

Men's Places

Literature Review

the
centre
for *child*
development
& education

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Terminology

In this report we use the term “family violence” to better reflect the broader conceptualisation of domestic violence in Aboriginal communities. We use the following definition:

Family violence involves any use of force, be it physical or non-physical, which is aimed at controlling another family or community member and which undermines that person’s well-being. It can be directed towards an individual, family, community, or particular group. Family violence is not limited to physical forms of abuse, and also includes cultural and spiritual abuse. There are interconnecting and trans-generational experiences of violence within Indigenous families and communities. (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006, p.6)

The term family violence highlights the dynamic nature of violence in which forms of violence can transform into or catalyse another type of violence (Memmott, Chambers, & Go-Sam, 2006). This definition incorporates fighting between families, elder abuse, child abuse including sexual abuse, spousal violence and aggressive and antisocial behaviour of young people (Memmott, et al., 2006). However, the use of the broad term “family violence” should not obscure the fact that Aboriginal women and children are predominantly the main people who experience family violence (Memmott, et al., 2006).

In this report we use the term “Aboriginal” to refer to people of Aboriginal and Torres Strait Islander descent, except where directly reproducing quotes or information from other sources or referring collectively to indigenous peoples from more than one country.

Executive summary

This report provides detail from a review of the literature regarding the prevention of and response to family violence with a focus on engaging Aboriginal men in remote communities. The literature review has been derived at the request of Department of Children and Families in the Northern Territory Australia to inform efforts in violence protection and response with a focus on men.

A search of the peer-reviewed and grey literature was conducted to report on the practice and programs related to (i) community-focused activity for men aimed at reducing family violence before it occurs and (ii), community focused activity aimed at providing effective responses to men involved in family violence. The literature review focuses on activity that has been successful in (i) remote Australian communities and (ii), activity that has been successful in remote indigenous communities of other countries.

The literature review highlights the need to work with Aboriginal men for their own healing as people that experience violence and for the benefit of family and community where men perpetrate violence. In Aboriginal communities, it is more than likely that abusive men will remain in the lives of their partners for a range of reasons. The review also highlights the limitations of mainstream law and order approaches to reducing family violence in Aboriginal communities, but also describes the lack of a solid evidence base for community based approaches to preventing and responding to violence. The review describes approaches for engaging men in service delivery, and the need to incorporate models which accurately represent men's attitudes to violence, health, service delivery and behaviour change.

Proactive violence prevention strategies have included:

- support programs (counselling and peer support) to address trauma, grief and loss experiences for Indigenous men;
- personal development and leadership programs;
- identity programs (developing self-esteem or self-value) including therapeutic and spiritual healing programs;
- relationship programs to promote healthy intergenerational relationships (e.g., father-son programs), restore caregiving roles and supporting men into manhood;
- parenting programs (particularly for the roles of young Aboriginal men as fathers; and when men take on primary caregiving roles);
- night patrols (building relationships with police and strengthening Indigenous social control supporting traditional mechanisms for addressing and preventing violence);
- education and awareness raising, reasserting community norms/dynamics which support violence (develop knowledge, skills and behaviour to understand and prevent violent behaviour – may include programs delivered in schools e.g., respectful relationships programs);
- programs targeted at youth with a focus on “holding” young people and mentoring of Aboriginal youth by Elder figures;
- sports and recreation programs;
- tradition and culture programs which promote a return to culture and country;

- a place specifically for Aboriginal men which can house a range of facilities and services including men’s clinical services, places for discussions and education, “cooling off” places, group meetings, and recreation, training and work activities;
- employment programs which provide access to employment pathways as well as providing opportunities to engage in traditional roles, and exploring the development of small businesses;
- creating social enterprises which contribute the economic and social welfare of the community.

Programs for responding to violence in Aboriginal communities have included: community justice programs (mediation and restorative justice processes – approaches concerned with restoring social relationships and social equality in relationships); individual and group counselling; night patrols; community education; wardens; youth suicide intervention strategies; traditional healing circles; and women’s refuges . Some programs have also provided support for men and women attending court for family violence matters (McCalman, Tsey, Wenitong, & Whiteside, 2006). Court-mandated programs for Indigenous offenders can work successfully if they are sufficiently connected to Indigenous communities and the program development and delivery is supervised by Indigenous people.

McCalman (McCalman, et al., p.45) has identified the following approaches to offenders of family violence by Indigenous Community Justice Groups:

- removing offenders from the community (e.g. to outstations) for “time out”;
- shaming;
- assisting with the reintegration of offenders into their families and community following incarceration (including aftercare services, transitional programs, and gradual release/step down approaches);
- dealing with alcohol management issues;
- trauma recovery programs; and
- other preventive measures such as establishing local networks of criminal justice agencies and contributing to interagency, preventive and support activities.

The multi-faceted nature of family violence for Aboriginal families can make the task of violence prevention and response overwhelming. The literature review suggests the need for clarity of focus, extensive community engagement, and participation in the design and operation of family violence male centric services. It also suggests clear systems and policies for the operation of any initiative addressing violence, and comprehensive staff training and mentoring, with the potential for two way-working between Aboriginal and non-Aboriginal program staff.

Chapter 1. Introduction and background

Purpose and scope of the literature review

This report provides detail from a review of the literature regarding the prevention of and response to family violence with a focus on engaging Aboriginal men in remote communities. The literature review has been derived at the request of Department of Children and Families in the Northern Territory Australia to inform efforts in violence protection and response with a focus on men.

