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Professional perceptions of domestic violence: The relationship between causal explanations and views on prevention and intervention

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Professional Perceptions of Domestic Violence: The Relationship between Causal Explanations and Views on Prevention and Intervention

Rachel Ann Taylor

**A Thesis Submitted for Requirements of Completion for the Course of Master of
Criminal Justice, School of Law and Justice.**

Abstract

The 1970s saw a shift of focus by professions responding to domestic violence cases perpetrated by men towards women within Australia. Their focus was targeted at the factors that surround male perpetrators' violent behaviour. As a result, a number of alternative interventions were established based on a new understanding of domestic violence. Wider explanations have therefore led professional groups to form different angles of approach. Consequently researchers have found that perceptions towards domestic violence and the effectiveness of relevant interventions remain controversial across professions (Laing, 2002).

Based on the literature supporting the importance of consistent professional perceptions and responses towards domestic violence, the current qualitative research aimed to measure the consistency of perceptions across five Perth professional groups: Police, community-based, women's refuge, justice and health professionals (N: 39). Participant responses (from survey and interview questions) about the causal explanations of domestic violence were measured in terms of their relationship with views on effective interventions.

Consistent attitudes towards domestic violence were identified on a number of levels. All participants agreed that domestic violence is a community problem, a criminal offence and should not be tolerated. A perpetrator's socio economic status or the degree of alcohol consumption was not found to be causal explanations of domestically violent behaviour. Participants acknowledged that they are significant factors in cases, and hence conclude that these factors are a stimulus behind the violence.

The majority of participants supported psychological/feminist/sociological explanations of domestic violence, noting the following causal factors: Power and control issues (90%), cycle of violence and socialisation (72%), stress and frustration (64%), and social learning conditioning (61%). This integrated perception supports Partnership Against Domestic Violence's (2003) recently suggested reliable theories, specifically the 'Interactive Systems and Individual' theory of domestic violence. Also, with recommendations and explanations from the Best Practice Model and

Relationships Australia in that professionals in practice should base their approaches on an integrative level to meet the needs of each perpetrator (Partnerships Against Domestic Violence, 2003). The data add credibility to the organisations' argument of this model being an effective one for professionals to base their practices on.

The most inconsistent categorical explanations included patriarchy and poor communication skills (54% & 41% respectively). Common arguments included a gender societal shift both within the social and domestic sphere and the evidence of perpetrators ranging from all communicative types. These results indicate the importance of further research into these factors and domestic violence in today's community.

Participant responses were supportive with the trends in the reviewed research arguing that an integration of treatment, prevention and education measures are more effective approaches than imprisonment or fines (Ferguson, 2002; Domestic Violence Prevention Unit, 2000). The principles and approaches towards domestic violence were argued by participants to be based on the following themes: accountability, safety, equity, justice and responsibility.

The majority of participants who supported psychological, sociological and feminist explanations of domestic violence also supported relevant intervention and preventative measures to address these factors. The overall stance was a combination of short-term intervention approaches (for current cases) and long-term preventative measures (educating the youth of the next generation) so that the community will receive a more effective and thorough response.

The results conclude that in order to reach a significant shift in attitudes towards domestically violent behaviour, consistency of perceptions is essential. The findings discussed should be considered by professionals as a baseline when working with perpetrators' of domestic violence, understanding the causes of such behaviour and deciding on appropriate responses for these men.

Declaration

I declare that this thesis does not, to the best of my knowledge and belief:

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CHAPTER ONE

Professional Perceptions of Domestic Violence: The Relationship between Causal Explanations and Views on Prevention and Intervention

Background

Since the 1970s there has been a shift of focus in researching the causes of domestic violence. This was mainly due to the women's movement and legislation highlighting the seriousness of its nature and the significant amount of women being subject to this type of violence in intimate relationships (Carrington & Phillips, 2003; Laing, 2001). The direction of research has moved from an arguably limited understanding of domestic violence including medical perspective's (excessive alcohol consumption) or certain psychological explanations (mental illness or addictive behaviours) to a more in-depth analysis of male perpetrators' violent behaviour. Current theorists focus on a number of possible instigators surrounding this behaviour, including sociological, feminist and psychological explanations (Partnerships Against Domestic Violence, 2003; Laing, 2002).

Attempts at understanding domestic violence have been demonstrated to depend on the beliefs and/or theories chosen to explain domestically violent behaviour in men (Hastie, 2001). This is strongly evidenced through a range of different perceptions of and approaches to domestic violence across relevant professional groups. These groups include police, counsellors, judiciary, health and staff who work at women's refuges (Laing, 2002).

In effect there are a number of different interventions for both perpetrators and victims of domestic violence that are contingent on the theory(s) used to explain domestic violence. However, the effectiveness of certain approaches in reducing the occurrence of domestic violence remains controversial, including arguments for and against both intervention and prevention strategies and the limitations of the different levels of responses (individual, social, institutional) (Laing, 2002; Dutton, 1995).

The primary aim of this research is to discover the causal explanations about domestic violence across the five different professional groups stated above; the relationships between these perceptions and views of intervention strategies; and the consistency of the explanations across these groups. By exploring the perceptions of these participant groups, information will be obtained regarding the most prominent theoretical explanations and beliefs about violence within spousal relationships.

In order to provide a background for the current study, the literature review includes a number of issues relevant to domestic violence. The first section will discuss the definition of domestic violence, outline the prevalence of reported domestic violence incidences in Australia over the last two decades, and finally reflect on the financial and social costs of this problem.

Secondly, the review will discuss research evidence regarding the causes of domestic violence according to a number of theories that have been tested, supported and criticised extensively. These include feminist, psychological, sociological and systems theories. The researcher will also discuss a number of commonly held beliefs about why domestic violence occurs by reviewing studies on the prevalence of support and criticism across Australia.

The final section reviews research evidence regarding the belief about whether or not the community should take part in responding to domestic violence. This section also looks at the involvement of the range of services (government and non-government and volunteer) in responding to both perpetrators and victims of domestic violence. These groups differ in their responses according to three levels of intervention (individual, social or institutional) (Laing, 2002). The reviewed groups include medical, social/psychological, victim support, police and judicial services. Finally, the responses to domestic violence for perpetrators and victims (both reactive and proactive) are reviewed from a number of relevant research study results and reports.

The literature review focuses mainly on Australian secondary data (data archives), but includes discussions of research findings from the United Kingdom, United States, Canada and New Zealand (where relevant). The data archives include both government sources (statistics, reports and newspaper articles) and non-government sources (research studies and reviews), and cover the last 30 to 40 years.

Some historical data are discussed to offer a fuller picture of the development of the diverse viewpoints of domestic violence. These archives were chosen when locating secondary data as they are argued to be influential sources due to the magnitude of their research (Forcese & Richer, 1973).

Significance of the study

There are two reasons why the present study is significant. Firstly, domestic violence is a social problem. This is evidenced by its high occurrence through reported research findings (community, perpetrator and victim survey and interview data, hospital and police reports) (Carrington & Phillips, 2003; Hegarty, Hindmarsh & Gilles, 2000; Queensland Domestic Violence Taskforce, 1988). Moreover, from an incident that happens in the home, traumatic consequences can spread throughout the community. Domestic violence accrues both direct (injury, financial costs) and indirect (psychological damage) costs on a multitude of levels (Laing, 2001).

The second reason behind this research relates to the causal explanations and beliefs of domestic violence and how they may influence the way professional groups respond. For example, psychologists and counsellors are known to challenge violent behaviour at the individual level (i.e., perpetrators' violent thoughts, beliefs and addictions). From this approach it is argued that domestically violent behaviour stems from a problem within the individual (eg: cycle of violence and social learning theories) (Austin & Sootsman-Eicher, 2004; Domestic Violence Prevention Unit, 2000).

Alternatively, female staff at women's refuges adopt a feminist approach and argue that intervention at the individual level does not fully address the problem of domestic violence. According to feminist theory, domestic violence will only be responded to effectively by challenging the inequality within gender relations in society. In the last few years, much debate over whether reactive intervention approaches (responses to domestic violence cases after the incident has occurred) or proactive prevention measures (attempts to prevent violence within spousal relationships before it begins) are effective responses (Carrington & Phillips, 2003).

Professional perceptions as to why domestic violence occurs are therefore argued to be important to explore. They can determine the level of consistency of understanding why men behave violently towards their partners. By interviewing and surveying five professional groups who differ in their approaches, the data will also reveal information about the relationship between perceptions of, and responses to, domestic violence.

Purpose of the study

With domestic violence cases there are a large number of services (eg, counselling, education, imprisonment) available for men who abuse their partners. However, previous researchers and reviewers have found these interventions to be consistently in competition in terms of their effectiveness (Laing, 2002; Australian Domestic Violence Clearinghouse, 2001). This competition is argued to stem mainly from the different theoretical explanations that shape professional responses to domestic violence.

From this argument the researcher suggests that people's ways of viewing and responding to domestic violence can also be influenced by a number of beliefs prevalent in the community. These beliefs have frequently been used to explain or justify crimes in general. In particular these beliefs are evidenced in accounts with why men behave violently in relationships, and are commonly used to reduce the perpetrator's accountability for their actions (Partnerships Against Domestic Violence, 2000; Elliot, 1999). Examples include alcohol, socio-economic status, community silence or a fault on the victim's behalf. These perceptions are not only limited to the general public, but also occur within professional groups, as evidenced in Esteal's (1994) commentary:

“police, judges, doctors, lawyers, social workers...and other human service workers do not exist in isolation but inevitably reflect the beliefs of many people throughout Australia” (p. 4).

The researcher argues that these explanations as to why domestic violence occurs can influence opinions about successful intervention. To illustrate this point, medical practitioners (for example) have been known to argue that perpetrators of

domestic violence were viewed as suffering from a medical problem, such as excessive use of alcohol. Research has reinforced this with evidence that these professional responses tended to focus on this addictive behaviour as a causal explanation (for example), rather than directly and initially addressing the perpetrators' violent attitudes and behaviour (Partnerships Against Domestic Violence, 2003).

Perceptions surrounding the nature of domestic violence have grown in diversity across the professions attempting to reduce domestic violence. The researcher has formed the thesis from previously researched information gathered over recent years. Government organisations and public campaign promotions have highlighted the need for consistency in responses towards domestic violence and to consider the importance of acknowledging its complex nature (Partnerships Against Domestic Violence, 2003).

Once again, the researcher puts forward that a unified understanding about why domestic violence exists is crucial in providing a baseline for professionals to adhere to when deciding successful approaches. The growing number of explanations for, and responses to, domestic violence provide the purpose of the present study, which is to analyse the current relationship between these two factors. By exploring the relevant professionals' perceptions, this research will perhaps extend on the universality of the proposed research theories and beliefs underlying the responses to domestic violence.

Research questions

Three variables are being measured in the present study. These include participant explanations of domestic violence, the relationship between instigators and views of interventions, and the consistency of these data across the different groups. Therefore, three research questions have been put forward in order to measure these variables. The three research questions are:

1. What are the causal explanations of the selected professional groups regarding domestic violence?

2. What is the relationship between these causal reasoning's and the views of effective responses to domestic violence?
3. How consistent are participants' perceptions across different professional groups with the literature researched?

These questions will be explored through survey and interview questions (Appendices B and C respectively).

CHAPTER TWO: LITERATURE REVIEW

I. Nature of domestic violence

How domestic violence is defined is dependent on the societal views and the boundaries people place on the acceptability of certain behaviours within a spousal relationship (Esteal, 1994). In other words, definitions of domestic violence are culturally specific. According to recent researchers, domestic violence is often used in an attempt to control another to get one's own wishes fulfilled (Austin & Sootsman-Eicher, 2004; Laing & Bobic, 2002). This type of violence refers to abuse towards a married or de-facto (unmarried but living together for six months or more) partner which happens in the home (Tulloch, 1993).

Severe actions of abuse include violent actions that are highly likely to induce injury (i.e., beating, hitting, use of weapons) (Dutton, 1995). For the purpose of this research, the term violence refers to an act that is unlawful and results in negative consequences on the victim (Austin & Sootsman-Eicher, 2004). It is a simple act of power, only with intended force applied (Tulloch, 1993). These unequal relationships of power are postulated by researchers to be a common trigger of domestic violence in men (Smith, 1990).

The term 'domestic' has been argued to reduce spousal violence both in its seriousness and extent (www.swsahs.nsw.gov.au/whealth/Links.asp). The researcher acknowledges the seriousness and criminality of domestically violent behaviour. However, the study focuses on adult violence. Since family violence includes violence across all age categories, the present study identifies adult violence as this term.

The Domestic Violent Task Force (1988) stated that "behaviour does not carry its meaning engraved on its back" (p. 13). Violence can occur between partners in the home that is not classed as domestic violence. Couples may hit or slap each other on equal grounds where the "you get what you give" motto applies. Consensual hitting or slapping, therefore, is not a crime. This is not to say violence is good, it is not. For domestic violence to exist, it must involve unequal grounds of power between a

couple where the victim is afraid of being hurt (Queensland Domestic Violence Taskforce, 1988).

For the purpose of the current study, domestic violence is defined as an abuse of power in a relationship displayed by exertions of physical, verbal, sexual, psychological and emotional control. This type of behaviour is argued to repeat itself in a cycle of events, according to Walker's (1970) Cycle of Violence Model, which is also applied in the researcher's definition of domestic violence.

Survey and police reports have revealed a concern with domestic violence within the indigenous community in Western Australia (Partnerships Against Domestic Violence, 2003; Bagshaw, Chung, Couch, Lilburn & Wadham, 2000; Mugford, 1989). However, the present study's target population in analysing domestic violence involves non-indigenous domestically violent men. The researcher feels that this perpetrator group has been 'over-shadowed' compared to the vast amount of literature on non-indigenous groups. The study also acknowledges that victims of domestic violence range from all ages. Child abuse in the home is a detailed matter and holds independent legislation (Queensland Domestic Violence Taskforce, 1988).

Elderly abuse exists for the same reasons why young to middle age adults are abused, which are mainly power and control explanations (Queensland Domestic Violence Taskforce, 1988). Both types have received considerably more focus compared to spouse abuse, which is often hidden by the community for many reasons. For example, the socially accepted nature of these types of incidences including gender or 'privacy in the household' stereotypes.

Relationships where domestic violence occurs includes all types of partners, whether they be "heterosexual, gay, lesbian; living together, separated or dating" (Austin & Sootsman-Eicher, 2004, p. 1). The present study will focus on heterosexual couples who are either married or de-facto.

The rationale for exploring violence within couple relationships stems from a proposition from 'Freedom from Fear' organisation. It is strongly evidenced that over money and status, a healthy and respectful relationship of a couple is a paramount factor on influencing a person's wellbeing, happiness and quality of life (Domestic Violence Prevention Unit, 2000). Domestic violence induces damaging effects including depression, low self-esteem and self-worth, and loss of opportunities.

Spousal violence has been reported to occur in a number of forms (Partnerships Against Domestic Violence, 2003; Bagshaw & Chung, 2000; Ferrante, Morgan, Indemaur & Harding, 1996). Common types of domestic violence reported by researchers and reviewers are illustrated in Table 2.1 (for a scenario description of the five types of abuse, see Appendix D):

Table 2.1

Five commonly reported forms of domestic violence

| Physical | Verbal | Sexual | Psychological | Emotional |
|--------------------------------|------------------------------------|----------------------------|---|-------------|
| Hitting Pushing Punching | Name-calling Yelling Threats | Sexual- assault Rape | Repeatedly checking partner's location Manipulation | Criticising |

(Austin & Sootsman-Eicher, 2004, p.1).

Physical abuse is the most commonly reported type of domestic violence. A national phone-in on domestic violent incidences across Australia was conducted in the late eighties. It was discovered that 88 per cent of random reports consisted of physical violence. Thirty-six percent of these people reported this form of abuse to occur daily to weekly from their male partner (Queensland Domestic Violence Taskforce, 1988). A national survey conducted in Australia in 1996 by the Australian Bureau of Statistics aimed to measure the different forms of domestic violence that victim's reported. Twenty-three per cent of the 6300 women interviewed reported experiences of physical violence from their partner (Bagshaw & Chung, 2000).

Verbal assault includes examples mentioned in Table 2.1. This type is evident when the victim's normal functioning becomes impaired (i.e., depression, low self-esteem). Common types of verbal abuse include threats, which are placed on the victims to order them to do something. 'If you do not do this, I will hit you' is a typical type of threat that victims have reportedly received (Queensland Domestic Violence Taskforce, 1988).

Sexual assault involves any kind of forced sexual contact without partner consent (Queensland Domestic Violence Taskforce, 1988). Twenty-nine per cent of respondents in the same national survey reported sexual abuse as the type. This figure is less common than the other types due to a number of reported reasons. Sexuality largely determines one's identity as a person and when attacked in a sexual manner it can be injurious to the victim's character. One victim's response (which was common) to the taskforce reflected on this:

“Rape (would be the final) result of “Fix you, you bitch,” a kind of finality to breaking me down because he knew all else had failed” (Queensland Domestic Violence Taskforce, 1988, p. 21).

It can be reasonable to suggest from this evidence that sexual assault is less common due to other types of abuse being more readily to use. Moreover, it has been strongly evidenced in similar research that this type of assault is reported less due to feelings of shame and guilt (Austin & Sootsman-Eicher, 2004; Queensland Domestic Violence Taskforce, 1988).

Psychological and emotional assaults are usually interconnected due to the similar negative consequences that victims suffer. The Queensland Domestic Violence Taskforce's (1988) survey results found that 47 per cent of respondents reported to being emotionally and psychologically abused. Common examples of this type of abuse included responses such as “no one else would want you” and “you're no good at anything” (Queensland Domestic Violence Taskforce, 1988, p. 19). These examples have been classed as defamation of character, due to the negative types of suffering victims have reported (eg, feeling helpless, depressed, low self - worth and esteem).

Other forms of domestic violence include financial abuse, such as withholding money from the victim, controlling the entire household bills and expenditure. Social abuse, where the perpetrator isolates the victim from friends, family and support services is also commonly reported. Harassment and stalking are also included as forms of domestic violence, as these behaviours also induce unequal power relations and harmful consequences to the victim (Queensland Domestic Violence Taskforce, 1988).

However, Bagshaw and Chung (2000) argue that reported incidences of domestic violence and research results that “only include measurements” do not give any further information about the circumstances involved (p. 3). For example, what victims’ and perpetrators’ class as domestically violent behaviour. In Currie’s (1998) review on the nature and extent of domestic violence in Australia, it was found that different responses were given by male and female participants in terms of their degrees and definitions of the violence (cited in Bagshaw & Chung, 2000).

This limitation is also evidenced in the International Social Science Survey of Australia’s (1996-97) findings (cited in Bagshaw & Chung, 2000). In their study, questions were asked about domestic violence to random participants. These questions asked if participants’ had suffered forms of physical violence by their partner, including being hit by the fist or a weapon, scratched, slapped or shaken. The results showed that male participants had experienced this type of violence by their partner as did the female participants. However, the survey did not include questions about other types of domestic violence that are also reported (Bagshaw & Chung).

- The rate of its occurrence

Over the past two decades relevant research has focused on the frequency of women who have suffered domestic violence, and why this abuse has continued to occur for many years. During this time feminist movements, wife assault legislation and public awareness had increased the serious nature behind domestic violence (Dutton, 1995). Australian research in specific raised a number of issues relating to domestic violence. A study by Mouzos and Rushforth included approximately 4500 reviewed cases of homicides in Australia that were related to domestic violence incidences between 1989 and 2002 (Carrington and Phillips, 2003). Out of 129 homicides, 77 cases involved domestic violence, the victim being female in every case. From the total amount of homicides reported in Australia between the researched years, domestic violence cases made up 60 per cent (Carrington & Phillips, 2003).

The Health Department of Western Australia (1998) reported that approximately fifty per cent of the population of Australia knows a perpetrator or is a victim of

domestic violence. This figure has been consistent for a decade. The Public Policy Research Centre (1988) surveyed Australian community attitudes on domestic violence. Results indicated that 49 per cent of participants' responded to personally knowing a victim or perpetrator of domestic violence (Queensland Domestic Violence Taskforce, 1988). In Western Australia, the Women's Health Association (n.d.) discovered that 95 per cent of police reports involving domestic violence were female victims. This figure was consistent with research conducted more than a decade ago by the Crime Research Centre of University of Western Australia (1994).

The Health Department of Western Australia (1998) and other examiners have made inquiries into hospital and police reports involving cases of domestic violence (Hegarty, Hindmarsh & Gilles, 2000). The results showed that one woman out of every three to five suffer from domestic violence in reported assault incidents. For families across Australia, domestic violence is prevalent in one-third (Health Department of WA, 1998). In Australia, every year over 20,000 women resort to women's refuges due to domestic violence (Hegarty, Hindmarsh & Giles, 2000).

In the late 1980s the Public Policy Research Centre conducted a community-attitude survey in Australia on domestic violence. Results revealed that 89 per cent of the adult participants viewed violent behaviour within spousal relationships to be mainly committed by men (Queensland Domestic Violence Taskforce, 1988). This result is compatible with the research up to date (Ferrante, Morgan, Indemaur & Harding, 1996; Crime Research Centre, 1994).

Although these research results reveal similar trends in domestic violence occurrences, the true rate is difficult to define. Surveys using different target audiences, quantitative measurements and designs are going to yield different results. Criticisms from a criminal justice perspective (for example) can be considered in reviewing the validity and reliability of survey data (Bagshaw & Chung, 2000). Survey's that are conducted randomly and do not include reported domestic violence cases by hospitals or police cannot be considered as accurate records of domestic violence in Australia.

- Costs of domestic violence

The notable and prevalent rate of domestic violence occurrences within Australia creates many costs that are both clear-cut and not so clear or explicit. Direct costs resulting from domestic violence are the tangible costs that are more visible to detect (eg, police, refuge and medical services) (Laing, 2001). The financial costs are mainly beared by the government through funding for education, counselling, treatment and support agencies relevant to domestic violence. The total annual cost of its occurrence in Australia exceeds billions of dollars (Laing, 2001).

The indirect costs include the social and emotional consequences from spousal abuse. This may include depression, low self-esteem, and discrimination (Laing, 2001). These costs affect a wide range of groups, including the victims and their children, neighbours, friends and the community as a whole (Queensland Domestic Violence Taskforce, 1988).

For example, a woman who leaves her home due to domestic violence may have to rely on a single income and full living expenses. For the community, income taxes increase to help bear the costs associated with attempts to reduce domestic violence occurrences (services, welfare and accommodation costs for example). In addition, domestic violence decreases a community's quality of living, teaching children wrong ways of behaving, consequently influencing their chances to set future adult role models for the next generation. This significant cost placed on the government and the community highlights the seriousness of domestic violence and the need for its occurrence to be reduced.

The next section examines the causes of, and beliefs about domestic violence, the range of responses and beliefs about how domestic violence should be handled. The review will look at exactly what evidence there is to these causes and beliefs, and the areas that lack supporting information.

II. Causes of domestic violence

Theories

A number of diverse theoretical frameworks have been adopted amongst professions dealing with cases of domestic violence. Gelles (1993b) provides a description of these frameworks:

“Theoretical frameworks define where we should look if we want to make sense of violence and hence where we should intervene if we want to stop it. The psychological, sociological, feminist frameworks are competing ways to conceptualise the behaviours involved in family violence; each viewpoint provides a way to place the phenomenon of violence in a larger frame of meaning” (Gelles, 1993b, p. 1; cited in National Crime Prevention, 2003).

This section offers a comprehensive review of a number of theories that have been recognised within Australia in an attempt to explain violence within intimate relationships. According to Turner (1991), theories form the foundations that help to analyse phenomenon in order to establish the instigators that cause things to occur or the way people behave (for example) (cited in Hastie, 2001). The following theories explain domestic violence according to three levels of focus: Individual, societal and systems theories.

Psychological theories: An individual focus

From a psychological perspective, domestic violence was initially predominantly viewed as a medical problem, suggesting that abusive men had some sort of illness that were causing them to behave violently towards their partners (eg, excessive use of alcohol). This view inevitably reduced the men’s accountability for their abusive behaviour, not reducing or stopping the cause, however (Partnerships Against Domestic Violence, 2003).

Researchers have found that psychological theories do not account for all acts of domestic violence committed by men. The Domestic Violence Prevention Unit (2000), for example, found that there are a large group of domestically violent men

who do not show signs of violent behaviour in other social contexts (eg, workplace, community events).

Other research results reveal that domestic violence can occur in males with a normal state of mind or with no associations with addictive behaviours (eg: Hastie, 2001; Esteal, 1994, & McGregor, 1990). This evidence has led researchers to suggest that the insignificant degree to which perpetrators' of domestic violence show signs of a personality disorder questions the credibility of these theories. Nevertheless, psychologists have explored violent behaviour in men in intimate relationships since domestic violence publicly came about in the sixties.

Social Learning Theory

Amongst the psychological theories that have been tested, one theory has been consistently supported in explaining cases of domestic violence. This theory is known as 'Social Learning Theory' (Domestic Violence Prevention Unit, 2000; Partnerships Against Domestic Violence, 2000; Department of Justice Correctional Services, 1998; Bandura, 1973).

According to this theory, it is assumed that human behaviour can be explained by observing and imitating others in order to receive rewards or to avoid punishments (Moghaddam, 1998). With regards to domestic violence, violent behaviour is learned in childhood by receiving readily available messages through observing behaviours of parents, fictional heroes on television, or violent people in the public who achieve power and control through behaving violently.

The child may internalise violent behaviour to be a normal behaviour in terms of achieving control. They in turn may have this perception when in adult relationships and believe this abusive behaviour to be a rightful means of obtaining control. This "intergenerational transmission of domestic violence" has been tested on Australian community samples and on the average, eighty per cent of participants have been from an abusive family (Queensland Domestic Violence Taskforce, 1988, p. 37).

Straus, Gelles and Steinmetz studied over two thousand American families' childhood experiences in 1980. Based on their results, the researchers put forward that

men who experienced or observed domestic violence in their childhood were estimated to be six times more at risk to abuse their partners compared to men who were not previously exposed to domestic violence (Queensland Domestic Violence Taskforce, 1988). Hamberger and Renzetti (1996) explained that “Social Learning Theory suggests that violence is a way of coping one learns through observation and experience” (p. 81).

Dowling (1999) reduces the credibility of this argument by adding that there are still a notable proportion of adults abused as children who are not abusive to their own family. From this evidence it is concluded that adults who have been or have witnessed abuse as a child, their way of behaving towards others is not exactly a case of a no win situation, although the experience can invite difficulties in maintaining intimate relationships.

The Domestic Violence Prevention Unit (2000) claims that this explanation is insufficient too. It is argued that one aspect this theory fails to elucidate is “when abused girls are also considered, the majority of abused children do not go on to become abusers” (p. 3). Although psychological theories have failed to account for certain groups of domestically violent men, due to the notable amount of research supporting this theory, its credibility remains prevalent (Partnerships Against Domestic Violence, 2003).

Moreover, Wilson (1998) claims that “criminologists, psychologists and others now identify definite links between violence witnessed in any form and that perpetuated by either gender in the younger generations” (cited in Hastie, 2001, p. 16). This and other supporting evidence discussed strengthen the consistency and stability of this theory when explaining domestically violent behaviour in men.

Cycle of Violence Theory

Walker’s (1970) ‘Cyclic Model of Violence’ purports that there are four stages in violent behaviour (Austin & Sootsman-Eicher, 2004). Whilst working with victims of abuse, in analysing the observations Walker discovered predominant trends of violence reported by these victims. According to the model, violence is elevated at the

'Tension Building' stage where negative emotions in the perpetrator elevate (including anger & frustration).

Communication between the perpetrator and partner starts to become confusing, irrational and usually hurtful. When the perpetrator becomes angry, their thoughts are usually one-sided and often find it difficult to reflectively listen due to an overload of emotions. At this stage the victim feels nervous towards their violent partner and as the model suggests, the victims "feel like they are walking on eggshells" (Austin & Sootsman-Eicher, 2004, p. 1).

The next stage is the actual 'incident' where the domestically violent act or acts occur. Once again, this can occur under any of the five forms of domestic violence (refer to Table 2.1) (Austin & Sootsman-Eicher, 2004). The third stage, known as 'making-up' stage, includes the perpetrator expressing regret for their violent actions; verbal commitments to be calm are also omitted. Blaming the victim or denying the incident ever occurred is also usually common (Austin & Sootsman-Eicher, 2004). The final stage is known as the 'calm' stage. During this stage, no abuse is occurring and commitments of stopping may be upheld. The victim may also be bought gifts as a result of the perpetrators' guilt (Austin & Sootsman-Eicher, 2004).

It is crucial to note that the cycle differs for each perpetrator in relation to the time length of the overall abuse and the time length of each stage. The 'Cycle of Violence Model' also stresses that the process can be inconsistent, claiming that it is not uncommon for the perpetrator to stay continually in the 'tension' and 'incident' stages (common after a substantial period of time). In addition, the stages of 'making-up' with the victim and being 'calm' about the situation usually diminish over time (Austin & Sootsman-Eicher, 2004).

Although this cycle is evidenced within the victim's descriptions, the theory is limited in its applicability as no interventions have been offered to this theory explaining domestic violence (Hastie, 2001). Secondly, it is limited in its focus of only explaining the dynamics and events of the process of conflict within intimate relationships. Finally, the theory does not account for and individual (i.e., typology's of and instigators behind domestically violent behaviour in men) or external (i.e., socially acquired behaviours) (Hastie, 2001).

The social theories of domestic violence

Feminist Theory

In the late sixties, domestic violence was brought noticeably into the public's awareness. Since then there has been a vast amount of feminist perspective's influencing Australian research specific to domestic violence (Rathus, 1996; Scutt, 1994; Styles, 1991, cited in Hastie, 2001; Murray, 2002). Along with social theories, feminist explanations also partially came about in order to challenge limitations of psychological theories in that domestic violence is a rare event specific to males with a psychological disorder or addictive behaviours (Dutton, 1995).

Feminists played a notable part in this role of awareness raising by focusing on women and their position within the domestic and public sphere. Results of many studies concerning the role of women in society have led to researchers supporting feminist theories of male behaviour towards women in both spheres (Melville, 1994; Esteal, 1994; Murray, 2002).

