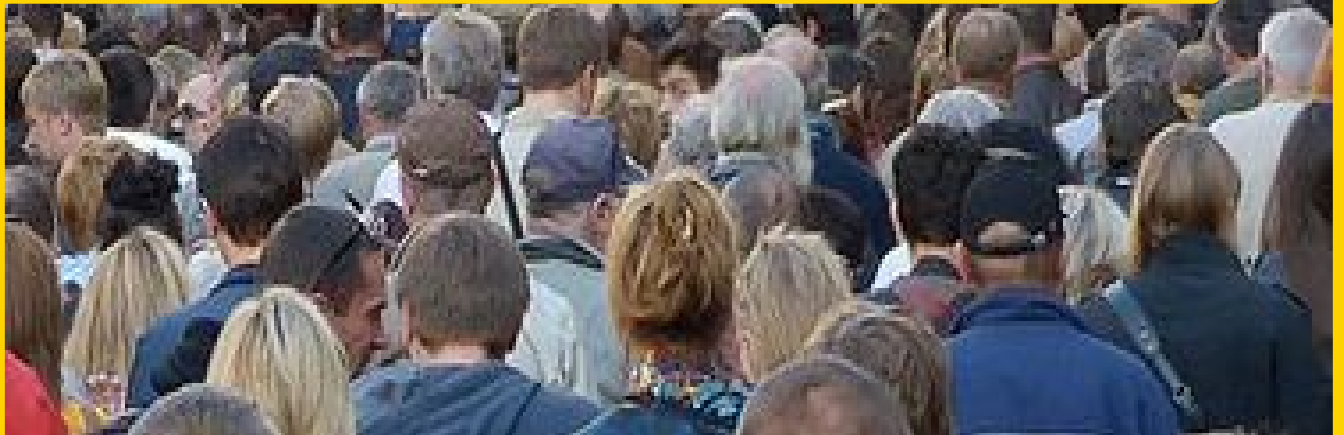


Hearing their voices

Perceptions of women and men
on reducing men's perpetration of domestic violence

"... you have to get to the cause of the problem and not only deal with the outcome. If you cannot help men stop, then you got to prevent the boys from becoming like the men around them."



Dr Helen McLaren & Dr Ian Goodwin-Smith

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Executive summary

Domestic violence¹ perpetrator intervention programs exist within the logic of accountability. Regardless of the perpetrator program length, admission format or intervention methods, the overall aim of perpetrator intervention is for men to take responsibility for their abusive behaviour and to stop using tactics of power and control. For Australians to take seriously the safety of women and their children, interventions with perpetrators of domestic violence need to be included in the overall suite of domestic violence interventions, as do strategies aimed at stopping boys and men from becoming perpetrators. It is time to support effective interventions while also finding new ways to respond to domestic violence. This is consistent with the key commitments of Australia's National Research Organisation for Women's Safety (ANROWS 2016b).

This research gained insights from interviews with 20 women who had experienced domestic violence, 20 men who had perpetrated domestic violence, and 4 specialist men's workers on what they perceived could help stop men's violence. Interviewees were from rural and metropolitan South Australia.

Aims of the research were:

- to understand qualitatively the contexts in which support to men who use violence takes place
- to observe service user capacity to recognise the violence and engage with supports
- to hear what supports were helpful for men and document the additional supports that men need.

¹The terminology of **domestic violence** is used in this report. It is inclusive of 'domestic violence' and 'family violence' as defined in the Council of Australian Governments in Australia's National Plan to Reduce Violence Against Women and their Children (COAG 2011), 'domestic and Aboriginal family violence' which is used by DCSI, and the various terminologies used across Australian States and Territories.

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The participants in this research were not recruited on the basis of their cultural variables, in particular Aboriginality. However, it is important to acknowledge that this research was done in Australia and Aboriginal people participated in it. The context of domestic violence can be different for Aboriginal people. In consideration, there is a dire need for culturally appropriate research in the Australian context that is specifically focused on supporting men who perpetrate Aboriginal family violence.

Key messages

Voices informing this research provided key messages on the need to increase supports for men, including over the longer-term, via a multidimensional approach. This includes supporting existing interventions with violent men, targeting at-risk groups of men for early intervention based on socio-demographic and multiple morbidity indicators, engaging men in early intervention by injecting specialist men's violence initiatives into other organisations and service sectors, and increasing prevention strategies with children, young people and others.

Prevention and early intervention, alongside intervention responses with perpetrators, is essential for breaking the intergenerational cycle of domestic violence. This is supported by a growing evidence base on the benefits of maximising opportunities for social change, which is critical for building a stronger future for Australia's next generations that is free from violence.

Women and men who shared their experiences and insights informing the findings of this study consistently advised that men need more help. This message was pervasive, but the service sector cannot currently respond as there are insufficient specialist interventions. While the findings from this research are not exhaustive, and nor are the recommendations, they are a starting place to commence conversations on increasing efforts towards reducing men's violence and increasing women's and their children's safety.

The following recommendations can be drawn from the findings herein:

Recommendation 1: Program effectiveness

- Strengthen existing men's programs to ensure service consistency.
- Pilot promising and innovative interventions within established men's services providing specialist domestic violence support.
- Build exit pathways within existing services and referral pathways out, or a case management element facilitated by the men's workers in order to keep men connected and supported over the longer-term.
- Promote rigorous evaluation and dissemination to strengthen the evidence base, including what does work and what does not work, to prevent uptake of ineffective strategies.

Recommendation 2: Keeping men engaged

- Increase efforts to keep men engaged in perpetrator programs irrespective of voluntariness. This may include advocating to the Courts Administration Authority for intervention orders to be conditional to men's program completion and assessment by men's workers.
- An outreach service by organisations providing perpetrator programs should extend to correctional facilities to ensure that men's intervention is uninterrupted by a breach of intervention order and incarceration.
- Implement second-level extension programs involving ongoing contact with drop-outs and completers, including post-program referral and case management.
- Engage in interagency collaboration in the provision of specialist support to men by specialist men's workers over longer-term support.
- Undertake longitudinal evaluation of effectiveness of longer-term perpetrator intervention, engagement and ongoing contact.

Recommendation 3: Counselling vs group work

- Group intervention should be viewed as a priority. Men should not be able to opt for individual counselling as a tactic to avoid shame and accountability that may be experienced by them in group intervention (when there is a group program available to them).

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- Counselling by non-specialist workers should be discouraged. Without expertise they are unlikely to recognise their role in colluding with men, nor are non-specialist workers guaranteed to maintain application of a pro-feminist intervention aimed at holding men accountable for the abuse.
- Limited counselling as a pathway into group interventions is preferable, but counselling alongside and after group work and ongoing specialist contact with the men over the longer-term is required.

Recommendation 4: Integrating early intervention

- Recognise violent men as complex whole persons and identify 'hotspot' services for men via high comorbidity indicators with domestic violence, e.g. mental health, housing, homelessness, alcohol and drug services.
- Deliver psycho-educational and therapeutic intervention by men's violence specialists to men, via other programs and services.
- Utilise engagement in other services as an access point to build trust and encourage violent men into perpetrator programs.

Recommendation 5: Targeted prevention strategies

- Identify opportunities for specialist men's workers to engage with others in prevention activities, such as via information sessions and workshops in schools and community based organisations.
- Via a data linkage project or other inquiry, investigate the prevalence of domestic violence intervention orders of parents engaged with support agencies across the welfare service sectors to identify where best to target prevention initiatives with the children/youth of parents identified.

Recommendation 6: Strengthening wellbeing programs

- Priority to be given to prevention and early intervention in Aboriginal communities on the basis of high prevalence of domestic violence among Aboriginal people and adverse outcomes for women and children.
- Identify opportunities for specialist Aboriginal men's programs in domestic violence to implement early intervention strategies into existing wellbeing

programs for Aboriginal men and boys. This may include strategies involving kin mentoring.

Recommendation 7: Child and youth synergies

- Due to adverse outcomes for children exposed to domestic violence, domestic violence and child protection should be viewed as synonymous.
- The responsibility of child protection and family issues should not be placed by government organisations and service providers solely on the women.
- Identify opportunities for specialist men's services to forge productive partnerships for engaging in prevention and early intervention. This may include linking with existing child and family focused initiatives, such as Communities for Children, or youth programs and other community development activities.

Recommendation 8: Workforce development

- Engage in workforce development across the welfare sector to increase capacity for understanding the dynamics of men's violence and/or men's resistance to intervention.
- Strengthen other service sectors' ability to recognise men's violence and to understand the importance of referral to men's programs, specifically men's services that specialise in interventions with domestic violence perpetrators.

Introduction & literature

The purpose of this report is not to provide detailed analysis of whether specific interventions with men work or do not work. Many other research studies are currently engaged in this endeavour. Rather, this report draws from the knowledge and perceptions of individuals who have lived experience of domestic violence and male perpetrator interventions.

The primary goal of the research was:

- to learn from service users and a service providers about what they believe may help to reduce men's violence and keep women and their children safe.

The literature presented overviews the state of interventions with men, families, communities and society as part of a socioecological systems perspective in achieving change. Research methods are explained and this is followed by findings from interviews with the women, men and men's workers. Specific commentary from the research participants on their experiences is interwoven with additional theoretical explanation. This provides further insights into the violence, engagement of supports, and outcomes they experienced. This evidence on what participants perceive is needed to bolster efforts to reduce men's violence offers valuable insights for keeping women and their children safe. Discussion of the findings and conclusions are consolidated in the final section, along with recommendations for practice.

Literature on perpetrator intervention with men

Existing literature on how to reduce men's violence is somewhat unclear. While there is literature attesting to the effectiveness of interventions with men, alternative literature declares that ultimately men don't change. According to Murray et al. (2007), in a review of domestic violence prevention research, both positions are limited due to the fact that:

- the majority of men's violence intervention programs have never been evaluated

- there is a lack of methodological rigour in research on prevention and early intervention initiatives
- most evaluations of men's interventions are conceptually weak.

Attempts to assess the effectiveness of men's interventions, particularly perpetrator programs, often draw assumptions from program 'drop-out' rates; changes in men's attitude towards accountability, responsibility and change; and, recidivism-rates of program completers (Brown et al. 2014; Hughes et al. 2013). Attempts have been made to assess effectiveness of perpetrator programs via the use of crime statistics (for example, see ABS 2015). However, over-use of program drop-out rates or recidivism rates to determine program effectiveness is problematic. This is because of difficulties in accounting for the influence of other variables in men's lives. And while most programs are grounded in pro-feminist philosophies that share the goals of reducing men's violence towards women and their children, there is also variability in program length, admission format, intervention methods – and evaluation approaches. The influence of perpetrator programs on the extent of men's engagement in programs and domestic violence recidivism is also not clear.

Research and evaluation of perpetrator programs suggest that the majority of men completing domestic violence interventions do exhibit positive changes in attitudes and behaviours by the end of the program (Canuto 2015; Mackay et al. 2015b; Stewart et al. 2014; Tolman et al. 2011). Despite this, researchers conducting systematic reviews, controlled trials and longitudinal studies consistently show how most perpetrator programs, at best, achieve only small successes (Eckhardt et al. 2013; Flood 2015; Haggård et al. 2015; Mackay et al. 2015a, 2015b, 2015c). They explain that while short- to mid-term interventions (up to a year) achieve positive outcomes in terms of men's attitude and behavioural change, these interventions are unlikely to be sustained over the longer-term.

There is some evidence that sustained change among violent men may be achievable via persistent intervention with men over the longer-term².

Perhaps the most comprehensive study of perpetrator programs, although 20 years old, is that of Gondolf (1996) who undertook a four-city evaluation of programs commissioned by the US Centre of Disease Control. This longitudinal study tracked 840 men who participated in group programs and the men's partners, finding that recidivism rates reduced according to the length of time men were engaged in perpetrator intervention programs:

- 15 months after intake – the largest majority of men engaged in some sort of program re-assaulted their partners
- 30 months after intake – only 20 per cent of men engaged in perpetrator programs re-assaulted their partners during the previous 12 months
- 48 months after intake – only 10 per cent of men engaged in perpetrator programs re-assaulted their partners during the previous 12 months.

