



Submission to the Victorian Royal Commission into Family Violence

Executive Summary

MonashLink Community Health Service (MonashLink) has a long history, approaching three decades, of providing specific tertiary family violence programs for men and women. These tertiary responses have assisted men in attitudinal and behaviour change and supported women and children in their recovery, safety and wellbeing. Throughout this time MonashLink has recognised and promoted family violence as a priority health issue, requiring primary and secondary prevention activities in parallel to tertiary responses, to address systemic cultural norms and motivators for some men to use violence in the home.

MonashLink has been a leader in the development of innovative and wide-ranging family violence prevention and intervention activities. In 2010-12, MonashLink undertook the ReCLAIM research project. This project explored the capacity and potential for MonashLink to play a significant role in preventing violence against women through local policy-making, changes in procedures and guidelines, strengthening partnerships and training and program development. In 2012, a three-year partnership between MonashLink, Monash City Council, and VicHealth was established to implement *The Generating Equality and Respect* program, focused on the primary prevention of violence against women.

Both these projects required MonashLink to review its policies in particular in regard to gender equity, reconsider its training focus and supports to staff and service users who may be experiencing violence, and further raised awareness of gender relations in violence prevention. Wide ranging responses including strengthening regional partnerships, additional training in recognising and responding to family violence, a Gender Equality Workflow/Checklist and a public Organisational Statement for the Prevention of Violence Against Women have since been actioned.

In its capacity as a community health service, MonashLink is addressing violence against women in many ways: from position statements in strategic plans and policies to service delivery (maternal and child health, youth services, aged and diversity, children's services) and through community advocacy and education.

MonashLink is able to provide a consistent and mutually reinforcing environment of zero tolerance of violence against women where each part of its service complements and supports the others. Importantly, MonashLink has learned from experience that community health services can play an active role in primary, secondary and tertiary prevention of violence against women due to the multiple, accessible, and non-

confronting entry points for women, men, youth and children into the service system.

To support an integrated and whole of community response to domestic and family violence the following recommendations are made:

1. All local government areas should develop and maintain formal and collaborative relationships with local family violence service providers to enhance whole-community responses to family violence. (refer to GEAR project for further detail; See Appendix 2)
2. Primary and secondary prevention strategies must be integral to all aspects of service delivery addressing family violence. These three strategies should be coordinated across services and program jurisdictions.
3. All aspects of primary health provision must include basic training in recognising and responding to family violence and develop formal referral pathways to ensure accountable service responses to families using such health services.
4. Community Health Services should be funded to formally engage all staff members in quality responses to family violence regardless of the programs or services to which they are aligned.
5. Adequate resources must be provided to engage every resident of a catchment area in family violence prevention programs.
6. Culturally sensitive family violence programs must be developed and implemented where areas of newly arrived communities and community members are identified.
7. Childcare for women who have experienced family violence must be funded and provided to ensure equity of access.
8. Resources must be provided for robust and long-term evaluations of programs and services to ensure efficacy, accountability
9. Co-ordination between service systems that deal with the impacts of family violence needs dramatic overhaul as a matter of urgency. Information exchange needs dramatic, systemic improvements particularly between Victoria Police, women's services, children's services and Men's Behaviour Change Programs (MBCP), child support agencies, Office of Corrections and Courts, including family court.
10. The minimum standard for men's participation in a Men's Behaviour Change Program should be increased from 12 to at least 20 sessions.
11. The funding model providing a maximum of two hours of support and advice for (former) partners of men participating in Men's Behaviour Change Programs is inadequate and must be dramatically increased

12. Funding cycles should be increased in length and processes less onerous to ensure a focus on service delivery and not administration
13. Funding processes should only incorporate efficacy levels if evaluation is adequately funded

About MonashLink

MonashLink Community Health Service (MonashLink) provides health services to the community within the City of Monash and surrounding areas, which are approximately 20km south east of Melbourne's central business district. MonashLink delivers services from four sites based in Ashwood, Glen Waverley, Clayton and Hughesdale.

MonashLink provides a range of individual and group health services and programs to women, men, families, youth and children including:

- Access to Allied Psychological Services
- Perinatal depression programs
- Children's health and counselling services
- Youth response (12-25)
- Family services programs
- Drug and alcohol programs (families, adults and youth; peer support)
- Allied health services, e.g. physiotherapy, podiatry occupational therapy, nursing, speech therapy
- Oral health services, currently 11 public dental chairs plus other oral health services that target child dental health services.

Importantly, MonashLink has a long history of providing specific family violence programs for men and women. These include the Women Reclaiming Their Lives (WRTL) Program for women and the Men's Responsibility Group (MRG) program.

The Men's Responsibility Group program is one of the longest-serving Men's Behaviour Change Programs in Victoria and adheres to statewide standards of practice.¹ Typically, such women's and men's programs are considered tertiary family-violence prevention responses. That is responding to violence after it has occurred.

