the years 2013 to 2017, i.e. extending
beyond the end of the Department of Justice and Regulation-funded project by two
full years, so some of activities included in the strategy are still early in the planning
or execution phases. The strategy includes work funded under Integrated Health
Promotion (referring to the Department of Health-funded work of WHGNE), funding
which extends beyond the end of 2015.

The revised strategy (WHGNE 2014a) also identified five objectives for the project:
• Objective 1: Establish partnerships across government and non-government
agencies as well as accountable leadership structures for sustainable
prevention

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2 The organisations were: Benalla Rural City Council; Department of Justice (Hume Region);
Goulburn Ovens Murray Integrated Family Violence Services; Goulburn Valley Centre Against
Sexual Assault; Greater Shepparton City Council; Mansfield Shire Council; Mitchell Shire
Council; Mungabareena Aboriginal Corporation; Murrindindi Shire Council; NESAY (North
East Support and Action for Youth); Nexus Primary Health; Ovens & King Community Health;
Strathbogie City Council; Wodonga City Council; Victoria Police; and Yarrawonga Community
Health.

3 Courageous Conversations was developed in a social marketing workshop facilitated by an
external social marketing consultant. All steering committee members (or a representative
from their organisation) were invited to participate; representatives from five organisations
attended.
- Objective 2: To support organisations to provide structural and cultural environments that promotes equal and respectful relations
- Objective 3: Build the capacity of leaders to take action against sexism, rigid gender roles and promote organisational change and workforce development
- Objective 4: Promote and communicate key messages and tools that build respectful relationships skills and influence social norms, attitudes and behaviours
- Objective 5: Undertake research, evaluation and monitoring to ensure continuous improvement and contribute to the evidence base.

The structure of the report

Section 2 below introduces the overall evaluation framework, the sources of data used, data analysis and ethics clearance for the evaluation. Section 3 then focuses on the outcomes and impacts from the regional strategy. It is set out in five sections. Section 3.1 examines partnership and capacity building. Section 3.2 focuses on the work on building gender equity in organisations, covering the work carried out in Murrindindi Shire Council and Alpine Health as a part of the regional strategy. Section 3.3 covers the pilot bystander training workshop held in November 2014. Section 3.4 covers the bystander training delivered in August 2015 and October 2015. Section 3.5 covers the gender equity training offered in August 2014. Section 3.6 then covers other activities included in the strategy, including knowledge dissemination and the Courageous Conversations website.

Section 4 begins by discussing the findings from the evaluation and contextualising them in the literature on other research on PVAWC, in particular on promoting gender equity in organisations and bystander training. The findings are discussed in relation to the project objectives identified above. Section 4 then summarises the strengths and limitations of the evaluation and finishes by presenting conclusions and recommendations.
2 Methods

This section gives an overview of the summative evaluation work. The focus of the summative evaluation is on the impacts of the Regional Strategy, in particular of those PVAWC activities that have had a chance to produce impacts in the three years to date. A major emphasis in the project has been on partnership and capacity building around primary prevention and so this is examined. The evaluation explores the contribution of the work in Hume Region to the evidence base on preventing violence against women and children, focusing particularly on promoting gender equity in organisations and provision of bystander training. It also examines the implications for the sustainability of future preventive work in Hume Region.

Section 2.1 introduces the overall framework for the evaluation. The summative evaluation is based on two major sources of data: survey and other data gathered internally by project partners (section 2.2 below); and summative evaluation interviews, (section 2.3). Section 2.4 summarises the sources of data used to examine the various activities in the regional strategy, and finally section 2.5 gives the ethics clearance for the summative evaluation.

2.1 The overall framework for the evaluation

The overarching framework used is that of theory-based evaluation (Chen and Rossi 1983) drawing on elements of realist (Pawson and Tilley 1997) and theory of change (Connell et al 1995) evaluation. This section outlines a number of key features of the proposed approach to the evaluation. It is important that the efforts of internal and external evaluation taken together are capable of answering a wide range of questions about the achievements of the various components in the regional PVAW strategy, and so inform decisions about how the strategy can be taken forward in a sustainable fashion following the end of Department of Justice and Regulation funding.

The first component of the external evaluation was a formative evaluation (reported separately) of the first full year of the project, from the first meeting of the steering committee (SC) in March 2013 to February 2014. This gave early feedback on project components and allowed problems with implementation and/or opportunities to further enhance outcomes to be identified and acted upon. The formative evaluation was based on a range of interviews and on project documentation and data, and looked at intended and unintended effects. In this, the second component of the external evaluation, the focus is on the outcomes and impacts of the regional strategy.

In the first year of the project, as the strategy was under active development, a detailed evaluation plan evolved with input from the steering committee and other relevant stakeholders. This included, for each program component, the identification of specific hypotheses derived from the detailed development of the program logics that need to be tested (either quantitatively or qualitatively). The approach used in
the production of this plan was based on the RE-AIM framework (Glasgow et al 1999). This plan was modified as necessary as the project proceeded.

The role of the external evaluator is particularly important in ensuring that the evaluation carried out is as robust as possible. While many parts of an evaluation can be carried out internally by those responsible for the design or delivery of the strategy, certain roles (such as carrying out interviews with program stakeholders, including those delivering or in receipt of activities) are best carried out by those without a detailed design or delivery role; external evaluation is particularly relevant here (Conley-Tyler 2005). For this reason, a significant part of the resources available for external evaluation were devoted to gathering and analysing such data.

The longitudinal, mixed-methods study employed a fully mixed concurrent equal status design (Leech and Onwuegbuzie 2009), where the timings of the different components of the evaluation were deliberately selected to minimise potential sources of bias and avoid compromising response rates to surveys.

2.2 Survey and other data

This section summarises the data collected internally by project partners and provided for the summative evaluation through WHGNE. They are described in four subsections below: website usage; training workshops; gender attitudes; partnership and capacity building. Project documentation was also used where appropriate to triangulate with other data sources.

**Website usage**
The Courageous Conversations website was launched towards the end of August 2014. Monthly usage figures generated from Google Analytics were supplied for selected months between October 2014 and November 2015 inclusive.

Monthly statistics on page views were also supplied, generated by WordPress; these are not used here as they were much higher than those from Google Analytics and were impossible to reconcile with the Google Analytics figures. The likely cause suggested in support forums is that Google Analytics is more successful than WordPress at excluding views by bots (software applications that run automated tasks over the internet).

**Training workshops**
A variety of data was collected from training sessions and workshops delivered as a part of the activities in the strategy. These included:

- **Courageous Conversations workshop, 27 August 2014** — data collected immediately after the workshop and 3–6 weeks later, survey instruments designed by WHGNE; details in Appendix A.
- **Pilot bystander training, November 2014** — data collected immediately after the workshop on a feedback form designed by WHGNE; details in Appendix B.
Bystander training, August and October 2015 — pre-survey administered before training and post-survey four weeks after. The survey instrument contained a selection of questions from the survey instrument used in the bystander research funded by VicHealth (Pennay and Powell 2012) with further questions drawn from the section on gender equity in the 2009 national survey on community attitudes towards violence against women (McGregor 2009) and the British Cohort Study5. Details in Appendix C.

Interviews carried out after training workshops delivered up to the end of August 2015 provided further qualitative data.

**Gender attitudes**
A short gender attitudes survey was used for the two organisations that have undertaken work on organisational gender equity. This was administered before the start of the work (in November 2014 to January 2015 for Alpine Health, and December 2014 to February 2015 for Murrindindi Shire Council), and again, shortly after the start of implementation of the organisational gender action plans (October–November 2015). The survey drew questions from the section on gender equity in the 2009 and 2013 national surveys on community attitudes towards violence against women (McGregor 2009) and the British Cohort Study4; the details are shown in Appendix D.

**Partnership and capacity building**
The steering committee during 2013 discussed a number of possible tools for identifying the level of partnership within the organisations involved in the work of the project. It selected the Community Capacity Index, CCI (Bush et al 2002a, 2002b), as being sensitive to change; based on empirical research into successful partnership working; and having undergone a very thorough process of development and testing (Bush et al 2002b).

The CCI was used initially to establish baseline indicators of capacity within the committee to implement the strategy. Baseline data was collected in August 2013 and used in the formative evaluation reported in May 2014. The CCI was reapplied in the final year of the project to evaluate capacity to sustain effects and to help identify what capacities have been achieved; this follow-up data was collected in August 2015. During data collection, the evaluators made available telephone and email support; no use was made of this support. The structure of the CCI is explained in section 3.1 below.

2.3 Interviews

Three groups of participants were invited for interview:
1. Steering committee members and members of the local government preventing violence against women network.

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4 Documented at [http://www.cls.ioe.ac.uk/](http://www.cls.ioe.ac.uk/)
2. Workshop and training session attendees at events run by WHGNE.

3. Users registered on the website run by WHGNE.

A fourth group was to have been included, consisting of staff members of the two organisations where work on gender equity has been undertaken (Alpine Health and Murrindindi Shire Council). However it was not possible to interview this group within the timescales required to produce this final report in February 2016. A separate study, undertaken by a masters student for her major thesis, will use interviews with this group to be conducted in mid-2016, when the gender action plans produced by these organisations have been implemented for at least six months.

Participants were offered a choice of face-to-face interviews (available on a limited number of dates in specified locations across the region) or telephone interviews at a time and date of the participant's choosing within a period of at least six weeks. Experience in similar studies suggests that, to maximise response rates, interviews should be offered over a period of several months. Invite packs were sent by WHGNE from May to July 2015 to those who had been involved in the relevant group prior to May, with interviews conducted from May to August.

Response rates in each group were monitored fortnightly, and reminders sent by WHGNE. To protect people's privacy and confidentiality, such reminders were sent to all potential participants, with a covering note thanking those who had already responded and encouraging others who wished to come forward. A further round of invite packs and reminders were sent from early October until mid-November to those who attended bystander training in August 2015. The invitations were sent immediately after the post-training survey closed.

In all, 19 people consented to interviews from the first two groups identified above; none of the users registered on the website came forward for interview. Although 19 is a low figure it represents an overall response rate of around 11 per cent, ranging between 0 per cent (website users) and 20 per cent (steering committee and network members).

When the interviewing strategy was designed, in August 2014, it was anticipated that the gender equity work in organisations would be far enough advanced for staff to be interviewed in late 2015; this proved not to be the case. It had also been anticipated that larger numbers of people would be invited in categories 2 and 3 above.

A further four people contributed extended answers to the open questions on the CCI about evidence underlying the quantitative ratings given; responses to these open questions have been treated as a form of interview data. For the three people who gave interviews and completed open questions on the CCI, their CCI qualitative data

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5 It is a condition of ethics clearance that the list of those who have come forward for interview is not shared with the organisation that sent the invitations. Victorian privacy legislation means that evaluators cannot be supplied with lists of potential participants, which would allow reminders to be sent only to those who have not responded. The procedures followed mean that individuals can keep their degree of participation, or non-participation, as confidential as they wish.
was added into their interview for analysis. A summary of participants is given in Table 1.

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>19 (83%)</td>
</tr>
<tr>
<td>Male</td>
<td>4 (17%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sector</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community member</td>
<td>3 (13%)</td>
</tr>
<tr>
<td>Community services</td>
<td>2 (9%)</td>
</tr>
<tr>
<td>Health</td>
<td>8 (35%)</td>
</tr>
<tr>
<td>Local government</td>
<td>7 (30%)</td>
</tr>
<tr>
<td>Justice</td>
<td>3 (13%)</td>
</tr>
</tbody>
</table>

### 2.4 Data analysis

Qualitative data sets from interviews and open questions on surveys were analysed using a combination of deductive and inductive thematic analysis (Braun and Clarke 2006; Thomas 2006). NVivo version 10 (QSR International Pty Ltd. 2012) was used to support qualitative analyses.

Quantitative data sets were analysed using a mix of descriptive and inferential statistics. Excel 2013 (Microsoft Corporation 2013) and SPSS version 22 (IBM Corp. 2013) were used to support this analysis. For inferential statistics a conservative significance level of 0.01 is used for reporting results as statistically significant. Further details are given below for the two main quantitative data sets that examine impacts, the first on gender attitudes and the second from the pre and post surveys used for bystander training workshops.

**Gender attitudes**

Item-by-item analysis of quantitative data was performed using descriptive and inferential statistics. In addition, a gender equity score was calculated from the NCAS items using the methodology described by Webster et al (2014, pp158–162). The Mann-Whitney U Test was used to analyse gender equity attitudes and gender equity scores.

**Strengths and limitations**

The data on gender attitudes have a number of limitations. No information was gathered on respondents’ socio-demographic characteristics and there is therefore no way of matching individuals’ responses at baseline and follow-up. This means there is no way of exploring the representativeness of the samples in relation to the workforce as a whole.

However, precision of measurement is strengthened by the use of five-point scales. In addition, collection of data at baseline and after completion of the audit process enabled measurement of change in attitudes. All items from the Gender Equity Scale (McGregor 2009) were used, which improves comparability with Australian data.
Quantitative data was analysed using descriptive and inferential statistics. Item-by-item analysis was performed on items relating to self-reported awareness of domestic violence and violence against women, bystander knowledge, attitudes and behaviours, bystander beliefs, and gender equity attitudes. In addition, a gender equity score was calculated from the NCAS items using the methodology described by Webster et al (2014, pp158–162).

For all items, an informal comparison was made between informants who attended the Shepparton workshop and other informants, given that changes were made to the training following the Shepparton workshop. Differences between the August and October workshops were also explored.

Where possible, inferential statistics were used to analyse differences between pre-training and post-training groups. The significance level was set at 0.01 to account for an increased likelihood of results occurring by chance alone as a result of the small sample size. In the overall analysis of all pre and post-training data, the Chi Square Test for Independence was used to analyse awareness of the greatest risk factor for domestic violence/abuse, the characteristics of perpetrators and the drivers of violence against women, and whether informants did or said anything or took any action the last time they witnessed sexism. The Mann-Whitney U Test was used to analyse acceptability of and responses to men making sexist comments about women, making comments about a woman’s number of sexual partners and insulting and abusing women, as well as informants’ bystander beliefs, gender equity attitudes and gender equity scores. Wilcoxon’s Matched Pairs test was used to analyse data from matched pairs on the acceptability of and responses to men making sexist comments about women, making comments about a woman’s number of sexual partners and insulting and abusing women, whether informants did or said anything or took any action the last time they witnessed sexism, as well as informants’ bystander beliefs, gender equity attitudes and gender equity scores.

Strengths and limitations

The data on bystander training have a number of limitations. Two items from the eight-item Gender Equity Scale (McGregor 2009) were omitted from the surveys by WHGNE in an effort to reduce the burden of surveys on participants. As such, informants’ Gender Equity Scores were calculated by using an average of the six included items for each of the two omitted items. The same process was used for the small number of missing items for individual informants. While this is the methodology used by Webster et al (2014), having the same missing items for every informant may reduce its comparability with Australian data.

However, precision of measurement was strengthened by the use of five-point scales for bystander beliefs and the gender equity scale. In addition, collection of data before and after the workshops enabled measurement of change in knowledge, attitudes and behaviour.
Summary of use of data

Table 2 below summarises the use of the data described above for the examination of outcomes and impacts from the regional strategy. Table rows correspond to sections in chapter 3 below on the findings from the evaluation.

Table 2 Sources of data used to examine different parts of the regional strategy

<table>
<thead>
<tr>
<th>Substantive section</th>
<th>Data used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership and capacity building</td>
<td>CCI</td>
</tr>
<tr>
<td>Building gender equity in organisations</td>
<td>Gender attitude survey data from Alpine Health and Murrindindi Shire Council Interviews</td>
</tr>
<tr>
<td>Bystander training</td>
<td>Feedback sheets</td>
</tr>
<tr>
<td></td>
<td>Pre and post surveys</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td>Other training</td>
<td>Feedback sheets</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td>Other activities</td>
<td>CCI</td>
</tr>
<tr>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td>Website usage statistics</td>
</tr>
</tbody>
</table>

2.5 Ethics clearance for summative evaluation

Ethics clearance was granted through Deakin University on 14 April 2015 for the interviews and other data analysis comprising the summative evaluation; the project reference is HEAG-H 38_2015. Earlier parts of the evaluation comprising the formative evaluation for the project were covered under an earlier application and clearance, reference HEAG-H 45_2013.
3 Findings: outcomes and impacts from the regional strategy

Findings from the external evaluation are discussed below in five sections. Section 3.1 is on partnership and capacity building; this was identified as an important objective in the work undertaken, to ensure its sustainability beyond the period of Department of Justice and Regulation funding. Section 3.2 examines the work on improving organisational gender equity undertaken within Alpine Health and Murrindindi Shire Council. Section 3.3 covers bystander training and section 3.4 covers other training activities. Finally section 3.5 covers other activities within the strategy, particularly knowledge dissemination and the Courageous Conversations website.

3.1 Partnership and capacity building

Given the importance of partnership development to the project, a tool was sought to measure this over the life of the project. During 2013 the steering committee (SC) discussed a number of possible tools, selecting the Community Capacity Index or CCI (Bush et al 2002a, 2002b). The CCI was chosen because it is sensitive to change; is based in empirical research into successful partnership working; and has been through a very thorough process of development and testing (see Bush et al 2002b). The index is designed to help identify the extent of capacity available within a network of organisations and groups at the local level.

For the purposes of the CCI, community capacity is a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems. The index examines capacity within four domains:

1. Network partnerships — the relationships between groups and organisations within a community or network.
2. Knowledge transfer — the development, exchange and use of information within and between the groups and organisations within a network or community.
3. Problem solving — the ability to use well recognised methods to identify and solve problems arising in the development and implementation of an activity or program.
4. Infrastructure — the level of investment in a network by the groups and organisations that make up the network. Infrastructure includes policy and protocol development, social capital, human capital and financial capital.

For each of the first three domains, three levels of progressively increasing capacity are identified, with each level consisting of a set of indicators. The fourth domain, infrastructure, is constructed of four sub-domains and their indicators. The indicators within the CCI represent the abilities, behaviours or characteristics of the network.

For the purpose of the evaluation here, the network is the set of groups and organisations involved in the regional strategy. A summary of the index is provided in Figure 1.
<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Partnerships</td>
<td>Knowledge Transfer</td>
<td>Problem Solving</td>
<td>Infrastructure</td>
</tr>
<tr>
<td><strong>Levels of capacity</strong></td>
<td><strong>Levels of capacity</strong></td>
<td><strong>Levels of capacity</strong></td>
<td><strong>Subdomains of sustainability</strong></td>
</tr>
<tr>
<td>First level capacity</td>
<td>First level capacity</td>
<td>First level capacity</td>
<td>Policy investments</td>
</tr>
<tr>
<td>The network has capacity to identify the organisations and groups with resources to implement/sustain a program</td>
<td>The network has capacity to develop a program that meets local needs</td>
<td>There is a capacity within the network to work together to solve problem</td>
<td>The network has capacity to develop program related policy capita</td>
</tr>
<tr>
<td>Second level capacity</td>
<td>Second level capacity</td>
<td>Second level capacity</td>
<td>Financial investments</td>
</tr>
<tr>
<td>The network has capacity to deliver a program</td>
<td>The network has capacity to transfer knowledge in order to achieve the desired outcomes/implement a program within a network</td>
<td>There is the capacity to identify and overcome problems encountered in achieving the desired outcome</td>
<td>The network has capacity to develop financial capital</td>
</tr>
<tr>
<td>Third level capacity</td>
<td>Third level capacity</td>
<td>Third level capacity</td>
<td>Human investments</td>
</tr>
<tr>
<td>There is sustainable network established to maintain and resource a program</td>
<td>The network has capacity to integrate a program into the mainstream practices of the network partners</td>
<td>There is capacity to sustain flexible problem solving</td>
<td>The network has capacity to develop human/intellectual capital</td>
</tr>
<tr>
<td><strong>Source:</strong> Bush et al 2002a</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are many ways of using the CCI. The SC decided how it should be used in 2013; the same procedure was followed in 2015. This procedure involved:

- Viewing each SC member as a key informant who would complete the index from their particular perspective as a key network member.
- If members wished, they could discuss questions with others in their organisation, so it might be filled in collaboratively with a team.
- Where two responses from one organisation were received, they were merged as appropriate in the analysis stage.

Recognising the degree of turnover in the SC, members who had only recently joined were encouraged to consult where they could, and where they could not to simply omit questions that they felt they could not answer. SurveyMonkey was used to collect the data, and the survey remained open for at least four weeks in each year in which data was collected. During the collection period, the evaluators made telephone and email support available; no use was made of this support.

In addition to the CCI, in-depth interviews were conducted with members of the SC and the Local Government Network (LGN) from June to August 2015. Including open-ended responses to the CCI survey, 11 informants from the SC and LGN (nine females and two males) discussed partnership and capacity building.
Respondents to the CCI
Characteristics of respondents in 2013 and 2015 are shown in Table 3. There was a wider scope of participation in 2013 than in 2015: seven organisations that participated in 2013 did not participate in 2015, while three organisations that participated in 2015 had not participated in 2013.