The scope of this literature review is to report on the practice and programs related to (i) community-focused activity for men aimed at reducing family violence before it occurs and (ii); community focused activity aimed at providing effective responses to men involved in family violence. The literature review will focus on activity that has been successful in (i) remote Australian communities and (ii); activity that has been successful in remote Indigenous communities of other countries. The literature review will include summaries of programs and assessments of the evidence used to measure the success of programs.

As a preliminary review this report is not exhaustive. Instead we have focused our attention on key review papers in the area and on recent publications relating to specific initiatives for Aboriginal men and men living in remote and regional settings.

Method

A “systematic plus” literature search strategy was conducted to identify articles and reports relevant to this review. The “systematic plus” method incorporates search strategies to identify peer-reviewed and grey literature and incorporates qualitative and quantitative research and evaluation projects.

A review of key electronic databases (Scopus, EBSCO Host, Proquest 5000, APA-FT, Family and Society Plus, and Medline) was expanded with a search of Google Scholar in January-February 2011. The inclusion criteria included articles and papers which referred to family violence prevention and response approaches for Indigenous men in Australia and overseas; papers with a focus on service delivery to men in remote (and regional) communities were also included. The following search terms were used: “Aboriginal men”, “Indigenous men”, “Maori men”, “First Nations men”, and “Native American men” combined with any of the following: “family violence”, “domestic violence” and “community violence”. A second search was conducted using the terms “men’s programs” and “programs for men” combined with “rural”, “regional” and “remote”. A scan of the titles from both searches yielded 264 potentially relevant titles. Papers which were most recent, most relevant to the scope of the review and those which summarised a body of literature were prioritised for review.

Chapter 2. Addressing family violence in remote communities

Barriers to reporting assault

The very high rates of violence against Aboriginal women and men have been well documented (Kowanko et al., 2009; McCalman, et al., 2006). Aboriginal people are killed by violence at four times the rate of the non-Aboriginal population (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006). Assault and acts intended to cause injury were the most common offences for prisoners held in custody in the NT between 2005 and 2009 (Northern Territory Government, 2005, 2006, 2007, 2008, 2009). Approximately 40% of prisoners had assault recorded as the most serious offence for the custody episode. A further 11-13% of custody episodes had sexual assault recorded as the most serious offence. More than 80% of prisoners in custody in the NT are Aboriginal (Northern Territory Government, 2005, 2006, 2007, 2008, 2009). Aboriginal men are over-represented as people who experience violence and who engage in violence towards others (McCalman, et al., 2006).

It is estimated that as much as 90% of violence against Aboriginal women is not disclosed to the police (Willis, 2010). Both personal factors and factors related to the criminal justice system are barriers to reporting violence for men and women (Table 1) (Willis, 2010). Non-disclosure in remote Aboriginal communities is also influenced by: fear of the consequences of reporting in small communities including retribution and possible escalation of violence; feelings of shame and self-blame about the violence; the exertion of cultural and political power in some small communities; fear and distrust of police, justice and other agencies; language barriers and poor cultural understanding on the part of professionals including police; barriers of disclosing to a worker of a different gender; feeling the need to protect the person engaging in violence towards others from the criminal justice system; and perceptions of pervasive violence as normative and unavoidable (Andersson, Shea, Amaratunga, & McGuire, 2010; Willis, 2010).

Table 1 Barriers to reporting sexual assault

Personal barriers	Justice system-related barriers
Too trivial or inappropriate to report to police	Police would not or could not do anything
Not a real crime	Police would not think it was serious enough or would not want to be bothered with the incident
Not clear that harm was intended	Fear of not being believed by police
Dealt with it themselves	Fear of hostile treatment by police or other parts of justice system
Regard it as a private matter	Fear/dislike of police or the legal process
Shame, embarrassment	Lack of proof that the incident happened
Did not want family or others to know	Did not know how to report
Fear of reprisal from assailant	
Self-blame or blamed by others for the attack	
Desire to protect offender, relationship, or children	

Source: (Lievore, 2003, p.28)

There is a need to work effectively with men for their own healing as people that experience violence from others and for the benefit of family and community where men engage in violence towards others. In Aboriginal communities, it is more than likely that abusive men will remain in the lives of their partners for a range of reasons, not only because of the lack of disclosure of violence as discussed above (Rosewater, 2007). The person who experiences violence from their partner may also be unable or unwilling to leave, and the physical risk to the person experiencing violence may

be heightened if they do leave (Rosewater, 2007). Some court decisions also require partners to stay in touch with their abusers for reasons of shared custody of children (Rosewater, 2007). For Aboriginal women, cultural and community ties may mean that leaving their partner would fragment their identity (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006).

The multifaceted nature of family in Aboriginal communities

Many authors have described theories to explain the dynamics of family violence in Aboriginal and non-Aboriginal communities. It is beyond the scope of this review to provide extensive detail on these theories, but a brief overview is provided in this section.

Constructs of violence against Aboriginal women which come from mainstream concepts of “domestic violence” are underpinned by western models of female oppression and may not fit the experience of Aboriginal women (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006). Western concepts of family (and specifically domestic) violence place blame with either the abuser, the family system or social systems in which women are not given/viewed with as much power as men. The interconnections between individuals, families and communities are often ignored, with very few programs simultaneously targeting all of these elements (Brown & Languedoc, 2004). The idea that the health of the community is reflected in the health of the individual is not a new concept (Edelman & Mandle, 2010), and is a highly visible premise through Indigenous literature (Atkinson, 2002; Rose, 1993; Trudgen, 2007). Remote settings in the Northern Territory are predominantly Aboriginal in their demographic. Future policy regarding service delivery in remote locations should hold this premise at the very core of its policy.