MonashLink and the response to family violence

International research tells us that by taking an evidence-based, collaborative and long-term approach, violence against women and their children can be prevented. In the words of the World Health Organisation, this is "not an article of faith, but a statement of fact."

MonashLink has historically placed significant focus on the prevention and amelioration of family violence and violence against women. This is in recognition not only of the prevalence, frequency and severity of family violence and its effects

¹ *Men's Behaviour Change Group Work: A Manual for Quality Practice, No To Violence*, <http://ntv.org.au/resources/publications/#mbcgw>

on those experiencing the violence, but also in recognition of the impact of family violence on the general health and wellbeing of people across the community.

MonashLink subscribes to a social model of health that includes public health approaches, as developed through responses to infectious diseases. The public health framework locates strategies at three temporal points. In responding to a family violence timeline this is best understood as:

- *Primary prevention*. This refers to strategies aimed at preventing violence before it occurs, including whole-of-population strategies.
- *Secondary prevention* (early intervention). This refers to programs that involve early detection of risk or early manifestations of the problem. In terms of violence against women policy and programming, it refers to interventions that target individuals or population sub-groups showing early signs of engaging in violent behaviour, or becoming a victim of violence, or who may be particularly at risk of developing violent behaviours.
- *Tertiary prevention* (response or intervention). These are the responses set in motion after the violence has occurred. They aim to reduce the consequences and impacts of violence and prevent recurrence.

MonashLink has focussed efforts in addressing all three levels of prevention to better respond to the potential for and actual use of and experience of family violence. This utilises a social or ecological framework² – interactive nature of a range of key factors:

- Social
- Community
- Relationship
- Individual

Primary, Secondary Prevention and Tertiary Responses

Since the 1992 MonashLink has provided tertiary responses to over an estimated 600 individual men who use violence and their families. These tertiary responses have assisted men in attitudinal and behaviour change and supported women and children in their recovery, safety and wellbeing. From this time MonashLink has continued to advocate and promote family violence as a priority health issue requiring primary, secondary and tertiary responses. This has been further supported by the VicHealth (the Victorian Health Promotion Foundation) report in 2004³ and consequent research.

MonashLink is a leader in the development of wide ranging prevention activities. The service recognises it is crucial that a specific focus must be placed on primary and secondary prevention activities in parallel to tertiary responses to address systemic cultural norms and motivators for some men to use violence in the home.

² *Reflecting on primary prevention of violence against women: The public health approach*, ACSSA ISSUES NO. 19, 2014

³ *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, Victorian Health Promotion Foundation, <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-health-costs-of-violence>

In 2010-12, MonashLink undertook the ReCLAIM research project. This project explored the capacity and potential for MonashLink to play a significant role in preventing violence against women through local policy-making, changes in procedures and guidelines, strengthening partnerships and training and program development.

With strong leadership and support by the then CEO, recommendations from the project were prioritized and acted upon (see Appendix 1).

In 2012, a three-year partnership between MonashLink, Monash City Council, and VicHealth was established to implement The *Generating Equality and Respect* program, focused on the primary prevention of violence against women. Evaluation of the program will be finalised at end of 2015. A progress report can be found in Appendix 2.

Both these projects required MonashLink to review its policies, its supports to staff and service users who may be experiencing violence and further raised awareness of gender relations in violence prevention. This brought about significant developments in policy, practice, internal relationships and partnerships with external agencies.

The MonashLink Approach

Using the VicHealth framework, the World Health Organisation's reports and a Preventing Violence Against Women (PVAW) consultant (Dr Tracy Castelino), MonashLink has taken a comprehensive approach within the organisation and across partnerships to challenge messages of masculinity, rigid gender roles and gender stereotypes that are so pervasive and linked to negative and abusive attitudes and behaviours towards women and girls.

Primary prevention of violence against women is now integrated into the 2013-2017 Integrated Health Promotion Plan, alongside important work in secondary prevention. This complements the historical role of MonashLink providing tertiary responses to men who use violence and women and children who have experienced family violence. Ongoing communication internally and externally occurred to consistently make the link between family violence, violence against women and gender inequality.

The Board, Executives and Senior staff were involved in in-service sessions about violence against women, and its determinants which incorporated a socio-ecological approach to understanding and promoting the need for multiple points of intervention. This training also developed strategies to respond to observed behaviours and attitudes that reinforced gender stereotypes.

Men from across the organisation were required to attend an in-service session exploring the role of men in preventing violence against women. Staff have been exposed to awareness raising on gender equality and the prevention of violence against women and have attended joint forums and International Women's Day and White Ribbon Day events.