Gondolf's findings (1996) continue to offer promise on the basis of identified associations between the length of engagement with violent men and longer-term recidivism outcomes. Once an initial perpetrator program is completed, appropriate ongoing engagement can take many forms. This may include additional perpetrator interventions and/or ongoing case management by skilled providers of men's interventions for the duration of perpetrator's engagement with other services addressing the men's multiple morbidities (Shuker et al. 2014; Tolman et al. 2011). It is the combination of swift engagement in perpetrator

² A key informant for the current research advised of an evaluation of the Cross Borders Men Programs for men who engage in violence towards others in Australia's Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Lands, due to be released early in 2016. The program was implemented nine years ago and has run 75 program cycles. Of the 605 men commencing the program, 449 (74%) have successfully completed the program. The informant advised that the evaluation tracked 100 men over a five year period. The informant advised that 79 of these men have not re-offended. Without access to the evaluation report at the time of undertaking the current research, program variables contributing to its potential effectiveness cannot be reported here.

programs (Edleson 2012) and the ongoing attention by authorities, along with sustained engagement with skilled men's workers thereafter, that appears most promising.

A recent synthesis commissioned by ANROWS on Australian and international literature on perpetrator interventions has attempted to document the multiplicity of theoretical models, program approaches, target populations, service collaborations, and the variable ways that intervention effectiveness has been reasoned (ANROWS research: Mackay et al. 2015a; Mackay et al. 2015b, 2015c). The researchers concluded that the evidence-base, quality of programs, access to perpetrator interventions and system integration all need improving. This is needed in order to increase the effectiveness of interventions aimed to stop perpetrators reoffending. However, ANROWS is unable at this point to isolate the components of programs, intervention arrangements or length of program that are most effective, or whether it may simply be regular and ongoing monitoring of men that leads to desired outcomes. The main impasse is that there are sufficient domestic violence supports for men in Australia to enable access over the longer-term, which means that evaluation of longer-term engagement with men is not currently possible.

A barrier to increasing sufficient and appropriate intervention services to men is that dominant research voices have long argued that funding for men should not be at the expense of much needed services of women (for example, Day et al. 2009; Misso 2013). This has resulted in the service system to men remaining fairly underdeveloped. What is available in South Australia, according to ANROWS (Mackay et al. 2015c, p. 20), is limited:

- There are no domestic violence programs in South Australia for sentenced perpetrators, whether in a custodial facility or home detention
- Two organisations in South Australia deliver men's perpetrator programs on behalf of the Courts Administration Authority, and are as follows:
 - Offenders Aid Rehabilitation Services (OARS) provides either a 24 week cognitive behaviour therapy or 12 week safe relationship group program and individual counselling

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- Kornar Winmil Yunti (KWY) delivers a 12 week psycho-educational group program for Aboriginal men in Adelaide, or three-day intensive alternative in some rural townships, with individual counselling available for up to 12 months inclusive of the group intervention
- Perpetrators may also be referred to non-specific counselling services and community programs. As the men are not mandated, there is no requirement for them to engage with or remain in these programs following referral.

At this point in time, KWY is the sole specialist provider in South Australia of culturally appropriate services to Aboriginal perpetrators, but they are only funded to support 50 men per year (Canuto 2015). This is insufficient support in consideration of statistics providing that Aboriginal women and men are over-represented as victims and perpetrators of domestic violence (ANROWS 2016a). It is alarming that Aboriginal men, as perpetrators of domestic violence, are over-represented in Australian prisons (Jeffries et al. 2015; Martin 2015). This is a critical issue considering ANROWS' identification that no specialist domestic violence intervention is available to men in the prisons (Mackay et al. 2015c, p. 20) in South Australia and across Australia, thus Aboriginal men are being denied an essential service. This is a concern for men mandated to complete domestic violence intervention who breach their intervention orders and are imprisoned – at this point their access to needed intervention is severed because the service system is not set up to support them.

In the light of research identifying associations between program engagement and recidivism over the term of men's engagement (Gondolf 1996; Mackay et al. 2015a, 2015b, 2015c; Stewart et al. 2014), there is a critical need to increase engagement with men, including having available mechanisms to enable ongoing and relevant contact over the longer-term. This is necessary for increasing efforts to reduce recidivism and to increase safety of women and their children. However, according to Flood (2015; Pease et al. 2008), any endeavours to change men's behaviours are unlikely to succeed without also altering the structural and institutional inequalities that shape and sustain men's power, privilege and

violence in society. For this reason, efforts to reduce men's violence must also be focused on prevention and early intervention across a socioecological spectrum with individuals, families, communities and society.

Supporting change across a socioecological system

Literature on intervention across a socioecological spectrum (Dahlberg et al. 2002; Stokols 1996) is briefly considered here. A broad system's perspective serves to highlight the complexity involved in attempting to reduce men's perpetration of violence over time and into the next generations of men. Such a model respects the need for a multidimensional approach (Widom et al. 2015) to reducing men's violence - one that is considerate of prevention, early intervention and direct intervention.

According to Heward-Belle (2015), interventions with men in Australia tend to be largely bifurcated; offering either psychological or sociological interventions but not often both. Of particular concern is when services engage male perpetrators in intervention in the same way they do for any other presenting problems. However, there are some exceptions. For example, Alan Jenkins long-standing Theory of Restraint model (Jenkins 2009), Michael White's (1986) narrative approach, and the Duluth model from the USA that maintains a pro-feminist ideology (Day et al. 2009) – these all intervene at the psychological and social levels. Consideration of cultural diversity must also be made, for example valuations of psycho-educational programs for Aboriginal perpetrators of domestic violence indicate how gender and ethnic heterogeneity of worker and client are important variables for *access and engagement* (Brener et al. 2015; Canuto 2015; Thompson, SC et al. 2014; Tsey et al. 2014). The literature cited suggests that generalist interventions, those that are not specifically designed for domestic violence perpetrators nor considerate of their cultural variables, risk colluding and/or contributing to the men's violence as opposed to stopping it.

Contemporary family practice generally recognises the value of family engagement in domestic violence interventions with men as it enables identification of the interaction between family communication patterns and the dynamics of violence escalation. Identification of these relational patterns enables

the establishment of new routines, change in attitudes and action plans for achieving wellbeing (Ungar 2015). Family engagement may help with the recognition of trigger points necessary for women's and children's development of safety plans for safe exit from relationships and for confronting power imbalances (George et al. 2014). As well, keeping women involved in the men's intervention as an 'external monitor' increases women's sense of safety (Hayward et al. 2007; McGinn et al. 2015) and it gives insight into program effectiveness. Working with families, therefore, is well recognised as critical for ensuring women's and children's' safety

Fundamental to the aim of reducing men's violence is the need to strengthen community based interventions (prevention and early intervention). While prevention is aimed at a population level at changing policy and societal attitudes, early intervention is targeted towards 'at risk' communities. There are many known associations between domestic violence perpetration and low social cohesion (Mazerolle et al. 2010; Wickes et al. 2015), and it is known that domestic violence often co-exists with one or more other morbidity – e.g. mental illness, substance use, homelessness or housing issues, unemployment or lack of income security, etc. (Smith Stover et al. 2013). It is important, therefore, to support community initiatives in recognition of associations between men's low social-cohesion, family of origin experiences, and comorbidities with high domestic violence perpetration (Mazerolle et al. 2010; Wickes et al. 2015) and visa-versa.

Prevention aimed at treating the causes of domestic violence needs focus on underlying belief systems and attitudes of misogyny, sexism and men's privilege in society (Flood 2015; Hagemann-White et al. 2015), and supporting women's safety. Flood (2015) documents that attitudes, behaviours and gender inequalities associated with domestic violence in Australia have shifted, and that early intervention with boys and young men can help contribute to ongoing positive change. There is also growing evidence of the benefits of preventative approaches in schools with both female and male children and youth (Baldwin et al. 2012; Cross et al. 2014; Diamond et al. 2013; Ellis et al. 2015; Ellis et al. 2014; Fulu et al. 2014; Kilgore 2014; Mendelson et al. 2015; Thompson, EH et al. 2012; Whitaker et al. 2013). Social policy strategies to address socioeconomic distress,

social disadvantage, structural disadvantage, community cohesion and increasing social capital (Beyer et al. 2015; Bonomi et al. 2014; Campbell 2015; Slater 2012) are equally important.

Research approach

This research is qualitative. Twenty women, 20 men and four men's workers, half each from urban and rural South Australia, who have knowledge of and lived experience of domestic violence, participated in qualitative semi-structured interviews. Interviews broadly sought:

- early insights into violence
- what may have helped reduce the violence earlier
- insights about the impact of violence on others and generally, engagement in help seeking and acceptance of support
- supports perceived as helpful for reducing the violence, or changing the frequency and intensity of violent episodes
- turning points for change.

Phenomenological interpretive analysis involved ordering the data into themes based on participants' perceptions of insight, support and subsequent change.

Research intentions

The purpose of seeking qualitative data for this research was to obtain 'rich' or 'thick' descriptions (Braun & Clarke, 2013, p. 24) of the contexts in which support to men who use violence takes place, and to seek insight into service user capacity, service gaps and additional supports that are needed to help men reduce their violence. In addition, the research explored how women and men who are victims and perpetrators of domestic violence respectively recognised when support was needed, the men's patterns of engagement, and effectiveness of supports aimed at reducing men's violence. This includes:

- Men's patterns of engagement in help seeking and what could help men who use violence in relationships to increase their propensity to seek or engage help earlier
- Supports men received that were beneficial for reducing the quantity and intensity of his violent episodes

- Wisdom and vision in regards to any other mechanisms that may have prevented or reduced men's violence earlier

In addition, the research sought understanding from the perspective of men the extent of insight they had at the time of using violence. This was with respect to:

- Early warning signs signalling that the men needed support
- Men's awareness of the deleterious effects of their violence on others
- Contexts leading to the men's engagement with supports, including what could have helped them seek, access or accept support earlier
- Perceived turning points for change, including the effect of men's awareness of their behaviour on others.

Finally, the informed insights of men's workers on what is needed to help men reduce their violence was obtained.

Participation

Participants were recruited through non-government organisations in South Australia that provide services to women and men living with domestic violence. This included domestic violence specific services, housing and homelessness services and generic welfare services. It was hoped that recruitment through multiple agencies would attract both women and men who were in or had lived in relationships characterised by domestic violence. The partners of participants were not recruited, which was a research mechanism aimed to limit risk to individuals as a result of their participation in the research.

Men's workers were recruited for unstructured interviews, as key informants. They provided understanding of service contexts, service provision and men's engagement. Their participation was considered to be an important component of their employment, reflective practice and service improvement. Information from men's workers has been de-identified in this report, but recruitment material and the consent process made it clear to men's workers that confidentiality could not be guaranteed.

The women's and men's participation was voluntary and confidential. Handwritten notes were taken during interviews as the data collection method. Information that

could identify men or women participants was removed. The Flinders University Social and Behavioural Research Ethics Committee granted approval for this research activity.

Forty-four voices

Face-to-face qualitative interviews were held with participants in Adelaide and regional South Australia from September to November 2015. Some of the participants spoke of domestic violence and related engagement with supports when they previously lived in other regions in Australia. Therefore, the voices in this research are representative of locations that extend far beyond the data collection locations, including rural townships in Western Australia, the Northern Territory and South Australia. For the purpose of this research, interviews have been classified according to participants' gender, location type and role.

Interviews include:

- Women's interviews:
 - 10 urban perspectives from Adelaide, SA
 - 10 rural South Australians, including one offering Western Australian perspectives.
- Men's interviews:
 - 10 urban perspectives from Adelaide
 - 10 rural South Australians, including one offering Northern Territory perspectives.
- Interviews with men's worker interviews
 - 2 urban perspectives
 - 2 rural perspectives.

Almost all of the men interviewed advised that they were the subject of legal orders as a result of a domestic violence incident. One male advised he had no court or legal sanctions. The status of three men was not known. Orders were variably Police or Court imposed intervention orders. Men who were awaiting trial

advised that they had been strongly encouraged by the Department of Corrections officers to attend anger management as a gesture of taking responsibility to the relevant Courts. In this research no men were regarded as voluntary in their engagement with intervention services.