Table 3: Characteristics of Community Capacity Index responses, 2013 and 2015

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of organisations</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Number of people</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Number of organisations with responses in both years</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

Owing to the differences in the organisations making responses in the two years, analysis was undertaken to compare:
- Views from the organisations responding only in 2013 against the other organisations in 2013
- Views from the organisations responding only in 2015 against the other organisations in 2015.

Table 4 reveals that organisations that were more positive in 2013 about the partnership and opportunities for capacity building were more likely to complete the CCI in 2015. However, organisations that only completed the CCI in 2015 included those that were both more positive and negative than those which participated in both rounds of data collection.

Table 4: Differences in views by indicator for different groups of organisations

<table>
<thead>
<tr>
<th>Number of indicators (% of total)</th>
<th>2013: Non-responders in 2015 compared with responders in both years</th>
<th>2015: Non-responders in 2013 compared with responders in both years</th>
</tr>
</thead>
<tbody>
<tr>
<td>More negative</td>
<td>43 (78%)</td>
<td>19 (35%)</td>
</tr>
<tr>
<td>Slightly more negative</td>
<td>4 (7%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Mixed</td>
<td>6 (11%)</td>
<td>12 (22%)</td>
</tr>
<tr>
<td>No difference</td>
<td>1 (2%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Slightly more positive</td>
<td>1 (2%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>More positive</td>
<td>0 (0%)</td>
<td>20 (36%)</td>
</tr>
</tbody>
</table>

The position in 2015 by domain
Detailed results for each domain in 2015 are shown in Tables 5 to 8 below. The tables show the diversity of views across the different organisations about the state of partnership and capacity building reached in 2015. The discussions surrounding each table reveal how qualitative data from the in-depth interviews and the open-ended questions in the CCI survey illustrate the results for each domain.
Network partnerships

Qualitative data illustrated some elements of first-level capacity in network partnership. Some informants recognised the existence of a reservoir of leaders committed to the prevention of violence against women. These leaders included WHGNE as an organisation, and individual members of the SC and LGN. However, some informants felt that many of those leaders would have undertaken work to prevent violence against women regardless of the project. Others felt additional local champions outside the SC and LGN were required.

You know where the outcomes come from? It comes from local champions. So, and to be honest, the local champions … would have done this anyway. (Health⁶)

There is strong leadership within some sporting clubs, however most are under-resourced and this work needs to have champions from within and management buy-in. (Health)

Informants’ discussions of the outcomes sought by the partnership illustrated the spread of CCI results. Some informants clearly identified primary prevention of violence against women and children by addressing gender inequity as the strategy’s aim.

The core message of primary prevention … came across as important, and gender equity. (Local government).

However, other informants confused primary prevention with response and early intervention, and their expectations of what the partnership should achieve were influenced accordingly. This confusion reflects the ongoing challenge of shifting people’s perspectives of prevention from responding to women and children who have experienced violence and preventing further violence, to population-based prevention of violence before it occurs by promoting gender equity.

I think one of the biggest challenges … is about the people’s lack of understanding of what primary prevention … is as opposed to awareness, and if you’re not starting at the point of primary prevention then it’s really difficult to move into activities and phases. (Health)

This isn’t a topic that is familiar to a lot of community members … There has been quite a bit of work and people are probably more so familiar with the response end (to) violence against women, whereas prevention is a bit of a new area for many. I guess you know you have to take time to be able to explore that with people and have had many conversations over this project around … reminding people that we are prevention, keeping upstream et cetera. (Health)

---

⁶ The sector that the informant primarily works in is given for each quote.
### Table 5: The domain of Network Partnerships, 2015

<table>
<thead>
<tr>
<th>% of organisations*</th>
<th>Not at all/limited</th>
<th>Somewhat</th>
<th>Substantial</th>
<th>Almost entirely/entirely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. There is a reservoir of leaders within the community who are available and interested in the community</td>
<td>0%</td>
<td>17%</td>
<td>67%</td>
<td>17%</td>
</tr>
<tr>
<td>2. Members of the network can identify the outcomes the network desires to achieve.</td>
<td>0%</td>
<td>33%</td>
<td>50%</td>
<td>17%</td>
</tr>
<tr>
<td>3. Members of the network can identify the resources needed to achieve the desired outcomes/implement a program.</td>
<td>0%</td>
<td>33%</td>
<td>50%</td>
<td>17%</td>
</tr>
<tr>
<td>4. Members of the network can identify the individuals, groups or organisations within the network with resources necessary to achieve the desired outcomes/implement a program.</td>
<td>0%</td>
<td>33%</td>
<td>50%</td>
<td>17%</td>
</tr>
<tr>
<td>5. Members of the network can identify the other individuals or groups outside the network with resources necessary to achieve the desired outcomes/implement a program.</td>
<td>17%</td>
<td>50%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Aggregate of first level</strong>: The network has capacity to identify the organisations and groups with resources to implement/sustain a program</td>
<td>0%</td>
<td>33%</td>
<td>50%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Second-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. There are community members who are already taking on a visible leadership role in community activities</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>7. Members of the network can state the benefits for themselves of their own involvement in the network</td>
<td>0%</td>
<td>17%</td>
<td>83%</td>
<td>0%</td>
</tr>
<tr>
<td>8. Members of the network can describe the benefits other members will gain from involvement in the network</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>9. Members of the network have formalised arrangements within their own group/organisation to implement/sustain a program</td>
<td>17%</td>
<td>50%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>10. There is tangible evidence that the resources have been allocated to a program by network members</td>
<td>17%</td>
<td>33%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of second level</strong>: The network has capacity to deliver a program</td>
<td>0%</td>
<td>33%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Third-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Existing community leaders have experience, knowledge and skills in capacity building efforts</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>12. There is tangible evidence of investment in a program by groups and organisations BEYOND the original sponsoring group</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>13. There is tangible evidence that a program is now “owned” by the participants of the network</td>
<td>17%</td>
<td>67%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>14. There is tangible evidence that a program is being maintained by the network using its own resources</td>
<td>33%</td>
<td>50%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of third level</strong>: There is a sustainable network established to maintain and resource a program</td>
<td>17%</td>
<td>67%</td>
<td>17%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Based on organisations that completed the CCI in both years
On the other hand, informants were able to identify tangible and intangible resources required to achieve the desired outcomes. Such resources included ongoing funding; in-kind support from partner organisations such as financial resources, commitment in organisational policies and strategies, and dedicated workers with primary prevention knowledge; utilising existing local partnerships; mutual understanding of partner organisations’ processes; the current community and political momentum to prevent violence against women; a shared language for the work; community champions and leaders; and sufficient time to achieve long-term outcomes. Some informants identified these things as existing resources contributed by individuals, groups or organisations within and outside the partnership.

*I think having dedicated workers to this. So for example [SC member] has quite a bit of flexibility in her role … to be able to go out to the community to have these conversations, and that’s had such an impact on the community’s willingness to get involved, and just being able to have these conversations and the organisation getting involved as well.* (Health)

*I would say [women’s health officer] has been a terrific resource and she’s been very understanding and clear.* (Health)

*[N]o doubt the community appetite for this conversation has changed enormously in the past two and a half years. And I think that the timing of that has been excellent, insofar as doing this work.* (Justice)

However, many informants identified a lack of such resources within and beyond the partnership as a barrier to achieving project outcomes.

*I think it comes down to its resource. Everything is time and emotional resource … The people that are coming to our meetings have multiple roles … PVAW is just part of their role.* (Local government)

*Resources both individually and across the network could be best described as limited.* (Local government)

*[W]hen I was talking about the challenges of people actually understanding what primary prevention is and people understanding what are the causes of violence against women, three years is like a drop in the ocean compared to what we need.* (Health)

As some of the foregoing discussion illustrates, informants were able to identify community members, including partnership members and some sports clubs within the broader community, who were taking a leadership role in preventing violence against women. Some informants also outlined the benefits of involvement in the partnership work. Such benefits included networking with other members of the partnership, sharing knowledge, resources and expertise, and using and adapting resources developed by the partnership for their own work.

*[T]he very existence of the local government sub-group itself I think is good because it’s been useful info share, chat, … casual chat about what, how local government workplace culture is working or not in relation to this stuff.* (Local government)
Local government group was able to see the value in the network and so continues to meet to share resources and continue to collaborate. Local governments were able to share policies and templates to reinforce programs more holistically. (Local government)

The resources, so we’re starting to — like I took this and so I use this as throwaways … Not that we want people to throw it away, but it’s cheap. Now, it’s what we’re on about. (Health)

We have all developed strong networking relationships and draw upon each other’s experiences to inform and develop strategies and solve problems. (Health)

Some responses illustrated formalised arrangements within the informant’s own organisation, and tangible evidence of allocation of resources, to implement and sustain initiatives to prevent violence against women. In particular, WHGNE, Alpine Health and Murrindindi Shire Council have committed ongoing resources to projects. For example, Alpine Health has a dedicated worker to undertake gender audits and implement gender equality action plans, and is working towards embedding gender equality in organisational policies and strategies.

[I]t’s been included in the corporate plan so that’s a big change … all we can do at the moment is work our gender equity plan into our existing frameworks and develop some support structures around that … I think that’s the only way it can within an organisation, it has to sit within the frameworks, the policies and procedures because that’s what we’re accountable for at the end of the day. (Health)

Some other organisations had also begun the process of using the Courageous Conversations Charter, staff training and other resources to influence organisational culture, policy and planning for sustainable change.

Staff training and conversations. Family violence is now one of the key priorities and is in our own business plans for 2015–16! (Justice)

[We] have brought the Courageous Conversations workplace checklist into our [organisation] and its executive … and my understanding is there’s some interest now in rolling that down through our organisation, sort of as a cultural check and then if we need to do some work, there are other things we have access to. (Justice)

However, arrangements and implementation of programs within organisations were limited to a small number of partners. This may explain the more negative distribution of responses to indicators 9 and 10.

Informants provided some evidence of partnership capacity to deliver a program at the aggregate of second-level capacity. Informants referred to the commitment, passion and buy-in of the members, who acknowledged the need for organisations and communities to work together to prevent violence against women, and the increasing capacity of partners to work together over the course of the project.
What it also has done is allowed everyone to see what other resources are out there and who else they can connect with to share the burden of this work, so work more on a partnership level as opposed to independently. And I think that’s a real strength of this strategy is the coming together of all different organisations all with a clear focus in mind, what the vision is, we’re all very clear about that and I don’t think anyone would waver from it. (Health)

We’re getting a joined-up conversation more broadly across the family violence sector, other related agencies and through the community around this topic. (Justice)

I think the Hume Strategy certainly highlighted as a region that we need to all work together on it because, like everywhere, we’re not immune. (Local government)

The terms of reference, strategy and other aspects of project governance promoted the partners’ capacity to work together to develop and deliver programs such as the Courageous Conversations Charter and bystander training.

Informants recognised that existing leaders in partner organisations had been undertaking primary prevention work before the project’s inception, and had a wealth of skills and experience in implementing initiatives and building capacity. But informants also acknowledged the role of the project itself, and WHGNE in particular, in building the capacity of organisations and individuals to prevent violence against women by increasing the understanding of primary prevention, and providing practical tools and resources.

Little evidence emerged from the in-depth interviews of investment in the strategy by groups and organisations beyond the partnership, or that the strategy was being maintained by the partnership using its own resources. However, the former may be a result of informants speaking from the perspectives of their own organisations. While ownership of the strategy by the partnership emerged as an explicit theme, discussions suggested that some informants perceived WHGNE as the “owner” and did not necessarily take ownership themselves.

One of the concerns that I have ... is that view that anything that’s done by Women’s Health is owned by Women’s Health. (Health)

Despite this, many informants felt the project had produced a sustainable network in the form of the LGN, whose members were committed to meeting beyond the life of the project. In contrast, some informants doubted that the SC would continue to meet after the project finished, given the lack of dedicated workers and limited time and resources.

The local government cohort is committed to continuing to meet in to the future. (Local government)

I just hope that it stays as part of their job description and whether they end up having the resources and capacity to maintain and continue and I think that’s a big question from the steering committee, full stop. Once this finishes are we
The commitment to an ongoing LGN is an important outcome of the strategy in a region where previously there was no such network of local governments with a shared aim to prevent violence against women. There was, however, not necessarily evidence that the LGN had yet moved beyond networking and information sharing to delivering and maintaining a program to prevent violence against women.

**Knowledge transfer**

Qualitative data illustrated first-level capacity in the domain of knowledge transfer. Informants identified a range of tools and resources that could be transferred to others within the partnership. These included tools and resources developed and used by WHGNE and the project partners, such as the Courageous Conversations Charter and other tools and checklists.

Courageous Conversations website, yeah. And some of the tools that have been developed as consequence of that website like some resources around community meetings and showing the continuum from gender stereotypes right through to death. That’s a great tool to be able to show people what the facts are, what our individual attitudes are. (Health)

So the ones that I was talking about was workplace checklist and there’s two documents. So one of them looks at when you’re actually going to employ someone you’re looking at male/female and the impact that employment opportunity might have on these people and it also looks at how many male and how many female are on the board, how many male and how many female are in senior management, how many male and how many female would take up paternity leave, that sort of thing. (Health)

Informants were also able to identify tools, resources and knowledge from outside the partnership that could be used by the partnership, including those from existing networks and organisations such as the Municipal Association of Victoria, Workplace Gender Equality Agency and VicHealth. However, some informants felt the partnership was not making enough use of existing resources and external networks, and others felt the partnership had produced too many resources. Some felt resources and tools should be more directed towards working with local communities and groups, or specific types of organisations such as local government.

I don’t think we’re using resources that are knocking on our door to support the strategy as well as we could. (Local government)

The material was very information dense, it was a very dense area to get into, and having a strategy and then a charter, and then the multiple documents, I found a little bit confusing at some points. (Local government)

So what’s the toolkit framework approach, resources that you can then take [to] the football club, community group and then and contextualise it locally and apply it? I haven’t seen that. (Health)
There were also examples of partners using and adapting project resources and tools for local purposes, as well as reviewing and modifying resources to meet the needs of the network. While some informants felt their feedback had been influential, others felt the SC’s feedback was not always taken into account.

"They’re still producing useful resources for me. For instance … there’s a gender equity checklist that they’ve brought out, and we actually tested it, I actually tested it with my female staff here and got some feedback … the checklist they’ve provided could be a very useful introduction to the whole question about gender equity in the workplace and provide that thought-provoking discussion that flows from that … (Health)"

As outlined above, informants provided examples of implementation of knowledge transfer activities, including developing and using websites, tools and resources within their organisations and communities. There was little direct discussion of making structural arrangements to support knowledge transfer and reviewing the project to ensure it was evidence-based, reflecting the distribution of responses in the CCI.

There was also evidence of the capacity of the network to transfer knowledge to achieve desired outcomes. An example was the flow-on effect of the partnership, with members of the SC and LGN sharing knowledge within their organisations, and influencing their own and other organisations to promote gender equity and prevent violence against women.

"There is strong knowledge transfer within the steering committee and a desire to continue this work beyond the project. (Health)"

"One of our general managers … will have a look at [the Courageous Conversations checklist] … And also we’ve suggested that we’ll contact some other large organisations and get some leaders in their organisations to have a look at the toolkit and say "Is this useful for your organisation? Would you use it? What would we need to change? And will you give it a go?" (Justice)"

"Discussions have commenced in relation to perpetrator accountability, gender inequity and the bystander effect. Network members have discussed how they will introduce this “thinking” into their own organisations using the Courageous Conversations framework. (Justice)"
Table 6: The domain of Knowledge Transfer 2015

<table>
<thead>
<tr>
<th>% of organisations*</th>
<th>Not at all/limited</th>
<th>Somewhat</th>
<th>Substantial</th>
<th>Almost entirely/entirely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Members of the network have identified what resources will be transferred to others WITHIN the network</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>2. Members of the network have identified what resources from outside the network will be transferred to them</td>
<td>33%</td>
<td>67%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3. Members of the network have reviewed and changed the activities/programs/initiative so that it meets local needs (i.e. target group needs)</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>4. Members of the network have reviewed and modified the activities/program/initiative so that it meets the needs of the network</td>
<td>17%</td>
<td>50%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of first level</strong>: The network has capacity to develop a program that meets local needs</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Second-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Members of the network have implemented some knowledge transfer activities</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>6. Members of the network have reviewed and changed the activities/program/initiatives so that it is evidence based/reflects current good practices.</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>7. Members of the network have made structural arrangements to support knowledge transfer.</td>
<td>17%</td>
<td>50%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of second level</strong>: The network has capacity to transfer knowledge in order to achieve the desired outcomes/implement a program within a network.</td>
<td>17%</td>
<td>17%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Third-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Members of the network have in place mechanisms to obtain feedback about progress towards achieving the desired outcomes/implementing a program.</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>9. Members of the network have incorporated a program into the mainstream activities of each organisations and group in the network.</td>
<td>17%</td>
<td>67%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of third level</strong>: The network has capacity to integrate a program into the mainstream practices of the network partners.</td>
<td>0%</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Based on organisations that completed the CCI in both years

Some informants expressed a strong interest in evaluating different elements of the project in order to contribute to the existing evidence base. However, some of these discussions reflected concerns regarding challenges in measuring change or demonstrating impacts, and questioning whether some aspects of the project, such
as the Courageous Conversations Charter and website, were being adequately evaluated.

And that’s true of a lot of things, you can’t offer a tangible evidence base. It's very hard because it's about opinion or change in attitude. Well you can’t take a photo of the change of attitude, that’s hard. That’s why this work is hard because to measure is difficult, but I think we do need to measure some things to be able to report on that and attribute that to the strategy. (Local government)

The Courageous Conversation Charter, although I don’t know if there’s enough work being done around to actually recognise who’s adopting it and what they’re doing to tick off these things. (Health)

Finally, there was evidence of some partners working towards incorporating a program into their organisations’ mainstream activities. This was particularly demonstrated by the organisations undertaking the Interaction Gender Audit and developing gender action plans. However, these organisations constituted a minority of the partnership, which may illustrate the lower distribution of responses in the CCI for that indicator.

**Problem-solving**

The qualitative data provided broad evidence of first-level capacity in the domain of problem-solving. For example, some informants identified specific partners, including other organisations and male partnership members, while others identified players outside the network, such as other professionals working in the field. Other informants identified working together to discuss issues and solve problems as one strength of the partnership.

We have all developed strong networking relationships and draw upon each other’s experiences to inform and develop strategies and solve problems. (Health)

So this guy was good … I didn’t agree with everything he said but I think having his voice as part of the group was really useful because that’s the other thing that concerned me a bit with this work is having only women talking about it … it’s helpful to keep men involved in the discussion as well. (Local government)

Within the second level of capacity in the problem-solving domain, the qualitative data provided evidence of gaining the agreement, and recognising the strengths, of external experts to share expertise and discuss issues.

We have enjoyed having some expertise come into the group and share different bits of information with us, and I think that's matured the group. (Justice)

However, there was little direct discussion of adopting recognised problem-solving approaches, which reflects the distribution of responses in the CCI. On the other hand, informants reflected on the capacity of the group to have open and honest discussions in order not only to identify, but also to overcome problems within the partnership.
We have a collegiate approach to working on this project. It’s certainly an environment that provides a safe place to have conversations within the steering committee, about the right or the wrong way to go with this, or challenging ideas and assumptions, which I think is pretty healthy. (Justice)

Table 7: The domain of problem solving 2015

<table>
<thead>
<tr>
<th>% of organisations*</th>
<th>Not at all/ limited</th>
<th>Somewhat</th>
<th>Substantial</th>
<th>Almost entirely/ entirely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Members of the network have identified the key players within the network to problem solve difficulties encountered in achieving the desired outcomes.</td>
<td>0%</td>
<td>33%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td>2. Members of the network have identified the key players outside the network to problem solve difficulties encountered in achieving the desired outcomes.</td>
<td>17%</td>
<td>50%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>3. There is evidence that members of the network recognise the strengths of key players within the network.</td>
<td>0%</td>
<td>17%</td>
<td>83%</td>
<td>0%</td>
</tr>
<tr>
<td>4. Members of the network can gain agreement to work together to solve problems.</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of first level</strong>: There is a capacity within the network to work together to solve problems.</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Second-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Members of the network can gain agreement to work with others outside the network to solve problems.</td>
<td>17%</td>
<td>33%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>6. There is evidence that members of the network recognise the strengths of those both within and outside the network.</td>
<td>17%</td>
<td>17%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td>7. Members of the network have adopted a well-recognised problem solving process.</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>8. Members of the network have moved from identifying problems to implementing activities designed to overcome problems within the network.</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of second level</strong>: There is the capacity to identify and overcome problems encountered in achieving the desired outcomes.</td>
<td>17%</td>
<td>33%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Third-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. There have been demonstrations of problem solving across the network partners.</td>
<td>0%</td>
<td>67%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>10. There is evidence of flexibility in problem solving across the network.</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of third level</strong>: There is capacity to sustain flexible problem solving.</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Based on organisations that completed the CCI in both years
The qualitative data provided evidence of demonstrated problem solving at the third level of capacity within the partnership. The clearest example of this was developing a shared language. In the early stages of the strategy, some informants were concerned that the language being used was too “hardline” and “feminist” to engage local communities. However, at the time of the in-depth interviews, there was acknowledgement that, as a result of partnership discussions, the language had softened and become more acceptable to the partners and the communities they sought to engage.