Puchala and colleagues (2010, p.91) have identified that

Aboriginal family violence (1) is a multifactorial social syndrome and not simply an undesirable behavior; (2) resides within aboriginal individuals, families, and community relationships, as well as within social and political dynamics; (3) typically manifests itself as a regimen of domination that is established and enforced by one person over one or more others, through violence, fear and a variety of abuse strategies; (4) is usually not an isolated incidence or pattern, but is most often rooted in intergenerational abuse; (5) is almost always linked to the need for healing from trauma; (6) is allowed to continue and flourish because of the presence of enabling community dynamics, which as a general pattern, constitute a serious breach of trust between the persons experiencing violence and abuse and the whole community; and finally, (7) the entire syndrome has its roots in Aboriginal historical experience, which must be adequately understood in order to be able to restore wholeness, trust, and safety to the aboriginal family and community life.

The multifaceted nature of family violence in Aboriginal communities is well documented (Cripps, 2007). The causes and correlates of family violence in Aboriginal families and communities include the interrelated historical factors associated with colonisation, cultural genocide, assimilation and removal, cultural dislocation and contemporary experiences of marginalisation, social and economic exclusion, intergenerational experiences of abuse, drug and alcohol use, powerlessness, low self-esteem and poor mental health (Cripps, 2007; McCalman, et al., 2006). For Aboriginal men, the denial of traditional roles, destruction of social norms, lack of support systems and the absence of structures to provide pathways to manhood impact upon spiritual wellbeing (McCalman, Tsey, Wenitong, & Patterson, 2005; McCalman, et al., 2006). The overwhelming loss, trauma and grief

experienced by Aboriginal men including loss of identity, self-esteem, self-respect, country and culture, and the premature and preventable death of family and friends, cause damage to the spirit. In remote communities especially, unemployment and the lack of opportunities to meaningfully contribute to the economic and social fabric of the community may further exacerbate this sense of spiritual grief. Men may use negative strategies (e.g., alcohol abuse, family violence and criminal offending) to deal with these factors. The role of alcohol in family violence, child abuse and neglect, and road accidents is undeniable (McCalman, et al., 2006). As McCalman (McCalman, et al., 2006, p.35) has identified.

Once dependence on alcohol is established, drinkers tend to reduce their performance of social and cultural roles, including parenting. The separation of Indigenous males from their families and communities through moving to towns with readily available alcohol, sobering up shelters or imprisonment, impairs the male parenting available to indigenous children and youth from their fathers, grandfathers and uncles (Male Health Policy Unit, 2000). Substance abuse also hinders the transmission of cultural knowledge across generations (Cape York Institute 2004).

The complex nature of family violence in Aboriginal communities demands multifaceted strategies that promote community and cultural cohesion and strength, facilitate disclosure of violence, address the dysfunctional patterns of behaviour and cycles of escalation in violence, and promote the individual's ability to take responsibility for violence and commit to behaviour change. The Aboriginal and Torres Strait Islander Social Justice Commissioner (2006) has identified that strategies must *"address the connections between culture, drug use, alcohol use, separation from family, violence, poverty, spiritual needs, housing, health, boredom, race discrimination and gender discrimination"* (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006, p.13). There is also a need to balance Aboriginal customary lore with international human rights, and in cases of family violence, *"HREOC [Human Rights and Equal Opportunities Commission] considers that women's individual human rights must ultimately prevail"* (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006, p.12).

Strategies for preventing and responding to family violence must be able to address the causes of violence including being able to resist the identified triggers and causes of violence including triggers of specific episodes. These factors include (Day & Doyle, 2010; McCalman, et al., p.43):

- precipitating or impulsive causes such as jealousy, infidelity and concerns about relationship commitment, arguments about childrearing, payment of debts, payback;
- situational factors such as alcohol intoxication and substance misuse, money problems, unemployment, and communication breakdown between partners, disruptions to family functioning such as pregnancy/childbirth and sorry business, persons who encourage a person engaging in violence towards others to act, and conflicting differences between the antagonists; and
- underlying causes such as loss of self esteem, loss of masculinity/identity, loss of self-respect, loss of respect, and loss of responsibility.

Chapter 3. Engaging men in remote settings

Engagement

Engaging men in the prevention of and response to family violence has been described as “one of the major missed opportunities” (Rosewater, 2007, p.38). A growing body of qualitative research regarding men’s engagement in service delivery has been evolving since the gender imbalance in service delivery was highlighted in the political arena in the mid nineties (Mitchell & Chapman, 2010). Unfortunately, there is still a significant void when it comes to quantitative evidence supporting initiatives in men’s engagement in services (Buckley, 2001). Qualitative approaches (particularly in the field of health services research) have revealed some false perceptions about motivations for men’s behaviour within service delivery contexts (Hamel, 2008; Mitchell & Chapman, 2010). They have also revealed systems implementation based on incorrect assumptions of what may, or may not, constitute barriers to male service delivery.

Barriers to engaging men

The focus on men’s health and wellbeing came in the late 1990s out of a political response to closing the gap in health that was becoming evident between genders. The state of Indigenous health revealed an even greater margin with Aboriginal men living an average 20 years less than non-Aboriginal men (Hamel, 2008).

