



MEN AT WORK

Men's views on a stopping violence service

A collaborative project between:

SVS – Living Safe

Public Health

(Nelson Marlborough District Health Board)

The Bachelor of Nursing Programme

(Nelson Marlborough Institute of Technology)

Researchers:

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Nelson, New Zealand.

Table of Contents

1. Introduction	7
2. The literature	8
3. Research design	10
4. Results – The survey	12
5. Results – The focus groups	18
6. Discussion	23
7. Recommendations	24
8. References	26

Acknowledgements.

This report has only been possible through the support of the staff at SVS – Living Safe. Their professionalism in opening their service and themselves to extensive critique was commendable.

We would also like to acknowledge the support of those men who agreed to give of their time and insight in the survey and particularly in the focus groups. Their willingness in supporting the project and each other was outstanding.

The report was also strengthened through the critique and suggestions from Nathan Wallis (Cultural and research design advisor), Felicity Hurst and Dee Cresswell (SVS – Living Safe).

Some background.

At the commencement of this project SVS – Living Safe was known as ‘Stopping Violence Services Nelson’. As of July 1st, 2013 that agency changed its name to SVS – Living Safe.

Venues for group programmes are available in Nelson, Motueka and Blenheim. The men who participated in this project were from the Nelson venue. The men’s Stopping Violence programmes available to self-referred men are Ministry of Justice approved programmes for males. The focus during these groups is how the men relate to the women and children in their lives. The groups are made up of eighteen differing weekly topics exploring safer, healthier alternatives to abusive behavior. At present, only heterosexual relationships are explored openly in the group setting. Same sex relationships are catered for in the 1:1 service.

This project researched self and Court referred men’s experiences of SVS – Living Safe’s services for men.

Summary.

There is no doubt that family violence is a serious and on-going issue in our community. As a local community initiative a panel was organised in 2010 by Nelson's Te Rito Family Violence Prevention Network to discuss the issue of family violence. This panel discussion led representatives from SVS – Living Safe; Public Health, Nelson Marlborough District Health Board (NMDHB); and the Bachelor of Nursing Programme, Nelson Marlborough Institute of Technology (NMIT) to meet and consider the possibility of working together on a project that could serve to add constructively to reducing family violence. Underpinning the project was the belief that male perpetrators of violence against partners, as service users, have an important role in providing guidance for service development.

The aim of the project was to collect data from men who had completed or were completing the SVS – Living Safe's 'Stopping Violence' group to surface their views on:

- The effectiveness of the 'Stopping Violence' group.
- How SVS – Living Safe's services could be further developed.
- Strategies that would be useful in reducing the incidence of family violence in our community.

In order to achieve the above aims above the project used both a written survey and focus groups. Thirty one men responded to the survey and 12 participated in the focus groups. Support to proceed with the project was obtained from NMIT's Research & Ethics Advisory Committee.

The survey looked at respondent characteristics as well as group structure, processes and quality. The feedback overall was positive in all areas. Of particular note here were:

- That the group was life-changing.
- The benefit of the initial interview.
- The benefit of group participation being augmented with 1:1 support.
- Having both male and female facilitators.
- The sense of respect the men encountered.
- The skills the men developed.

In the two focus groups the participants were asked firstly, with reference to the results from the survey, to critique SVS – Living Safe Stopping Violence services for men. Secondly, they were asked to consider initiatives in stopping violence more broadly. There were 12 participants in the first group with 11 returning for the second group.

Three main themes evolved from the two consecutive groups.

- SVS – Living Safe should revisit how it is promoted.
- The complexity of intimate partner violence (IPV) needs to be better appreciated.
- The need for a different approach to education on IPV especially exploring differing models of how IPV is both understood and addressed.

Recommendations included:

1. SVS – Living Safe to develop a comprehensive marketing strategy that encourages men to self-refer regarding issues with anger/violence in their relationships. This strategy should also include opportunity for couples/partners/whānau to attend as well. A variety of delivery methods both onsite and offsite, should be considered. Independent, specialised advice should be sought on implementing this strategy.
2. The marketing strategy above should focus on the positive areas of feedback from this project. The following being key points of reference for this:
 - The group is life changing.
 - The benefits of both open and closed groups.
 - The benefit of group participation being augmented with 1:1 support.
 - The benefits of the initial interview.
 - The respect shown to clients.
 - The benefit of both male and female facilitators. This approach should be explored in relation to the women's group as well.

Overall, marketing should focus on positive outcomes rather than management of problems.

3. SVS – Living Safe to explore the development of a range of new or redeveloped initiatives. These should include:
 - Options for individual pathways through their engagement with SVS – Living Safe.
 - Groups that are inclusive of differing models of IPV.
 - The option for follow-up contact.
 - The availability of a group for partners/whānau. This is aimed at the partner/whānau both understanding and supporting the changes that have been made.
 - Exploring collaborating with other organisations/groups in taking a leadership role in community education in the area of IPV.
 - Exploring collaboration with others in further research in the area of IPV.
4. SVS – Living Safe should review their involvement of men, including service users, at all levels of the organisation. This includes governance, operational elements, staff training and other educational activities.

