



# Exploring **Masculinity & Relationships**

Conversations with men living in  
Melbourne's Outer North



# Acknowledgements

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The authors of this report are Lucy Forwood, Elizabeth Sleeth, and Nicola Long from the Population Health and Community Engagement team at DPV Health.

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# Purpose & Audience

The purpose of this project has been to engage men from the local community in conversations around masculinity, gender roles, relationships, and the prevention of violence against women. We intentionally focused on men from the most predominant language groups (other than English) in Hume and Whittlesea, Arabic and Punjabi. The report highlights the voices and 'lived' experiences of these men. These contributions are key to shaping the future of the Gender Equity and Prevention of Gender-Based Violence team's priorities at DPV Health.

It is important to note, that gender inequality and violence against women occurs in all countries and cuts across all social differences such as race, ethnicity, sexuality, socioeconomic status, ability, and faith. There is no evidence to suggest that any one community, migrant or otherwise, is more or less violent than any other (Multicultural Centre for Women's Health, 2020).

The intended audience for this report is the primary prevention sector and those seeking to engage with men and boys in the prevention of gender-based violence.

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# A note on language

We would like to acknowledge that we use the terms man/men and woman/women throughout this work, but we recognise there are many diverse gender identities, expressions, and experiences beyond this binary. When we refer to 'women' throughout, we take that to include all women, not just cis-gender women. We acknowledge that alongside women and girls, trans and gender-diverse communities also experience high rates of violence.



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# 01. Executive Summary

This report illustrates the findings of consultations to explore local community men's unique perspectives on values, attitudes, and experiences in relation to masculinity, gender roles, relationships, and gender-based violence (GBV). DPV Health aims to incorporate men's perspectives and experiences in developing effective strategies to reduce the high levels of GBV in Melbourne's outer northern metropolitan region.

DPV Health's Gender Equity and Prevention of Gender-based Violence (GE and PGBV) team engaged with 70 adult men from the local government areas (LGAs) of Hume and Whittlesea across various age groups and cultural backgrounds. This consisted of 25 x 18–29-year-olds, 19 x 30–49-year-olds, and 26 x 50+ year-olds.



## The main themes and key insights arising from the consultations include:

- Men indicated adherence to traditional cultural values, gender norms, and social expectations, particularly the responsibility to financially provide for their families. This view was particularly evident amongst older men whereas younger men expressed less attachment to traditional gender norms.
- Men felt immense societal pressure and expectations of what it means to be a man and acknowledged the impact on their mental health.
- Most men were reluctant to seek help to address a problem or worry, bottling up their emotions due to fear of community and/or family judgement.
- Men expressed a range of ways that men show respect towards the women in their lives, including helping them, communication, gentleness, and “chivalrous acts”.
- Men identified various causes of violence against women including women not conforming to gender roles and stereotypes, men's adverse childhood experiences, mental ill-health and stress, financial stress, alcohol use and relationship factors.
- Changing gender norms and power dynamics after settlement in Australia was identified as a cause of tension within relationships and an additional cause of violence against women.
- Many participants believed that men could help to prevent violence against women but identified barriers to achieving this.
- Participants believed men can be involved in the prevention of violence against women through having access to safe spaces for social connection and support, professional mental health support, normalising help seeking, community- and school-based education, parenting support and improving spousal relationship dynamics.



**The report makes the following recommendations to explore when engaging with diverse men and boys to prevent GBV:**

- Increase the capacity of community leaders and community men to raise awareness of healthy ways to be a man and have respectful relationships.
- Work with schools to design and implement healthy masculinities programs for boys.
- Normalise help-seeking and expressing emotions for all men in the community.
- Foster safe and culturally appropriate group spaces for men's social connection and mental health support.
- Reach diverse communities with culturally appropriate and strengths-based family violence awareness programs and discussions about healthy masculinities situated in familiar community spaces.
- Reach newly arrived men to build their understanding of Australian laws in relation to family and sexual violence.
- Assist fathers to understand the benefits of being emotionally supportive spouses and to understand how gender norms and stereotypes can influence their parenting and impact their children.
- Engage with young men in the prevention of violence against women who are less rigid in their thinking about gender norms and stereotypes and thus more open to change.
- Feature men as lived experience speakers at programs, trainings and events who can share their personal experiences and journeys.
- Promote DPV Health's Men's Behaviour Change Program, including awareness raising of what it involves, its benefits, and the capacity for men to self-refer into the program.
- Promote the prevention of, and recovery from intergenerational trauma and child abuse.
- Promote financial, employment, alcohol and other drugs (AOD) and mental health support services that are available to men through local organisations.
- Use social media and multi-media platforms to highlight men speaking about healthy masculinities to help shift social norms.

Listening to the voices of men enables deeper insight into how to effectively engage men in preventing violence against women. It is necessary to consider the views and experiences of men in relation to gender, culture, religion, socio-economic position, migration status, and social norms, values and expectations. DPV Health is committed to engaging men and boys and centring their experiences and voices in the primary prevention of GBV, with our findings from these community consultations forming a strong foundation for our future work.

## 02. About DPV Health

DPV Health is a large not-for-profit community health organisation that offers health care services to people of all ages and genders in our diverse and ever-growing communities. With over forty different services and programs from our eighteen sites, DPV Health delivers a wide variety of clinical, health support, and community services that focus on treatment, prevention, and integrated health promotion. These include medical, dental, mental health, physical health, NDIS and disability, 65+ health, and child and youth health. We also deliver a wide range of community support programs such as Aboriginal and Torres Strait Islander health, Refugee and Asylum Seeker health, LGBTIQ support, homelessness services, community asthma programs and more.

DPV Health is an inclusive organisation that celebrates the diversity of all people within our communities and are passionate about helping to support people to lead happy, healthy lives. DPV Health operates across the Cities of Hume and Whittlesea, including Broadmeadows, Craigieburn, Epping, Heidelberg, Meadow Heights, Mill Park, South Morang, Thomastown, and Whittlesea Township. With over 700 staff and volunteers, DPV Health services a catchment of over 500,000 people across Melbourne's Northern Growth Corridor.

This report has been compiled by the GE and PGBV team, which is part of the Population Health team, that makes up the public health arm of the organisation. The GE and PGBV team implement primary prevention strategies that seek to prevent GBV before it occurs and promote gender equity. Preventing GBV is about changing the society and the culture in which individuals develop attitudes and behaviours about gender, power, and violence. DPV Health's GE and PGBV team delivers interventions at a local level and to communities and is aligned to the Change the Story 2 Framework (Our Watch, 2021).



