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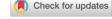
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# Thinking differently about family violence: Shifting from a criminal justice response to a recovery orientation

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**Abstract**

Against a backdrop of increasing rates of family violence in Aotearoa New Zealand, opportunities exist to reflect upon, and critically evaluate, our conventional understanding and responses to family violence. In doing so, there is considerable potential to further develop and progress more efficacious orientations and approaches. The current study sought to explore alternative approaches from the perspectives of 35 men who have engaged in family violence; understanding the type of supports and interventions that have aided their desistance. Participants traced their desistance to family violence to communities of support, communities that have raised awareness of family violence while simultaneously engaging men who either use violence or were at risk of using violence, and the development of holistic, therapeutic, and supportive communities. Themes from these men's narratives highlight the benefits of a move away from a criminogenic response to a community-embedded recovery orientation.

**KEYWORDS**
Aotearoa New Zealand, family violence, male perpetrators, recovery orientation

## 1 | INTRODUCTION

In the last decade, Aotearoa New Zealand (Aotearoa) was reported to have the highest rate of intimate partner violence in the developed world (UN Women, 2011), with women overrepresented as the primary victims (FVDRC, 2020a). Disturbingly, incidents of family violence, including intimate partner violence, intrafamilial violence

and child abuse and neglect, have continued to increase. For instance, in 2013, there were more than 95,101 family violence police investigations and 133,022 in 2018, an increase of almost 40,000 reported incidents over a five-year period in a population of approximately five million people (Family Violence Clearing House, 2017; NZ Police, 2019). Given significant under reporting, actual rates of family violence are believed to be much higher (Ministry of Justice, 2014). These increases have occurred despite considerable government efforts to address family and sexual violence, inclusive of legislative changes (Crimes Act, 1961, s 189A; Roguski, Mossman, & Kingi, 2011), the establishment of a family violence mortality review committee,[1] the establishment of a cross-agency venture to respond to family violence (Ministry of Social Development, 2020), and the recent injection of dedicated family violence funding (FVDRC, 2020b).

Against the backdrop of increasing rates of family violence, opportunities exist to reflect upon, and critically evaluate, our conventional understandings and responses to family violence. In doing so, there is considerable potential to further develop and progress more efficacious orientations and approaches to the prevention and intervention of family violence.

## 1.1 | Conventional orientations to family violence interventions

Conventional approaches to family violence interventions have largely been founded upon theoretical frameworks drawn from feminist socio-political movements (Ali & Naylor, 2013; Kruger et al., 2002). Feminist endeavours have facilitated significant contributions towards increasing public awareness, campaigning for legislative changes, alongside the provision of support for women and children (Ali & Naylor, 2013).

More recently, the predominance of feminist-informed family violence frameworks has attracted critique, notably from within Aotearoa (Kruger et al., 2002; Wilson, Mikahere-Hall, Sherwood, Cootes, & Jackson, 2019). These sources problematise the impact of traditional feminist theoretical frameworks as founded upon Anglo-American worldviews that reflect specific cultural, socio-political, economic and gender perspectives (Crenshaw, 1989; Kruger et al., 2002) and the furthering of such worldviews as normative and universal (Hodgetts et al., 2010). As such, criticisms of the predominance of feminist theoretical frameworks in Aotearoa centre upon the implications arising from the propagation of culturally derived understandings of gender, gender roles, relationships and well-being; as distinct from those embedded within other cultural worldviews, inclusive of Māori and Pasifika (Kruger et al., 2002; Rankine et al., 2017; Rua, 2015). These concerns are especially important in the context of Aotearoa where Māori, the Indigenous people of Aotearoa, are statistically overrepresented as both victims and perpetrators of family violence (FVDRC, 2020a).