Evaluations have revealed barriers to male participation in service provision (Table 2) that include: Women making up the greater number of staff members thus services have a female focus for service provision; agency staff reflecting the negative stereotypes held about men; inappropriate targeting of intervention coupled with inappropriate communication strategies; a lack of empirical evidence to support initiatives in men’s health; and men’s perception of health creating barriers to engagement (Mitchell & Chapman, 2010).

Table 2. Identified barriers to service delivery engagement

Barriers for Male Engagement in Service Delivery

Women making up greater number of staff and do not understand the needs of men.
Agency staff reflecting dominant negative stereotypes about men.
Inappropriate targeting of interventions and/or the use of inappropriate communication strategies for men.
A perception that male-centric services will be at the expense of women and children’s services.
Men have a particular perception of wellbeing that creates engagement barriers with service delivery.
Services are geared towards females and children and so are not considered relevant to men.
Service provision induces feelings of neediness or dependency.
Hypothetical talk in Aboriginal cultures is often taken as literal and so has the possibility of building mistrust when “hypotheticals” are not followed through – including hypothetical situations explored in consultations with communities and service providers in designing and implementing service delivery.

Service paradigms

Many programs operating in which communities are headed by women and have limited capacity to engage boys and/or men. This is exacerbated in communities where “*there is not only a lack of leadership by men but also little incentive for boys to find their own strengths*” (McCalman, et al., 2005, p.21).

Service provision in remote locations, in particular, is an area of employment that attracts a high female representation. Research suggests that when a gender imbalance occurs in the workforce, the delivery of service becomes predominantly focused towards the gender of majority (Hamel, 2008; Mitchell & Chapman, 2010). Research also suggests that when a service to men is implemented, the service runs the risk of being underpinned by theoretical perspectives firmly entrenched in a patriarchal paradigm (Hamel, 2008).

The patriarchal paradigm operates out of the perception that men's behaviour, including violent behaviour, operates directly from a need to dominate out of gender privilege. Research supports that attempts to increase male engagement in service delivery are generally focused around changing the behaviour of men to engage with the service (e.g., through mandating behaviour, providing incentives) rather than changing the approach and perceptions of the service (Hamel, 2008). This is to say that models of male engagement are often guided by negatively framed concepts and assumptions around men and what may motivate men's behaviour (Hamel, 2008).

It is reported that current models of service delivery for men are centred on negative stereotypes and constructions of masculinity such as: men are unable to engage with their emotions, avoid health issues, and have an unhealthy disregard for their own wellbeing (McCalman, et al., 2006; Mitchell & Chapman, 2010; Wilkins & Savoye, 2009). The construction of masculinity in western (and other) cultures impacts on the health and help seeking behaviours of men (for example if the idealisation of masculinity is that men are independent, strong and self-reliant) and on the design of services and service delivery (McCalman, et al., 2006). Men may therefore feel a lack of confidence or embarrassment in using the service (McCalman, et al., 2006). Research suggests that common perceptions of the health and help seeking behaviour of men are flawed, purporting that 95% of men are genuinely interested in their own health and when provided with the right environment are open to opportunities for personal exchange and healthy emotional expression (Buckley, 2001).

Research clearly states that men's attitudes towards current service provision are sceptical. Very few service models take into account the specific needs of men, particularly Aboriginal men. The constant churn of service providers in remote Aboriginal communities in the Northern Territory also does not promote positive relationship building and trust with men, other members of the community or professional practitioners.

Social Exclusion

Social exclusion results from a lack of access to resources and services that allow greater participation in society. The underlying impact of social exclusion is a perceived lack of entitlement to services. Research suggests that one of the common perceptions held by men is that men believe services that are directed by women are mainly catering for women and children. This coupled with service provision being predominantly female, leads to a perception that men's needs are not being addressed, thus promoting feelings of social exclusion for men (Grant & Francis, 2008). Men may feel dissatisfied and excluded by the perceived disparities in services and supports for women compared with men in Aboriginal communities (McCalman, et al., 2006). However, if men feel that men's services are removing services for women and children then they are less likely to participate in programs that are directed specifically towards men (Mitchell & Chapman, 2010).

Research suggests that men do see the value and acknowledge the need for male centric services however, men believe that by creating a male centric service, women and children's services will be reduced. In short men do want services but not at the expense of service provision to women and children (Grant & Francis, 2008).

Changing the orientation of services to engage and support men

Mitchell and Chapman (2010) describe a shift in focus from viewing male clients who do not engage with services as "hard to reach clients" to viewing reduced male attendance as a symptom of problematic service delivery. This model takes the view that the power of engagement does not lay outside the organisation but comes from within the organisation. The premise is to work from a male strength base and so does not attempt to change men's participatory behaviour (although the goal is to change their health behaviours or address violence). With regard to promoting men's health and positive functioning, this is facilitated through implementing change at the organisational and service delivery level. The structure and attitudes of the organisation are progressed in order to change the service delivery to a more male centric focus. This is to provide a more engaging program so more men will attend rather than changing men's participatory behaviour to increase engagement (Mitchell & Chapman, 2010).