A substantial number of community health staff has been trained in using the

Common Risk Assessment Framework⁴ (CRAF) to recognise and respond appropriately to a client presenting with indicators of experiencing family violence. More comprehensive training has been available to staff working in allied programs. This has led to, for example, in one of the children's counselling services, the identification that more than 50 per cent of children's 'problem behaviour' had its roots in family violence in the home.

It has been invaluable to have the expertise of the experienced family violence team to ground and strengthen the organisation's response to staff, volunteers and service users who may be experiencing domestic and family violence.

After extensive consultation throughout 2014, MonashLink made a commitment to a public Organisational Statement for the Prevention of Violence Against Women:

MonashLink is committed to gender equality and zero tolerance for violence against women and children.

The following actions and developments have since been initiated at MonashLink to support this commitment:

- a committee for the Prevention of Violence Against Women Committee was established, with representation of senior management, female and male staff members and consumers, with a high level of attendance including by Executive members
- more MonashLink men involved in violence prevention and gender equity initiatives
- gender analysis integrated into policy development and review processes with the adoption of the Gender Equality Workflow/Checklist (see Appendix 3)
- gender equity capacity development across the whole organisation based on identified competencies required to increase knowledge and skill in primary and secondary prevention of violence against women.
- extensive consultation and ongoing evaluation is occurring to contribute to the evidence base for violence against women prevention approaches

Additionally MonashLink has strengthened its regional partnerships to ensure consistency in understanding and responding to violence against women across its region.

Strengths and Successes

MonashLink in its capacity as a community health service, is addressing violence against women in many ways: from position statements in strategic plans and policies to service delivery (maternal and child health, youth services, aged and

⁴ <http://www.dvrcv.org.au/training/family-violence-risk-assessment-craf>

diversity, children's services) and through community advocacy and education.

Community health services have the capacity to provide a consistent and mutually reinforcing environment of zero tolerance of violence against women where each part of the service complements and supports the others. Importantly, MonashLink has learned from experience that community health services can play an active role in primary, secondary and tertiary prevention of violence against women due to the multiple, accessible, and non confronting entry points for women, men, youth and children into the service system.

This requires a whole of agency approach that recognises the role of each part of the system and each worker's role in identifying and responding to family violence.

MonashLink has worked diligently and collaboratively to ensure that all staff members have an increasingly high level of comprehension and skills to respond to concerns about family violence. This is regardless of whether the clients and patients of the service actively disclose violent behaviours or experiences. For example, the service's dental staff members are now equipped to seek advice through secondary consultations with family-violence workers when women present with dental problems that may be congruent with experiencing family violence. The community health collaborative model provides opportunities for women to receive services that are by nature further 'upstream' within the prevention context to potentially reduce risk of further violence. Ordinarily, such women would not have sought support or advice about family violence. Similarly the MonashLink model provides opportunities for men who use violence to be identified (as part of health screening), held accountable and invited to engage in behaviour change processes. Often these men would not come to the notice of the service system without actively seeking support or even consider their experience as requiring redress.

MonashLink notes that a community health model, with its foundation in the social model of health, is ideally placed to help reduce challenges and inequities in access in prevention efforts, through working with vulnerable groups and in diverse settings, as well as participating in whole of community initiatives.

Through the strong professional alliances formed with the City of Monash and VicHealth, MonashLink has been able to provide responses to women and young people experiencing violence in the home and to men who have been identified as using violence towards family members. This working alliance has also influenced the local government's family violence prevention policies and practices that reach far further than standard tertiary prevention responses.

Challenges

While MonashLink aims and works tirelessly to respond to and prevent family violence a number of factors that hinder efforts have been identified – factors that almost exclusively relate to a dearth of resources to meet demand.

MonashLink routinely either add men to an ever-growing waiting list or, sometimes, are forced to turn away men due to a number of factors, usually because such men do not reside or work within MonashLink's catchment. MonashLink family-violence

workers acknowledge that anything but a timely response to men in particular can exacerbate the risks of violence towards family members noting that evidence suggests that without intervention, over time men's violence will ordinarily increase in severity and frequency. A lack of resources also prohibits the service from maintaining contact with men and women while on waiting lists, which can lead to men in particular losing any motivation to act. There is a strong sense that some men feel vindicated in the event the service cannot respond immediately and that the crisis abates, leading to a presumption that their violence can continue.

Exacerbating this issue is the drastic increase in referrals due to increased police responses and court directives. Service staff report that they are under increasing pressure from referring agency staff to include men into their programs.

MonashLink currently meets its annual client targets well before the third quarter of operations – the rest of the work is essentially done voluntarily by the service. Anomalies such as this – the under-resourcing in family violence matched against the exponential growth in demand creates internal operational dilemmas; resources in family violence come at the expense of other health responses to the community.