A second criticism of feminist-informed frameworks is they have been influential in shaping responses to family violence within Aotearoa (Crichton-Hill, 2001; Rankine et al., 2017; Robertson, 1999; Slabber, 2012) and underscore a generally singular criminal justice response to family violence offending (Ali & Naylor, 2013; Kruger et al., 2002; Pence, 1983; Robertson, 1999). While punitive consequences may form a necessary part of State responses to violence, there has been increasing concern that punitive responses have been employed disproportionately to interventions that are supportive and therapeutic in nature (Armenti & Babcock, 2016; Hassall & Fanslow, 2006) and the current criminogenic focus can act to stigmatise self-directed help seeking, creating a barrier to accessing early intervention support (Roguski & Gregory, 2014). Similar findings have emerged in the addiction sector, with considerable effort employed to open support pathways for early intervention through challenging stigma (Best & Lubman, 2012).

The prominence of criminal justice responses to family violence has meant that interventions are only initiated subsequent to a reported incidence of family violence. While crisis interventions are a critical part of responding to family violence, there is a recognised need for these to occur alongside prevention and early intervention efforts, which have been suggested as more likely to achieve a significant reduction of family violence (Hassall & Fanslow, 2006). The importance of early intervention measures is further emphasised by the inter-relationship between early exposure to violence and subsequent perpetration of violence in adulthood. Many of the former

perpetrators of violence in Roguski and Gregory (2014) expressed a strong belief that appropriate and accessible early interventions could have prevented their subsequent use of violence in adolescence and adulthood.

Outside of immediate crisis intervention responses, where those who engage in violence are removed to ensure the immediate safety of victims, the dominance of an individualised approach has been criticised as not necessarily constituting an appropriate or effective response (Armenti & Babcock, 2016). The continued separation and pathologisation of those who engage in violence is a particular concern for Māori, because it fails to support restoration and recovery of well-being for people, their relationships and whānau (wider family) (Kruger et al., 2002).[2] Such individualised and criminally focussed interventions are also asserted as ineffective because they negate personal responsibility—removing the accountability of those who engage in violence from affected communities (Balzer, Haimona, Henare, & Matchitt, 1997; Kruger et al., 2002). In contrast to an individualised focus, local and international research suggests intervention efficacy may be increased when support is provided at a relational level; increasing accountability and providing further support for behaviour change (Armenti & Babcock, 2016; Polaschek, 2016; Roguski & Gregory, 2014; Sherson & Irvine, 2018). While concerns of safety are paramount, these must be viewed against the values, realities and aspirations of families, and the broader systems in which the individual is embedded (Roguski & Edge, in press; Roguski & Gregory, 2014; Sherson & Irvine, 2018). These concerns and critiques draw our attention towards holistic approaches that enable whole-of-family support.

## 1.2 | Thinking differently about family violence

Failure to explore the lived realities of men who engage in family violence has been an unintended consequence of the conventional orientations and approaches to family violence. Although the conventional focus upon victim safety and support is imperative, exploring the lived experiences of those who engage in violence may support identification of effective and appropriate pathways that lead to sustained desistance. In recognition of the scarcity of research surrounding men who engage in violence, Roguski and Gregory (2014) gathered narratives of former perpetrators of violence. The study identified the importance of a variety of supportive contributors towards pathways for positive change. As an overarching theme, the research findings emphasised the integral role of informal connections and relationships that supported transformational and positive change pathways. For many, positive changes were prompted and sustained through encountering various forms of informal support. Such transformational encounters were often serendipitous, with participants' suggesting that they would have not embarked on a journey of transformation without them. These encounters not only provided opportunities for men to engage with others with shared experiences of engaging in violence but also exemplified the potential for change and sustained desistance from violence. Importantly, the majority of participants asserted that encountering informal supports was more impactful, and preferable, in comparison to formal psychological or counselling-based interventions.