Staff perceptions are reviewed by examining attitudes underlying the creation of policies, practice and procedures (Mitchell & Chapman, 2010). Members of staff are encouraged to personally reflect on stereotypes that they may hold about the behaviour of men and their ability to engage with health related services. Development plans on service delivery are then implemented based on results from empirical self-assessment of staff member's ability to engage with men (Mitchell & Chapman, 2010). This evaluation is deployed across the total workforce from policy and management right through to service providers working directly with men.

Common threads which support the engagement of men have been identified in the literature (Table 3). This research supports that models based on positive theoretical constructs are more likely to be successful. Programs that come from a patriarchal approach base however, are less likely to succeed (Hamel, 2008; Mitchell & Chapman, 2010).

McCalman (2006) uses the paradigms of health promotion and self-determination and empowerment to inform the structure and function of groups which are designed to engage men and promote health and spiritual wellbeing (McCalman, et al., 2006). Developing a sense of mastery and control over one's life as a key determinant of health and social outcomes and is a key focus of health promotion (McCalman, et al., 2006). The concept of empowerment is also closely aligned with that of community capacity building (McCalman, et al., 2006). Involvement of men (and women) in the community with the design and development of any dedicated male space is essential (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006; McCalman, et al., 2006).

Table 3. Identified attributes that engage men in service delivery

Attributes of Male Service Delivery

Autonomous self governed approaches to service delivery with government assistance.
Good policy and practice development prior to set up of service.
Position of giving service rather than receiving service.
Developing a sense of purpose.
Building trusted relationships that can lead to indirect health related referrals of choice.
Services that do not induce feelings of dependency and neediness.
Developing culture.
Mentoring youth.
Attending for a common goal (community project, culture, rehabilitation).
Servicing the unique needs of the whole community.
Accountability needs to be channelled back to the community that is being served.

Health promotion strategies include multilevel, multi-focused approaches incorporating interagency collaboration (holistic approaches). Health promotion activities are those that empower individuals and communities and build resilience and may include strategies to foster self esteem, coping skills, relationship building and parenting skills at the individual level as well as activities to promote social inclusion and community cohesion (McCalman, et al., 2006). The role of men as fathers is often overlooked in service delivery. The potential for engaging men and promoting behaviour change by emphasising the impact of men's behaviour on children and young men has been highlighted in social marketing and community awareness campaigns regarding family violence (Donovan, Paterson, & Francas, 1999). Research has shown that if the core messages of such campaigns are targeted appropriately and if follow-up services are available, men will seek support for family violence (Donovan, et al., 1999). The use of champions within and external to the community (including musicians, entertainers, sports people etc) has also been successful in conveying key messages regarding family violence and social and emotional health (e.g., the Walking into Doors campaign, White Ribbon ambassadors) (Memmott, et al., 2006).

Exploring the potential role of a men's space

As noted in the introduction, there have been numerous demands for men's spaces within Aboriginal communities. The literature does not provide much evidence about the characteristics or level of success of designated places for men in and of themselves, beyond perceptions that they can serve "cooling off" functions and as a place for the gathering of men in the community for health promotion, recreation, community education and clinical service delivery (McCalman, et al., 2006). McCalman has identified that "*the provision of a men's place could act as both a symbolic acknowledgment of men's 'place' or 'role' in community as well as a practical aid to Indigenous men's empowerment*" (McCalman, et al., 2006, p.51).

It has been suggested that a place specifically for Aboriginal men, in addition to fostering a sense of belonging and identity, could incorporate a range of functions including: As a place for healing, counselling, and empowerment; a venue for strong men's groups which model appropriate behaviour, challenge violence and demonstrate community support for women and children; as a place to engage in small enterprises relevant to the local community; and as a venue from which to run behaviour change programs for persons engaging in violence towards others, and for men with serious drug and alcohol problems (Aboriginal and Torres Strait Islander Social Justice Commissioner,

2006; McCalman, Tsey, Wenitong, & Whiteside, 2006). Importantly, they can be seen as a way for men to regain control in their lives (McCalman, et al., 2006).

Men's groups have had variable success at engaging men in Aboriginal communities, and a need has been identified for dedicated men's spaces which can add credibility to men's programs and promote engagement (McCalman, Tsey, Wenitong, Ahkee, & Jia, 2006; McCalman, et al., 2005). There is an implicit assumption that having a space will be sufficient to increase attendance at men's groups. This review would recommend that having a venue alone is insufficient to guarantee engagement and attendance, and that a number of multi-pronged strategies should be used to engage men in family violence prevention and provide effective responses. It has also been identified that without careful facilitation and consideration of program development, men participating in group programs for family violence offences may not *"recognise their use and abuse of gender-based power in relationships, and end up seeing themselves as victims instead of examining their values and attitudes"* (McCalman, et al., 2006, p.6). It has been suggested that strong women or female observers in such groups may reduce the risks of (conscious or unconscious) collusion with persons engaging in violence towards others and the risks of denial, minimisation and blaming in response to violence (Saunders, 2008).

Any initiative for engaging and supporting men to address family violence must be specific in its identified purpose and theory of change (e.g., through development of a program logic) which explains how and why a practice or program achieves its outcomes. The multifaceted and interrelated nature of the causes and consequence of family violence in Aboriginal communities makes this especially important as services may experience "analysis paralysis" as they struggle to determine where to begin to start working on the problem, or become spread too thin as they attempt to do many things simultaneously to achieve a broad range of objectives. Clarity of purpose and outcome will assist this process. An explicit theory of change can be tested through an evaluation of the service to see whether assumptions hold true.