[I]t’s been working around language … you have to work within the area that you’re in and if you alienate the very people that you’re trying to change then you’re just up against a brick wall … It has [changed over time], and we have seen great shifts. (Health)

[W]e’ve also probably become a little bit more articulate and a little bit more clever in the way that we have these conversations in working out what does engage people and what is going to work with people and what isn’t going to work with people and what are they going to stand and what aren’t they going to … So I think in the beginning we would use a lot of probably jargon words. So we … would use “gender equality”. We would use “gendered lens”. We would use words like that. Whereas we found … those weren’t necessarily words that translated to everyday community members, and so we have since adopted using words more like equality and respect and then providing them with tools and resources such as the workplace checklist, and that’s made it a bit more understandable and a bit more practical for people and they’ve been able to see the benefit or why they should get involved. (Health)

However, the qualitative data revealed a range of problems for which there was less evidence of a proactive and flexible problem-solving approach. Such problems included engaging men, overcoming resistance and entrenched norms, and finite resources to participate in and continue the project.

**Infrastructure**

**First subdomain: policy investments**
The qualitative data provided some evidence of the investment of resources to develop policies, and the benefits of such investments. For example, partnership organisations contributed human resources in the form of individual SC and LGN members who attended meetings and contributed to development of policies and plans for the partnership.

*We’ve contributed to great policy with the strategy, the charter, the … terms of reference. You tussle for the first three months until everybody agrees on that which takes so much time but it has to be something that you can refer back to.*

(Local government)

Informants felt that policy and planning documents such as the strategy, the Courageous Conversations Charter, Interaction Gender Audit and other tools and resources were beneficial and useful within their own organisations and communities.
I am aware that within our [organisation] we will be undertaking a gender equity audit. This would not have occurred without the involvement of WHGNE. (Justice)

Table 8: The domain of infrastructure 2015*

<table>
<thead>
<tr>
<th>% of organisations*</th>
<th>Not at all/limited</th>
<th>Somewhat</th>
<th>Substantial</th>
<th>Almost entirely/entirely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First subdomain: Policy investments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Members of the network invest their own resources so that adequate program related policies and plans are developed for the whole network</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>2. Members of the network are able to identify the benefits from their investment in program related policy development</td>
<td>0%</td>
<td>33%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of policy investment</strong>: The network has capacity to develop program related policy capital</td>
<td>17%</td>
<td>33%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Second subdomain: Financial investments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Members of the network can determine the costs and benefits of participation in the network</td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>4. Members of the network invest financial resources in the network to maintain a partnership approach to program implementation</td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of financial investment</strong>: The network has capacity to develop financial capital</td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Third subdomain: Human/intellectual investments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Members of the network invest in helping emerging leaders develop necessary experience and skills</td>
<td>0%</td>
<td>60%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>6. Members of the network invest in education and training of network members to facilitate the achievement of network objectives</td>
<td>0%</td>
<td>20%</td>
<td>60%</td>
<td>20%</td>
</tr>
<tr>
<td>7. Members of the network can identify returns in investments in education and training</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aggregate of human/intellectual investment</strong>: The network has capacity to develop human/intellectual capital</td>
<td>0%</td>
<td>40%</td>
<td>60%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Fourth subdomain - Social investments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Members of the network invest in developing and maintaining social relations between the members of the network</td>
<td>20%</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>9. There is evidence of responsiveness to the concerns of other partners in the network</td>
<td>0%</td>
<td>60%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Aggregate of social investment</strong>: The network has capacity to develop social capital</td>
<td>0%</td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
</tr>
</tbody>
</table>

* Based on organisations that completed the CCI in both years
Furthermore, such policies and strategies influenced some partner organisations’ internal policies and planning as previously discussed. Overall, the informants provided strong evidence that the partnership had capacity to develop program-related policy capital.

Second subdomain: financial investments
The strongest evidence of financial investments consisted of partners investing human resources as outlined above. In addition, some organisations provided in-kind support, such as venues for meetings.

I do think that [organisations] have been extremely generous in their providing of a place for us to have our meetings and I believe that they cover the catering and everything which I think is pretty awesome. (Local government)

However, there was little evidence of partners making other financial investments in the project. Rather, informants acknowledged that there was substantial reliance on the Department of Justice and Regulation funding, and that organisations needed to invest financial and in-kind support for the partnership to continue.

Partnerships are probably the most achievable objective within the strategy as this work can only be continued through the development of strong, ethical relationships who commit resources — financial and in-kind. (Health)

Third subdomain: human/intellectual investments
Informants provided some examples of investment in human/intellectual capital by helping emerging leaders develop experience and skills, and investing in education and training. Key examples included individual members of the partnership undertaking additional professional development, and some members of the SC and LGN attended strategy events and training such as the Courageous Conversations launch and bystander training. Some informants identified the personal and professional benefits of attending training and education, including enhancing their knowledge, skills and professional networks.

I’ve done some extra [professional development] outside of this at VicHealth which was Walking the Talk around gender equity for organisations who are actually undertaking gender equity changes and I found that really helpful because of the connections I’ve made and the extra resources, being able to talk with people who have been through the same experience … (Health)

Fourth subdomain: social investments
Some informants provided evidence of responsiveness to the concerns of members of the partnership, including an improvement in collaborative practice over the life of the project, as well as a sense that the partnership was collegiate, respectful and supportive.

There was a fair bit of competition and poor collaborative approaches from Women’s Health perspective. And I say that now, because I think we’ve got past that, there’s a stronger collaborative feel, they’ve stopped trying to muscle in onto
our space and are prepared to let us do what we do and do what we do best. (Health)

The partnership established is certainly supportive. (Local government)

All robust discussions conducted at committee meetings are managed in a respectful manner with each person’s opinion listened to. While not everyone agrees on everything there is minimal conflict when differing opinions arise. (Justice)

Changes from 2013 to 2015
Overall, responses in 2015 compared to those in 2013 showed a very mixed pattern of increased capacity and decreased capacity on indicators and domains in the CCI. Detailed results for each domain are shown in Tables 9 to 12 below, and a short commentary is given for each table. Of particular interest are the indicators where there is agreement that capacity has increased, which can be regarded as strengths of the project, and those indicators where there is agreement that capacity has decreased, which indicate particular challenges for the future.

Table 9 shows the results for the first domain of network partnerships. Only a couple of indicators reveal agreement about increased capacity, and none at the third level of capacity. The agreement that there is increased capacity in having a reservoir of leaders who are available and interested is encouraging.

Particular challenges remaining in this domain include developing skills and knowledge in existing community leaders (indicator 11), reflecting the relatively narrow reach of training delivered so far. Meeting this challenge is important given the identification of a reservoir of interested leaders in the community. Many of the other indicators for which there was agreement on decreased capacity, particularly at the third level, reflect the understanding that the partnership brought together for this project will not persist in its current form beyond the life of the project.

The second domain of knowledge transfer is shown in Table 10. Only two indicators (numbers 4 and 5) showed agreement on increased capacity, and none in the third level. These indicators speak to important achievements in terms of knowledge transfer during the life of the project (indicator 5) and work on developing the strategy (indicator 4). As with the first domain, those indicators where there is agreement that capacity has decreased from 2013 to 2015 (indicators 2 and 3 and the aggregate of the first level) reflect the temporary nature of the project and the understanding that partnership will exist in a different form after its conclusion. The mixed views on indicators 1, 6, 7, 8 and 9 reflect different levels of achievement within the different organisations involved in the project with respect to knowledge transfer.
Table 9: Organisations that completed the CCI on both occasions: Perceptions of change in the domain of Network Partnerships, 2013 to 2015

<table>
<thead>
<tr>
<th>First-level capacity</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a reservoir of leaders within the community who are available and interested in the community</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Members of the network can identify the outcomes the network desires to achieve</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>3. Members of the network can identify the resources needed to achieve the desired outcomes/implement a program</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Members of the network can identify the individuals, groups or organisations within the network with resources necessary to achieve the desired outcomes/implement a program</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>5. Members of the network can identify the other individuals or groups outside the network with resources necessary to achieve the desired outcomes/implement a program</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate of first level</strong>: The network has capacity to identify the organisations and groups with resources to implement/sustain a program</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second-level capacity</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. There are community members who are already taking on a visible leadership role in community activities</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>7. Members of the network can state the benefits for themselves of their own involvement in the network</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>8. Members of the network can describe the benefits other members will gain from involvement in the network</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Members of the network have formalised arrangements within their own group/organisation to implement/sustain a program</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>10. There is tangible evidence that the resources have been allocated to a program by network members</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate of second level</strong>: The network has capacity to deliver a program</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third-level capacity</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Existing community leaders have experience, knowledge and skills in capacity building efforts</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>12. There is tangible evidence of investment in a program by groups and organisations beyond the original sponsoring group</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. There is tangible evidence that a program is now “owned” by the participants of the network</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>14. There is tangible evidence that a program is being maintained by the network using its own resources</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate of third level</strong>: There is sustainable network established to maintain and resource a program</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>
Table 10: Organisations that completed the CCI on both occasions: Perceptions of change in the domain of Knowledge Transfer, 2013 to 2015

<table>
<thead>
<tr>
<th></th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Members of the network have identified what resources will be transferred to others within the network</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>2. Members of the network have identified what resources from outside the network will be transferred to them</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>3. Members of the network have reviewed and changed the activities/programs/initiative so that it meets local needs (i.e. target group needs)</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>4. Members of the network have reviewed and modified the activities/program/initiative so that it meets the needs of the network</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate of first level</strong>: The network has capacity to develop a program that meets local needs</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Second-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Members of the network have implemented some knowledge transfer activities</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Members of the network have reviewed and changed the activities/program/initiatives so that it is evidence based/reflects current good practices</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Members of the network have made structural arrangements to support knowledge transfer</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate of second level</strong>: The network has capacity to transfer knowledge in order to achieve the desired outcomes/implement a program within a network</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Third-level capacity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Members of the network have in place mechanisms to obtain feedback about progress towards achieving the desired outcomes/implementing a program</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Members of the network have incorporated a program into the mainstream activities of each organisations and group in the network</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aggregate of third level</strong>: The network has capacity to integrate a program into the mainstream practices of the network partners</td>
<td>●</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 11 presents the results for the third domain of problem solving: over half of the indicators reveal agreement on increased capacity. There is agreement that capacity has decreased on indicator 4 and the aggregate assessments at first and second levels, reflecting the temporary nature of the project. As with knowledge transfer, the mixed views of change on indicators 1 and 2 reflect the differences within organisations.
<table>
<thead>
<tr>
<th>First-level capacity</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Members of the network have identified the key players within the network to problem solve difficulties encountered in achieving the desired outcomes</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>2. Members of the network have identified the key players outside the network to problem solve difficulties encountered in achieving the desired outcomes</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>3. There is evidence that members of the network recognise the strengths of key players within the network</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>4. Members of the network can gain agreement to work together to solve problems</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Aggregate of first level: There is a capacity within the network to work together to solve problems</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second-level capacity</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Members of the network can gain agreement to work with others outside the network to solve problems</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>6. There is evidence that members of the network recognise the strengths of those both within and outside the network</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>7. Members of the network have adopted a well-recognised problem solving process</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>8. Members of the network have moved from identifying problems to implementing activities designed to overcome problems within the network</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Aggregate of second level: There is the capacity to identify and overcome problems encountered in achieving the desired outcomes</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third-level capacity</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. There have been demonstrations of problem solving across the network partners</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>10. There is evidence of flexibility in problem solving across the network</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Aggregate of third level: There is capacity to sustain flexible problem solving</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

For the fourth domain, infrastructure (see Table 12), increasing capacity was reported in respect of all indicators for policy and social investments (subdomains 1 and 4). This indicates maturity in respect of these subdomains.

Increased capacity is also indicated overall and for two of the three indicators for human/intellectual investments. The weak spot in this subdomain is in supporting emerging leaders, and this reflects that training and development to date have been restricted to relatively small numbers across the region and have yet to involve many community members or many men.

In respect of financial investment, the second subdomain, positive change was reported in only indicator 4 (investing financial resources to maintain a partnership approach), and comments make it clear that this contribution was seen mainly in
terms of staff time. Overall the mixed views for this domain reflect a challenge in taking the work forward across the region.

Table 12: Organisations that completed the CCI on both occasions: Perceptions of change in the domain of Infrastructure, 2013 to 2015

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Increased capacity</th>
<th>Mixed views</th>
<th>Decreased capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First subdomain: policy investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Members of the network invest their own resources so that adequate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>program related policies and plans are developed for the whole network.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Members of the network are able to identify the benefits from their</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>investment in program related policy development.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregate of policy investment: The network has capacity to develop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>program related policy capital.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Second subdomain: financial investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Members of the network invest resources so that the network can</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>determine the costs and benefits of participation in the network.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Members of the network invest financial resources in the network to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>maintain a partnership approach to program implementation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregate of financial investment: The network has capacity to develop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>financial capital.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Third subdomain: human/intellectual investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Members of the network invest in helping emerging leaders develop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>necessary experience and skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Members of the network invest in education and training of network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>members to facilitate the achievement of network objectives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Members of the network can identify returns in investments in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>education and training.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregate of human/intellectual investment: The network has capacity to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>develop human/intellectual capital.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fourth subdomain: social investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Members of the network invest in developing and maintaining social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>relations between the members of the network.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. There is evidence of responsiveness to the concerns of other partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the network.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregate of social investment: The network has capacity to develop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social capital.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Implications**

Drawing on the two sections above, there are a number of important implications for future work across the region.

The first of these is a view of the partnership as one that will not continue in its current form, but has instead served a capacity-building function and will continue in different forms after the end of the Department of Justice and Regulation-funded project. In particular it has served as useful preparation for the creation of a local government network across the region that will continue and be a major vehicle for sustaining and continuing development of primary prevention. The latest revision of the regional strategy (WHGNE 2014a) reflects the LGN’s importance in the future.
There is evidence of capacity-building across all domains, but also of challenges. There is a particularly positive view of the resources and tools being shared during the later part of the project. The importance of the Courageous Conversations website as a repository for tools and resources is obvious from the interviews and CCI. This is recognised also in the revised regional strategy (WHGNE 2014a) and the sustainability plan (WHGNE 2014b).

In terms of infrastructure, the assessment is weakest in terms of financial infrastructure and this is of concern for sustainability. The latest version of the sustainability plan (WHGNE 2014b) reflects this assessment, with very little to say beyond 2015 other than advocating for future funding.
3.2 Building gender equity in organisations

In the second half of 2014, programs of work on gender equity were begun by two organisations in the region, Alpine Health and Murrindindi Shire Council. The first part of the work in each case was to carry out a gender audit of the organisation in order to produce a gender action plan. The InterAction Gender Audit Handbook: A Tool for Organisational Self-Assessment and Transformation (Harvey and Morris 2010) was used to guide the process in each organisation. The process is intended to be as participatory as possible to build ownership of the resulting action plans, and so staff members were given the opportunity to contribute via surveys, focus groups and other involvement with the working group guiding the process. Thirty per cent of the staff in Alpine Health participated in the survey (Modderman 2015a) and 52 per cent of staff in Murrindindi (Modderman 2015b). The participation rate in Alpine Health may well have been depressed by the organisational change that was taking place at the same time.

Survey respondents appear to have been roughly representative of the gender mix in each organisation's employees. In both organisations the focus group discussions were positive and constructive towards the idea of formulating a gender equity plan (Büssst 2015a, 2015b) and articulated their visions of a gender-sensitive organisation. In Alpine Health the most commonly discussed theme across all focus groups was respect for staff regardless of gender; this was expressed by one participant as follows:

My vision for gender equity in Alpine Health is for people to be able to have courageous conversations. For us to have a milieu where it's normal to have conversations, whether they're courageous, caring, or individual. I think they have to be under that umbrella of respect. I think if you have that umbrella of respect, then I think gender equity will fall from it (Büssst 2015a, p6)

In the single focus group conducted in Murrindindi, there was less time for discussion of visions, but answers followed a similar theme of ensuring equitable access and selection on merit, as well as prevention of family violence through understanding of gender equity (Büssst 2015b). In both organisations the need for better communication and increased information and training for staff emerged strongly from the surveys (Modderman 2015a, 2015b) and was reinforced by the focus groups (Büssst 2015a, 2015b).

In Alpine Health, the action plan was developed in July to September 2015 and named the “Respect and Equity Plan”. It included the development of a gender equity procedure; development of a gender equity lens for review of policies and procedures; provision of training and leadership programs; communication to staff through continued newsletters; and setting up an annual review and reporting on the plan. The main implementation started from November 2015, but some bystander

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7 Verbal report from several sources, exact figures not available to the evaluation team at time of writing.

8 Information from Neville (2015), interviews and CCI
training workshops for staff ran in October 2015 and preparatory work was underway for implementation of items in the plan.

In Murrindindi Shire Council\(^9\), the action plan was developed in July and August 2015, and included a focus on disseminating what the organisation already did to enhance gender equity, with a new “Did you know” poster or information sheet to be produced each month. Another focus was on embedding gender equitable principles in normal practice, with a gender equitable lens being incorporated into the two major reviews of practice and procedure in the organisation, and specific actions being embedded into the Council Plan (training, professional development, mentoring for new staff) and the Health and Wellbeing Plan (forms and templates, recruitment procedures and induction procedures to be gender equitable). Implementation of the action plan started in December 2015.

The timing of the follow-up gender attitudes survey was such that very little of the action plans had been implemented, and so the analysis of change in attitudes from baseline assesses only the short-term impact, in particular the impact of the gender audit process itself. Outside the evaluation presented here, arrangements have been made for a Deakin University Masters of Public Health student to undertake a masters research project to better understand the medium term outcomes from the work; it is proposed that telephone interviews will be held with a sample of staff at least six months after the start of the implementation of the action plan. The interviews would explore staff views on the impact(s) of the gender equity work to that point. Findings from this research will be available in later 2016 or early 2017.

**Respondents to the surveys on gender attitudes**

Table 13 summarises responses to the gender attitude surveys at baseline and follow-up. No information was gathered on socio-demographic characteristics of respondents and there is no way of matching individuals’ responses at baseline and follow-up. There is therefore no way of exploring the representativeness of these samples to the workforce as a whole.

<table>
<thead>
<tr>
<th></th>
<th>Collection period</th>
<th>Number of responses</th>
<th>Estimated response rate(^10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpine Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>Nov 2014 to Jan 2015</td>
<td>126</td>
<td>33%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>Oct to Nov 2015</td>
<td>40</td>
<td>11%</td>
</tr>
<tr>
<td>Murrindindi Shire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline</td>
<td>Dec 2014 to Feb 2015</td>
<td>88</td>
<td>72%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>Oct to Nov 2015</td>
<td>17</td>
<td>19%</td>
</tr>
</tbody>
</table>

\(^9\) Information from Porter (2015) and interviews  
\(^10\) Response rates were estimated using total staff numbers for the two organisations derived from Modderman (2015a for Alpine Health and 2015b for Murrindindi Shire Council)
Response rates at baseline were 33 per cent for Alpine Health and 72 per cent for Murrindindi Shire Council; while 33 per cent may seem like a low rate, it is not untypical for surveys of this sort; the response rate of 72 per cent represents a very good level of response. Unfortunately response rates in the follow up survey were much lower, 11 per cent for Alpine Health and 19 per cent for Murrindindi Shire Council. A variety of factors are likely to be responsible for this. In both organisations there was possibly a perception that it was too soon to be doing a follow-up survey, especially given the lack of time for the action plan implementation to have had much impact on staff.

**Changes in gender attitudes**

Findings are discussed for the two organisations in turn.

**Alpine Health**

Figures 2 to 12 compare results for baseline and follow-up surveys for each of the 11 items used to assess gender attitudes. Six of the 11 items showed a positive shift in attitudes supportive of gender equity; four items showed a negative shift, the shift in the final item was less than 1%. These are expanded on below.

Positive changes were shown in responses to the following items:

"**On the whole, men make better political leaders than women**: 77.5 per cent in the follow-up survey disagreed or strongly disagreed, increased from 57.1 per cent in the baseline survey.

"**When jobs are scarce, men should have more right to a job than women**: 97.5 per cent disagreed or strongly disagreed, increased from baseline 91.3 per cent.

"**A university education is more important for a boy than a girl**: 97.5 per cent disagreed or strongly disagreed, increased from baseline 96.1 per cent.

"**It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man**: 62.5 per cent agreed or strongly agreed, slightly increased from 61.9 per cent.

"**Discrimination against women is no longer a problem in the workplace in Australia**: 90.0 per cent disagreed or strongly disagreed, against baseline 85.8 per cent.