While Roguski and Gregory (2014) provided the first substantive insight into the lived realities of former perpetrators of family violence in Aotearoa, the study also affirmed an appreciation of people's experiences as being shaped by the broader contexts in which they reside, inclusive of social, cultural and community environments. Such findings complement Hodgetts et al.'s (2010) assertion that that family violence is not limited to socio-economic circumstance, ethnicity or religion. However, the individual's social and environmental context likely shapes how family violence is perpetrated and experienced, alongside community responses (Robertson et al., 2007). Similarly, Roguski and Gregory (2014) highlight the need to view people holistically. Such an appreciation is further emphasised within a distinctly Te Ao Māori worldview (Māori worldview), through which people and relationships are understood holistically (King & Robertson, 2017). Critically, the findings from Roguski and Gregory (2014) illuminate pathways to change as necessitating specific kinds of supportive and rehabilitative environments, through which the possibilities for positive change are embedded.

Complementing a holistic understanding of individuals who engage in violence, valuable insights can be drawn from a recovery orientation, which has been adopted in response to a range of social and health concerns. Emerging

from the mental health sector, a recovery orientation encompasses a holistic focus on fostering conditions and environments that ultimately seek to support health and wellbeing (Lapsley, Nikora, & Black, 2002). In contrast to conventional criminal justice responses, the recovery orientation stresses understanding and responding to issues with an emphasis upon the possibility of rehabilitation, recovery and wellness. Fundamentally, the recovery paradigm is premised upon the development of strategies and interventions in collaboration *with* people and communities (Lapsley et al., 2002). Within the context of Aotearoa, the recovery orientation complements how well-being is understood within Te Ao Māori—which emphasises the creation of balance and harmony between people, their social relationships and connections and the broader contexts in which these are embedded (Lapsley et al., 2002). These dimensions have been highlighted as key concerns in further progressing our current responses to family violence (King & Robertson, 2017; Kruger et al., 2002).

As a model of change, the adoption of a recovery orientation has demonstrated the capacity to support positive and sustainable outcomes against significant health and social issues, including mental health, alcohol and other drug addictions (Best & Lubman, 2012; Harding, Brooks, Ashikage, Strauss, & Brier, 1987; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Warner, 2010). Elaborating on positive outcomes resulting from mental health-related recovery orientations, Warner (2010) described successful recovery approaches as long-term interventions that are holistic in focus and responsive to the everyday realities and challenges faced by people, including economic instability, housing insecurity, social and peer support and the amelioration of internalised stigma. Further, Leamy et al. (2011) identified key recovery orientation elements such as connectedness (in relation to peer support, relationships, support from others and being part of the community), identity (including the redefining a positive sense of identity and overcoming of stigma) and also empowerment (in relation to personal responsibility, control over life and a strengths-based focus). Importantly, Leamy et al. (2011) described characteristics of successful recovery, which commonly reflected a unique and non-linear journey occurring gradually over a range of stages or phases. Significantly, Leamy et al. (2011) found that recovery is a multidimensional process that can be aided by a supportive and healing environment, with or without professional involvement.

Within Aotearoa, a number of community-based initiatives reflect an ecological understanding of peoples' realities and the development of responses that are recovery orientated through long-term and holistic approaches. For instance, Te Whakaruruhau Waikato Women's Refuge emphasise whole of whānau support and an holistic focus that attends to a range of stressors, including alcohol and substance abuse, poverty, unemployment and insecure housing (Sherson & Irvine, 2018). As well recognised community experts within the family violence sector, Te Whakaruruhau have long advocated the importance of supporting men who engage in violence as imperative to the elimination of violence within whānau (Sherson & Irvine, 2018). It is noteworthy, however, that similar initiatives struggle financially as their ecological focus does not complement much of government's criminogenically centred funding criteria.

Within the context of increasing rates of family violence, and in light of critiques surrounding dominant conventional responses, an opportunity exists to explore alternative approaches to family violence prevention and intervention. From the perspective of men who have engaged in family violence, the current study sought to explore the types of supports and interventions that aided men to desist from reoffending. The study aimed to learn from these men's lived experiences as a means of further developing approaches to desistance that resonate with the lived realities of men who have engaged in violence.