MonashLink men's behaviour-change workers note a significant tension in restrictions on the number of group sessions provided to men based on the Victorian minimum standards of 12 sessions for Men's Behaviour Change Programs. This is completely inadequate for sustainable attitudinal and behaviour change. In the interests of promoting long-term safety for women and children, MonashLink provides a 20-week program plus monthly sessions for six months. This is regarded as the bare minimum for significant and long-term change. MonashLink also incorporates continuous entry into the men's program cycle. This is to ensure as swift a response as possible, both to the man and to support the safety of women and children. Many MBCP's operate with a designated start and finish date: MonashLink believes this can unnecessarily delay a man's entry into the program. MonashLink's 20-week program model means that a man can enter at any point in the 20-week cycle and attend the designated 20 sessions to complete the program. There are other distinct advantages to a continuous entry model, for example men further along in the program often challenge a new-comers beliefs and prejudices; the impact of peer-group challenge is identified by participants as poignant and powerful. Finally MonashLink stresses that anger management programs should not be used as a substitute for accredited men's behaviour change programs. (See Appendix 4 for more information on unique aspects of the MonashLink MBCP)

Further undermining efforts to prevent family violence is the service's inability to undertake any robust outcomes evaluations to determine the effectiveness of the services provided. MonashLink is aware that significant resources are required to undertake outcomes evaluations appropriately and safely, such as the recently released UK Project Mirabel study.⁵

MonashLink would also like to be able to harness and utilise the newfound skills and attitudes of many men who complete their MBCP, Men's Responsibility Group program as agents of change within the community. To date there is little if any

⁵ <http://respect.uk.net/wp-content/uploads/2015/01/Project-Mirabal-executive-summary-EMBARGO-00.01-MONDAY-12-JANUARY-2015.pdf>

formal or structured processes to enable men to actively engage other men and boys in considering the impacts of inappropriate or dangerous attitudes, opinions and values regarding girls and women, gender, relationships and family. MonashLink sees this as a huge loss to the movement of change to end family violence.

MonashLink furthermore acknowledges that the service does not have the capacity to respond to certain sections of the community in culturally sensitive ways. A number of culturally and linguistically diverse communities have been identified within the catchment area, however it is noted that a standard or generic response to men is not always inclusive and sometime prohibitive to some men. This is not to suggest that some men use family violence as a cultural norm but rather culture may get in the way of a standard form of program delivery, or sometimes be used as an excuse for non-participation.

The Vietnamese MBCP provided in Sunshine also provides opportunities for Vietnamese men (and women) with low proficiencies in English to engage in men's behaviour change work and partner contact and support. MonashLink sees this as an example of a basic right to access service for all Victorians and should be adopted elsewhere.

MonashLink notes the successes in other areas of the development and delivery of cultural-specific MBCP and suggests this model should be adopted consistently across the state.

MonashLink notes that some women are unable to attend programs and services due to the lack of childcare arrangements, and that recent cuts to legal and homelessness programs have had a direct impact on the safety of women and children. This has become particularly apparent in cases where some men and/or women do not have the resources to move into separate accommodation, and therefore continue to cohabit even in potential breach of an intervention order.

There is also a distinct frustration at the increased requirements to seek and reapply for funding rather than focussing on service delivery. This is seen as a demonstrated reprioritising of internal resources that provides little if any efficiencies or increased quality of service delivery. Furthermore, it is noted that funding acquittals are increasingly focussing on the notion of 'outcomes' that are inherently difficult, if not impossible, to demonstrate in the current funding model. Essentially, MonashLink is being asked to prove its service's efficacy without the capacity to do so.

Recommendations

1. All local government areas should develop and maintain formal and collaborative relationships with local family violence service providers to enhance whole-community responses to family violence. (refer to GEAR project for further detail; See Appendix 2)
2. Primary and secondary prevention strategies must be integral to all aspects of service delivery addressing family violence. These three strategies should be coordinated across services and program jurisdictions.

3. All aspects of primary health provision must include basic training in recognising and responding to family violence and develop formal referral pathways to ensure accountable service responses to families using such health services.
4. Community Health Services should be funded to formally engage all staff members in quality responses to family violence regardless of the programs or services to which they are aligned.
5. Adequate resources must be provided to engage every resident of a catchment area in family violence prevention programs.
6. Culturally sensitive family violence programs must be developed and implemented where areas of newly arrived communities and community members are identified.
7. Childcare for women who have experienced family violence must be funded and provided to ensure equity of access.
8. Resources must be provided for robust and long-term evaluations of programs and services to ensure efficacy, accountability
9. Co-ordination between service systems that deal with the impacts of family violence needs dramatic overhaul as a matter of urgency. Information exchange needs dramatic, systemic improvement particularly between Victoria Police, women's services, children's services and Men's Behaviour Change Programs (MBCP), child support agencies, Office of Corrections and Courts, including family court.
10. The minimum standard for men's participation in a Men's Behaviour Change Program should be increased from 12 to at least 20 sessions.
11. The funding model providing a maximum of two hours of support and advice for (former) partners of men participating in Men's Behaviour Change Programs is inadequate and must be dramatically increased
12. Funding cycles should be increased in length and processes less onerous to ensure a focus on service delivery and not administration
13. Funding processes should only incorporate efficacy levels if evaluation is adequately funded