Partnerships Against Domestic Violence (2003) conducted a meta-evaluation on the issue of domestic violence. According to feminist theory, with conflicts in general, particularly with domestic violence cases, violent behaviour is influenced by gender types. Subsequently, violent behaviour in men towards their partners occurs due to the way in which males are socialised to behave in certain ways (aggressive, competitive, powerful and masculine). Partnerships Against Domestic Violence (2003) put forward the argument:

“(that) structural power differentials between males and females and how these are played out at the level of intimate relationships where men abuse power to maintain control over women” (p. 27).

Moreover, these acceptable positions of power by society are argued to also filter into the family sphere (Healey, 1998). Feminists argue that society expects men to be ‘head of the household’ in terms of earning and controlling the family income, directing decisions and authority. By societal reinforcement of these beliefs the use of violent behaviour to control women in relationships is legitimised (Healey, 1998, p. 13). According to the feminist model, this imbalance of power within gender

relationships is supported through socialisation influences. This is summarised by Melville as:

“beliefs and attitudes, structures and processes in society maintain and support abusive practices towards women (patriarchy)” (p. 75).

Melville (1994) is explaining here the social formation of ascribed tendencies between males and females (competitiveness, aggressiveness, nurturing and caring respectively). This is evidenced amongst typical gender distinguished roles, such as sport and managerial roles for men and domestic (nurturing, rearing) duties for women (Estel, 1994).

However, the theories that feminist groups base their assumptions on only reflect part of the story of domestic violence. It fails to account for the men who are not abusive at all in a relationship with their female partners. In addition, researchers have also acknowledged that women can be abusive within homosexual relationships (lesbian couples) which again challenges the feminist premise in terms of men behaving dominantly over women (Domestic Violence Prevention Unit, 2000; Bologna, Waterman & Dawson, 1987, cited in Dutton, 1995).

In rebuttal, Dutton (1995) states that it “can be argued that lesbians adopt the values of patriarchal culture and that a dominance-submissive relationship may exist whereby the functional male (the dominant member) is the abuser” (p.38). Moreover, the credibility of this theory is evidenced by the continual acceptance across a number of professional groups in explaining domestically violent behaviour in men (Dutton, 1995).

Sociological Theory

Sociologists in general attempt to study society and its structure and the way in which people are influenced to behave according to such (Willis, 1999). Sociological theories of domestic violence assume that men behave violently in relationships as a response to stress from environmental factors. These influences include unemployment and class structure for example. Partnerships Against Domestic Violence (2003) have extended on the assumptions of this theory in their comments:

“Social stress (producing frustration) and socialisation (which condones the use of violence) are singled out as the two main factors producing an environment conducive to the use of violence...men are under great pressure in the modern world and that women’s striving for equality has somewhat displaced men’s sense of identity” (p. 26).

Wheaton (1999) defines stress “as occurring when demands from the environment exceed the individual’s ability and resources to cope with these demands” (p. 234, cited in Umberson, Anderson, Williams & Chen, 2003). The Queensland Domestic Violence’s findings of a random phone-in study revealed that only 15 per cent of the participants perceived stress to be a core trigger in the abuse. Instead, participants reported individual characteristics as more determinable instigators for the perpetrators’ violent behaviour, including low self-esteem and a tendency to lose control. Moreover, the abusive male partner holding a belief of having a right to control and dominate their partner was typically reported by respondents as a cause (Queensland Domestic Violence Taskforce, 1988).

Stress from the workplace is a commonly reported belief used to explain domestically violent behaviour. Although work related stress adds to the possibility of domestic violence occurring, it is not a sufficient explanation. Not all employed people abuse their partners. Those who do have justified their actions and perceive their violence to be a coping mechanism to reduce their stress. The Queensland Domestic Violence Taskforce (1988) argue that if these factors were directly causative, then the work peers would also cop the abuse.

The Public Policy Research Centre (1987) conducted a survey measuring Australian attitudes aiming to discover what the public at the time perceived to be the possible causes of domestic violence (Mugford, 1989). Three types of pressures were identified under social and individual (perpetrator) characteristics. Social issues included unemployment and money problems. Relationship pressures included the perpetrator holding high expectations of their partner, holding sexist or jealous thoughts towards their partner. Individual pressures included alcohol problems and/or the perpetrator finding difficulty to express their emotions or to maintain their anger bursts (Mugford, 1989).

Nevertheless, the adequacy of this theory is challenged by a number of critiques. In terms of a person’s financial status, domestic violence incidences are not

class specific; cases are reported from across all socio-economic levels (discussed in more detail in the next section) (Scutt, 1980). In addition, research has shown that perpetrators' of domestic violence do not display violent behaviour in other contexts such as in social events or the workplace, highlighting that the choice of men to behave violently is evident (Partnerships Against Domestic Violence, 2003; Queensland Domestic Violence Taskforce, 1988).

Systems theories

Systems theory claims that domestically violent behaviour is not due to one sole factor. Instead, this behaviour is caused by a number of factors including individual features and socialisation of violence within the community (Hastie, 2001). According to this theory, socially acquired behaviours or individual instigators of domestic violence are not sufficient on their own to generally account for abusive behaviour in men. In conclusion, Hastie (2001) claims that this angle of explaining their behaviour “opposes simple cause and effect explanations suggesting that any number of variants within a system occur to create a single effect” (p. 16).

‘Interactive Systems and Individuals’ Theory

Partnerships Against Domestic Violence (2003) recently reported of a systematic theoretical model to explain domestic violence occurrences. Their theory consists of an integration of psychological and feminist explanations to account for domestically violent behaviour in men across Western Australia. Partnerships Against Domestic Violence (2003) have claimed that the interactive model (psychological and feminist explanations) and sociological theories to be “a valid foundation for working with men on their relationships and in perpetrator programs” (p. 28). What is essentially needed is a consistent agreement across professional groups as to why these men behave the way they do.

Partnerships Against Domestic Violence (2003) suggest the appropriate way to achieve this is for professionals to adopt the recently proposed systems theoretical model when explaining, preventing and responding to domestic violence. This may

enable professions to achieve an integral and effective approach towards reducing domestic violence occurrences. By exploring a range of relevant selected professional's perceptions towards domestic violence, the selected professional participants' responses may shed light on just how consistent perceptions are within and across the selected groups across Perth.

Beliefs

Furnham (1988) argued that people arrive at explanations for phenomena in order to understand the social and physical aspects of their lives. Explanations become accepted as widespread beliefs when the cause of the phenomenon continues to be approved. Two components of successful beliefs include stability and consistency; under different circumstances beliefs must resemble in their results and to have occurred over a considerable period of time (Furnham, 1988).

A vast amount of psychological research has attempted to measure the link between people's beliefs about phenomena and their behaviour towards it (Furnham, 1988; Bandura, 1973). Consistent research results put forward that although the relationship is complicated with many different factors in play, predictions are possible and are directly dependent on consistency and stability (Furnham, 1988).

The Health Department of Western Australia (2002) proposed that beliefs serve to protect the perpetrator from their violent actions. Also, the influence of these beliefs "on the survivor will affect how s/he copes with the assaults, the support they receive from family and friends and the quality of service delivery if they choose to seek assistance" (www.health.wa.gov.au), p. 18).

Qualitative research studies conducted during the past two decades have indicated that there are a number of common beliefs in the Australian community that are used to account for or sustain the occurrence of domestic violence (Smith, 1990; Scutt, 1980). These beliefs surround a wide range of important issues of domestic violence, including opinions about the characteristics of both perpetrators and victims, and social influences (class). In addition, views about whether or not the community should support the treatment of perpetrators (Healey, 1998).

- Socio-economic influences:

The belief that 'domestic violence only occurs in families who live in poor areas of the community' has been researched extensively across Australia. O'Donnell and Saville's (1979) research on the relationship between unemployment and domestic violence revealed interesting findings. Twenty-six respondents (18%) of their study were found to be unemployed. This greatly exceeded the national unemployment rate at the time (7%) (Scutt, 1980).

O'Donnell and Craney (1982) conducted further research on families' class position and domestic violence. Unemployment was again commonly found amongst abusive relationships in both perpetrator and victim reports. The term 'class' related to the type of job the participants were in. Letters A and B represented the 'bourgeoisie' or managerial and professional workers categories (respectively). Class C included the 'proletariats', or the working class, consisting of tradesmen and salesmen, class D represented the unskilled.

Although cases of domestic violence were more frequently reported within the lower classes, (C & D), abusive behaviour occurred noticeably throughout all classes. In addition, the unemployed and the tradesmen tended to be over-represented due to most data being collected from domestic violent agencies in the lower socio-economic areas. The researchers suggested that these pressures and the economic and social problems that are included in being unemployed are likely to aggravate incidences of domestic violence, but are neither sufficient nor necessary to fully account for all types of domestic violence cases.

Other researchers have attempted to discover the relationship between domestic violence and socio-economic status (Straus, Gelles & Steinmetz, 1980; Schulman, 1979, cited in Queensland Domestic Violence Taskforce, 1988). Although survey and interview results revealed higher frequency of domestic violence in the lower class groups, there were no significant differences between all tested class groups. Schulman (1979) found the following differences between classes at the time of average income levels for women:

Table 2.2

Frequency of reported domestic violence cases between cases:

| Class | Income Level | Frequency |
|--------|-------------------|-----------|
| Low | Below \$15,000 | 11 % |
| Middle | \$15,000-\$24,999 | 10 % |
| High | Above \$25,000 | 8 % |

(Schulman, 1979, p. 47)

Schulman's (1979) research is an example of many studies on class and domestic violence that add weight to the argument that domestic violence sees no socio-economic boundaries. Researchers who have focused on family class and abuse still argue that at the end of the day, the choice rests entirely on the perpetrator on how they deal or cope with these external influences (O'Donnell & Craney, 1982).

A report from the Health Department of West Australia (2002) found that this belief was supported by some areas of society on a claim that the poor are seen to be more dependent on receiving government payments and assistance from public support agencies. From this, it is falsely believed by many that something negative must be happening behind these people's closed doors to be in need of such a level of support (www.health.wa.gov.au).

Precedent research found that mainly lower-class participants couldn't afford medical attention or sufficient health-care services (O'Donnell & Craney, 1979). It was also discovered that these participants rely on free public services more frequently, such as refuges, police and welfare, where signs of abuse are more likely to be reported. Hence the poorer population are inevitably going to be continually over-represented in domestic violence research.

The reasons behind under-reporting of domestic violence in the middle to upper classes in Schulman's (1979) research may account for the differences in numbers in the groups. Women in these upper classes may possibly be able to afford

private services, including counsellors, psychiatrists and psychologists where patient confidentiality is adhered. The higher chance of these women being partnered with a lawyer, doctor or law officer may intimidate the victim from seeking help.

They may possibly feel threatened or believe that their partners are involved and are aware of the processes that occur within the criminal justice system. The high importance of privacy amongst these classes inhibits people becoming involved in their neighbours issues. To increase public awareness that this behaviour is not normal and not acceptable is a suggestion that can perhaps unlock the privacy of this behaviour (Esteal, 1994).

Although not significant, the research findings discussed on discovering a reasonable amount of domestic violence occurrences across low socio-economic areas are important to explore. By studying perceptions about socio-economic influences across different professional groups may possibly yield information to assist in understanding this factor and domestically violent behaviour in men.

- Alcohol and domestic violence

It was estimated by the Office of the Status of Women (1988) that out of the total Australian population, approximately eighty per cent are convinced that domestic violent behaviour is solely due to excessive alcohol consumption by men (www.swahs.nsw.gov.au/whealth/Links.asp). This factor has been argued to be an associative one in domestic violence cases as it may very well trigger a person to behave violently towards their partner. In addition, due to its disinhibiting properties, alcohol may contribute to the severity of the abuse. The majority of relevant research assessments on relevant police reports claim that approximately half of domestic violence cases report the perpetrator being intoxicated by alcohol (Queensland Domestic Violence Taskforce, 1988; Australian Bureau of Statistics, 2006).

However there has been no sufficient evidence to claim that alcohol directly causes the perpetrator to abuse their partner (Austin & Sootsman-Eicher, 2004; Department for Education & Children's Services, 1997; Esteal, 1994). Comments from a victim submission to the Queensland Domestic Violence Taskforce (1988), for example, further confirms this:

“Alcohol played a big part of the violence but he did not need to be drunk to hit me” (p. 39).

McGregor (1990) and Esteal (1994) noted that although victim reported violent acts by intoxicated partners occur, it is commonly reported by victims that their partner gets frequently drunk anyway, and there are still many reported incidents of domestic violence where the perpetrator has not consumed any alcohol. They also put forward that there are alcohol dependents who drink excessively both in and out of the household who are not violent towards their partners.

Nevertheless, McGregor (1990) claims judges’ decision making in a domestic violence case can be influenced by whether or not the violent male partner was intoxicated. The defendant is seen as less responsible for their actions, which has often excused perpetrators’ of being convicted (McGregor, 1990). Renvoize (1978) suggested that alcoholics were viewed as having an illness, which again may portray abusive men when intoxicated, as less culpable for their violent behaviour. A number of associations oppose this belief offering a number of arguments against alcohol as a cause. Freedom from Fear is a government organisation aimed at preventing the occurrence of domestic violence in Australia. They report of a typical response towards the alcohol belief:

“for the abuse to occur, the perpetrator will hold attitudes and beliefs about the acceptability of being violent regardless of whether or not they are drunk” (www.freedomfromfear.wa.gov.au).

The Queensland Domestic Violence Taskforce (1988) argued that in some circles of Australian culture, drinking excessive alcohol ‘proves’ a person’s masculinity where their aggressive tendencies are more likely to be tolerated. Researchers often report that a number of abusive men drink alcohol to prepare them, to “gain ‘Dutch courage’, to act upon their intentions” (Queensland Domestic Violence Taskforce, 1988, p. 40).

The assumption that alcohol consumption causes domestically violent behaviour in men leaves many in a regressed spiral of research (O’Donnell & Craney, 1982). Documented research argues that this assumption creates a diversion from the

real cause: the perpetrators choice to behave violently and believing that violence is a normal and an accepted way of gaining control over their partner (www.freedomfromfear.wa.gov.au). Nevertheless, the notable occurrence of alcohol consumption in reported domestic violence cases should not be ignored.

- Characteristics of perpetrators

Over the past twenty years researchers have attempted to describe the characteristics of domestically violent men. The Queensland Domestic Violence Taskforce (1988) provided a meta-analysis report of reviews on domestic violence cases. From the literature reviewed, male perpetrators tend to show a trend of characteristics. The majority commits assault in the home, and hence the few who do commit violence generally can only be argued to be mentally ill.

With regards to mental illness, Austin and Sootsman-Eicher (2000) report that domestic violence only happens at home in private. Also, most detections of physical abuse (eg, bruises, cuts) are usually inflicted in places on the victims' body that are normally hidden by clothing. Therefore, perpetrators' of domestic violence intend to hit in certain places, whereas a mentally ill person with violent tendencies are argued to act violent uncontrollably, regardless of the area of infliction (Austin & Sootsman-Eicher, 2004).

Renvoize (1978) commented on a case of a victim who limps when she tries to walk, as her partner repeatedly kicked her ankle so the bruising would not show or be an obvious sign of abuse, such as a blow across the victim's face. The author also reported that "other men attack the skull or the ears, so that any bruising will be hidden under the hair, or they attack areas normally clothed" (p. 33).

The West Australian Health Department (2002) extended on this debate purporting that domestic violence is within the control of the perpetrator, although it may not seem like it when victims commonly report of irrational outbursts from their partner. The report gives evidence in the comments: "violence is also frequently premeditated although it may seem to the survivor to happen out of the blue" (www.health.wa.gov.au, p. 20).

Moreover, if a person were suffering a condition of mental illness, due to their violent tendencies being uncontrollable and inconsistent, such violence would not happen just behind closed doors of the home. The violence would also be highly possibly exerted in public or in the workplace, for example. Finally, the Women's Health Care Association argue that domestically violent men have been found to only behave abusively in the home, and that "domestic violence is too widespread to be caused by mental illness" (Austin & Sootsman-Eicher, 2004, p. 2).

The Queensland Domestic Violence Taskforce (1988) claimed that of general instigators of domestically violent behaviour, perpetrators' were typically found to possess power and control issues towards their partner. Almost a decade later, Dutton's (1995) meta-analysis review found this trait also related with this type of behaviour in men.

'Power and control' issues meaning "men who satisfy their need for power through having an impact on, or control over, another person" (Dutton, 1995, p. 65). Both researcher and others concluded from both quantitative (anova's) and qualitative (survey) evidence that the need to control their partners reflects a high dependency and jealous nature of the perpetrator.

Researchers have reported relatively low impulse control and poor communication skills with male perpetrators' of domestic violence (Ward, 1999; Healey, 1998; Queensland Domestic Violence Taskforce, 1988). Tillett (1999) describes 'effective communication' as a person who clearly states how and what they feel to the person receiving the message. The receiver must be able to hear and understand what the speaker is trying to say.

Tillett states "to be effective, communication should involve motivation to communicate, effective disclosure, clear, precise messages, assertiveness, clarity of thought and language, empathy (and) effective listening" (p. 42). A person who does not possess these characteristics in resolving conflict within relationships is assumed to have a poor level of communication skills.

Research has found that perpetrators' of domestic violence communicate aggressively towards their partners in the form of yelling, criticising, and manipulating (for example) (Ward, 1999; Dutton, 1995; Queensland Domestic Violence Taskforce, 1988). These aggressive forms, according to Tillett's (1999)

definition, are not effective ways of communicating. Researchers also report perpetrators to deny or minimise their abusive behaviour. Reasons included feelings of shame of what they did, cannot recall all the details due to being in a 'fit of rage' or perhaps just to avoid the legal consequences (Queensland Domestic Violent Taskforce, 1988).

Although definitive groups of perpetrators have been difficult to clearly distinguish, Gondolf's (1985) research is an example of an attempt to discover typologies of these men (Queensland Domestic Violent Taskforce, 1988). From Gondolf's research on domestic violence cases, two categories of male perpetrators were defined.

The first, known as the 'oppressors', are argued to behave violently towards their partners due to the socially accepted belief of the man being superior to the woman and therefore feel they have a right to control them. The second group, commonly referred to as the 'angry' group have difficulty communicating and therefore 'lash out' in anger from their frustration (Queensland Domestic Violent Taskforce, 1988).

More recently, Romans, Poore and Martin (2000) have put forward three subcategories in an attempt to describe domestically violent men:

- "*Cyclically emotional volatile perpetrator.*" This group type is dependent on being with their partner emotionally and physically. When tension build's, it usually starts from psychological abuse, leading to aggressive behaviour. The cycle usually ends with the perpetrator feeling remorseful until the tension starts again.
- "*Over-controlled perpetrator.*" The perpetrator controls the partner both physically and psychologically. However, other forms of control are usually apparent including verbal, sexual, and emotional abuse.
- "*Psychopathic perpetrator.*" This type usually possesses symptoms of psychopathy including an absence of feelings or emotions of guilt of the abuse they have inflicted on their partner.

Other researchers have recently analysed violent behaviour within intimate relationships. Babcock, Costa, Green and Eckhardt (2004) for example found three similar typology's based on a 'Proximal Antecedents to Violent Episodes' scale:

“Violence to Control (1), Violence out of Jealousy (2) and Violence Following Verbal Abuse (3)” (Babcock, Costa, Green and Eckhardt, 2004, p. 433).

This comparison scale was designed according to previously reported incidents of domestic violence. The trends depicted in the frequency of reports were formed into scaled questions, which ranked respondents’ feelings, attitudes and conflict problem-solving skills when dealing with violent behaviour.

These participants showed high consistency (internal) with one and two ‘batterer subtypes’, but not with type three. However, this recently scaled instrument requires further measurement in more general contexts of violence in order to compare findings with this specific type of violence. This, in turn, would possibly detect significant differences between domestically violent and general violent offender groups (Babcock, Costa, Green and Eckhardt, 2004).

In summary, although certain characteristic trends and subcategories have been suggested, every perpetrator of domestic violence will “differ both in terms of what aversive stimuli trigger their violence and how they rationalise it” (Dutton, 1995, p. 120). As discussed, certain types of perpetrators’ also suggest certain intervention alternatives, possibly raising conflicts of interest with how domestic violence is understood and approached.

What is therefore needed to achieve the most effect in reducing violent behaviour in these men is a consistent perception across professions in understanding, responding to and preventing domestic violence (Partnerships against Domestic Violence, 2003). Acknowledgment and consideration of the multi-layered nature of domestic violence and the competing typology’s surrounding this issue will possibly increase the level of understanding of why violence occurs in spousal relationships.

- Victim characteristics

Although male violent perpetrators’ and members of the community may account for domestic violence occurrences on the victim’s behalf, researchers have highlighted that abusing a person can never be justified by any reason given for it. McCue (1995), for example, argued that violence is not condoned in schools, the

workplace or the public in general. It should therefore not be accepted in the home, which is seen as the foundation for learning morals, communication, safety and respect.

As previously discussed, Freedom from Fear is an organisation that promotes public awareness of domestic violence (Domestic Violence Prevention Unit, 2000). One part of their research involved studying four men's stories of changing their behaviour. These men described feeling aggressive and angry at times when the partner was not there, suggesting that their anger was already inherent, not through the provocation or a fault of the victim (Domestic Violence Prevention Unit, 2000).

Historical analyses suggest a notable degree of acceptance towards certain types of behaviour within domestic relationships. During the 19th Century, for example, the common law of England claimed that "a man could discipline his wife by hitting her with any reasonable instrument not thicker than his thumb" (Department for Education & Children's Services, 1997). In the 1970s, many thought there was nothing wrong with hitting or slapping their female partner (Mihalic & Elliott, 1997).

This outward-blaming attitude remained just under two decades later. The Queensland Domestic Violence Taskforce (1988) conducted a community survey on perceptions towards domestic violence (N: 1504). Nineteen per cent supported the use of physical violence by a man towards his spouse in some situations. Surprisingly of these respondents, the female participants almost equalled male participant responses towards this attitude (17 per cent and 22 per cent respectively).

Mihalic and Elliott (1997) compared data from a National Youth Survey on participants' classification of domestic violence under two levels: marital violence and criminal behaviour. Results suggested that a large number of people do not define or class domestic violence as an unlawful act. From reviewing data during the last three decades, the researchers suggested that "acts of violence within the family have been historically tolerated by our society" (p. 293).

A few years later a number of public awareness campaigns for domestic violence were launched across Australia ('Say no to violence', 'Break the Silence'). Five thousand young Australian survey respondents (12-20 yrs) agreed that violence is wrong. However, out of every twenty, one participant believed it to be normal when

a partner is forced to have sex or when slapping or punching one another is frequent (Partnerships Against Domestic Violence, 2000). This highlights a degree of tolerance towards certain types of abusive behaviour across a noticeable proportion of the Australian community.

Smith (1990) claimed that many domestic violence experiences reported by women have found that a lot believe they have failed in fulfilling the role of being a wife, consequently being abused by their partner (Smith, 1990). Walker (1978) argued that these perceptions are defined according to a concept referred to 'learned helplessness', a symptom of the battered wives syndrome (Smith, 1990). Walker states: "once the women are operating from a belief in helplessness, the perception becomes reality and they become passive, submissive, helpless" (Smith, 1990, p. 19).

Barnett and LaViolette (1993) further researched this notion of 'learned helplessness'. From their results, they concluded that a woman's purpose and identity is dependent on her household and partner's needs. Consequently, this dependence may attribute the woman believing that her partner's violence may be due to her failure in these fulfilments, instead of being an irrational outburst of control by their partner. These explanations of women who rationalise their partner's violence perhaps account for the construction of this belief.

Another concept, referred to as 'nagging' was noted almost two decades ago in survey and interview reports to be a causal suggestion held by some Australians when explaining domestic violence occurrences (Queensland Domestic Violence Taskforce, 1988). The term 'nagging' is defined as a problem solving resort used by victims who are in an inferior position to the male perpetrator. The victim believes that their desired outcome cannot be made by their actions alone. The solution may only be achieved by asking the other partner for help (Queensland Domestic Violence Taskforce, 1988).

However, Dobash and Dobash (1979) argue that battered wives adopt a pattern of submissive and over-compliant behaviour, one who is commonly withdrawn and hence are the least likely to nag their partners (Queensland Domestic Violence Taskforce, 1988). Nevertheless, violence should not be the approach to deal with nagging.

The Public Policy Research Centre (1987) conducted one of the first studies using surveys to gauge the level of consistency of Australian community attitudes towards domestic violence (Mugford, 1989). Using “a checklist of possible behaviours which might constitute domestic violence”, the survey consisted of different types of domestically violent behaviour including physical, verbal, emotional and sexual (p. 2). Although almost half of the respondents displayed a fair understanding of what constitutes domestic violence, 26 per cent of respondents thought that men who threaten or frighten their partners were not examples of domestically violent behaviour. This result reflected at that time a level of concern towards the disparity within community attitudes and their opinions of what defines a domestically violent act.

The Office of Status of Women (1988) reported of a common Australian attitude towards domestically violent behaviour in men. When violence occurs in the home, it is not as harmful as out in public. The term ‘domestic’ itself has socially ‘tamed’ the meaning of spousal violence. It has been frequently associated with family relations within the home (Readers Digest, 2001). Hence reports of ‘she must have deserved it’ are commonly heard. (www.swsahs.nsw.gov.au/whealth/Links.asp)

Research on public community attitudes regarding domestic violence have discovered that another reason for viewing its nature as trivial possibly stems from the belief that if things were that bad, the woman could just leave. However, the highest risk of a partner being abused is in their attempt to leave or after a successful escape (Austin & Sootsman-Eicher, 2004; Department for Education & Children’s Services, 1997). Esteal (1993), Keys Young (1993) and Wallace (1986) have also found this premise to be true (www.health.wa.gov.au).

Why do women stay? The Queensland Domestic Violence Taskforce (1988) argue that the differences in social costs for both victim and perpetrator are great, being many and few respectively. This is consistent with the current literature. For example, reports of no money or accommodation, lack of assistance from the police support services are commonly reported by victims (Anderson, Gillig, Sitaker, McClosky, Mallau, & Grigsby, 2003; Chung, Kennedy, O’Brian, & Wendt, 2001).

A number of victims of domestic violence are reported to be home-makers with children, they do not have a full-time career and are therefore usually financially dependent on the abusive spouse. To leave the relationship would mean a life close to poverty for the victim and her children (Chung, Kennedy, O'Brian, & Wendt, 2001; Queensland Domestic Violence Taskforce, 1988).

Emotional dependence also prevents women from leaving an abusive relationship. A lot of women are dedicated to fulfilling the notion of 'till death do us part' in a marriage in the hopes that their abusive partner will change for the good (Queensland Domestic Violence Taskforce, 1988). They therefore become emotionally dependent on this hope for change. Walker's (1970) Cycle of Violence model describes stages of remorse from the perpetrator after domestically violent incidences, including apologies and promises not to be violent, reinforcements to keep the victim emotionally attached.

Social stigma of domestic violence reinforces certain expectations of family roles. Victims with children aim to perform society's expected roles and are under pressure to stay in order to prevent their dependents being 'fatherless' (Queensland Domestic Violence Taskforce, 1988). When a perpetrator calls the victim crazy and misinforms them by claiming that no one would want her but him, the victim hears from only one reference and often considers it to be a normal one and hence remain in the relationship (Anderson et al., 2003). In this situation, the perpetrator's control is through the use of intimidation and manipulation. For example, controlling whom the victim sees or speaks with. Due to being prevented rights of free choice their way of life under control is often accepted as the norm by these victims (Anderson et al., 2003).

The researchers predict that due to the lack of or unavailable support resources, victims may assume that their own safety is unimportant. Going on this hypothesis, if a victim does not have any outside protection, they may rationalise that it is more promising to rely on apologies and assurances of no further abuse from their partners (Anderson et al., 2003).

Many factors therefore inhibit women from leaving. From these reasons as to why women stay the question itself holds a mistaken assumption that the violence occurred from a fault of the victim (Barnett & LaViolette, 1993). In order to reverse

these assumptions and focus on who is at blame, the question should be rephrased as: “why don’t men just stop battering women?” (p. 235).

Research on ‘the battered woman’ has often focused on comparing these women with women in relationships where there is no domestic violence (Queensland Domestic Violence Taskforce, 1988). The aim of this research was to detect any differences between these two groups and discover any possible factors battered women may add to increase the risk of being abused. However, the recent shift that now looks at the perpetrator’s characteristics has reflected an increased and more refined understanding of domestic violence, as researchers are now focusing directly on the problem of domestic violence (National Crime Prevention, 2003; Laing, 2002).

- Conclusion

What is emerging from the literature is interesting. Domestic violence is a large social problem, which is “wickedly” interrelated with other social problems (Queensland Domestic Violence Taskforce, 1988, p. 29). There are a number of elements that are associated with domestic violence that have been highlighted in the research. However, there currently is no single causal definition for its occurrence (Partnerships Against Domestic Violence, 2003; Queensland Domestic Violence Taskforce, 1988).

Domestically violent men clearly are responsible for the violence they bring into the relationship. The scene that is outlined in the literature reviewed strongly suggests these beliefs, although not causal factors are and have long been operating by reinforcing the continuation of domestically violent behaviour in men (Queensland Domestic Violence Taskforce, 1988). The beliefs discussed seem to appear as the consequences to the victim of domestic violence, rather than proposing as causal factors that victims may have contributed. Nevertheless, the research discussed on theories and beliefs about domestic violence are competing within and across each other regarding their credibility in explaining domestic violence, highlighting the need for further research.

III. Professional responses towards domestic violence

Laing (2002) argued that attempts to successfully reduce domestically violent behaviour in men form an important debatable part of spousal violence. Research conducted in this field has discovered extreme views regarding whether one approach is more favourable than the other. This is currently the case with educational/treatment programs for perpetrators' of domestic violence (Laing, 2002). A number of questions surrounding this debate include safety, arguing that facilitators of perpetrator programs' sole focus is correcting the man's violent behaviour, rather than the effects and possible future risks of violence on the women and children involved (Laing, 2002).