1. Introduction

There is no doubt that family violence is a serious and on-going issue in our community. While an extensive range of initiatives currently exist aimed at prevention, intervention, support of victims and education of offenders, figures from the reporting of family violence continue to rise. For example, according to Police figures, between 1997 and 2007 reported domestic disputes more than doubled (Te Ara, 2013). However, rather than an increase in the incidence of domestic disputes, this increase in reporting is generally understood as reflecting changes in policy and increased public willingness to report incidents. Having said this it may well be true that underreporting continues to exist (Te Ara, 2013).

As a local community initiative a panel was organised in 2010 by Nelson's Te Rito Family Violence Prevention Network to discuss the issue of family violence. One speaker, Principal Family Court Judge Peter Boshier, observed that New Zealand's rates of child abuse and neglect, levels of domestic violence, deaths of children and women, and the rate of elder abuse are shameful. Judge Boshier moved on to suggest that communities themselves needed to make good decisions about local family violence responses.

This panel discussion led representatives from SVS – Living Safe, Public Health (NMDHB) and the Bachelor of Nursing Programme (NMIT) to meet and consider the possibility of working together on a project that could serve to add constructively in reducing family violence.

Underpinning the project was the belief that male perpetrators of violence against partners, as service users, have an important role in providing guidance for service development. This point is supported by Close & Peel (2012) when they state "Service user input into policy and service development is not a new concept in New Zealand but it is a relatively new movement within the family violence sector ... Evidence suggests that involving service users can lead to higher quality and more efficient and accessible services. It also has intrinsic benefits for the individual service users who choose to become involved." Close and Peel included perpetrators of violence as one specific population to consider when accessing the views of service users. Baker (2013) argues specifically for involving male perpetrators but limits this to preventing violence against women rather than men using their insights more broadly to assist in developing approaches in both prevention of family violence and the development of services.

SVS – Living Safe was interested in receiving further, more detailed feedback from men who had participated in their 'Stopping Violence' group to look at innovative ways of further developing the group and their service generally.

Public Health was interested in looking at an important population based health and wellbeing issue. This in order to further develop their opportunities for community engagement and support.

The Bachelor of Nursing programme was interested in conducting a research project that, consistent with the concept of cultural safety, had the surfacing of consumer voice as central to the design.

Collaboration by its very nature provides a sense of working together towards a common goal. While this is certainly true it is equally true that each of the individuals representing the three organisations brought quite distinct skills to the project. In addition each had differing goals reflective of their organisation's areas of interest. It was expected that these skills and goals were complementary and, brought together, would result in a considerably more robust outcome than would be achieved by individual efforts.

2. The Literature

In New Zealand law, family violence is known as domestic violence. In the Domestic Violence Act (1995) domestic violence is defined as, “violence against (a) person by any other person with whom that person is, or has been in a domestic relationship In addition, psychological abuse is committed against a child if that child witnesses the abuse of a person with whom the child has a domestic relationship” (New Zealand Government, 2013). This Act defines domestic violence as including sexual or psychological abuse. That is, the violence is not restricted to physical abuse. It can be seen that the Act is inclusive of a wide range of relationships. These include partners (heterosexual/gay/lesbian couples), children and young people, the elderly as well as flatmates or other people who share accommodation (New Zealand Government, 2013).

For the purposes of clarity the term ‘Intimate Partner Violence’ (IPV) is used throughout this report to describe the area of family violence that is being discussed. Intimate Partner Violence is defined as

Behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and other intimate partners. Other terms used to refer to this include domestic violence, wife or spouse abuse, wife/spouse battering. Dating violence is usually used to refer to intimate relationships among young people, which may be of varying duration and intensity, and do not involve cohabiting.

(WHO, 2013, pvii).

To gain an understanding of male service users’ contribution to the knowledge base on IPV a search was made of Google Scholar using the key words ‘men’ and ‘intimate partner violence’ with the search limited to articles published between the years 2008-2013. This yielded 17,900 results. In order to manage this large number of sources 50 peer reviewed articles were examined to identify men and how their ‘contribution’ was described.

The majority of articles (66% of the 50 articles) looked at the correlation of men’s (and sometimes inter-partner) violence to a range of factors. These included the following:

- Mental health concerns (eg. alcohol abuse, depression, personality disorder) (Rhodes et al., 2009, Ross & Babcock, 2009., Smith et al., 2012, Schneider et al, 2009).
- Childhood trauma (eg. Physical and sexual abuse) (Franklin & Kercher, 2012; Falb et al., 2011).

A further group of articles (28% of the 50 articles) looked at male perpetrated violence from a more conceptual perspective. The majority of these explored aspects of male socialisation especially in relation to:

- Dominance and emotional control (Krantz & Vung, 2009; Tager, Good, & Brammer, 2010).
- Gender inequity (Gomez & Moracco, 2011).
- Notions of hegemonic manhood (Vandello & Cohen, 2008).

A small number of articles (6% of the 50) explored situations where the female partner was the perpetrator (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008; Randle & Graham, 2011).

As few of these articles explored the topic from a male perspective it was decided to search with an extra keyword, that of ‘views’. This yielded 16,600 results. Again, in order to be pragmatic, the first 25 peer reviewed articles were reviewed to identify how the views of male perpetrators were positioned. The projects/opinions were categorised as the men:

- Protecting their face or reputation (Chan, 2009).
- Minimising the harm they caused (Stubbs, 2002).
- Normalising anger and violence (Thomas, 2003).
- Feeling a need to silence the partner (Towns, Adams, & Gavey, 2003).
- Believing they held entitlement and privilege over their partner (McDermott, Schwartz, & Trevathan-Minnis, 2012).
- Having the right to exercise power over their partner (Farré, 2013).