## 2 | METHODS

Informed by Roguski and Gregory (2014), the study relied on an in-depth qualitative methodology that was guided by an empowerment methodology (Roguski, 2019). Empowerment methodology positions participant voices as central, regarded as valid and reliable accounts of the individual realities, an approach that counters a deficit-based view that brings into question narratives of those labelled as "criminal".

Individual semi-structured interviews were carried out with 35 men who self-identified as having engaged in family violence. Ages ranged from 20 to 58 years old, with the majority aged 35 years or over (n = 21, 60%). Most participants identified as Māori (n = 21), nine identified as Pasifika and five identified as NZ European. Finally, participants reported having desisted from violence for between one and three years.

Participants were recruited through participating support agency/organisation/non-violence networks (support organisations), in a mixture of urban and provincial areas. Men were eligible to participate if they had engaged in family violence, had desisted from offending for at least 12-months, were aged 18 years and over, were currently engaged with a support organisations and had been assessed by participating support organisations as sufficiently resilient to participate in an interview. This criterion sought to avoid traumatizing those deemed as vulnerable.

Interviews were organised and conducted within the premises of a collaborating support organisation. Such a provision meant that professional or peer support was immediately available to respond to participants, should the need arise. Interviews ranged in length between 60 and 90 minutes and, with participant consent, were audio recorded.

An inductive approach to data analysis was used, drawing on grounded theory analytic strategies of comparative analysis (Glaser & Strauss, 2017). In accordance with grounded theory, preliminary exploration sought to identify patterns, themes and their interrelationships through the use of an open coding process. This involved the use of fieldnotes, the ongoing and collaborative engagement with participants and the testing of emerging findings with participants and support organisation representatives. Importantly, the process of constant and collaborative comparative analysis provided an opportunity to determine the extent to which patterns were common across participants while simultaneously exploring reasons underlying these patterns. Finally, the development of an emergent theory was developed by juxtaposing participants' narratives and the extent to which these complemented, or contrasted, existing research and conventional approaches.

This study was reviewed and approved by the Ministry of Social Development Human Ethics Committee in April 2019.

## 3 | FINDINGS

### 3.1 | Contextualising men's negative experiences with help seeking

In contrast to conventional non-violence interventions, King and Robertson (2017) stress that, rather than a singular focus, it is important that 'domestic violence is not seen as a discrete issue, but rather, is situated within the broader context of social and everyday life' (King & Robertson, 2017, p. 210). Within this context, the majority of participants described taking many years to acknowledge their need for help and then attempting to access support. The men described long journeys of wanting to change but were uncertain about how to do so. This was exacerbated by an inability to share feelings and engage in help seeking, a fear of judgment and whether the individual had been embedded within contexts of normalised violence.

> No one ever challenged me or asked me about my behaviour. When you have seen that role modelling growing up, you don't recognise that there is something wrong here. I guess you feel like it sometimes but, the reality is, at that stage I didn't have any skills or tools to act in a different way.

For many, earlier efforts to change had been unsuccessful. Despite prolonged attempts to access support, the majority of participants described the majority of formal non-violence interventions as resulting in no or limited attitude and behaviour change and described these interventions as a '*waste of time*'. Notably, such descriptions were associated with interventions that emphasised a singular focus on offending, with little attention paid to addressing the individual's holistic needs.

> To be honest, I had known I've had a problem for a long time. I was hitting my wife, but never my kids. I checked into X [programme]. I was still drinking heavily, I was still partying. I had a lot of confused emotions. The programme didn't challenge me on all of that. They just focused on violence. Years later, it wasn't until I was able to talk to [my partner] about my upbringing that I started to get somewhere.

In addition to barriers associated with a singular focus described in previous research (see Roguski & Edge, in press), participant narratives reflected the wider discursive impact of Duluth-informed positions as creating communities antagonistic to engaging with men who engage in violence and, ultimately, their transformative journeys. Such discursive barriers were most commonly discussed in relation to the criminalisation of family violence as antagonistic to many men's help seeking. On one level, participants and their partners reportedly refrained from help seeking due to fears that the female partner would be pressured to end the relationship. Of equal significance, participants relayed concerns that help seeking risked eliciting criminal justice responses; potentially triggering a cascading effect that could result in a loss of employment, triggering Oranga Tamariki (child services) involvement, loss of child custody and exclusion from social and familial networks.