Responses to domestic violence are divided into two ways: proactive and reactive. 'Proactive' refers to professional groups who attempt to reduce domestic violence by taking the initiative in the forms of policies, prevention and educational measures (for example) (Laing, 2002). These approaches aim to address the problem of domestic violence early in schools, the community, youth and parenting classes in order to prevent such behaviour occurring in the next generation. 'Reactive' refers to services that respond to domestic violence cases after they have occurred. Hence different relevant professional groups respond to domestic violence in different ways.

Research in the way professionals' direct their focus of intervention has discovered three targeted levels based on their theories used to explain domestic violence (Laing, 2002). From an institutional level, medical, police and judicial services respond to domestic violence cases with a focus on victim safety and perpetrator accountability. The individual level of approach includes community-based groups such as psychologists and counsellors who aim to challenge and change perpetrators' attitudes and beliefs, and other possible instigators behind their violent behaviour. From a social level, relevant groups (eg, women refuge staff) aim to target the wider social context (eg, through public education campaigns) by sending out messages in the community that domestic violence is wrong (Laing, 2002).

Carrington and Phillips (2003) discuss an Australian and New Zealand criminological journal article ('Preventing Sexual Violence') in relation to responses to domestic violence. The researchers argue that "the last 20 years of policy

development has been characterised by a persistent focus on ‘tertiary’ levels of intervention: providing sympathetic and victim centred care *after* the assault, reducing further harm (p. 8). Services that respond to domestic violence on this reactive level include women’s refuge shelters and medical services that accommodate and treat victims, arrests made by the police, judicial responses such as violence restraining orders or imprisonment issued on perpetrators.

While this intervention is needed in providing support for victims and reducing the possible risk of them being further injured, the stage in which they operate means that they fail to address the initial prevention of domestic violence occurring (Carrington & Phillips, 2003). The same researchers argued that “only recently have social policies started to look at ways of intervening to prevent violence against women from occurring in the first instance” (p. 8).

Partnerships Against Domestic Violence’s recent literature review, titled ‘Current Perspectives on Domestic Violence’ discovered three avenues of domestic violence prevention (Carrington & Phillips). Firstly, to work with the younger generation to break the cycle of violence between generations. Secondly, to attempt to break this intergenerational violence with victims and perpetrators. Finally, to educate the community against the use of violent behaviour within intimate relationships (Carrington & Phillips, 2003). The next section discusses a number of services that fall within the three focus levels (individual, social, institutional) including intervention and/or prevention responses. These groups include police, community-based, staff at women’s refuge, justice and health professionals.

Beliefs about responding to domestic violence

‘Domestic violence is not a community problem’

This belief claims that domestic violence is not a problem the community should have to deal with (Austin & Sootsman-Eicher, 2004; Department for Education & Children’s Services, 1997). The perception that ‘what happens in the home, happens in the home’ is noticeably prevalent amongst Australian community members. Domestic violence between a couple who live together in a spousal

relationship is therefore also going to be included in this perception (de Werken, 2002).

Domestic violence affects everyone: family, friends, neighbours, employment, hospitals, and police. However, it is still questioned why this type of violence remains a private issue. O'Donnell and Saville (1979) researched this belief on women who had experienced domestic violence (Scutt, 1980). The results revealed that 73 per cent of the women (which constituted half of the total participants) had never spoken about the attacks to anyone. Of these women, common reasons for keeping silent were that they felt ashamed or fearful. Almost a decade later, similar reflections were reported in many victims' submissions who claimed that "they experience themselves as suffering in a vacuum" (Queensland Domestic Violence Taskforce, 1988, p. 33).

Due to the accepted view of the female being the 'home-maker' by society, the success of marriage has found to be mainly the females' responsibility. Many women from O'Donnell and Saville's (1979) study claimed that it was their fault for the abuse for not successfully maintaining her role as this home-maker, suggesting that societal factors possibly influenced a number of victims of domestic violence to not see the abuse as wrong. Hence many cases go unreported, and this acceptance of an unequal relationship by the victim reinforces the perpetrator's violent behaviour (Scutt, 1980). This discussion leads into Walker's (1978) notion of 'learned helplessness' in the third belief to be discussed (Smith, 1990). Nevertheless, it was important to introduce the term here as it is evidenced to be a notable explanation of why domestic violence is kept silent.

Almost a decade later, the Office of Status of Women (1988) further confirmed this community silence. From survey results, 33 per cent of respondents agreed to domestic violence being a private issue. In other words, this was one in every three Australians who held this attitude. A survey discussed by Mugford (1989) found that only one per cent of the selected Australian participants thought domestic violence was a community concern. A considerable amount of respondents (28 %) reported that they would not report their neighbours to the police if they knew domestic violence was occurring in the family (Mugford, 1989). The researchers concluded that:

“Australians hold firm ideas about the privacy of family life and the importance of not ‘dobbing in’ others, which unfortunately are not at odds with preventing domestic violence” (p. 4).

The Australian Bureau of Statistics (1996) conducted a Women’s Safety Survey targeting Australian women and domestic violence. Of the 490,000 women who had been affected by domestic violence, just over half told their neighbour, a close friend or a family relative. Eighteen per cent of these women never spoke about the violence, which constitutes approximately 88,000 women who kept their experiences of domestic abuse silent. From this result the researchers suggested that even with community-based support agencies for victims and perpetrators, many abusive acts in the home remain accepted or tolerated, kept silent or justified by this and other socially construed beliefs.

The Public Policy Research Centre’s (1987) research revealed unfortunate findings on professional groups’ concerns with the high occurrence of domestic violence. The only organisation evidenced to respond supportively and concerned about this type of criminal act was found amongst refuge workers. The other focus groups revealed contrasting findings:

“Police remain reluctant to arrest perpetrators; medical practitioners appear to be equally unsupportive, often ignoring the abuse and treating the client symptomatically; lawyers and the judicial system appear indifferent and inactive...and ambivalence and detachment are found in other health and welfare workers” (Mugford, 1989, p. 7).

Recently Romans, Poore & Martin (2000) argue that many Australian community perceptions oppose this belief and put forward that domestic violence is an explicit concern for the whole community. The researchers argue that each person has a significant role in helping to prevent domestic violent incidents. Involvement may include reporting the incident (public), issuing arrests and charges (police), detecting the abuse and making referrals (medical staff). To refer or mandate programs to rehabilitate and educate perpetrators (correctional officers, counsellors), providing supportive services for victims (refuges, welfare and public housing), to

provide justice to the community through accountable measures (imprisonment, community service) for example (Austin & Sootsman-Eicher, 2004).

Nevertheless, perceptions towards domestic violence continue to be a concern in researcher's findings. Many still see domestic violence as trivial for a number of reported reasons. In Healey's (1998) review of domestic violence in Australia, the argument that men are still the dominant gender over women both within the domestic and public sphere remains to be an accepted attitude across the community (discussed later in this section).

This attitude accepts the right of men to control their family, which adds to the silencing of such violence throughout the community. Although this feminist view has been criticised for not taking into account that the violence is not always present in other social contexts, many Australians still accept that men have such rights (Partnerships Against Domestic Violence, 2000).

This review has found a number of Australian studies showing results that indicate a diverse range of community members arguing for and against the serious nature of domestic violence. Hence varied responses towards successfully addressing the problem. The following discussion focuses on five professional groups' opinions about the causes of, and approaches to domestic violence.

Police perceptions of and responses to domestic violence

Kolar's (1995) review on domestic violence and the role of the police report that police officers hold a number of duties when dealing with such cases. These include the protection of victims, law enforcement to offenders, and community safety in general. In addition, the police also act as role models for the community. This is illustrated through their actions, such as making arrests and charges against domestically violent perpetrators (Kolar, 1995).

Police officers essentially play two roles: they are members in a community but also agents serving the community. Kolar (1995) and Gorr (1990) suggested that the police reflect and influence a notable number of community attitudes in Australia. Public speeches are commonly made by officers' regarding certain types of unlawful behaviour, including property offences and driving under the influence (Gorr, 1990).

Going on this premise, the decisions made by the police can possibly influence change in community attitudes.

However, Scutt (1990) and Victory's (1993) research more than a decade ago regarding police responses to domestic violence were not found to be as responsive (cited in Kolar, 1995). The researchers' found that police at that point in time were resistant in pursuing violent restraining orders or making arrests (Kolar, 1995). Injunctions including violence restraining orders are made by consent of both parties. Although section 114 AA of family law enables judges to attach arresting power when in breach of these orders, Edgar's (1988a) review found that they were rarely made.

The researcher also reported that perpetrators' of domestic violence were usually sent to counselling services or other relevant community social services. Waters (1986) reported that in the first decade of its operation, the Australian family courts imposed a total of only 145 sentences out of the thousands of domestic violence cases brought forward (Edgar, 1988a).

Even more recently, Douglas and Godden (2002) discovered that out of one per cent of domestic violence application orders, less than one per cent were pursued in prosecution as a criminal offence (Partnerships Against Domestic Violence, 2003). This was possibly due to the research data indicating that many officers did not class domestic violence as a criminal act and believed it was not in their jurisdiction to deal with such cases (Kolar, 1995).

As discussed, only some types of domestic violence are criminal. Emotional, verbal, social, psychological and financial abuse, although not as explicit as physical and sexual abuse are just as harmful, if not worse (Brown, 1991). The two most commonly reported types of domestic violence (physical and sexual) are responded to by the criminal justice system (Gleeson, 2003). This is because the evidence is more explicit in these types of abuse and therefore allows the police to make a charge. However, if the community relies on this response alone, a large amount of abuse cases are not going to be addressed (Partnerships Against Domestic Violence, 2003).

Emotional/psychological, verbal, social and financial abuse often has no cut-off limit as to when it happens and when it doesn't. These grey areas make it difficult for police and judiciary staff to act upon, as factual evidence such as explicit physical

wounds (cuts, bruises) or recorded phone-calls that serve as evidence to warrant an arrest are typically not present.

Estear's (1994) research in the Victorian Crimes (family violence) Act revealed almost 75 per cent of domestically violent perpetrators' were not being arrested by the police (Estear, 1994). Partnerships Against Domestic Violence (2003) recently inferred that due to the high frequency of this professional group being exposed to domestic violence cases (second highest from traffic accidents), many police staff may become desensitised or 'numb' to the issue, consequently influencing their response to domestic violence cases (Partnerships Against Domestic Violence, 2003).

The Domestic Violence Legal Aid Forum in Perth (1997) raised concerns about police attitudes towards acting on reported domestic violence incidences. Their research results identified reports from workers that, with regards to understanding domestic violence, a large number of officers "just don't get it" (Domestic Violence Council of Western Australia, 1998, p. 1). The reluctance to issue arrests, follow up on restraining orders and holding cynical attitudes to domestic violence reflects on the community that the police trivialise the issue.

The Domestic Violence Council of Western Australia (1998) put forward that police culture affects how they carry out their duties. The report suggested that the western culture of the police largely reflect patriarchal attitudes. The council argued that with these views, an officer is less likely to handle domestic violence cases seriously (Domestic Violence Council of Western Australia, 1998).

Moreover, Alcorn and Petrie (n.d.) measured police attitudes towards women and domestic violence by reviewing self-reports disseminated across Queensland police officers (133 women and 602 men). The study's results revealed that attitudes towards physical abuse and verbal abuse between husband and wife were less disapproved of amongst male police participants compared to women. These male police participants also disagreed less compared to women police respondents towards the belief "its hard to understand why women stay in violent relationships" (p. 1).

The belief that 'domestic violence should remain a private matter' was also explored across police participants. Police officers who had agreed to this belief "had significantly more traditional views concerning women" (mean score: 95.0). (Alcorn

& Petrie, n.d., p. 18). The belief ‘domestic violence only happens in poor areas of the community’ was agreed to by half of the police participants (mean score: 52.1) (p. 19). Nevertheless it should be noted here that the male and female participant groups are notably unequal in terms of numbers, and hence such findings may possibly be biased and over-represented.

With regards to the significance of excessive alcohol consumption and domestically violent behaviour in men, the Office of Status of Women’s (1988) research revealed consistent findings. They reported of many police repeatedly demonstrating the significance of alcohol in domestic violence cases. A common saying, “if only we could dry these blokes out, we’d stop domestics” was frequently reported across police addressing such cases (www.swahs.nsw.gov.au/wealth/Links.asp, body section).

Although the police still have a long way to go in terms of role fulfilment with successfully addressing domestic violence cases, there have been attempts made in order to ensure that every call out is an effective one. The Western Australian Police Service aim is to be “in partnership with the community, create a safer and more secure Western Australia by providing quality police services” (www.police.wa.gov.au).

These partnerships include agencies such as legal aid, which referrals are made to such a service for the purpose of gaining further legal assistance to the situation. This includes victim applications for violence restraining orders, violence misconduct orders, or a consent order, which aim to offer protection for the victim from the perpetrator. The type of order applied depends on the severity and the risk of a future occurrence of a domestically violent incident (Legal Aid Western Australia, 2001).

The Domestic Violence Prevention Unit’s (2000) report on the Best Practice Model (a guideline for effective responses to domestically violent men) also argued to an alignment with the police and other services involved. For example, making sure that the frontline police who go out to domestic incidences carry in their pursuit vehicle information and contacts on programs for perpetrators.

Partnerships Against Domestic Violence (1999) note that there are police units that operate in Australia specialising in domestic violence, but the numbers are small. By investigating the selected participants’ perceptions from this professional group,

the data may shed light on the trend in police attitudes and whether such liaison approaches are being adopted when addressing domestic violence.

Community-based worker's perceptions, approaches and services.

More than a decade ago the Australian institute of Criminology (1990) reported that the responsibility of crime is shifting towards the community. This was shown by the increased alternatives of approaches that are based in the community, meaning higher community support in these services for domestically violent men (Australian Institute of Criminology, 1990). Recent researchers (2003) conducted a study on 425 participants exploring Australian perceptions of domestic violence. It was found that there is an increase in the awareness of all five types of domestic violence, the seriousness of domestic incidents and the need for domestic violence to be a communal problem to solve (www.swsahs.nsw.gov.au/whealth/Links.asp).

Prior to the late 1970s, domestically violent men were not the focus in terms of interventions and research specifically addressing and explaining (respectively) their violent behaviour (Queensland Domestic Violent Taskforce, 1988). These men were provided with marriage counselling and treatment for alcohol abuse such as Alcoholics Anonymous. However, the issue of the actual violence towards the partner was ignored by researchers and other related professionals focusing instead mainly on other factors relating the main problem (Queensland Domestic Violent Taskforce, 1988).

There are a number of services provided by agencies for domestically violent men. The author highlights here that community-based treatment refers to any organisation/agency based in the community, which offer a range of therapeutic services and approaches to perpetrators and/or victims of domestic violence (psychologists, social workers, counsellor's). The following review discusses examples of community-based services and programs that aim to reduce domestic violence (as part of their aims on reducing general offending).

- Treatment programs

Currently there are a number of treatment programs available to abusive men on a voluntarily basis or mandatory based on a magistrate's decided conditions for an offender charged with domestic violence (Kraszlan & West, 2001, cited in Laing, 2002). Professionals who adopt treatment programs focus directly on the perpetrator's behaviour, teaching non-violent ways of coping with anger and highlighting the consequences of domestic violence.

'Treatment' is defined in the current study as any service that provides cognitive/behavioural/educational approaches to assist in perpetrators changing their violent behaviour. The Offender Services Branch (2003) describes 'cognitive-behavioural' approaches to "focus on the relationship between problems in thinking and problem behaviours (including offending)" (p. 3). Programs are usually based on this approach to assist perpetrators (and offenders in general) to understand their behaviour through numerous activities such as role-playing and group discussions for example. Professionals who adopt a treatment approach aim for practices that are congruent with the non-violent behaviours that professionals attempt to achieve in these men.

Treatment programs are offered because of vast reports from victims claiming they do not want to end the relationship and leave because they have invested so much invested into the partnership (eg, emotions, finance, children). They love their partner and want the abusive behaviour to stop. Most importantly, these programs are offered on the philosophy that every perpetrator will show some sort of remorse for their actions and will therefore hope for a change.

Regardless of the varied aims and content of the programs, research has found that the relevant community-based professionals attempt to understand domestic violence from an individual and/or social perspective (Laing, 2002). Factors including stress, lack of communicative resources, attachment styles are one's which these professionals focus on addressing. Social Learning Theory is supported and such professionals acknowledge that violence is acquired and maintained in social areas including media, sports, friends and other social groups (Laing, 2002). Cycle of Violence Theory is also acknowledged, in Laing's (2002) review (for example) on

perpetrator programs it states “those who understand domestic violence as linked to childhood experiences of abuse and witnessing violence, argue that treatment for perpetrators should include addressing and resolving childhood trauma (p. 7).

Social aspects of domestic violence are also included in the content of a number of treatment programs in which beliefs of male entitlement and blaming the victim are challenged. These gender-based treatment groups stem from relevant professionals who attempt to explain such attitudes and behaviour based on feminist theories. Laing (2002) commented that “those adopting this position...advocate that the work done with men who use violence must address as its core the social context of gendered inequality” (p. 3).

A retributive approach on its own (eg: fines, imprisonment) is argued only to defer the perpetrator’s violent behaviour. Hollin (2002) claims that in a prison environment, there is no place for rehabilitative measures. In other words, a strict, controlling and authoritative atmosphere is typically a given in prison environment and such an approach doesn’t appropriately address the needs or risks of perpetrators of domestic violence.

As previously discussed, the differences in costs between programs and imprisonment are great. For example, if a perpetrator is locked away, victim and children are left with no sole income, and with the programs they are still able to work and support the family. The taskforce (1988) argue that “the provision of treatment programs serves a symbolic function. The existence of such programs conveys a message to perpetrators that the community views abusive behaviour as unacceptable and help is available” (p. 95).

Devlin (1994) provided well-documented arguments for and against the use of treatment programs, including the concern in thoroughly addressing a perpetrator’s behaviour, attitudes and beliefs and highlighting that the violence rarely stops without some sort of intervention. Taylor (2000) and Woodbridge (2000) found that “in Australia, some women’s services have argued the need for involvement in the development for such programs” (cited in Laing, 2002, p. 3). They argued that alongside women’s safety, there must also be cognitive/educational interventions for the men.

However, research evidence suggests little significance in the success of this type of approach in reducing or abolishing abusive behaviour, as other more subtle forms of abuse may be picked up through learning about their violence. In addition, the debate with regards to whether to disseminate funding between perpetrator and victim services and programs is also important to mention (Devlin, 1994). These arguments both for and against add to the famous debate of ‘what works’ when responding to perpetrators of domestic violence effectively (Ferguson, 2002).

A number of organisations, both government and non-government offer the following relevant programs to perpetrators: Reasoning and Rehabilitation (R&R), Legal and Social Awareness (LASA), Controlling Anger and Learning to Manage it (CALM), Violent Offending Treatment Program (VOTP), and Building Better Relationships (BBR). These programs are offered in prisons and some also run in the community and recruit and assess perpetrators depending on the ‘what works’ theoretical principles. These are “risk, need, and responsivity” (Ferguson, 2002, p. 473). Risk is determined through evaluations of offenders in pre-sentence reports and the selection of a program appropriate to the offender.

The ‘need’ principle is used in assessing the offenders criminogenic needs (factors that put an offender at risk of re-offending) that are changed through the appropriate cognitive program (Ferguson, 2002). The ‘responsivity’ component is the need to match appropriate services in terms of the level of requirement an offender may be in need of. The services are selected depending on an offender’s personality type and thinking patterns. These three principles are argued to provide an effective framework for treatment program or service professionals in terms of changing the offenders style of thinking and reducing their violent tendencies (Ferguson, 2002).

The ‘Reasoning and Rehabilitation’ program was implemented in West Australian prisons and public Community Correction agencies in 2001 and runs for 76 hours (38 × two and a half hour workshops). The main aim of the program is to improve or generate pro-social alternatives for criminal behaviour (Offender Services Branch, 2003). Unfortunately a considerable amount of offenders only see a ‘black and white’ version of life. Their choices do not seem to consider the law-abiding opportunities but only the anti-social ones (Hickey, 2002). In regards to domestic violence, facilitators in this program aim to educate perpetrators with communicative

skills to use in order to positively resolve intimate conflict, without having to resort to violence. There are numerous features of the program that are implemented.

For example, ‘perspective-taking’ is utilised in role-playing activities enabling perpetrators’ to learn to identify how they made their partner feel during and after the violent act (Offender Based Services, 2003). Assertion is a communication skill which refers to a person stating or asserting their needs and also taking into account (respecting) the other person’s feelings (Bolton, 1999).

Healey (1998) reported of theorists who have argued that perpetrators’ of domestic violence lack communication skills in resolving a conflict within a relationship. Moreover, Ward (1999) points out that it has been consistently debated that many domestic violent perpetrators lack such behavioural skills and usually operate aggressively (Ward, 1999).

Inter-personal problem-solving skills are another feature in the program. Tillett (1999) defines ‘interpersonal conflict’ as disputes (i.e., disagreements) between two people in a relationship. This conflict is argued to arise in decision making within a relationship, whether it be domestic or in the workplace (Tillet, 1999). There are a number of reported differences in the way men and women communicate their conflict between each other. The following table is excerpted from Tillet (1999, p. 155).

Table 2.3:

Differences between men and women in domestic disputes:

| Men | Women |
|---|---|
| Discuss factual events (‘This is what went on’) | Discuss events through feelings (‘I felt this way when’) |
| Discuss events in realistic terms | Discuss event in a perspective manner |
| Tend not to discuss their feelings and emotions | Tend to discuss their feelings and emotions deeply |
| Problem solving (treating the problem as one whole one or a pattern) | Discussions of change within the relationship |
| Talk in a present manner | Talk in a manner both past and future tense |
| The content of the conflict is the main focus | The relationship itself is the main focus |
| Competitive (shown through aggression) | Keen to compromise and be submissive (give in) |
| Saving/losing face is a concern | Saving/losing face is not so much a concern |

These different forms of communication are challenged with perpetrators' violent attitudes in the Reasoning and Rehabilitation program (Offender Services Branch, 2003). They are taught how to overcome their communication difficulties in relationships. They are also assessed on their values on life, their style of thinking and reasoning in environments where there is potential risk of re-offending. The facilitator(s) in this program offer many examples of alternative ways of life that are in agreement within the laws of society (Offender Services Branch, 2003).

The 'Controlling Anger and Learning to Manage it' program runs for twelve weeks. The core aim of the program is to attempt to teach the perpetrator methods of self-control and to avoid behaving violently towards their partner (Offender Services Branch, 2003). The 'Violent Offending Treatment Program' operates for twenty-four weeks, and the perpetrator attends the workshop three days a week. The objective of the facilitator "is to identify and challenge antisocial procedures and attitudes...and to encourage pro-social alternatives" (Offender Services Branch, 2003, p. 19).

The 'Building Better Relationships' program operates either twelve or twenty-four weeks in total (depending on the risk of the offender re-offending). In this program, an offender attends the workshop one to two times per week. This program works specifically on the nature of the relationship between the perpetrator and their partner, challenging the perpetrator's beliefs on domestic (family) and gender roles and to also offer pro-social avenues to such beliefs (Offender Services Branch, 2003).

These treatment programs are offered in the majority of states around Australia (Howells & Day, 2002). The program that stands out in terms of intensity is the VOTP, which involves the offender to undergo the program for almost up to 400 hours. However, screening rules includes addressing offenders' suitability for the program (i.e., risk of re-offending in which the offenders with a seriously high risk of re-offending are eligible only) (Howells & Day, 2002). This selectivity limits the program in terms of its eligibility for offenders and therefore is not going to be effective in addressing the entire population of domestically violent men.

Non-government agencies offer a range of publicly operated programs, too. Anglicare WA provides education, training and relationship counselling. Changing Tracks is a program offered to male perpetrators' of domestic violence. Running for twelve weeks, the program relies on similar principles of the previous programs

discussed including the presentation of many pro-social alternatives to a perpetrator without the need to resort to violence in a relationship. The programs work on the assertive skills needed to negotiate conditions in a relationship and again, challenge beliefs of domestic violence that perpetrators' possibly use to justify their violent behaviour (www.anglicarewa.com.au).

Relationships Australia offer counselling and support and programs for domestically violent men. (Relationships Australia, n.d.). The organisation offers specialised services in counselling, mediation and education in the treatment of domestic violence in families. The organisation holds programs for both men and women. The men's group operates over 24 sessions. The agency holds a number of recommendations for professionals when attempting to reduce domestic violence between couples.

In terms of efficiency, the agency staff urges a perpetrator to maintain all supportive and informative links with the community. The recommendation includes an urge for the community to respond to domestic violence through indications of understanding and support for the treatment of these perpetrators. Currently, these and other recommendations made by Relationships Australia have not been evaluated in terms of their effectiveness in responding to, preventing and reducing domestic violence (Relationships Australia, n.d.).

The Best Practice Model issued by the Domestic Violence Prevention Unit (2000) presents a framework for service providers to adhere to in cases of domestic violence. The assumptions of Best Practice include human rights principles. They assert that people are allowed to live with dignity and without any fear in relationships. It is stressed that domestic violence is a breach of this right.

The model also purports that perpetrators' are fully responsible for their behaviour and that the safety of the victims and children is paramount in domestic violence cases (Domestic Violence Prevention Unit, 2000). The services are available to members of all class, race, ability, age, and gender, as the model acknowledges that domestic violence happens 'across the board'. It also acknowledges the criminality of domestic violence as being no less serious compared to any other type of criminal assault.

The principles of the model include acknowledgment of domestic violence as being a multi-faceted social problem, and in terms of practice, professionals should “work in respectful ways without controlling or minimising the violence” (p. 5). Professionals who facilitate treatment programs should also attempt to challenge perpetrators’ beliefs and attitudes that are used to justify their violent behaviour towards their partner (Domestic Violence Prevention Unit, 2000).

The program presenters should also respond to these male participants using a cognitive-behavioural/educational approach. This includes activities of perspective-taking enabling perpetrators’ to learn to recognise that the fault of their violent behaviour is theirs alone. This is achieved by helping perpetrators to understand why they behave violently towards their partners, or “where they get their attitudes and beliefs that support their use of violence and abuse” (Domestic Violence Prevention Unit, 2000, p. 5).

Interpersonal communication skills (assertive skills training) and anger management classes should be provided. According to the Best Practice Model, program presenters should challenge male and female roles with perpetrators to assist them to have to have a broader perspective on their traditional roles. Equality, respect and empathy are three main relationship qualities that should be emphasised and taught in treatment programs (Domestic Violence Prevention Unit, 2000).

Breathing Space is a service that offers residential accommodation for men and programs that cater for individual issues on a multi-levelled approach. Their approach is case management, offering a continuity of support, promotion of respect, equality and self-sufficiency. The framework is based upon assisting perpetrators’ to identify their cycle of violence, to understand their justifications around their use of violence and assisting them in making healthy, non-violent choices (www.communicare.org.au).

- Effectiveness of treatment programs

Researchers’ measuring the success of these services and programs have relied mainly on the rate of success of interventions for abusive men that have been collected and analysed quantitatively (statistics) (Ferrante, Indemaur & Harding,

1996; Queensland Domestic Violence Taskforce, 1988). However, such representation can be limited to willing participants who may not be the typical perpetrator that is general to the public (Queensland Domestic Violence Taskforce, 1988).

Previous research over the last twenty years have criticised the effectiveness of community-based treatment programs (Romans, Poore & Martin, 2000). The programs are seen to be too neutral and do not challenge the power differential roles between a man and a woman effectively. In addition, Romans, Poore and Martin argue that by teaching perpetrators more articulate ways of communicating, other forms of domestic violence, such as psychological and emotional abuse may be used.

Similar reports were made by victim's of partners who have completed a treatment program (Romans, Poore & Martin, 2000). It was commonly reported that after treatment the abuse ceases for a while. However, the physical abuse is often replaced with psychological, emotional or verbal abuse (Romans, Poore & Martin, 2000). This public response supports the argument that treatment may heighten non-physical (but just as harmful) abusive skills.

Mintz and Cornett (1997) suggested that these programs may be more successful if they address the specific needs of every individual perpetrator undergoing treatment (eg, "What Works" principles). In effect, more successful rehabilitative outcomes for domestically violent men will possibly be achieved (Romans, Poore & Martin, 2000).

Romans, Poore and Martin (2000) argue that, at the core of much deliberation, "the ultimate measure of success of treatment programs is whether there is a perception change in community attitudes away from condoning violence" (pp. 484-88, Section: How effective are treatment programs? Paragraph 4, last sentence). Bagshaw and associates (1999) researched perpetrators' perspective's on community-based treatment across Australia (Tomison, 2000). There were frequent reports that due to society construing men with dominance and control it triggered these men to be consistently violent. They felt that society in effect offered little support in hindering violent behaviour (Tomison, 2000).

In terms of evaluating perpetrators' success (i.e., maintaining non-violent behaviour after undergoing a program), it is very difficult due to the high rate of

clients who drop out. Poynter (1991), for example, reviewed a twelve-week program that operated in Australia and found that out of 86 men who attended, only 69 completed and less than a third attended follow-up evaluations within that year (cited in Laing, 2002). The Best Practice Model suggests a number of guidelines to overcome this:

- Include a contract of commitment on the perpetrators behalf to attend the program and to be evaluated after the program;
- To give service providers a permanent address for follow-up evaluations (Domestic Violence Prevention Unit, 2000).

Women's refuge staff

Feminists across Australia initially addressed women's familial and social position in childcare, abortion and the workplace (Curthoys, 1988, cited in Melville, 1994). It was not until later in the seventies that this focus eventually shifted towards the issue of male violence in domestic relationships (Melville, 1994). Known as women's refuge's, these shelters for abused women and their children established across Australia during this time. Although women's refuges operate after the abuse has occurred, the staff's perceptions are important to explore for a number of reasons: they aim to promote gender equality through assisting and encouraging the independence of the abused women, and help to promote victim safety.