Appendix 1

Recommendations From ReCLAIM Research Project

1. Develop a domestic violence policy and procedure including an Enterprise Bargaining Agreement clause for special leave consideration for workers experiencing family violence. Refer to practice and policy examples from University of New South Wales, Surf Coast Shire, Women's Health East and Brimbank Council.
2. Develop an organisational statement on MonashLink's position - zero tolerance of violence against women in public and private spaces.
3. Provide education and training for all employees on gender equality and the prevention of violence against women through a variety of events and forums.
4. Provide an organisational advocacy response to the prevention of violence against women through combined actions on the 16 Days of Action to Eliminate Violence Against Women and White Ribbon Day.
5. Develop and implement a Gender Equality Policy checklist to be applied across units and programs
6. Improve procedures and guidelines for appropriate responses/support by managers and colleagues to staff experiencing stress and trauma (including family violence).
7. Establish the issue of violence against women as a health promotion priority with dedicated positions and resources.

Appendix 2

About Generating Equality and Respect



What is Generating Equality and Respect?

The Generating Equality and Respect (GEAR) Program is testing an approach to the primary prevention of violence against women. Our practice is shaped by the evidence-based framework developed by VicHealth in 2007, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*.

Primary prevention aims to prevent violence happening in the first place by addressing the determinants, or underlying causes, of gender based violence. We know what these determinants are by looking at evidence from Australia and around the world. These determinants are:

- Unequal gender relations (which exist at all levels in society)
- Adherence to rigid gender roles (traditional, harmful stereotypes)

This is a new area of work and involves many different stakeholders as we recognise that the underlying causes, or determinants, of violence are complex social issues that cannot be fixed by one organisation or sector alone.

The ReCLAIM Research Project undertaken in 2010-12 stimulated MonashLink into action to look at how it supports its staff and service users who may be or are experiencing family or intimate partner violence. It raised awareness of gender relations in violence prevention. This work was a key factor in MonashLink's successful application with Monash City Council to VicHealth in 2012 to implement a three-year partnership program focused on the primary prevention of violence against women. Monash City Council is the funds-holder.

One feature of the partnership is the location of the program team members within two of the program settings – two at council and one here at MonashLink within the Health Promotion Team. Another has been the high level commitment from leaders at both MonashLink and Council, as evidenced by their public profile and active engagement as partners.

Generating Equality and Respect aims to foster equal and respectful relationships between men and women via the implementation of tested strategies in different settings in the City of Monash and a demonstration site – Clayton. The settings and activities include:

- **At Monash Council**, various initiatives are up and running including the Men's Action Group and the development of a Gender Equity Strategy.
- **With Maternal and Child Health**, we have trialled the Baby Makes 3 Program with over 40 new parents at Clayton. We contribute to the evidence

base as the program is provided by Carrington Health across the Eastern Metropolitan Region.

- **With the Youth-practitioner sector**, the Monash Partners in Prevention Network now has over 37 members from schools (including school nurses), youth services, community organisations and church organisations. A grants seeding program was established to support respectful relationship education.
- **With the Corporate Workplace**, we signed a Memorandum of Understanding with Robert Bosch Australia (a large manufacturing company) that has paved the way for activities this year such as integrated family violence training in the induction and refresher Workplace Behaviours program and participation in White Ribbon Day. We are currently renegotiating our Memorandum of Understanding, exploring next steps towards a stronger focus on gender equity.

What is MonashLink doing as part of Generating Equality and Respect?

MonashLink is both a partner and a setting for the program. We are ensuring that we have our own house in order so that we are able to model and lead change in our community.

Our past CEO, Gregg Nicholls, was an active member of the Program Executive and White Ribbon Ambassador. He encouraged other men at MonashLink to be actively engaged and we have men on the Prevention of Violence Against Women Committee and organizing community activities during the 16 Days of Activism against Gender Violence in November each year (including White Ribbon Day). Primary prevention of violence against women is now integrated into our 2013-2017 Integrated Health Promotion Plan, alongside important work in secondary prevention.

A major achievement in the past year is the Organisational Statement that states: *MonashLink is committed to gender equality and zero tolerance for violence against women and children.* (Refer to the full statement on the website:

<http://www.monashlink.org.au/images/documents/PVAWstatement2014.pdf>)

This statement tells the community what our position is. Now we are putting further actions into place to support it.