> So, if I open up will the police come into my house? There are all these messages like, "You will be held accountable for your actions". Shit, will I be locked up?

Paradoxically, participants also noted the impact of the growing societal intolerance towards family violence as a barrier towards their initial acknowledgment of their offending and ongoing desistance.

> You have the police saying, "We are coming down hard on perpetrators" yet the other message is that you need to get support.

An increasing societal awareness of the unacceptability of family violence was also linked to a somewhat naïve public expectation that offenders can easily access appropriate supports and therefore desist from offending. Such intolerance was underscored by a misunderstanding of recovery journeys and an assumption that individuals have a high degree of awareness about their offending and that non-violence interventions and supports are readily available. Further, these communities were viewed as unsupportive as, once labelled as an offender, the individual perceived that they would always be viewed as inherently *"bad"*.

> Some people just treat you like a monster. It doesn't matter how long it's been since you last hit your partner. They treat you with suspicion. It's toxic. They don't trust that you are on a journey of change. You have to develop a really thick skin and not let it affect you.

## 3.2 | Embracing a recovery orientation

In contrast to an conventional family violence interventionist approach, reflective of a singular, overly simplistic and criminal justice response, participants' lived realities demonstrated desistance as more achievable through access to communities of support. Such communities were underscored by humanist rather than criminogenic paradigms. Rather than a primary status of '*perpetrators*', men were viewed as people, with complex histories and realities that required supportive interventions. In relaying accounts of prolonged and circuitous help-seeking journeys, all participants stressed the importance of understanding *"timing"*; a construct participants struggled to articulate but was suggested as the time at which individuals were most ideally positioned to be influenced by either exposure to external change encounters or an internal realisation of the need to acknowledge their behaviour and to seek change.

> It's all about timing. You can't force a guy to change. You have to create opportunities for him to see the impact of his attitudes and behaviour. It's just really similar to someone realising that they have a drinking problem or a problem with meth.

Participants described communities of support as fledgling in their development, having developed in response to a growing need for peer-led initiatives that differed from conventional orientations and responses. As '*unevidenced*' approaches these initiatives were ineligible for government funding, this was especially reported because the initiatives comprised peers who had undergone their own transformative journeys—providing a form of mentorship to members who were embarking on their own transformative journeys.

> The whole thing with Safe Man Safe Family is that it is made up of people with lived experience. And guys in need of help are seeking them out. There is no judgement, just an understanding that the man needs help and those who have been there are willing to walk alongside them.

Evident across these support networks were a range of non-violence interventions that included community action and awareness raising, therapeutic support and developing therapeutic and supportive communities. These communities developed independently, in different geographical areas, comprising extensive peer supports throughout the country, aided in part by internet and telephone-based communications.

## 3.2.1 | Community action and awareness raising

Supportive communities attempted to raise awareness of family violence while simultaneously engaging men who either use violence or were at risk of using violence. Participants identified engaging men who use violence as the greatest challenge. This was especially appreciated for those whose lives exist outside of mainstream society, generally characterised by those whose lives reflect high degrees of normalised violence.

Engagement was viewed as an essential step towards the individual's acknowledgment of their offending; an acknowledgment that was generally characterised as a cognitive and emotional '*breakthrough*'. At the level of community action, successful engagement was traced to the development of community-based non-violence influencers; described as those with a history of family violence who have embarked on a transformative journey and who role modelled behaviour change while simultaneously providing peer support.

> The biggest barrier is convincing someone that they can change. It is giving them a belief that change is possible at any age and by showing them your own journey. There is an acceptance of this is how it's going to be. The awareness is there and you need to reinforce that anyone can change and that it is sustainable.