The literature accessed above invariably positioned the discourse regarding male perpetrators of violence from a perspective of pathology, blame or deficit.

Underpinning the project reported here was the belief that male perpetrators of violence against partners, as service users, have an important role in providing guidance for service development. It seems self-evident that for any group of service users to provide useful input into service development this input needs to be valued and accepted as reflecting the service user's knowledge, insight and experience. Essentially what could be considered a strengths-based approach (McCammon, 2012). Consequently the project was constructed to emphasise and enact this point¹.

¹ The authors would welcome any suggestions on where a strengths based approach is evident in the literature.

3. Research design

3.1 Aims

Each of the three organisations collaborating on the project had an interest in talking to men who had completed or were completing the SVS – Living Safe ‘Stopping Violence’ group to surface their views on:

- The effectiveness of the ‘Stopping Violence’ group.
- How SVS’s services could be further developed.
- Strategies that would be useful in reducing the incidence of family violence in our community.

3.2 Methodologies/methods

In order to achieve the 3 stated aims the study drew on both quantitative and qualitative research approaches.

The survey aimed to:

- Gain numerical data on a range of points including participant characteristics such as age, ethnicity and referral sources.
- Gain data on the quality of the group and the effect the group had on the participants’ personally. This qualitative data was gathered through the participants being asked to provide brief comment on most sections of the survey.

The focus groups aimed to:

- Provide qualitative information that was authentic, credible and represented the considered perspectives of the participants.
- Provide an environment where participants could feel included, valued and respected both by the researchers and by others in the group.

The two focus groups contained the same participants. The two focus group sessions, each of 90-120 minutes duration, were purposely scheduled six weeks apart. This time frame was so participants would have the opportunity to read a transcript and initial analysis of their first group discussion and reflect on their experiences overall in preparation for the following group session. The researchers’ role was to facilitate group introductions, clarify the question(s), and refocus group discussion on the question(s) if discussion appeared to be moving off topic. Otherwise, the facilitators did not take any active part in the discussion.

This process was undertaken in the belief that group discussion, combined with reflection over time, can produce insights that would not be uncovered through any other research process, especially ‘one off’ or ‘snapshot’ approaches to data collection such as in surveys or interviews.

3.3 The participants

There were 31 respondents to the survey and 12 participants in the focus groups. The 12 focus group participants had completed the survey and indicated their preparedness to participate in the groups by filling in a detachable agreement in the survey form. It is of note that all the men approached agreed to contribute to the study in some way.

3.4 Ethical considerations

Support to proceed with the project was obtained from NMIT's Research & Ethics Advisory Committee.

During this process it was recognised that group discussion, by its very nature, may cause the participants to revisit trauma they may have earlier experienced. The following processes were employed to minimise this risk:

- Written (informed) consent was obtained from all participants.
- The participants made a commitment to respect the privacy of others in the focus groups. (Anonymity is always compromised in focus groups.)
- Opportunity and time were provided for participants to reflect on and share their more negative experiences before moving on to address the aims of the project.
- Questions were framed and discussed in the positive, eg What would have helped?
- Protocols were put in place to rest the group if any participant(s) experienced distress.
- A list of support services was available if required.
- A phone call was made to each participant following completion of data gathering and initial analysis to effect closure and/or referral (if necessary).

It should be noted that professionals can often overstate the case for the need for participants to be protected from the trauma of reliving their experiences. Conversely, individuals may find this process a healing, positive experience (Close & Peel, 2012).

4. Results – The Survey

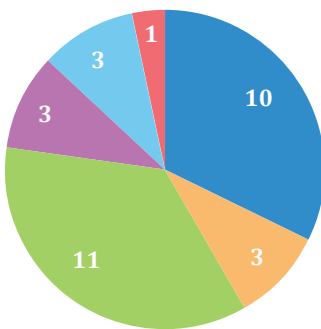
4.1 The survey

The survey explored a range of factors to do with the Stopping Violence group at SVS – Living Safe (Nelson). Thirty one men responded to the survey. For ease of reading these are presented below under the categories:

- Respondent characteristics.
- Group structure.
- Group processes.
- Group quality.

4.1.1 Respondent characteristics.

Age Range

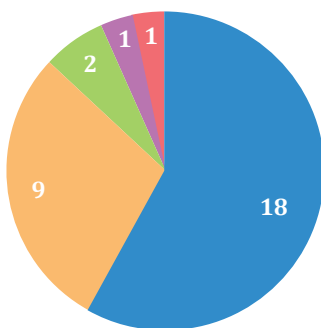


18-25	(32%)	■
26-34	(10%)	■
35-44	(35%)	■
45-54	(10%)	■
55+	(10%)	■
Unknown	(3%)	■

While the age range of respondents was broad, it was interesting that two particular groupings (18-25 and 35-44) were heavily represented reflecting 33% and 37% of the total number. These figures are a typical reflection of the Nelson group.