Feminism framework focuses mainly on gender relations and power within a societal context. According to Healey (1998), feminists claim that "domestic violence occurs because men have greater political, social and economic power than women (p. 12)". For example, men dominate many careers, including the media, politics, religion, law and the military (Healey, 1998, p. 12). Prevailing evidence of unequal power relations between men and women have led to feminists to suggest that it is the structure within the community that has to change in order to achieve long-term success in reducing domestic violence in men (Melville, 1994).

Healey (1998) offers potential examples of approaches to achieve gender equality, including community education to shift community attitudes of how they perceive roles and expectations of men and women. More power for women in

political, social and economic areas, and “increased legal recognition of the seriousness and criminality of domestic violence” (p. 13). These suggestions have stemmed from Healey’s (1998) reasoning below:

“Social institutions, such as the police, the courts and the media tactically condone these beliefs...a common response of the Criminal Justice System has been to value the maintenance of the family over the safety of women and children...often prevent women from leaving their partners” (p. 13).

As previously mentioned by Laing (2002), this macro societal approach in attempting to refine the norms and values of society may not be feasible to reach. Laing’s (2002) report documents Bloggs’ (2001) findings on the increasing number of professions who are basing their focus on an individual level (Laing, 2002). Nevertheless, intervention based on feminist theory who attempt to understand the women’s perspective on being abused is argued to be a crucial component in understanding and responding to domestic violence. This is supported through qualitative studies involving interviews of perpetrator (male) and victim’s (female), in which noticeable differences were found regarding their responses to the domestically violent situation (Laing, 2002).

Female participant responses included more detailed descriptions of their partners’ violent behaviour, including the extent of, the possible triggers behind and the consequences of the abuse (Laing, 2002). Limited male participant responses regarding their violent behaviour towards their partners were also supported by Stamp and Sabourin’s (1995) research. Dobash and Dobash’s (1998) relevant research also resulted in similarities, concluding that “women provide much more detailed and lengthy accounts than men, usually enter the narrative beyond acts of violence to include injuries and other consequences (p. 407, cited in Laing, 2002, p. 2).

Justice perceptions towards domestic violence

The government body continuously updates and regulates legislative laws. Since the early 1980s every government jurisdiction throughout Australia endorsed and implemented legislation to ensure women have a right to be officially protected from domestic violence (Esteal, 1994). The Domestic Violence Ordinance in the Australian Capital Territory (1986) established a legislative right for people to be safe

at home: 'That nobody under any circumstances no matter what ever deserves to be treated violently.' The intervention of the act aimed at increasing a drive in social change, and it is argued that legality is a high influence on such change (www.swsahs.nsw.gov.au.whealth/Links.asp).

The following review examines the number of judicial approaches that aim to provide an effective response to offenders in general, including perpetrators of domestic violence.

- Community Corrections

Community Corrections consists of a board of members ranging from different fields of professions (community correctional officers, psychologists, prison officers, welfare and social workers) (Department of Justice Correctional Services, 1998). The overall goal represented by the professionals is to offer every possible service and pro-social (law-abiding) alternative to a life of crime for each and every offender (Hickey, 2002). The personnel in Community Corrections provide reports for magistrates to assess an appropriate charge by considering the perpetrator's records of their criminal history (if any), their stability of employment, family status, and behaviour before they are sentenced.

With regards to employment history, the fact of being employed indicates that the individual has (prior to the charge) adopted rule-abiding behaviour. That person is fulfilling a role that is seen by society as a 'function' (see Appendix F: Normal behaviour). In order to play a part in society as an employee, that person would have to show signs of overall competency, regardless of their occupation. This is displayed through motivation skills (consistency of work), and organisation skills (arriving to work on time, meeting deadlines) for example (Department of Justice Correctional Services, 1998).

Family status is another element considered when deciding approaches for perpetrators' charged with domestic violence. Reports of competency in the family areas such as fulfilling needs of the family (through income, support, attention) and no reports of neglect or prior abuse are viewed as good indications of low risk of re-offending (Department of Justice Correctional Services, 1998). 'Pre-sentence Reports'

state the conditions a perpetrator of domestic violence must adhere to. Compiled by Community Corrections officers, the risk indicators discussed above are considered when deciding the degree of intervention required in successfully responding to male perpetrators' violent behaviour.

Community Corrections offer a number of community-based sanctions for men charged with domestic violence. A core function of these front-end alternatives is to saturate them with services aiming to provide assistance to these men (Steering Committee Report, 2002). This support is provided in a number of forms: provision of financial, emotional and psychological support from relevant agencies across Perth.

Community Service is another type of intervention run by Corrections. Established in 1976, offenders work constructively on community restoration or construction projects. It is seen by many of the Australian public that this alternative is reasonably effective as the community can physically see the work an offender is carrying out. Examples include on the spot roadside rubbish pick-ups, the preservation of wild life and community parks, community gardening (both residential and business) (Department of Justice Correctional Services, 1998). On this note of community service, Daley (1999) argues that:

“Community work is a form of restitution to the community from the harm and damage caused by offending behaviour...work experience should foster pro-social attitudes and values by association with law-abiding people” (p. 3).

(For an example of association to further clarify the argument, refer to Appendix E: ‘Classical Conditioning’).

- Imprisonment

Steels (2002), a public citizen, reflects on the issue of becoming tough on crime. In the article, Steels argued that successful intervention is not through a punitive approach, it is getting the offender to admit responsibility for their actions to their friends, family and victims. The utilitarian approach argues that punishment is an effective deterrence for the individual and society. However, the purpose of justice here remains controversial, as imprisonment does not address the complex social issues underlying an offender's violent behaviour (eg, education, rehabilitation).

This argument is consistent with the Former Attorney General's comments on Rocham's Razor talkback radio show with Robyn Williams (2000). Their discussions relate to the ineffectiveness of deterrence as a reform, and that:

"the costs of crime are to a large extent social, and in one sense we all carry some of the blame for them" (Williams, 2000, p. 6).

It was argued when carrying out justice, prison was commonly accepted to be the last resort. However, the attitudes of today are not so consistent, as evidenced in the comment below:

"Today, more and more, with our constantly increasing population, we are accepting imprisonment as an acceptable form of social amputation, or social removal, of those who offend against it" (Williams, 2000, p. 6-7).

It is important to acknowledge here the differences in supervisory costs between an offender being maintained in full custody (imprisonment) compared to being supervised under Community Corrections officers. The average cost of an offender in prison per day is approximately 160 dollars (this accounts for all types of prisoners in WA) (Steering Committee Report, 2002). For offenders who receive detention on a periodic basis the cost is approximately 100 dollars per day. For a maximum-security offender the average cost of maintenance equals approximately 200 dollars per day (Steering Committee Report, 2002). Based on this rate for all prisons (\$160 per day), the average cost of supervising one offender per year is approximately \$58,400. This is for just one offender, let alone the entire prison population.

On the other hand, under Community Correction supervision (on a community service program, for example), the average cost of supervising an offender per day in Western Australia was approximately 12 dollars (Bottoms, 2002). Compare this annually and the cost equals up to \$4380, which is \$54,020 less in costs compared to being supervised in prison. To supervise an offender in the community is therefore not only cheaper but also more productive as the offenders' work is both a financial and constructive benefit for the community. In addition, this total cost for imprisoning one

offender could enable a group of men to undergo a 24 week program run by counsellors who aim to educate and train men in changing their violent behaviour.

There are a range of authoritative and therapeutic services that are stressed should be considered before a prison sentence. It is argued that domestically violent men (and offenders in general) should reform (if possible) under communal-based treatment as in prison they lose links with the community, friends, employment and family roles (Daley, 1999). The Western Australian government aims to reduce the level of imprisonment amongst offenders and to get the communal services more integrated in the attempt to reduce recidivism rates. It was reported that:

“the reducing imprisonment strategy is supported by detailed analysis of offender populations, long term demand projections and consultation with the community people on the appropriate forms of service delivery...by engaging all sections of justice services in planning and establishing links between police, courts, custodial and community corrections, it is anticipated that better outcomes for the community and for offenders can be achieved” (Steering Committee Report, 2002, p. 544).

Further attempts to protect victims of domestic violence and make perpetrators accountable for their actions are still a priority for the government. They aim to keep involving the matter with the Australian community in order to reach this objective. As community attitudes continuously change, what works in one condition need to be continuously challenged in terms of its effectiveness in responding to domestic violence. These include police arrests, restraining and community correction orders, treatment services and programs, and public campaigns for example victims (National Crime Prevention, 2003).

The former Attorney General commented that society would be more successful responding to domestic violence “if the problem was at least better understood” (Williams, 2000, p. 7). He argues that education is the most effective way to inform people in order to increase this understanding.

Government approaches that do currently exist include domestic violence training for numerous professional groups. These include judiciary staff, counsellors, police and health-workers for example. This training is argued to be beneficial in terms of increasing the relevant professionals’ knowledge to assist them with

identifying and approaching cases of domestic violence (National Crime Prevention, 2003).

‘Partnerships Against Domestic Violence’ was a program initiated by the government in 1997 to fund piloted projects in order to evaluate the effectiveness of such approaches. Having funded 235 proposals, the program encourages all involved across the states and regions to work collaboratively and consistently on a number of issues (Carrington & Phillips, 2003). These projects aimed at making the safety of women and children paramount by saturating them with services and educating them to break the cycle of violence.

The program also suggests responding to domestically violent men through accountability measures for their actions and to assist and educate them about healthy relationships. Finally, to work with the communities, targeting especially the younger generation in terms of educating them through campaign advertisements in the media, internet, radio sources (for example). However, the effectiveness of such approaches in preventing domestic violence remains to be evaluated (Carrington & Phillips, 2003; Partnerships Against Domestic Violence, 2000).

The Best Practice Model discusses recommended guidelines for all involved by outlining ways that an alliance can be achieved (Domestic Violence Prevention Unit, 2000). Magistrates have a duty to provide convicted perpetrators’ of domestic violence with appropriate programs. In turn, service providers of community based treatment programs are recommended to increase their alliance with judiciary staff by providing them with information about the programs offered in terms of the content, appropriateness and success rates.

The eligibility for perpetrators’ to attend programs is measured through factors including their willingness to change and save the relationship, possession of any weapons or firearms, previous criminal history (if any), level of empathy towards the victim for example. These factors also assist in assessment of the perpetrators risk of re-offending. Increasing liaison between these agencies and judiciary staff on these referrals and assessments are principles of the Best Practice Model (Domestic Violence Prevention Unit, 2000).

Legal Aid staff act on their clients’ behalf on a number of positions. These include lawyers, legal aid and liaison officers, who work in the criminal justice

context in alignment with the courts, judiciary staff and the police. They provide legal advice to clients and/or represent them as one of the positions described above (Legal Aid, 2001). Some partnerships operate in domestic violence units where the liaison is more extended including alignment with refuge and community-based workers, counsellors and social workers. This alignment is argued to be effective in domestic violence cases and should be extended across more professional services.

The most recent government public campaign was a booklet disseminated throughout the community called ‘Violence Against Women? Australia Says No’ (www.australiasaysno.gov.au). The booklet comprises of personal real life stories of domestic violence as well as contact numbers and information about other services and organisations involved. It targets the whole community, highlighting the younger population by educating them about the benefits and boundaries of healthy relationships.

The booklet aims at increasing the seriousness, criminality and awareness of the cycle of domestic violence, and dispelling some of the beliefs of domestic violence (private issue, she deserved it, alcohol or stress caused it). The booklet also highlights the elements of communication and respect and stresses that these skills are essential in order to have and maintain a healthy relationship (www.australiasaysno.gov.au).

- Restorative Justice

Restorative Justice is a recently new approach already accepted by a number of divisions in the criminal justice system. This type of integrative proposal has also been used for issues in schools and workplaces for example (Stubbs, 2004). It is a new innovation to approaching crime and poses as a possible solution to the “failings of conventional criminal justice” (Stubbs, 2004, p. 1).

The M2/W2 Association-Restorative Christian Ministries is an organisation currently operating since 1966 in Canada. The association focuses on a ‘ritual of reintegration’ between an offender and the community. It consists of four hundred Christian volunteers in Canada who support offenders to reintegrate into the community (Northey, 2003). Their key objective in its operations is:

“To help restore and transform those affected by crime by fostering Christian principles of justice, love, support and accountability” (Northey, 2003, p. 4).

Perhaps a more specific description of Restorative Justice objectives is offered by Daley and Immarigeon (1998, cited in Stubbs, 2004). They put forward that this approach:

“emphasises the repair of harms and of ruptured social bonds caused by crime; it focuses on the relationships between crime and victims, offenders and society” (p. 1).

Umbreit (1997) published an executive summary of Restorative Justice and how it operates. Umbreit argues that this approach with crime includes the offender taking full responsibility of their actions to the victims and the community, who are explicitly involved in serving justice on the offender. It is a chance for the victim and surrounding affected individuals to face the offender, and to express their feelings towards what has happened.

With this process, the offender is able to acknowledge the direct consequences associated with their criminal actions. Umbreit (1997) notes here that Restorative Justice aims in “providing opportunities for healing, growth, and restoration for all of the involved parties” (p. 21).

Although many criminal justice organisations throughout America have put forward proposals to implement this paradigm approach to crime, there are currently no available research findings on the effectiveness of this approach in responding to domestic violence (Umbreit, 1997). Moreover, critics have pointed out the potential safety risks for the victims in the sense that the design of this approach may not possibly fulfil measures of safety (eg, guards, open area for possibility of outbursts from the perpetrator).

Nevertheless, specific restorative implementations such as victim-offender mediation approaches, restoring offenders and victims financially, and community service work have been studied (Umbreit, 1997). These services are compatible to Restorative Justice principles in appropriately responding to the offender, the victims and the community.

However, these programs offer little opportunity for victim and community involvement in the Restorative Justice process with the offender who committed the

crime. Researchers therefore have put forward a number of strategies to be included in the process of restoration: A clear acknowledgment of the responsibility of crime to be directed solely to the offender. An increase in consideration of the victims affected by the crime, and the need to offer supportive therapeutic services to these people (Umbreit, 1997). The public is also urged to volunteer in facilitating support through encouragement and understanding. Finally, mediation between the offender and the victim and a chance for an opportunity of a dialogue conference on the matter of remorse and making amends with the victim (Umbreit, 1997).

The effectiveness of Restorative Justice as a type of reform for perpetrators of domestic violence remains questionable. Many ask if this alternative approach to crime is sufficient to be the primary intervention of treatment that includes all parties to an offence. This reform strategy raises issues such as the resources involved to run the programs, the affect it will have on the safety of the victims and the community (Umbreit, 1997).

In addition, are the values adopted by this program including Christianity (i.e., all have the right to be forgiven and not discarded) consistent to the values of the whole society? (Umbreit, 1997). These inconclusive questions that recur in research on reform for domestically violent offenders are component explorations that will be attempted to explore in the current study.

Health professionals

Health professionals, including family doctors, nurses, emergency room staff, are argued to have an influential part in assisting in identifying symptoms of domestic violence (Queensland Domestic Violence Taskforce, 1988). This is due to a number of reasons. A larger number of victims of domestic violence tend to seek medical help (70-80 %) or initially confide in their general practitioners (25 % of the total female cases of injuries). If intervened early enough, doctors can decrease the chances of abuse happening again (i.e., break the 'cycle of violence') by making referrals to refuges, providing information to victims of supportive services available to them for example (Queensland Domestic Violence Taskforce, 1988).

By performing these duties doctors can also assist in reducing health costs for not only hospitals and medical centres but for society as a whole. For example, if a doctor successfully detects signs of abuse in a patient and makes referrals to get help in putting an end to their abusive relationship, that person and their children (if any) can live a greater quality of life. They would possibly seek fewer medical assistance and services and reduce costs to community taxpayers if they had to previously rely on government assistance to support their medical treatment. Looking at the effect that this professional group alone can achieve, the carry-over consequences for both the victim and the community are reduced enormously.

Raphael (2000) reinforces the importance of the health sectors role in reducing domestic violence with the following reasoning:

“The complex interface of social policy and health is very relevant in this field. Social variables may far outweigh other factors in the aetiology of domestic violence, but the health care sector could become the driving force for change” (last paragraph).

Two-third of a sample of domestic violent victims in the Australian Capital Territory (ACT) who consulted medical treatment claim that the violence was either not recognised or not attentively acted upon by their practitioner (Esteal, 1994). In addition, out of a survey participated by 100 Australian general practitioners, “only one-third...reported emotional problems as ‘symptoms’ that they looked for in determining assault cases” (Esteal, 1994, p. 4). This finding reinforces the uncertainty in calculating the actual frequency of domestic violent occurrences.

In regards to comparing domestic violence perceptions between medical practitioners’ with different degrees of training (experienced versus non-experienced), it was found that the trained staff extend their regular duties to include victim counselling and acting pro-actively with the police and reporting incidences of domestic violence. In regards to how a perpetrator should be reformed a prison sanction was commonly mentioned by participants (Esteal, 1994).

However, just over a decade ago, Esteal’s (1994) research results identified a noticeable number of doctors who failed to recognise these additional duties such as reporting domestic abuse cases, detecting symptoms of abuse. It can be inferred

therefore that a number of professional workers were unsuccessful in acknowledging and accepting the seriousness of domestic violence due to consistent societal attitude of tolerating violence in the home, thereby increasing perceptions of triviality towards domestic violence (Mihalic & Elliott, 1997). This perception can be dependent on their social group, or as Raphael (2000) describes it, holding a firm belief or opinion towards family matters remaining a private issue.

More recently, however, health service staffs have highlighted the concern of the safety of victims to be the highest priority. In addition, a number of policies such as the 'National Campaign Against Violence and Crime' and 'Partnerships Against Domestic Violence' have been adopted by the health sector (Raphael, 2000). These policies include programs for perpetrators, education in schools on preventing violent behaviour, and for government agencies to form an alignment in role taking in addressing domestic violence (Raphael, 2000). Health services have also promoted community, drug and alcohol, child abuse and stronger family's educational campaigns aiming to reduce domestic violence.

Further research suggestions to domestic violence responses

With regards to the community's response towards domestic violence, research has found that support is met on the community's terms and understanding of the current situation for domestic abusive men (www.swsahs.nsw.gov.au/whealth/Links.asp). Robertson (1999) reported a number of possible intervention ideas from the community attitudes of New Zealand for an effective rehabilitation program. Their ideas related to the safety and anonymity of the victims, an increase in education of healthy relationships to both victims and perpetrators. Also, enhancing awareness of how violence has been construed in society and why it is regarded as acceptable by some (Robertson, 1999; Romans, Poore & Martin, 2000).

Researchers argue that men often are aware that violence is a wrong way to deal with issues (Mugford, 1989). However, many still reason their violence by using an excuse that a number of people in the Australian society would condone, hence reinforcing the 'normalisation' of violence.

Enhancing the seriousness of domestic violence was another suggestion. The term 'domestic' has commonly been associated by the public to be linked with features such as a happy, caring and nurturing unit of production. To consistently define the term this way tends to weaken the seriousness of the violence in the family.

Many have viewed domestic violence as trivial hence a lot goes unspoken about. To associate it with the criminal justice system, to educate the perpetrator about the possible consequences and to highlight the rights for the victims was also suggested to be a successful strategy to overcome this perception of triviality (Romans, Poore & Martin, 2000). This argument is also supported by a report by the National Crime Prevention in Canberra. Amongst others, the key recommendation states:

“The strongest level of response would be the development of an integrated community-based intervention program based in the Criminal Justice System and incorporating courts, prosecutors, police, corrections, victims’ support and advocacy services. Mandatory participation in men’s group education programs supported by strong sanctions and increasing penalties for further abuse” (Fullarton, 1999, p. 2).

A recent study was undertaken in New South Wales inquiring public youths’ perceptions on what could be done to reduce the occurrence of domestic violence (www.lawlink.nsw.gov.au/lc/dvlink.nsf/pages/young). Through group interviews, many responses were considered from the participants. One suggested that all primary and secondary schools could educate students on the issue of violence through videos, guest speakers for example. This participant proposed that the idea would possibly be effective in raising awareness that violence is wrong at a young age.

Others suggested advertising the prevalence and seriousness of domestic violence on television advertisements. Also, through role models in the community such as police, teachers (for example) in order to integrate the community more in responding to domestic violence (www.lawlink.nsw.gov.au/lc/dvlink.nsf/pages/young). Due to the prevalence of the cyclic pattern of the abused growing up to be abusive, one participant suggested that parents could be educated to teach their children respectful morals and assertive relationships:

“Families should give kids morals and values, something to start from, even if you change them as you get older. We

could include anti violence ideas in early child-hood education and anti-natal classes” (www.lawlink.nsw.gov.au/lc/dvlink.nsf/pages/young, conclusion section).

Finally, the National Centre for Violence Prevention specialist Geri Redden argues that professionals who work with victims and perpetrators of domestic violence are only a partial solution to the problem. She suggests that it takes only the average public citizen to act as a non-judgemental friend to a victim or a colleague who says it is wrong when a peer makes a sexist comment or boasts about putting his partner in place (Schremp, 2001).

Conclusion

Domestic violence cannot be solved with one, simple solution alone. It is prevalent in many different areas of the community under many different situational circumstances (Partnerships Against Domestic Violence, 2003; Canadian Department of Justice, 1993; Queensland Domestic Violence Taskforce, 1988). These circumstances include perpetrators’ beliefs about violence, their definition of gender roles, personality type, societal perceptions and behaviour (reporting, ignoring, and accepting) for example.

Researched perceptions across groups revealed that of professional responses supporting the beliefs of domestic violence, these beliefs were not found to be consistent across all discussed professional groups. This has been argued to be possibly due to the choice of theoretical framework professionals choose to base their beliefs when explaining domestic violence, and their responses towards domestic violence are dependent on such explanations (Laing, 2002).

There has been a range of responses to domestic violence. The diversity of responses has established according to their focus groups (victim or perpetrator) and whether they aim to intervene or prevent domestic violence. Such groups include law enforcement, rehabilitation, accommodation, welfare, health and other support services. The assumptions and guidelines for frameworks that are used as the baseline for each type of service “are not only varied, but sometimes conflicting” (Partnerships

Against Domestic Violence, 2003, p. 22). In addition, these approaches are also varied in their focus levels, whether it'd be individual, social or institutional (Laing, 2002).

These levels further extend the diversity of approaches in terms of their structure, procedures and legislation. And this does not stop at the government level. Non-government agencies and organisations are just as varied in their perspectives and approaches. Nevertheless, researchers have argued that these diverse approaches should be shaped into one holistic and integrative approach. As consistently pointed out in the literature, if one approach is in isolation of the other, then the response given to the perpetrator is not going to address the whole picture of domestic violence (i.e., victim safety, perpetrators' thoughts and beliefs, societal reinforcement of violence in varied social contexts). (Laing, 2002).

Current research and report findings have made recommendations for a holistic and integrated response from all agencies, organisations and systems involved in addressing domestic violence (Ferguson, 2002; Domestic Violence Prevention Unit, 2000; Fullarton, 1999; Umbreit, 1997; Edgar, 1988b). By exploring the selected professional perceptions of domestic violence, this step in research may possibly build on to the understanding of why domestic violence occurs. This will be achieved by interviewing a number of current professionals from five different professions who have or are still contemplating adopting suggestions and theoretical frameworks outlined in this chapter.

Research questions and design

The study aimed to measure the following research questions:

1. What are the causal explanations of the selected professional groups regarding domestic violence?
2. What is the relationship between these causal reasonings and participant views of effective responses to domestic violence?
3. How consistent are participants' perceptions across different professional groups with the literature researched?

The current study used a qualitative approach to obtain information about the research questions being explored. These questions were measured through surveys and interviews administered across five different professional groups that respond to domestic violence on a number of levels of intervention. The qualitative instruments consisted of questions that were structured in a way to yield open-ended responses. Through the use of these open methods the study obtained rich information in order to achieve a more in-depth insight into the proposed research questions.

The literature reviewed related to three main issues. These included five beliefs about, three different theoretical paradigms behind, and professional responses to domestic violence. Smith (1990) put forward that “each type of variable on its own offers only a partial explanation” to domestic violence (p. 25). Testing these concepts with participant groups will enable a relationship (if any) to be established between these variables (i.e., the beliefs/theories used to explain domestic violence and the responses chosen to respond to the issue). The following table shows the relevant survey and interview questions according to each research question being measured:

Table 3.1:

Link between survey, interview and research questions

Research question one: *Participants causal explanations of domestic violence*

- | | |
|---------------------|--|
| Survey questions | 1. Opinions on domestic violence in the community? 2. Why is domestic violence occurring? 3. What perpetrator characteristics possibly cause domestic violence? |
| Interview questions | 1. Attitudes towards domestic violence? 2. Why do men behave violently towards their partners? 3. Do public official reports reveal the true extent of domestic violence? 5 & 7. Opinions on perpetrator characteristics and domestic violence? 6. Opinions on societal factors and domestic violence in men? 11. Further comments? |

Research question two: *Relationship between causal explanations and views on effective responses to domestic violence*

- | | |
|---------------------|---|
| Survey questions | 4. Should the community of Perth support treatment of domestically violent men? 5. What could be done to prevent further domestically violent behaviour in men? |
| Interview questions | 4. Opinions on treatment / punishment interventions for domestically violence men? 8. Other possible influences? 9. Opinions on men's help lines and treatment programs? 10. How can these men be responded to effectively? 11. Further comments? |

Research question three: *Consistency of participant responses with the literature?*

All survey and interview questions were asked in an attempt at answering this research question.

Target population

One population group was targeted: The professional staff that works with victims and / or perpetrators of domestic violence. The participants were selected according to their focus of intervention and whether they aim to prevent domestic violence occurring (proactive) and/or intervening after the violence has occurred (reactive). The reactive groups included police (victims and perpetrators),

community-based staff (perpetrator treatment programs & services), women's refuge staff (victims), and health services for both victims and perpetrators. Finally, judicial participants both proactive and reactive, including government staff who work with perpetrators and victims through the courts and community agencies.

These groups represented the professional perceptions of domestic violence (N: 39, 27 females, 12 males). The participant groups were chosen because they hold crucial knowledge of, and experience with domestic violence cases. Each professional group targets domestic violence from different angles, depending on how they choose to explain such violent behaviour in men. The reason therefore, for selecting the chosen participants was based on exploring a broad range of professionals' perceptions who offer diverse approaches to domestic violence, subsequently offering important information about why domestic violence occurs and the relationship between causal explanations and views of interventions. The study will also widen the scope regarding the credibility of the literature reviewed (beliefs, theories and responses proposed) by providing different professional perceptions towards domestic violence.

Recruitment

By adopting a qualitative design, the aim of recruitment was to select participants who will best answer the research question (key informants). Hence a random sample does not apply here (Creswell, 1994). Parameters were set up to attempt to successfully recruit such participants.

A 'snowballing' technique was adopted to recruit participants. Also known as 'networking' due to its principles of recruitment, this design

“involves using a small group of informants who are asked to put to the researcher in touch with friends who are subsequently interviewed, then asking them for contacts until a chain of informants has been selected” (Burgess, 1990, p. 155, cited in May, 1993, p. 100).

The initial set of contacts were made according to their relation to the social issue or as Coleman (1958) puts it; “to sample explicitly with reference to the social structure” (Lee, 1993, p. 66). These initial recruitment contacts were randomly

selected over the phone or by email to their place of work. The 'snowballing' principles commenced when participants offered references or referrals to staff either alike or who would possibly offer another perspective on the issue.

These respondents grounded security for the researcher to contact the referred participants due to basing the request of contact on the credibility of the referee. This credibility was based on the link in professional relationships between the referee and the referred in terms of their position in the chain of staff across the board.

By making clear the purpose of the study, participants were not only happy to make referrals in their own chain of contacts but were also interested and therefore willing to refer participants from other services who offered different approaches to domestic violence. This verification of the purpose set out a clear participant eligibility guide, which dissolved the potential bias for recruiting a homogeneous group in terms of what they can attribute to the study (Lee, 1993).

In summary, the stages of recruitment under a snowballing design were carried out as follows:

- Commenced recruitment through initial random but sufficient participants (sufficiency was reached when referrals from each participant group being tested commenced).
- Attempt to control the chain of referrals was achieved by selecting referred participants who would offer the most amount of information that assisted in theoretical generation ('theoretical sampling') (Lee, 1993).
- Selected final participants according to the numbers needed in each of the participant groups in order to make even comparisons in the analysis stage.

Ethics

In order to abide by the ethics of successful research, the researcher administered to each participant two forms providing information about details and conditions of the study. A study information letter (administered to participants prior to participating) provided information about the present study. This letter included the researcher's name and details, the title of the project, the eligibility of participation (i.e., according to target population), the purpose and conditions of participation (see

Appendix H). The letter also informed each participant as to how they would be identified in the research (five groups identified earlier). By describing these details the letter was not only used as a benefit for snowball recruitment, but also to clearly explain what the study was about, avoiding any possible misunderstandings between researcher and participant.

A consent form (a conditional contract) also included the researchers name and details, the purpose and conditions of the study. These conditions included free withdrawal from the study (both the participant and information given); resources given if such distress arose in the participant; and including an agreement for the information to be recorded and erased when transcribed. In addition, the data collected was anonymous to the identity of the person and their place of work. This data was kept strictly confidential between the researcher and the participant.

These conditions were included in order to maintain respect, anonymity and confidentiality between the researcher and the participant. Two signature and date sections were included on the form for both the researcher and participant to sign in order to make an official agreement on the conditions provided in the study.

Pilot studies

Survey (Section A)

Aim

The survey using the vignette (fictional descriptive scenario) of a situation of domestic violence between a non-indigenous husband and wife (Section A) – was subsequently used as a pilot stage of the research (see Appendix B). The aim of this section was to obtain information to how the professional groups would respond to a hypothetical situation of domestic violence.

The survey was presented in the form of a ‘participant-construct’ instrument (Creswell, 1994). This is an interactive method of measuring the consistency of participants’ value judgements. The statements that were based on the vignette (Section A) were kept short as it is argued to be advantageous when asking for opinionated responses from participants (Sudman & Bradburn, 1982; cited in Lee, 1993). A Likert scale rated opinions in an ordinal fashion, ranking responses in the

form of ‘agree-disagree.’ This technique measured the strength and consistency of participant responses.