Note: These voices may not be representative of other women or men who have neither sought nor engaged domestic violence intervention services.

Interpretative analysis

This research adopts an interpretive phenomenological research approach (Braun et al. 2013). The concern is with people's lived experiences, and how that informs early insights into domestic violence, men's engagement with supports and experiences of those supports. A socioecological model, originally used in health promotion to understand associations between illness, sociological and environmental variables (Stokols 1996) has subsequently been adapted as a framework for understanding violence prevention (Dahlberg et al. 2002). The socioecological model provides this research with a framework in which to explore risk and protectiveness across its four domains: individual, family, community and society. This has helped in ordering the research results and demonstrating the complexity of violence, and risk and protective factors that may effect change.

Handwritten interview notes were subject to multiple readings to identify markers indicating the men's violence insights, help seeking, service engagement and participants' observations of men's behavioural change. Reflective engagement with interview notes involved making phenomenological interpretations that were informed by existing theory and research literature.

Limitations

Many of the interviewees were unable to respond to questions specifically related to the aims of this research and frequently diverted discussion to their experiences of the domestic violence and other adverse life events. While attempts were continually made to draw interviews back on track, it was realised that the interconnection between adversities was significant and therefore

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impotent to this research. As well, participants generally had a lack of insight into what services worked best for men and what could alternatively support men to stop the violence. This is because many of the men and women interviewed had limited service engagement experience and limited knowledge about intervention services to men.

Voices of women, men & workers

The socioecological framework assisted thematic grouping of results from interviews, including markers indicating barriers and opportunities as they related to engaging men in perpetrator interventions or otherwise supporting violence reduction. Results include associations between men's insights into their violence, help seeking and service engagement, and behavioural change. Insights from men, women and workers on what may help to increase the likelihood of engaging men and/or reducing men's violence towards women (e.g. protective factors) are offered. Prior to providing the themes, some demographics of the voices informing this research are given:

- **Age** - Men's and women's ages ranged from 21 to 60 years; 80 per cent were in the 25-40 age bracket. Only one woman reported a significant age difference with her partner; she migrated to Australia on a spousal visa under conditions colloquially known as a *mail order bride* and married a man more than twice her age.
- **Ethnicity** - Fifteen per cent of the women (n=3) and 40 per cent of the men (n=8) self-identified as Aboriginal Australians. One woman identified herself as Filipina. The remainder of participants were perceptibly white Australians with ethnic origins unknown.
- **Parental status** - Thirty-six participants had dependent-aged children living with them or their (ex-)partners. The youngest participant was an expectant father. One participant had children in foster care and was working towards reunification. Two older participants had children who were independent adults.
- **Relationship duration** - The duration of the intimate relationships in which men's perpetration of violence took place ranged from three to 20 years. The average length of time of relationship duration was 9.8 years (urban women, 9.6 years; rural women, 9.4 years; urban men, 10.5 years; rural men, 9.25 year).

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- **Relationship status** - One woman and one man were living with their respective partners at the time of interview. Two women expressed future intentions to cohabit with their partners; only one man did not want to return to his partner. Many participants who desired cohabitation were seeking to vary the conditions in their respective intervention orders; approximately half the men had already achieved variance that enabled telephone contact and were seeking to vary their orders further. Individual factors

Markers of opportunities and threats to men's engagement as they relate to individual factors are presented in this section. This includes insight into men's personalities, attitudes and behaviours, childhood experiences of witnessing abuse, mental health issues and substance use.

Personality, attitudes and behaviours

Women were able to identify attitudes and behaviours of men that were indicative of 'reversed' personality traits and emotional instability. In consideration of The Five Factor Model (McCrae et al. 2013) often used to describe personality (openness to new experience, conscientiousness, extraversion, agreeableness and neuroticism) the subject males' behaviours and attitudes were 'reversed'. For example, in terms of 'openness to new experience' the men were reported by women as having difficulty understanding abstract ideas, unable to view themselves as the 'problem', not open to alternative thoughts and behaviours, thereby resistant to change:

He is self-centred and denies everything (urban female).

He's not going to change. He'll just be violent to the next (rural female).

These men were also reported as preferring strict routines in their lives:

He likes things his way and, if anything changed, he could not cope with it (urban female).

Many of the men exposed the limitations to their openness, otherwise known as intellectual curiosity. The lack of openness impacted the men's ability to recognise

the early warning signs of domestic violence in which they were implicated. While frequently reported how women do not see the early warning signs associated with domestic violence escalation until the men become physically violent towards them (Hurst 2015), or otherwise women have difficulty naming the men's behaviour as domestic violence (Ashcraft 2000), the men likewise did not recognise they were controlling or violent until their behaviour became physical, nor were they open to the identity of domestic violence perpetrator:

There was no epiphany that I was in a violent relationship. It crept up over a long time (rural female).

Domestic violence creeps up on men too. You don't want to be a perpetrator and you don't even realise you are being violent until it is really violent and it is too late (rural male).

With respect to men's conscientiousness, the men were frequently reported as being unable to regulate their impulses, unable to take responsibility for their own behaviour and the men shirked their general responsibilities as a father/member of the family:

I couldn't see patterns. He is unpredictable, he just snaps (urban female).

He doesn't think he is responsible, and that is the same in all aspects of life (rural female).

Women keep going. They gotta be there for the kids. Men shirk their responsibilities for the kids, the women and everyone and until that changes they won't stop the violence either (rural female).

'Reverse' conscientiousness may be associated with men's lack of insight regarding the adverse effects of their behaviour on their partners' and children's wellbeing, as identified in the following statement from a male participant:

I don't see myself as a woman basher. It's not affecting her or the children because I don't do it all the time (rural male).

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It could be assumed that men who use violence are extraverts because they are full of energy. To the contrary, extraversion is characterised by extent of activities not the intensity. The 'reverse' personality trait was most prevalent, according to the women and men. Some of the men were reported as being reserved socially and they did not like to draw attention to themselves in their social worlds:

He is possessive, paranoid and insecure. Out shopping, he was sweet as pie, but you could see he was uncomfortable ... He would come home from work and do nothing. He stopped me from going out. He didn't have many friends and he didn't go out much unless he had to (urban female).

In terms of men's agreeableness as a personality trait, women reported that their men had 'reverse' traits that included self-interest over and above harmony with others, which also had associations with the men's distrust of the women, uncooperativeness and the quality of their relationships:

It was all about him, not the relationship. There was no end to it (urban female).

One of his friends – he accused me of sleeping with him. Some of the things he accused me of he believed them and hit me with a stick saying he was hitting a fire (urban female).

The final personality trait in the Five Factor Model (McCrae et al. 2013) is Neuroticism, which is the tendency to experience anger, anxiety or depression – all visible in the women's and men's accounts:

Day one it is, "I love you"; Day two, "I'll kill myself"; Day three, anger sets in; and then rage sets in (rural female).

He does not have a lot of self-esteem and thinks he is worthless, but then he is a control freak in the home because there is so much going on in his life and that is the only thing he can control (rural female).

I am aware of problems since my late teens, anxiety, depression and medication. I've done cognitive behaviour therapy, anger management and seen a psychologist at my work's employee assistance program (urban male).

Witnessing violence as a child

Many participants grew up witnessing domestic violence and expressed it has influenced their own belief systems. Women frequently viewed violence against them as normal and this delayed their responding:

I thought that our relationship was normal because this is the way it was for my mother when I was a child (urban female).

Both the women and men, urban and rural, consistently expressed that exposure to violence during the men's childhood appeared to have a conditioning effect on the men's behaviours towards the women in their adult relationships:

While I don't know his family history, I spoke to his mother once on the phone and she said he is like his father (urban female).

He grew up in a broken home after seeing his father being violent, then he did it (rural female).

You don't think it is wrong 'cos you saw it when you were kids. It was like normal (urban male)

Everyone is fighting so you don't know any difference. When you grow up your parents are fighting, the neighbours are fighting and they are fighting down the street. You don't know anything else but fighting (rural male).

Some of the men reflected on their childhoods and voiced desires to be different to their own fathers. The difficulty in men's success in achieving this is an indicator of the power of conditioned behaviour from childhood over the men:

My own issues is with my parents. Up to about when I was four my father got physically abusive. I don't want to be like that and I try to be better for my kids, but I let them down (rural male).

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Mental health

Fourteen women and nine men talked about the men's mental health. The women reported how the mental conditions of men impeded the men's ability to manage their lives, control their violence and to subsequently take responsibility for it:

Men feel helpless, hurt and pain, whatever they been through in life, and it affects their mental health and they don't deal with it the right way (urban female).

Many of the men reported how they did not respond well to the pressures of life that was impacting on their mental health and wellbeing, which interacted with their ability to engage in positive behaviours in family life:

I have constant stress every day. My anxiety and depression gets in the way of everything in my life, my relationship, my family and everything (rural male).

Substance use

Twenty seven women (n=12) and men (n=15) advised that the men's use of alcohol or drugs was a significant issue. Twelve men advised that they were/had self-medicated with drugs when stressed or emotionally unsettled. It was apparent from the interviews that substance use and violence towards women had associations with the men's individual personality traits, childhood experiences and/or his mental health issues:

He's given up on life and turned to drugs. He's now really dangerous and won't get help for his violence because that means he will have to address the drugs. He won't give up drugs because they make him feel better. So if he won't give up the drugs the violence is not going to be addressed either (rural female).

The men's violent behaviour reportedly intensified in association alcohol and drug related issues:

He's addicted and the violence is getting worse and worsen [sic] (rural female)

Drugs are involved. If he is on drugs, he's okay. If there is no drugs, he gets frustrated and takes it out on others (urban female).

Some men expressed insights into the impact of their alcohol and drug use on their family relationships, while others did not see the impact until legal intervention was instigated:

I had an Ice addiction. Ice makes you isolate yourself and it makes it worse. I wouldn't go out or work and I was worse to my wife (urban male).

There are financial pressures as work has gone down and my wife has cancer, so I would drink to deal with the pressures, then did not realise I was hurting the person I loved until I was arrested because of it and made to do anger management (rural male).

What is needed?

In identifying opportunities and threats in terms of men's violence insight, help seeking, service engagement and behavioural change, women identified that men need support to change. The women suggested that intervention needs to address the multiple and interacting individual concerns effecting men:

Counselling needs to go back to the cause of men's problems, their childhood experiences, drug, trauma and all of that (urban female).

Men want to change but cannot do anything without getting rid of the drugs and the demons from their past. Without drugs the past is 'raw'. They need help to get off the drugs and work through their issues before trying to succeed with stopping their violence either way (urban female).

Alcohol and drug counselling has to also address the violence (urban female).

Men need help to learn to deal with their emotions differently to hitting the grog and hitting out on others (urban female).

One woman advised of the positive outcomes for her partner and their relationship when he was supported to address all his issues – the drug use, mental health and self-esteem – which indicates that supported change is possible:

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I have had three violent partners. It is all complex and these men have many issues. The more issues they have the greater the domestic violence. If their issues are addressed, the violence goes down. My current partner is schizophrenic and has been drug clean for ten years, he has a job and is more confident. The meds and the counselling works and now he is no longer violent (urban female).

In terms of supporting men to address all their issues with a view to reducing the violence, barriers were identified by the men that included a lack of information for men on where to get help, a lack of services for men and logistics issues:

I was locked up and when I asked police for help, I got laughed at. They had no pamphlets and no information about services that could help me with the drugs or the violence (urban male).

You go to get help and when things don't turn out, you go back and the counsellor is gone or the program has shut down. Then you don't know where to go for help because there isn't anything (rural male).

I have no licence. Practical things like transportation, especially when the only men's services are a long way away. That would help (urban male).

Perspectives of the men's workers

In terms of men's openness to new experience, men's workers advised that choices to act differently in relationships do exist for men who perpetrate violence. However, men often do not know and are not motivated to find out the choices available to them. This includes the lack of openness to alternative behaviours as they relate to the violence as well as help seeking. This 'reverse' personality trait interacts with men's conscientiousness about accessing services earlier:

Men are not often being equipped earlier in their lives with thinking, feeling and choices informing how to deal with their anger. There are choices, but dealing with it has not been learned (men's worker).