This year we have also achieved:

- a committee for the Prevention of Violence Against Women Committee is now established, with representation of senior management, men and consumers. We have a high level of attendance, including by our Executive members
- more MonashLink men involved in violence prevention and gender equity initiatives (as already mentioned)

- gender analysis integrated into policy development and review processes with the adoption of the Gender Equality Workflow/Checklist
- gender equity capacity development across the whole organisation based on identified competencies required to increase our knowledge and skill in primary and secondary prevention of violence against women (refer to Training Plan)
- extensive consultation and evaluation to contribute to the evidence base (including at the Eastern metropolitan regional level)
- strengthening of our regional partnerships

The Prevention Practitioner has had the opportunity to represent MonashLink at several significant events in which the spotlight is on innovative and evidence-based practice, including the inaugural Asia-Pacific Conference on Gender Violence and Violations at the University of New South Wales. MonashLink is recognised as a leader and innovator for primary prevention of violence against women.

The year ahead will see us focus on further deliverables, evaluation and sustainability. Outputs by the end of 2015 will be an extensive Program and Evaluation Report and a suite of Tools and Resources to inform practice in Victoria and more broadly.

How is it funded?

Generating Equality and Respect is funded primarily through a grant from VicHealth of approximately \$1 million, with the timeframe extended to three-and-a-half years. MonashLink has invested substantially also through dedicated management within the Health Promotion program area and attendance of staff from across the organisation at training and development activities.

How does Generating Equality and Respect relate to the MonashLink Strategic Plan 2012-2017?

Strategic Goal: Lead and participate in the improvement of health and wellbeing in the community.

Objective: Demonstrate leadership in the primary prevention of violence against women.

What are the program outcomes to date? How are the program outcomes being measured?

In addition to the sorts of organisational changes described previously, the GEAR Project estimates that Generating Equality and Respect has reached:

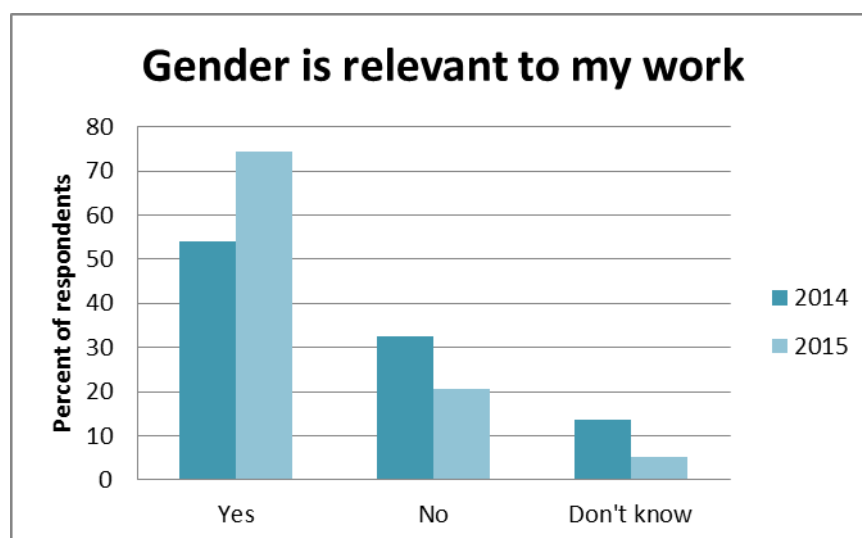
- 15,000 people have seen Generating Equality and Respect social marketing messages

- 735 people have participated in programs or training
- 480 people were consulted in planning, needs assessment and policy development
- Over 1,000 people attended an event