"**There should be more women in senior management positions in business and industry**: 70 per cent agreed or strongly agreed against baseline 62.7 per cent.

Negative changes were evident in four items:

"**When both partners work full time, they should have equal share of domestic chores**: 72.5 per cent in the follow up group disagreed or strongly disagreed, compared to 92.1 per cent in the baseline group.

"**If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child**: 57.5 per cent disagreed or strongly disagreed, down from the baseline 66.6 per cent.
“A woman has to have children to be fulfilled”: 85 per cent in the follow-up survey, compared to a higher 91.3 per cent in the baseline survey, disagreed or strongly disagreed.

“Women prefer a man to be in charge of the relationship”: 77.5 per cent disagreed or strongly disagreed, compared to the baseline 80.2 per cent.

Finally, 85 per cent in the post-training survey, compared with 85.7 per cent in the baseline survey, disagreed or strongly disagreed that “men should take control in relationships and be the head of the household”. The change is this item is extremely small.

While the results were mixed, the differences between the baseline and follow-up groups were not statistically significant for any of the 11 items¹¹.

![Figure 2](image2.png)

**In general, men make better political leaders than women (NCAS)**

![Figure 3](image3.png)

**When jobs are scarce men should have more right to a job than women (NCAS)**

¹¹ Mann-Whitney U test, p-value ranged from 0.124 to 0.928.
A university education is more important for a boy than a girl (NCAS)

A woman has to have children to be fulfilled (NCAS)

It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man (NCAS)
Figure 7

Discrimination against women is no longer a problem in the workplace in Australia (NCAS)

Figure 8

Men should take control in relationships and be the head of the household (NCAS)

Figure 9

Women prefer a man to be in charge of the relationship (NCAS)
There should be more women in senior management positions in business and industry

- Strongly Agree
- Somewhat Agree
- Neither Disagree or Agree
- Somewhat Disagree
- Strongly Disagree
- Don't know/blank

![Figure 10](image10)

When both partners work full-time, they should have equal share of domestic chores

- Strongly Agree
- Somewhat Agree
- Neither Disagree or Agree
- Somewhat Disagree
- Strongly Disagree
- Don't know/blank

![Figure 11](image11)

If a child is ill and both parents are working, it should usually be the Mother who takes time off work to look after the child

- Strongly Agree
- Somewhat Agree
- Neither Disagree or Agree
- Somewhat Disagree
- Strongly Disagree
- Don't know/blank

![Figure 12](image12)
The gender equity score (McGregor 2009) was calculated from the eight NCAS items, using the methodology described in Webster et al (2014, pp158-162) to deal with any missing responses (averaging the total of existing responses and adding that average for each missing item). This yields a score of between 5 and 100, with 100 representing the best score. Following the usage in McGregor (2009), Pennay and Powell (2012) and Webster et al (2014), scores are classified as “high” (>90), “medium” (75–90) and “low” (<75).

Table 14 shows the distribution of the gender equity scores for staff of Alpine Health at each of the two time points. As can be seen the distribution has shifted in a positive direction comparing the follow-up to the baseline; however the difference between the two distributions is not statistically significant\(^\text{12}\). The distributions show more positive gender attitudes than those of the NCAS 2013 sample.

Table 14 Gender equity score distribution: Alpine Health staff

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>NCAS 2013 sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>64 (50.8%)</td>
<td>23 (57.5%)</td>
<td>6000 (34%)</td>
</tr>
<tr>
<td>Medium</td>
<td>48 (38.1%)</td>
<td>15 (37.5%)</td>
<td>7445 (43%)</td>
</tr>
<tr>
<td>Low</td>
<td>14 (11.1%)</td>
<td>2 (5%)</td>
<td>4050 (23%)</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

\(\text{Murrindindi Shire Council}\)

Figures 13 to 23 compare results for baseline and follow-up surveys for each of the 11 items used to assess gender attitudes. There was a positive shift in attitudes supportive of gender equity in nine out of the 11 items, but a negative shift for the other two items. These are expanded on below.

Positive changes were found in the following items:

“\text{When jobs are scarce men should have more right to a job than women}”\(^*: \text{88.3 per cent in the follow-up survey disagreed or strongly disagreed, compared with 75 per cent in the baseline survey.}\)

“A university education is more important for a boy than a girl”\(^*: \text{82.4 per cent disagreed or strongly disagreed (baseline 80.7 per cent).}\)

“A woman has to have children to be fulfilled”\(^*: \text{82.3 per cent disagreed or strongly disagreed (baseline 80.7 per cent).}\)

“It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man”\(^*: \text{76.5 per cent agreed or strongly agreed (baseline 52.3 per cent).}\)

“Discrimination against women is no longer a problem in the workplace in Australia”\(^*: \text{82.3 per cent disagreed or strongly disagreed (baseline 72.7 per cent).}\)

\(^{12}\text{Mann-Whitney U Test, } p = 0.204\)
“Women prefer a man to be in charge of the relationship”: 82.4 per cent disagreed or strongly disagreed (baseline 63.6 per cent).

“There should be more women in senior management positions in business and industry”: 64.7 per cent agreed or strongly agreed (baseline 52.3 per cent).

“When both partners work full time, they should have equal share of domestic chores”: 94.1 per cent disagreed or strongly disagreed (baseline 77.3 per cent).

“If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child”: 70.6 per cent disagreed or strongly disagreed (baseline 59.1 per cent).

Negative changes were evident in two items:

“On the whole, men make better political leaders than women”: 47.1 per cent in the follow-up survey disagreed or strongly disagreed, compared with 61.4 per cent in the baseline survey. It is noteworthy that the percentage who selected “neither agree or disagree” rose from 31.8 per cent in the baseline to 41.2 per cent in the follow up survey.

“Men should take control in relationships and be the head of the household”: 58.9 per cent disagreed or strongly disagreed (baseline 68.2 per cent).

While the results were mixed, the differences between the baseline and follow-up groups were not statistically significant for any of the 11 items\textsuperscript{13}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure13.png}
\caption{In general, men make better political leaders than women (NCAS)}
\end{figure}

\textsuperscript{13} Mann-Whitney U test, p-value ranged from 0.126 to 0.7188.
When jobs are scarce men should have more right to a job than women (NCAS)

A university education is more important for a boy than a girl (NCAS)

A woman has to have children to be fulfilled (NCAS)
It's OK for a woman to have a child as a single parent and not want a stable relationship with a man (NCAS)

Discrimination against women is no longer a problem in the workplace in Australia (NCAS)

Men should take control in relationships and be the head of the household (NCAS)
Women prefer a man to be in charge of the relationship (NCAS)

There should be more women in senior management positions in business and industry

When both partners work full-time, they should have equal share of domestic chores
The gender equity score (McGregor 2009) was calculated from the eight NCAS items, using the methodology described in Webster et al (2014, pp. 158-162) to deal with any missing responses (averaging the total of existing responses and adding that average for each missing item). This yields a score of between 5 and 100, with 100 representing the best score. Following the usage in McGregor (2009), Pennay and Powell (2012) and Webster et al (2014), scores are classified as “high” (>90), “medium” (75–90) and “low” (<75).

Table 15 shows the distribution of the gender equity scores for staff of Murrindindi Shire Council at each of the two time points. The distribution has shifted in a positive direction; however, the difference between the two distributions is not statistically significant\(^{14}\). As the table shows, in each case the distribution lies close to that for the NCAS sample.

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>NCAS 2013 sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>27 (30.7%)</td>
<td>6 (35.3%)</td>
<td>6000 (34%)</td>
</tr>
<tr>
<td>Medium</td>
<td>34 (38.6%)</td>
<td>7 (41.2%)</td>
<td>7445 (43%)</td>
</tr>
<tr>
<td>Low</td>
<td>27 (30.7%)</td>
<td>4 (23.5%)</td>
<td>4050 (23%)</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

**Implications**

It is very difficult to draw implications with any certainty from the above analysis, for two reasons. The first is the limitations of the data collected, in particular the low response rates at follow-up and the inability to assess the representativeness of the sample and whether or not the baseline and follow-up samples were similar in socio-demographic composition. The second reason is that the follow-up survey, while

\(^{14}\) Mann-Whitney U Test, \(p = 0.7263\)
conducted as late as possible to allow this report to be finalised on schedule\textsuperscript{15}, was carried out before implementation of the action plans had started. At best therefore, any changes reflect the impact of the gender audit itself.

The majority of changes between baseline and follow-up are in a positive direction, and this can be regarded as encouraging, with again the caution that they are not statistically significant.

The difference in findings for the two organisations and their positioning in relation to the NCAS 2013 sample is of interest. For Alpine Health, informal reports suggest that participation was dominated by those in professional roles, and thus can be expected to be different from the NCAS sample as a whole. At Murrindindi, the high response rate at baseline means the findings are more likely to be reflective of the workforce as a whole, and similarity to the NCAS sample as a whole can be expected.

Outside of the work reported here, arrangements have been made for a Deakin Masters of Public Health student to undertake a separate study for her major thesis which will be based on interviews with staff drawn from these two organisations in mid-2016; these interviews will be carried out after the gender action plans produced by these organisations have been implemented for at least six months.

\textsuperscript{15} A suggestion was made to delay the final report of the evaluation to allow the follow-up survey and interviews to take place after at least three months of implementation, but this was not accepted.
3.3 Bystander training: pilot workshop, November 2014

A pilot bystander training workshop was run in November 2014, to inform the development of the Courageous Conversations bystander training which was then delivered at a number of locations in August and October 2015. This section focuses on the November 2014 workshop. Findings related to the later training are in section 3.4 below.

Bystander training pilot: introduction

In November 2014, pilot bystander training was conducted with a single male facilitator. Immediately after the workshop, a feedback form collected data from 24 of the 32 participants, a 75 per cent response rate. Follow-up in-depth interviews were conducted from June to August 2015, gathering further qualitative data about the workshop from two female and one male informants.

The data has a number of limitations. Survey data was not collected on participants’ gender, restricting sex-disaggregated analysis to the interview data. Questions measuring changes in knowledge, skills and abilities were put in a “yes/no” format, preventing analysis of the strength of any change. Nor is it possible directly to attribute changes in knowledge, skills and abilities to the workshop, as no data was collected before the training to enable comparison. Furthermore, only three training participants volunteered for follow-up interviews, limiting the depth of data provided.

Self-reported knowledge, confidence and skills

The survey asked participants whether the training had increased their ability to identify sexism and gender stereotyping, whether they felt more confident to take action when confronted with sexism and gender stereotypes, and whether the training provided them with practical skills to take bystander action. The results shown in Table 16 reveal the majority of participants reported positive change in all three areas. However, a minority reported no change in ability to identify sexism and gender stereotyping, or practical skills to take bystander action.

Table 16 Self-rated knowledge and confidence

<table>
<thead>
<tr>
<th>Question</th>
<th>Response (number)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the training increased your ability to identify sexism and gender</td>
<td>Yes</td>
<td>No</td>
<td>Missing</td>
</tr>
<tr>
<td>stereotyping?</td>
<td>19</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Do you feel more confident to take action when confronted with sexism</td>
<td>21</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>and gender stereotypes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the training provided you with practical skills to take bystander</td>
<td>18</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>action?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Further feedback about the training was obtained through open-ended questions in the post-training feedback form and subsequent in-depth interviews. The questions and numbers of responses are shown in Table 17.
Table 17: Open questions about the workshop

<table>
<thead>
<tr>
<th>When data gathered</th>
<th>Question</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-training feedback</td>
<td>What type of practical skills have you gained?</td>
<td>22</td>
</tr>
<tr>
<td>Post-training feedback</td>
<td>What were the most valuable aspects of the workshop?</td>
<td>23</td>
</tr>
<tr>
<td>Post-training feedback</td>
<td>Was there anything missing from the training that you would have found helpful?</td>
<td>19</td>
</tr>
<tr>
<td>Post-training feedback</td>
<td>To make this workshop more relevant and applicable to your organisation, is there anything you would like to see added or changed?</td>
<td>17</td>
</tr>
<tr>
<td>In-depth interview</td>
<td>What were you hoping to get out of the workshop?</td>
<td>3</td>
</tr>
<tr>
<td>In-depth interview</td>
<td>What did you get out of the workshop?</td>
<td>3</td>
</tr>
<tr>
<td>In-depth interview</td>
<td>What were the key factors that supported these changes?</td>
<td>3</td>
</tr>
<tr>
<td>In-depth interview</td>
<td>Tell me about any challenges you had in making changes</td>
<td>3</td>
</tr>
<tr>
<td>In-depth interview</td>
<td>From your experience of the training, what do you think about whether the training is being delivered to the right groups of people?</td>
<td>3</td>
</tr>
<tr>
<td>In-depth interview</td>
<td>Any other suggestions about delivery of the training</td>
<td>3</td>
</tr>
</tbody>
</table>

**Impacts of the workshop**

Participants’ post-training feedback revealed various ways in which they had found the workshop useful: learning skills, approaches, strategies and appropriate language for taking action in different settings, having the confidence to take action, being able to identify when not to act as a bystander, being able to identify sexism, and increased understanding of the bystander approach, context and issues.

Themes emerging from in-depth interviews further illustrated some of those responses. In particular, female informants reported an increased understanding of the bystander approach, taking away tools for discussing gender equity and having the confidence to challenge behaviour.

[T]he bystander workshops were all about seeing how common it is for people to just keep walking and perhaps walk past somebody who is clearly being treated disrespectfully, and having the confidence to stop and go, “No, hang on a minute. No, that’s not okay,” and just being confident enough to be able to say “That’s not okay,” and not just be another person who just stands by and not says or does anything. Because when you don’t say something, that kind of gives the person permission to have done what they’ve done and do it again and it kind of — the unspoken message is that it’s okay to do that and it’s actually not okay.

You know and that goes for some of those sexist jokes and derogatory taunts and, you know, it’s not just seeing somebody being disrespectful to another person. It’s, you know, it can be in private conversations about, you know, innuendo and that kind of thing as well. So the strong message is really just — if it’s not appropriate, be confident and comfortable enough to say, “You know what? I don’t like that. I don’t want you to speak like that around me again. It’s uncomfortable,” or just be comfortable to say, “It’s not okay.” (Female)

16 Throughout this section, gender only is identified for quotes from interviews and qualitative responses on surveys, to preserve confidentiality.
Female informants also provided examples of how they used the knowledge, skills and confidence acquired from the workshop to challenge sexism and gender stereotypes in their workplaces and communities, and influence other people to challenge sexism.

There was a young boy who talked about working in the organisation and this is the first organisation where he’s worked only with women. He grew up in an all-male household, he went to a boys’ school, he played in boys’ sports and his challenges around the different ways that men and women communicate and also how they work and allowing him to express it in his own terms and not judging him, that’s what he’s grown up with and that’s his way of life, so there was that, but then also being able to discuss with him the differences in seeing the positives and the benefits. He was very much for “I do the finances, she does this”, but about shared responsibilities, moving into marriage and child rearing, how that might shift and change. He was really open and I saw him at a committee event not long ago and he said, oh, I didn’t realise you were into skiing or whatever, and his perspective of me changed and he actually came to me and he said I’ve been looking at things a bit differently now and it’s amazing how it’s changed the way I feel about working here in a more positive way, so that was nice. (Female)

I have over past year or two trained off and on up at a [gym] here locally and, you know, it’s a small community. Very good friends with the trainer and quite a few people in there and … even in that environment, I’ve been able to get the [trainer] to be more aware of sexism and how he as a person who’s kind of respected can influence some of these younger fellows coming through and he does a lot of youth work and to use his position to be saying to these boys, you know, “Be more respectful of women” … Even going up to the [gym] when I’ve been there, some of these young fellows … do say derogatory and sexist remarks about women and he’s looked at me and I’ve given him “the look”. You know the “That’s not okay” look, and he’s pulled them up. (Female)

Some participants felt their learning and confidence were enhanced by elements of the program delivery, including the facilitator’s abilities to be engaging and respectful, as well as the use of group work, scenarios, and hearing other people’s experiences, ideas and examples.

However, post-workshop feedback and in-depth interviews revealed that some participants, including the male interviewee, felt they gained nothing from the training. Some participants worked in the field and already knew the theory. In contrast, some other participants felt the training needed to provide more background about the prevalence and determinants of violence against women and the bystander approach. Other participants felt the training did not provide practical tools, strategies or examples of how to challenge sexism or how to deal with negative reactions.

I guess, preaching to the converted, we went through a whole bunch of stuff that we actually probably didn’t need to hear. I appreciate that if you were talking to an audience of uninitiated people that you actually need to set some groundwork. And that’s where, OK, I’ve listened to all the ground work, with you with that, understand where we are, but when we came to the action moment, OK, where is it? Nothing. Not one thing. (Male)
Implications
Given the limitations outlined in the introduction, the above findings should be viewed with caution. Subject to these limitations, the findings reveal the majority of respondents reported increased knowledge, confidence and skills to challenge sexism. In addition, two of the three informants in follow-up interviews reported that they had used their learning to challenge sexism and engage others to challenge sexism. However, a small number of participants felt they gained nothing from the workshop. The diversity of participants, including some people who worked in the field and some community members, may have influenced the different responses, suggesting it may be useful to tailor the theoretical and contextual content of bystander training to the particular audience. At the same, it appears important to emphasise practical “take home” strategies and actions that can be safely and effectively implemented. It should be noted that the November 2014 workshop was a pilot, which WHGNE used to inform the development of the bystander training rolled out in 2015 (reported in the next section).

3.4 Bystander training, August and October 2015
Bystander training ran in August and October 2015 at five locations: Shepparton, Wodonga, Seymour, Bright and Mount Beauty. A total of 104 participants (94 females and 10 males) took part. All workshops were conducted by two female facilitators. The content of the training evolved in response to participant feedback from the first of these workshops in Shepparton.

Each workshop ran for three hours. The publicity material described the workshops as exploring the bystander phenomenon in the context of preventing violence against women, and said: “Participants will gain:
• An understanding of the causes of violence against women
• How they can address the causes as an individual
• How they can address the causes at an organisational level
• How they can be part of the solution to prevent violence against women and children.”

The August workshops were targeted generally at people living in the area who have “an interest in and want to know more about how you can prevent violence against women in your local community, in your organisation or in your role”. The October workshops in contrast were delivered mainly to employees of Alpine Health, a very small number of community members attended. The aims of the training as explained in the workshops and the workshop content are shown in Table 18.

A total of 66 informants completed pre and/or post-workshop surveys, a response rate of 63.5 per cent. (This excludes two who completed only the socio-demographic items.) Fifty-seven informants completed the pre-survey, and 40 informants
completed the post-survey. Matching of pre and post-surveys was possible for 31 of the 66, giving a corresponding response rate for matched data of 29.8 per cent.

Follow-up in-depth interviews with four female informants and one male informant were conducted in November 2015 to collect additional qualitative data. Invitations to interview were sent to participants of the August workshops after the post-workshop surveys had closed, so that survey response rate would not be affected. There was insufficient time to similarly invite October participants in light of the deadline for submission of this report.

There is a lack of power as a result of the small sample size, which reduces the likelihood of any differences between pre and post-training groups achieving statistical significance. In addition, only five participants volunteered for follow-up interviews, limiting the depth of qualitative data. This was to some extent overcome by triangulating follow-up interviews with open-ended responses from the post-training surveys.
Table 18: Workshop aims and content

Workshop aims state that participants will:
- Gain an understanding of the concepts of sex and gender
- Recognise gender inequities and sexism
- Explore the causes of violence against women
- Apply these understandings in multiple settings
- Understand the bystander phenomenon and feel empowered to take personal action
- Focus on courageous conversations that can change environments, cultures and structures.

Workshop content:

Introduction
- Icebreaker activity
  - In small groups, participants invited to share a missed or current opportunity to challenge sexism
- Presentation and overview of workshop aims.

Part one: Background/theory (mostly presentation-based)
- Presentation of Bystander Theory
  - Explanation of Bystander Effect
  - Overview of how Bystander Action can be used to change social norms; examples include: bullying, racism, violence against women
  - Identifying the role that Bystander Action can play in preventing violence against women: supporting or challenging sexism and gender stereotypes.
- Presentation of key terms, including exploring definitions of sex, gender, and socially constructed roles (with input from audience about their understandings)
- Presentation on the link between sexism/gender stereotypes and violence against women using a continuum model:
  - Definitions and interactive examples (photos/videos) provided to step participants through each level of continuum:
    - Gender stereotypes
    - Unequal power
    - Benevolent sexism
    - Hostile sexism
    - Trivialise/acceptance of violence against women
    - Controlling behaviour
    - Violence
    - Death.

Part two: Taking action (interactive and practical activities)
- Types of actions identified and explored
  - Define and provide examples for the four types of action: direct, indirect, distraction and protocols
  - Scenario provided for small group activity to get participants to brainstorm different types of actions they might take.
- Identifying barriers and risks to taking action
  - Individual activity — participants think of their own scenario and write down potential barriers that stop them from taking action
  - Whole group activity — facilitator reads out potential barriers and groups into themes that are recorded on whiteboard.
- Exploring spheres of influence in different settings
  - Present four levels: Raise awareness, Challenging thinking, Open dialogue, Inspired leadership
  - Small group activity (different groups based on different settings) — participants to reflect on their position in a particular setting and use the four levels to identify realistic actions they can take.
- Presentation on further support and resources available
  - Refer to Courageous Conversations website and resources.