Men's workers confirmed the voices of participants that expressed how men do not want to be violent, but that they usually do not see themselves that way prior to legal involvement:

Most men that go through the program don't want to be the way they are and they don't realise they are until they have been arrested (men's worker).

However, men's workers explained that the men's defective template informing their violent behaviours have developed over generations. This includes the way behavioural responses of men who use violence is often precipitated by low social capital and poor education, few life chances, depression, self-medication, and alcohol and drugs.

Men's workers agreed that there were insufficient services to support men to address their violence, especially in terms of early intervention:

Most programs are for women, so they are well established in accessing supports. The culture of men's lack of engagement with services is reinforced by the lack of services available to them. The few programs specifically to address men's violence are after men have crossed the line and this has additional implications for men's identity, self-esteem and future opportunities in life (men's worker).

The men's workers offered additional insights into opportunities for helping to reduce men's violence as they relate to the individual level of the socioecological model. An emphasis was on prevention as critical, and that prevention needed to commence early in men's relationships and during women's pregnancy, particularly in consideration that nearly a quarter of women are estimated to experience their first domestic violence episode during pregnancy and that children's development is most at risk in-utero and in early childhood (Campo 2015). This is an important consideration for breaking intergenerational cycles in which children are exposed to violence and conditioned to understand violent behaviour as 'normal'. Men's workers proposed that education needs to continue into high schools to change attitudes of youth towards women, as well as to normalise the engagement of support services amongst young men.

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In terms of achieving successful behavioural change, the men's workers stated the tendency for men's identities to interact in detrimental ways:

Men have a 'bravado' attitude in which they think they can fix their relationships themselves, they have a constant way of describing their behaviour via an external locus of control, and they minimise their behaviour by comparing it to others (men's worker).

Men's workers were of the view that men's individual behaviours can be changed with capacity building and re-education, but that most men cycled back into their services when re-mandated by the Courts. This suggests that men's development of violent behaviours over their lifetime, and with a template developed over generations, is unlikely to be undone in a relatively short anger management program that does not support the men's change long-term and also holistically. As a result, men's workers agreed that men need concurrent treatment for the cause of his violence as well as the symptoms:

To help men you go back and challenge explanatory templates that disable deep thinking about the choices they make to be violent. And the focus has to be on prevention, which means stigma reduction too. This means starting up the river and treat the cause while keeping in view the symptom. Stigma reduction has worked somewhat in mental health where people more freely talk about it. The same is needed to support men in men's violence programs. The more it is talked about, this will free up men to be more open and do something about it (men's worker).

Relationship factors

Markers of opportunities and threats from the interviews, as they relate to the quality of men's relationships with others during their childhoods and with intimate partners in their adult relationships, are presented in this section. This includes factors impacting on the men's ability to form insights about the impact of their violence on others, help seeking and service engagement behaviours and the men's capacity to change. In particular, the men's communication skills and adherence to traditional gender roles appeared influential in both the likelihood of

domestic violence and the men's ability to take responsibility to do something positive in response to their behaviours.

Family of origin experiences

While childhood exposure to domestic violence may condition men to use violence, so too may childhood relationship experiences interact with the way the men form and sustain their own adult relationships. Both men and women proposed that gender role divisions in their childhood families impacted on the way men treated women in their adult relationships; the vast majority of insight, however, was by the women.

Seventeen women, none of the men, made associations between the gender performances of the men's mothers and the men's adult behaviours towards women:

He had a mother who is a pleaser and she reinforced in his upbringing a gender imbalance that prioritised males (urban female).

His mother fed and did everything for his dad and then for him. In return there was disregard and no respect for any woman (urban female).

A lack of respect for women was indicative in the men's behaviour, as reported by many of the women:

He is very gendered. Sees women as sex objects and there to do the housework (urban female).

Men tended to lack insight in relation to the impact of violence on limiting women's capacity to care for their own children. As a result, many men blamed their mothers for life events that men perceived to have impacted on their adult lives:

His family are angry and violent, especially one brother. His mother put him in an orphanage because of an accusation that her boyfriend was sexually abusing his sister. In the orphanage he was sexually abused. He blames his mother and he hates women, calls them 'sluts' and 'whores' (urban female).

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Men also tended to make associations between the gender performances of their fathers, including how the nature of their relationships with their fathers when children impacted on how the men felt about themselves as adults:

I never felt good enough as a kid and there was no one there for me. I got shot down by my father. "Toughen up" is what he'd say. Tried harder and not good enough. It all comes back to my father (urban male).

Three men were under the Guardianship of the Minister for Children and Young People (SA). They expressed that a lack of warmth from their foster families and instability impacted on their ability to learn how to form trusting and supportive adult relationships:

I was a GOM kid and I was also split up from my brothers and sisters. Being monitored by Families SA doesn't let you learn stuff yourself when you are growing up (urban male).

Other men had childhood experiences that were perceived as lacking in love, warmth and support. Men and women observed how parents and other family members lacked capacity to support the men in adulthood:

His parents are not normal and they cannot support him (urban female).

His family, his sisters and brothers, are all messed up from their childhood. The others back off 'cos he was into drugs and they are trying to deal with their own childhood problems (rural female)

I need good family supports, but I don't have that because my family all have problems themselves (urban male).

One male, who has engaged with at least four men's programs across Australia advised how counselling and support eventually enabled him to stop blaming his mother and other women for his personal issues, and to move forward. What was significant is that his engagement in support services enabled him to develop insight into his violent behaviours on his own children:

I have no family I can rely on, I was bullied in school, sexually abused by my step-father and I saw my mother get bashed. I used to blame her for not protecting me and it took a long, long time for me to realise that she was not able to and it's not her fault. I wouldn't have been able to see that by myself and it helped me realise what I am doing to my kids (rural male).

However, the majority of men either have not engaged in perpetrator programs (as reported by the women) or they were in attendance at a men's violence program for the first time. The majority of men were reported as having no insight into the impact of their behaviour on their children:

He lacked responsibility for the children because he is self-centred. Denies everything, including what it is doing to the children (urban female).

Formal support services were often reported by the women to reinforce gender expectations of women, that they be primarily responsible for the relationship and their families. This served to reinforce that men were not responsible for the safety of others:

Because Families SA don't hold the men responsible for anything, men get the message that they can get away with what they are doing with Families SA and everywhere. So Families SA is partly responsible for it all (urban female).

Families SA put everything on the mother. They never see the father. They had no idea how bad the domestic violence was and how difficult it was for me to do what they were asking (urban female).

These comments are important. Australia is constituted by statutory child protection systems, including Families SA, that are reportedly in constant crisis and/or broken (Hansen et al. 2013; Lonne et al. 2008; McHugh et al. 2013; Newton et al. 2010). These institutions providing care to children in Australia are frequently the subject of coronial and crown inquiries (Bessant et al. 2015; Castan 2015; Newton et al. 2010) into systemic failures to protect children. And there is a tendency of child protection workers to hold women wholly responsible for their relationships with violence men and the wellbeing of the family (McLaren 2012,

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2015; Zannettino et al. 2014). Men, violent or otherwise, tend to be ignored in terms of responsibility within the family.

One woman suggested that a lack of expectations of child protection services for men to engage meant that men also missed out on much needed supports for themselves:

As a father, he is meant to protect his children. When he couldn't protect his son from being sexually abused that has messed him up because he does not feel good about himself as a man, so he needs help as a father to help his son, but no one helped him (rural woman).

As reflected in the literature, both men and women interviewed how Families SA, as a government agency, subtly reinforced the gender roles that hold women responsible for their relationships with men and the wellbeing of the family. This failure to hold men accountable for their families contributes to the perpetuation of violence.

Communication

The women perceived associations between the men's communication skills or styles and perpetration of violence. The few men who were able to make similar associations had engaged multiple services that aimed to support men in taking responsibility for the violence and therefore build capacity to communicate with their partners without violence. This suggested that multiple and long-term intervention with perpetrators offered the most promise.

Men's violence was reported to be heightened among the men who avoided discussing relationship difficulties with their partners and significant others:

My mother confronted him. He either didn't respond, was defensive, angry or walked away. He had no comprehension. Her confronting him often led to him being worse to me. Same with my friends and then he always said they were no good (urban female).

Despite trying to help him, nothing I did or said helped him to engage with me about the problems. If I didn't get out, I would have ended up dead (rural female).

Fifteen women suggested relationship counselling to their men. While many men agreed to participate, not one man was reported by the women to have followed it through:

Relationship counselling? Fuck no, he said he would but never turned up. He didn't see himself as the problem (urban female).

He said he would see counselling but that never happened. Instead, I was beaten and half my skull removed, then rehab nine months and I had to learn to talk and walk again (rural female).

One woman told of a success story she heard from a friend. While the physical violence has stopped, responsibility for harmony in the relationship remained with the woman:

I had a friend who had a volatile relationship and they went to relationship counselling and they are still together, but it took a lot of her hard work. At least since then he has not hit her (rural female).

Another woman suggested that relationship counselling, or at least women's tangential engagement in men's programs, would be best supporting safe separation rather than reunification:

Counselling sometimes need to suggest and help couples to talk about separating peacefully and safely, rather than trying to keep them together (urban female).

However a barrier for both women's and men's engagement in relationship counselling was identified:

Relationship counselling is not free, so it is difficult (urban female).

While men were reluctant to communicate with the women about the relationship, and reluctant to engage relationship counselling, some women reported how they had engaged counselling and employed new strategies for communicating with their men. For example, one woman learned to recognise and stopped her partner's outbursts before they became volatile. But again, the management of his behaviour became her responsibility:

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My own domestic violence counselling has enabled me to realise I am the stronger one and to recognise the warning signs. I have learned that the best way is to stay calm and to stop him. I say, "stop and think about what you are about to do" and that is helping (rural female).

The few men who had engaged multiple men's services and interventions learned new ways to communicate with their partners. This offered potential for reducing the violence and increasing women's and children's safety"

I've done lots of things, Making Changes in [the Department of] Corrections, men's group with Kornar Winmil Yunti, counselling with Aboriginal Sobriety Group, and a psychologist for my Ice addiction. They give me something to do while I'm on parole. I'm learning lots about how I'm feeling, changes and strategies when I get angry, how to talk with my partner. It is good learning. One short program does not do enough. I've already booked into my next program and that starts after I'm off parole. The way to keep getting better is to be committed to changing. You gotta do a lot of work at it (urban male).

I have changed how I react. It doesn't take long. The 'man cave' helps. I make a conscious decision to retreat to that when I'm over boiling. She gives me five minutes and then comes in and makes me talk about what's going on (rural male).

Power imbalances

As reported in the abundance of research on domestic violence perpetration, power imbalance was a feature of the relationship as identified by almost all of the women. Descriptions included typical tactics of perpetrators, including isolating women from friends and family, representing the women to others as the problem and stalking women once legally ordered to have no contact:

He abused me to the point that I broke down. He'd then ring my friends and get them to help, pitching me as the problem. This deluded friends to see him as a caring nice guy and me as having mental illness (rural female).

He had a stalking order and that did not stop him, as if he owned me (urban female).

He had a lot of power over me and it was our eldest child that told me to get out. But getting him out of my life took a long time. He was shocked that I found the power to leave (rural female).

No men payed regard in their interviews to the power imbalances in their relationships, which is indicative of men's privileged position in their families, communities and society.

What is needed?

Women tended to have greater insights about the associations between relationship support, communication and power dynamics in their relationships than the men. This is a reflection of women's higher engagement in formal counselling and support services, which for the women in this study extensive domestic violence intervention extended one or more years. The men's lack of insight is a reflection of their education and capacity to have meaningful relationships with women, including an inability to recognise and address relationship concerns earlier when they arise.

Insights for change, linked to the men's childhood relationships, were offered by the women. This included breaking the intergenerational cycles effecting men's adult relationships:

To help men you need to go back to where it all started. If you cannot help men stop, then you got to prevent the boys from becoming like the men around them (urban female).

Counselling to address intergenerational violence (urban female).