Procedure and results

The survey questions were piloted on an initial set of participants from Edith Cowan University (eight third year students). The aim of this preliminary work was to test the validity and reliability of the survey vignette questions. This was done to clarify any interpretation problems (i.e., ambiguity). Testing it was one of the main purposes of the pilot study. The participants arranged a time with the researcher complete the survey. The eight completed surveys were collected and the data were analysed. In order to measure the consistency of responses correctly, participants were asked after completion of the survey to assist in clarification of the items by discussing their interpretations with the researcher.

The vignette and the related questions that followed were piloted on each participant prior to the interview. However, the instrument yielded biased results and hence was rejected from the studies findings.

Survey (Section B):

Aim

The survey (Section B) included open-ended questions to collect further opinions about the issue of domestic violence. These questions were also included to acquire further information about the relationship between perceptions of, and responses to domestic violence.

Procedure and results

These survey questions were piloted on the same university students immediately after the participants completed Section A. After reading the responses, one question was not obtaining the desired response and hence was amended through re-wording. This was important to do as May (1993) has pointed out that “with

opinion questions, wording alterations can easily elicit different answers” (p. 78). For example, question two initially asked: Why do you think domestic violence is commonly occurring in Perth? Common responses started as “It happens anywhere”, and the rate was not the central aim of the question. The question was therefore changed to ‘Why do you think domestic violence is commonly occurring?’ in order to obtain direct answers the question is asking for. The researcher kept testing and refining the instrument using the same participants until it was acceptable to use.

Interview questions

Before conducting the interview, the researcher had two student peers to read the interview questions to check for validity so that they were clear and concise, and easy to understand. After consulting successful feedback from the peer students, the interview schedule was ready to use.

Study

Interviews

Design

A semi-structured interview design included eleven open-ended questions, which aimed at exploring the same aims highlighted in the survey discussion (see Appendix C: Interview Schedule for the interview questions). The interview was not only used to answer the research questions but also to extend participant survey (Section B) responses.

This flexible interview design, hence ‘semi-structured’, in May’s (1993) terms, “allows subjects (participants) to answer more in their own terms than the standardised interview permits” (p. 93). The interview served as a protocol in the sense that it was structured in a number of ways to accurately record information. The protocol included a heading (research title), demographic information (name, time, date and place), a summary of the study, a set of interview questions and spaces underneath each question to record reflective notes (feelings, ideas, concerns). Creswell (1994) put forward that protocols assist in interviews in terms of order and

classification of data. It also assists in the stages of analysis when retrieving and interpreting each participant response (see Figure 4.1).

Some questions were long-worded due to the inclusion of memory cues; examples to prime the participants' recall (Bourne & Russo, 1998). Lee (1993) argued that "there is a tendency for the length of reply to be related to the length of the question which elicited it" (p. 77). By asking a lengthy question offered a chance for the participant to think about the question, which inevitably would stimulate recall of important additional information.

Procedure

Ethics

All participants initially read an information letter (Appendix H), which included the researchers name and details, and a brief guideline that indicated the target groups and rationale of the study. The letter also briefed the participants on the details of the survey and interview including content, structure and duration. A consent form was then read and signed by each participant and the researcher to achieve official voluntary participation and for ethical reasons (see Appendix I).

Surveys

The participants from the different professional groups were surveyed according to a schedule at their place of work. The surveys were administered to each participant before the interview and were discussed and completed with the researcher present. Assistance was given when the participant required it. In order to keep on time the researcher explained that the purpose of these questions were to prime them into thinking about domestic violence, as similar questions would be asked in the interview that followed. When questioned about this method by some participants the researcher explained that an essential ingredient of qualitative research is to capture 'the in-between responses' (detailed information). By using two different methods of

testing, the researcher aimed at achieving such open-ended responses (Creswell, 1994).

Once the survey was completed, the researcher thanked the participant and asked them how they found the survey. This was done in order to assist with researcher-participant interpretations. The survey was then collected from the participant and the researcher began interviewing.

Interviews

Interviewing took place immediately after each participant was surveyed. Interviews commenced by a small introduction by the researcher, by introducing herself as a university student, who debriefed the participant about what she was seeking from them. The researcher then asked for the participants' opinions on domestic violence regarding the following: attitudes, possible causes (in general, individual and societal influences) and effective intervention responses (see interview questions Appendix C).

The researcher probed participants (when required) for clarification and elaboration purposes on the information given. This required the researcher to use minimal encouragers during the interviewing. These included prompts like 'tell me more; go on' (Bolton, 1999). The probing was successful when the researcher caught important discussion points. This typically occurred when the participant seemed excited to discuss certain topics.

May (1993) argued that the context of the interview is important. With some participants (during probing), the researcher questioned them from a third person point of view (eg: 'some people think this', 'what are your opinions on the issue?'). The use of this indirect questioning method depended on the need to seek more information on a certain topic being discussed.

It is highly recommended by Creswell (1994) that during questioning, the more recording techniques used in an interview the more likely data will be fully recorded and accurately interpreted. Participant responses were recorded in three ways. The researcher kept a log journal and recorded any thoughts, ideas, judgements and participant suggestions that arose during interviewing. The researcher wrote down

memos underneath each interview question. These included reflective notes (summarising or writing the key points of each answer) (Creswell, 1994). This pre-analysis assisted in reducing and identifying the data for when data analysis commenced (see Appendix C). The memos were also used in case the audio-cassette failed to successfully record the interview (eg, flat battery, high background noise).

The information from the interview was recorded on a micro-cassette recorder. After each interview, the researcher transcribed the participants' responses, proof read it and emailed it back to each participant. This was another way of increasing the accuracy of the researcher's interpretations of participant responses. This means proved to be a useful technique as quite often participants made amendments to their transcripts and sent them back to the researcher. Once the interview ceased, the researcher thanked each participant for their time and discussed any further comments (for a summary of survey and interview guidelines, refer to Appendix J).

CHAPTER FOUR: DATA ANALYSIS

Interview and survey (Section B) questions

The researcher analysed the data by adopting principles of thematic analysis. This type of qualitative analysis was chosen in order to obtain an understanding of domestic violence based on the meanings that each professional group to offer to the research questions being explored. As content analysis provided the frequencies of measured occurrences in participant responses, the researcher aimed to search for themes in order to discover the relationship (if any) between participant explanations of domestic violence, views on effective responses and with the literature researched. This type of data analysis aimed to formulate “key themes that describe the essence of the text (data)” (Donovan-Hall, 2004, p. 21).

The steps in which the data were analysed was based on the ‘Interactive Model’ of data analysis developed by Miles and Huberman (1984, p. 12). This model is displayed in Figure 4.2 below:

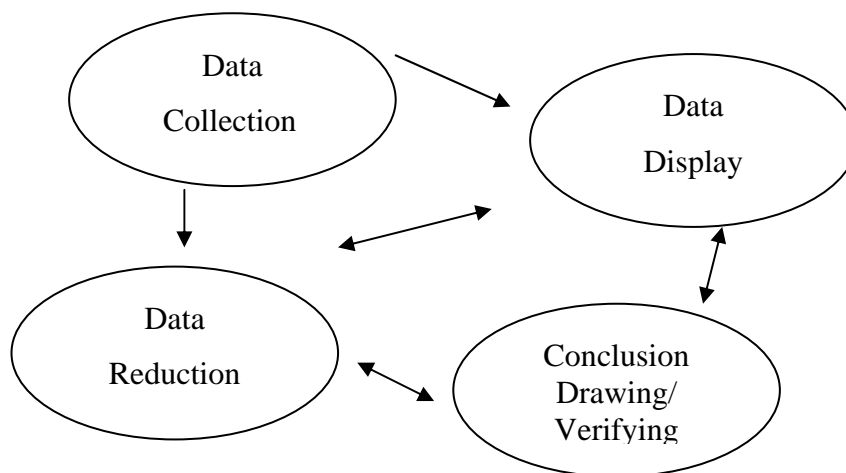


Figure 4.2: Interactive Model of Data Analysis (Miles & Huberman, 1984, p. 72).

From the model, the steps from data collection to drawing a conclusion is cyclical in process of going back and forth through each stage in order to refine the data and reach a final conclusion. The initial step, data collection, is outlined and discussed in Chapter Three (procedure). Data reduction included prioritising and disregarding, sorting, categorising and condensing the data. The researcher

transcribed the interview data from audio-cassette recordings onto a typed transcript. Each transcript was typed verbatim onto an interview template. Although time consuming, this method is the most thorough (and therefore valid) approach of content analysis. This type of qualitative analysis included recording the number of times a semantic reference to the related concept being measured was identified (see Table 3.1).

Participant transcripts were then numbered according to their coded groups (Police-1, Community-Based-2, Refuge-3, Justice-4, & Health-5). This step in content analysis provided the researcher with categories relevant to each participants' demographic details (name, occupation status, location of employment, time & date of participation). The researcher then read over the data in order to make sense of it. Responses from the survey (Section B) and interview questions were analysed according to each research question.

The next stage in the interactive model is known as data display. This included organising the chosen data in a display of networks and frequency tables; tools that assisted the researcher in interpreting the data (Miles & Huberman, 1984). In order to achieve this stage of analyses, the researcher adopted a colour-coding technique by assigning a colour to each research question (rq) being measured. Every response relating to each question was marked with the relevant colour (rq 1: blue, rq 2: red, rq 3: green). This systematically classified the data in an organised manner. The coded data were re-written and nodes were drawn connecting similarities and differences in the data both within and between groups. These nodes were linked this way, which aimed to provide information about any relationship between participant views of causes and responses towards domestic violence.

The researcher then continued to look for similarities and differences in the data until theoretical saturation was reached (no new information was being found). This confirmed that the results were thoroughly explored. The new information was then compared with the previous information to check for validity (Colaizzi, 1978).

Conclusion drawing and verification is an interpretive stage involving the researcher attempting to make sense of the data and form a meaningful explanation to answer the original research question (Miles and Huberman, 1984). This included

summing up the most important information in order to explain the research question as accurately as possible.

The researcher then formed conclusions and recommendations relating to the research question from reviewing the categories and suggested reform for domestic violent men based on the opinions of the selected participants.

Finally, the researcher recruited other peers to examine the results in order to clarify the findings. The aim of this was to enhance the credibility of the research, to gain a diverse agreement on the findings from other peers.

CHAPTER FIVE: RESULTS OF MAIN STUDY

Research question one: Participant explanations of domestic violence

All participants (100%) agreed to domestic violence being a serious issue that has significant negative ramifications for the whole community. The effects were notably reported to affect society at personal, cultural, political and structural levels. They argued that the event is often looked upon by society in isolation to other behaviours in terms of its short and long term consequences, criminality, responsibility and awareness.

Although each participant group displayed noticeable variation explaining domestic violence, the data shows notable degrees of support across three theoretical paradigms. Participants explained that domestically violent behaviour in men arises primarily from sociological, psychological and feminist influences. The data highlighted the most supported explanations of domestically violent behaviour in men including power and control issues, ‘intergenerational transmission of violence’, and socialisation of violence in the Western culture (including social learning conditioning in early developmental years). The consistency of participant responses in explaining domestic violence are shown in Table 5.1:

Table 5.1

Consistency of respondents supporting categorical explanations of domestic violence

| <u>Explanation</u> | <u>Mean</u> | <u>Frequency</u> |
|-------------------------------|-------------|------------------|
| Power and Control Issues (F) | (x: 35) | 90% |
| Cycle of Violence Theory (P) | (x: 28) | 72% |
| Socialisation (S) | (x: 28) | 72% |
| Stress (Frustration) (S) | (x: 25) | 64% |
| Social Learning Theory (P) | (x: 24) | 61% |
| Patriarchal Society (F) | (x: 21) | 54% |
| Poor Communication Skills (P) | (x: 16) | 41% |
| Low Socio-Economic Status (S) | (x: 1) | 3% |

(Feminist (F), Psychological (P) & Sociological (S) explanations; Total no of participants: 39)

The figures highlight that domestic violence is predominately explained by the perpetrator's characteristics that have possibly been established in early childhood years and reinforced by socialisation influences through a multitude of social and cultural sources (stress, media, sport, career). Moreover, all participants did not support the five beliefs of domestic violence although they were argued to be prevalent within the community and hence a stimulus behind domestically violent behaviour in men (community silence, alcohol consumption).

Some disparity in participant opinions was identified regarding explanations of domestic violence. These discrepancies were with reference to a perpetrator's socio-economic position, level of communication skills, and gender position in society. One participant claimed that low socio-economic status is a causal factor behind domestically violent behaviour in men.

Forty-one per cent of participants argued perpetrators' poor communication skills to be a root cause of domestic violence. The remaining participants argued that this factor would only delay the violence from occurring. The same participants have stated from their experiences that they have worked with perpetrators who possess good communication skills, consequently they argued that this factor could not be offered as causal reasoning.

The feminist explanation of a patriarchal society and domestic violence also received varied support from participants. Fifty-four per cent argued this factor to still account for a significant amount of domestic violence in the community. The remaining eighteen participants from the total group (N: 39) argued that historically this explanation has upheld its universality with domestic violence. However, they posited that its validity should be questioned as the oppression of women within society is rapidly deteriorating. These participants discuss the evidence that explains this shift in gender equality within society, highlighting the number of women in executive and managerial career positions, and the number of men who remain who remain in the domestic sphere.

Research question two: Relationship between explanations and approaches to domestic violence

Research question two aimed to measure the relationship (if any) between participants' causal explanations and views on effective interventions to domestic violence. Overall, participants' reasons behind their explanations of domestic violence were directly related to their suggestions of approaches to the issue. The data revealed the following themes that participants argued to be paramount when understanding and responding to domestic violence effectively: accountability, responsibility, justice, safety and equity. Participant related explanations and intervention suggestions are outlined in Table 5.2:

Table 5.2

Participant themes/interventions/explanations of domestic violence

| Theme | Intervention | Explanation |
|----------------|---|---|
| Accountability | <u>Prevention (proactive)</u> -Community education -Community support -Government campaigns and advertisements | Cycle of Violence Theory Social Learning Theory Socialisation |
| Safety | | |
| Equity | | |
| Responsibility | <u>Intervention (reactive)</u> -Cognitive/behavioural/educational treatment programs -Suspended sentence regime -Stronger justice response (in terms of consistency and accountability) -Increase perpetrator rehabilitation residential accommodation agencies | Power and Control issues Socialisation Stress (frustration) Patriarchal beliefs Poor Communication Skills |
| Justice | | |
| | | |

Participants supported a number of different causal factors of domestic violence, which possibly accounts for the consistent argument of multiple angles of intervention. The present data indicates that these angles are based on intervention sources (professional groups, community, government), focus (individual and social) and intervention design (proactive / reactive). Thirty-four participants (87%) argued the importance of adopting a professional response to domestic violence with a balance of intervention and preventative measures in order to reach more affected families.

Participants who supported the explanation that domestically violent behaviour arises in a perpetrator's social development, argued that there should be more preventative measures in place. The high level of support for cycle of violence and social learning theories from participants justifies the consistent argument of adopting a more proactive approach. Frequent examples included healthy relationship education and training programs targeting the youth, including schools and young parenting classes.

The same participants also argued the importance of catering professional responses dealing with perpetrators violent attitudes, beliefs and predispositions. Hence the majority of participants supported a cognitive/behavioural/educational-based approach in order to focus on rehabilitating and educating perpetrators of domestic violence.

Fifty-four per cent of participants agreed that perpetrators should be mandated to go as condition of their charge. The participants who disagreed justified their responses through reasons of the need for a perpetrator's willingness to actively attend programs.

Imprisonment was argued by 69 % of participants to be used as a suspended sentence condition if perpetrators were not showing any signs of improvement or are posed as high-risk offenders. They argued that this response is valid for purposes of specific and general deterrence and to send a clear message to perpetrators and the community that domestic violence is illegal. These participants highlighted that successful intervention therefore should be a balanced approach of rehabilitative/educational/safety and accountability measures.

Seventy two per cent of the study's participants supported socialisation theory in explaining domestically violent behaviour in men, and hence relevant measures to target such a factor were also supported (i.e., macro level approaches). Consequently, participants' argued the need for the community to align with professionals in terms of awareness, support, understanding and responding to domestic violence.

Seventy two per cent of participants put forward that there should be more government campaigns and advertisements about domestic violence. Alternative and consistent ways of spreading the message that domestic violence is not tolerated should be adopted in order for professionals to reach a larger group of domestic violent men in the community.

Some participant responses across groups indicated a degree of discrepancy towards professional opinions towards the causes behind, and responses towards domestic violence. For example, one health, police and two refuge participants claimed that a punitive approach for perpetrators is an effective response in reducing their violent behaviour.

The essence of all four participants arguments seemed to be that due to the violent nature of this behaviour, it is only appropriate to respond in the same way to domestically violent men and implement some form of punishment (i.e., graphic photo of abused spouses, rattan lashes). Interestingly, though, these participants also supported psychological, sociological and feminist explanations of domestic violence. Although small in comparison, these varied responses across participants are important to note as they consequently question the current level of professional understanding towards, and ways of responding to domestic violence.

Research question three: Consistency of responses with literature review

The final question determined the consistency of responses across participants with the literature researched. The literature demonstrates consistency in adopting a multi-faceted approach from professionals and the community in order to respond to domestic violence effectively. 'Multi-faceted' meaning the number of different theories or beliefs used to explain domestic violence, which are argued to shape the

way individuals respond to the issue. Table 5.3 shows the consistency of participants' causal explanations with the literature review:

Table 5.3

Relevant causal themes between data and literature review

| Causes | Explanation |
|---------------------------|--|
| <u>Psychological</u> | |
| Cycle of Violence Theory | 72% of participants agree that this factor is still valid in explaining a significant number of domestically violent behaviour in men. |
| Social Learning Theory | 64% argue that this theory is more considerable today in explaining domestic violence due to a wider range of influential sources (media, culture) |
| Poor Communication Skills | 41% of participants supported this factor, arguing that it is a root cause of domestically violent behaviour. |
| <u>Sociological</u> | |
| Socialisation | 72% argued that domestic violence is an underlying social fabric issue, and (consequently) violence is reinforced through multiple sites (media, sports, workplace). |
| Stress (frustration) | 64% of participants supported this factor, indicating a fairly high degree of consistency with the research. |
| Low Socio-economic Status | Only one participant argued this to be a cause of domestic violence in men. The remaining 97 % of participants argued that domestic violence sees no economic boundaries. |
| <u>Feminist</u> | |
| Power and Control Issues | Most supported explanation across participants and with literature review explaining domestically violent behaviour in men. |
| Patriarchal beliefs | Although current research claims this factor to remain a notable explanation of domestic violence, only 54% of participants supported this theory. The remaining 44% argue that there has been a societal shift of gender roles in the domestic and social sphere. |

The fairly consistent levels of support for psychological, feminist and sociological theories of domestic violence adds further credibility to the 'interactive systems theory' proposed by Partnerships Against Domestic Violence (2003),

claiming that the most effective approach is when all three theoretical explanations are considered in every domestic violence case.

Table 5.4 illustrates the consistency of participants' views on effective interventions to domestic violence with the literature review:

Table 5.4

Relevant intervention themes between data and literature review

| Focus | Intervention | Support | Explanation |
|--|--|-----------|---|
| <u>Proactive</u> Social/ Institutional | Government education, campaigns, advertisements | 54% (21) | - Increase in consistency of government intervention |
| | | 72% (28) | -Alternative messages of domestic violence (healthy Relationships...) |
| | | 36% (14) | -Government needs to channel funds into discussed relevant appropriate interventions in order to be effective |
| | Individual/ Social/ Institutional | 100% (39) | -The importance of the community adopting principles of accountability, responsibility, safety, equity, and justice -Providing positive role models for the youth. One avenue: -Possibly more male teachers in schools to set appropriate morality and behaviour for young male children and adolescents. |
| <u>Reactive</u> Individual | Community alignment with domestic violence responses | 97% (37) | -Intolerance and criminality of domestic violence |
| | | 5% (2) | -Addressing the issue publicly through alternative ways: -Treating it as a health problem highlighting the symptoms and effects of domestic violence (to reach a wider perpetrator group) |
| | | 69% (27) | -Healthy relationship education as a significant focus in education curriculums and youth/parenting classes. |
| | Cognitive/ Behavioural/ Educational treatment programs | 100% (39) | -Strongly based around perpetrator accountability of their violent behaviour. |
| | | 64% (25) | -Based on well-documented evidence to achieve a comprehensive program. |
| | | 38% (15) | -Individual treatment (case management) |
| | | 77 % (30) | -Group interventions (interactive sessions) |
| | | 59% (23) | -‘Screening’ perpetrators to cater appropriate responses (Type(s) and history of violence, addictive behaviours) |
| | Institutional | 85% (33) | -Congruency of non-violent principles and approaches |
| | | 64% (25) | -Follow-up evaluations on perpetrators and victims |
| | | 69% (27) | - Adopt a suspended sentence regime (depending on the severity of the violence). |
| | | 54% (21) | -Mandatory treatment conditions for perpetrators (if strongly reinforced, there is some degree of a positive outcome, therefore possibly reducing the validity of the question of its effectiveness. |
| | | 100%(39) | -Increase safety measures for victims (crisis hotlines, refuge accommodation) |
| | | 23%(9) | -Community residents providing accommodation and treatment for perpetrators (eg, Breathing Space) |
| | | 10% (4) | -Punitive measures (fines, graphic victim photos) |

Participants also supported the argument that domestic violence should be seen as a community problem in terms of acknowledgment, reporting of, and responding to domestic violence. Professional group responses were also consistent in that punitive measures including fines and imprisonment do not address the perpetrator's problem of violence, and the response should consider this factor and the others mentioned in order to be effective.

CHAPTER SIX: DISCUSSION

The present study aimed to measure the perceptions of five groups of professionals who work from different angles at addressing the same problem: domestic violence. The following discussion will address the research questions (summarised in Table 4.1) that were explored. The first that will be discussed is participants' attitudes towards domestic violence. Secondly, participants' opinions and understanding of the causes of domestic violence will be addressed. Factors including socio-economic status, alcohol and communication skills are reviewed separately from this discussion. These factors were asked later in the interview so as not to influence or bias participants' initial opinions towards the causes of domestic violence.

The third discussion relates to opinions of effective approaches for domestically violent men, including the relationship between the explored perceptual explanations and responses towards the issue.

I. Attitudes towards domestic violence

Consistency within groups

The consistency of attitudes within the police group was found to be fairly high. Overall, police participants held a zero tolerance attitude towards domestic violence and violence in general. In their responses, two key words were frequently noted: seriousness and awareness of domestic violence. Participants consistently pointed out that the criminality of this sort of behaviour is equal to any general case of violence in the public. This favourable premise was evident from the following comments:

“(domestic violence) shouldn’t be made a lesser crime because it is domestic (and) it should be afforded the full response as a crime”, and

“It has huge ramifications for those involved in the community”; “the financial costs to the community are enormous (health, child support, family courts, prisons)”.

Based on their experiences with domestic violence clients, one police participant revealed that during the last ten years the Western Australian community’s understanding of the seriousness of domestic violence has increased significantly. However, the participant describes how they struggle with comprehending issues of prevalence. For example, consequences can be the long-term consequences on a multi-level spectrum, the social and academic impacts on the children of abuse who may have difficulty with school.

The attitudes of this police group were commonly consistent in terms of them being aware of domestic violence, its ramifications to the family and to the community and where the community stands in terms of their perceptions towards the issue. All police participants suggested that historically, domestic violence has been tolerated on a significant level. People are therefore not interested in discussing or doing anything about it. Recognising it as a “hidden agenda”, participants were consistent in reflecting their concerns about the private nature of domestic violence.

Consistencies of attitudes within the community-based professional group were identified. Responses such as ‘completely inappropriate’, ‘life reality’, ‘endemic’ and ‘multi-levelled’ were favoured participant descriptions of domestic violence. ‘Multi-levelled’ was described by one participant covering “personal, structural, political and cultural levels”. The types of violence that constitute the author’s definition of domestic violence were acknowledged and not condoned, nor excusable.

The community-based groups’ knowledge of community perceptions revealed that there are still notable numbers within the community who do not take the issue seriously enough. One participant describes the community’s perception as “a knee-jerk reaction of how terrible it is.” This comment expresses that the long-term effects of domestic violence remain to be ambivalent to the community.

Participant attitudes were also found to be highly consistent within the refuge group. It was frequently highlighted that not only domestic violence but any form of

violence in general is wrong, criminal and should not be tolerated. The seriousness of domestic violence was also noted across refuge participant responses:

“domestic violence is a massive problem at the core of other issues”.

Refuge participant responses towards the level of understanding of domestic violence across the community were consistent, reflecting people’s indifference towards the issue: “people are quite blasé about it, nobody really wants to get involved” and “a blame-outwards perspective”. The inverse relationship between the high rate of domestic violence and a low rate of community response was also evidenced by one participants’ comment:

“(the community is) desensitised and accept what happens in a family is not their business.”

This community silence is still prevalent from consistent evidence identified in the refuge participant group.

The key word ‘zero tolerance’ was consistently identified in participant responses from the justice group: “not acceptable”, “(domestic violence) is a crime and should be treated as such...it is a human rights issue-breach of humanity”. These words reflected the majority of participants’ responses. Perhaps one justice participant in their response provided the most reflective comment about domestic violence:

“(Domestic violence) is a total betrayal for people who engage in the basis of our society (family) and it takes away the possibility of an individual to be an individual”.

A perception that domestic violence is formed by attitudes of society which are “slow to change” was commonly felt amongst justice participants. The reasons behind this slow rate of change are discussed in later sections of this chapter.

Perceptions towards the impact of domestic violence seemed to be the most consistent topic amongst health participants. When answering interview questions, health participants acknowledged that domestic violence is a problem at a community

level due to the fact that it self-perpetuates. The quote below describes one reason that domestic violence is prevalent within the community:

“domestically violent acts are never really justified...(but) there are always reasons that people will give to justify what they do”.

One health participant commented that domestic violence is an “individual problem, one that the individual solely needs to address”. This statement was low in consistency of responses. However, it still gives light to the belief that ‘*domestic violence is not a community problem*’ and reinforces the argument that such beliefs can spill into professional perceptions.

In terms of community awareness, health participants sketched a daunting picture: “through ‘Americanisation’ there has been a societal change...no one is accepting responsibility for their actions”. Participants argue that it is “still a taboo subject - many are unaware of it (domestic violence)”;

“we only see the inklings of it” and the insufficiency of its recognition and reporting should be highlighted as a community concern.

Consistency between groups and with reviewed literature

All groups reflected a zero tolerance attitude towards domestic violence and violence in general. The argument that ‘no one deserves to be hit’ was frequently identified in the data. This was found to be the most consistent issue discussed by participant groups when asked about their opinions towards domestic violence.

The participants’ comments reflect a notable change from earlier research (Domestic Violence Council of WA, 1998; Mihalic & Elliott, 1997; Esteal, 1994) indicating ambivalent attitudes amongst professionals involved with domestic violence cases. In light of this research, professional attitudes have changed considerably in acknowledging and understanding the seriousness, nature and extent of domestic violence. For example, police participants’ responses in this study challenge previous research findings of cynical perceptions and ambivalent responses towards domestic violence cases (Partnerships Against Domestic Violence, 2003; Domestic Violence Council of WA, 1998).

Previous research has focused on community perceptions of domestic violence with results indicating that noticeable numbers accept or justify domestically violent behaviour (Partnerships Against Domestic Violence, 2000; Women Lawyers Association, 1997; Mihalic & Elliott, 1997; Queensland Domestic Violence Taskforce, 1988). Participants' comments regarding the community's recent perceptions of domestic violence in the current study were fairly consistent when reflecting on their experiences with their clients. Participants frequently agreed that the community's awareness of domestic violence has increased noticeably.

However, participants commonly acknowledged that people in the community do not seem to comprehend the longer term implications of domestic violence, such as a decrease in the quality of life, generational cycle of violence, difficulties for the involved children in their social and educational development. The current research findings reinforce consistently reported arguments of the need to educate the public about domestic violence (Health Department of Western Australia, 2002; Austin & Sootsman-Eicher, 2004; Mihalic & Elliott, 1997).

With regards to the issue of the responsibility of crime shifting into the community's hands, all groups were consistent with an argument that the community shares a large role in helping to reduce and prevent domestic violence (Steering Committee Report, 2002, 2003; Australian Institute of Criminology, 1990). Interesting examples of this emerged from a police and community-based participant (respectively):

“community needs to take a greater stand and stop pussy-footing around” (Police participant), and

“(domestic violence) is a community education issue” (Community-based participant).

From consistent responses across groups, it is clear that there is still concern in terms of the general population's lack of awareness and involvement in domestic violence. These complementary attitudes reinforce research arguments that people still abide by the belief that '*domestic violence is not a community problem*' in the sense that community members still do not take domestic violence seriously enough

(Department for Education & Children's Services, 1997; Office of Status of Women, 1988).

Despite frequent comments like "community attitudes have changed", there is still much to be achieved, because, as described by one health participant, societal attitudes swing "like a pendulum". Likewise, a justice participant's comment acknowledged this analogy in which "society will swing one way, then the other before it ever comes back again".

The belief that 'what happens in the home, happens in the home, that family matters are private' still prevails today as evidenced by participants' responses about their experiences with members of the community. From participants' perceptions and their attitude towards domestic violence found in this study, concepts outlined previously have been reinforced; this issue is notably a community problem. In order to enhance this awareness, participant perceptions and research to date consistently argue the importance of continuing measures to break this silence (Schremp, 2001; Romans, Poore & Martin, 2000; Robertson, 1999).

II. Participant perceptions on theories and beliefs about domestic violence

Theories

Consistency within groups

Police participants acknowledged the complexity of domestic violence and its multi-faceted nature through the following comments:

"domestic violence occurs for a whole plethora of reasons and different men do it for different reasons"; and

"(there is) no one causal factor at the root of all domestic violence"

Interestingly, only one police participant (an officer in the experienced group) acknowledged a difference within the types of commonly reported perpetrators under two categories (Queensland Domestic Violence Taskforce, 1988). According to their view, the first perpetrator type typically displays a narcissistic, paranoid, insecure and angry personality. The participant explained that these types of behaviour are similar

to a stalker. The other type is typically uneducated, has no insight or concept of their behaviour and displays a lack of empathy.