Conclusion: Wrap up/reflection
- Small group activity: each participant invited to identify their highlight from the workshop; and what their commitment to action is moving forward.
Socio-demographic characteristics of survey informants

Socio-demographic characteristics are shown in Table 19. The mean age of informants was 49.2 years (SD = 10.5), ranging from 22 years to 69 years. Most respondents were female (81.8%; n = 54). This reflects the overwhelming proportion of female participants in the training, which emerged as a concern in the qualitative data.

*I was sorry that there was so many women there and so few men, if I can put it that way, but I think that's life I suppose. (Female)\textsuperscript{17}

Informants’ main areas of work were health services (30.3%; n = 20) and “other areas of work” (33.3%; n = 22). Open-ended responses revealed community and social services as the main areas of work for those who selected “other”, with education, children’s services and government being further areas. The dominance of people working in health, community and social services was reflected in the qualitative data, with some informants suggesting the audience should be broadened to locations such as schools, prisons, workplaces, sports clubs and communities.

*The workshop needs to be extended further out into the community. It will be a real shame if this training does not continue. (Female)*

<table>
<thead>
<tr>
<th>Table 19 Socio-demographic characteristics of informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training location</td>
</tr>
<tr>
<td>Shepparton</td>
</tr>
<tr>
<td>Wodonga</td>
</tr>
<tr>
<td>Seymour</td>
</tr>
<tr>
<td>Bright</td>
</tr>
<tr>
<td>Mt Beauty</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Area of work</td>
</tr>
<tr>
<td>Health promotion</td>
</tr>
<tr>
<td>Health services</td>
</tr>
<tr>
<td>Family violence</td>
</tr>
<tr>
<td>Local Council</td>
</tr>
<tr>
<td>Student</td>
</tr>
<tr>
<td>Business</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>LGA of residence</td>
</tr>
<tr>
<td>Alpine Shire</td>
</tr>
<tr>
<td>Wangaratta Rural City</td>
</tr>
<tr>
<td>Shepparton Rural City</td>
</tr>
<tr>
<td>Indigo Shire</td>
</tr>
<tr>
<td>Benalla Rural City</td>
</tr>
<tr>
<td>Wodonga Shire</td>
</tr>
<tr>
<td>Murrindindi Shire</td>
</tr>
<tr>
<td>Moira Shire</td>
</tr>
<tr>
<td>Towong Shire</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

\textsuperscript{17} Throughout this section, gender only is identified for quotes from interviews and qualitative responses on surveys, to preserve confidentiality.
Overall findings

The following discussion compares the distribution of all responses of the pre and post-training groups for each item in turn, as well as for the gender equity score. Results for matched pairs are discussed in the next section.

Awareness about domestic violence/abuse and violence against women

Analysis revealed positive changes in awareness about domestic violence and abuse, in relation to the questions:

“What is the strongest single risk factor for experiencing domestic violence/abuse?” (Figure 24), where 67.5 per cent of the post-training group selected “gender — female”, compared with 50.9 per cent pre-training. However, the change was not statistically significant. The increase was much greater when comparing the Shepparton post-training (62.5 per cent) and pre-training (27.3 per cent) groups.

“Which one of the following is generally true about perpetrators of domestic violence/abuse?” (Figure 25), where 90 per cent of the post-training group identified the use of violence/abuse as a means of controlling their partner, compared to 82.5 per cent of the pre-training group. The difference was not statistically significant. The percentages were slightly higher for Shepparton’s pre-training (90.9 per cent) and post-training (100 per cent) groups.

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18 Pearson’s Chi Square Test for Independence (Yates Continuity Correction), carried out combining incorrect answers, $p = 0.155$.
19 Pearson’s Chi Square Test for Independence (Yates Continuity Correction), carried out combining incorrect answers, $p = 0.455$. 

---
However, changes in knowledge of the main drivers of violence against women were mixed. Positive changes included a greater percentage of participants correctly identifying the underlying determinants of violence against women. For example:

- “Adherence to rigidly defined gender roles and identities”, selected by 75 per cent of the post-training group, compared with 52.6 per cent pre-training. The difference was not statistically significant. There was a slightly greater change when comparing the Shepparton pre-training (54.5 per cent) and post-training groups (87.5 per cent).

- “Belief that men should be in charge of the relationship”, selected by 65 per cent post-training against a similar 64.9 per cent pre-training. Again, there was a more positive change in Shepparton (post-training 75.0 per cent, pre-training 54.5 per cent).

- Eight of the 14 informants who selected “other” identified variations on the theme of power and control in their open-ended responses, with five of those informants explicitly referring to men’s power and control over women.

- Positive changes were also shown in the following cases, where smaller percentages of participants selected items that are contributing or individual-level factors, rather than underlying determinants of violence against women:
  - “Perpetrator being under stress”, selected by 27.5 per cent post-training against 31.6 per cent pre-training — not statistically significant. Interestingly, there was a negative change in the Shepparton group (pre-training 18.2 per cent, post-training 37.5 per cent).
  - “Being a victim of child abuse, and witnessing family violence as a child”, identified as a driver by 42.5 per cent post-training against 52.6 per cent pre-training — the decrease is not statistically significant. The Shepparton group showed little change (36.4 per cent pre-test, 37.5 per cent post-test) but both performances were better than the overall group.
  - “Perpetrator affected by alcohol/drugs”, (32.5 per cent post-training group against 43.9 per cent pre-training — again, change not statistically significant.

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20 Pearson’s Chi Square Test for Independence (Yates Continuity Correction), $p = 0.043$.
21 Pearson’s Chi Square Test for Independence (Yates Continuity Correction), $p = 1.0$.
22 Pearson’s Chi Square Test for Independence (Yates Continuity Correction), $p = 0.836$.
23 Pearson’s Chi Square Test for Independence (Yates Continuity Correction), $p = 0.437$. 

---

56
significant\textsuperscript{24}). The Shepparton group also showed a reduction (25 per cent down from 36.4 per cent), with both percentages lower than the overall groups.

However, some informants continued to incorrectly identify “men’s inability to control their anger” as a driver, with 31.6 per cent of the pre-training group and 32.5 per cent post-training selecting it. The result was substantially better when comparing the Shepparton post-training group (12.5 per cent) to the pre-training group (27.3 per cent).

Overall, the changes in awareness about domestic violence/abuse and violence against women were positive. The qualitative data illustrated these positive changes, with informants citing improved understanding of the prevalence of violence against women, the determinants of violence against women, the importance of gender equality and equity, and the role of gender stereotypes and language in perpetuating gender inequality.

\textit{Rigid gender roles and their contribution to family violence through a power imbalance. (Female)}

\textit{There is still a lot of gender-based concepts in Australia that are actually sexist but not really seen to be by most people. (Male)}

The strongest theme in relation to increased awareness related to the continuum from sexism to violence.

\textit{I did get more of an understanding and I think that link and I think the way that it was presented in that, you know, how do you get from some of those seemingly innocent comments about women to actual domestic violence. That process of how one leads to the other was quite helpful. (Female)}

Bystander attitudes, behaviour and action
The findings revealed mostly positive changes in relation to bystander attitudes and behaviour in relation to the following three scenarios.

Asked “If a man you know told a sexist joke about a woman” (Figure 26): similar percentages of the post-training (71.8 per cent) and pre-training (69.6 per cent) groups felt it was never acceptable, a change that was not statistically significant.\textsuperscript{25} However, a higher percentage post-training (87.2 per cent) than pre-training (73.2 per cent) said they would say or do something to show they did not approve if they were present (Figure 27). This increase was not statistically significant.\textsuperscript{26} The changes in attitudes for the Shepparton group were negative, with 75 per cent post-training, compared with 90 per cent pre-training, feeling the behaviour was never acceptable. However, 100 per cent of the post-training group, compared with 80 per cent of the pre-training group, reported they would say or do something to show they

\textsuperscript{24} Pearson’s Chi Square Test for Independence (Yates Continuity Correction), p = 0.359.
\textsuperscript{25} Mann-Whitney U, excluding “don’t know” responses, p = 0.730.
\textsuperscript{26} Mann-Whitney U, excluding “don’t know” and “other” responses that could not be recategorised on the basis of open-ended comments, p = 0.417.
did not approve.

Asked “If a man you know has made comments about the number of sexual partners a woman has had” (Figure 28), 89.7 per cent post-training compared to 80.4 per cent pre-training felt it was never acceptable (not a statistically significant difference\(^27\)) while 94.9 per cent said they would say or do something to show they did not approve, compared to 76.8 per cent pre-training, (Figure 29) — not a statistically significant increase\(^28\). Again, the Shepparton group showed a negative change, with 87.5 per cent post-training saying the behaviour was never acceptable, compared with 100 per cent pre-training. However, 100 per cent said they would say or do something to show they did not approve compared to 80 per cent pre-training.

Asked “If you witness an argument between a man you know and a woman, that ended up with the man insulting or verbally abusing the woman” (Figure 30), a similarly high percentage of post-training (97.4 per cent) and pre-training groups (94.6 per cent) felt it was never acceptable (a small difference that was not statistically significant\(^29\)). While a larger percentage of the post-training group (74.4 per cent against 62.5 per cent pre-training) said they would say or do something to show they did not approve if they were present (Figure 31), this increase was not statistically significant\(^30\). There were also positive changes in the Shepparton group, with 100 per cent post-training, compared with 90 per cent pre-training, feeling the behaviour was never acceptable, and 87.5 per cent post-training (60 per cent pre-training) saying they would say or do something to show they did not approve.

Open-ended responses of those who selected “other” for the above scenarios revealed that, both pre and post-training, some informants would take the context into account, such as the nature of the comment or situation, whether it was upsetting anyone, and how well they knew the people involved. For the final scenario in particular, informants said they would take into account their own safety, or call police rather than intervene directly.

*My acting would depend upon how threatened I felt myself. I would certainly like to think I’d follow up in some way at a later stage if I did not feel safe at the time. (Female)*

\(^{27}\) Mann-Whitney U, excluding “don’t know” responses, \(p = 0.321\).
\(^{28}\) Mann-Whitney U, excluding “don’t know” and “other” responses that could not be recategorised on the basis of open-ended comments, \(p = 0.029\).
\(^{29}\) Mann-Whitney U, excluding “don’t know” responses, \(p = 0.521\).
\(^{30}\) Mann-Whitney U, excluding “don’t know” and “other” responses that could not be recategorised on the basis of open-ended comments, \(p = 0.772\).
If a man you know told a sexist joke about a woman, would you say that was?

![](image1)

Figure 26

If you were present when the man you knew told a sexist joke about a woman, do you think?

![](image2)

Figure 27

If a man you know has made comments about the number of sexual partners a woman has had, would you say that was?

![](image3)

Figure 28
If you were present when a man you knew made comments about the number of sexual partners a woman has had, do you think?

Figure 29

If you witness an argument between a man you know and a woman, that ended up with the man insulting or verbally abusing the woman. Would you say that was?

Figure 30

If you were present when a man you knew insulted or verbally abused a woman, do you think?

Figure 31
Asked whether they had witnessed sexism towards other women in the past 12 months (pre-training group) or since the training (post-training group):

- 38.5 per cent pre-training and 15.8 per cent post-training had witnessed sexism in their job
- 10.2 per cent pre-training and none of the post-training group had witnessed sexism at a sports club they were involved in
- 44.2 per cent pre-training and 18.9 per cent post-training had witnessed sexism amongst their friends
- 35.3 per cent pre-training and 21.6 per cent post-training had witnessed sexism amongst their extended family
- 19.6 per cent pre-training and none of the post-training group had witnessed sexism at a community group or club they were involved in.

The lower percentage of informants witnessing sexism towards other women since the training may be explained by the substantially shorter time period. Examples of sexism witnessed included: sexist comments and jokes; stereotyping female behaviours and roles; sexist expectations from colleagues and family members; assertions that women were not as capable as men; sexual innuendo; prioritising men’s voices; assumptions about women’s careers; sexist workplace structures; and men devaluing women as sex objects.

There was a small positive change in responses to witnessing sexism towards other women, with 61.3 per cent of the post-training group, compared to 57.1 per cent of the pre-training group, reporting that they did or said something, or took some action, the last time they witnessed sexism. However, this change was not statistically significant. There was a larger positive difference between the Shepparton post-training (66.7 per cent) and pre-training group (40.0 per cent). Actions taken included: calling the comment out as inappropriate, unacceptable or sexist; making a joke in return; explaining why comments or situations are unfair or sexist; debating the issue; saying such jokes are not funny; walking away from the conversation; reporting sexist posts to Facebook; defending women; and explaining how sexist jokes perpetuate degrading stereotypes. Those who took action said they did so for various reasons, including: not letting people get away with sexism; not allowing everyday sexism to be seen as the norm; “saying nothing makes it OK to be sexist”; challenging entrenched stereotypes and attitudes; showing behaviour is unacceptable and wrong; doing the right thing; standing up for their values and principles; helping people realise the implications of their behaviour; feeling insulted; feeling passionate about gender equality; and representing all women. One female informant in particular reported she took action “because of your training”.

On the other hand, some pre and post-training informants described not taking action the last time they witnessed sexism because they: feared the consequences (such as conflict, backlash, animosity and physical danger); felt nervous; were conscious of peer pressure; were in a large group or public environment; felt unable to make a difference; did not want to make waves or interfere; felt silenced in a culture where sexism is the norm; or did not want to sound like a “broken record”.

---

31 Pearson’s Chi Square Test for Independence, p = 0.654.
The qualitative data reflected the quantitative findings in relation to bystander attitudes, behaviour and action. The strongest theme emerging from the qualitative data related to bystander action, with informants describing increased confidence and permission to speak out, and knowing how to act safely and effectively when witnessing sexism.

Because I've often sort of felt maybe I'm being a bit precious if I said something in a social situation that people might say “lighten up”, or, “I was only joking”, or something like that. Whereas having done that training I sort of think no, stuff it, I will say something, hopefully in a pleasant way. (Female)

Not to accept casual sexist comments and behaviours — to speak up. (Male)

… it did provide opportunity to discuss some of the ways we can react or try and help … things like tooting a horn or drawing attention to the matter in other ways, rather than being physically put into the middle of something, are OK or to call the police or to react in other ways … (Female)

As outlined above, the themes of risk to bystanders and acting safely emerged from open-ended responses on what informants would do if they witnessed sexist comments, comments on the number of sexual partners, and insults or abuse. Some informants from the pre and post-training groups reported they would only act if they felt it was safe. The risk to bystanders who took action was also echoed in the in-depth interviews, with one informant suggesting the training needed to include deeper consideration of how to act safely and reduce risk to bystanders, after reflecting on a recent local event involving a young man (who was not a participant in the training).

So, a past Geelong player … was king-hit because he reacted, he looked at somebody that was being disrespectful to a female. He didn't touch anyone, he didn't go right up to them, but he was king-hit because he tried to react: he tried to stick up for the young girl. My concern is and in the training you talk about this interference bit, this sort of get involved, but there's a big concern about telling anybody that they can get involved, that they have to keep their distance because they're putting themselves at risk. … [W]e need to be educated from police, how should we approach this? What is safe? … not just any public member can just go and do that and be safe. And … the drugs of course play a part, someone affected by alcohol or drugs they're going to react more violently towards you if you intervene. So, I think we need to investigate that aspect a little bit better. I think we need to consider, it's a bit like community awareness cues, it's a yell out from a bit of a distance but keep yourself safe is probably an idea, but that too, you still could be attacked depending on where you are. I think it just needs a little bit more research before you think you can at training encourage people to get too involved, because [past Geelong player is] lucky this time, he's going to recover, but what he did was admirable, but it could've taken his life and he's a husband and a dad of a young family. (Female)

While many informants felt they gained confidence and skills to take bystander action, others reported gaining nothing from the training because they already had
expertise in the field. One such participant acknowledged the training could be of benefit to less experienced participants.

So, I'm in this space all the time, so others there … this might be they're still pushing into, oh what do I do in this setting? And it would be new for them and I fully accept that. (Male)

However, some informants felt the training spent too much time on theory and issues they felt were insignificant. Some also felt it was overly academic, feminist and politicised in a way that would be ineffective and potentially alienating for mainstream and male audiences, and would not work in the “real world”.

The whole discussion on “Benevolent Sexism” tended to dominate the presentation and actually didn't help further the training. All the examples cited could be disputed and failed to deliver the right message. This particular topic if intended to be delivered to a mainstream audience needs a serious rework. I have reviewed over 50 different articles on “Benevolent Sexism” since the session to try and better understand the problem and did not read a single "cut through" narrative that would explain this properly to mainstream community members and especially men. I would be more than happy for this discussion to focus on "Paternalism" as an example of male superiority at work. What the whole “Benevolent Sexism” discussion fails to consider is the egalitarian spirit in many men who display acts of kindness not out of paternalism or any sense of superiority but because they think it is the right thing to do. (Male)

Well, I took one of my workers that I work with very closely … he was one of two men there, and I just found at the end of the training he was almost scared to open his mouth; not because people jumped on him or anything, but because it was so politically correct and the training was so politically correct, and every time you tried to get a bit practical and in the real world — which is what I’ve got to work in — they were sort of very feminist, bra-burning sort of … If you kept picking people up on these very small nitty-gritty things you wouldn’t have any credibility and they’d just think you were a nut … It might sound good on paper, but in the real world if you keep picking people up on stupid things it wouldn’t work; it doesn’t work like that. (Female)

Some informants made suggestions for genuinely engaging men in the training, such as including more male perspectives, and using female and male facilitators.

Gender-based discussions need more even representation of both sexes to promote robust though provoking discussion and not just participants nodding in agreement. (Male)

[F]or an effective gender-based model where you’re actually trying to reach both genders, a paired [male/female] arrangement would work better. (Male)

Such informants also felt the training could have spent more time discussing scenarios, strategies and practical tools for taking bystander action in a wider range of situations, including interpersonal interactions and how to intervene in incidents of violence. Some also felt the workshop was too brief to deal adequately with the subject matter that they wanted covered.
What enables people to speak up, how can we prepare ourselves to speak up, what risks are involved in speaking up, how might we start up a conversation rather than a fight about it? (Female)

Actual scenarios where bystander actions were effective in calming a flaring situation. E.g. distraction techniques. Engaging assistance from others. Etc. (Female)

Greater time focus and unpacking of the bystander intervention examples. (Male)

How to support women who are trapped at home in a violent situation with a man who says he’ll kill them if they tell anyone. (Female)

So much time was spent on the theory of family violence ... there was not enough examples around "What do I do in this situation?" The examples used were OK, but again, didn’t tackle some nitty-gritty stuff. Examples: my friend comes to me and tells me about her partner assaulting her. What do you do? Or there is a work colleague that is acting in a sexist manner to other staff. What do you do? Or a man comes and confesses he has been treating his partner badly and wants to stop. What do you do? Or A work colleague turns up to work with obvious bruises covered by makeup. What do you do? (Male)

However, there was also positive feedback from other informants that the training was worthwhile, engaging, enjoyable and provided opportunities for discussion and reflection. In addition, the above discussion of improvements in awareness about domestic violence/abuse and violence against women revealed the value that many informants took from the discussion of the background and theory. The conflicting feedback is likely to be a reflection of the diversity of participants' expertise, values and beliefs. This may suggest a need for tailoring the training to different audiences.

Bystander beliefs

Figures 32 to 35 show the distribution of responses in relation to four items on bystander beliefs, and reveal the pre-training and post-training groups had strong bystander beliefs:

“Even when I’m not involved and it’s not about me, I can make a difference in helping to ensure women are treated with dignity and respect”: 97.3 per cent of the post-training group and 96.1 per cent of the pre-training group agreed or strongly agreed.

“Even when I’m not involved and it’s not about me, I can make a difference in helping to ensure that women are treated fairly”: 97.3 per cent post-training and 98.1 per cent pre-training group agreed or strongly agreed.

“People should be willing to help others who are less fortunate than them”: 89.2 per cent post-training and 90 per cent pre-training group agreed or strongly agreed.

“These days, people need to look after themselves and not worry about others”: 91.7 per cent post-training group and 92.3 per cent pre-training group disagreed or strongly disagreed.
For each of the above bystander beliefs, the percentages were similarly high for the Shepparton post-training (87.5 per cent) and pre-training groups (100 per cent).

The differences between the pre-training and post-training groups were minimal and not statistically significant. This is consistent with previous research by Pennay and Powell (2012), which found very little variation in bystander beliefs between respondents.