Suggestions by men included:

Mixed partner restorative sessions (urban male).

Men need to be helped with the women. They are part of the family that needs to be helped to be well (rural male).

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The majority of women when asked what could help men reduce their violence and keep women and children safe either stated, "Relationship counselling" or "Don't know". To the same questions, men tended to respond with "Counselling for men" or "Men's group", which parroted the current programs in which they were engaged. Most of the men and women were not able to offer new ideas about the types of supports that may help strengthen family relationships and/or reduce men's violence beyond the services that they had engaged.

Early intervention in schools was suggested by ten women, including the need for gender imbalance to be better understood by both boys and girls:

Gender studies in high schools, compulsory for boys and girls, then get the families involved (urban female).

Perspectives of the men's workers

Men's workers explained how men often deal with their issues as learned behaviours from their own upbringing, including the terms of relationships and communication within them. Men who are violent, therefore, are often not equipped to even recognise that their behaviours towards women constitutes domestic violence:

I'll give you a scenario: one man didn't have any idea about his own behaviour because it was exactly like his parents, so it was normal to him. When he talked about it in the group other men witnessed his story differently to how he perceived it himself (men's worker).

The men's workers advised that many men struggle to change. While they work with men in counselling or group work to assist the men to modify their behaviours in a crisis, or after a crisis, it was the perception of one men's worker that at some point the violence will again surface:

At some point it will reassert itself with more partners and children. It is the same template that plays out again. For youth, they get reeled back in by friends and family back to the old ways (men's worker).

Visions of a way forward were shared among the men's workers; that a multidisciplinary approach was needed for early intervention in schools, managed by social workers and/or other human service professionals, as opposed to increasing the workload of teachers who were not necessarily supportive or equipped to deliver social intervention programs aimed at strengthening respectful relationships between boys and girls, and their families:

Get into playgroups and schools when children are very young and also use this as an access point to work with the children with their families and communities (men's worker).

Community factors

While the community setting in which social interactions are located is a risk factor for interpersonal violence, so too are the structural variables in the community setting that impede service improvements, men's engagement and violence reduction. Economic depression and the lack of social order in communities are risk factors for both violence perpetration and reduction (Cuthill 2015). Such communities are also prone to higher prevalence of individual variables coexistent with men's violence, including low education, high unemployment, substance use, homelessness, and poor mental health.

Community context

It was identified from interviews, the men of interest to this research had grown up in and were living in socioeconomically disadvantaged communities with low social capital, or violent communities, which is known from the research to have associations with men's perpetration of domestic violence:

An example of living in a community where men's violence is normalised by prevalence:

There are kids growing up in the area where I live, where everyone is fighting and the kids think it is normal for men to hit their wives (urban female).

Shared attitudes towards women in the perpetrator's community:

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Working class men have a bravado attitude, so it is about the community and the company they keep that contributes to their general attitudes about being violent with women (urban female).

Shared attitudes reinforcing men's privilege in a community:

In my community there is a negative energy. You are told when you become an adult, "Now you are a man you can do whatever the fuck you want" and that attitude didn't help me much in the way I treated women (rural male).

Living in a community that is socioeconomically disadvantaged and with low social capital:

We live in a housing trust area where everyone has dropped out of school, unemployed and hopeless just like him, so it doesn't help much (urban female).

Association between the community and drug use:

Where I live it's 'crackville', the whole community is on drugs and it's hard to get off drugs (urban female).

A feature of socioeconomically disadvantaged communities is high unemployment, depression and self-medication with alcohol and/or drugs. Furthermore, research suggests that men who have undiagnosed depression are more likely to be violent, suicidal and have higher incarceration and substance abuse rates (Kilmartin 2005). The men and women interviewed advised of the sense of hopelessness among their communities and made links with drug use and the men's violence:

You grow up with drugs all around you, because everyone is hopeless, then you take drugs when you grow up and there is no future for you either (urban male).

Many women talked about the men's inability to appropriately address their stressors. A consistent community trend was to resort to drugs:

Every man in my community is, like they are lost. They are lost in drugs. Drugs gets control of them and the whole community is the same way. They don't address things (rural female).

Some men made relationships between low social capital, drug use and the lack of support services in their communities to help men to repatriate:

In my community most men were using Ice or other drugs, so we were all doing it. It is like a different world. The problem is there was no community knowledge or programs to do anything different. And there is no funding down south for men (urban male).

Labour market & income security

Prevalent in the stories of interviewees was a perceived lack of labour market opportunities. Unemployment was high and so was income stress. While low income or poverty is not a cause of men's violence, it interacts with many of the individual, family and community variables that contribute to men's stress and that feature with prevalence alongside their perpetration of domestic violence. This appeared to be a consistent perception among men and women, rural and urban:

He lost his business, has no job, mental health and drug addiction, financial problems. None of them are being addressed and there is a real hopelessness, so he is not in a place to work and who wants to employ someone like that when the labour market is already full (urban female).

There is a huge unemployment problem and with that comes a sense of hopelessness. FIFO work has slowed down, the coal mine at Leigh Creek has shut down and the coal power plant in Port Augusta is closing. Hopelessness changes men and the relationships they are in (rural female).

Once you have a criminal record and go to jail, competing for work is even harder. There is unemployment pressure already, so you get a double unemployment pressure and go back to drugs, and then you withdraw and hitting out on others starts all over again (urban male).

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In rural areas there is not a lot of work. I was doing truck driving as a FIFO worker but mining is going down and a lot of industry around here is closing down, so I got a job last week to Melbourne but I'd be lucky to make \$200 out of it. There is a lot of stress on men to support the family but there is no work (rural male).

Many of the men detailed rich descriptions that ascribed traditional patriarchal views of men as provider for their families, particularly expressing how they felt inadequate when poor income security contributed to their shame and stress in the face of others:

It is not easy when you don't have any education or skills, and that makes it hard to get a job. I've got a kid on the way and with not enough income to support my family that stresses me (rural male).

The men also recognised the multiple barriers that made this difficult for them to achieve, thereby contributing to their sense of hopelessness.

Service engagement

In terms of the support services available to men, the majority of the women expressed that their ex-partners would not engage support services unless required to attend:

He is unlikely to engage any services unless he is forced (rural female).

All women talked about how image was a significant barrier, particularly in rural communities where it was perceived that too easily personal troubles become the attention of public gossip:

They don't want to be seen as having a problem and needing help because it's not cool, and in a small town they are worried about everyone else knowing their business. If they did have counselling they'd be more positive and happier (rural female).

When men did engage with support services, these women were frequently sceptical of the men's motives:

Early on in our relationship he went to anger management. It was after an episode at home and he had to go to the doctor to get his hand fixed. The doctor put him on to anger management. He went for three to four weeks of an eight to 12 week course. Women from the service rang me to say he had stopped going, but he was lying to me and telling me he was still going. I put it down to the domestic violence honeymoon period. He went to anger management as a way to be seen as doing something, sort of like an apology, as part of the cycle of violence (urban female).

They just do the anger management 'cos they want to get out of trouble (rural female).

Others were concerned that some men's services, particularly men's advocacy groups, were enabling the men and reinforcing his power:

I have seen on his Facebook that he goes to a men's support and advocacy group. They are reinforcing that he is right and not making him responsible for his behaviour (urban female).

Furthermore, a few women felt that they were being drawn by the men's services into continuing some form of relationship with the very men they were trying to stay away from:

I got letters from him saying he has been to a counselling session with both a male and a female counsellor, and that they wanted to see me. They shouldn't be bothering me for his benefit (urban female).

Finally, one woman suggested that a 'one size fits all' service for men was problematic for reducing men's violence and keeping women and children safe:

My partner did anger management and counselling but they were based on someone else's checklist and that doesn't work (rural female).

While few of the women's partners were engaged in support services, the majority of men interviewed had engaged support services to help address the men's violence. Men who had experienced only individual counselling expressed the value of that service for them:

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I am seeing a counsellor. It is fantastic to have a counsellor and a structured program. The counsellor affirms and challenges me, questions my behaviour and what it's doing to my family (rural male).

The men's worker helps me explore the causes of my anger, challenges the way I speak and practices with me to use different ways to get different responses from my Missus (rural male).

Other men who had experienced both one-on-one counselling and group programs for men were able to make comparisons and they tended to prefer the group setting because it was less threatening and :

I don't like individual counselling because I feel like I am getting pushed into things (urban male).

I've been to a counsellor and you sort of like you are being stood over. Going to a group with men is more relaxed and better (rural male).

Men who had engaged in multiple group programs over the mid- to longer-term were able to provide the greatest insights into the benefits of longer service engagement, including how the men's groups often foster a sense of 'community' to optimise the men's engagement. This is a significant finding when considering that several Australian researchers have identified that violence decreases when social cohesion increases (Mazerolle et al. 2010; Wickes et al. 2015):

The best is the group for fellas. You get to know the fellas and you are dealing with it together (rural male).

I've been in a few men's programs in the country and the city. The men's group in the city is good, fun and you get to talk to those doing the group that have been through it with you (urban male).

The same two men identified the benefit of a holistic group program for men. Such programs helped the men to take charge of the multiple stressors in their lives alongside addressing the violence, as one said:

I went to the Holyoake program. They address everything, alcohol and drugs, violence, problem behaviours. You learn about life management, how to communicate with people. It starts with civil rights. You do the whole lot. One topic every week. You need support for the whole lot, not just the violence. Then I moved onto another group program in Adelaide. It is not quite the same at KWY but they do the whole lot here in group and that reinforces what you learn in other groups (urban male).

Welfare support structure

While research generally tends to suggest that men's interventions are not successful with reducing men's violence, we suggest these findings may be fallacious on the basis that there are relatively few supports specifically for men, and for shorter duration, when compared to women. As well, responses from participants, even those men who were engaged in support at the time, are indicative that supports for men to reduce their violence towards women are not well known:

There are no services for men for domestic violence (urban female).

There is advertising about domestic violence on TV and lots of supports for females, but you rarely get to see "here, this service is for men" (rural female).

It is too hard to find services in the city. I ask for help and I feel like I am either being laughed at or there just is not any services to help me. You need a booking for a counsellor and by the time you get an appointment you've beaten up your Missus or the crisis is over, or you go somewhere else and they say they cannot help you because of service criteria (urban male).

Getting right away from your community protects them and it helps me get away and reduce the stress, but sometimes they won't let you into the service if you are from somewhere else (rural male).

Limited services for men, or lack of knowledge of service availability, often present the men with limited options:

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Men need a kitbag of things, interventions for men and a choice on what ones to engage in. But it has to be their choice and they have to get there. However, there are not enough services for men, so they don't really have a choice (rural female).

And when men do engage other types of services in their communities, it seems that service providers are not necessarily equipped with information to refer the men or to collaborate with other services, and discussion about the men's violence was not addressed. This indicates siloed practice in both urban and rural communities, as opposed to joined up services:

I asked them at Glenside to help him with his anger and they put it down to his psychosis, but he beat me up whether he was on and off his meds (urban female).

He went to Centrelink, Department of Corrections and he visited his doctor a few times. I don't know what about but in Corrections he said it was about assault on another man. I don't think he is in any sort of counselling. None of these places have asked him about domestic violence as far as I know. They need to check on the safety of other people in that man's life (rural female).

At Families SA they never once did anything to get him help for his anger and, considering they wanted our child to have a relationship with him, you would think that was important (rural female).

I was locked up. I asked police for help. I got laughed at. They had no pamphlets and no information that could help me with the drugs or the violence (urban male).

At the drug and alcohol service, they knew that I got angry when I isolated myself when I was on Ice and got angry when I was coming down. Never once did they ask whether my children were safe (urban male)

When you go to Centrelink they should ask you questions about how your life is going, not just give you money and that's it (urban male).

I went to the doctor with chest pain and I told him about what was going on. Doctor said, "Relax" – it's all easy to say (rural male).

What is needed?

The women's and men's suggestions for improvement were most often linked with their own experiences of what had worked or not worked for them, including finding a new community to be part of:

Finding another social network helps men. My current partner goes to church, not because he is religious but because they make better friends (urban female)

I made a choice to move from the city to the country and leave the crap behind; leave the bad influence behind (rural male).