# 03. Introduction

Engaging with men and boys is fundamental to preventing GBV but has only recently gained significant momentum in Australia (Flood, O'Donnell, Brewin, & Myers, 2021). While the DPV Health GE and PGBV team has previously worked with women in the prevention of GBV, little work has been done in the space of engaging groups of men and boys. The team is therefore seeking to incorporate men's perspectives and experiences in developing impactful strategies to reduce the enduring levels of violence against women in the region.

To explore engaging with men and boys in prevention, DPV Health's GE and PGBV conducted community consultations with culturally diverse men. The purpose of these consultations was to better understand men's beliefs, attitudes, and experiences around masculinity, gender roles, relationships, and GBV, and to strengthen trust and collaboration with culturally diverse men for future primary prevention projects.

This report illustrates the key findings of our consultations with men in our region and provides recommendations to guide GBV primary prevention work with diverse men and boys into the future.

## 3.1. Background

Family violence is highly prevalent in Hume and Whittlesea compared to the broader Victorian Northern Metropolitan Region (NMR) (Crime Statistics Agency, 2023). Currently, Hume has the highest rate of family violence in the NMR and has held this position for many years (Crime Statistics Agency, 2023). However, it is important to note that most women experiencing family violence do not report to the police. As such, these numbers are likely to underestimate the extent of the problem. According to Safe Steps, 80% of women who experience violence from a current partner don't contact police (Safe Steps, 2023).

Violence against women is a deeply gendered issue. Most GBV is perpetrated by cisgender men, and impacts women, children, young people, and LGBTIQ+ communities, as well as other men. 95% of men and 94% of women who experienced violence since the age of 15 did so at the hands of a male perpetrator (Safe and Equal, 2023). In recent years, there has been increased interest in engaging men in the prevention of violence against women. This work is new and evolving. While not all men perpetrate violence against women, all men can be part of the solution.

Communities across Hume and Whittlesea are impacted by a range of social determinants which intersect with their experience of GBV. The outer Northern growth areas experience socioeconomic disadvantage and have large numbers of newly arrived populations. The structural inequalities that exist on the basis of gender, poverty, pay inequity, underemployment, and unaffordable housing cause many families to experience social and economic disadvantage. This consequently impacts their physical and mental health, safety, and wellbeing. The support services and health systems that support families and children in the NMR catchment are overburdened.



Hume receives the most refugees and humanitarian arrivals in Victoria, with this trend continuing for many years (Victorian Refugee Health Network, 2023). Whittlesea has high numbers of skilled migrants. These skilled migrants often have difficulties getting their qualifications recognised in Australia which affects them entering the workforce at an appropriate level based on their skills, experience, and qualifications. This can cause stress in families who came to Australia looking for better opportunities.

When working with men and boys across Hume and Whittlesea, it is important to consider the cultural and linguistic demographics of this cohort. Within Hume, 40% of residents were born overseas and 70% have at least one parent born overseas. Within Whittlesea, 37.6% of residents were born overseas and 66% have at least one parent born overseas. Across both catchments, Arabic and Punjabi are two of the most common languages other than English spoken at home (Australian Bureau of Statistics, 2021).

Considering these demographics, this project specifically aimed to work with Arabic- and Punjabi-speaking men from across Hume and Whittlesea. In addition to conducting consultations with Arabic- and Punjabi- speaking men, broader cohorts were also engaged to gain a more representative sample. Furthermore, engaging with multiple population groups rather than a single group aimed to prevent perpetuating stereotypes and myths that certain cultural groups are more likely to use GBV than others (Multicultural Centre for Women's Health, 2020). Additionally, a group of participants from the DPV Health Men's Behaviour Change Program was also consulted. These men represented a wide range of cultural backgrounds.





# 04. Methodology

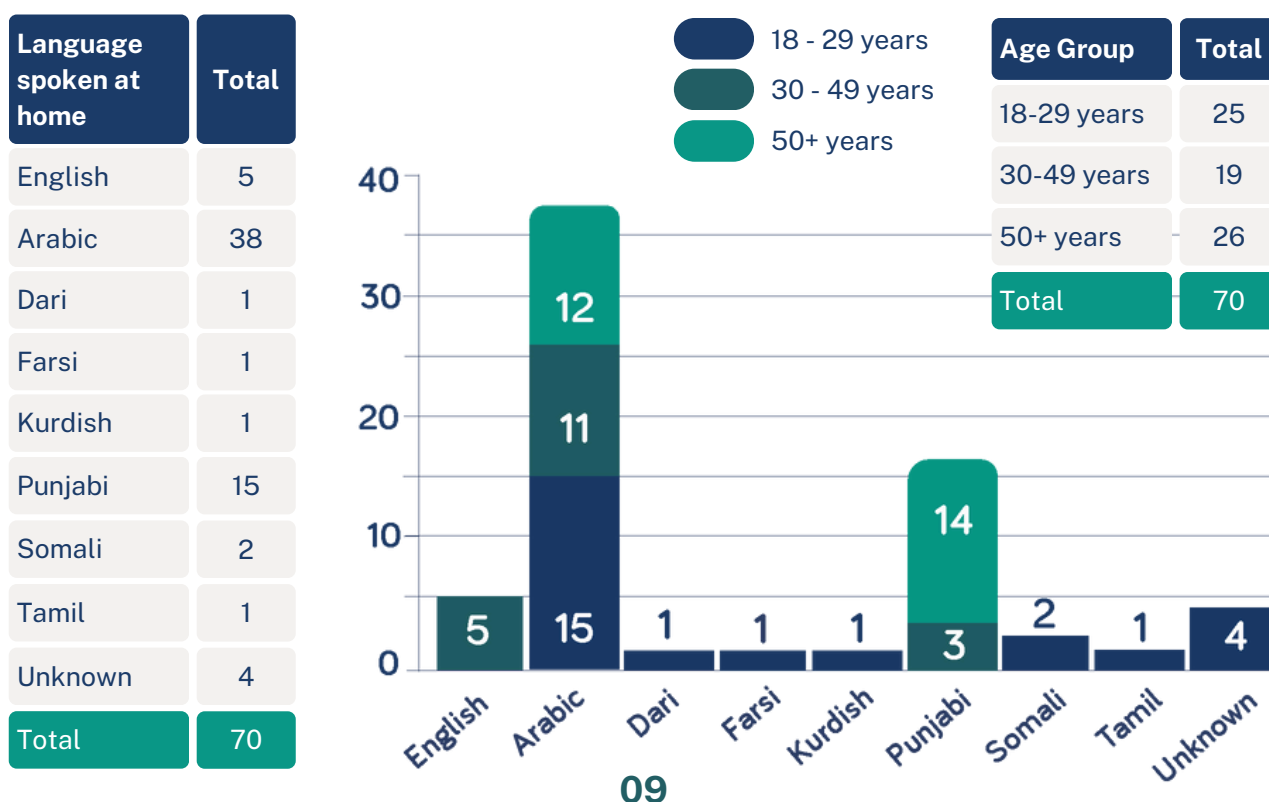
The GE and PGBV team used a set of nine questions to help guide the consultations. These questions had been developed and tested by South East Community Links in a similar consultation project with men and boys in the Southern Metropolitan region (South East Community Links, 2023). DPV Health adapted the questions to suit the needs of the Hume and Whittlesea communities.