Other participant responses were ‘frazzled’ in the sense that the descriptions were not as specific. Although a number of factors described in the above quote were mentioned overall from the group, each mentioned factor was low in consistency of reporting across each participant.

Nevertheless, psychological, sociological and feminist explanations were typically offered by this group to explain domestically violent behaviour in men. Key words including stress and frustration, power and control, drug and alcohol issues, and social conditioning were frequently reported.

The most consistent stance of explanations of domestic violence was based on psychological and sociological factors. Nearly all participants from the group highlighted that a perpetrator’s family of origin (upbringing) plays a strong part in a significant number of domestically violent men. Police participants frequently reported from their experience with domestic violence cases that this type of violence historically has been, and still is, accepted in a large number of Australian families:

“From my experiences they have grown up around domestic violence and to them it’s an accepted way of life”, and

“In the majority of cases it’s mainly to do with their upbringing”

One police participant defined domestic violence as “one of those underlying social fabric issues”. The participant described domestic violence as ‘fabric’ because it is ingrained as a frequent and acceptable (by some) occurrence in society. Likewise, another police participant extended this response by saying: “I think we look at the event in isolation without considering the effects, external triggers”.

Participants consistently reported words such as ‘exposure modelling’, ‘social conditioning’ and ‘reinforcement’ when explaining violent behaviour in men and the influence of coming from an abusive family. One participant’s comment seemed to reflect the group’s opinion as a whole:

“When in Rome, do as the Romans do”.

Likewise, an account from another police participant revealed that the generational cycle of violence is a notable causal factor in domestic violence cases. The same participant put forward that if a person comes from an abusive home they are more likely to utilise the abusive behaviours observed during childhood in their intimate adult relationships. The participant explained that perpetrators:

“have a tendency to revert back to things they may have experienced socially as young children. So you have a cycle of violence in a relationship, repeating through generations.”

It was commonly reported amongst police participants that police deal with cases of families that still perceive violent behaviour towards female partners as normal during confrontations. One participant offered the following comment:

“It’s that large ‘Australiana’ thing with a lot of groups of men. Ten or twenty years ago there was nothing wrong with going down to the pub and beating up some bloke because he took your pool cue...guys do that all the time unfortunately and it was really not uncommon that that attitude prevails”.

Further explanations included a deficiency in the perpetrator of some type: frustration, lack of education, lack of respect (for themselves and others), inability to be assertive, selfishness. General stresses were also frequently identified in participant responses when explaining why domestic violence occurs. For example, stress from the workplace, frustration, the community and society’s expectations could all lead to men behaving violently towards their partners, as some participants suggested.

However, the second most consistent explanation of domestic violence from the police group related to issues of gender inequality, reflecting a feminist stance. Participants argued that this factor has quite a strong relationship with violent behaviour in men towards women. A typical common response is illustrated below:

“I think it’s because traditionally in our culture men are taught to be tough, they have been brought up to suppress their emotions, ‘big boys do not cry’ notion, so slowly through their maturing years they learn that it’s not OK to show any emotion other than anger”.

The data suggests that the social (familial) and psychological conditions that form the basis of early development within a child, and societal reinforcements of these conditions in the child's later life, both play a notable role in men's violent behaviour towards their partners. 'Societal reinforcements' include examples such as persistent attitudes which legitimise the use of violence or some form of control by men towards women in relationships. This is evidenced in the workplace where a considerable number of authoritative positions in male careers (eg, military, government) may reinforce these attitudes.

Community-based workers perceptions' were also highly consistent (100%) in recognising that domestic violence is multi-levelled in terms of its causes and effects. Interestingly though, all participants were consistent in relating domestic violence with two core key words: power and control. The majority of these participants reflected a sociological/feminist perspective, arguing that domestic violence is strongly influenced by society on a number of levels: gender, political and structural. Evidence of this stance is offered in the following comment:

"...gender inequality? Clearly...Feminist discourse tells us patriarchy plays a big part - it posits proprietary rights of men over women...hegemonic formation of masculinity - emphasises being aggressive, unempathetic, detached".

As to why gender inequality plays a notable role in domestic violence cases, a number of explanations and examples were given. One community-based participant described violence to be endemic throughout politics and religion (for example). They explain that in our everyday language, violence is evident. The same participant offers an example:

"Our metaphors when playing table tennis, "I'll kill you or thrash you or beat you". Metaphorically our language is profoundly violent".

Another community-based participant added to this debate that socialisation is important in rewarding people who behave in a controlling and aggressive manner. The participant stressed that there is perhaps a common exception of the male being in

control and able to solve problems. The dilemma is, as the participant claims, “they often cannot because none of us can solve anybody’s problems.”

All participants commented on certain deficiencies when describing domestically violent behaviour in men. These included poor levels of: self-esteem, awareness and life skills in coping with anger and frustration, and “not realising that at every step they (the perpetrators) have choices.”

One community-based participant suggested that domestic violence occurs because of a process within a relationship between a man and a woman. The participant described an initial stage of a relationship between a couple, based on their experiences with clients:

“when they do find themselves emotionally attached to someone other than their parents, they will normally quite often develop a very strong emotional bond with their partner”.

The same participant described this stage of the relationship as the symbiotic stage (more commonly known as the ‘honeymoon phase’) in which the man’s needs are met at a high level by his female partner. The participant then goes on to describe how he can become emotionally attached to his partner:

“This can be quite an amazing experience for the man, having someone else looking out for their needs (emotional) so he is fulfilled on that level...she quickly becomes his place in terms of emotional work so he starts to feel quite secure and vulnerable around her.”

The problem starts, the participant argued, when the woman puts less emotional input into the relationship and more back into her old activities such as her relationships with friends, children, or work peers. The community-based participant then explained that the man’s level of insecurity is dependent on his level of emotional development that was formed as a child. His level of emotional development will determine how much he needs his partner’s attention and support. The way in which the man will achieve this is described by the participant is through tactics of power and control.

This description was consistent with other participants' comments. One community-based participant suggested that the violent behaviour in these men reflects an emotional fear, which is very deep and is repressed. The participant is suggesting here that abusive men find it hard to cope with their emotions, which are not managed well and are usually expressed aggressively. The participants reasoning behind this stance goes back to the person's family of origin:

“Men are conditioned at birth only to express happiness or aggression”.

Another community-based participant described men in general of having to be aware of their emotions, implying that this rigid social conditioning of emotions (described above) may inhibit many men to not be open with their partners. A sense of fear then develops, described by one participant:

“In a real relationship, it (boils down to) communication, openness, and they (perpetrators) cannot do it. Their fear of losing their partners at a subconscious level, the more they fear, the more they escalate in their violence and control.”

Community-based participants revealed consistency in their responses that the influences, expectations, reinforcements and sanctions of society towards violence, including the generational transmission of violence in the family are all notable components of domestic violence. Based on the participants' premises, if society is willing to sanction, reward, expect and influence certain types of behaviours then the consequences that follow should rest on society's hands.

This is not to say that the fault of the abuse doesn't rest on the perpetrator. Indeed, all participants from this group stressed that the men must be held accountable for their actions. However, looking at the problem from a long-term viewpoint, if societal influence is significant with domestic violence (as evidenced earlier), then society should make a proportionate if not greater effort in helping to solve the problem. This concept is discussed later in this chapter.

The participants from the refuge group were fairly consistent with their responses towards the possible causes behind domestic violence. The multi-faceted

nature of domestic violence was acknowledged across the refugee participants' responses. The following explanations were identified:

-Feminist: The majority of refugee participants agreed that domestic violence stems from strong social conditioning of the traditional roles of men as being in control, having power and acting out such roles in compatible ways (aggressive, competitive). The following example illustrates this concept (which was common):

“men's position of power in society and the whole system is made to the dominant male”,

-Socialisation and the Generational Transmission of Violence: Most refugee participants agreed with the notion of learned behaviour and socialisation in explaining domestic violence. This was evidenced in the two refugee participants' comments:

“Society generally places unrealistic demands on men and women. There are still roles that children are brought up to be expected to fill (learned behaviour)”, and

“ I do believe it is a learned thing stemming from childhood. This competitive nature is so 'in' with men (eg, sports)”.

-Psychological: Participants did not offer any particular description of a typical perpetrator. In fact, their comments were to the contrary, as described by one refugee participant:

“there is no particular 'type' of abuser”.

The response above highlights that each domestically violent case has its own peculiar circumstances and characteristics. Nevertheless, consistencies were found between a number of descriptive characteristics identified from refugee workers; that perpetrators had low self-esteem, were typically inarticulate, unaware of emotional processes, showed a lack of empathy, and a low tolerance to frustration.

Another refuge participant stressed that domestically violent men have an “inability to accept differences in opinion”. The participant suggested that when a perpetrator has a low self-esteem they would have difficulty accepting these differences. This is because he will usually hold a perception that “anyone who disagrees with me will think I am stupid” and he may possibly be frustrated by that concept.

The most consistent responses evidenced from the justice group when explaining domestic violence surrounded the unequal powers between men and women and the attitudes and beliefs that reinforce this socially acquired consequence:

“historical factors indicate that women somehow are part of men’s possession.”

Another participant offered an example to illustrate this, arguing that in the eyes of the law, a couple were not seen as separate but as one entity and were treated as such. The same participant concluded that:

“These sorts of attitudes...have been reflected in law until very recent times.”

Nonetheless there was still some controversy about the credibility of feminist explanations of domestic violence based on another justice participant’s experience with clients:

“gender inequality, the oppression of women? I think men think it has gone the other way now since the sexual revolution in the 60s and 70s, that women have got the upper hand. A lot of these men carry on about having lots of support for women and none for the men.”

Psychological characteristics including emotional insecurity were also frequently evidenced in participant responses when explaining domestic violence. One participant explained that people’s management of emotions is something that is learned rather than already genetically determined. Based on their experiences with clients, the participant put forward that men are just as fearful and insecure as women about losing their partners.

Another interesting example supporting psychological reasons for the occurrence of domestic violence was child – parent bonding. It was suggested that there might have been a lack of bonding between the perpetrator and his parents when he was a child. The participant argued that perpetrators of domestic violence lack “individuation. So when he grows up, they see the people who they form relationships with to be a part of themselves.” This co-dependency between a perpetrator and their female partner was argued to be due to a lack of attachment formed with their mother or care-giver as an infant. The level of attachment formed in adult relationships is dependent on how much was received as a child. It was suggested that this attachment, if broken, could lead to violent behaviour.

Only one response relating to typologies of domestically violent men was found in the justice group’s responses. From their experiences with clients, the participants highlighted that there are typically two groups of perpetrators. The first type tends to behave impulsively, is generally violent and usually has a record of previous assaults. The second type was described as displaying more specific violence against the partner. This second type of perpetrator is more controlling, manipulative and violent thoughts are more pre-determined. This typology of a perpetrator type was described as being “more calculating and controlled and manipulative. Not violent in a scattered way-very specific violence against (his) partner.”

As previously noted, the justice group offered fairly consistent explanations of domestic violence. However, other contributors such as alcohol and economic status were mentioned (discussed in detail later), and they highlight the complexity of domestic violence.

The most consistent response across health participants in explaining domestically violent behaviour in men was psychological factors (perpetrator characteristics). These included (from the most frequent to the least frequent) a lack of: control, understanding of feelings and behaviour, and insight into other’s feelings. Male perpetrators of domestic violence tend to show difficulty with management and expression of their emotions and display poor self-esteem.

Health participants tended to favour psychological characteristics when explaining domestically violent behaviour in men. This was reinforced when

discussing the intergenerational transmission of violence as evidenced by two participants' comments:

“perpetrators’ often have been victimised too and it’s what they know and what they have been used to”, and

“perhaps they experienced abuse themselves and they tend not to deal very well with expressing those feelings”.

Gender explanations were also evident. However, responses were quite different in nature. Some participants agreed with the argument that having a patriarchal society, in which males are accepted as controlling and having powerful beliefs and behaviour, is still strongly reinforced by the community.

Other health participants’ argued that gender influences are not as important in one participant’s explanation:

“...not so predominantly now where women in many cases are a lot more independent, single and career minded, a lot more stronger, a lot more support in society for them.”

The same participant reported their concern about “men being disempowered or losing their role in society.” Examples of this argument included a “feminisation of the teacher workforce” and the limited number of male role models in the schools which may, as the participant suggested, cause an identity crisis in young boys.

One health participant commented that the women’s movement in the sixties, which highlighted the oppression of women by men was a positive event. However, the participant believed that society has overreacted to this movement. The same participant offered an example of female undertakers, described below:

“...all female undertakers who advertise that they are all female and that there is an advantage in that. Yet no way could an all male undertaker group declare that they are an all male group and advertise it as an advantage...Now I think that’s crazy because it is then going to create a problem in the future that we are going to have to correct again.”

Health participant responses highlight the importance of taking into account three broad psychological factors when explaining domestically violent behaviour in

men. These include the intergenerational transmission of violence, communication skill problems, and emotional insecurities (poor self-esteem).

However, the data from the current study indicate a degree of controversy with regards to certain sociological and feminist explanations of domestic violence. Only one participant claimed that domestically violent behaviour in men is predominantly caused by those who struggle at work or in society (i.e., those of low socio-economic status). The threat of men becoming 'disillusioned' or lost in terms of societal expectations of them was argued by two participants to be factors that pose questions about the credibility of patriarchal explanations of domestic violence. These participants demonstrated this by arguing that due to a notable amount of feminisation of the western workforce, and the number of family men who are choosing to stay at home and perform domestic and familial duties have quashed the traditional roles of men.

Consistencies between groups and with researched literature

Most participant groups in this study adopted a fairly combined stance in explaining domestically violent behaviour in men (consistent with Partnerships Against Domestic Violence (2003) & Laing's (2002) research). From the complexity of participants' responses in their descriptions of domestic violence, participants have expressed that it is more feasible to look at each case individually.

One particular issue that was identified in this study was that participants from the refuge group did not offer or acknowledge any typology to describe domestically violent men. Other groups were more similar in their responses in identifying specific groups of perpetrators according to research, such as Gondolf's (1991) findings and other relevant research (Queensland Domestic Violence Taskforce, 1988). Specific typologies, however, were only found amongst three participants out of the total group, one from each of the health, justice and police groups. This means that approximately eight per cent of the participants identified and supported current trends in research on the typology of perpetrators of domestic violence (Romans, Poore & Martin, 2000).

Nevertheless, compared to earlier research, the trends identified in this thesis suggest a favourable movement in terms of a more consistent agreement of the determinants behind domestically violent behaviour (Domestic Violence Council of WA, 1998; Elliott, 1997; Kolar, 1995; Esteal, 1994; Queensland Domestic Violence Taskforce, 1988). Such trends were identified through measuring the frequency of certain key explanations of domestic violence and are summarised below:

- Power and Control. A perpetrator's belief of a right to control their partner by behaving violently towards them was found to be the most supported explanation of domestic violence across participant groups.
- Family of Origin. The cycle of violence between generations. This was considered pivotal where the abuse observed or suffered by a child was considered to be a normal coping-mechanism when resolving problems within relationships during adult years.
- Frustration. This factor was consistently argued to be a pre-determinant of domestically violent behaviour in men. To feel frustrated was consistently described to be due to the following influences: the inability to communicate needs and wants within a relationship, lack of employment/education opportunities, the sense of feeling 'lost' due to the shift of gender opportunities both within the domestic and the social sphere.
- Communication. A fair degree of participants argued that poor communication skills influenced the way men dealt with relationship problems. This factor is discussed in more detail later. However, it was important to note this element as a key factor.

Beliefs

‘Socio-economic status and domestic violence’

Consistency within groups

Based on their knowledge and experiences with domestic violence cases, police perceptions were consistent with the premise that domestic violence occurs across all socio-economic boundaries. Most participants explained that they respond to cases in the lower socio-economic areas more because it is behind closed doors less often than cases in the wealthier areas (eg, due to social stigma).

A number of participant responses seemed to highlight the word ‘frustration’ when explaining violent behaviour in men. According to this, one participant put forward the following suggestion (which may account for, but not necessarily cause, a man to behave violently towards his partner):

“You may get an abuser in a lower economic standard and he is frustrated by that.”

Nevertheless, the same participant offered a hypothetical example of a brain surgeon living in Dalkeith, in which financial difficulties are not as evident, but the surgeon could still be abusive towards his partner. Another participant offered reasoning to the prevalence of this belief, explaining:

“You see financial pressures and alcohol abuse in lower areas and it snowballs from that. Higher areas - quite a lot too but closed doors more.”

One police participant extended their suggestion about why domestic violence is kept more private in higher economic areas. The suggestion was that there are more “smarter, subtle ways of domestic violence (with lawyers, police) who fall in this group and (they) have ways of ensuring compliance.”

Two police participants agreed that domestic violence tends to be more prevalent in the lower-class areas and they offered reasoning behind it. One participant discussed the stresses of society’s expectations in terms of buying the latest material possessions (for example). The participant explained that if people cannot afford to buy all these items then they are likely to be in a lower financial

position. The participant concluded that they are therefore more likely to become frustrated and depressed, arguing that “they take it out on each other.”

Based on their experiences with domestic violence cases another police participant put forward the following premise:

“(there is) plenty of domestic violence in wealthy suburbs but I do not believe it’s anywhere near as prevalent as it is in the lower socio-economic areas - maybe that’s due to unemployment, lack of education/opportunities. Guys that work in public service jobs, legal firms, lawyers, HR (human resource) agencies - they know what’s appropriate and where general current society is at.”

However, another police participant put forward that police services, as well as women’s refuges, are free to the public and will therefore be more likely to be used by people who cannot afford other forms of health care or medical services. This response was consistently acknowledged by most of the police participants.

Consistency was found amongst community-based participants on the same argument of the issue of socio-economic status and domestic violence. The use of more sophisticated (subtle) abusive behaviour amongst higher-class people was evidenced in this group by the following comment:

“Just more sophisticated in some areas. I lived in Claremont and I know it happens. Women are controlled in different ways, controlled through fear and a lot of women end up in psychiatric institutions/clinics because of the mind games, the sense of entrapment. I see this type more in the higher areas - its more sophisticated control.”

One participant acknowledged that the financial stresses are more prevalent in lower areas for obvious reasons (lower income). However, the same participant explained that there are also many people who share these same stresses but do not express their frustration with the use of violence.

The partial influence that socio-economic status has on the occurrence of domestic violence was further reinforced by one participant who explained that it is only a componential influence. They commented that their work has included perpetrators from a post-graduate academic level. The participant was also consistent

when acknowledging the reasons behind why middle and upper class groups do not seek official help (doctors, refugees, and police). This participant seemed to provide the most insightful perception in the following comment:

“...because of their access to resources, their ability to ward off police and departments of interventions, their partners reluctance to risk their status, their lifestyle.”

Overall, participant responses suggested that the complexity of domestic violence in terms of socio-economic status is multi-layered and that no single reason can explain the under-reporting of domestic violence cases.

It was frequently evidenced within refuge group responses that domestic violence occurs in all areas of the community. One participant offered a compatible response:

“Domestic violence is everywhere in Perth. It will be there in one form or another. Domestic violence has got nothing to do with money or having the latest television.”

‘Frustration’ was also a consistent key word when explaining domestic violence in the lower class areas. However, it was reinforced again by the refuge group that a person’s socio-economic status cannot be offered as causal reasoning for their violent behaviour:

“It’s that frustration thing - but it’s right across the board.”

The participants’ consistent perceptions are based on their experiences with victims of domestic violence. Responses reported in this thesis also dispel the prevailing community belief that domestic violence is a private matter.

Consistencies were found across justice participants in recognising the widespread occurrence of domestic violence. Responses were also uniform in arguing that in the lower socio-economic areas, people are less inclined to feel that there is a

social stigma associated with domestic violence. This is in contrast to people in wealthier suburbs. This equates to members from lower economic areas being more open about issues such as domestic violence, drugs and alcohol; they are more likely to have the police sent to these lower socio-economic areas. However, one participant debated the adequacy of this factor being a determinant of domestic violence:

“Highly educated people are domestic violence perpetrators, there is no question about it...I could name you a few politicians whose partners have been through it...and lawyers and magistrates so I have no illusions about that.”

Another justice participant also disagreed about the adequacy of this factor being a causal link with domestically violent behaviour in men, arguing that the frequency of domestic violence occurrences is not dependent on socio-economic factors. All participants agreed with this suggestion. However, one participant suggested a need to explore the frequency of domestic violence occurrences within certain socio-economic areas in order to get a better understanding of this factor in relation to domestic violence cases.

Similar comments were expressed across participants from the health group. Data in this study again showed that the socio-economic factor was discredited in being the sole cause of domestic violence. The majority of participants agreed that being educated or wealthy does not determine whether or not a person is going to be abusive. They have experienced it in all areas across Perth. One participant agreed that if a person is educated they should know what is and is not appropriate behaviour:

“If you are educated you should know that it is not acceptable behaviour and not tolerate abuse...however with emotions and whom you actually choose to partner you’re not that logical.”

However, some participants agreed to the relationship of stress, violence and socio-economic status. The following comments explain that different types of stresses seemed to justify why domestic violence occurs in the lower areas:

“I’m sure that it happens across all socio groups. Lower income people are more likely (to be violent) because of increased stress”, and

“The less educated come from families of domestic violence coupled with social and monetary stresses, so are probably going to be more likely to be violent.”

These are reasonable explanations. However another participant argued that other men who suffer the same stress do not resort to violence to express themselves. Acknowledging the subtleness of abuse in higher socio-economic areas was also consistent group responses. ‘Subtle’ violence here meant violence that does not leave visible evidence such as the effects of physical or sexual abuse.

Participants acknowledged the notable occurrence of domestic violence in low socio-economic areas, but argued that this does not excuse the violent behaviour. The frequent report of frustration (64%) in participant discussions about this factor indicates a direct relationship between the two.

However, contrasting responses from the justice group as to whether the stresses arising from lower socio-economic status groups account for violent behaviour in men were noted. The varied responses suggest there are still questions about its influence on domestic violence (direct/indirect), and this supports further research on domestic violence within groups of different economic status.

Consistencies between groups and with researched literature

Ninety-seven per cent of participants were consistent in opposing the belief that domestic violence only occurs in poor areas and claimed that it possesses ‘no socio-economic boundaries’. The explanations given to account for these arguments were consistent with previous research (Queensland Domestic Violence Taskforce, 1988; Straus, Gelles & Steinmetz, 1980; Scutt, 1980; O’Donnell & Saville, 1979; Schulman, 1979).

Until a holistic perception is formed and it is acknowledged that domestic violence can occur anywhere in society the priorities of certain groups relevant to domestic violence will continue to be over-represented. Participant responses in this

study offered an extension to the prevailing problem of over-representation and under-reporting of victims of domestic violence cases reported in lower areas.

The data highlighted the need to continue to promote, advertise and educate professionals and community members about the reasons behind the problem. The actual rate of domestic violence needs to be recorded. From the trends in research, professionals (especially groups which record domestic violence cases) have increased their understanding about how to challenge the belief (Queensland Domestic Violence Taskforce, 1988). This is evidenced by the well-documented reasons (Health Department of WA, 2002; Romans, Poore & Martin, 2000; Hegarty & Roberts, 1998; O'Donnell & Craney, 1979) in problems with reporting domestic violence that have been consistently offered by the participants across groups.

‘Alcohol and domestic violence’

Consistency within groups

All police participants recognised that alcohol is a contributing factor in domestic violence cases in the sense that it can contribute to the severity of violence (contribute) but not necessarily cause it. One participant claimed alcohol was present in approximately 72 per cent of reported assaults. Another participant reflected perceptions from the whole group:

“We get a lot of cases that are related to alcohol and drugs, and even though we all know it is not a causal factor, it’s definitely a major contributor for a lot of people.”

Participants consistently reported that there are underlying factors behind domestically violent behaviour, and that alcohol is only used as an excuse for men to behave violently towards their partners:

“(alcohol consumption) is definitely not the reason why it (violence) occurs... I do not think any one thing (factor) like drugs, alcohol, a bad childhood...can be a blaming factor for domestic violence...it goes deeper than that.”

Three police participants described alcohol as a ‘truth syrup’ that is typically used to gain ‘Dutch Courage’ to behave aggressively. The reasoning behind labelling

alcohol as such is that participants frequently reported domestic violence cases where alcohol is not present.

Consistency was also found within the community-based participant group. Their responses regularly recognised alcohol as a factor exacerbating the violence. One participant commented that the only relation that alcohol has with domestic violence is “just another way to get these guys triggered,” and it “adds fuel to the fire.”

Two counsellors claimed that alcohol abuse is related to the issues being faced by a person who is emotionally suppressed (psychological reasons). One participant specifically argued that “alcohol abuse is associated with repressed emotional issues because the drug numbs the pain (being a depressant)”. Another participant’s explanation was that “alcohol has no clear warnings of its effects, it doesn’t read on the bottle ‘Smack! You will punch someone!’”

It was frequently reported that at the end of the day the accountability rests on the perpetrator. One participant explained that:

“Most men know what appropriate behaviour is. Even a part of them they’ve quashed due to socialisation process. They marginalise that part of themselves but know what they are doing is wrong.”

Another counsellor offered reasons as to why many community members, especially the victims, still believe that alcohol is the primary cause. This response was chosen as it seemed to reflect most of the participants’ opinions:

“because she (the victim) does not want to think that he would hit her when he was not drunk.”

The reason why people in the community still stand behind this belief is argued by the same participant to be “because they do not want to believe that people would actually make a decision (to behave violently) without any other influence that would say they are violent. It’s too hard for the community to accept.”

It was therefore acknowledged across all participant responses that excessive alcohol consumption is not an essential ingredient in domestically violent behaviour in men. The main reason provided was that many men do not drink before behaving violently.

Refuge participants accepted alcohol's capability of increasing the severity of violence in men. They also consistently acknowledged that alcohol by itself does not explain domestically violent behaviour in men. Their reasoning included that alcohol is used as a coping mechanism for their violent behaviour. Another participant suggested that there are pre-existing attitudes and beliefs of violence and that alcohol merely exacerbates the situation. Refuge participants also generally agreed that the severity of violence is increased under the influence of alcohol because the perpetrators' "capacity to know how far to go is reduced (loss of inhibitions)".

The outward blaming perspective is still prevalent in the community on shifting the responsibility to the influence of alcohol. One participant gave an example of shifting blame:

"Amazing! Drunks can sue bar managers 'he should not have said no you cannot drink any more' ...always that shifting of blame."

In terms of how to deal with the alcohol and drug problem, one respondent offered the following:

"I say legalise the whole lot and let them go to the doctor each day to get their fix because if nothing else is fixing it..."

Although this suggestion was not consistent across the professions it adds to the debate on opinions about responding to these men effectively. This is discussed further in this chapter.

Justice participant responses were consistent in acknowledging that alcohol is a large issue in domestic violence; however, it does not explain nor excuse such behaviour in men. They acknowledged too that domestically violent men hold powerful and controlling attitudes and beliefs regardless of whether or not they drink alcohol. It was highlighted through consistent responses that alcohol's disinhibiting properties may reduce "respectful and civilised behaviours", and that it may make the violent situations more severe.

Four justice participants (57%) acknowledged alcoholism as an illness and argued that perpetrators minimalise or justify their violence with this factor. When working with victims and perpetrators, the justice participants argued that with proper reasoning and explaining, the belief that alcohol causes violence can be dispelled.

One particular participant offered an explanation based on their experiences. This participant discussed an effective way of explaining the problem by offering their clients an analogy to help them understand their confusion with alcohol and their partner's violent behaviour. The participant asks their client to name the symptoms she would observe if her partner suffered from a cold. The victim's response is usually sore eyes and runny nose. The participant and client come to an understanding that everyone would suffer the same flu-like symptoms. The participant explains that if alcohol was the cause of the partner's violent behaviour, this symptom would be prevalent across all domestically violent men. Hence they conclude that it is a matter of choice to behave in such a violent manner.

These data reinforced the argument that the community needs to be addressed and educated in similar ways to assist people in understanding where the responsibility of the violence actually lies. This is discussed in detail later in the chapter.

Health participants were congruent in their responses regarding alcohol as an insufficient explanation for domestically violent behaviour in men. The data reinforced that alcohol consumption does not excuse violent behaviour and therefore cannot be offered as a cause in explaining acts of domestic violence. There were a number of reasons offered by participants. It was frequently expressed that many members of the community continue to justify their violent behaviour based on excessive drinking. The following responses outline a picture of this argument:

“People always think of domestic violence and then they think of alcohol”
and,

“I think if someone has an underlying predisposition to it (violence) then alcohol may perhaps fuel their (violent) behaviour.”

The participant here is arguing that the perpetrators ‘underlying predisposition’ could be his belief system (male entitlement) or violent attitudes in

general. Alcohol disinhibits people and therefore if taken in excess, perpetrators are more likely to behave according to these underlying tendencies. This argument reinforces the premise that alcohol is neither necessary nor sufficient to be offered as a causal explanation of domestic violence. A health participant added further credit to the argument by commenting that “there tends to be an element of abuse there already.”

One particular health participant offered a valid explanation behind the high number of perpetrators who drink alcohol excessively. The participant suggested that if someone has considerable stress in their life then they are more prone to using disinhibiting substances like alcohol, marijuana, and diazepam, to cope with these stresses. The participant further explains that they are:

“possibly using the wrong type of things to help them deal with it so they are probably more likely to behave more badly.”

This participant mentioned conditional factors that are already present in the perpetrator’s description before the influence of alcohol, which further dispels the belief that alcohol causes domestic violence. This conclusion seemed to summarise the health group’s opinion:

“Domestic violence is multi-factorial, I do not think you can put it down to one thing.”

The fact that consistencies were found in all health participants in terms of acknowledging and identifying the multi-factorial nature of domestic violence is a positive finding in terms of their level of understanding towards the problem.