Even when I'm not involved and it's not about me, I can make a difference in helping to ensure women are treated with dignity and respect

Figure 32

Even when I'm not involved and it's not about me, I can make a difference in helping to ensure women are treated fairly

Figure 33

32 Mann-Whitney U, p = 0.840, 0.702, 0.621, 0.649 respectively.
Figures 36 to 43 show the distribution of results for the pre-training and post-training groups in relation to eight items on attitudes towards gender equity and action to prevent violence against women. The first six items are from the NCAS (Webster et al 2014). While there was a slight negative shift from strongly agreeing/strongly disagreeing to agreeing/disagreeing with six of the eight statements, overall there was a positive shift towards attitudes supportive of gender equity. Positive changes were made in the following items:

"On the whole, men make better political leaders than women": 86.5 per cent of the post-training group, compared with 84.9 per cent of the pre-training group, disagreed or strongly disagreed. There was a slightly weaker positive difference between the Shepparton post-training (75.0 per cent) and pre-training groups (70.0 per cent).
“It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man”: 80.1 per cent post-training agreed or strongly agreed against 71.2 per cent pre-training. The comparison for the Shepparton groups (75.0 per cent post-training from 55.6 per cent pre-training) was also positive.

“Discrimination against women is no longer a problem in the workplace in Australia”: 97.3 per cent post-training disagreed or strongly disagreed against 94.2 per cent. There was a larger positive change in Shepparton (post-training 87.5 per cent, pre-training 77.8 per cent).

“Men should take control in relationships and be the head of the household”: 100 per cent post-training disagreed or strongly disagreed, against 96.2 per cent pre-training. In Shepparton, 100 per cent disagreed or strongly disagreed pre and post-training.

“Something more should be done to prevent violence against women in Australia”: A slightly higher percentage of the post-training group agreed or strongly agreed (97.2 per cent against 96.0 per cent pre-training). There was a slightly stronger improvement in Shepparton, from 88.9 per cent to 100 per cent.

However, negative changes were evident in other items:

“A woman has to have children to be fulfilled”: 86.5 per cent post-training disagreed or strongly disagreed, down from 92.3 per cent pre-training. Shepparton groups saw positive change, up from 66.7 per cent to 87.5 per cent post-training.

“Women prefer a man to be in charge of the relationship”: a slightly lower 91.7 per cent post-training than the 92.3 per cent pre-training disagreed or strongly disagreed. Again, Shepparton groups saw a positive change (87.5 per cent post-training from 77.8 per cent pre-training).

“There is equal opportunity for all women in Australia”: 91.5 per cent post-training disagreed or strongly disagreed, slightly lower than the pre-training 92.3 per cent. This change was again reversed in Shepparton (post-training 100 per cent, pre-training 88.9 per cent).

While the results were mixed, the differences between the pre-training and post-training groups were minimal and not statistically significant. This may reflect the already strong pro-gender equity attitudes of the pre-training group. As discussed above, this finding also reflects one of the themes arising from the in-depth interviews, where some informants felt the training was “preaching to the converted” and might need to be adapted for marketing and delivery to a mainstream audience, for which the potential for change in knowledge, beliefs, attitudes and behaviours could be greater.

33 Mann-Whitney U test, p-value ranged from 0.498 to 0.821.
On the whole, men make better political leaders than women (NCAS)

A woman has to have children to be fulfilled (NCAS)

It's OK for a woman to have a child as a single parent and not want a stable relationship with a man (NCAS)
Figure 39

Discrimination against women is no longer a problem in the workplace in Australia (NCAS)

Figure 40

Men should take control in relationships and be the head of the household (NCAS)

Figure 41

Women prefer a man to be in charge of the relationship (NCAS)
The gender equity score (McGregor 2009) was calculated from the six NCAS items, using the methodology described in Webster et al (2014, pp158–162) to deal with two additional items omitted from the survey and any missing responses (averaging the total of existing responses and adding that average for each missing or omitted item). This yields a score of between 5 and 100, with 100 representing the best score. Following the usage in McGregor (2009), Pennay and Powell (2012) and Webster et al (2014), scores are classified as “high” (>90), “medium” (75–90) and “low” (<75).

Table 20 shows the distribution of the pre and post-training gender equity scores. There were minimal differences between high, medium and low scores for the pre
and post-training groups, which were not statistically significant. Table 21 shows the distribution of pre and post-training scores for the Shepparton group, which shows a slightly negative change from high towards medium scores, but also reveals a positive change away from low scores.

Table 20 also shows the overall distribution for the 2013 NCAS (Webster et al. 2014). As would be expected given the makeup of the training audiences, which were dominated by professionals and people interested in addressing and preventing violence against women, the distributions for both pre and post-training show better scores than the NCAS sample. However, this comparison should be made with caution, given the omission in the survey of two items from the Gender Equity Scale, as discussed.

Table 20 Gender equity score distribution

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Pre-training</th>
<th>Post-training</th>
<th>NCAS 2013 sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>27 (51.9%)</td>
<td>19 (51.4%)</td>
<td>6000 (34%)</td>
</tr>
<tr>
<td>Medium</td>
<td>21 (40.4%)</td>
<td>14 (37.8%)</td>
<td>7445 (43%)</td>
</tr>
<tr>
<td>Low</td>
<td>4 (7.7%)</td>
<td>4 (10.8%)</td>
<td>4050 (23%)</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

Table 21 Gender equity score distribution (Shepparton group)

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Pre-training</th>
<th>Post-training</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>4 (44.4%)</td>
<td>3 (37.5%)</td>
</tr>
<tr>
<td>Medium</td>
<td>3 (33.3%)</td>
<td>4 (50.0%)</td>
</tr>
<tr>
<td>Low</td>
<td>2 (22.2%)</td>
<td>1 (12.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**Analysis of matched pairs**

This section outlines the findings from the analysis of data from matched pairs who completed both a pre-training and post-training survey.

**Awareness about domestic violence/abuse and violence against women**

Table 22 shows the number of informants showing positive change (improved knowledge), no change (correct pre and post or incorrect pre and post) and negative change (correct pre and incorrect post) for each item. The high level of awareness pre and post training reflects the overall analysis, with positive change tending to outweigh negative change in awareness.

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34 Mann-Whitney U Test, p = 0.856.
Table 22 Changes in awareness of domestic violence/abuse and violence against women

<table>
<thead>
<tr>
<th>Item</th>
<th>No. informants showing positive change</th>
<th>No. informants correct pre and post</th>
<th>No. informants incorrect pre and post</th>
<th>No. informants showing negative change</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the strongest single risk factor for experiencing domestic violence/abuse?</td>
<td>3</td>
<td>19</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Which one of the following is generally true about perpetrators of domestic violence/abuse?</td>
<td>0</td>
<td>30</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Main drivers of violence against women:

| Adherence to rigidly defined gender roles and identities               | 9                                      | 15                                 | 4                                    | 3                                      |
| Men's inability to control their anger                                | 5                                      | 17                                 | 6                                    | 3                                      |
| Perpetrator being under stress                                       | 3                                      | 20                                 | 5                                    | 3                                      |
| The belief that men should be in charge of the relationship           | 3                                      | 18                                 | 4                                    | 6                                      |
| Being a victim of child abuse, and witnessing family violence as a child | 6                                      | 11                                 | 11                                   | 3                                      |
| Perpetrator being affected by alcohol/drugs                          | 6                                      | 16                                 | 5                                    | 5                                      |

Table 23 Changes in bystander attitudes and action by item

<table>
<thead>
<tr>
<th>Item</th>
<th>No. informants showing positive change</th>
<th>No. informants showing no change</th>
<th>No. informants showing negative change</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a man you know told a sexist joke about a woman, would you say that was…?</td>
<td>3</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>If you were present when that happened, do you think…?</td>
<td>5</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>If a man you know has made comments about the number of sexual partners a woman has had, would you say that was…?</td>
<td>3</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>If you were present when that happened, do you think…?</td>
<td>12</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>If you witness an argument between a man you know and a woman, that ended up with the man insulting or verbally abusing the woman, would you say that was…?</td>
<td>0</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>If you were present when that happened, do you think…?</td>
<td>7</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>The last time you witnessed sexism towards other women, did you do or say anything, or take some other form of action?</td>
<td>2</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Excluding missing and “don’t know” responses

Table 23 shows positive change, no change and negative change for witnessing and responding to men making sexist comments, men making comments about sexual partners, and men insulting and abusing women, and bystander action the last time informants witnessed sexism. While positive changes were modest, on balance, there was more positive change than negative change. The greatest positive change occurred in relation to how informants would respond to a man they knew making
comments about the number of sexual partners a woman has had, followed by how they would respond to a man they knew insulting or verbally abusing a woman. The large proportion of participants showing no change is reflective of positive bystander attitudes and responses in the pre and post-training groups. However, none of the changes was statistically significant. These results also reflect the overall analysis.

**Bystander beliefs**

Table 24 shows positive change, no change and negative change for bystander beliefs. The results were mixed, with overall negative changes for three items, and an overall positive change for one item. The negative changes largely reflect a shift from informants “strongly agreeing” to “agreeing” with the statements, rather than a shift from pro-bystander to anti-bystander beliefs.

<table>
<thead>
<tr>
<th>Item</th>
<th>No. informants showing positive change</th>
<th>No. informants showing no change</th>
<th>No. informants showing negative change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Even when I'm not involved and it's not about me, I can make a difference in helping to ensure women are treated with dignity and respect.</td>
<td>3</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>Even when I'm not involved and it's not about me, I can make a difference in helping to ensure women are treated fairly.</td>
<td>4</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>People should be willing to help others who are less fortunate than them.</td>
<td>8</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>These days, people need to look after themselves and not worry about others.</td>
<td>3</td>
<td>21</td>
<td>6</td>
</tr>
</tbody>
</table>

**Gender equity attitudes**

Table 25 shows positive change, no change and negative change for gender equity attitudes. With the exception of an overall positive change for the statement “On the whole, men make better political leaders than women,” the balance of change for all items was negative. The strongest negative changes were for the statements “It's OK for a woman to have a child as a single parent and not want a stable relationship with a man,” and “There is equal opportunity for all women in Australia”. However, it is important to note that this negative change largely reflects a shift in the strength of agreement or disagreement with statements, rather than a shift from attitudes supportive of gender equity to attitudes unsupportive of gender equity. In addition, none of the changes were statistically significant. The findings also reflect the overall item-by-item analysis on gender equity attitudes.

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35 Wilcoxon Matched Pairs test, p-value ranged from 0.083 to 1.0.

36 Wilcoxon Matched Pairs Test, p-value ranged from 0.293 to 0.739.
Table 25 Changes in gender equity attitudes by item

<table>
<thead>
<tr>
<th>Item</th>
<th>No. informants showing positive change</th>
<th>No. informants showing no change</th>
<th>No. informants showing negative change</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the whole, men make better political leaders than women</td>
<td>8</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>A woman has to have children to be fulfilled</td>
<td>3</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>It's OK for a woman to have a child as a single parent and not want a stable relationship with a man</td>
<td>5</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Discrimination against women is no longer a problem in the workplace in Australia</td>
<td>3</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Men should take control in relationships and be the head of the household</td>
<td>4</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Women prefer a man to be in charge of the relationship</td>
<td>2</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>There is equal opportunity for all women in Australia</td>
<td>6</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Something more should be done to prevent violence against women in Australia</td>
<td>3</td>
<td>20</td>
<td>4</td>
</tr>
</tbody>
</table>

1 Excluding missing items

Gender equity score

The distribution of gender equity scores for the matched sample is shown in Table 26. Although a slight negative shift in the distribution can be seen, differences between pre and post-training scores for the matched sample did not reach statistical significance\(^37\), and reflect the strong gender equity scores revealed in the pre-training and post-training groups in the overall analysis.

Table 26 Distribution of gender equity scores, pre and post-training for matched sample

<table>
<thead>
<tr>
<th>Gender equity score</th>
<th>Pre-training</th>
<th>Post-training</th>
</tr>
</thead>
<tbody>
<tr>
<td>High gender equity score</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Medium gender equity score</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Low gender equity score</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Comparison of different types of audience

The bystander training was delivered to two different types of audiences. The Shepparton, Seymour and Wodonga workshops were open to anyone interested in attending (the open audience), while the Bright and Mount Beauty workshops were attended predominantly by staff members of a single organisation, one of the two bodies that were undertaking internal gender equity audits as part of the strategy (the organisational audience). The following analysis compares the gender equity attitudes and gender equity scores for the open and organisational audiences, for all responses and then for matched pairs.

\(^{37}\) Wilcoxon Matched Pairs test, \(p = 0.317\).
Gender equity attitudes

Table 27 shows selected detail of the pre and post-training distributions for six NCAS items on attitudes towards gender equity, for all responses from the open and organisational audiences.

For the open audience, 82.1 per cent of the post-training group, compared with 85.3 per cent of the pre-training group, disagreed or strongly disagreed that “on the whole, men make better political leaders than women”. This slightly negative shift contrasts with the strong positive shift of the organisational audience shown in the table, with 100 per cent of the post-training group, against 88.9 per cent of the pre-training group, disagreeing or strongly disagreeing with the statement. However, the differences between pre and post-training distributions were not statistically significant for the open audience\(^ {38} \) or the organisational audience\(^ {39} \). Nor were there statistically significant differences between the open audience and the organisational audience either pre-training\(^ {40} \) or post-training\(^ {41} \).

Table 27 Selected detail of the pre-and post-training distributions for six NCAS items on attitudes towards gender equity, for all responses from the open and organisational audiences

<table>
<thead>
<tr>
<th>Item</th>
<th>Open audience</th>
<th></th>
<th>Organisational audience</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-training</td>
<td>Post-training</td>
<td>Pre-training</td>
<td>Post-training</td>
</tr>
<tr>
<td></td>
<td>N=39</td>
<td>N=30</td>
<td>N=17</td>
<td>N=13</td>
</tr>
<tr>
<td>On the whole, men make better political leaders than women (% disagreeing or strongly disagreeing)</td>
<td>85.3%</td>
<td>82.1%</td>
<td>88.9%</td>
<td>100%</td>
</tr>
<tr>
<td>A woman has to have children to be fulfilled (% disagreeing or strongly disagreeing)</td>
<td>88.3%</td>
<td>82.2%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man (% agreeing or strongly agreeing)</td>
<td>64.7%</td>
<td>75.0%</td>
<td>83.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Discrimination against women is no longer a problem in the workplace in Australia (% disagreeing or strongly disagreeing)</td>
<td>91.2%</td>
<td>96.4%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Men should take control in relationships and be the head of the household (% disagreeing or strongly disagreeing)</td>
<td>94.1%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Women prefer a man to be in charge of the relationship (% disagreeing or strongly disagreeing)</td>
<td>88.3%</td>
<td>88.9%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

For the open audience, a lower percentage of the post-training group (82.2 per cent) than the pre-training group (88.3 per cent) disagreed or strongly disagreed that “a woman has to have children to be fulfilled”. This slight negative shift contrasts with the organisational audience where 100 per cent disagreed or strongly disagreed with the statement pre and post-training, although there was a slight negative shift in the strength of disagreement. The differences between pre and post-training distributions were not statistically significant for the open audience\(^ {42} \) or the organisational

\(^{38} \) Mann-Whitney U test, p = 0.508
\(^{39} \) Mann-Whitney U test, p = 0.596
\(^{40} \) Mann-Whitney U test, p = 0.579
\(^{41} \) Mann-Whitney U test, p = 0.165
\(^{42} \) Mann-Whitney U test, p = 0.752
audience\textsuperscript{43}. Interestingly, while the difference between the two audiences approached significance pre-training\textsuperscript{44}, there was no statistically significant difference between them post-training\textsuperscript{45}.

For the open audience, 75.0 per cent post-training, compared to 64.7 per cent pre-training, agreed or strongly agreed that “It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man”. While this was a positive shift, the table shows a much stronger positive shift in the organisational audience, with 100 per cent of the post-training group, compared with 83.3 per cent of the pre-training group, agreeing or strongly agreeing with the statement. However, the differences between pre and post-training distributions were not statistically significant for the open audience\textsuperscript{46} or the organisational audience\textsuperscript{47}. While there were no statistically significant differences between the two audiences pre-training\textsuperscript{48}, the post-training difference approached significance\textsuperscript{49}.

There was a slight positive shift between the open audience’s pre-training (91.2 per cent) and post-training (96.4 per cent) disagreement and strong disagreement with the statement that “discrimination against women is no longer a problem in the workplace in Australia”. The table shows stronger positive attitudes on this item in the organisational group, with 100 per cent of the pre-training and post-training groups disagreeing or strongly disagreeing with the statement. However, the differences between pre and post-training distributions were not statistically significant for the open audience\textsuperscript{50} or the organisational audience\textsuperscript{51}. Nor were there statistically significant differences between the two audiences either pre-training\textsuperscript{52} or post-training\textsuperscript{53}.

For the open audience, 100 per cent post-training disagreed or strongly disagreed that “men should take control in relationships and be the head of the household” compared with 94.1 per cent pre-training. This positive shift compares favourably with the organisational audience, with the table showing 100 per cent disagreed or strongly disagreed both pre and post-training. There was a slight negative shift in the strength of disagreement for both audiences. Again, the pre and post-training differences were not statistically significant for the open audience\textsuperscript{54} or the organisational audience\textsuperscript{55}, and there were no statistically significant differences between the two audiences either pre\textsuperscript{56} or post-training\textsuperscript{57}.

\textsuperscript{43} Mann-Whitney U test, p = 0.820
\textsuperscript{44} Mann-Whitney U test, p = 0.039
\textsuperscript{45} Mann-Whitney U test, p = 0.213
\textsuperscript{46} Mann-Whitney U test, p = 0.540
\textsuperscript{47} Mann-Whitney U test, p = 0.375
\textsuperscript{48} Mann-Whitney U test, p = 0.603
\textsuperscript{49} Mann-Whitney U test, p = 0.057
\textsuperscript{50} Mann-Whitney U test, p = 0.861
\textsuperscript{51} Mann-Whitney U test, p = 0.375
\textsuperscript{52} Mann-Whitney U test, p = 0.529
\textsuperscript{53} Mann-Whitney U test, p = 0.213
\textsuperscript{54} Mann-Whitney U test, p = 0.918
\textsuperscript{55} Mann-Whitney U test, p = 0.820
\textsuperscript{56} Mann-Whitney U test, p = 0.204
Finally, for the open audience, similar percentages post-training (88.9 per cent) and pre-training (88.3 per cent) disagreed or strongly disagreed that “women prefer a man to be in charge of the relationship”. This compares with 100 per cent of the organisational audience disagreeing or strongly disagreeing with the statement both pre and post-training, as shown in the table. There was a slightly stronger positive shift in the strength of disagreement in the organisational audience. The pre and post-training distributions were not statistically significant for the open audience\(^{58}\) or the organisational audience\(^ {59}\). Nor were there any statistically significant differences between the audiences either pre-training\(^ {60}\) or post-training\(^ {61}\).

Overall, the organisational audience showed stronger positive attitudes than the open audience. While both audiences showed a strong post-training result for one item, the organisational audience showed:

- More positive pre and post-training distributions than the open audience in two items
- A positive shift for two items compared with a negative shift in the open audience
- A stronger positive shift than the open audience’s slightly positive shift for one item.

**Gender equity score: all responses**

The distributions of pre and post-training gender equity scores are shown in Table 28 for the two types of audience. The table reveals a slight negative shift towards medium and low gender equity scores for the open audience, and a positive shift towards high gender equity scores for the organisational audience. However, the differences between pre and post-training gender equity scores were not statistically significant for the open audience\(^ {62}\) or the organisational audience\(^ {63}\). Nor were the differences between the two audiences statistically significant either pre-training\(^ {64}\) or post-training\(^ {65}\).

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Open audience</th>
<th>Organisational audience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-training</td>
<td>Post-training</td>
</tr>
<tr>
<td>High</td>
<td>17 (50.0%)</td>
<td>12 (42.9%)</td>
</tr>
<tr>
<td>Medium</td>
<td>14 (41.2%)</td>
<td>12 (42.9%)</td>
</tr>
<tr>
<td>Low</td>
<td>3 (8.8%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>28</td>
</tr>
</tbody>
</table>

57 Mann-Whitney U test, \(p = 0.566\)
58 Mann-Whitney U test, \(p = 1.000\)
59 Mann-Whitney U test, \(p = 0.668\)
60 Mann-Whitney U test, \(p = 0.541\)
61 Mann-Whitney U test, \(p = 0.412\)
62 Mann Whitney U test, \(p = 0.493\).
63 Mann Whitney U test, \(p = 0.348\).
64 Mann Whitney U test, \(p = 0.658\)
65 Mann Whitney U test, \(p = 0.093\)
Analysis of matched pairs

The following section outlines the analyses of gender equity attitudes and gender equity scores for matched pairs in each audience type. Only nine of the 30 matched pairs were from the organisational audience.

Gender equity attitudes

Table 29 shows positive change, no change and negative change in gender equity attitudes for matched pairs in the open and organisational audiences. The findings are mixed for both audience types. For example:

- Greater percentages of the open audience than the organisational audience showed positive change in all but one item.
- Greater percentages of the organisational audience than the open audience showed no change.
- Greater percentages of the open audience than the organisational audience showed negative change in four items, while greater percentages of the organisational audience showed negative change in two items.
- For the open audience, more negative change than positive change occurred in four of the six items. For the organisational audience, more negative change than positive change occurred in three items.