**The questions were designed to obtain qualitative responses from participants on the following topics:**

- Qualities and values men admire and are taught growing up
- Forms of masculinity
- Social pressures and expectations experienced by men
- Help seeking behaviours
- Respect for women
- Causes of violence against women
- Men's role in the prevention of violence against women
- Barriers to men's involvement in the prevention of violence against women

The GE and PGBV team conducted seven consultations with 70 men. This consisted of 25 x 18–29-year-olds, 19 x 30–49-year-olds, and 26 x 50+ year-olds. The following table and graphs highlight the composition of age and language spoken at home of the men consulted:

## Participant's language spoken at home and age group



The consultations were facilitated in language using interpreters and spaces familiar to participants to create safe environments for them to share their thoughts and feelings on these sensitive topics. Participants were also given the opportunity to contribute in English if they felt more comfortable doing so.

Most of the participants were open and willing to share their opinions with the facilitators. Each consultation lasted 90 minutes and participants were remunerated for their time.

All data collected from the consultations was de-identified to protect participants' confidentiality. The information collected was analysed thematically using a deductive process. Consultation notes were read repeatedly, and the data reviewed. The data was then coded into short words or phrases representing segments of the text using Microsoft Excel. These codes were then clustered into sub-themes and then themes. The findings of our analysis will be discussed in the following pages of this report.



# 05. Key Findings

The consultations sought to understand the following views and experiences of diverse men.

## 05.1. Values men and boys admire & are taught growing up

The men spoke about a diverse range of values that they admire and believe are important to be taught to young men and boys by their family as they grow up. Participants spoke about the importance of “honesty”, “communication skills”, “kindness”, “manners”, and being “hardworking”. The most common value expressed was respect, consistent for men across all age groups. One participant stated that “everyone deserves respect” (age 50+). As well as general respect for others, some men specifically spoke of the value of respecting parents and elders, while another also stated the importance of “respecting the law” (age 30-49).

The men also spoke of the importance of “how they treat others in the community” (age 18-29). Participants expressed that to treat others well, men should be “caring” and “be helpful to other people” (age 18-29), especially older people and those newly arrived in the country. Some participants also shared that men should “never look down on people” (age 30-49), and “shouldn’t take advantage of others” (age 30-49).

Participants also expressed the value of teaching young men and boys cultural and religious traditions and values. This was particularly evident amongst the older men, with some participants stating the importance of “staying right by following and practicing your religion” (age 50+) and sharing the view that “if I take my children to the temple from a young age, they will follow it for life” (age 50+). Younger men in particular spoke in depth about the value of “responsibility” (age 18-29). One participant shared that it was important to “be responsible for your actions and responsible for your family” (age 18-29) and another shared that:

***“a good role model is a man who looks after his family, his wife and his kids, because a man must be responsible” (age 18-29).***

## 05.2. Views on the role of a man

When questioned about their perceptions of what it means to be man in their community and what they believe a man should be, the men overwhelmingly expressed the value of providing for their family financially. The men believed that to “make a living for his family” and “work an honest job” (age 30-49) are integral parts of a masculine identity. This belief was consistent across all age groups. One participant shared, “In my community, we were raised that once a man turns 17, he has to work and contribute to his family, unless he will not be considered a man. He has to provide no matter what, and he’s not allowed to cry or complain about it, or else he will be looked down on by the community” (aged 18-29).

This notion of the community not allowing men to cry or complain also emerged as a common masculine gender norm expressed by men in the younger and middle age groups. “He has to put aside his emotions and just carry on with what’s expected of him. His emotions aren’t important” (age 18-29). Another participant said, “a man can’t be sensitive. A man can’t cry” (age 30-49).

Participants also spoke of the value of “honesty” and “honouring his word” (age 18-29). One participant stated that a real man “stays true to his word. His word has meaning, and he does not change it” (age 50+). Some younger men even stressed that men in their communities would “hard-headedly” honour their word, even if they knew that their word “may be wrong sometimes” (age 18-29). One participant shared that for men in his community, “what he says must happen, even when what he says may be wrong” (age 18-29).

Men from the younger age group spoke of the importance of being able to “handle pressure” (age 18-29). One participant stated that men are “expected to handle stress very well and are expected to take on pressure” (age 18-29). Some participants felt that this expectation to handle pressure was “normal” for men as “men are just built to handle more pressure” (age 18-29). However, other men were less rigid in their thinking with some participants stating that “it isn’t right that a man should get more pressure” and that men “aren’t always meant to take on a lot of pressure, but they can take it on when they need to” (age 18-29).

Emerging again mostly from the younger age group, men spoke of needing to be responsible and dependable. Participants felt that a ‘real man’ is “responsible for the family” (age 50+). Some participants emphasised the importance of men being “dependable” and always being “there for” others in their lives. One participant shared a story about his brother, who he said was his “biggest inspiration as a man” through his actions such as “being there for me in any way I need it” and being responsible for “always solving my problems” (age 18-29).

Generally, younger men had more progressive views about gender roles. Younger men spoke about the importance of men providing for their family not just financially, but also sharing the domestic load. “Being a provider for yourself, your family, for those around you, not just financially, but also being present for your family or wife and kids when they need something from you, such as taking them to school and sports activities, and spending time with them” (age 18-29).

## 05.3. Social expectations placed on men

The men who participated in our consultations shared a range of social expectations placed on men and boys in the community and the impact that these expectations have on their mental health and wellbeing. Some of these expectations aligned with traditional gender norms and will be discussed below.