Consistencies between groups and with researched literature

All participants’ opinions seemed to reflect much of the literature on perceptions towards alcohol. The high consistency amongst all groups in challenging the sufficiency and necessity of alcohol in solely explaining domestically violent behaviour reflects a considerable shift in terms of professional groups’ understanding

and knowledge of domestic violence. From the evidence these consistent responses reinforce previous researchers arguing alcohol being an inadequate causal factor of domestic violence (Esteal, 1991; McGregor, 1990).

Participants' attitudes towards alcohol and domestic violence seem to have turned from cynical and naive to an acceptance that alcohol is a stimulative factor but does not cause the violence nor does it make it excusable (McGregor, 1990). From the participants' experiences, shifting the blame of violence to the use of alcohol is still very prevalent in the community. The confusion that many victims of domestically violent relationships have about alcohol and the violent behaviour of their partner highlights research trends to educate community members about this belief and why it is so prevalent.

Communication skills and domestic violence

Consistency within groups

Three police participants agreed that perpetrators' communication skills are a significant determinant in domestic violence cases. From their responses, these participants believe this factor to be a primary cause (i.e., lack of communication skills will lead to violent behaviour in men in relationship disputes):

“Yes, an indicator or one root cause - domestic violence arises from communicative misunderstandings - they get worked up and lose self-control,”

“Absolutely, it goes back to their level of education,” and

“Yes definitely. Men have more difficulty communicating verbally than women do. Women traditionally talk things through. We need to get men to connect with their emotions.”

This suggestion from the last participant was the most favourable amongst the group in terms of how to address this factor with domestic violence cases (for example: communication skills development programs for men). Four participants argued the possibility of a lack of assertive communication skills triggering men to behave violently towards their partners. However, they did not identify it as a cause:

“it goes back to the social standing of the person.”

The final police participant's comments did not support this factor when explaining domestic violence, claiming that a notable number of perpetrators are highly articulate.

Perceptions within the community-based group were also mixed. Three participants agreed with communication skills being an influential factor in domestic violence cases. Participants explicitly described perpetrators as lacking in communication skills, with one participant arguing this factor to be a fundamental reason why domestically violent men cannot communicate effectively in a relationship.

Another participant who supported this factor in explaining domestic violence argued that if a person is not capable of communicating their feelings then assumptions between the couple might arise. So if perpetrators are not able to be assertive, “it's a quick route to violence.” The same participant offered the following reason as to why a lack of such skills can lead to violence:

“Dealing with emotions is one issue. They (perpetrators) do not have exceptional linguistic skills which would allow them to engage in discussions on equal play: ‘When your repartee is more striking, more acidic and cutting than mine, I cannot ‘one-up’ you there, I need to show you how I am going to ‘one-up’ you.’”

However, other participants did not place as much emphasis on this factor being an influence on domestic violence. One participant explained that not being assertive would only delay the violence but perpetrators would use it because of their attitudes underlying their motive to behave violently. Another participants' response acknowledged the validity of this reasoning behind domestically violent behaviour in men, however the following statement highlighted the interrelation of other influences with such behaviour:

“So if we think that all we need to do is get men to regulate their anger and people wouldn't be assaulted, we are extremely far off because it is only part of the issue.”

The mixed responses from this group reinforce the concern to explore this factor to enhance further understanding of violent behavioural tendencies in men.

The ‘one size fits all’ perspective in terms of perpetrator’s communication skills as a factor was not prevalent in the refuge group. One participant acknowledged a stereotype of the ‘non-communicative man’, but challenged this description by offering an explanation based on their experiences that it is not always a factor in domestic violence cases.

Some participants did not agree that communication skill is a factor in domestic violence. Others were a little wary, as evidenced in one participants’ response:

“Debatable - can be experienced in that particular field but his other normal everyday communication skills may not be that good. He may not even have any perception of where someone else thinks on a different level.”

Although the remaining refuge participants’ acknowledged the possibility of the frustration a non-communicative person may endure, they strongly emphasised that this does not excuse violent behaviour. One participant stressed that many domestically violent men are good communicators and suggested that ultimately everyone has the choice to communicate constructively.

Justice participants were also inconsistent in their responses when discussing this factor. The participants offered the same reasoning that if the man is a violent person, and whether or not they can communicate well will not influence their abusive behaviour. Participants also mentioned their experiences with domestic violence cases in which many perpetrators have displayed good communication skills.

Justice participants also opposed the ‘one size fits all’ in terms of communication skills being a factor and explained their reasoning by discussing extreme domestic violence cases:

“Some learnt violence as a way of dispute resolutions which may be a link to low communication skills,” and

“I see so many (perpetrators) with good communication skills here and I do not think it’s a big factor. The fact that so many men (perpetrators) talk and talk in ways it is absolutely amazing.”

All participants from the health group were highly consistent in agreeing that communication skills are a notable causal factor in domestic violence cases. Participants highlighted this consistency by offering reasoning behind their stances. Some participants’ initial responses to the question were positive because they stressed that if a person can be articulate in the expression of their feelings they may not have to resort to violence. Another participant argued that if they have been brought up in a non-communicative family then the person is more likely to find it difficult to verbalise their feelings and may find it easier to lash out violently.

One participant argued communication skills plays a significant part in domestic violence situations:

“Yes. If they could talk about their issues it would ease their frustration. They would deal with their issues a lot better if they could communicate. A huge amount of it comes down to communication skills, being able to talk with their partner.”

The same participant argued that the narcissistic type (a highly articulate personality type) makes an exception to the rule:

“Wouldn’t describe them as good communicators still. I mean with communication skills you have the talking and listening aspect so if the person is narcissistic, he doesn’t communicate well and he doesn’t give the other person the opportunity to voice their opinion or take on board their opinions.”

These alternative reasons offered by the health group offer support for further research with this factor and domestic violence.

Consistencies between groups and with researched literature

Forty-one per cent of professional participants supported previous research claiming that poor communication skills is a causal factor of domestically violent behaviour in men (Ward, 1999; Healey, 1998; Queensland Domestic Violence

Taskforce, 1988). The majority of responses were from the police, health and community-based groups). Participants strongly recommended that public and professional groups need to teach men how to communicate healthily and to be in tune with their emotions instead of suppressing them. Participant responses also seemed to highlight the importance of including this issue at a multitude of levels: schools, parent classes, and television for example.

Perceptions of interventions to domestic violence (across groups)

The following themes emerged with regards to effective responses to domestic violence:

1. Accountability - perpetrators of domestic violence need to be accountable for their violent actions. They need to acknowledge that they have a violence problem and it needs to be addressed.
2. Responsibility - there needs to be an alignment in role taking across professionals, government and the public community in reporting, understanding and attitudes to domestic violence.
3. Justice - to serve justice for the victim, the children (specifically) and the community (in general) for perpetrators' violent actions.
4. Equity - a chance for all perpetrators of domestic violence to be offered rehabilitation.
5. Safety - of affected women and children should be paramount.

Treatment programs

The support across groups in psychological theories that explain domestic violence was also noted in participant views of treatment interventions. The police participants argued that education and rehabilitation may increase a perpetrator's coping skills and assist in helping to keep the family together. Participants consistently stressed that support is in the community's best interests of breaking the generational cycle of violence. One police participant provided the following comment:

“Treatment. Quite often it is a case of education. Punishment doesn’t address the problem.”

In order to be effective, one police participant stressed that the treatment programs need to be based on well-documented evidence and such practices need to be carried out well. Participants frequently mentioned the likelihood of clients becoming bored (especially if they have to pay).

Community-based participants also provided supportive arguments for rehabilitation schemes. Their evidence highlights the congruency of non-violent approaches in order to achieve non-violent behaviour in men. An interesting example of this, which emerged in the present study, is offered below:

“We have to make sure we do not replicate the very behaviours we are asking them to drop...the implicit messages of what we do is congruous with our position around violence.”

These ‘implicit messages’ the participant referred to are messages that represent “respect, accountability, responsibility, justice, fairness, equality.” Aside from stressing the need for perpetrators’ to be accountable for their own actions, participants also consistently agreed that that these men should be taught about their own behaviour. This includes raising awareness and understanding of their difficulty in dealing with their emotions such as anger and frustration. The approach, described by one participant, should be similar to ‘re-parenting’ as such “in doing things that you are hoping to change in them (non-blaming)...because (these men) are in a lot of emotional pain”.

The most effective way to implement and maintain rehabilitation was consistently described by the majority of participants to include initial counselling on an individual level (for screening purposes) followed by group and couples counselling. Another participant concluded: “We need to tailor programs to individuals.” For example, ‘screening’ described by this participant was checking for any addictive behaviours (eg, alcohol, gambling).

Favourable suggestions of implementing initial treatment options to a perpetrator (depending on the severity of the case) were found amongst all participants from the health group. All participants agreed that the majority of

perpetrators could be treated using a cognitive/pseudo educational approach. One participant suggested it is usually a case of raising awareness and understanding anger problems in these men:

“Bringing it to the higher conscious level can only help.”

Another consistent reasoning for favouring treatment as a first option which was consistently reported was due to there being so much invested in relationships (children, mortgage, love) and that families should be helped in order to stay together if possible. However, all participants consistently noted that more follow-up evaluations should be implemented after treatment programs to successfully assess progress and maintenance of non-violent behaviour in men.

Justice participants were consistently favourable (100%) to community-based treatment programs as an effective way of responding to domestic violence. They frequently reported that there has been an increase in the number of people using and attending rehabilitation programs. Three participants reflected on budget concerns of running these programs and stressed (like community-based participants) that screening procedures are important in order to see who will receive the most benefit from the program. Two participant responses reflected justice group responses regarding community-based treatment programs:

“Fresh beginning’ to change attitudes and behaviour have been entrenched most of their lives. Change doesn’t occur quickly but it’s a starting point,” and

“Worth trying. (We are) at a stage now we do not know what works - have to try new things. As long as programs are well-based, researched and well-structured and concerned with safety (they should be considered).”

Participants stressed that alongside a charge/sentence/fine; perpetrators must be offered assistance in guiding them to become aware of why their violent behaviour is not OK. Three participants offered comments regarding this suggestion:

“I see belief systems are changeable and malleable,”

“Not separate issues. Programs can be hard work and some (perpetrators) see it as a penalty,” and

“Charge but also look for productive sanctions in courts (eg, community service).”

Two refuge participants also acknowledged the benefits of implementing a rehabilitative option in domestic violence cases, as noted by one participant: “all (perpetrators) should do a bit of time in jail and counselling.”

In their responses, participants stressed that offering this service to perpetrators is only one of a number of other approaches in effectively responding to domestic violence. The data highlighted this point in reflecting on some of the critiques of treatment programs. Police participants argued that treatment programs alone do not have enough impact alone in terms of effectively reforming perpetrators. The most notable reason for this last suggestion is that programs are not continuous (i.e., they run for a set time) and follow-up evaluations on domestic violence cases are not always implemented. Participants also consistently acknowledged that perpetrators of domestic violence are only going to be reformed under rehabilitation interventions effectively if they recognise and acknowledge that their violent behaviour is unacceptable.

One community-based participant argued that some treatment programs should not be labelled as they are, for example, the program called ‘anger management’. They stress that the issue of the situation is one of violence, not anger. The use of different words other than violence in naming domestic violence programs may send different and less serious messages to the perpetrator and the community. Alongside this argument the same participant noted that programs need to be “more broader, more challenging, in your face.”

All community-based participants stressed that cognitive-behavioural/educational rehabilitation is important, but is only part of the solution with domestic violence cases. One participants’ reasoning highlighted the whole groups’ opinion:

“In a time of crisis (the perpetrator) is likely to revert back to old behaviours (violent) unless the behaviour is turned around cognitively (as) automatic (non-violent) responses take time.”

As to the question of perpetrators' being mandated to attend treatment programs, some inconsistencies were noted across refugee participant responses. Three refugee participants stressed that success of domestic violence programs depends on the perpetrator identifying their violence problem. If not acknowledged, mandated or voluntary programs were argued to not make a difference:

"Forced rehabilitation? Not really effective if they do not identify they have a problem they need to fix."

Other refugee participants (n: 5) stressed that a non-option treatment program would be more effective in highlighting the seriousness of the perpetrators behaviour:

"Non-negotiate directions for anger management (classes)," and
"Participate in counselling- mandated if necessary."

From consistent client feedback, the following response was given from one refugee participant with regards to treatment programs:

"Women feedback - nothing really made a difference, half-hearted attempts. Their behaviour or actions do not correspond with their promises."

This dependency of a perpetrator's willingness to attend a treatment program was also noted in police group responses. Just over half of the participants (54%) agreed that the programs should be mandatory as part of the conditions set out for these offenders. Relevant support was also evidenced in community-based and health group responses. The general argument behind this suggestion was that if rehabilitation programs are well-based, supervised and evaluated, domestically violent men would be able to make choices from an informed and supportive position.

Fines and imprisonment

Seven out of the eight police participants argued that punishment is often an inappropriate sanction for perpetrators as it does not change their violent behaviour. Moreover, the same participants suggested that it is just placing the perpetrator in an environment that will only reinforce their violent behaviour. For example, police

participants typically described prison environment to include associations with other or more violent offenders, which, in such an environment may reinforce or condone violent behaviour towards others.

One police participants' comment highlighted inconsistency in the group when discussing appropriate responses for domestically violent men:

“If they are happy to inflict pain they should be happy to receive pain.”

Her the participant offered a suggestion of inflicting lashes an effective intervention. In contrast, the remaining seven police participants stressed the importance of having non-violent principles and approaches in order to respond to perpetrators of domestic violence successfully. This evidence is notable in terms of the level of consistency of perceptions towards supportive responses. However, the fact that the remaining police participants offered a consistent view on an initial treatment approach, is therefore given more consideration.

Fines were not a favoured approach amongst these participants when discussing intervention types for domestically violent men (n: 7). As fines typically affect the whole family involved in domestic violence, participants were reluctant in suggesting this intervention with domestic violence cases. In addition, fines typically do not address or highlight the underlying social and/or psychological fabrics associated with violent behaviour. One participant provided an explanation highlighting the inappropriateness of this approach in responding to domestic violence:

“Fines? How can you put a monetary value on abuse? Crazy reform.”

Responses from the police participants sketched a balanced opinion towards interventions for domestically violent men. The following comments highlight a police participants' argument that perpetrators should be given an opportunity to undergo a treatment program relevant to their situation but also stress that these men should be made accountable for their actions.

The comments suggest that imprisonment should be the last resort, if treatment options are unsuccessful (i.e., the perpetrator is not successfully rehabilitated, such as his attitude and behaviour towards the use of violence have not been understood or changed for example). Two police participants offered the most insightful of group responses:

“Some fair component of proper punishment but also learning how to deal with it,” and

“Rehabilitation first option - everyone has a choice.”

Fines were also a disfavoured approach amongst community-based participants (n: 8). Acknowledging that it affects the whole family, it does not appropriately address domestic violence cases. Participants also argued for opting for a prison sentence as a last resort (when discussing first time offenders) for perpetrators of domestic violence. Prison is a familiar environment, which is likely to reinforce violent behaviours, and does not allow for underlying issues surrounding the perpetrators’ violent behaviour to be assessed.

From experience with clients, refuge participants consistently expressed that imprisonment can hold counter-active purposes on a convicted perpetrator. Four participants offered the following relevant comments:

“Punishment alone doesn’t make a difference”,

“Ninety-five per cent of women say they do not want punishment - just want the abuse to stop”,

“Imprisonment - learn more devious things from other criminals,” and

“Punishment...(can be) worse for women - he can hold it against her.”

All refuge participants agreed that fines bear a consequence on the whole family, and do not address the deeper issues of the perpetrators’ violent behaviour. Health participants also shared the similar views towards these two types of interventions:

“Fines/imprisonment will not work - they (perpetrators) have marginal problems already.”

Health participants consistently reported that prison sheds a culture of violence. This approach only reinforces perpetrators' violent behaviour and does not address issues appropriately:

“Not really about punishment it's about preventing it (violence) from happening again.”

Responses to preventative measures of domestic violence

Alongside favoured intervention methods already discussed, a significant amount of participants highlighted the need for more preventative methods in effectively responding to domestic violence. All police participants argued that community responsibility of addressing domestic violence is increasing and hence such members need to initially address the problem, as described by two participants:

“Society needs to take a stronger stand and stop pussy-footing around,” and
“Most effective? Community sanctions.”

When asked if the community needs to support in the treatment for domestically violent men, all participants answered positive:

“Often domestic violence is a product of the community (eg: socialisation of violence,” and
“To do nothing (i.e., lack of support) will not reduce domestic violence.”

Community-based participants' suggested one way of achieving an effective response is for the community to support in the rehabilitation of abusive men. Domestic violence was acknowledged as a community problem, hence the community should be made more aware of the issue, its secrecy, criminality and complex nature:

“The community should see past the abusive behaviour while not condoning it” and,
“the community should respond to domestic violence as it does any other assaults”.

Community-based participants were highly consistent (100%) in suggesting community education as a more thorough response to domestic violence. One participant provided the following comments:

“Get to the problem from the microcosm to the macrocosm in society because we all can do something towards it, to help it, to change it,” and

“Half the work I do is about education. I think people can make new choices from an informed position.”

Schools were frequently reported as an important community resource in terms of educating people about domestic violence, as suggested by two participants from the community-based group:

“If we can teach young people to throw a ball, make a vase, count to 100, then we can teach them the hallmarks of a good relationship,” and

“Educate at young age - people can make new choices from an informed position...we need support systems around it because the child may be educated but see it (violence) at home.”

A collaborative approach with government and non-government agencies, community and other relevant resources were consistently highlighted (100%) in successfully addressing the problem of domestic violence. Finally, one community-based participant suggested addressing the issue of domestic violence as a health problem as people may be more likely to seek help. In contrast, another participant stressed that it needs to be addressed for what it is (violence). Overall, participant comments consistently steered towards suggesting societal measures in reducing domestic violence. Two participants provided the most notable responses:

“Alongside programs we need a whole structural change in how the government and society legitimise it (violence)”, and

“If you cannot change at societal level - the next generation will do the same thing.”

Refuge participants were less consistent in their perceptions of the government advertisement campaigns on television. Some participants stressed that these

interventions are a political move. One participant's comments provided evidence to this argument:

“Ads? The government will only do what is on their electoral agenda...(advertisements are) very watered down.”

‘Watered down’ here means that the messages of violence were not being directly and explicitly addressed to the public. In terms of what works with what professionals have achieved so far, some participants consistently agreed to a suspended sentence condition. For example, depending on the severity of the violence, perpetrators should be initially offered a treatment option:

“Programs - doesn’t have to be a shaming exercise - we all had behaviours we want to change,” and
“Anger management programs, therapy groups - experiential and psycho-educational.”

Some refuge participants suggested that it would be more effective if the perpetrator was removed from the family home and underwent residential intensive treatment consisting of cognitive/behavioural group therapy lessons. When asked whether the community should support in the treatment for perpetrators of domestic violence, all participants agreed due to a number of reasons evidenced in the data. First, if the community doesn’t support and turns a “blind eye we are condoning their (violent) behaviour.” The generational cycle of violence has to be broken and participants consistently stressed that the break rests significantly on the community’s hands.

Also, by offering support for these men who are trying to change, it is, as reported by one refuge participant, a “constructive way for men to learn their behaviour is not OK.” From participant responses, it was discovered that change (in terms of violent behaviour) depends on support to reinforce the success of such change. One participant concluded with the following comment, which seemed to reflect all refuge participant responses:

“Until the community as a whole accepts that domestic violence is not tolerated or support treatment, violence will continue.”

Overall, in terms of how to approach this complex social problem, participants consistently agreed (100%) that it should be a holistic response. This agreement was mainly based on financial reasons, as pointed out by one participant:

“A lot of money is put in all organisations - do not achieve much because limited in funds.”

In the long term all refuge participants highlighted preventative measures as most successful forms of approaches to domestic violence, such as implementing a unit (if not a core unit) of the elements of healthy relationships starting at primary school. The following comments reflect this argument:

“We teach math skills but we do not teach how to survive,” and
“School programs - offered in year three, semester one- that’s it. It’s got to go from year one to year twelve.”

One refuge participant concluded that over time, if we work on prevention, eventually we will not need a cure for domestic violence. In other words if the professional groups, along with the community (parents, teachers) maintain a healthy role model for the next generation, such reforming methods will not have to be relied on as strongly when responding to domestic violence.

With regards to police actions towards domestic violence, one participant highlighted that there are still concerns with the level of awareness of domestic violence in some members. The participant also expressed that there is a problem with police adopting a social work or “rehab role” as it “makes it too grey for police and service providers” to understand their role within these cases. The participant here was referring to ‘grey’ on the following. Psychological, emotional and verbal abuse does not currently hold any legislation (although stalking legislation does cover some aspects of these types).

Nevertheless, police can only act on what is in the legislation that warrants them to issue charges and make arrests. Service providers (counsellors, social workers, and psychologists) work predominantly with these types of abuse. The participant argued that if the police adopt similar roles to service providers, then it would dispel the service provider’s purpose.

All justice participants reported on the following suggestions of appropriate responses to domestic violence: A criminal justice response, more public zero-tolerance policies and campaigns about violence, clear and consistent community messages about the unacceptability of violent behaviour and educating the elements of healthy relationships. One participant stressed that due to the significance of alcohol use by these men, the primary intervention should be to treat their addictive behaviours then address their violent behaviour. However, the most striking issue frequently noted was to enforce a unit about healthy relationships in schools. The following statements reflect this suggestion:

“Healthy relationships? Never came up in my school years. It needs to be a core unit,” and

“All have to learn how to spell and learn arithmetic so can teach about healthy relationships. No excuse for not putting in curriculums.”

When asked whether the community should support in the treatment of abusive men, all participants agreed due to the prevalence of the problem of domestic violence being reinforced by the community in a number of ways (sports, media, culture, religion for example). Consequently, domestic violence should be regarded as a community problem to solve:

“Huge community issue with far-reaching consequences,” and

“Extensive community issue/problem.”

One participant argued that the only way to break the generational cycle of violence is through the community. Another participant explained that it is partly because “men need insight into what and why they act in order to start changing.”

With regards to successful intervention, appropriate judicial and treatment implementations were the most frequent suggestions (n: 7). However, one participant suggested that Restorative Justice principles should be considered as an alternative approach to reducing domestic violence. This is due to consistent reports that the majority of female victims who only want the violence to cease, not for their partners to be imprisoned as it can affect the whole family:

“Adopt a Restorative Justice principle; have the criminal justice system backing that principle because lots of women only want the violence to stop.”

Health participants also frequently highlighted that education on a number of levels should be made paramount with responses to domestic violence (n: 8). These included the perpetrator, the victim, the community and in schools. Four participants offered evidence to each of these levels of intervention:

“Educate young on healthy relationships and communication skills,”

“High schools where people just start to have relationships,”

“Nice to get in early start in schools,” and

“Needs education at all levels.”

However, one health participant’s description of an effective approach, similar to the principles of shock therapy, was to show the perpetrator “graphic photos of what their partner looks like after the abuse.” This comment was inconsistent with the remaining participant group responses. What can be suggested is that although most participant responses are compatible, there are still inconsistencies with perceptions of successful interventions from participants belonging to the health group.

Consistencies between groups and with researched literature

Participants were consistent in their arguments that domestic violence is a community problem and imprisonment achieves little in terms of changing domestically violent behaviour in men. Participants also suggested counselling together with community support can possibly be a constructive way in changing violent behaviour in these men.

When asked about treatment and judicial streams of reform, the most common response was a combination of the two. Initially a treatment option (depending on the severity of violence) was favoured combined followed by punitive sanctions if further abuse were to occur (suspended sentence regime). With regards to severe levels of violence (i.e., high risk of victims’ safety), imprisonment should be

imposed immediately combined with treatment/educational programs. The majority of participants offered a positive view, believing the possibility of perpetrators being successfully rehabilitated. Accounts from the survey data and consistent interview responses reinforced the argument of favouring the adoption of rehabilitation alternatives for domestically violent men (Laing, 2002).

Mandatory or voluntary admittance to these programs has been somewhat cleared by participants of this study who favour enforced treatment for perpetrators changing their violent behaviour. This approach should include conditions similar to a 'good behaviour bond' including a suspended sentence option.

Participants commonly supported the following domestic violence response principles: victim safety, perpetrator accountability, community awareness and multi-levelled educational approaches. The data identified compatible results with Relationships Australia and The Best Practice Model's assumptions and principles of effective intervention strategies (Domestic Violence Prevention Unit, 2000).

The high consistency of participant responses stressing community input in responding to domestic violence highlight that the responsibility is not restricted to professionals alone. This was evidenced in one participant response that "violence is a problem that requires people outside the circle of violence to achieve a solution."

All participant responses suggested that in order to obtain long-term effective responses to domestic violence, preventative measures should be adopted. These include educating schools, parents, victims, perpetrators, and the public in general about the elements and boundaries of healthy relationships and the nature and seriousness of domestic violence.

Due to consistent participant perceptions about addressing perpetrators with non-violent principles and approaches, these and other similar constructive methods are perhaps a means of addressing domestic violence successfully. This recommendation is consistent with current research (Partnerships Against Domestic Violence, 2003; Relationships Australia, n.d.) on response suggestions from not only relevant professionals but from members who play an influential role in reducing domestic violence: the community.

The research reveals a positive opinion towards television advertisements on domestic violence. The current government advertisement on educating the public

about domestic violence is yet to be evaluated (www.australiasaysno.gov.au). Participants' consistently favoured these educational approaches. However some participants' responses about the effectiveness of these intervention types remains debatable. It was consistently argued that the new government brochure disseminated throughout the community was a plan to educate the members of all different ages on domestic violence, but a plan that stopped at the mailbox. Their suggestions of educating at other levels (previously discussed) to complement already practised initiatives were stressed to be more successful in responding to domestic violence within the community.

CHAPTER SEVEN: CONCLUSION

The present qualitative study measured the consistency of and relationships between perceptions across five professional groups on the causes of and effective interventions of domestic violence. These perceptions were compared with the literature reviewed. The current data and the literature outline a picture of domestic violence as being a complex social phenomenon and its explanation depends on, and frequently changes (in terms of the degree of support) through people's perceptions (Domestic Violence Prevention Unit, 2000; Queensland Domestic Violence Task Force, 1988).

In terms of professional responses to domestic violence, the approaches applied depend on the theoretical framework that professionals base their practices upon. The current argument is that an integrated approach at a holistic level and from all involved is essential to tackle the problem of domestic violence (Partnerships Against Domestic Violence, 2003; Fullarton, 1999).

The data from the present study reveal an increase in understanding towards domestic violence across the five professional groups compared to the reviewed research. In particular, participants within the police and health professions revealed substantial knowledge and more positive attitudes towards domestic violence. These findings are in contrast to previous research (Partnerships Against Domestic Violence, 2003; Domestic Violence Council of Western Australia, 1998; Kolar, 1995; Esteal, 1994).

All participants in this study argued that domestic violence is a community problem that needs to be addressed at this level (in terms of awareness, accountability, reporting and support). Participants also acknowledged that in domestic violence cases there are always complications and risks associated with a woman leaving her violent partner. A notable amount of support was given by participants to sociological/ feminist/psychological frameworks when explaining domestically violent behaviour in men, supporting the validity and reliability of the Interactive Systems and Individuals theory recently proposed by Partnerships Against Domestic Violence (2003).

Key explanations compatible to these theories included power and control, family of origin (intergenerational transmission of violence), frustration (stress), socialisation and social learning conditions. Overall, these findings suggest a more balanced and integrative understanding towards domestic violence. Such responses are compatible with previous researchers who have focused on these factors in domestic violence cases (Austin & Sootsman-Eicher, 2004; Queensland Domestic Violence Taskforce, 1988).

Participants' recommendations about responses to and principles of domestic violence were consistent with Relationships Australia (n.d.) and The Best Practice Model (Domestic Violence Prevention Unit, 2000). This was evidenced in the following themes identified in the data: accountability of perpetrators for their violent actions, hence appropriate measures should be adopted to achieve this; responsibility of professional and public groups to respond to domestic violence, as the social sphere is a notable pre-determinant of such behaviour in men; justice for the victim and children (specifically) and to the community (in general) to send a clear message that domestic violence is a criminal offence; equity: a chance for perpetrators to rehabilitate themselves, public education and victim support; safety for all affected by domestic violence.

The belief that alcohol consumption causes domestic violence was discredited and is an inadequate explanation of domestically violent behaviour in men. Although participants reported the significance of this factor in domestic violence cases, they argue it is only one stimulus (amongst others) of violent behaviour in men. Moreover, low socio-economic status as an explanation of domestic violence was found to be inconsistent across group perceptions. Only one participant argued socio-economic status to be a causal indicator of domestic violence.

The research indicated two interesting findings in terms of support for explanations of domestic violence: firstly feminist explanations (54%) and secondly, poor communication skills in men (41%). On average, half the participants argued that poor communication skills is a root cause of domestic violence in men, and hence should be considered when responding to these men.

Also, slightly more than half (54%) of participants argued that society has notably changed in terms of gender roles and expectations of men and women, within

both the social and domestic sphere. The participants argued that this factor is not predominant in directly explaining domestic violence cases.

Eighty-seven percent of participants argued that intervention (reactive) and prevention (education) strategies should be both adopted equally in order to respond successfully to domestically violent behaviour in men. These response suggestions were found to be related directly to participant explanations of domestic violence (i.e., responses that cater for the causes). This evidence highlights a petition-like stance across participant groups in promoting and supporting education at a number of levels: for example, at schools, parenting classes, community council meetings which include the general public. This research supports the trend in recent research suggestions of such examples of prevention measures (Partnerships Against Domestic Violence, 2003).

Participants also frequently stressed that in order to respond to domestically violent offenders effectively, professionals need to intervene in a respectful way so that the behaviours are not condoned or reinforced. For example, residential rehabilitation and men's groups were suggested and group work seemed to be the most favourable approach, based on participants' responses.

Rehabilitation options for domestically violent perpetrators were also emphasised by participants in all professional groups. Fifty-four per cent of participants across groups argued that perpetrators should be mandated to attend rehabilitation; the other participants argued that programs will not be effective if a perpetrator does not acknowledge their behaviour as wrong. It is possible that these findings will not be answered until these rehabilitation measures have been conducted for a substantial period of time so further research can evaluate their success rate.