Total respondents = 30 Unknown = 1

Ethnicity

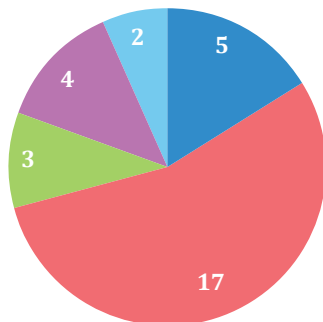


European	(58%)	■
Māori	(29%)	■
Pacifica	(6%)	■
Other	(3%)	■
Unknown	(3%)	■

The ethnic mix of the respondents was predominately European (58%). However 35% identified as Māori/Pacifica. This proportion of Māori/Pacifica is interesting as it may reflect the service's acceptability to these groups. Again this diversity being a typical make-up of the Nelson group. Whether this is reflective of Stopping Violence groups nationally is unknown.

Total respondents = 31

Referral source

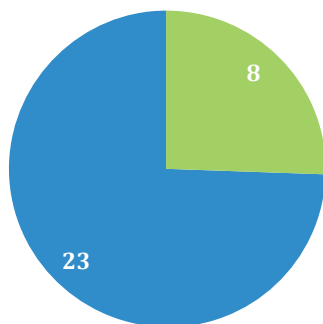


Family Court	(16%)	■
Criminal Court	(55%)	■
Restorative Justice	(10%)	■
Self referral	(13%)	■
Unknown	(6%)	■

While referral sources differed, 55% of respondents were referred by the Criminal Court. Overall, 81% were referred through the Justice System. Only 13% presented through self-referral processes. This mix is a typical make-up of the Nelson group.

Total respondents = 29 Unknown = 2

Previous attendance

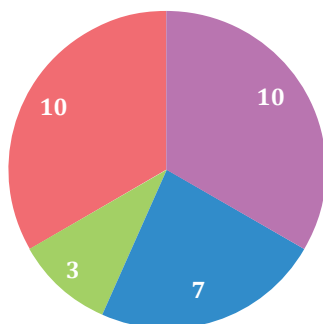


Yes	(26%)	■
No	(74%)	■

While for most respondents the feedback was related to attending one group, this was not true for all. It should be noted that, for those who had attended groups previously not all had done so in Nelson.

Total respondents = 31

Previous knowledge of group



Nil	(33%)	■
Negative	(23%)	■
Positive	(11%)	■
Unknown	(32%)	■

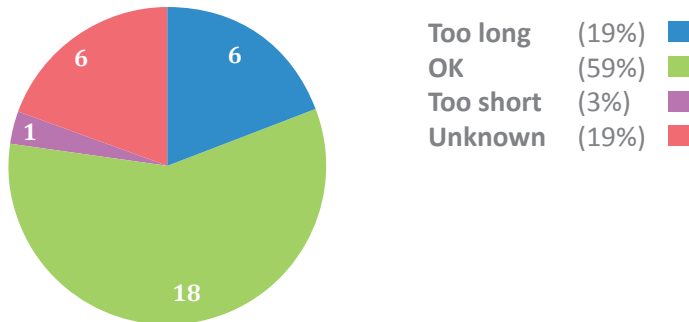
"An outfit for those who have an ugly side to them".

Half of the respondents had no previous knowledge of the group. The remaining respondents who had knowledge of the groups, described this knowledge as negative. Whether this negativity was a reflection of groups outside Nelson or not is unclear.

Total respondents = 21 Unknown = 10

4.1.2 Group structure

Length of group

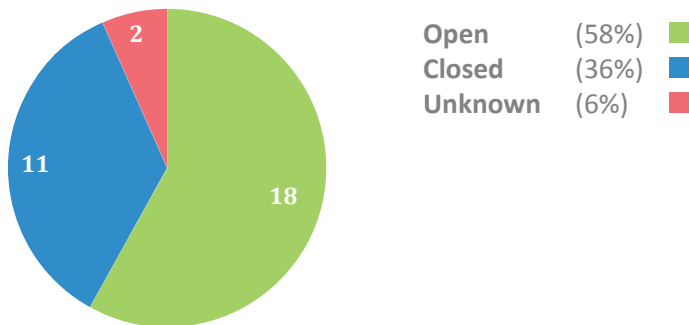


The length of the course is 18 weekly sessions at 2.5 hours per session.

The preferred length of the group varied with 59% of respondents feeling the group length was good but with 19% feeling it was too long.

Total respondents = 25 Unknown = 6

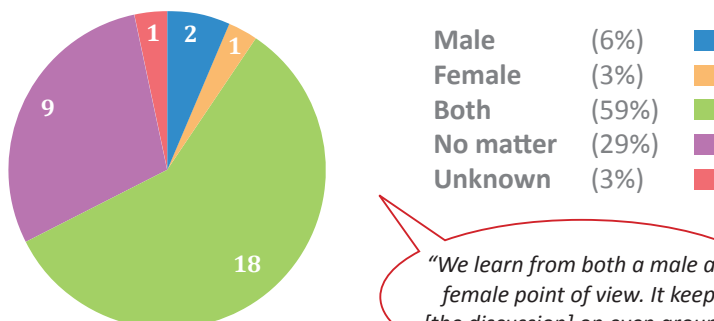
Type of group



The 'type' of group, open or closed, reflects whether there is an 'open' membership with members commencing and leaving as their individual needs dictated, or whether each group should have a stable and unchanging membership. Here 58% of respondents preferred an open membership and 36% a closed membership.