Non-violence influencers were identified as an integral mechanism in assisting men to first acknowledge their offending and then leading them to access support. Influencers reportedly created a level of cognitive dissonance by challenging the individual's attitude and perceptions of their behaviour and identity. This was especially important in relation to the impact of distorted masculinity; conceptualisations of masculinity that placed pressure on the individual to conform to an unrealistic standard. Such disruption often led individuals to acknowledge their offending and subsequent need for help. Moreover, participants' transformational journeys were predicated upon having challenged their conceptualisations of masculinity whereby they underwent a process of unlearning archetypal conceptualisations in favour of a personal and fluid sense of identity.

> Men aren't taught to talk about what's going on. It is about breaking that whole male ego thing that you learnt from childhood, being told to harden up and you just stay that way. By coming here [non-violence support group] I have learnt to express myself

Participants described encountering non-violence influencers when attending community initiatives, including workshops and community action interventions (such as a non-violence march or a march against methamphetamine). Non-violence influencers were those who purposefully visited a geographical area and disrupted the status quo. These influencers were able to meet and develop relationships with men who had, or currently, engaged in violence. Through sharing their narratives of change, others were inspired to acknowledge their offending and the visiting influencers were able to provide support through peer-based counselling and referrals to local non-violence programmes. It is noteworthy that influencers often continued to provide peer-based counselling remotely, after leaving the community.

Participants suggested the success of such influencers can be understood in light of their considerable public visibility through involvement in national non-violence campaigns, their media presence in news reporting and social media platforms. Moreover, the influencers shared personal narratives which mirrored the lived realities of the communities they visited. Further, influencers' success in resonating with communities was attributed to an appreciation that they had navigated the complexities of family violence and were able to provide insights and lessons arising out of their own personal journeys. This dimension was reflected by many participants who used terms such as '*they have walked in my shoes*' to describe why they had been profoundly impacted by the influencer's narratives of change. Without this sense of shared life experiences, participants stressed that influencers' narratives would have had very little, if any, impact. Finally, influencers were described as providing real life exemplars of hope, as their shared stories evidenced the possibility for transformative change.

> I listen to those fellas who have walked in my shoes. Fellas like Vic and Phil. Not the ones who have a degree or certification. I have no time for them. Someone with book knowledge doesn't understand me.

### 3.2.2 | Therapeutic support

Participants described the vital role of '*helpful*' group non-violence programmes as essential to engaging them on a therapeutic journey. This was especially discussed in regards to decreasing the individual's resistance when mandated to attend a programme. Considerable emphasis was placed on 'helpful' programmes as the majority had experienced circuitous journeys to acknowledging offending and accessing support was problematised by negative experiences with many of the non-violence programmes they had encountered. Previously accessed supports were described as having little impact on participants' efforts to desist from offending and resulted in a heightened sense of social isolation and helplessness. 'Helpful' interventions were described as non-violence programmes with a holistic focus. In contrast to singularly focused non-violence initiatives, these programmes provided participants with a sense of validation, and understanding that, for many, family violence coexisted alongside intergenerational violence, the normalisation of violence and a range of significant life stressors. Consequently, participants felt validated when facilitators demonstrated an understanding of their lived experiences.

> I had been to many programmes over the years. They were all useless. It was all about me being the problem. When I went to X, I was able to talk about my partner's and my drinking, how we talked to each other in such terrible ways and how, sometimes, she would hit me first.

Holism was reflected in a focus on the individual's basic needs, such as food, shelter and drug and alcohol dependency. Such provision was especially appreciated given participants' alcohol consumption was identified as a significant precursor to family violence offending for a large number of participants (n = 26, 74%).

> I haven't drank for five or six-years now. I grew up in a fucked up home and I thought it was normal. I woke up one morning and it was like a light bulb that said that "Fuck this isn't normal".

Furthermore, desistance was traced to holistic programmes' incorporation of partners simultaneously accessing some form of transformative support. Where programmes included interventions focussed on relational and familial levels, positive and sustained changes were often experienced.

> When I was with my partner, I did all this counselling stuff, but it wasn't working because she wasn't doing it as well. So, I brought her into my counselling and then we were able to go on the journey together.