Finally, participants highlighted a consistent argument that an overall long-term effective response to reducing domestic violence is directly related to change. Participants highlighted change in terms of establishing more appropriate responses to domestic violence from all professional groups involved. They emphasised that it will be essential to increase the awareness of the nature of domestic violence and educate the community to better understand the seriousness and ramifications of the event. They suggested an increase in a unified approach in working consistently with their responses to domestic violence.

The data from this study serve as a guide as to how strongly these suggestions are being considered and applied by the five groups of professionals working with domestic violence clients (police, community-based, refuge, justice and health professionals). The current participant perceptions may therefore place some bearing on the effectiveness of newly adopted models and recommendations considered or utilised by the professional groups. This is evidenced by frequent participant suggestions (87%) that complemented recommendations from Relationships Australia, Partnerships Against Domestic Violence (2003) and the Best Practice Model (Domestic Violence Prevention Unit, 2000).

The consistency of responses about the causes behind and opinions towards appropriate responses for domestically violent men serve as a benchmark for Western Australia. The current data question the prevailing arguments and challenge the credibility of the causes behind and the effectiveness of old and newly adopted approaches for domestically violent men. It is therefore a pivotal argument of this research that the supported policies and models discussed in the review must move beyond a purely “recommendation” stage and should be issued as an essential and holistic guideline for dealing with domestic violence cases.

Limitations

Any study conducted at a master's level will have limitations. The current design used participants in Perth only. This means the data findings can only possibly be applicable in Perth.

Due to the restricted time limit, there was limited number of recruitment of participants of only thirty-nine in total, which may have limited the representation of the findings. Recruitment was dependent upon waiting for approval to interview staff from community-based and justice groups. These approvals took up to two months for each approval to be granted. The researcher adopted a snowballing recruitment technique. Although in some groups diverse arrays of participants were recruited, other groups had less diversity. To compare the data internally (between groups) was therefore difficult and sometimes restricted the application of the results. Financial reasons were an issue as the study was restricted to a certain amount of budget (refer to Appendix L: Budget).

The study proposed to use a survey in its instruments of data collection. Respondents of the surveys were assumed to be literate in reading and writing skills, and have some familiarity of the issue of domestic violence. Due to material being possibly emotive, personal and therefore sensitive, features like these may have triggered low responses. To minimise these limitations, the researcher emphasised to the participants the importance of their input and why such data will be used.

Definition of Terms

Between groups - consistency of responses are measured between groups of participants.

Community - Perth has been defined in the current study as a community. Its definition is based from Nutbeams' (1986) interpretation of the term as being "a specific group of people usually living in a defined geographic area in a social structure and exhibit some awareness of their identity as a group" (Partnerships Against Domestic Violence, 2004, p. 31).

Effectiveness - (in terms of reform) refers to the number of perpetrators that are successfully reformed (i.e., abusive behaviour has ceased) under a certain type of reform (eg, imprisonment, rehabilitation program).

Mandate - something that is commanded upon someone (Readers Digest, 2001). In a domestic violence charge, for example, a perpetrator may be 'mandated' or forced to undergo a treatment program as part of their conditions set by a magistrate.

Perpetrator/offender/abuser - a man who behaves violently towards his partner (spouse, de-facto) (Victory, 1993). (The author acknowledges that perpetrators can be both men and women, however for the purposes of this study the term perpetrator, offender and abuser will refer to men who commit acts of domestic violence).

Reliability - refers to the degree of consistency of a study's results using the same instrument (eg, survey) and procedure (Runyon, Coleman & Pittenger, 2000).

Re-offending rates - the degree to which an offender will repeat their criminal behaviour. With regards to domestic violence, 're-offending' refers to the risk of male perpetrators repeatedly behaving violently towards their partners.

Response/reform - "Make changes in something in order to improve it; cause someone to abandon an immoral or criminal lifestyle" (Readers Digest, 2001, p. 817).

Validity - the extent to which an instrument (eg, survey) attempts to measure what it aims to measure (Runyon, Coleman & Pittenger, 2000).

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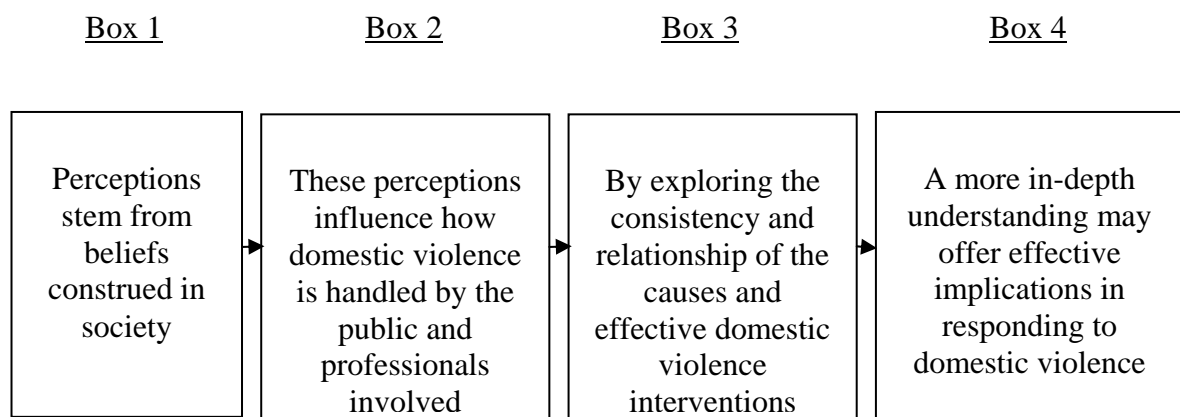
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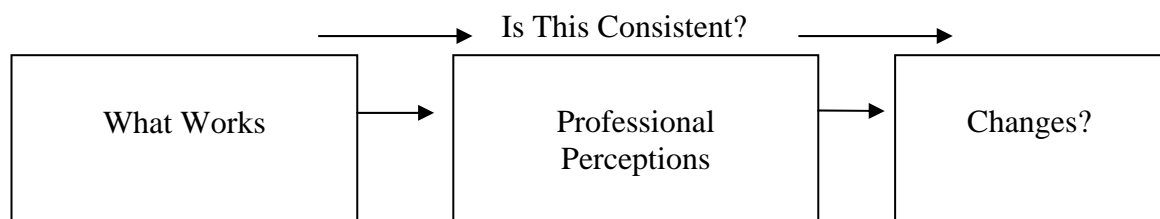
Appendix A

Theoretical Framework

This flow chart represents the theoretical framework summarising the purpose of the study. The first box presents the main concept that is put forward in the current study. The second box discusses the argument, or the problem the researcher is exploring. The third box represents the aim of the study, to test the selected groups of professionals working towards reducing domestic violence on their perceptions towards the matter. The fourth box illustrates what the researcher expects or hypothesises to receive by exploring opinions of the targeted groups.



This framework can be further summarised: discussions of the types of reform that are currently operating have lead to a well-documented question of ‘What Works?’ By exploring the consistency professional perceptions of domestic violence, the data may offer and insight into previous research on a number of issues: professional attitudes towards domestic violence, understanding and opinions towards the possible causes of domestic violence and effectiveness of reforms.



Appendix B

Survey

SECTION A

Please read the following fictional scenario involving a domestic violent incident between a non-indigenous husband and wife. Then rate your opinions in the statements following the scenario.

| SCENARIO |
|--|
| <p>John (husband) is 33 years old and works in a busy law firm. He has been loyal to his job for six years. John is known to be friendly and hard working by known team-workers. There is a big turnover happening at the firm, and an opportunity for a promotion awaits John in an interview the next day. John leaves his office that afternoon feeling a bit anxious, but excited.</p> <p><i>John is married to Cathy, 30 years old, who is a home maker. They currently have no children. John has family nearby however most of Cathy's family (including her parents), live interstate where Cathy was born. Cathy has friends, but only a few and they are married to John's friends.</i></p> <p>Meanwhile, John's wife Cathy, had known about her husband's potential promotion, and decided to cook a special dinner to pre-celebrate. Cathy spends all the day cleaning and preparing, as she knows how critical and angry her husband can be when the house is not clean or the food is not cooked properly, because she is often punished in many ways for these mistakes. John arrives home and they spend a lovely evening together.</p> <p><i>Not aware of this, but when Cathy had vacuumed the bedroom, she had used the alarm clock power socket and forgot to plug the clock cord back in and set the clock again.</i></p> <p>The next morning John awakes, a little confused to why he was not awoken by the usual buzzing sound of the alarm. John quickly changes his confused expression to an anxious one. He checks his watch, and it is 8:50 am. John is already twenty minutes late on his travel time and has only ten minutes left to get to the interview. John leaps out of bed in a hurry. He yells at Cathy that she is stupid and pathetic for letting this happen. John picks up the alarm clock and throws it at Cathy, who is still in bed, and it strikes her on the cheek, leaving a large cut. John leaps over and grabs Cathy firmly by the shoulders and threatens: "If this costs me my promotion, there will be issues to settle when I return home." John then finishes getting dressed and leaves, slamming the door behind him.</p> <p>This is not the first time John has behaved like this, however Cathy believes that she deserved such a response because of a fault of her own. She spends the rest of the day in fear of repercussions of the morning's events.</p> |

Please answer the following statements honestly (circle your responses)

| <u>Statements</u> | <u>Rating</u> | | | | |
|--|----------------------|----------|---------|-------|-------------------|
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1. John's actions would be justified by being under pressure from work. | 1 | 2 | 3 | 4 | 5 |
| 2. If this happened the night before after John had drunk six cans of beer his behaviour would be justified. | 1 | 2 | 3 | 4 | 5 |
| 3. These types of incidences should be seen as a community problem. | 1 | 2 | 3 | 4 | 5 |
| 4. Cathy deserved to be treated the way she was. | 1 | 2 | 3 | 4 | 5 |
| 5. John should attend a rehabilitation program for his behaviour. | 1 | 2 | 3 | 4 | 5 |
| 6. John should be imprisoned for his behaviour. | 1 | 2 | 3 | 4 | 5 |
| 7. If things were that bad, Cathy could just leave. | 1 | 2 | 3 | 4 | 5 |

SECTION B

The following questions aim to ask your opinions towards men who behave violently towards their female partner in the home. In question five, I'd like you to pretend that you are in charge of determining the punishment or treatment conditions for a man who has been charged with domestic violence.

Question One

What are your opinions on domestic violent acts occurring in your community?

Question Two

Why do you think domestic violence is commonly occurring?

Question Three

What do you think are the possible individual characteristics that cause a person to commit acts of domestic violence?

Question Four

Do you think the community of Perth should support the treatment of domestically violent men? Why? / Why not?

Question Five

What do you think could be done in order to prevent these men from behaving violently in the future?

Thank you for your participation and time.

Appendix C

Interview Schedule

INTERVIEW SCHEDULE TEMPLATE

Topic: Professional Perceptions of Domestic Violence: The Relationship Between Causal Explanations and Views on Prevention and Intervention.

Demographics:

Time:

Location:

Interviewer's name and position:

Interviewee's name and position:

Summary of study:

The current study discusses perceptions of domestic violence. It is argued that there needs to be a consistent view of domestic violence across all organisations actively involved in attempting to successfully respond to domestically violent men. The study aims to develop a perceptual guideline of the possible causes of domestic violence and effective approaches based on the level of consistency of responses.

INTERVIEW QUESTIONS AND NOTES

(I: Interviewer; P: Participant)

1. What is your attitude towards domestic violence in our society today?

2. Why do you think domestically violent men behave the way they do?

3. Do you think reports from police, hospitals and courts reveal the true extent of domestic violence incidents across Perth?
Why / Why not?

4. What are your opinions on treating vs punishing men who are violent towards their partners?

5. What are your opinions on the individual factors (i.e., alcohol) surrounding domestically violent behaviour in men?

6. What are your opinions on the societal factors (i.e., socio-economic status, gender inequality, family values) surrounding domestically violent behaviour in men?

7. Do you think the quality of a relationship such as a perpetrators level of communication skills influences the risk of domestic violence occurring?
Why / Why not?

8. In your opinion, what other possible outside influences (if any) influence the risk of domestic violence?

9. We have the men's help lines and programs that are offered to these men, what are your opinions on these?

10. How do you think these men could be most effectively reformed?

11. Do you have any further comments to add on the issues discussed?

(Thankyou for your time and participation)

Template adapted from Creswell (1998, p. 127, Figure 7.5: *Sample Interview Protocol*).

Creswell, J. W. (1998). *Qualitative inquiry and research design- Choosing among five traditions*. London, UK: Sage Publications.

Appendix D

Scenario of five types of domestic violence

By presenting an alternative explanation of domestic violence a more clear understanding of its definition and types of abuse can possibly be achieved. The following is a descriptive sequence of events describing an abusive incident between a husband (John) and a wife (Cathy) involving all five forms of reported domestic violence: emotional, psychological, verbal, physical and sexual (note the names given to each partner are hypothetical ones):

SCENE ONE

John (husband) arrives home from work one evening. Cathy (wife) greets him happily with a kiss and a cuddle. John immediately asks: "Who have you seen today to make you so happy?" Cathy gives John a look and replies: "Why, you of course, darling. Plus I saw my mother today for morning tea." John, acting inquisitive, states in a suspicious tone: "Who did you see for the rest of the day?" Cathy replies defensively: "I was with my mother until two o'clock, then I went to pick up the children from school." John, still not satisfied, says in a more intimidating (controlling) tone: "I am going to ring your mother to check that you are not lying to me." John picks up the phone and calls Cathy's mother.

First and second type of abuse: EMOTIONAL and PSYCHOLOGICAL.

In this event John is emotionally intimidating Cathy by checking her whereabouts and not trusting her initial claim of location. This is also referred to as 'psychological' abuse as John does not openly express the way he feels about the situation; alternatively he is expressing it through forms of control.

SCENE TWO

During conversation between John and Cathy's mother, the mother accidentally gives the wrong time and says her daughter left at one p.m., then quickly claims that she meant around two o'clock. Not long after the phone call ends. The husband immediately flares up at the wife and yells: "You are a liar! There is a lot you can get up to in an hour! Now where were you!"

Third type of abuse: VERBAL.

Here John has called Cathy a liar; a direct form of name-calling, and speaks to her in a yelling tone. This is not respecting the normal rules of conversation: which is not to speak louder than a normal talking tone.

SCENE THREE

Cathy begins to cry and defensively replies: "My mother got the time wrong! People make mistakes John." John loudly replies in a threatening tone: "Do not be smart

with me!" John then hits Cathy hard across the face with a powerful blow of his backhand, which knocks Cathy off her balance, and she falls to the floor.

Fourth type of abuse: PHYSICAL.

John has caused injurious harm to Cathy, a sign of clear disrespect and abuse.

SCENE FOUR

Cathy is crying uncontrollably whilst crouched on the floor. John then yanks Cathy up and starts to roughly fondle her breast and yells: "Since you make other guys happy, you are now going to satisfy my needs." Cathy is thrown over the couch and the husband begins to have intercourse with her. After this incident, John walks off, leaving Cathy crouched up on the couch, trembling and crying.

Fifth type of abuse: SEXUAL.

John has touched the wife in a sexual manner and proceeded intercourse without consent shown by the wife's continuous crying throughout the whole incident.

The above patterned scenario demonstrates the five types of domestic violence.

REMEMBER: Not all five types have to occur to form a domestically violent incident, the abuse has occurred way back when John had checked Cathy's whereabouts in an accusatory manner.

(The characters and the incidents in the above scenario are fictional)

Appendix E

Classical Conditioning

The term 'Classical Conditioning' was formed by a famous scientist in Russia known as Ivan Petrovich Pavlov (1927) to explain reflex responses when presented with external stimuli (eg, food, light, sound). The conditioning process can be explained through Pavlov's work of associating meat (US) with a dog's salivation (UR). Pavlov achieved this through the presence of the meat immediately paired with the ring of a bell. The 'US' refers to an unconditional stimulus (in this case the meat) that unconsciously brings about salivation from the dog - the unconditioned or unconscious response (UR) (Chance, 1999).

From this, Pavlov (1927) introduced the neutral stimulus (NS) which is the ring of the bell to associate the food with the dog. By repeatedly pairing the bell ring immediately before the delivery of the meat, the action would elicit salivation from the dog. In effect, this neutral stimulus (bell tone) had become conditioned (associated) with the dog's saliva; hence it is referred to as the conditional stimulus (CS). The dogs salivation is now referred to as the conditioned reflex (CR), since it was evoked by the ring of the bell alone without the immediate presence of the food afterwards (Chance, 1999). The procedure is shown in a diagram formula below:

A learned (conditioned) reflex:

NS + US → CS → CR

bell tone meat bell tone salivation

With regards to conditioning and domestic violence, the perpetrator would abuse the victim to elicit an unconditioned response (eg, crying). This abuse, if repeated enough would become a conditioned stimulus to elicit an underlying conditioned response (a perpetrator's control over his victim). This control has therefore been conditioned every time the violence occurs. In other words, when the victim is abused, their direct response would primarily be to obey whatever the perpetrator is demanding. This is presented diagrammatically below:

NS + US > CS > CR

Abuse victim's response abuse control

Chance, P. (1999). *Learning and behaviour* (4th ed.). Pacific Grove: Thomas Publishing Company.

Appendix F

Normal behaviour

The term ‘normal behaviour’ can be understood in a sociological sense (study of the nature of human society and how it functions, changes and evolves over time) (van Krieken, Smith, Habibis, McDonald, Haralambos, Holborn, 2000; Tulloch, 1993). Through French sociologist Erik Durkheim’s developments, a theory known as ‘Functionalism’ was put forward to attempt to explain how society operates (Willis, 1999). The theory adopts a structuralist view, in which society as a whole can be seen as a cake, for example. Each layer of the cake is a component of society and known as ‘institutions’. Examples of institutions include families, hospitals, and universities. In each institution there are specific roles that people are expected to perform in a value consensus fashion (consensus meaning a general agreement by the whole of society).

Because such roles hold this general agreement, society is seen as deterministic in the sense as Willis (1989), an associate professor at the School of Sociology in Melbourne puts it: “individuals...can only be free and happy within the confines set up by society” (p.137). From this perspective, normal behaviour is seen as a compliance across individuals to perform their expected roles, which allow society in whole to operate, or ‘function’ effectively.

References:

- Tulloch, S. (1993). *Reader’s digest oxford: complete word-finder*. London: The Reader’s Digest Association Limited.
- van Krieken, R., Smith, P., Habibis, D., McDonald, K., Haralambos, M., & Holborn, M.(2000). *Sociology: Themes and perspectives* (2nd ed.). New South Wales: Pearson Education Australia Pty Ltd.
- Willis, E. (1999). *The sociological quest: An introduction to the study of social life* (3rd ed.). New South Wales: Allen & Unwin.

Appendix G

Conceptual diagram

The following conceptual diagram offers a map of interrelated beliefs that surround domestic violence. The aim of the diagram is to form headings that constitute subsections of this study's findings. The diagram indicates the aim of the study, which is to discover participants' understanding of the causes of domestic violence by men towards their partners, given the influence of these beliefs. The study hypothesises that the perceptions gathered will oppose these beliefs and offer instead implications for effective reform. The conceptual diagram is presented on the next page (due to reasons of size)

Conceptual diagram

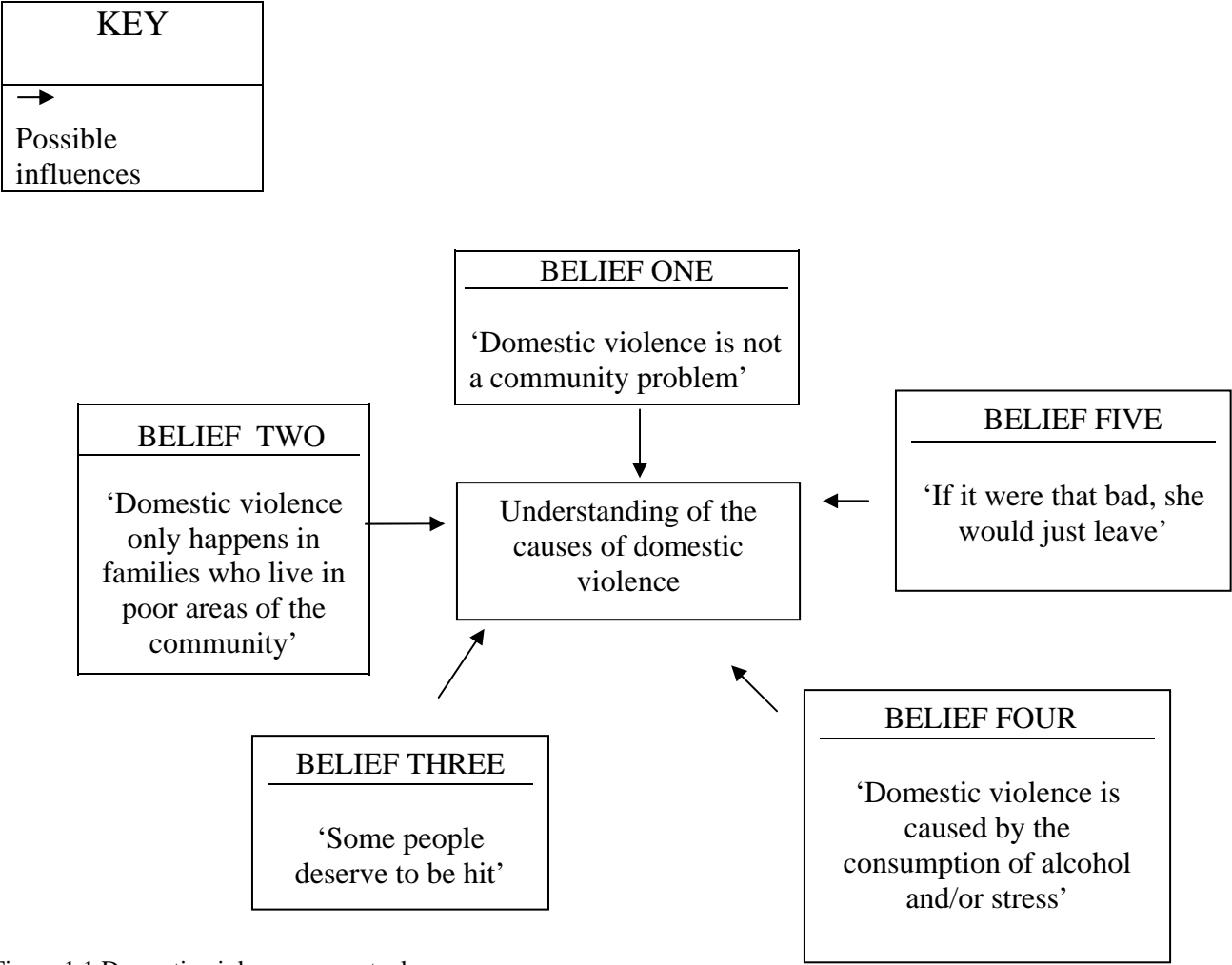


Figure 1.1 Domestic violence conceptual map

Appendix H

Study Information Letter



Rachel Taylor
Masters Research Student
Faculty of Business and Law
School of Law and Justice
100 Joondalup Drive,
Joondalup, 6027, WA
Email: [REDACTED]
Mobile: [REDACTED]
Supervisor: Prof. Paul Moyle: [REDACTED]

Title of Project: Professional Perceptions of Domestic Violence: The Relationship Between Causal Explanations and Views on Prevention and Intervention.

I am seeking voluntary participants who work in the relevant professions to offer opinions about domestic violence. The current research is being conducted as a requirement of a Masters Program at Edith Cowan University. The current study aims to use yours and others' information (e.g. government vs. non-government groups) on extending on previous research in understanding the causes of, and responses to domestic violence. I acknowledge that men and women, both indigenous and non-indigenous commit domestic violence. However the current study will only focus on non-indigenous domestic violent men due to time limitations of the study. Even though domestic violence occurs across all ages (children, adult, elderly), this study will only focus on men who are violent to their adult female partners (within spousal or de-facto relationships) in the home. From a fictional scenario in the survey is an example of domestic abuse. I am interested in your opinions of this fictional perpetrator and other related issues. Section B of the survey will then ask a number of questions that request a detailed response based on your personal opinions in relation to each question.

The interview will aim to run no longer than forty minutes. Twelve questions will be asked by the researcher and your responses will be recorded on an audio-cassette. Some of the questions in the survey and interview may be of discomfort if relevant to yourself, however you are free to withdraw from the study at any time. Your information will also be withdrawn. Such an action will not be prejudiced in any way towards your position.

Before consenting to participate in this study, you are free to ask any questions regarding the project. The information that you give will be strictly confidential; your answers will not be divulged to others. On publication of research, the incorporation of the findings will be anonymous to your identity (both the individual and organisation). The responses used will be identified under groups of professions

(according to your profession). Your information will be stored by the researcher up to five years in a locked cabinet, then shredded. The results of the study will be published as a thesis as a requirement of the course.

If you have any questions or require any further information about the research project, please contact myself on the email address or mobile number above. Alternatively you can contact my supervisor Professor Paul Moyle on the number above.

If you have any concerns about the research project and wish to talk to an independent person, please contact:

Research Ethics Officer
Human Research Ethics Officer
Edith Cowan University
100 Joondalup Drive,
Joondalup WA, 6027
Email: research.ethics@ecu.edu.au
Phone: (08) 6304 2170

Sincerely,

Rachel Taylor
Masters Research Student
Faculty of Business and Law
School of Law and Justice
Edith Cowan University

Appendix I

Research Participant Consent Form



Title of Project: Professional Perceptions of Domestic Violence: The Relationship Between Causal Explanations and Views on Prevention and Intervention.

My name is Rachel Taylor and I am a Masters Student at Edith Cowan University. I am seeking opinions about domestic violence and how men could be effectively reformed. Your contribution will be highly valued in answering the current studies research question on assessing the consistency of professional perceptions of domestic violence.

I thank you for your participation and time.

I _____ (name in full) consent to participating in the research study described above and any questions asked by myself have been fully answered. I understand that I participate on my own free will and am aware that I can withdraw from the study at any time for any reason (i.e., discomfort). If I do decide to withdraw I agree that any previous information that I have given will be withdrawn also. If I require counselling for any potential discomfort I will be offered immediate counselling contacts by the researcher. I give permission for the data collected for this study to be published on a condition that I am not identifiable, and the information that I give is strictly confidential. I agree to take place in a survey and interview for a time duration of up to one hour maximum. During the interview I agree to the information that I give to be recorded on an audio-cassette. I also understand that the recording will be erased once the interview is transcribed.

Participant's Signature

Researcher's Signature

Date

Date

Contact Details:

Student

rataylor@student.ecu.edu.au

Supervisor

Prof. Paul Moyle
6304 5407

Reference: <http://www.ecu.edu.au/GPPS/ethics/>

Appendix J

Survey and interview guidelines (for all participants):

(Commencement of participation)

- Greet participants at the door, issue them a seat.
- The researcher sits on a chair facing the participant.
- Researcher introduces herself by addressing name and position.
- The researchers initially thanks the participant for attending while acknowledges the adjustments and difficulties that the participants may have endured to attend.
- The participants are informed that the information discussed in the survey and interview is confidential and participants remain anonymous to any information used.
- The participants are instructed the time of the interview duration, how the information will be recorded (audio-cassette) and that there are rewards offered after the interview.
- The researcher states that they are happy to stay back and answer (if possible) questions relating to the topic of discussion.
- Researcher discusses a brief summary of the study undertaken and the rationale for the current survey and interview.
- The researcher hands the participant a study information letter to read.
- Participant then reads and signs the consent from.

(During survey)

- The researcher asks the participants to fill out the survey according to its instructions on the survey: read the vignette, answer the statements in Section A and rank their responses according to their attitude towards each statement. Fill out Section B questions and return the survey to the researcher upon completion.
- The researcher sits quietly with the participant while they complete their answers.
- The researcher assists with any questions or difficulties the participant may have during completing the survey.
- When the participant has completed the survey the researcher thanks the respondent and collects the survey.

(During interview)

- The researcher begins tape recording.
- The researcher begins to question the participant with the list of interview questions.
- The researcher attempts to remain as silent as possible during participant conversation and prompts the participant (wherever possible) to elaborate on responses relevant to the researcher's exploration of the research topic.
- When the interview time is up, the researcher wraps up the discussion and thanks the participant for participating.

(After the interview)

- The researcher informs each participant that a copy of the interview transcript will be sent to their given address.

- The researcher kindly asks that if there are any interpretation problems in the transcript to contact the researcher and amend them.
- The researcher informs each participant that they will be notified as to when and where the study will be available for public reading.
- The researcher farewells the participants.

Appendix K

Time-line of study

Research will be conducted the start of first semester (February) in 2004.

February, 2004

- Continue researching literature
- Contact professional participants and set dates for interviews

March, 2004

- Commence data collection

April, 2004

- Data collection continued
- Transcription of interviews

May, 2004

- Data collection continued
- Transcription of interviews

June, 2004

- Finish data collection
- Analysis of surveys
- Analysis of interviews

July-November, 2004

- Analyses continued

November, 2004-July, 2005

- Discussion and conclusion write-up.
- Editing of thesis.
- Peer check of thesis.
- Publication of thesis.

Appendix L

Budget

Thesis

-Paper: thesis expected amount (250 words on each page x 40,000 word limit: 160 pages. Allow for five drafts: 800 pages): \$10.

-Appendices: 100sheets (allow five drafts: 500 pages): \$5

-Binding: (Estimating \$100 a copy), 3 copies: \$300

Surveys

-There are 40 surveys in total to be administered. There are four pages (maximum) expected to compile a single survey. Therefore, the expected paper amount is calculated to be (\$5 for 500 sheets @ 150 sheets): Less than \$5.

Interviews

-Paper: interview schedules @ thirty-nine participants. Allow ten pages for each transcript: 390 pages: \$5

-Phone calls to participants: \$150

-Petrol (travelling to and from interview locations): \$700

Total of expected expenses: \$1175.

Possible additional expenses:

-10 interview cassette tapes

-Stationary

-Faxing

-Internet Usage

-Additional photocopy and printing costs.