### Social expectations of men and boys

The expectation to provide for their family was overwhelmingly the most common view shared by the men consulted. This view that a man is expected “to make a living for his family, to go out and work” (age 50+) was strongly held and persisted across all age groups. One participant stated that as a man, “you have to carry the burden” (age 30-49).

Men shared that the expectation to “provide financially” (age 18-29) is not just limited to men’s nuclear families, but also extends more widely to members of their extended family, including those still living overseas in their homelands. One man stated that:

***“Men are expected to provide money for family, parents, siblings”(age 30-49).***

Another shared, “the son becomes a sort of middle person. They are expected to look after their own family and their parents” (age 30-49). One younger man also shared, “it starts small with things around the house like groceries and bills, and then that pressure builds up, and then eventually you get married and become the main provider of the family. [There is] the pressure that you always have to be providing for your family once you get to a certain age. At times you are also expected to financially contribute to both your parent’s household and your own” (age 18 – 29).

The social expectation for men and boys to conform to gender norms and roles sets in from a young age. Younger men stressed the expectation from their families and communities that they felt growing up to be successful and achieve milestones aligning with a ‘traditional’ life path. One participant stated, “you’re expected to be in university by 19-20 years old, then get a job, then get a wife, then get a house by like 25, have kids, all pressures from parents and community that gets put on a man by the time he gets to be 16-17” (age 18-29). The participants felt great pressure from their family and community to follow this life path, with one participant sharing that:

***“If you don’t follow the family and community’s plan for you then you’ll be labelled a failure” (age 18-29).***

This term “failure” was repeated multiple times by the younger men, including across other questions posed during our consultations. Young men feel immense pressure by their families and communities to align with these social expectations, and seriously fear being labelled as a failure if they do not conform to these.



Some men also discussed the change in expectations on men and boys after settlement in Australia compared to the expectations that exist in their homeland, in particular the change in gender norms in society and relationships. Men discussed the differences in men's and women's roles in Australia, including the expectation that both men and women are employed. Some participants felt that these different expectations on men "create pressures on men and set high expectations for the way a man should behave" (age 50+). Another participant shared that these more progressive gender norms didn't exist in their homeland "...and there weren't as many issues in relationships because things were simpler" (age 50+).

### **Impacts of these social expectations on men and boys**

Across all age groups, the men consulted expressed feeling pressure from the weight of the social expectations and responsibilities placed upon them. One participant stated:

***"It can break a man if he can't achieve what's expected of him" (age 30-49).***

The men overwhelming shared that these social expectations lead to men experiencing mental health issues. These included "sadness" (age 30-49), "suffering" (age 30-49), "feeling worthless" (age 50+), "exhaustion" (age 30-49), "stress" (age 50+), "anxiety" (age 30-49), "depression" (age 30-49) and even "suicide" (age 30-49). One participant stated that "not being able to fulfil the breadwinner role can cause him to fall into depression" (age 50+).

Men across all age groups also spoke of the pressure to keep their feelings to themselves. "Men never show their feelings. There is a pressure to be strong. Men hold it inside. Always hold it in" (age 30-49). Another shared that men "walk around and hide it. It's debilitating. It'll come out eventually" (age 30-49).

Younger men were the only cohort to identify with these social expectations in a positive light. This included improved resilience, with one participant stating that men could "use the pain to grow tougher and stronger" (age 18-29). Another participant stated that it "thickens your skin... and you can take on anything after that. Things don't affect you as much anymore" (age 18-29).



## 05.4. Men's help-seeking behaviours

Amongst the men consulted, most expressed reluctance to seek help for their worries or problems, bottling up their emotions and keeping them to themselves. This theme was common across all age groups. Men feared community and/or family judgement and being seen as “weak” (age 30-49) if they expressed their worries or emotions. One participant shared, “men are expected not to fail or feel low, they have to stay strong” (age 18-29). Another participant stated, “if they share their worries, people would make fun of them” (age 50+). Some participants felt it was imperative to “hide your true feelings” because “the man has to be the leader of the family. You can’t show your weakness, or the family will be broken” (age 30-49). Some of the younger participants spoke of positive outlets they use to release their emotions privately. These included “going to the gym” (age 18-29), “running in the rain” (age 30-49), “listening to music or watching movies” (age 18-29), and “praying to God” (age 18-29).

If men did speak to someone about their worries, younger men were more likely to seek help and support from their friends rather than family. This was due to their belief that their families would judge them harshly or label them as a “failure” (age 18-29). One participant stated, “I’d rather not go to family because they will judge. I prefer sharing with friends because they won’t hold it against you over time, like family will” (age 18-29).

Men from the oldest age range were more likely to open up to their close family only, such as their wife, son or brother. Older men also discussed the mental health impact of keeping one’s emotions bottled up. One participant stated, “when you share a problem, you feel better. No one can live by themselves” (age 50+).

It is noteworthy that regarding help-seeking, men who were participating in or had completed the Men’s Behaviour Change Program were the only group to mention seeking support through support services. The support services mentioned included Lifeline and mental health professionals such as psychologists. One participant stated, “professionals are there to help guide you through mental illness” (age 30-49). Another participant felt that there should be more support for men in Australia, stating that “there are more organisations helping women in this country” (age 30-49).

## 05.5. How men show respect for the women in their lives

Men participating in our consultations described the ways that men may show respect towards the women in their lives. Common across all age groups, the men strongly emphasised the importance of respect. One man stated, “you have to respect her no matter what, especially her religious and cultural beliefs” (age 18-29). Older men were also more likely to emphasise respect within traditional gender norms and roles, with one participant stating, “respecting a woman is also understanding the role she is playing in raising your children and looking after the house. Be grateful for the effort she puts in and don’t expect too much” (age 50+). Men from the 50+ age group spoke of how women must respect men, with one participant stating, “if a woman doesn’t show respect, men will find a way to escape, to distance themselves from her, or get a divorce” (age 50+), and another sharing, “it’s a two-way street, it should go both ways, if they respect us, we will respect them” (age 50+).

Men from all age groups spoke of how “helping women around the house” (age 18-29) was an action they could take to show their respect to women. One participant stated that men should “help them out. Do what they’re doing. Double their efficiency by being there to support her within the house itself” (age 30-49). Another shared that “a woman is not a machine or maid, we are both the same, we need to help her” (age 50+).