The findings may be influenced by the organisational audience’s stronger pre-training scores, giving them little room for positive change, and conversely by the open audience’s weaker pre-training scores, giving them more room for positive change.

Table 29 Changes in gender equity attitudes by audience type

<table>
<thead>
<tr>
<th>Item</th>
<th>Informants showing positive change (%)</th>
<th>Informants showing no change (%)</th>
<th>Informants showing negative change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the whole, men make better political leaders than women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open audience</td>
<td>5 (23.8%)</td>
<td>12 (57.1%)</td>
<td>4 (19.0%)</td>
</tr>
<tr>
<td>Organisational audience</td>
<td>2 (22.2%)</td>
<td>6 (66.7%)</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>A woman has to have children to be fulfilled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open audience</td>
<td>3 (14.3%)</td>
<td>15 (71.4%)</td>
<td>3 (14.3%)</td>
</tr>
<tr>
<td>Organisational audience</td>
<td>0 (0.0%)</td>
<td>7 (77.8%)</td>
<td>2 (22.2%)</td>
</tr>
<tr>
<td>It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open audience</td>
<td>5 (23.8%)</td>
<td>8 (38.1%)</td>
<td>8 (38.1%)</td>
</tr>
<tr>
<td>Organisational audience</td>
<td>0 (0.0%)</td>
<td>9 (100.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Discrimination against women is no longer a problem in the workplace in Australia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open audience</td>
<td>1 (4.8%)</td>
<td>16 (76.2%)</td>
<td>4 (19.0%)</td>
</tr>
<tr>
<td>Organisational audience</td>
<td>1 (11.1%)</td>
<td>7 (77.8%)</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>Men should take control in relationships and be the head of the household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open audience</td>
<td>4 (19.0%)</td>
<td>12 (57.1%)</td>
<td>5 (23.8%)</td>
</tr>
<tr>
<td>Organisational audience</td>
<td>0 (0.0%)</td>
<td>7 (77.8%)</td>
<td>2 (22.2%)</td>
</tr>
<tr>
<td>Women prefer a man to be in charge of the relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open audience</td>
<td>2 (9.5%)</td>
<td>16 (76.2%)</td>
<td>3 (14.3%)</td>
</tr>
<tr>
<td>Organisational audience</td>
<td>0 (0.0%)</td>
<td>7 (77.8%)</td>
<td>2 (22.2%)</td>
</tr>
</tbody>
</table>
Gender equity score

Tables 30 show the differences in pre and post-training distributions in gender equity for matched pairs from the open audience and organisational audience. The table shows a slight negative shift in the gender equity score for the open audience, reflecting the overall results. There is no shift from an already positive distribution for the organisational audience, compared to the positive shift in the overall results. The differences in pre-training and post-training distributions were not statistically significant for the open audience\(^{66}\) or the organisational audience\(^{67}\).

Table 30 Gender equity score distribution of matched pairs: Open audience (n = 21) and organisational audience (n=9)

<table>
<thead>
<tr>
<th>Number of people (%)</th>
<th>Open audience</th>
<th>Organisational audience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-training</td>
<td>Post-training</td>
</tr>
<tr>
<td>High</td>
<td>10 (47.6%)</td>
<td>9 (42.9%)</td>
</tr>
<tr>
<td>Medium</td>
<td>10 (47.6%)</td>
<td>9 (42.9%)</td>
</tr>
<tr>
<td>Low</td>
<td>1 (4.8%)</td>
<td>3 (14.3%)</td>
</tr>
</tbody>
</table>

Post-training survey feedback

Analysis of the post-training survey feedback revealed some thematic variations between the open and organisational audiences. Informants from each type of audience valued learning about the determinants of violence against women, the continuum from sexism to violence, gender stereotypes, and the importance of speaking out against sexism. However, wanting to know more about dealing with violent situations, perpetrators and victims of violence, emerged more strongly from the open audience than the organisational audience. This may suggest the open audience had a more limited understanding of primary prevention, or a stronger focus on early intervention and response in their professional roles. On the other hand, only informants from the open audience expressed a desire for less focus on theory. Further, substantially more informants from the open audience wanted a greater focus on practical tools, strategies and scenarios to support bystander action.

Implications

While the above findings demonstrate the value of the bystander training, there are implications for any future bystander training. The findings should also be viewed with caution given the limitations on the data described in the introduction to this section.

The overall shift between the pre and post-training groups was positive or only minimally negative. While none of the differences between the pre and post-training groups was statistically significant, the strongest changes in both the overall group and the matched pairs were in awareness of domestic violence/abuse and violence against women, and in bystander attitudes and behaviour. In particular, a greater percentage of informants reported that they would take bystander action. This is a positive outcome, given that these were topics directly addressed in the training. For

\(^{66}\) Wilcoxon matched pairs test, p = 0.257

\(^{67}\) Wilcoxon matched pairs test, p = 1.0
bystander beliefs and gender equity attitudes, the minimal change between pre-
training and post-training is likely to reflect already strong beliefs and attitudes in
support of bystander behaviour and gender equity in the pre-training group.

The qualitative data illustrated the positive changes, and revealed that many
participants felt the training was worthwhile and should be extended to other
audiences. However, it is important to note the feedback from those informants who
felt the training focused too much on theory and minor issues, did not include enough
practical content, “preached to the converted”, and was not suitable for mainstream
(in particular male) audiences. Those delivering bystander training may
understandably assume participants are “the converted” who are attending because
they want to know how they can take action, giving validity to the suggestion that
more time should be devoted to imparting practical skills than discussing theory. On
the other hand, for future bystander training that seeks to reach a more mainstream
audience, consideration should be given to adapting the content to engage those
who are not necessarily “converted”. Such adaptations might include minimising
overly academic, feminist and politicised content, using paired female and male
facilitators, and ensuring the training engages and gives voice to male and female
participants equally.

For the analysis of differences in audience type, the findings for the item-by-item
analysis of gender equity attitudes and the gender equity score suggest more
positive attitudes pre-training and post-training, and in some cases greater positive
change, in the organisational audience than the open audience. The qualitative
findings revealed similarities in the audience types’ changes in knowledge and
understanding, but some variations in relation to what the different types of audience
wanted the training to cover. In combination, these findings indicate there may be a
benefit to targeting and tailoring future training to particular audiences, to give each
audience the greatest benefit possible. However, the findings must be read with
cautions. In the overall analysis, any differences may arise from the different
informants pre and post-training, rather than differences between the two audience
types. In addition, any differences between matched pairs from each audience type
are likely to be influenced by the low numbers from the organisational audience.
Finally, the lack of any statistically significant findings is to be expected, given the
small sample size.
3.5 Other training: Courageous Conversations workshop

This section examines the two workshops held on 27 August 2014, the day of the launch of the Courageous Conversations initiative. Both workshops were run by a single male facilitator and focused on gender equity and masculinities.

The first workshop was attended by men and women, and a mix of workers (in health, local government, and community services), students, and community members; the vast majority were workers. The second workshop was attended by men and women drawn from a local sports club. Data was gathered from those who attended the launch and the first of these workshops. No data was collected in relation to the second workshop which was run with the sport club later that day.

Data was collected at the end of the workshop (from 31 of the 35 participants, all of whom had also attended the launch, a response rate of 89 per cent). A short survey was sent to those who attended the launch three weeks later, resulting in 20 responses completed up to six weeks after the launch. Eighteen respondents had attended both launch and workshop; two had attended the launch only. The response rate to the follow-up survey for the workshop was 51 per cent.

In-depth interviews exploring the longer-term impacts of the workshop were conducted with eight workshop participants, including six females and two males, from June to August 2015.

Key findings from an initial analysis of the launch and workshop data were reported in November 2015. A complete analysis of feedback on the workshop was not possible at that time as the complete data was only received on 14 November and follow up interviews had not yet taken place. The complete analysis is reported here.

There are a number of limitations to the data. With the exception of the in-depth interviews, data on respondents’ gender was not collected, limiting the possibility of analysis by gender; some people’s answers explicitly mention their gender, and this information has been used where possible. The data also did not allow individuals’ responses on the day of the workshop to be matched. Finally, no data was collected before the workshop, so changes due to the workshop cannot be examined directly.

**Self-reported knowledge and awareness**

Immediately after the workshop, participants rated on a scale of 1 (disagree strongly) to 10 (agree strongly) the increase in their knowledge about “gender inequity” and their knowledge and awareness of “masculinity and its implications for violence against women”. Average scores for these two items were 7.5 and 7.6 respectively.

There were differences in scores according to the field of work of the participants. The highest scores were found from those working directly in the field of domestic violence or social work (9.5 and 9.7 for the two items), and the lowest scores from those working outside the health and social welfare field (6.7 and 6.7). Analysis of the comments made about the workshop found no association between the lower scores
and reports that the workshop was confronting in some way. The implications of this for appropriate audiences for similar workshops need to be considered.

Other feedback about the workshop was obtained through open questions in feedback form, the follow-up survey and subsequent in-depth interviews. Table 31 gives the questions asked in the feedback completed at the end of the workshop, the follow-up survey and the in-depth interviews. Questions have been numbered for ease of reference. Questions on the follow-up survey (4 and 5) ask about the launch and workshop together, which limits the use of this information to explore the workshop alone. However, in-depth interview questions (6 to 11) were asked on the workshop and launch separately. The table also shows the number of respondents to each question and the number of responses clearly related to the workshop alone.

### Table 31 Open questions about the workshop

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of respondents</th>
<th>Number of responses clearly related to workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback completed at end of workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. As a results of today’s workshops the actions I would like to take are ...</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>2. What I found most valuable about the workshops was ...</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>3. Any other comments?</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>Follow-up survey, 3–6 weeks later</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. As a result of the launch and workshop, I have taken the following actions:</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>5. Any other comments or feedback regarding the launch and workshop?</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>In-depth interview, June-August 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. What were you hoping to get out of the workshop?</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>7. What did you get out of the workshop?</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>8. What were the key factors that supported these changes?</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9. Tell me about any challenges you had in making changes.</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>10. From your experience of the training, what do you think about whether the training is being delivered to the right groups of people?</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>11. Any other suggestions about delivery of the training?</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

Sections below explore the impacts of the workshop and views about its content and mode of delivery.

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68 Although the feedback questions at the end of the workshop mentioned “workshops” specifically rather than launch, some answers clearly relate to the launch or the day as a whole, and are not analysed here.
Impacts of workshop
Answers to questions 2, 3 and 7 illustrated a wide range of ways that participants found the workshop useful: providing new knowledge (on causes of violence, on lack of equal treatment for women through history, on engaging men) or concepts (especially the notion of privilege); exploring theory; challenging their own views or perspectives; an opportunity for self-reflection; listening to and understanding men’s reflections and perspectives (including that some men support gender equity and want to change); feeling less isolated in promoting gender equity; feeling inspired and invigorated to take action; and understanding women’s perspectives.

Question 1 asked participants directly what action they planned to take as a result of the workshop; and some responses to questions 4 and 7 provided examples of actions participants had taken since the workshop. Answers included actions in family, community and workplace settings. Most frequently mentioned was respondents making changes in communication in different settings, for example:

- I am more mindful of allowing others, particularly women, to speak first, and to not fill the space that I am in.
- Actively encouraging, asking and supporting women to take on management roles. Inviting women to be involved in activities with men.
- Changing the way I act around friends and family — challenging existing viewpoints.
- It’s made me more aware of not letting some of those symptoms I suppose of inequity go through, like the sexist jokes or jibes.

Some respondents talked about other types of change they had introduced in the workplace, for example:

- Attempted to make the workplace more equitable re. not holding important meetings and events during school holidays, less outside hours work requirements.

Respondents also talked about raising awareness of the issues in different settings; disseminating what they had learnt in different settings; reflecting on their own behaviour and practices; booking further training for work colleagues; and seeking further training for themselves and/or colleagues.

However, two female informants in the in-depth interviews felt they gained nothing from the workshop and were concerned it had provided no tangible tools or actions to prevent violence against women before it occurs.

Other views about the workshop
Responses to the questions in Table 31 also provided views about the workshop’s mode of delivery, target audience and other issues. One female participant, who was
very positive about the launch, reflected in answer to question 5 (on the follow-up survey):

    The workshop missed the mark for me for the following reasons: 1. Little discussion around primary prevention, what is working and how we can build on it as a group in our region. 2. Felt target audience was men — not the women in the room. 3. Felt more like a lecture at university with no tangible preventative measures to adopt or explore. 4. Provided little information about evidence-based programs or strategies. 5. Felt like an intruder in a men's behaviour session.

The points raised about preventive measures and evidence-based programs were echoed in other responses:

    I feel there was a lot of discussion about things that do not help and not enough about helpful approaches. Secondary prevention focus dominant.

    Still a conundrum, how to mobilise men to engage with men in a female-dominated field.

    I would like to know more about how to engage with and bring change in men from refugee backgrounds.

The second and final points regarding the male target audience were further elucidated in two female informants’ responses to question 11:

    I felt that the whole audience was wrong. I thought [the presenter] delivered something to men about men.

    It was almost as if he was doing a male workshop, trying to get them to understand their behaviours and get some behavioural change. It was going okay except it was — I felt sorry for some of the men involved because I really think that he put them into a very difficult situation … With all these guys cold, I would’ve thought most of them, having to basically fess up to all the terrible things they’ve done because they’re male and then having us women sitting around the outside and listening and then having them asking us for comment afterwards. I sort of felt really sorry for the guys and my comment, and it was the first comment that was made, was I felt that they were being made to atone for the sins of men today and past generations and I thought that that was not necessary. I thought it was negative because we want to move forward, we don’t want to [go] backwards all the time and we know it’s happened.

A male informant described his experience from the perspective of a male “target”:

    It was a little bit intimidating. Yeah, I didn’t like — because it’s in the middle of a fishbowl type of thing, with people looking on. Although I think that was part of what they were trying to convey as well … I held back a little bit. Because some of it’s personal. Well, it is all personal.

Another response to question 3 echoed the point about mode of delivery:
Workshops imply that one is working through tasks, although engaging today was more akin to a lecture/presentation, not a workshop.

At issue here may be the different roles of men and women in the workshop. All of the comments on the roles taken by men and women in the workshop talked about men as active participants and women as observers. This was presented as a feature of the workshop design, and while some women appreciated the chance to observe and some men valued the opportunity for self-reflection, others did not find it as satisfactory, as illustrated above.

**Implications**
The findings above must be viewed with caution given the limitations of the data set out in the introduction to this section. While they demonstrate the value of the workshop, there are a number of implications for future training workshops.

When planning further workshops it is worth thinking specifically about the target audience. It is not clear from the above whether this workshop is equally appropriate for females and males. The audience also included a wide range of different professional backgrounds and types of employment (for those who were employed), which makes targeting the workshop more challenging.

In capacity-building workshops with women and men around PVAW, the importance of using accessible language that is not academic or theory-heavy, particularly when discussing concepts such as male entitlement, privilege and gender hierarchy, is also evident. This has also been the experience of the Preventing Violence Together Partnership\(^69\) which has delivered similar workshops.

Advance information about the workshop objectives, format and mode of delivery is important so that individuals can judge its relevance. This is also a way of avoiding challenges associated with diverse participants with varying levels of knowledge and experience.

### 3.6 Other activities

This section focuses on two important components of the work carried out in the project: firstly knowledge dissemination and then one of the key mechanisms for this, the Courageous Conversations website.

**Knowledge dissemination**

Qualitative data from in-depth interviews with SC and LGN members and CCI responses reveal that an important output of the strategy was to disseminate knowledge about primary prevention of violence against women and about the strategy itself.

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\(^{69}\) Communication from Women’s Health West
Informants identified WHGNE and partner organisations’ dissemination of knowledge through the Courageous Conversations website (discussed in the next section), Facebook page and Twitter account, presentations at regional and community meetings and events, “conversations” and information sharing in workplaces, websites and newsletters, and social marketing.

[This is something that I probably wouldn’t have done as much before: for me now when I’m doing presentations to different groups, so education, childcare, health, regardless of where it is that I’m going to do a presentation I will now incorporate that link between primary prevention and family violence and I will talk about the causes of family violence in every presentation I do to help people understand that link. (Health)

Look, I think the steering committee has taken a really strong leadership role around promoting a conversation about — say family violence for us suggests a lot of people still talk about someone being punched at home, or having emotional or financial control exerted upon them. I think what the steering committee and the working products and conversations are creating, are around the role of gender equity and masculinity and stereotypes. For me that’s the absolute value in this. So if you accept that that’s an area that needs to be addressed to impact family violence in that primary prevention space, for me the strong messages coming out of the steering committee and its work, are in that space and I think that’s really challenging and informing the people that they interact with. (Justice)

In the last 12 months — I have delivered nine presentations to differing community groups … Development of monthly … newsletter for [organisation] staff. (Health)

We’ve embraced the concepts of the Courageous Conversations Charter as part of our ongoing social marketing community engagement strategy. (Health)

Some informants felt knowledge dissemination had resulted in increased awareness of prevention of violence and gender equity in their networks, workplaces and communities.

I really do believe it is [having an impact] because it’s increasing their awareness, not only of what’s being done locally but it’s increasing their awareness about that link, about that continuum of family violence. (Health)

The Courageous Conversations website

The Courageous Conversations website was formally launched in August 2014. The website is a major vehicle for knowledge dissemination. It contains information about the Courageous Conversations campaign and Charter, and about preventing violence against women and promoting respectful and equal relationships in schools, workplaces, sports clubs and local governments. Downloadable resources include the Charter, checklists, fact sheets, posters, videos, case studies, key terms and definitions and stats and facts. There are links to a limited number of relevant external sites, and to the Courageous Conversations Facebook page and Twitter
account, both of which contain posts on topical media reports and other items of interest relating to preventing violence against women and children and gender equality.

Website statistics from selected months between October 2014 and November 2015 are shown in Table 32. The number of users and sessions both more than doubled from October/November 2014 to October/November 2015, suggesting that usage of the website is beginning to build. Average session times, with the exception of July 2015 are all under six minutes. There is however considerable scope for increasing the use of the website; a review of the number of downloads of resources at 4 February 2016 revealed between 8 and 53 downloads for each case study and between 0 and 34 downloads for the other project resources. There is also scope for improving the navigability of the website.

### Table 32 Courageous Conversations website statistics

<table>
<thead>
<tr>
<th>Month</th>
<th>Page views</th>
<th>Sessions</th>
<th>Average session duration</th>
<th>Users</th>
<th>Returning visitor (%)</th>
<th>New visitor (%)</th>
<th>Bounce rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2014</td>
<td>265</td>
<td>102</td>
<td>2:28</td>
<td>77</td>
<td>34.3%</td>
<td>65.7%</td>
<td>57%</td>
</tr>
<tr>
<td>November 2014</td>
<td>114</td>
<td>60</td>
<td>1:34</td>
<td>54</td>
<td>18.3%</td>
<td>81.7%</td>
<td>73%</td>
</tr>
<tr>
<td>July 2015</td>
<td>871</td>
<td>137</td>
<td>9:55</td>
<td>85</td>
<td>43.1%</td>
<td>56.9%</td>
<td>44%</td>
</tr>
<tr>
<td>September 2015</td>
<td>463</td>
<td>192</td>
<td>2:49</td>
<td>144</td>
<td>32.3%</td>
<td>67.7%</td>
<td>60%</td>
</tr>
<tr>
<td>October 2015</td>
<td>564</td>
<td>212</td>
<td>3:16</td>
<td>171</td>
<td>25%</td>
<td>75%</td>
<td>64%</td>
</tr>
<tr>
<td>November 2015</td>
<td>865</td>
<td>244</td>
<td>5:11</td>
<td>166</td>
<td>30.3%</td>
<td>60.7%</td>
<td>54%</td>
</tr>
</tbody>
</table>

**Source:** Google Analytics reports for Courageous Conversations website

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70 No counter was found for the number of downloads of the charter.

4 Discussion and conclusions

This section begins by discussing the findings of the evaluation and contextualising them in key parts of the literature on other research on PVAWC, in particular on promoting gender equity in organisations and PVAW-related training, including bystander training. The findings are also discussed in relation to the regional strategy aims and project objectives identified in section 1 above, summarised again in Table 33. The section then summarises the strengths and limitations of the evaluation and finishes by presenting conclusions and recommendations.