Chapter 4. Characteristics of programs for preventing and responding to family violence

Public health approach

There are various ways to categorise programs which target men to address family violence in Aboriginal communities. These categorisations may be conceptualised as consistent with a public health approach, which includes strategies for universal and targeted prevention, as well as activities for responding to and treating persons that are experiencing violence. A public health approach has been applied to areas other than preventable illness from which it was first developed. Most recently, a model integrating a public health approach with responsive regulation was used to provide a conceptual framework for the prevention of and response to child abuse and neglect in the NT (Northern Territory Government, 2010). A public health approach requires knowledge of the prevalence of a problem; detailed theoretical models of its causes and consequences; information about the characteristics and effectiveness (including cost effectiveness) of primary, secondary and universal intervention efforts, which populations they may be suitable for and why; and details of how to implement these strategies at scale in a complementary and coordinated fashion.

Characteristics

This chapter will focus on the characteristics and effectiveness of programs targeting family violence prevention and response for men in Aboriginal communities. Authors have categorised programs according to their target group and whether they aim to provide a preventive function or to target responses to violence. Memmott and colleagues (2006) have categorised programs as early proactive (well before violence has occurred), late proactive (when risk of violence is high and is about to occur) and late reactive (during or after episodes of violence). This is consistent with Shea's (2010) categorisation of programs as primary, secondary and tertiary prevention.

Tertiary prevention of family violence receives most attention and research investment; it focuses on the protection and care of persons experiencing violence, and punishment and rehabilitation of persons engaging in violence towards others with the intention of reducing recurrence. Secondary prevention identifies those with risk factors and prevents their progress to overt violence through screening, counselling, or removal of the risk factor. Primary prevention receives less research interest and public funding; this seeks to avoid the genesis of risk factors for family violence. (Shea, 2010, p.2)

Services may of course offer more than one of these types of services, and for any impact to be made on family violence in communities, complex, multifaceted and long-term focused solutions must be used to provide a holistic response (that is “*interventions which include spiritual, cultural, and other dimensions of indigenous ways of life.*”) (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006; Shea, 2010, p.2).

There is also evidence available which suggests that mainstream approaches to domestic violence rarely address the determinants of violence at multiple levels. Rather, such mechanisms tend to focus on the person who is experiencing violence or the person engaging in violence towards others without delving into the familial or cultural context in which the violence has occurred. I would also add that they rarely adopt strategies for community healing that have been advocated by many Indigenous peoples. (Cripps, 2007, p.11)

Research has shown that evidence based programs and practice for preventing and responding to family violence are distinctly lacking (Andersson, et al., 2010; McCalman, et al., 2006). There is little evaluative literature detailing the efficacy or effectiveness of programs and strategies to prevent or respond to violence in remote Aboriginal communities. There are a number of principles and values for programs, but little exists in the way of quantitative evaluation to demonstrate that such programs have an impact on family violence or promote behaviour change on the part of persons who engage in violence towards others (McCalman, et al., 2006).

In a systematic review of programs to address family violence in Aboriginal communities, Shea and colleagues (Shea, 2010, p.8) concluded that they *“could not identify quantitative evidence of primary prevention (reduction of risk factors for family violence). Most authors equate tertiary prevention (recovery and reduction of the worst consequences) with prevention of family violence. Our extensive search retrieved a very small number of published reports of controlled studies”*.

Proactive strategies for preventing family violence

Preventative programs include education methods, diversionary activities, counsellor training, alcohol management strategies, parenting support and the promotion of definitions of acceptable and non-acceptable forms of behaviours (Memmott, et al., 2006; Shea, 2010). Preventive programs within Aboriginal communities must include rapid response protocols to deal with emergency situations and develop prompt links and referrals to other services (e.g., police, legal services, health care, child protection and family support, crisis counselling) (Kowanko, et al., 2009).

While the following list includes types of strategies used by services for preventing family violence and for engaging Aboriginal men, McCalman and colleagues (2006) have noted that there is a vast scope of programs with little guidance being provided from the literature about where efforts should be focused.

- support programs (counselling and peer support) to address trauma, grief and loss experiences for Indigenous men;
- personal development and leadership programs;
- identity programs (developing self-esteem or self-value) including therapeutic and spiritual healing programs;
- relationship programs to promote healthy intergenerational relationships (e.g., father-son programs), restore caregiving roles and supporting men into manhood;
- parenting programs (particularly for the roles of young Aboriginal men as fathers; and when men take on primary caregiving roles);
- night patrols (building relationships with police and strengthening Indigenous social control supporting traditional mechanisms for preventing and addressing violence);
- education and awareness raising, reasserting community norms/dynamics which support violence (developing knowledge, skills and behaviour to understand and prevent violent behaviour – may include programs delivered in schools e.g., respectful relationships programs);
- programs targeted at youth with a focus on “holding” young people and mentoring of Aboriginal youth by Elder figures;
- sports and recreation programs;
- tradition and culture programs which promote a return to culture and country;

- men's spaces which can house a range of facilities and services including men's clinical services, places for discussions and education, "cooling off" places, group meetings, and recreation, training and work activities;
- employment programs which provide access to employment pathways as well as providing opportunities to engage in traditional roles, and exploring the development of small businesses;
- creating social enterprises which contribute the economic and social welfare of the community.