Most of the women and the men noted the lack of services available to men, particularly earlier intervention before the violence raises legal concern:

Men need the majority of responses to help address the stress and their behaviours leading to violence, you have to get to the cause of the problem not only deal with the outcome (rural female).

More places that men can go and get some help before it all gets too much and before you get locked up (urban male).

Need to have services for all ages of boys and men. You need the men's anger management groups, but you need to get into the schools first and also need other community groups for men before the violence get to the point of jail. It is hard once you are a criminal to compete for work, so it needs to be earlier (urban male).

Drop-in services for men was a consideration on the basis of reaching out to men at times of greatest need, and to build social cohesion in their communities:

Drop in service for men so you can come as you need (rural male).

There need to be drop-in centres for man to just drop in and meet others, make friends and lounge and music and take our load there (rural male).

There need to be more group work programs at various levels, for mandated men, drop-in group once the mandated program is over and other places because the

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more there is the more it will help men to realise they are not the only one and be more willing to talk about it (rural male).

Perspectives of the men's workers

Men's workers advised that counselling and group supports offered to men provided promise, but agreed that there limited services to men across service sectors in all areas of intervention – e.g. prevention, early intervention and work with identified perpetrators.

Men's workers from an urban service worked with mostly men who were mandated to complete their group program, but advised that 'word' was getting around the community and the quantity of men who were voluntarily accessing their service was steadily increasing. At this service they engage men in a twelve week group program, which overlaps by six weeks with the next men's group, followed up with individual counselling sessions. The benefit of this model, they explained:

Beauty of the six week overlap is that the older group members challenge, educate and hold the newer members accountable. This has the effect of reinforcing the learning in the older members as they explain to the newer ones. The service also has a one-to-one counselling, so the men can exit the 12 week mandated group to 12 voluntary counselling sessions (men's worker).

However, there is no exit pathway beyond this model and many men were observed to cycle back to the service upon being mandated to do so in another court order. The men's workers advised that this problem is because men's violence has evolved over a long time and there is no quick fix:

The men cycle back via the court system because they are not ready to exit and there is no exit pathway (men's worker).

Often the men's service provides additional support to men beyond the sessions that are funded, but demand for the service is growing and this cannot be sustained. Workers advised that an ongoing voluntary 'open' group with one-on-one counselling as needed, or a drop-in duty worker, would be beneficial for some men. As well, contact with the partners of men indicated that many women want

their men to be connected to men's services so that they can be supported during stressful times:

Some women want to stay with their men and are happy that cycle of violence doesn't spiral so tightly in when men are engaged in the service. The cycle gets pushed out, but the women want support if it starts to spiral in again (men's worker).

Whether facilitating individual counselling with men or group programs, the men's workers advised that, although every man is different, the majority of men have multiple problems that include mental health issues, alcohol and drugs, homelessness and housing issues, unemployment and financial stress, stealing and summary offences related to public disorder. Workers advised that engaging with the men opens up opportunities to identify what areas of concern need support in the short and the longer-term, but that more services to keep the men connected with other men and with support services was critical:

An extended service is likely to help some men achieve that rather than exiting to nothing. And men see the value in getting to know the other men, so we help men do that in challenging ways but in a safe environment and in a non-shameful way. Hence it is not so much the intervention, but ongoing accountability and responsibility that extended engagement via a drop-in voluntary group on exit from the program is more likely to make happen. So the importance is to build a sense of community among the men through ongoing engagement to keep the men socially connected and on track (men's worker).

This commentary on associations between high levels of socially cohesion and lower rates of domestic violence perpetration, and associations between men's engagement levels with formal supports and recidivism, is consistent with literature (Beyer et al. 2015; Bonomi et al. 2014; Campbell 2015; Slater 2012).

Finally, men's workers advised that there needed to be better 'joined up' approaches between service sectors so that when men did have complex problems, that men's violence was explored and the impact of the men's violence on family and children responded to either by intervention, partnership or appropriate referral.

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A community of services is needed that ensure men have access to support no matter what the access point is when seeking health or welfare support (men's worker).

Societal factors

There are a number of factors in society that may facilitate and/or reduce men's violence towards women. These include social and cultural norms, belief systems, social capital, socioeconomics, and educational, health and social policy.

Belief systems

Belief systems often interacted with the way in which women understood the nature of violence in their relationships, as well as how they responded to the violence. For example, many women thought that domestic violence was a private matter and this informed their silence:

I never told anyone because I thought it was a personal issue, so I had no one to reach out to (urban female).

I made up a fake picture of the relationship, so I never told anyone and then I had no one to reach out to (rural female).

Others in the women's communities often reinforced the women's silence:

My bully manager didn't help. I was counselled and pressured to stay in my relationship because of how the world says a child needs a mother and a father (urban female).

Because we had children I felt it was my responsibility to keep the family together, which led to me leaving. My family had a go at me so I returned to give it another go (rural female).

Women observed that belief systems held women accountable for harmony in the intimate relationship and, when that could not be achieved, women were also responsible to ending it:

He was violent in front of friends and they spoke to me about it. They were holding me accountable, not him (urban female).

Responsibility was on me to change or end the relationship, not him (rural female).

While research tirelessly informs that women are not responsible for men's perpetration of abuse, this belief is not necessarily shared in Australian society:

There are general societal attitudes that do not place responsibility on him (urban female).

People blame the mother for everything (rural female).

Problematic is the belief among society that domestic violence does not exist unless there is physical assault involved:

But he wasn't violent ... He had me pinned down on a chair and screaming "psycho" in my face (urban female).

I wasn't violent. I never hit her (rural male).

If societal beliefs inform that men's actions are not violent, then these men are unlikely to seek support or engage services to support violence reduction when they cannot see their own problems.

Masculinities

Masculinity appeared to influence men and it also informed funding and service availability to men, particularly the discursive beliefs that men should be emotionally strong and be able to sort out their own issues:

Men don't talk about men's emotions and men's stress and not coping and that is a big contributor (urban male).

Men are proud and don't want to admit anything (rural male).

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Many of the rural men expressed how masculine constructions were more influential in rural communities:

There is a small town mentality where men are viewed as weak for getting help, but men need to be helped to understand that getting support doesn't make you less of a man (rural male).

Masculinities, whether in urban or rural communities, was considered by women to be a significant barrier for men in seeking support when times get tough:

Whether you are mandated or not, it is pretty hard for men to go talk to someone about their life being fucked (urban female).

Getting men to go to a service is hard. If I was not locked up I wouldn't have gone. We're not like girls who sit and have a coffee (rural male).

When masculinities prevent men from engaging support services, this may inform assumptions amongst social policy makers and funders that services for men are not needed. However, the paradox is that when services do not exist, nor can men engage them:

Up in the country where I'm from there is nothing for men, like they don't think men in the country need help (rural male).

The concern with services not engaging men is that it reinforces to policy makers and funding bodies that men do not need support. Instead, holding women accountable for the family perpetuates stereotypes (McLaren 2012, 2015; Zannettino et al. 2014) through the availability and provision of services. Too, the lack of services to men serves to reinforce that men are not the problem.

Policies promoting inequities

The majority of men and women identified policies and practices that promoted inequitable service provision in response to domestic violence. In particular, they expressed how punitive approaches in dealing with men was not addressing broader systemic issues that sustain domestic violence:

There is a systemic issue of women being undervalued in society in the first place. Unless you get to the root cause of the problem things won't change. So putting men in prison doesn't work because it is not addressing the cause (urban female).

Twelve of the women, predominantly urban women, felt undervalued when attempting to seek formal help. This was a significant barrier for women when seeking legal support, particularly evident in the police responses that disregard women's safety needs even when court orders are in place:

He was threatening to kill me and my mum, take my kids. It was only when I had a text message to prove it that they were willing to help. But one police said he would be arrested and the other said, "No". I wanted an interpersonal violence order, but they then they lost my files. Police were discounting the domestic violence, saying it was an 'ice rage'. They were trying to find reason to get rid of me. It was terrible. But I was encouraged by the domestic violence service to go to another police station, where they were compassionate and great. There was too much confusion and inconsistency among the police (urban female).

I left town for six months and when I went back he was stalking me. I got an Apprehended Violence Order and he broke it three times. Police let it go each time 'cos he was not physically abusive. I then had to move from the country to the city to get away from him (rural female).

The court system, too, appeared to place higher credibility on the men's testimonies and contributed to the men's ongoing abuse of the women, which displays how society's belief systems are embedded in policy and practice:

I went to Family Court and he wanted to cross examine me. It was completely mental (urban female).

He told the court in an affidavit that I had bipolar and they accepted it without question (rural female).

And processes often force women to remain in abusive relationships with misguided perception that it is in the best interests of the children:

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The family court counsellor tells me, "Get over it" and to have a civil relationship with him for the sake of the children, but he was only fighting for the children because of their own sense of entitlement ... The system needs to change by not forcing women with children to keep having relationships with their abusive ex. They say it is for the sake of the children, but he only wants to see the children to abuse me and to keep making life difficult for me (urban female).

Participants explained that while there are services in place to support women escaping violence, the system is not sufficiently equipped to support the men:

There were court officers supporting women with domestic violence orders and they were compassionate. They followed me up every day with phone calls to check I was doing alright (urban female).

There are services checking on the women who have Apprehension Violence Orders, but no one is checking on the men (rural female).

The service system aimed to respond to reducing men's violence and keep women and men safe is, therefore, inequitable:

I'm getting help, but the system doesn't allow him get the same sorts of help (urban female).

Because there are so many services to support women, they have got used to engaging services. Men don't go to services because they are not sufficiently set up for men (urban female).

One woman explained how all the warning signs that she was being violently abused by her partner were there, but both police and medical professionals did not act sufficiently to ensure her safety:

Police didn't try hard enough to look at the history and find out what was going on. My family bought me a mobile phone but he smashed it. They told police a few times but they did not do anything ... I was medevacked to the city twice. I was so scared that I could not say anything when nurses asked who did this to me. They should have done something to help me, they should have done more to find out. They should have realised he was there by my side and he was doing all the

talking. They should have kept me safe. Police and ambulance, nurses and doctors need training so that they understand when a woman is assaulted and doesn't say who did it. She is scared and not in a position to drive the process herself. They need to take control of it for you. When the violence gets that bad you cannot do anything. You have no energy (rural female).

What the above quote serves to highlight is the responsibility placed upon women experiencing domestic violence to also be responsible for driving processes in stopping it. This is coupled with the health and welfare provider's inability to recognise the signs of domestic violence and/or motivation to get involved. Getting involved is frequently inhibited by practice silos between domestic violence services, child protection and across the welfare service sector (Scott 2009; Zannettino et al. 2014), including in emergency nursing when there is "staff discomfort in asking questions about violence in the home, privacy concerns, lack of time/too busy, a "not my job" attitude, and lack of knowledge about what to do if the response is positive for domestic violence" (Manton 2015, p. 3).

Comparatively, one of the men advised of limitations of the services the men access as they relate to exploring what is going on more broadly in the men's lives and supporting them:

Whatever service you go to, Centrelink or hospital or anywhere, it should be standard to explore the stress in men's lives and how that is affecting their relationships including domestic violence and to help men (rural male).

Other men reiterated limitations in service availability for men:

Firstly there is not a lot of choice in men's programs or things to help men, then there is not a lot of information so men don't even know about the few things that are out there (rural male).

Before coming here [men's perpetrator group] I looked at other services and there was no opportunity to get in. They don't look at all your other issues and they are not really interested in helping men (urban male).

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A few men expressed how they needed help getting connected and establishing themselves in men's services. As stated, there is a lack of support to women resulting from a "not my job" (Manton 2015, p. 3) attitude from workers in non-domestic violence specific services. The same lack of support has been experienced by men:

The worker at the Department of Corrections offered advice about services, but did not help me access them, so I didn't (rural male).

There is information around, but some guidance getting started with connecting to those services is not there (rural male).

Silos of practice identified by men and women, across service sectors, are frequently acknowledged in literature (Arney et al. 2013; Scott 2009; Zannettino et al. 2014) as detrimental to women's, children's, family and wellbeing. In not supporting men, there is a failure to support all parts of the family system that impacts as a catalyst on all members of that system.