Table 33: Aims of the second regional strategy and project objectives

<table>
<thead>
<tr>
<th>Aims of the second regional strategy 2013–17 (WHGNE 2014a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. promoting equal and respectful relationships between men and women;</td>
</tr>
<tr>
<td>2. working across local government, workplaces and sporting settings to coordinate a region-wide approach to preventing violence against women;</td>
</tr>
<tr>
<td>3. bringing about structural and systemic organisational change to promote gender equitable and non-violent cultures;</td>
</tr>
<tr>
<td>4. build the capacity of leaders in preventing violence against women.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project objectives 2013–15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish partnerships across government and non-government agencies as well as accountable leadership structures for sustainable prevention.</td>
</tr>
<tr>
<td>2. To support organisations to provide structural and cultural environments that promotes equal, and respectful relations</td>
</tr>
<tr>
<td>3. Build the capacity of leaders to take action against sexism, rigid gender roles and promote organisational change and workforce development</td>
</tr>
<tr>
<td>4. Promote and communicate key messages and tools that build respectful relationships skills and influence social norms, attitudes and behaviours</td>
</tr>
<tr>
<td>5. Undertake research, evaluation and monitoring to ensure continuous improvement and contribute to the evidence base.</td>
</tr>
</tbody>
</table>

Partnership and capacity building

One major objective of the regional strategy was partnership and capacity building in the region around primary prevention. As section 3.1 above demonstrated the project was successful in bringing together a wide range of organisational partners in a variety of sectors and developing capacity within this network of organisations to support primary prevention.

Two particularly important outcomes have been the creation of the local government network and of the Courageous Conversations website (section 3.6 above) as a repository for tools and resources, both of which will persist beyond the end of the Department of Justice and Regulation-funded project. This is important for the sustainability of work on prevention of violence, and provides evidence of achievements against project objectives 1 (establish partnerships for sustainable prevention) and 4 (promote key messages and tools). Challenges now will include the maintenance and updating of the website and content.
As informants acknowledged, other drivers have played a role here: the activity of organisations such as Municipal Association of Victoria, the Workplace Gender Equality Agency and VicHealth; the high state and national attention to domestic and family violence in the past two years, including the Royal Commission on Family Violence; and the creation of ANROWS and Our Watch.

**Building gender equity in organisations**

Prevention of violence against women in the workplace (and other settings) requires a multi-strategy approach. Effective primary prevention is accompanied by strategies directed at tertiary prevention (or responding to existing incidents of violence/harassment), as well as a variety of complementary actions (Chung et al 2012).

Wall (2014) and Our Watch et al (2015) both caution that the implementation of gender equity policies should consider other sources and interactions of disadvantage, such as class, ethnicity, religion, sexual identity and disability, so that initiatives are inclusive. Fleming et al (2015) also argue that since gender norms, including norms and social constructions of masculinity, are at the root of most physical violence by men against other men, as well as against women, there may well be a case for simultaneous intervention.

The work carried out in Alpine Health and Murrindindi Shire Council has resulted in action plans that cover secondary and tertiary prevention as well as primary prevention. However, as Chung et al (2012) note, such secondary and tertiary components (such as policies and procedures to respond to sexual harassment or violence) may also have a primary preventive effect on social norms and organisational culture. The participatory approach used with the Interaction Gender Audit tool to assess the current climate in each organisation is consistent with best practice identified in the literature, for example VicHealth (2013) in its summary of the literature and early insights from five workplace-based pilots, one of which focused on preventing violence against women.

Both organisations achieved participation from both men and women, and a positive orientation to work around gender equity was particularly apparent in the focus group discussions. It is interesting to contrast this to Kilgower’s exploration (2014) at another organisation of staff perceptions of barriers and enablers to participating in a workplace-based violence-prevention initiative. Kilgower found considerable negativity to the work in its labelling as “prevention of men’s violence against women”; this negativity was not evident in Alpine or Murrindindi where the work was presented in terms of “gender equity”.

As section 3.2 explained, the evaluation of this part of the strategy had particular limitations due to the timing of the follow-up surveys in relation to implementation of the gender action plans, as well as low response rates at follow-up. At best therefore, the changes shown reflect the impact of the gender audit itself. The majority of the changes between baseline and follow-up are in a positive direction, which can be
regarded as encouraging, but the caution must be repeated that they are not statistically significant. The findings so far indicate progress towards objective 2.

In view of the importance of evaluating longer term impacts of the gender equity work in workplaces, arrangements have been made outside of the work reported here for a Deakin University Masters of Public Health student to undertake a separate study for her major thesis, based on interviews with staff from these two organisations; these interviews will be carried out in mid-2016 after the organisational gender action plans have been implemented for at least six months.

Training

This evaluation was able to examine two types of training provided under the project: a workshop on gender equity (August 2014, see section 3.5 above) and bystander training — the pilot workshop delivered in November 2014 (section 3.3 above) and the workshops delivered in August and October 2015 (section 3.4 above). These are considered in turn below.

Gender equity training

The findings reported in section 3.5 above demonstrate the value of the gender equity and masculinities workshop (subject to the limitations on the data described in section 3.5). A number of factors should be born in mind for future training on this topic.

The first is the need to carefully consider the target audience. As section 3.5 demonstrated, the workshop was not equally appropriate for females and males. Furthermore, the audience included a wide range of professional backgrounds and types of employment (for those who were employed), which makes targeting the workshop more challenging.

Secondly, in capacity-building workshops with women and men around PVAW, the importance of using accessible language that is not academic or theory heavy is also evident, particularly when discussing concepts such as male entitlement, privilege and gender hierarchy. This has also been the experience of the Preventing Violence Together Partnership72 in delivering similar workshops.

A third important factor is the need for clear advance information about the workshop objectives, format and mode of delivery so that individuals can judge its relevance to them. This also helps avoid the challenges associated with diverse participants with varying levels of knowledge and experience.

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72 Communication from Women’s Health West
**Bystander training**

Bystanders take action (Latané & Darley 1970) if they: notice the situation; interpret it as requiring intervention; assume responsibility; can decide what action to take; and, have confidence in their skills or capacity to take action.

In 2011, Flood concluded that there had been limited research on effective bystander programs and that there was a need for further program development and evaluation. Further research has since been published, but the evidence it provides is often criticised as being weak, largely as a result of insufficient evaluation research, so that the bystander approach is often concluded to be promising but not entirely proven (Jewkes et al 2014). The most recent evidence review (Our Watch et al 2015b) notes conflicting evidence with an emphasis in many current evaluations on bystander responses to violence as opposed to its precursors; the review also notes that evaluations focus on these as stand-alone interventions rather than as a component in a wider strategy.

In Victoria, Powell (2012) found strong support in the general community for bystander action to address violence and discrimination against women. However, the more subtle and systemic contributors to violence against women — such as sexism and gender discrimination — were still not considered very serious or warranting of bystander action.

The findings presented in section 3.4 above demonstrate the value of the bystander training (subject to the caveats expressed about the limitations of the data). The overall shift between the pre and post-training groups was positive or only minimally negative. While none of these shifts was statistically significant, the strongest changes in both the overall group and the matched pairs were in awareness about domestic violence/abuse and violence against women, and in bystander attitudes and behaviour. In particular, a greater percentage of informants reported that they would take bystander action. This is a positive outcome, given that these were topics directly addressed in the training. For bystander beliefs and gender equity attitudes, the minimal change between pre-training and post-training is likely to reflect already strong beliefs and attitudes in support of bystander behaviour and gender equity in the pre-training group.

The findings from the analysis of differences in audience type suggest more positive attitudes pre-training and post-training, and in some cases greater positive change, for the organisational audience than the open audience. This can be regarded as supporting the conclusions from other studies reported in the literature that training should be targeted and be linked to and reinforced by other related work (Chung et al 2012; Our Watch et al 2015).

A number of important factors should be considered in any future bystander training. The first is the need to ensure an appropriate balance between theory and practical content, echoing recommendations in the other research literature on such training. The second is the need to consider carefully the targeting of the training. The training offered was unlike many of the bystander training programs in the literature which are targeted towards particular audiences (school students of particular age groups,
university/college students, workplaces, and sports clubs) and often delivered wholly
or partially to males and females separately. The second major issue is that of
engagement, again recognised in the research literature as extremely important. As
mentioned above in the discussion of the gender equity and masculinities workshop,
appropriate balance between theory and practical components is extremely
important. Adaptions that need to be considered include minimising overly academic,
feminist and politicised content, using paired female and male facilitators, and
ensuring the training engages and gives voice to male and female participants
equally.

A third factor is length of training and breadth of material covered. The bystander
training covered a very wide breadth of topics (Table 18) and was delivered in a
single three-hour session. Many of the bystander programs in the research literature
are based on multiple sessions, offering opportunities for reinforcement of key
messages, and those programs that are single stand-alone events usually
emphasise the need to link to further training and/or resources to reinforce learning.

A fourth important factor is the need for clear advance information about the
workshop objectives, format and mode of delivery so that individuals can judge its
relevance to them. This also helps avoid the challenges associated with diverse
participants with varying levels of knowledge and experience.

Training and its contribution to achievement of objectives
As this report has demonstrated, the training offered under the project has been well
received, and there is evidence of a variety of positive impacts. This provides
evidence of achievement under project objective 3 (build capacity and promote
organisational change).

Participants in the training were dominated by females working in health and human
services. The challenge now is to provide training on a wider basis throughout the
region, reaching beyond the professional groups so far involved and in particular
engaging a much higher proportion of men. Feedback from training participants in all
areas emphasised the importance of an appropriate balance between theory and
practice, considering that there was too much theoretical material covered. In this it is
important to ensure that the provision of training adheres to the nine principles for
direct participation programs set out in Dyson and Flood (2008) and reiterated in

Strengths and limitations
The evaluation reported here has both limitations and strengths. Foremost of the
limitations, the sample sizes obtained in most of the data sets collected were small,
and this has limited the ability to reach definitive conclusions in places. For all of the
data sets that examine the impact of training, it was not possible to include any
comparison group that did not attend training. No pre-survey was administered for
some training, further limiting the conclusions, while for others, the only data
gathered was immediately after the conclusion of the training. The February 2016
deadline for this report meant that it has not been possible to examine the impacts of
the organisational gender equity work in anything but the very short term. Finally, for
some project activities, the available data is not sufficient to cover in any detail in this
report.

A particular strength of the evaluation has been the use of a range of data sources,
allowing for triangulation between sources. The interview sample sizes obtained,
while not large, are sufficient for the type of qualitative analysis undertaken here
(Guest et al, 2006). The interviews yielded extremely rich data, which was invaluable
in understanding the impacts of the regional strategy. The interviewees were also
diverse in terms of the sector they worked in and the parts of the region they worked
in.

Conclusions and recommendations

Effective prevention programs (Our Watch et al 2015a, 2015b) share a number of
characteristics. They are comprehensive, in that they address and involve all relevant
community members and systems, they are multi-strategy and multi-sector. They are
intensive, in that they offer learning opportunities that are interactive, involve active
participation, are sustained over time and have multiple points of contact with
reinforcing messages. Third, they address cognitive, affective, and behavioural
domains: what people know, how they feel, and how they behave. Fourth, effective
programs are relevant to the audience. They are tailored to the characteristics of the
participants and acknowledge the special needs and concerns of particular
communities. They focus on peer-related variables, use peers in leadership roles,
and emphasise the relationship of the particular topic of focus to other issues. Fifth,
effective programs offer positive messages which build on men’s values and
predisposition to act in a positive manner. Connected to this last point, early results
from the VicHealth pilot projects in creating healthy workplaces (VicHealth 2013), one
of which was focused on gender equity, stresses the importance of using asset-
based approaches that build on existing strengths rather than focusing on deficits.
This is also reinforced in other reviews of the literature (Dyson and Flood 2008;
Chung et al 2012).

This report has identified a number of important positive impacts associated with the
project. The perception of those interviewed is that capacity in the region has
increased. Besides the project considered here, contributing factors to this include
the activity in the violence prevention space of organisations such as the Municipal
Association of Victoria, Workplace Gender Equality Agency and VicHealth alongside
the past two years’ intensified state and national attention to domestic and family
violence, including the Royal Commission on Family Violence, and the creation of
ANROWS and Our Watch. Nevertheless, part of the capacity-building observed in
the region is a direct result of project activities, in particular the various training
workshops and the gender equity work begun in two organisations.

It is still too earlier to draw any definitive conclusions about the gender equity work
being carried out in Alpine Health and Murrindindi Shire Council. A promising start
has been made using an evidence-based participative process to produce an action plan for each organisation. The process offered opportunities for involvement to the whole of the workforce, and good participation rates were achieved at times when there were many other demands on staff including, in one organisation, a structural re-organisation. Participation by men and women was evident, and in the surveys at least seems roughly in proportion to the gender balance in each organisation. Action plans are now being implemented in the two organisations, and a follow-up evaluation is planned for later this year.

While all of the training was positively received to some extent, the positive effects did not reach statistical significance, and in some cases there were negative effects (although again not statistically significant). Stronger results were achieved in the bystander training delivered to participants in a single workplace, where a gender equity program was underway, reinforcing literature that suggests the value of targeted training and training connected to a wider program of related work.

The discussion above has noted progress against each of project objectives 1 to 4. Contributions to the evidence base from findings in this report (contributing to achievement of objective 5) include evidence supportive of targeted training rather that delivered to open audiences; and evidence supportive of identifying work as supporting or working towards gender equity rather than preventing (men’s) violence against women, these being inclusive in approach and more consistent with the asset-based approaches recommended elsewhere in the literature. The findings demonstrate progress towards each of the aims set out in the strategy (Table 33); however, much remains to be achieved in the remaining period of the strategy, given that the reach of activities across the population of the region so far is limited.

**Recommendations**

1. Further detailed evaluation of the impacts of the gender equity work in the longer term is important.

2. Future training activities need to be specifically designed to encourage the engagement of men.

3. Where non-gender specific training is delivered, it is recommended to use a mixed-gender facilitation team. This enables the modelling of equal and respectful relationships between genders as well as improving the receptivity of the participants to messages delivered.

4. While all training needs to have a theoretical basis and be evidence-informed, this does not necessarily mean that the theoretical basis must be directly taught to the participants. Training design should be consistent with the principles outlined in Dyson and Flood (2008) and reiterated in Chung et al (2012).
References


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Modderman, C (2015a) Alpine Health gender audit survey results, April 2015. Alpine Health, Alpine Shire, WHGNE.


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Acronyms

ANROWS  Australia’s National Research Organisation for Women’s Safety
CCI      Community Capacity Index
FaHCSIA  Department of Families, Housing, Community Services and Indigenous Affairs, superseded by Department of Social Services in 2013
LGN      Local Government Network
MAV      Municipal Association of Victoria
PVAW     Preventing violence against women
PVAWC    Preventing violence against women and children
RE-AIM   Reach Efficacy Adoption Implementation Maintenance
SC       Steering committee
WHGNE    Women’s Health Goulburn North East — the lead agency for the project
Appendix A: Data collection for Courageous Conversations workshop

At the end of the workshop

What field do you work in?
(Open answer)

Today my knowledge about gender equity increased.
1 2 3 4 5 6 7 8 9 10
Disagree Strongly (please circle) Agree Strongly

The workshop increased my knowledge and awareness of masculinity and its implications for violence against women
1 2 3 4 5 6 7 8 9 10
Disagree Strongly (please circle) Agree Strongly

As a result of today’s workshops the actions I would like to take are:
(Open answer)

What I found most valuable about the workshop was:
(Open answer)

Any other comments?
(Open answer)

Three to six weeks after the workshop

What field do you work in?
(Open answer)

Did you attend the Courageous Conversations workshop?
(Select Yes or No)

As a result of the launch and workshop, I have taken the following actions:
(Open answer)

Any other comments or feedback regarding the launch and workshop?
(Open answer)
Appendix B: Data collection for pilot bystander training workshop

At the end of the workshop

Has the training increased your ability to identify sexism and gender stereotyping? (Select Yes or No)

Do you feel more confident to take action when confronted with sexism and gender stereotypes? (Select Yes or No)

Has the training provided you with practical skills to take bystander action? (Select Yes or No)

What type of practical skills have you gained? (Open answer)

What were the most valuable aspects of the workshop? (Open answer)

Was there anything missing from the training that you would have found helpful? (Open answer)

To make this workshop more relevant and applicable to your organisation, is there anything you would like to see added or changed? (Open answer)
Appendix C: Data collection for bystander training workshops

Socio-demographic information
What is your sex? (Select female or male)

What is the nature of your work? (Select from business, family violence, health promotion, health services, local council, student and “other, please specify”)

Which Local Government Area do you live in? (Select from list of all LGAs in region and “other – please specify”)

What is your age at 1 August 2015 (August workshops)/1 October 2015? (October workshops) (Open answer)

Domestic violence/abuse
What is the strongest single risk factor for experiencing domestic violence/abuse?
   - Age <30 years
   - Partner abuses alcohol/drugs
   - Gender — female
   - Family history of abuse
   - Don’t know

Which one of the following is generally true about perpetrators of domestic violence/abuse?
   - They have trouble controlling their anger
   - They use violence/abuse as a means of controlling their partner
   - They are violent/abusive because they drink or use drugs
   - They pick fights with anyone

Violence against women
In your opinion, what are the main drivers of violence against women? Please tick all that apply
   - An adherence to rigidly defined gender roles and identities
   - Men's inability to control their anger
   - Perpetrator being under stress
   - The belief that men should be in charge of the relationship
   - Being a victim of child abuse, and witnessing family violence as a child
   - Perpetrator being affected by drugs/alcohol
   - Other (please specify)

Bystanders
Social settings
If a man you know told a sexist joke about women, would you say that was:
   - Always acceptable
   - Sometimes acceptable
   - Rarely acceptable
   - Never acceptable
If you were present when that happened do you think:
  It wouldn’t bother me
  I’d feel a bit uncomfortable, but not say or do anything
  I’d say or do something to show I didn’t approve
  Don’t know
  Other (please specify)

If a man you know has made comments about the number of sexual partners a woman has had, would you say that was:
  Always acceptable
  Sometimes acceptable
  Rarely acceptable
  Never acceptable
  Don’t know

If you were present when that happened do you think …
  It wouldn’t bother me
  I’d feel a bit uncomfortable, but not say or do anything
  I’d say or do something to show I didn’t approve
  Don’t know
  Other (please specify)

How about, if you witness an argument between a man you know and a woman, that ended up with the man insulting or verbally abusing the woman. Would you say that was:
  Always acceptable
  Sometimes acceptable
  Rarely acceptable
  Never acceptable
  Don’t know

If you were present when that happened do you think:
  It wouldn’t bother me
  I’d feel a bit uncomfortable, but not say or do anything
  I’d say or do something to show I didn’t approve
  Don’t know
  Other (please specify)

**Bystander Action**
*For those answering female to sex question:*

[Pre survey] In the last 12 months, have you witnessed sexism towards other women in any of the following situations or settings? Please respond for each setting.

[Post survey] Since the training in August 2015, have you witnessed sexism towards other women in any of the following situations or settings? Please respond for each setting.

*For those answering anything other than female to the sex question:*
[Pre survey] In the last 12 months, have you witnessed sexism towards women in any of the following situations or settings? Please respond for each setting.

[Post survey] Since the training in August/October 2015, have you witnessed sexism towards women in any of the following situations or settings? Please respond for each setting.

Select Yes, No, or Don’t know for each setting:

In your current job
At a sports club I’m involved in
Amongst friends
Amongst extended family
At a community group or club I’m involved in

*If they answered yes to at least one of the above:* Thinking about the sexism you witnessed can you describe the most recent situation? (Open answer)

The last time you witnessed sexism towards other women did you do or say anything or take some other form of action? (Select Yes, No, or Don’t know)

*If yes:* What did you do? (Open answer)

Thinking back, what would you say were the main reasons you decided to do or say something? (Open answer)

*If no:* Thinking back, what would you say were the main reasons you decided not to do or say something? (Open answer)

**Bystander Beliefs**

Please indicate if you agree or disagree with the following statements. (Select from: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree, don’t know.)

- Even when I’m not involved and it’s not about me, I can make a difference in helping to ensure women are treated with dignity and respect.
- Even when I’m not involved and it’s not about me, I can make a difference in helping to ensure women are treated fairly.
- People should be willing to help others who are less fortunate than them.
- These days, people need to look after themselves and not worry about others.
- On the whole, men make better political leaders than women.
- A woman has to have children to be fulfilled.
- It’s OK for a woman to have a child as a single parent and not want a stable relationship with a man.
- Discrimination against women is no longer a problem in the workplace in Australia.
- Men should take control in relationships and be the head of the household.
- Women prefer a man to be in charge of the relationship.
There is equal opportunity for all women in Australia. Something more should be done to prevent violence against women in Australia.

[Post survey only] About the training you attended

Thinking back to the training in August/October:
The most important things I learnt were:
(Open answer)

Were there any topics that you would have liked more coverage on?
(Open answer)

Was there anything about the training that you’d suggest is changed in the future?
(Open answer)

Any other comments? (Open answer)
Appendix D: Data collection for organisational gender equity work

Please indicate if you agree or disagree with the following statements. Select from: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree, don’t know.

In general, men make better political leaders than women.

When jobs are scarce men should have more right to a job than women.

A university education is more important for a boy than a girl.

A woman has to have children to be fulfilled.

It's OK for a woman to have a child as a single parent and not want a stable relationship with a man.

Discrimination against women is no longer a problem in the workplace in Australia.

Men should take control in relationships and be the head of the household.

Women prefer a man to be in charge of the relationship.

There should be more women in senior management positions in business and industry.

When both partners work full-time, they should have equal share of domestic chores.

If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child.