Total respondents = 29 Unknown = 2

Preferred gender of facilitator

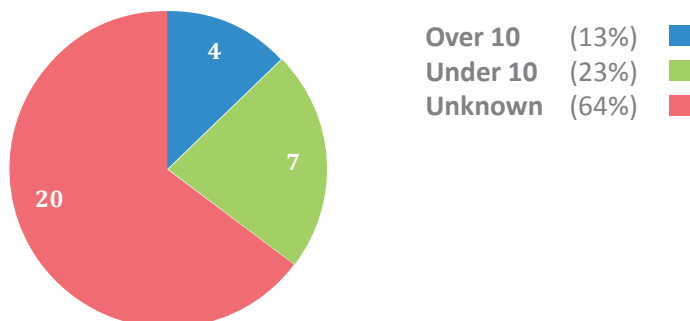


There was a clear preference (90%) for the groups to be facilitated by both a male and female facilitator or that there was no preference. NB Groups are 'co-gendered'.

"We learn from both a male and female point of view. It keeps [the discussion] on even ground".

Total respondents = 30 Unknown = 1

Size of group

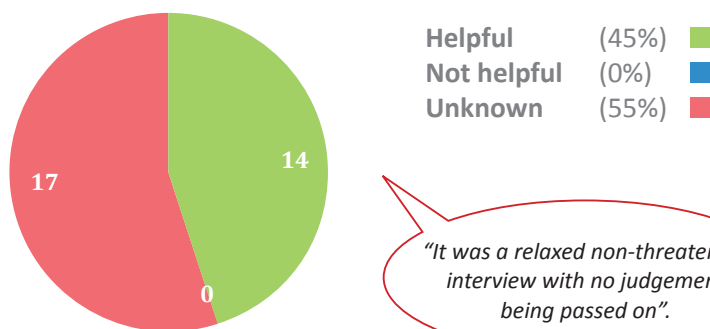


Only 11 respondents replied to the question regarding the preferred size of the group. Here 23% felt the group should contain less than 10 members with 13% feeling the groups should aim for more than 10 members. It is unclear why there was a limited response to this question. NB. Groups are currently up to thirteen members.

Total respondents = 11 Unknown = 20

4.1.3 Group processes

Initial interview



"It was a relaxed non-threatening interview with no judgement being passed on".

The initial interview is usually 1 hour long and carried out individually.

As can be seen by this graph of the initial interview all those who did respond believed this to be very helpful. There were no negative responses. Comments attached to the survey described the interview as being absolutely vital in dispelling negative ideas about the group.

Total respondents = 14 Unknown = 17

Did you learn a particular skill?

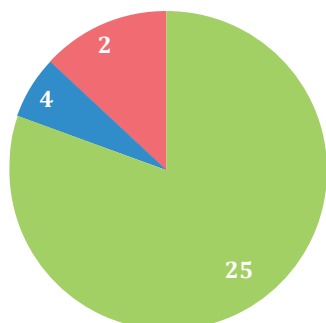


"[I learnt] how to control my own anger problem and try to walk away from the violence".

Skill development was another area that the respondents were particularly positive about. Ninety percent of responses indicated effective skill development.

Total respondents = 29 Unknown = 2

Did you feel respected by other participants?



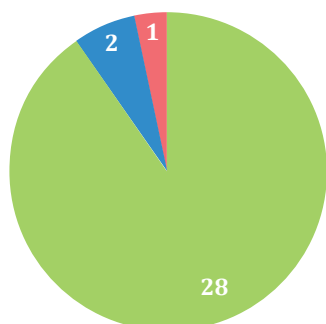
Yes (81%)
 No (6%)
 Unknown (13%)

“Understanding with no blame but also [helping you to] understand your responsibilities”.

The group environment was commented on positively with all but two respondents praising the respect and understanding they experienced.

Total respondents = 27 Unknown = 4

Did you feel understood by the facilitators?



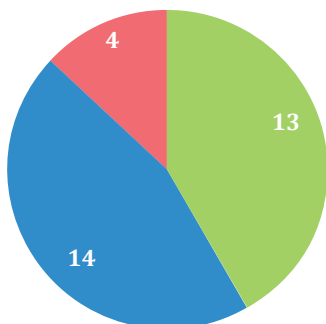
Yes (90%)
 No (7%)
 Unknown (3%)

“They listen very carefully to what you have to say”.

The experience of a ‘respectful’ position from staff was a constant theme that underpinned the respondents’ positive attitude towards SVS – Living Safe and their Stopping Violence group.

Total respondents = 30 Unknown = 1

Is there a need for a follow up interview?



Yes (42%)
 No (45%)
 Unknown (13%)

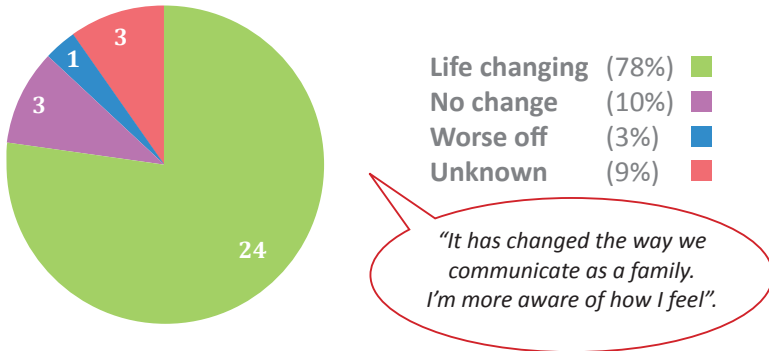
“Maybe follow up after you have finished the course. Just a check in to see how things are going”.