Increasing women's and children's safety

Participants identified policy and practice that was beneficial in keeping women and children safe. Most women suggested that safety was best achieved by leaving their men, with an order in place to prevent his contact, living either in a shelter or their own home with a security system, and a safety plan should he attempt to make contact.

Many of the women had good news stories on how mostly social workers from other welfare service sectors had recognised the signs of domestic violence and connected the women with much needed violence support services:

Leaving helped, but it was by chance that I spoke to a social worker at Centrelink who helped me exit domestic violence (urban female).

Leaving eventually helped me to get away and be safe. I went to the Royal Adelaide Hospital. I was suicidal and they admitted me to Glenside, then the social worker linked me to the domestic violence service. It was only when the

social worker at Glenside had sufficient time to spend with me that I could see clearer how abusive he was (urban female).

They [Housing SA] said, "What can we do to keep you away from him." They gave me a house on condition he doesn't go there. It is a safe house (urban female).

Many of the men identified how engagement with support services helped them to come to terms with their inability to change their behaviours alone:

I heard about men's groups but I thought I could do it on my own. But I bottled it up. Come here and release instead of releasing in a dangerous way. Coming here keeps the children safe (urban male).

Being arrested and ordered into an anger management group had helped reduce many of the men's violence, but a system that engages men only after women have been seriously abused and the men arrested is not good enough:

Being arrested helped. The anger reached the point where there has to be something done about it (rural male).

The course was not long enough to change things for me, so I'm back again with another court order (urban male).

Many men talked about the value of men's group:

In the group everyone is on the same page as you go sharing your stories. They are similar, but different. There is shame, but you are opening up with others and this makes changing a bit easier because you talk and support each other (urban male).

What is needed?

The most dominant response by both women and men, urban and rural, is that there needs to be more services for men:

There need to be more services for men. If there are, then they don't know about them. Might be good to use mentors for the boys and young men who don't have any good role models in their own families (rural female).

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Participants advised that changes are needed across all service sectors to ensure better safety responses towards women and support for men, particularly a population health approach:

There needs to be more done in schools and in advertising to change understanding about domestic violence. It needs to show how men's control and domestic violence creeps up (urban female).

High schools, yeah, that's where you need to know about this stuff. Need men to men stuff in schools and in the community. Best to get to the kids who are exposed to domestic violence and re-educate them. It needs to be men's workers and social workers in the schools, not put all the responsibility on the teachers. Or you need to work together, the workers and the teachers, and get students thinking about how to have good relationships and how to treat each other better (urban male).

Many participants suggested that changes were needed in interventions with identified perpetrators domestic violence. This included the ways that professionals from other service sectors may either avoid or respond to issues related to domestic violence when they arise:

If in alcohol and drugs, or gambling counselling, etc., workers don't ask or mention domestic violence. It is a can of worms and they avoid it, but it needs to be addressed no matter what service the men are at. All the men's behaviours need to be addressed (urban female).

Specialists providing intervention to male perpetrators, as suggested by one woman, need to target professional training so that policy and other service sectors stop inadvertently reinforcing men's power:

Better understanding that abused women are so abused that they believe they are the problem, and for policies and services not to reinforce his lies (urban female).

In consideration that where one form of violence exists, another form is more likely, many of the men viewed that any man accused or convicted of violence should be mandated to attend men's intervention services:

It should be a condition of all bail for violent men to see a counsellor (rural male).

There should be a package of services and supports for men who are bailed (rural male).

Early intervention was more difficult for participants to imagine. However, women expressed that greater sensitivity and positivity when seeking to engage men was necessary:

You catch more flies with honey, so you need a service that promotes "How can your relationship be better", not "how can we stop you being a perpetrator" (urban female).

It was generally confirmed by men that the stigma of being a domestic violence perpetrator was a significant concern, advising that more intervention is needed prior to the point of being mandated to attend men's intervention by the courts:

There is a huge stigma of being a domestic violence perpetrator. Men need help to change and get help before it gets too violent and before they get the stigma. The problem is that men don't know where to get help until after they are arrested and by then it is too late (rural male).

In order to achieve this, many women suggested that engaging men might be possible if early intervention strategies targeted the locations regularly frequented by men:

A service for men that is not confronting, at a pub where they play darts or at a place where he did not know he was walking into it (urban female).

Men's attitude change and intervention via the men's workplace so that it is happening without them really knowing (urban female).

Men suggested that they needed more information about supports for men, which goes hand-in-hand with service availability and promoting to men that engagement in support services is normal:

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If I knew men's group existed I'd have come, so there needs to be more information for men about support, about that getting support is normal, about how many men do domestic violence and not to be ashamed to do something about it before you get arrested (urban male).

The need for advertising was identified by many of the men to help understand the range of actions that constitute domestic violence:

There needs to be more information for men. Advertising is a big thing, so things like those billboards for 'driving tired', something like that for domestic violence, especially for the other forms of violence because men don't even realise they are violent. All they think is that hitting is violence and don't know about all the other things they do that are hurting their women (rural male).

Perspectives of the men's workers

With a view to reducing men's violence and keeping women and children safe all the men's workers agreed that change needs to happen at all levels of intervention.

Men's workers advised that most perpetrator programs are funded for short-term intervention. They were aware of evidence in research that mid- to longer term intervention, which was holistic in nature, had more reported successes in terms of reducing domestic violence perpetrator recidivism. While practitioner expertise exist for perpetrator intervention, and many of the men's workers reported providing longer-term intervention than they were funded for, they advised that inadequate funding is a primary cause for program ineffectiveness. The main concern of men's workers is that programs get funded to deliver short-term perpetrator intervention, inadequate funding renders the programs ineffective, and as a result the programs get defunded and shut down. When this happens, there is often no alternative intervention program for men who then either cycle back into the system or fail to engage supports when the previous program they engaged and trusted no longer exists. Work needs to be done on increasing the longevity of services to support men's engagement:

There are not enough programs, so when men's programs have not enough clients they get de-funded, men drop off and cycle back into violence. Program

funding needs to be redistributable, so priority one is working with men attending the service and priority two on collaborating with other services, drug and alcohol, mental health, Centrelink, and weaving in the men's violence learning in other places, and priority three on education, so funding that allows for prevention, early intervention and response related to reducing men's violence, not scrounging around for donations to do ineffective interventions (men's worker).

Men's workers advised that men's pride often prevented them doing something constructive to reduce their violence and that stigma prevented voluntary service engagement. They believed that this would make the engagement of men in violence reduction via early intervention services difficult, but not impossible:

There has been a growing acceptance of father's groups, targeted in low socio-economic areas and focused on strengthening the bond between dad and bub, and increasing dad's engagement in parenting, so this shares the load and helps reduce the stress in young families. Delivering general support to dads or other men's groups, and weaving in some intervention about multiple stress and how to cope appropriately so no one gets hurt would be a good place to try. Linking the programs with men's groups and doing some shared intervention would be good too (men's worker).

With a focus on prevention, all the workers proposed that attitudinal change was necessary and it would be best achieved in schools:

Groups in schools, focus on healthy relationships between boys and girls. Stop girls thinking they are worthless if they don't get approval of a male – it doesn't help (men's worker).

I don't think it is helpful having footy players and sports stars going into schools promoting their own 'alpha-male' image and thereby promoting masculinities, which is half the problem. Need ordinary workers, men's workers and social workers in the schools to help to change the discourse (men's worker).

Getting in early in schools was echoed in the voices of the men and the women who participated in this study, and also in the existing research literature.

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Combined approaches

Key messages from the voices of men, women and men's workers is that change is needed in the way supports are designed and delivered across all four areas of the socioecological spectrum if there is any hope of making significant inroads in reducing men's violence towards women and the adverse effects on children. In particular, men's violence should be viewed not only as individual misgivings but also as a product of social disorganisation that is significantly influenced by the structural characteristics of a given community and/or society (Wickes et al. 2015). Hence, the voices of participants highlight how reducing men's violence must entail prevention, early intervention and responding at the individual, family, community and societal levels. In the next section, these views are discussed in the light of existing literature and recommendations made.

Prospects for a better future

This discussion section draws together key understandings from literature and the research results to make a series of evidence-informed recommendations. Recommendations stress the importance of strengthening the few services already available, and of appending new strategies to these services, rather than funding short-term pilots. It is stressed that an organised response across multiple systems is critical to the success of any human intervention and, while it appears that there is a sophisticated response system for domestic violence victims in South Australia, this has not been mirrored in service availability or provision to perpetrators. This was consistently voiced by the research participants.

Program effectiveness

Flood et al. (2008) advise that, when making choices about intervention strategies, one must understand differences between *effective* programs (strong theoretical rationale, tested/implemented and with indicators that they work), *promising* programs (strong theoretical rationale, implemented and no evaluation measures), and *potentially promising* programs (strong theoretical rationale and not tested). They assert that the best interventions are not necessarily those categorised as *effective* on the basis of limited formal evaluations of interventions with men. While effective and promising programs are desirable, the trialling of new interventions with men alongside existing programs should be encouraged and supported.

It must also be recognised that there are relatively few domestic violence services in South Australia specifically for the men. Some are not evaluated or are not well evaluated, which may lead to defunding. There is a tendency of governments to defund programs that have been piloted, even before an understanding of effectiveness has been established. Finally, there is the tendency of government to fund services on the number of service users as opposed to the effectiveness of outcomes arising from the interventions. However, for hard to reach populations service engagement is more difficult and may take time. This presents risks to funding, service availability and longevity. Women, men and workers expressed having been let down, not only by a lack of services to men,

but also the lack of service consistency. Men expressed difficulty finding suitable support services and, in hindsight, reluctance to engage in perpetrator programs. When programs are de-funded and shut down, the effect on men's trust in the service system has the potential to inhibit men's future help-seeking. Other men interviewed who were near completion of their first program expressed uncertainty about the supports available to them following program exit. Men's workers also expressed inadequate exit pathways and mechanisms for ongoing contact with program participants.

Alternatively some men had accessed a series of perpetrator and men's wellbeing interventions. Based on the men's self-reports and interviews with men's workers, those men who engaged over the longer-term with successive specialist men's domestic violence services appeared to achieve the best outcomes in terms of increased responsibility for the violence and reduced recidivism. Recommendations in relation to effectiveness, program sustainability and innovation, and ongoing support to men are made next.

Recommendation 1

- Strengthen existing men's programs to ensure service consistency.
- Pilot promising and innovative interventions within established services providing specialist domestic violence support.
- Build exit pathways within existing services and referral pathways out, or a case management element facilitated by the men's workers in order to keep men connected and supported over the longer-term.
- Rigorous evaluation and dissemination to strengthen the evidence base, including what does work and what does not work to prevent uptake of ineffective strategies.
- Government organisations providing funding need to base funding on effectiveness, not numbers

Keeping men engaged

An evaluation of one men's domestic violence service (Canuto 2015) in South Australia indicated the vast majority of men had changed their attitudes towards taking responsibility for the violence upon program completion. Despite this, many men who were referred to the service did not engage and some others were non-completers. The tendency for up to half of men to drop out of perpetrator programs was reflected in interviews with men's workers. Non-engagement and/or non-completion may be due to incarceration, revocation of violence intervention orders, homelessness and transport difficulties, decline in men's wellbeing and so forth.

Many men advised that their intervention orders had been varied with a view to eventual revocation. Men's workers expressed concern for women and children when intervention orders were varied or revoked due to being a period of elevated risk for women. When orders are revoked, the men are neither mandated nor funded to attend perpetrator intervention. Effectively, men's accountability for the abuse is relinquished and the responsibility to ensure women's safety and that of their family is returned to the women. Other men may not complete perpetrator intervention due to incarceration. By virtue of revocation and/or incarceration, it is possible that men who most need perpetrator intervention are being denied support. In theory, men need to stay engaged in the men's programs following intervention order revocation for both the women's safety and the men's wellbeing. Efforts are needed to promote men's program completion, including extending outreach interventions to correctional facilities. Considering Gondolf (1996) on the length of men's engagement, efforts are needed to keep men connected as long as possible no matter where they are, at whatever stage they are at in intervention, and well after program completion.