Similarly, a number of holistic initiatives have incorporated specific supports for children. These activity-based initiatives were founded on therapeutic models that provided children with opportunities to share their feelings and understand their exposure to violence in the family. The initiatives aimed to break intergenerational cycles of violence by providing children with opportunities for positive role modelling, and an understanding of unhealthy relationship patterns, and harmful behaviours and actions.

> The biggest thing, and my offending was only known by my children and my partner, so being able to get recognition from my children that they have seen the changes and that I have been able to have candid conversations with them about my behaviour and the impacts on them. So seeing the strengthening of the relationships between me and my children. The biggest thing is being able to connect with the ones you used to hurt.

### 3.2.3 | Therapeutic communities

Those who attended holistically focussed non-violence programmes attributed a significant portion of their ongoing desistance to the connections they had developed in the programmes. Holistically centred initiatives provided a sense of community, exemplified by descriptions of a '*safe space*' and providing a sense of '*comradery*'. This was especially noteworthy in light of the heightened sense of isolation experienced by participants prior to programme attendance and the reinforcement of such isolation through the negative effects of societal judgement.

> X [non-violence programme] created a safe space, a community around me and my family. I had been to other programmes but was made to feel like I was shit. When you go somewhere like that you don't open up. You just sit there waiting for the time to be up.

In contrast to singularly focused non-violence programmes, structured around a 10 to 12-week duration, holistic interventions were not timebound. As such, holistic programmes provided ongoing support over extended periods of time, affording an opportunity for members to re-engage with the programme at times of stress or when individuals felt that they were at risk of reoffending.

> It was habitual by that stage in my life. I had been doing it for so long, violence was my default if things were getting hard. So it was implementing new skills and tools in place. I had to work on it. It might have taken me twenty-to-thirty years to get to where I was, so it was a journey out. You need to acknowledge that there will be mistakes and backward steps.

### 3.2.4 | Supportive communities

A number of examples of geographical communities were identified that had made concerted efforts to develop supportive networks to support men in their transformative journeys. Within these communities, non-government

agencies, peers, community leaders and business owners had initially met to discuss how best to combat family violence. Incrementally, social networks developed in ways that provided men who had embarked on transformative journeys with an alternative form of social capital. From the perspective of participants, these social networks contributed to the individual's desistance from family violence, whereby the individual had ready access to a variety of support forms and the individual was provided with a level of prosocial role modelling—viewed as an integral step towards developing a healthy conceptualisation of masculinity. The emergence of such supportive communities, while rare in Aotearoa, reflects a significant shift from the singular focus of standalone non-violence initiatives to the development of community-wide interventions and support structures.

> I would stroll down to the hospital with my steel cap boots and he [Dr Pat] would just be waiting for me. He was my mentor. He was the only person I could speak to about my past, knowing that it wouldn't go past his lips.

## 4 | DISCUSSION AND CONCLUSION

The current study explored possible alternative approaches to family violence from the perspective of men who have engaged in violence. Understanding the type of supports and interventions that have helped men who have engaged in violence to desist from family offending is urgently needed, as incidents of reported family violence continue to increase alongside ongoing privileging of criminal justice responses. As such, there is an evident need to think differently about how we view and respond to family violence.

What supported participants to desist from family violence differed considerably from the conventional singular focus of interventions arising out of criminal justice orientations (Ali & Naylor, 2013; Armenti & Babcock, 2016; Kruger et al., 2002).. Rather, the study's findings affirm the potential benefits of a recovery orientation, as community-led and holistic responses, to address family violence (Kruger et al., 2002; Rankine et al., 2017).