Opinion about the need for a follow up interview was split relatively evenly. However although suggestions about how it could be offered varied, it was certainly thought useful by a significant number.

Total respondents = 27 Unknown = 4

4.1.4 Group quality

The groups personal impact on you?



Here 78% of the respondents believed the group to be 'life-changing'.

Total respondents = 28 Unknown = 3

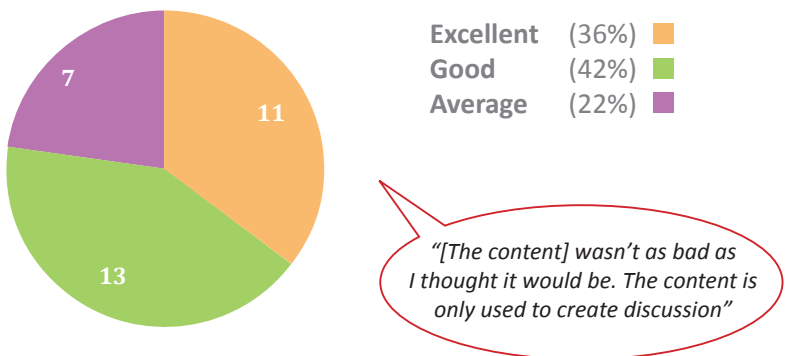
The quality of facilitation



The quality of facilitation was rated by 74% of respondents as 'good' to 'excellent' with only 1 person rating this as being 'poor'.

Total respondents = 30 Unknown = 1

The quality of the content



The content is approved by a panel prescribed by the Domestic Violence Act. Each session has a check in and weekly content.

The quality of the group content was rated by 78% of respondents as being 'good' to 'excellent'. Nobody rated the content as being 'poor'.

Total respondents = 31

5. Results – The focus groups

The focus group discussions provided the opportunity for the participants to discuss their views on SVS – Living Safe in more depth. The participants were asked firstly, in reference to the results from the survey, to critique the SVS – Living Safe service for men. Secondly they were asked to critique/consider initiatives in stopping violence more broadly.

The group sessions took place in a building unrelated to SVS – Living Safe’s premises and were facilitated by 2 researchers independent of SVS – Living Safe.

There were 12 participants in the first group with 11 returning for the second group. Three main themes evolved from the groups.

- SVS – Living Safe should revisit how they promote themselves.
- The complexity of IPV needs to be appreciated and understood.
- The need for a different approach to education on IPV.

These themes, with subthemes, are presented below supported with quotations from the participants.

5.1 SVS – Living Safe should revisit how they promote themselves.

The need for SVS – Living Safe to create a stronger focus on the need for men to self-refer was a point that was revisited throughout both groups but particularly in the second group. The following quotation emphasises this point.

So instead of the Stopping Violence group being something that we all don't want to go to unless we volunteer to go, how do they put themselves out there in the community as approachable [so] that members of the community want to come in, find out what it's all about. How do they sell themselves? Instead of being the end of a Court Order how do they sell themselves or market themselves to be a bit more user friendly for people.

5.1.1 The main strength of the groups.

The following points were identified as particular strengths of the group that should be focussed on in promotion. With one or two exceptions, the SVS – Living Safe ‘Stopping Violence group’ was considered as ‘life changing’. The high number of responses to this point is quite remarkable given the initial caution that the men expressed as well as the compulsory (Court referred) pathway that effectively forced attendance for most participants.

I didn't want to be there in the first place so I was all very anti it but slowly as the weeks went by. [Our negativity] did wear off, slowly wash over; you kind of came round at the end.

I think we could probably all agree that you benefit from it, in the long run. So I think to anyone that was starting [the group] or looking at it then you would say probably the best thing to do, regardless of how you feel about the course, would be to stick it out and absorb as much information as you can from it.

5.1.2 The initial interview

SVS – Living Safe offers an initial interview aimed at assessing each person's individual needs, level of risk, and recommendation of the best service (one to one or group). The requirements of attendance of SVS – Living safe's range of services are also explained. During this interview the men are encouraged to express their own ideas and motivation regarding attendance.

The interview is aimed at creating a positive introduction to the work ahead. This is achieved through (for example),

- Creating an atmosphere of trust and support.
- Enquiring about major life events, family of origin, violence past and present (as victim or perpetrator), addiction issues, mental and physical health, support systems/isolation, access to children and safety.
- Planning access to support and education for the issues identified.
- Appreciating the vulnerability of the client at this first encounter and valuing their contribution to the process
- Offering support services for the partner as part of the service.

Here the focus group participants added to the overwhelming support for the initial interview indicated in the survey previously.

I think you should go there and just have a talk to (a staff member) or whoever, just do that interview and see, if you are not ordered there, just to see if this course is going to have any benefit. I wouldn't hesitate to recommend men to go there and to have that initial interview, just to see if it's going to be beneficial for them.