Targeting young people to promote respectful relationships, develop a strong identity including a strong cultural identity, deal with conflict, provide recreational opportunities promote problem solving skills and foster hope and future-mindedness have been identified as key strategies in the prevention of family violence (McCalman, et al., 2006). This is particularly the case for young people who may have been exposed to intergenerational violence and abuse as children, as the effects of such ongoing trauma on the developing brain can impair executive functioning and increase impulsive behaviour (Perry, 2004).

Programs which focus on the treatment of mental health problems and drug and alcohol misuse also have potential to prevent family violence. The current focus of research for increasing attendance at clinics and mental health services is centred on brief intervention and motivational interviewing techniques. Motivational interviewing has also shown to be successful at engaging men in programs for men who engage in family violence (Saunders, 2008). This non-confrontational style of engagement builds on the strengths of the individual and is the engagement strategy of choice in current drug and alcohol service delivery (Saunders, 2008).

Mainstream programs for responding to violence

Family violence intervention should ensure that the person experiencing violence is safe at the point of crisis and impose sufficient controls over the persons engaging in violence against others to prevent future violence, including restraining orders that allow for co-habitation, residence at Family Healing Centres rather than prison, and preventive interventions that add value to existing community structures (Atkinson, 2002; McCalman, et al., 2006, p.44).

In contemporary policy and practice, initiatives which operate outside of a law and order approach for men who engage in family violence are a relatively recent development (Rosewater, 2007), and a focus on Aboriginal men is more recent still (McCalman, et al., 2006). The ineffectiveness of solely criminal responses in addressing the causes and consequences of family violence has been well noted (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006), but despite this, criminal justice responses remain the most common approach to addressing family violence (Rosewater, 2007). These responses typically remove men (or women) from the situation, incarcerate them and then return them to the same environment (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006). Cripps (2007, p.11) has noted that while the arrest and incarceration of men perpetrating violence

"...might grant some reprieve from the immediate danger of assault, Indigenous family groups do not see separation as a viable long-term option given that we have almost

universally been subjected to forced removals since colonisation. Nor do we see the solution solely in terms of criminalising violence and institutionalising the offender to protect the person experiencing violence.”

In mainstream service delivery, court ordered and voluntary programs use variations on the following approaches to target men who engage in family violence depending on the service orientation and underlying theories of change (Saunders, 2008, pp.157-158):

1. Skills training based on social learning assumptions about the behavioural deficits and behavioural excesses of offenders. Modelling of positive behaviour by group leaders and behavioural rehearsal by members are used to enhance relationship skills that replace negative behaviours.

2. Cognitive approaches assume that faulty patterns of thinking lead to negative emotions, which in turn lead to abusive behaviour. Restructuring these thoughts is likely to reduce anger and the fear and hurt that often underlie it. These approaches can also help men become aware of belief systems developed in childhood, including beliefs about gender roles.

3. Sex role resocialisation helps men consider the negative effects of constricted male roles and the benefits of gender equality (Saunders, 1984), with male dominance viewed as the result of rigid socialisation.

4. Methods to build awareness of control tactics are designed to help men take ownership of their intentions to control others (Pence & Paymar, 1993). The definition of abuse is expanded to include isolation, demeaning language, control of finances, and other means of control. The impact of the abuse and building empathy for people experiencing violent acts are emphasised.

5. Family systems theory can be applied in a men’s only group through the analysis of family dynamics and communication patterns and by bringing new insights and skills to the “half of the couple” in the group. There is no single set of assumptions, but a common assumption is that couples unwittingly engage in repeated cycles of interaction that may culminate in abuse (e.g., Neidig & Friedman, 1984).

6. Trauma-based approaches rest on the assumption that the men need to resolve their childhood traumas, in particular those from witnessing parental violence and being physically abused by parents (Browne, Saunders, & Staecker, 1997). One assumption is that they cannot empathise well with others because they are cut off from their own traumatic experiences.

Such approaches aim to prevent re-victimisation, reduce the likelihood that violence will escalate and prevent violence in new relationships (Jamieson & Wendt, 2008). In addition, strategies which focus on engaging men around their roles as fathers have been reported in the literature to respond to family violence (Day & Doyle, 2010; Rosewater, 2007):

- incorporating abusive partners into case plans for children (rather than ignoring their role or potential role);
- highlighting for men the impact of their abuse on their children;

- use of non-violent men as role models and mentors for adolescent and young men;
- inclusion of information about effective parenting in programs for abusive men; and
- changing attitudes towards women/partners, addressing sexual jealousy, skills for preventing and managing conflict and anger.

It is difficult to draw conclusions about the efficacy or effectiveness of mainstream family violence programs for men who engage in violence against others (Jamieson & Wendt, 2008; McCalman, Tsey, Wenitong, & Whiteside, 2006). There are very high attrition rates in programs for men who engage in violence towards others (McCalman, et al., 2006) and evaluation designs are often poor. Programs for men who engage in violence towards others derived from patriarchal models of gendered violence have included same sex groups and psycho-educational components, producing equivocal evidence for their effectiveness (Hamel, 2008; Saunders, 2008). Evidence from meta-analyses suggests typically small effect sizes of mainstream programs for men perpetrating family violence, particularly when men are mandated to attend (Day & Doyle, 2010). While, for some men, mandated attendance may be a catalyst for behaviour change, others may view it as a punishment and may not be prepared to accept responsibility for their actions (Day & Doyle, 2010). Mandating attendance at services may keep younger men in treatment, but it is often unclear what actions or sanctions (if any) follow noncompliance with mandated attendance (Saunders, 2008).