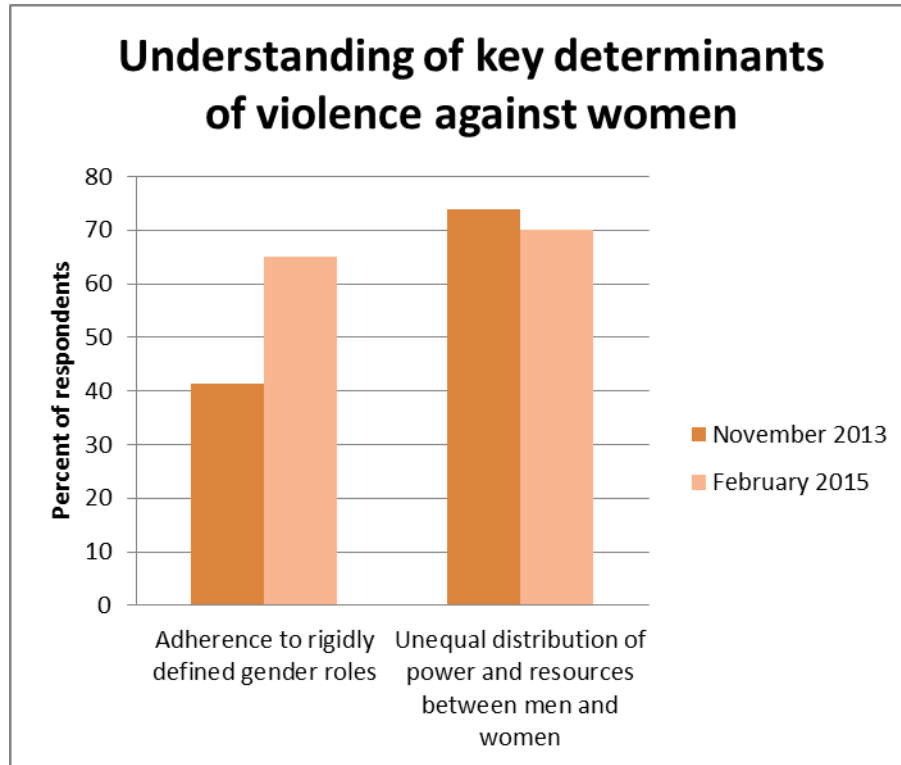
Because what we are striving for is long-term social change it is not within the capacity of the program to measure long-term impacts or outcomes. Generating Equality and Respect does have a robust Evaluation Plan in which we align anticipated short and medium term impacts to measurable change at the individual, organisational and community levels. These are illustrated in the Program Logic Model. In addition MonashLink will be contributing data to the evaluation of shared indicators in the Regional Together for Equality and Respect Strategy.

We are entering the final evaluation phase of the Program (April-August 2015), which will involve multiple methods including surveys, focus groups, interviews, document reviews and reflective journals, so only preliminary results are available at this stage, for example:

- ✓ MonashLink staff are *motivated* to promote gender equity in the workplace (92% of survey respondents, February 2015)
- ✓ Many MonashLink staff agree they have the *capacity* to consider gender equity in their day-to-day work (77% of survey respondents February 2015)
- ✓ About half of MonashLink staff feel *confident* to use gender analysis in their day-to-day work (51% of survey respondents, February 2015)



Overall increase in gender awareness at MonashLink
(February 2014 to February 2015)



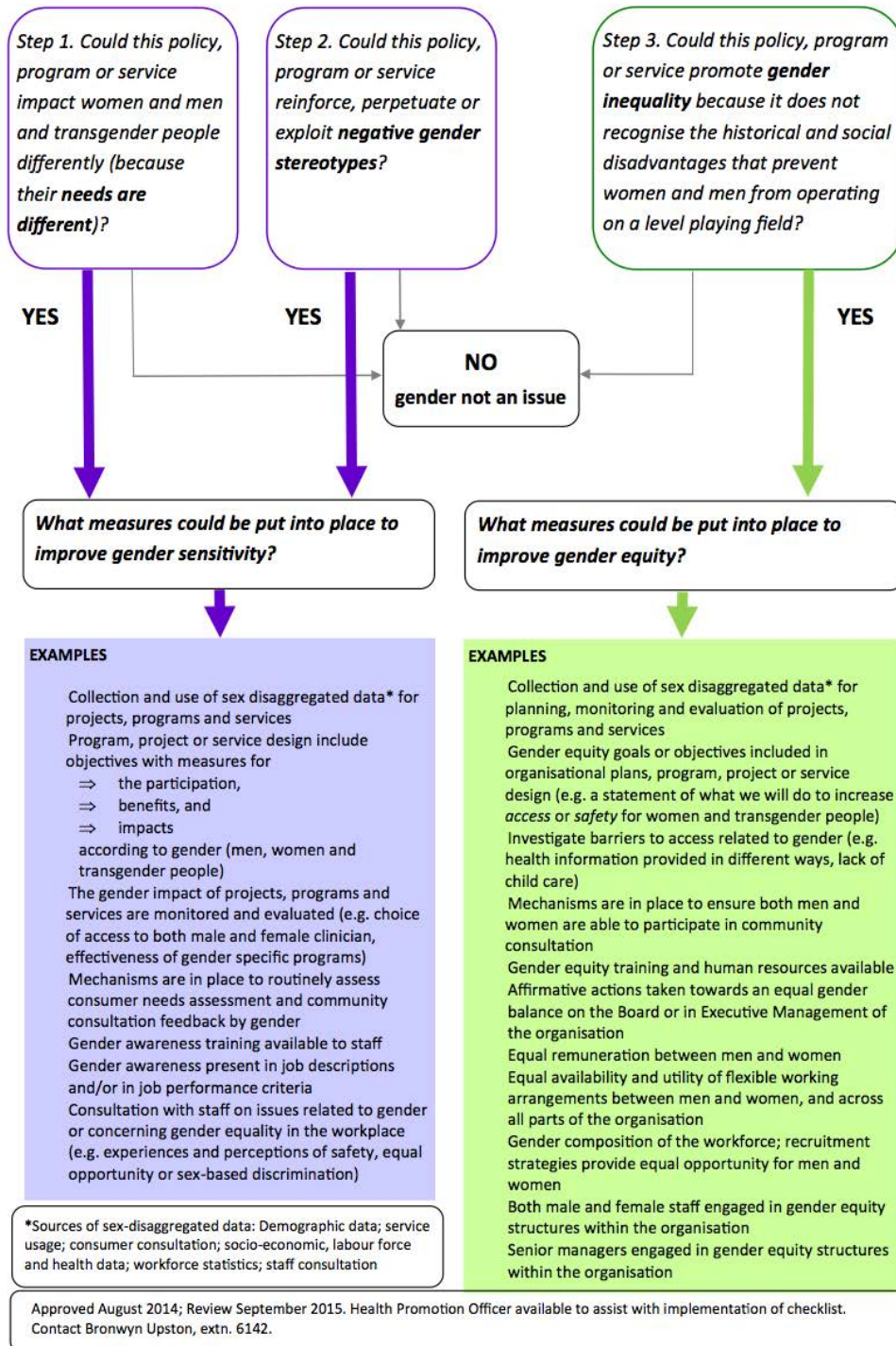
Evaluation is built into Generating Equality and Respect using a participatory and learning-oriented approach. This approach builds on VicHealth's experience in a previous program, Respect, Responsibility and Equality (2008 to 2011), where it was first introduced. More information can be found in *Evaluating preventing violence against women initiatives: A participatory and learning-orientated approach for primary prevention in Victoria*.⁶