Men from all age groups also spoke of the value of communication in showing respect for women. This included the way that men believe they should speak to women, with participants stating that:

***“Men should communicate in a respectful way, gentle way”  
(age 30-49).***

and “not say bad words in front of girls” (age 18-29). Another stated it is important “to share things with her, to make her feel she is respected. For example, if she cooks something nice, tell her” (age 50+). Additionally, the men consulted felt that the way men speak to women compared to men should be different, with one participant stating, “female friends need to be treated more gently, can’t joke around or joke physically with them, you never behave in front of the girl the way you behave in front of a man” (age 18-29).

Some men believed that “a woman is always weaker” (age 30-49) than a man and therefore must be treated more “gently” (age 18-29). One participant shared that “to show respect towards women, you have to be gentle” (age 50+).

Some men said that acts of chivalry were important in showing respect for women. Some participants shared that they “open the car door” (age 30-49), “pay for” (age 18-29), “buy gifts” (age 30-49) and “flowers” (age 18-29) for their wives and sisters.

Some men participating also spoke of the impact of a man’s upbringing on how he shows respect towards women. One participant stated that “your upbringing has a major role in how you treat people, especially women” (age 30-49). Another shared that the “values” they have, including if and how they show respect to women, are “from when they were raised, taught by their fathers in their home countries” (age 50+).

## **05.6. Causes of violence against women**

The men who participated in our consultations described a range of reasons and circumstances as to what causes violence against women and why it occurs. These explanations shared by participants were not necessarily personally endorsed by all men but were at times observations of reasons why other men might use violence against women. For example:

***“Alcohol, drugs, gambling, stress, growing up in violence, cheating and lies- all these things contribute to violence against women”.***

**Women's non-conformance to traditional gender roles** as a cause of violence against women was a prevalent theme. Participants spoke about how a man may resort to violence if a woman does not follow what he says or does not meet his expectations about housekeeping and caring for children. These views were held more frequently by men in the older age groups, with the younger men articulating that they know these views exist but were less likely to agree with them. One older participant stated:

***“if the woman is lazy or does not clean the house, if she doesn’t take care of her husband and children. If she doesn’t cook. If she doesn’t do her job. The man gets angry... and that can lead to violence” .***

Another participant shared, “she asks for the violence because she wants the freedom to do what she wants” (age 50+). Furthermore, this non-conformance to traditional gender roles as a cause of violence is not just limited to intimate relationships but can extend into family relationships. A younger participant shared that if there is a “lack of obedience, a man might think the only way is violence. If a brother tells a sister not to go out after 10pm, and she doesn’t obey him, it can turn into physical violence” (age 18-29). Participants across all age groups spoke on this theme, however these views were not articulated by men who were participants in the Men’s Behaviour Change Program.

**The change in gender power dynamics during settlement** in Australia was also shared as a cause of strain on relationships which may result in violence. This was predominantly in relation to employment, and particularly evident in relationships where the wife was employed, and the husband wasn’t. The men consulted shared various examples of this phenomenon, with one participant sharing:

***“A woman having more power can make a man violent towards her. If she is more educated than him, earns more money, is more respected within the community. Some men don’t accept this” (age 30 - 49).***

Another participant stated that “some men are afraid to be seen as weaker than a woman” (age 18-29). Another shared that some men may think, “Why is the woman earning more than me? If the woman is earning more, there is an issue. You have been raised as the main protector, breadwinner for the family and that status is not there anymore. You try to take control” (aged 30-49). Some men consulted also felt that there were more employment opportunities for women than men in Australia. One participant stated, “there are so many jobs here, women get so many more jobs than men. Men get frustrated, which causes violence” (age 50+).

Some men shared that they felt that women expecting too much of them causes men to get angry, which ultimately leads them to perpetrate violence. One participant shared that a woman “nagging consistently, being difficult, and always forcing her opinions” (age 50+) provokes a man into using violence. Another participant felt that a man may use violence when a woman “asks for too much of the man” (age 50+) in terms of “material possessions” (age 50+), such as asking for a “bigger house, or a newer car” (age 50+). One participant shared, “in the homeland, violence starts because of material troubles, the wife will begin comparing the things her husband can provide for her to the things her friends get from their husbands” (age 30-49).

**Substance use**, or “being under the influence of some type of substance such as alcohol or drugs” (age 18-29), was also regularly mentioned by men across all age ranges as a cause of family violence. Alcohol was the most common substance spoken about. “Alcohol causes violence” (age 30-49). A participant from the Men’s Behaviour Change Program stated that, about his use of violence, “alcohol was the number one contributor, never the blame... We ended up bluing when we were drunk” (age 30-49). Most participants spoke of the man being the individual in a relationship who was under the influence of alcohol or other drugs as opposed to a woman, or simply spoke of substance abuse as a cause of violence in general terms. However, one participant shared that he felt that after migrating to Australia, “now women are more exposed to drugs and alcohol” (age 50+), highlighting the shift in social and gender norms and power dynamics felt by some migrants.

**Childhood trauma and adverse childhood experiences** were stated by some of the men as a cause of family violence, who spoke of growing up in families where there was family violence. “Childhood trauma and violence is how we learnt how to be” (age 30-49). “My family grew up in violence so that’s all we know” (age 30-49). One participant shared, “if there is violence in a boy’s upbringing it can linger into adulthood” (age 18-29) and another stated, “if kids grow up watching their mum being abused then they normalise it” (age 18-29). All the participants from the Men’s Behaviour Change Program stated they had witnessed family violence in their homes growing up and shared that the Adverse Childhood Experiences (ACEs) program video they watched during the program was helpful in them understanding why they had used violence.

**Mental health** was also discussed by participants in the context of why violence occurs. The men spoke about stress and emotional distress as a trigger for violence, with one participant sharing, “pressure eats you from the inside” (age 30-49), and another stating, “pressure and stress causes violence” (age 30-49). One younger participant felt that the “stress from expectations of being a man can lead a man to be violent towards a woman, and that might be because the woman doesn’t know that the man is even going through this stress” (age 18-29). Mental health was spoken about most frequently by the men from the Men’s Behaviour Change Program group. One participant shared, “when I’m stressed, I’ve smashed holes in walls and stuff like that” (age 30-49). All the men participating who had previously used violence shared their experiences with mental health and emotional distress, including considering or attempting suicide.

**Financial distress** was also stated regularly by participants as a trigger to violence. One participant stated, “violence against women is because of finances” (age 30-49). Men felt that unemployment, “job issues”, “job insecurity” (age 50+) and men being the sole income earners in the family can result in stress, frustrations, and arguments, which ultimately lead to violence.