There's no judgment, there's no anything in that interview. It's just wanting to know your situation and what's going on. And that breaks the ice, it did for me anyway, I don't know about everybody else. That would be the first thing is trying to get a recommendation to get in the door and just to talk to someone. Because we don't talk to our mates about it.

5.1.3 The benefits of individual counselling as well as group sessions

Also that the men benefitted by 1:1 individual ongoing support being available. The benefits of both group sessions and individual counselling work were appreciated by several participants.

I am doing the counselling session and yeah, that's just made the difference so I feel the course is the immediate band-aid but [for me] the real healing was the counselling side of things.

I found the group thing really good and I found the one-on-one thing really good [as well]. I was stoked when it went into the one-to-one because it was just amazing ... it's like all of a sudden your own individual situation is totally what's on the table. And we all have such different situations. I definitely think that the two of them are fantastic and that they both complement each other. I think that's really important.

*A balance of both [group and one to one] is probably the best because when you do one-on-one, you isolate it into your situation and when you do it in a group it's not specific to you but because of all the different angles that are looked at you go well f*** that's a good idea, I never thought of it that way. So you might gain something from that as well.*

That's why I say that the course to me was like a band-aid but the real issue was getting deep down from a whole lot of shit that's happened in the past. You can't do that as a group but maybe you can as a combination

5.2 The complexity of intimate partner violence (IPV) needs to be both understood and appreciated.

Nationally and internationally the main focus on the prevention of family/partner violence revolves around men taking responsibility for and modifying their violent behaviour. It was clear throughout both focus groups that the participants believed this approach to be simplistic and ignored the complexity of family/interpersonal dynamics. There were several aspects to this point. These are presented below.

5.2.1 The relational aspects of family/partner violence are ignored.

In the focus groups it was clear that the participants were prepared to accept responsibility for their violence. However what they found extremely frustrating was that the wider, contextual aspects of relationships (such as harassment by the partner or joint alcohol misuse) were ignored.

It's social perception. The social perception is the male is always the wrong one in a domestic violence situation. It might be wrong or right but that's the perception.

I referred myself, I was one of the fools, but I self-referred myself on the course. And I got a lot of benefit out of it, especially in the later parts like I've heard people say. But I wonder where is the woman's role in this especially when there's children involved?

I want equity on both sides because then you actually resolve. You can Band-Aid all the symptoms you like but if you don't find the causes and rectify those you're just pushing shit uphill.

You've got two people that have created it. One's obviously taken it that bit too far but it's still two that have created it.

5.2.2 The need for both partners to be supported to make changes.

Family/whānau relationships are complex. Where one family member, in this case the male, makes significant changes to their life reintegration back into the family is unlikely to occur without changes in family dynamics. These potential changes to family/whānau dynamics need to be anticipated, understood and appreciated with a transition plan that recognises these tensions.

So I change, make all the effort, do all the techniques and realise well actually she's just as guilty as I am so I've come along to this group just to try and get some things to change because I actually want fairness.

I know my triggers but it needs both partners to work on it. I spent more time at those counselling sessions than I spent with my children in a year. So I'm going and she hasn't done nothing.

Not addressing these changes in family dynamics can lead to greater tensions within the relationship.

Because I'm scared of some of [women's] actions.

5.2.3 IPV often exists within a mix of differing but closely related health/social concerns.

It was all very well talking about this stuff that was common sense and logical but they didn't talk about stuff when you throw in alcohol and being in relationships with people with mental issues, it was all straightforward stuff but they don't take into account those sort of things. So there's good stuff in it but there's stuff that they don't address.

The thoughts expressed in the quotation above are supported by international literature (Franklin & Kercher, 2012; Falb et al, 2011) that points to positive correlations between areas such as mental health issues, childhood trauma and drug/alcohol abuse with subsequent problems with relationships generally and with intimate partners in particular

5.3 The need for a different approach to education on IPV.

The participants were keen to see SVS – Living Safe taking a stronger leadership role in education regarding IPV. This education should include information on:

5.3.1 The cyclical nature of family violence.

Information about the cyclical or ongoing nature of IPV is not new information (Fincham, Cui, Gordon, Ueno, 2013). Here the participants voiced their understandings of this dynamic and their frustration with a lack of education in this area.

I see my ex-partner going from violent relationship to violent relationship to violent relationship and she's never been pulled up on it and it's around children too, my children, and I've been through a course but when I see women constantly in that cycle too I think where does it change?

But by the same token I think that there is, there's always two sides to it. Because I think the man being bigger, stronger, normally has the physical side of it but how much I wonder a woman especially for a lot of women that grew up around abuse constantly get attracted to abusive relationships.

A lot of women grow up around violence and the sadness is you see repeats of where violence is involved. You have to take ownership for yourself for your own

I'm going to look at what my issues are and try and clear that up because I'm not going to change her, that's not my job, that's her life if she wants to live that way. Since then, it took a bit of a battle but I've moved on and it's been quite a while now and it's good. In future and I've come close a couple of times because I'm attracted to women like that who have a bit of fire and I've stepped back twice since then and if I can help it I'm going to stay away from women that are like that, the ones that I'm attracted to and try and change it.