Where do we see it going? What actions are required to sustain Generating Equality and Respect beyond the funded period?

Generating Equality and Respect is well integrated into the operations, structures and systems of Council and MonashLink because of its organisational change agenda. For example, at MonashLink we have an integrated Gender Equality Workflow/Checklist that applies to all policy development and review, supported by our Organisational Statement for the Prevention of Violence against Women and Children. To ensure the organisational changes are sustained and the organisations can look further afield in coming years for primary prevention activity, we will strengthen these newly established organisational systems and continue to build the capacity of personnel to implement gender equity activities. A sustainability plan focusing on three domains for priority action is currently in development: Partnerships, Organisational Capacity and Communications.

⁶ Kwok, WL 2013, Evaluating preventing violence against women initiatives: A participatory and learning-oriented approach for primary prevention in Victoria, Victorian Health Promotion Foundation, Melbourne, at http://www.vichealth.vic.gov.au/~/_media/ResourceCentre/PublicationsandResources/PVAW/Stage%2020_WLK_PVAW%20evaluation.ashx.

MONASHLINK GENDER EQUALITY WORKFLOW/CHECKLIST



Appendix 3

Appendix 4



MonashLink would like to highlight unique aspects of their Men's Behaviour Change Program (MBCP), the Men's Responsibility Group (MRG) that highlights significant points of difference from other programs. These points of difference have a functional impact on sustainable positive outcomes for the men who attend.

- **Narrative Approach:** MonashLink uses a narrative enquiry approach to engage the men and explore their assumptions around entitlement, male privilege, gender norms and how this translates into everyday beliefs and action in their lives. Observers to the group have frequently commented that MonashLink differs significantly from other programs by 'engaging men in conversations' to explore their beliefs, rather than a 'telling style' that can give directives to the participants.
- **Interviewing woman and adult children in the group on the effects of violence in their lives.** MonashLink routinely engages those who have experienced family violence to be an active participant in one of the sessions of the group cycle. This is a narrative therapy process, carefully constructed and monitored to ensure the woman is ready to participate and is adequately supported (pre, during and post-group) to ensure there is not secondary trauma. These are powerful sessions as the woman is interviewed by the facilitator to explore the impact violence has had on her life and that of her family. The woman is not subjected to interviewing or questioning by the male participants. In recent years MonashLink has also included adult children as 'interviewees'. Participant of the MRG, routinely report that this session has one of the most profound impacts on them and their behaviour as it personalises the violence and resultant trauma.
- **Active Note-Taking:** In each session of the MRG, one of the facilitators (on a roster basis) records 'movements away from violence' as well as admissions of falling short for participants in the group as they speak and engage in conversation. This record is then typed up and given to the men the following week and provides a record of change; it also provides opportunities to reflect on positive progress and challenges to this. One participant informed us that he used these pages between sessions; he pinned them strategically in his home and used them as a method to remind himself of his progress.
- **Observers to the Group:** MonashLink always welcomes 'observers' to view the MRG process. This is monitored to ensure the numbers are manageable and do not unduly impact on the group process. Invitations are routinely given to partner agencies, staff from statutory bodies, other MonashLink staff.