**Communication breakdown** between spouses also emerged from responses as another reason for family violence. The men felt that a lack of communication resulted in a lack of understanding and honesty between partners and that can lead to tension in relationships. One participant stated, “...as soon as honest communication isn’t there – that’s when family violence can happen” (age 30-49). Another participant commented, “...in any marriage, the relationship always starts out good, but over time one of the spouses begins to alienate the other and that’s when the violence begins...” (age 50+).

**Jealousy** was stated as another factor contributing to violence. Some participants stated that a man may become jealous if their wife or girlfriend spoke to or spent too much time with another man, which then could result in the man perpetrating violence. One participant stated, “jealously. I felt that. Spending more time with another man than a partner. That’s a big one for me” (age 30-49). Another participant felt that “being suspicious of your spouse, even without adultery” (age 50+) can be a cause of violence.



## 05.7. Men's involvement in the prevention of violence against women

Most of the men agreed that men do have a role to play in preventing violence against women, although, some did not. The participants identified several barriers and obstacles to men's involvement in prevention, and provided many suggestions of ways men can be involved.

### Stated barriers to men's involvement in prevention

The men identified a range of barriers or challenges to men's involvement in the prevention of violence against women.

Some participants shared that "problems between the family should not leave the home and no outsiders should be aware of the situation" (age 30-49). This resulted in the belief that the use of violence was a personal family matter, and thus nothing should be done to address it. One participant shared, "if there is violence against women in a family, we can't interfere in their personal problems" (age 18-29).

Some men also discussed the lack of understanding of family violence as a barrier to men's involvement in prevention. This included the impacts of family violence, how to respond to it, and the relevant laws in Australia. This was demonstrated throughout the consultations when some participants inquired about how to respond if they witnessed family violence in their communities, with one participant asking, "should we call the police or try to stop it ourselves?" (age 50+). Another participant shared, "a lot of people... don't know the laws against family violence and sexual assault" (age 30-49). Younger men felt that the lack of understanding among men of the impact of violence on victim survivors was also a barrier to men's involvement in prevention. One participant shared that men who use violence "don't know what women go through, what it's like when men hit them" (age 18-29) and felt that men must "be educated about how a woman feels when she experiences violence" (age 18-29).

### How men can be involved in prevention

When questioned about how men can be involved in the prevention of violence against women in their communities, ideas included safe spaces for men's social connection and support, professional mental health support for men, community-based education and awareness-raising, and school-based education. Participants also discussed the importance of a child's upbringing and improving spousal relationship dynamics in preventing violence against women.

### Safe spaces for men's social connection and support

Creating safe spaces for men's social connection and support emerged as a key avenue for men's involvement in the prevention of violence against women. This view arose most strongly from participants from the 30-49 age group. These men spoke of the need for spaces for men to gather for "supporting and showing understanding towards other men" with these safe spaces being key to reducing men's isolation through "spending time with other men", "open discussion" (age 50+), and peer support. One participant stated, "...you learn a lot from people's examples and lived experiences" (age 30-49). Men from the 30-49 age group also discussed the need for support spaces for men who have used violence to prevent re-perpetration. One participant shared, "if men have perpetrated violence, there should be some channels to talk about it and express remorse. A discussion like this. Do you understand your emotions? What triggers you?" (age 30-49).

Men from the Men's Behaviour Change Program felt very strongly about the importance of these safe spaces for men for the prevention of violence against women. The men spoke in depth about the benefits of group spaces where men have the opportunity to "open up" about personal issues. The men spoke very favourably of their positive experience in the Program, with one person stating, "men's programs are the best. It helps them open up. One-on-one is hard. The beginning of group sessions is daunting, I didn't want to come. The first day I came I thought it was amazing" (age 30-49).

### **Professional support including normalising help seeking**

Participants across all age ranges also discussed the importance of mental health support for men to reduce violence in families. "Counselling" was referenced frequently by participants and was suggested to be utilised by men both "before and after violence occurs" (age 30-49). Some men felt that violence use is "psychological" and "needs to be treated" (age 30-49) as such. One participant shared, "sometimes there are men who are not violent. But something will happen to make them violent. Something can be done for him, like counselling" (age 30-49). Some participants highlighted the importance of normalising seeking the support of mental health professionals and addressing the stigma that is often attached to this in the community. One participant stated, "the community doesn't advocate for therapy because they think it's a waste of money" (age 18-29), and another shared that most of his community "think that a psychiatrist or a counsellor is for crazy people. I think that is wrong" (age 30-49). According to a participant from the Men's Behaviour Change program, "Drugs and alcohol cause violence so we need more help to stop" (age 30-49).

### **Community-based education and men as 'role models'**

Men from across all ages spoke of the need for increased awareness in the community to prevent violence against women. Men discussed the benefits of "educating the community and spreading awareness of how to reduce violence" (age 50+). Some men suggested educating community leaders and to hold community education sessions to educate all men about respectful relationships.

***"Men should be educated by other men so men can reach out to each other to help them understand how to be respectful towards women" (age 30 - 49).***

One participant suggested, "DPV Health should organise seminars so people like us can get awareness and education and have open discussion" (age 50+). Some men also emphasised the need to educate newly arrived men on family violence, sexual violence, and assault laws in Australia. One participant shared, "I think for immigrants, we should have education courses. A lot of people don't even know about rape being against the law. They don't know the laws against family violence and sexual assault. They don't even know the law. It's not taught" (age 30-49).

Men also discussed the importance of situating education within community spaces, such as community and cultural centres and places of worship. One participant shared that it was beneficial to "hold these events where there are more community men, like gurdwaras, etc." (age 30-49).

## School-based education

The majority of the men consulted suggested “education at schools” (age 18-29) as a method for men and boys to be involved in the prevention of violence. Men felt that to address violence against women, “high schools should teach this [relationships and respect for women]” (age 30-49) and there should be “more discussions like this, but in schools” (age 50+).

Men from the Men’s Behaviour Change Program group felt particularly strongly about the key role educating boys at school would have in preventing perpetration of violence against women and girls. The men spoke very positively of the Program and wished that they could have participated in a similar respect and healthy relationships program when they were at school. One participant stated:

***“We need to have a men’s subject where we can learn about this – respect and how to treat people. I wish that was a subject at school” (age 30 - 49).***

The men strongly felt that “kids should know about things like this” (age 30-49) and emphasised that “teaching kids about this at the right age could be a very helpful tool” (age 30-49).