5.3.2 The need for individualised pathways in the Stopping Violence programme.

The participants were clear that they believed the 'one approach fits all' nature of the Stopping Violence group (ie. Focussing solely on men's violent act(s) not only detracted from their personal situation but also had the effect of decontextualising their experience.

I did one group session and I said there's no way I could do it because you've got five guys

in there that are completely different, they've got totally different circumstances.

*So for me, when I had to do a group session and it was just no way because I mean I had one guy in there that said he bashed his son with a f***ing shoe because he spat on the floor and he's two years old. I mean to me, given his situation in respect to my own??*

This area is explored by Kelly & Johnson (2008) who suggest that for effective intervention with IPV their need to be an appreciation of and effective response to what they describe as differing contexts of violence. Kelly and Johnson talk of:

- Coercive controlling violence.
- Violent resistance.
- Situational couple violence.
- Separation instigated violence.

Each of the above categories is different to the other and benefit from individual pathways in prevention, referral and management.

5.3.3 Learning about managing relationships and managing conflict for both genders

The participants talked about a need for a focus on managing relationships and conflict.

How much, it's maybe a good idea in regards to like we do home economics, we do all these kind of introductorys to basic living, to independence, but how much is there a focus on relationships and healthy relationships.

Because we're different, women and men are different, wired different, behave different, the political system is trying to please everybody so if every person gets a mirror out and works on themselves you'll solve the problem.

The participants believed that education in this area was vital especially in relation to managing conflict both individually and in relationships.

6. Discussion

This was a small project with a limited number of participants which took place within a distinct local environment. Therefore any attempt to generalise the findings to a wider population should be made with particular caution. Having said this, research of this type does have particular strengths. These include the credibility and authenticity of the findings. Being a purposeful sample, the participants could be, perhaps should be, considered 'expert' in their role within the project. Thus the findings should prove of considerable value to others working with similar groups of men and perhaps to men themselves.

One point, central to this project, was the willingness and enthusiasm of the men to be involved. This included their critique of the written summaries of both focus groups and the final report. Their enthusiasm to 'make a difference' was foremost in their endeavours throughout all stages of the project. A further point that was evident throughout the groups was the participants' willingness to accept responsibility for their violence. What they weren't prepared to accept was what they viewed as the refusal of others to acknowledge the context within which the violence occurred.

6.1 The effectiveness of the 'Stopping Violence' group.

Both the survey and focus groups indicated a consistent and strong support for the Stopping Violence programme. This consistency was over a wide range of participant ages and ethnicities. While the group content was commented on favourably, what was evident throughout the research process was the respect and value that the participants experienced. It was clear that respect and value were not qualities they had experienced elsewhere in contact with other services in relation to IPV.

That all but two of the thirty one participants described the group as 'life changing' is evidence of the quality and timeliness of the group as well as the facilitation. This feedback also reflects the preparedness of the men to make changes to their lives to benefit themselves and their families/whānau.

6.2 How SVS's services could be further developed.

The areas of the group where it was felt improvements could be made were related to the focus of 'one size fits all men' with the group not being asked to consider the wider contexts within which IPV occurs. This was particularly evident with the conversations around the focus on 'perpetrator/victim', a focus which did not acknowledge the relational and cyclical nature of IPV. The participants discussed the vulnerability of and need for both partners to change not just the male partner.

6.3 Strategies that would be useful in reducing the incidence of family violence in our community.

The participants in the focus groups were clear that SVS – Living Safe should develop a considerably stronger focus that encourages men (and their partners/whānau) to self refer. They believed this could be achieved by a marketing strategy built around the positive aspects that are detailed in this report. Strategies must be acceptable and 'talk to' men.

The participants were also keen to see SVS – Living Safe taking a stronger leadership role in education regarding IPV and that education should include information on:

- the cyclical nature of family violence.
- exploring differing models of how IPV is both understood and addressed.
- learning about managing relationships and managing conflict.

7. Recommendations.

7.1 SVS – Living Safe to develop a comprehensive marketing strategy.

The marketing strategy should encourage men to self- refer regarding issues with anger/violence in their relationships. This strategy should also include opportunity for couples/partners/whānau to attend as well. A variety of delivery methods both onsite and offsite, should be considered. Independent, specialised advice should be sought on implementing this strategy.

7.2 Marketing should focus on the positive areas of SVS - Living Safe's services.

Feedback from this project has identified the following key points of reference for this.

- The group is life changing.
- The benefits of both open and closed groups.
- The benefit of group participation being augmented with 1:1 support.
- The benefits of the initial interview.
- The respect shown to clients.
- The benefit of both male and female facilitators. This approach should be explored in relation to the women's group as well.

7.3 SVS – Living Safe explore the development of a range of new or redeveloped initiatives.

These could include:

- Options for individual pathways through their engagement with SVS – Living Safe.
- Groups that are inclusive of differing models of IPV.
- The option for follow-up contact.
- The availability of a group for partners/whānau. This is aimed at the partner/whānau both understanding and supporting the changes that have been made.
- Exploring collaborating with other organisations/groups in taking a leadership role in community education in the area of IPV.
- Exploring collaboration with others in further research in the area of IPV.

7.4 SVS – Living Safe should review their involvement of men, including service users, at all levels of the organisation.

This includes governance, operational elements, staff training and other activities.

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