A recovery orientation draws on lessons arising from therapeutic recovery models and complements an increasing global recognition of the importance of investing in prevention and early intervention measures (World Health Organisation, 2002). Rather than a singular programmatic focus, a recovery orientation simultaneously considers treatment at an individual level while appreciating the positive impact of developing social and community capital within recovery-focussed interventions (Leamy et al., 2011; Warner, 2010). As such, the orientation acknowledges that community embedded and led approaches are more likely to effectively meet the needs of those affected by family violence, inclusive of men who engage in violence (Day et al., 2012; Kruger et al., 2002; Rankine et al., 2017). This can be appreciated as barriers associated with seeking and accessing support exist within a complex relationship between societal and community considerations. In this regard, many of the barriers to desistance described by participants can be mitigated by the incorporation of a recovery orientation within policy development, and the provision of holistic interventions which are embedded as community-led responses (Kruger et al., 2002; Rankine et al., 2017; Sherson & Irvine, 2018).

Such shifts need to be appreciated across multiple levels. First, the predominant focus on criminal offending has been found to stigmatise self-directed help seeking, effectively creating a barrier to accessing early intervention support (Leamy et al., 2011; Roguski & Gregory, 2014). Similar concerns in the addiction sector have led to initiatives to eliminate barriers to early intervention through challenging stigma (Best & Lubman, 2012). Further, the impact of societal intolerance, coupled with a poor understanding of recovery journeys, can act as a barrier to the individual's acknowledgement of their offending and their ongoing desistance. This finding complements similar concerns raised across the mental health and addictions sectors whereby a solely medicalised focus has been heavily criticised as emphasising short-term, individualised treatments, external to communities, which have largely proven ineffective (Best & Lubman, 2012; Lapsley et al., 2002). Rather, emerging from the mental health sector, the recovery paradigm encompasses a holistic focus which seeks to foster those conditions and environments that support health and wellbeing (Lapsley et al., 2002).

Importantly, participants described their journeys of change as facilitated by some form of disruption to the status quo. Such disruptions challenged the individual's worldview(s) and provided an impetus to engage in a transformative journey. A primary facilitator of disruption included the role of non-violence influencers. This finding lends significant support for recovery orientations that include mechanisms of community action and intervention (Leamy et al., 2011; Warner, 2010). Such mechanisms have the dual potential benefit of engaging men while simultaneously educating communities about the requisite importance of support, namely a recovery orientation needs to be embedded within the community as a whole (Best & Lubman, 2012; Lapsley et al., 2002; Leamy et al., 2011).

Participants also stressed the significance of having access to formal support mechanisms that holistically address the needs and realities of men who engage in violence (cf. Kruger et al., 2002; Rankine et al., 2017; Sherson & Irvine, 2018). Such initiatives were viewed as essential as they provide a sense of community, a peer support network that may have otherwise been unavailable to them, while supporting men and their families on a therapeutic journey. It is of concern that within Aotearoa, men's non-violence programmes are funded without any assurance that the interventions are based on tested therapeutic models of proven efficacy.

Although there is a need to find a careful balance between criminal justice responses, and those that are rehabilitative and restorative in nature, such balance can be achieved by a clear focus on a recovery orientation that is determined by, and embedded within, communities of concern. In this way, the diverse realities, needs and aspirations of people, families, whānau and the communities to which they belong can be acknowledged. Holistic approaches that attend to the needs of the family as a whole create pathways that more effectively meet the needs of those affected by family violence, including men who engage in violence (Day et al., 2012; Kruger et al., 2002; Rankine et al., 2017). Ultimately, working responsively and effectively with who engage in violence presents a means of preventing family violence and keeping families and whānau safe.

## DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

## ORCID

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## ENDNOTES

[1] The Family Violence Death Review Committee was established to contribute to the prevention of family violence and family violence deaths through the development of strategies, reporting of systems, and policy and practice recommendations to reduce and prevent family violence deaths (FVDRC, 2010).

[2] Assimilationist policies in Aotearoa saw the introduction of what would become a prevailing colonial ideology of individualism (Hodgetts et al., 2010; King & Robertson, 2017; Nikora, 2007). Undoubtedly, colonisation and assimilation disrupted Indigenous social and cultural practices that protected members against concerns, including whānau violence (King & Robertson, 2017).

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