## Parenting

The men spoke of the importance of how children are raised and its impact on violence against women. Participants emphasised the value of a “good upbringing” (age 30-49) where children are taught respect and healthy relationships at home. Men believed that this was important to prevent children perpetrating violence in the future. One participant stated, “raising your son with values. Hitting a woman is not an option. Hitting a woman is weak” (age 30-49), and another suggested, “invite families to parenting groups and provide this education” (age 30-49). Another shared, “we should teach our children from a very young age to respect females. Doesn’t matter what community it is... I think [this is] the root cause – if we teach our children from a young age, you need to respect everyone regardless of male or female” (age 50+).

***“Doesn’t matter what community it is... I think [this is] the root cause – if we teach our children from a young age, you need to respect everyone regardless of male or female”.  
(age 50 +).***

## Improved spousal relationship dynamics

Men from all age groups believed that improved relationship dynamics between spouses was important in preventing violence against women. This included improving communication, openness, and “understanding between partners” (age 50+). Men felt that it was important to “be open and honest with each other, an open book” (age 50+) and “be direct, if you have issues, speak about it” (age 30-49). The men suggested that this could be achieved through professional support such as “marriage counselling” (age 18-29). One participant felt that in a marriage, “men and women should be aware of their responsibilities through counselling... and then there won’t be any arguments” (age 50+).

## 06. Key Learnings

Through our consultations, we have been able to explore and understand the values, attitudes, and experiences of diverse men living in Hume and Whittlesea in relation to masculinity, gender roles, relationships, and GBV. These valuable insights and suggestions from men on how to effectively engage men and boys in prevention, are integral to DPV Health's future prevention efforts.

**While the men's experiences, perceptions and attitudes were diverse, there were many common themes.**

- **Men indicated adherence to traditional cultural values, gender norms and social expectations, particularly the responsibility to financially provide for their families.** This view was particularly evident amongst men from the middle and older age groups, whereas younger men expressed less attachment to traditional gender norms. It is important to consider these aspects of diverse men's identities when engaging and working with them in the prevention space. Disregarding these strongly held belief systems may result in men and boys disengaging from our prevention efforts. Men's identities must be carefully considered to move towards achieving more equitable perceptions and attitudes regarding gender norms and roles, gender equality and women and girls' value and position in society.
- **All men consulted felt immense societal pressure and expectations of being a man and spoke at length about the vast impact these can have on the mental health of men.** All men consulted also expressed great reluctance to seek help for their worries or problems, mostly because of fear of judgement from their families and communities due to community expectations on men to hide their feelings and always stay strong. Prevention efforts must therefore prioritise men's mental health, destigmatize expressing emotions and promote help seeking for all men in the community.
- **Men participating in our consultations described the many ways that men may show respect towards the women in their lives, including helping them, communication, gentleness, and chivalrous acts. They also shared their thoughts around the causes of violence against women.** Suggested causes included women not adhering to traditional gender norms, women triggering men through nagging or expecting too much of them, substance use, experiencing family violence as a child, stress and emotional distress, financial issues, lack of communication, and jealousy. Understanding men's perceptions of respect and causes of violence will help to inform approaches for engaging men and boys in prevention work moving forward.
- **The changing gender norms and power dynamics after settlement in Australia was also identified as a cause of tension not just within relationships, but for men's identities and social position overall. This emerged from the consultations as another cause of violence against women.** Future prevention work must consider and incorporate the impacts of these changed norms and dynamics which can be a very dramatic shift in thinking for many men newly settled in Australia.

- **Many participants believed that men could help to prevent violence against women, however, they did express barriers to men's involvement.** Gender inequitable and violence supportive community attitudes and a lack of education on gender-based violence and its impacts were identified as key barriers or challenges to engaging diverse men and boys in the prevention of violence against women. Addressing these barriers will be critical to increasing engagement of men and boys in future prevention work.
- **Participants believed men can be involved in the prevention of violence against women through creating and attending safe spaces for social connection and support, professional mental health support,** normalising help seeking, community- and school-based education, parenting and improving spousal relationship dynamics. Listening to the needs of men to inform future prevention work is essential to increase their engagement in future initiatives.



# 07. Recommendations & future opportunities

The findings from DPV Health's consultations emphasise the need for culturally sensitive, trust-building approaches, positive role models, and engaging men in a spectrum of activities that aim to transform gender norms and prevent GBV.

**We have identified a number of opportunities for DPV Health primary prevention interventions, which include:**

Build the capacity and provide support to male community leaders and men 'of influence' to reach diverse communities with messages about positive masculinities, including being an active bystander and how to be a positive role model. These programs should be culturally appropriate, strengths-based and situated in community spaces such as local community meeting places, cultural centres and places of worship.

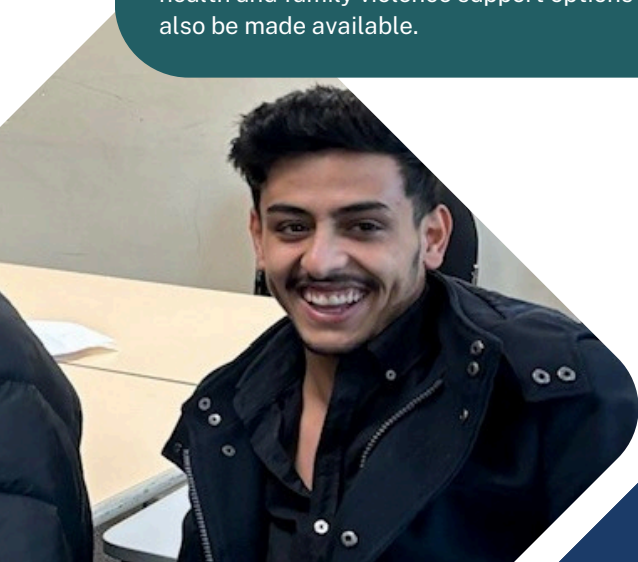
Work with schools to design and implement healthy masculinities programs for boys. These programs will aim to strengthen their relationships and improve their wellbeing. The focus will be on respectful relationships, unpacking gender norms and stereotypes, challenging harmful expressions of masculinity by being an active bystander, and promoting expressing emotions and help-seeking.

Normalise help-seeking behaviour and expressing emotions for all men in the community.

Promote support services available to men including the DPV Health Men's Behaviour Change and Case Management programs, Caring Dads Programs, Men's Line, and Men's Referral Service support services etc. Promote employment, financial, AOD, gambling and mental health support services that are available to men through local organisations.