There are also associations between increased social cohesion and lower domestic violence recidivism. Ongoing contact is optimal and has potential to reduce domestic violence over the longer-term. Longer term engagement will enable longitudinal assessment of effectiveness.

Recommendation 2

- Increase efforts to keep men engaged in perpetrator programs irrespective of voluntariness. This may include advocating to the Courts Administration Authority for intervention orders to be conditional to men's program completion and assessment by men's workers.
- An outreach service by organisations providing perpetrator programs should extend to correctional facilities to ensure that men's intervention is uninterrupted by a breach of intervention order and incarceration.
- Implement second-level extension programs involving ongoing contact with drop-outs and completers, including post-program referral and case management.
- Engage in interagency collaboration in the provision of specialist support to men by specialist men's workers over longer-term support.
- Undertake longitudinal evaluation of effectiveness of longer-term perpetrator intervention, engagement and ongoing contact.

Counselling vs group work

Some of the men in this study proposed that they preferred individual counselling as it was less threatening and shame-inducing for them. Wexler et al. (2010) propose:

Men who've experienced toxic doses of shame early in life will do anything to avoid re-experiencing it as they grow older. It can originate from family experiences, from peer experiences, or just from the culture at large. A shamed boy becomes a hypersensitive man, his radar always finely tuned to the possibility of humiliation (Wexler et al. 2010, p. 23).

The avoidance of shame helps to explain the difficulties with engaging men voluntarily, particularly men who have had adverse childhood experiences that included sexual abuse, domestic violence and bullying. Addressing men's shame

is critical – this is reflected in the narratives of most subject men in this study. But while individual counselling may be preferred by some men, inexperienced counsellors may inadvertently collude in the men's secrecy and denials. Feeling shame in group work is necessary for opening up, being challenged and taking responsibility for the violence. In rural areas, the development of a variety of successive small group interventions would be beneficial for enabling integration with existing one-to-one and group interventions, thereby extending support to men.

Recommendation 3

- Group intervention should be viewed as a priority. Men should not be able to opt for individual counselling as a tactic to avoid shame and accountability that may be experienced by them in group intervention (when there is a group program available to them).
- Counselling by non-specialist workers should be discouraged. Without expertise they are unlikely to recognise their role in colluding with men, nor are non-specialist workers guaranteed to maintain application of a pro-feminist intervention aimed at holding men accountable for the abuse.
- Limited counselling as a pathway into group interventions is preferable, but counselling alongside and after group work and ongoing specialist contact with the men over the longer-term is required.

Integrating early intervention

An organised system to address men's violence must also adopt effective and theoretically strong interventions in early intervention. Men advised that they first received help for the violence when forced into perpetrator intervention. In hindsight, many said they valued being arrested because it forced them into support and it had positive outcomes. Women confirmed that appropriate legal

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responses helped them feel safer. It would be beneficial to find ways to target and engage men prior to being caught in the legal system, and to encourage the view that perpetrator programs are supportive, not punitive.

Many women attempted to engage their men in relationship counselling with no success and were aware of potential difficulties engaging men in other services unless forced. However, women suggested potential access points are via the men's existing engagements, such as workplaces or social groups. Men's workers advised that, due to high prevalence of domestic violence within social housing, a men's worker could be attached to other service sectors or agencies. For example, the viability of allocating a men's worker to each male Housing SA tenant with an intervention order could be explored.

Participants advised how their histories of trauma, substance use and mental health impacted on their wellbeing and these interacted with the perpetration of domestic violence. There is a need to work with perpetrators in ways that respect the whole person, whether in specific perpetrator programs or with the use of the expertise of specialist men's workers in programs delivered by other welfare service sectors for other purposes. Utilising skilled men's workers to work with male perpetrators of domestic violence is critical. Dilution of expertise by allowing non-domestic violence specific services to men (mental health, alcohol and drug, homelessness, etc.) to also address the men's perpetrations of domestic violence should be avoided. While men's engagement in these core services need to be maintained, service partnerships with men's perpetrator specialists is long overdue. Alternatively, it may strengthen these core services to have specialist men's workers from perpetrator intervention services periodically located in other service sectors. Some *hotspots* identified via this research include rural and remote areas, correctional facilities and housing/homelessness services, and alcohol and drug services.

Recommendation 4

- Recognise violent men as complex whole persons and identify 'hotspot' services to men via high comorbidity/multiple morbidity indicators with domestic violence, e.g., mental health, housing, homelessness, alcohol and drug services.
- Psycho-educational and therapeutic intervention delivered by men's violence specialists to men via other programs and services.
- Utilise engagement in other services as an access point to build trust and encourage violent men into perpetrator programs.

Targeted prevention strategies

Researchers agree that the best way to stop violence is to prevent it happening in the first place (Flood et al. 2008; Phyfer et al. 2015), which requires a whole of society change to attitudes. A good place to start is with children and young people, via schools. Prevention initiatives can advance current efforts aimed at improving social attitudes that sustain violence. The need for prevention initiatives in schools was a consistent message from women, men and men's workers voicing their perspectives in this research. Many of the men reflected on their own childhoods and expressed that prevention initiatives in school, had they been available, would have provided them with insight into their violence.

The men's lack of early insights into what constitutes domestic violence, development and escalation of their violence, and the impact of their violence on others, reinforces a need to engage boys and men earlier. Flood et al. (2008) propose that prevention strategies outside schools with children, families and communities should not be overlooked. While evaluation is uncommon and therefore there is little evidence of effectiveness, the rationale of embedding prevention activities in other service sectors and community programs has

theoretical strength when considering the voices of participants in this study who were accessing a diverse and wide range of welfare supports.

Recommendation 5

- Identify opportunities for specialist men's workers to engage with others in prevention activities, such as via information sessions and workshops in schools and community based organisations. Specific areas in which men's workers may contribute involves engaging male youth in learning about gender equity, gender roles, power relations and social norms.
- Via a data linkage project or other inquiry, investigate the prevalence of domestic violence intervention orders of parents engaged with support agencies across the welfare service sectors to identify where best to target prevention initiatives with the children/youth of parents identified.

Strengthening wellbeing programs

Aboriginal children and young people are at significant risk considering the high likelihood of exposure to domestic violence given higher rates of Aboriginal women and men experiencing domestic violence (Family and Community Service and NSW Health 2015). This was confirmed by the Aboriginal participants in this study, many of whom expressed that violence was everywhere in their families and communities when growing up. They expressed difficulty in knowing how to deal with the violence as adults, as victims and perpetrators. Targeting Aboriginal and other 'at risk' families is consistent with Australia's current domestic violence strategies (Breckenridge et al. 2015). The potential benefit of coupling specialist men's intervention with existing services and/or healing programs is widely reported (Flood et al. 2008; Partnerships Against Domestic Violence 2003a, 2003b). Positively focused programs that are non-threatening and enjoyable for participants to attend are more likely to achieve higher levels of voluntary engagement than punitive approaches (Trotter 2015). This highlights the value of

partnering with and embedding men's expertise in domestic violence intervention in established and already well attended family and community wellbeing programs.

Recommendation 6

- Priority to be given to prevention and early intervention in Aboriginal communities on the basis of high prevalence of domestic violence among Aboriginal people and adverse outcomes for women and children.
- Identify opportunities for specialist Aboriginal men's programs in domestic violence to implement early intervention strategies into existing wellbeing programs for Aboriginal men and boys. This may include strategies involving kin mentoring.

Child and youth synergies

The women and men talked about intersections between child abuse and men's perpetration of violence, and literature confirms that risk factors for both domestic violence and child abuse include social disadvantage, socioeconomic distress, structural disadvantage and low social cohesion (Beyer et al. 2015; Bonomi et al. 2014; Campbell 2015; Slater 2012). As well, many women and men made associations between the men's experience of abuse and exposure to violence in their own childhoods and later adult dysfunction. This suggests that by engaging men in strategies aimed at strengthening families and communities, and social cohesion, that outcomes may be twofold. Firstly, a repatriating effect for the men in terms of alleviating risk factors for violence from their own childhoods. Second, a protective effect for the men's own children as a result of the men's stronger engagement and support in family and community initiatives.

For change to be achieved in relation to increasing men's engagement, gender stereotypes that reinforce women as responsible for harmony in their relationships

and for the wellbeing of their children need to stop. First and foremost, addressing the role of government organisations, policy and practice that perpetually locate responsibility for child protection and family in the woman is in critical need.

Recommendation 7

- Due to adverse outcomes for children exposed to domestic violence, domestic violence and child protection should be viewed as synonymous.
- The responsibility of child protection and family issues should not be placed by government organisations and service providers solely on the women.
- Identify opportunities for specialist men's services to forge productive partnerships for engaging in prevention and early intervention. This may include linking with existing child and family focused initiatives, such as Communities for Children, or youth programs and other community development activities.

Workforce development

Of significance were the prevalence of participants, both women and men, who did not realise that the men were perpetrating violence until they 'crossed the line' to physical violence. Frequently, this was when police were first involved. Many women or men were not aware of programs to support men, or when the men reached out they were belittled by police and others.

Research demonstrates that health promotion campaigns are effective (Coker et al. 2014). Many of the women and men advised how advertising and health promotion on domestic violence would have increased their capacity to see the escalation of violence. Women expressed how they did not realise they were living in relationships characterised by domestic violence. Likewise, the men expressed how domestic violence had *crept up* on them over time. While some

women talked about relationship counselling, neither women or men knew of services available to help violent men prior to arrest or intervention order. It was not until men were engaged in a perpetrator program that they realised how their perpetration of non-physical forms of violence provided the foundation for later physical abuse.

Many men shared how, once the violence had escalated and become physical, they were ashamed and tried to fix their own problems themselves – most often with no success. In hindsight, women and men advised how more information on men's violence would support communities to recognise the support needs of men and maybe encourage men's engagement. Change must come from a workforce that is open to supporting men and directing them to appropriate supports. Imparting consistent information to people experiencing the effects of domestic violence, including supports for men, indicates a need for workforce development.

Recommendation 8

- Engage in workforce development to increase capacity for understanding the dynamics of men's violence and/or men's resistance to intervention.
- Strengthen other service sectors' ability to understand the importance of referral to men's programs, specifically men's services that specialise in interventions with domestic violence perpetrators.

Concluding comments

The research undertaken here presents evidence to inform a number of service recommendations which could bolster future attempts to reduce the incidence and impact of domestic violence. In the meantime, efforts must continue to engage men and to support men who perpetrate violence to stop. It is reiterated here that direct intervention with men must be strengthened, but cannot succeed in

isolation of prevention and early intervention aimed at altering structural and institutional inequalities over time.

Efforts need to be increased in both rural and urban areas, and resources invested in services that have capacity to provide appropriate interventions across all domains – with individuals and family, in communities and society. It is essential to acknowledge, however, that there are no 'easy answers' nor 'quick fixes' for reducing men's perpetration of domestic violence, or for keeping women and children safe. Longer-term intensive and multidimensional interventions are needed. This may include:

- supporting interventions with men that are focused on increasing perpetrator's responsibility for stopping the violence
- targeting at-risk groups of men, focused on increasing men's wellbeing through initiatives aimed at strengthening families and communities
- increasing prevention initiatives with children and young people and their families.

In all efforts with individuals, including with men who perpetrate violence, energies invested must always include strategies to alter the structural and institutional inequalities that shape and sustain men's power (Flood et al. 2008) and violence. This includes addressing the gender stereotypes that hold women who have been abused accountable for harmony in their adult relationships and also for the protection of children, particularly the responsibility thrust upon women, not the men, to engage the right formal services in escaping or stopping the violence. In a system primarily focused on women, it would be impossible to fully understand cases in order to protect women and children without perpetrator mapping being part of women's broader safety planning.

As a final note, while this research included Aboriginal Australians as participants we acknowledge that the context of domestic violence can be different for Aboriginal people. With the overrepresentation of men and women as perpetrators and victims of Aboriginal family violence, there is a need for further research focused specifically on men's perpetration of Aboriginal family violence.

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