Foster group spaces for men's social connection. These should be safe and culturally appropriate spaces for men to see and understand the benefits of being emotionally supportive, and discuss personal issues, including mental health, social and religious expectations, and pressures felt. Mental health and family violence support options should also be made available.

Reach diverse communities with culturally appropriate and strengths-based family violence awareness programs and discussions about healthy masculinities situated in familiar community spaces.





Reach newly arrived men with information on Australian laws in relation to family and sexual violence at home and in the workplace, including sexual harassment laws.

Assist fathers to understand how gender norms and stereotypes can influence their parenting and impact their children. Engage with parents to promote gender equality and respectful relationships from their child's birth including being emotionally supportive to their partners. This could be through preexisting evidence-based and evaluated health promotion programs such as "Baby Makes 3" (healthAbility, 2024) .

Engage with young men in the prevention of violence against women who are less rigid in their thinking about gender norms and stereotypes and thus more open to change. "Maybe we cannot fix the oldest men, but we can fix the younger generation" (age 18-29).

Feature men as lived experience speakers at programs, trainings and events who can share their personal experiences and journeys. These speakers could include men who have successfully navigated gender inequitable and violence supportive attitudes and strict community, religious and social expectations to being emotionally supportive, safe and equitable in their relationships.

Promote DPV Health's Men's Behaviour Change Program, including awareness raising of what it involves, the benefits, and the capacity for men to self-refer into the program.

Promote the prevention of, and recovery from intergenerational trauma and child abuse.

Support and advocate for campaigns that challenge the commercial determinants of GBV, including the AOD, pornography and gambling industries.

Use social media and multi-media platforms to highlight men speaking about healthy masculinities to help shift social norms.

DPV Health is committed to engaging men and boys and centring their experiences and voices in the primary prevention of GBV, with our findings and recommendations stemming from these consultations forming a strong foundation for this. Our work has also enabled the GE and PGBV team to create relationships with diverse community groups of men and boys, key to our prevention initiatives moving forward. Further engaging men and boys in prevention will be an important stepping stone towards achieving the GE and PGBV team's goal of breaking the cycle of violence against women and fostering a culture of respect, gender equality, and non-violence within DPV Health's catchment.



# 08. References

- Australian Bureau of Statistics. (2021). Hume: 2021 census quickstats. Retrieved from Australian Bureau of Statistics: <https://abs.gov.au/census/find-census-data/quickstats/2021/LGA23270>
- Australian Bureau of Statistics. (2021). Whittlesea: 2021 census quickstats. Retrieved from Australian Bureau of Statistics: <https://abs.gov.au/census/find-census-data/quickstats/2021/LGA27070>
- Crime Statistics Agency. (2023). Data Tables LGA Family Incidents Year Ending September 2023. Retrieved from Crime Statistics Agency: [https://files.crimestatistics.vic.gov.au/2023-12/Data\\_Tables\\_LGA\\_Family\\_Incidents\\_Year\\_Ending\\_September\\_2023.xlsx](https://files.crimestatistics.vic.gov.au/2023-12/Data_Tables_LGA_Family_Incidents_Year_Ending_September_2023.xlsx)
- Flood, M., O'Donnell, J., Brewin, B., & Myors, B. (2021). Engaging men: Reducing resistance and building support. Melbourne: Eastern Health, Eastern Domestic Violence Service (EDVOS), and Queensland University of Technology. [https://www.easternhealth.org.au/images/Engaging\\_Men-Reducing\\_Resistance\\_and\\_Building\\_Support\\_final.pdf](https://www.easternhealth.org.au/images/Engaging_Men-Reducing_Resistance_and_Building_Support_final.pdf)
- healthAbility. (2024). Baby make 3. Retrieved from healthAbility: <https://healthability.org.au/services/baby-makes-3-2/>
- Hewson-Munro, S., & McCook, S. (2023). Working together with men 2.0: Tools and templates for accountability and action. Melbourne: RMIT University. <https://www.rmit.edu.au/content/dam/rmit/au/en/about/our-values/respect-rmit/working-together-with-men-v2.pdf>
- Multicultural Centre for Women's Health. (2020). Challenging myths about culture and violence in migrant and refugee communities. Melbourne: Multicultural Centre for Women's Health. <https://www.mcwh.com.au/challenging-myths-about-culture-and-violence-in-migrant-and-refugee-communities/>
- Our Watch. (2021). Change the story: A shared framework for the primary prevention of violence against women in Australia. (2). Melbourne, Australia: Our Watch. Retrieved from Our Watch: <https://assets.ourwatch.org.au/assets/Key-frameworks/Change-the-story-Our-Watch-AA.pdf>
- Our Watch. (2022). Men in focus practice guide: Addressing masculinities and workign with men in the prevention of men's violence against women. Melbourne: Our Watch. <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2022/08/19131630/Men-in-focus-practice-guide-accessible.pdf>
- Our Watch. (2024). Intersectionality and violence against women. <https://action.ourwatch.org.au/what-is-prevention/intersectionality-and-violence-against-women/>
- Safe and Equal. (2023). Fast facts on family and gender-based violence. Melbourne: Safe and Equal. Retrieved from <https://safeandequal.org.au/resources/fast-facts-2023/>
- Safe Steps. (2023). Family violence myths and facts. <https://www.safesteps.org.au/understanding-family-violence/family-violence-myths-facts/>
- South East Community Links. (2023). Exploring life, culture, and relationships with boys and men: Community consultation report. Melbourne: South East Community Links. <https://secl.org.au/wp-content/uploads/2023/08/Men-and-Boys-Community-Consultation-Report-July-2023.pdf>
- The Men's Project & Flood, M. (2018). The man box: A study on being a young man in Australia. Melbourne: Jesuit Social Services. <https://cdn.jss.org.au/wp-content/uploads/2022/08/28093247/The-Man-Box-A-study-on-being-a-young-man-in-Australia.pdf>
- VicHealth. (2020). Masculinities and health: A framework for challenging masculine gender stereotypes in health promotion. Melbourne: VicHealth. <https://www.vichealth.vic.gov.au/sites/default/files/VicHealth-Masculinities-and-health-framework-JUNE-2020.pdf>
- Victorian Refugee Health Network. (2023). Data Bulletin 2023. Retrieved from <https://refugeehealthnetwork.org.au/wp-content/uploads/2023/06/Data-Bulletin-Q1-2023-Refugee-Health-Network.pdf>



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