Some Australian programs are based on the Duluth Domestic Abuse Intervention Project model (McCalman, et al., 2006), which involves an interagency response, mandatory arrest and increasingly harsh sentences for repeat offenders (Day & Doyle, 2010; Jamieson & Wendt, 2008). This program has been shown to enhance safety for persons experiencing violence and holding offenders accountable for their behaviour in non-Aboriginal families (although the evidence is mixed on this point), but it is unclear about the applicability of the Duluth model in Aboriginal Australian communities (McCalman, et al., 2006). In the Australian context, evaluations of group programs based on the Duluth model have shown that, while men in programs report that improved social support and better communication skills with their partners helped them to change their behaviour, this is not necessarily reflected in observed changes in abusive behaviour (Day & Doyle, 2010).

Strategies for responding to violence in Aboriginal communities

The dynamic roles of family and community in violence perpetration are often ignored in mainstream approaches to family violence. Nor do they take into account the complexities in family violence in Aboriginal populations (Cripps, 2007). Cripps (2007, p.11) notes that *“the impact of mainstream programs and interventions that address family violence in Indigenous communities is generally limited, with levels of effectiveness depending on the specific community context”*. Aboriginal women have argued for long term approaches which include men in addressing family violence (McCalman, et al., 2006), and for approaches which emphasise that violence is wrong, while acknowledging individual accountability, promoting community ownership of the problem and community driven responses (Willis, 2010).

[Indigenous women] argue... for a broad strategy of family and community healing with a focus on prevention and restorative justice, and recognition of the diversity of contexts in which Indigenous family violence occurs, rather than a standardised punitive response (Atkinson 2002,

Huggins 2003) and reject criminalisation as the main strategy to deal with the problem.
(McCalman, et al., 2006, p.43)

Programs for responding to violence in Aboriginal communities have included: community justice programs (mediation and restorative justice processes – approaches concerned with restoring social relationships and social equality in relationships); individual and group counselling; night patrols; community education; wardens; youth suicide intervention strategies; traditional healing circles; and women’s refuges (Cripps, 2007; Memmott, et al., 2006, p.3). Some programs have also provided support for men and women attending court for family violence matters (McCalman, et al., 2006).

Court-mandated programs for Indigenous offenders can work successfully if they are sufficiently connected to Indigenous communities and the program development and delivery is supervised by Indigenous people (Cunneen, 2002).

Findings from such programs indicate that:

- a structured program should be delivered to groups within an empowering and innovative learning framework that combines cognitive, behavioural and resocialisation approaches (that is, programs should not focus on models of support or therapy, but on complete behavioural and attitudinal changes in the offender);
- program topics for Indigenous offenders need to be culturally sensitive, flexible to be undertaken in a range of settings for Indigenous groups, and to be facilitated by Elders. Education sessions should be included on the problems of excessive alcohol consumption.

McCalman (McCalman, et al., 2006, p.45) has identified the following approaches to offenders of family violence by Indigenous Community Justice Groups:

- removing offenders from the community (to outstations) for “time out”;
- shaming;
- assisting with the reintegration of offenders into their families and community following incarceration (including aftercare services, transitional programs, and gradual release/step down approaches);
- dealing with alcohol management issues;
- trauma recovery programs; and
- other preventive measures such as establishing local networks of criminal justice agencies and contribution to interagency preventive and support activities.

Incorporating spirituality in healing work for family violence

A range of programs for Aboriginal men have incorporated spiritual healing programs which combine elements of traditional practices, and cultural stories with contemporary therapeutic knowledge (Shea, 2010). For example, research from the US has identified the potential benefits of incorporating Elders who are traditional healers in the psychiatric treatment of men who engage in violence towards others and persons who experience family violence (Puchala, et al., 2010).

In Canada, Aboriginal healing lodges have been provided for Aboriginal men who may be sent there at any time after sentencing including for conditional release. The lodges include Aboriginal teachings and ceremonies, building connections with Elders and programs to enhance connections

with country and the natural world. The lodges focus on healing as a core component and the reintegration of prisoners into communities (McGlade & Hovane, 2007). Healing Lodges have Aboriginal governance and service delivery is by Aboriginal service providers. The community is also involved by developing plans for the release and re-integration of the men.

Chapter 5. Establishing an environment for effective engagement and service delivery

The design of family violence services for Aboriginal men

A review by Health Canada, *Beginning a long journey - a review of projects funded by the Family Violence Prevention Division, Health Canada, regarding violence in aboriginal families*, identified the following as characteristics of cultural appropriateness for service delivery with Aboriginal families (Health Canada 1997, pp.14-18, as cited in Memmott, et al., 2006, pp.12-13):

Table 4. Program Characteristics and practices reflecting culturally appropriate practices across Aboriginal Canada

Program Characteristics That Reflect Cultural Appropriateness	Resulting Practices (in projects funded)
Valuing of Aboriginal tradition and culture	Resources, approaches and the organisation of the services themselves are presented in a way that is deemed by the community to be compatible with Aboriginal culture.
Recognition of the importance of ritual and ceremony	Appropriate use of rituals and ceremonies within programs.
Valuing the wisdom of those Elders who understand the dynamics of family violence, and a recognition of their role as important carriers of knowledge	Involvement of such Elders in program planning and implementation.
Strong sense of community and shared responsibility	An attitude toward privacy and confidentiality in the context of service delivery that is different from mainstream services. Involvement of community in the initial awareness raising process community wide commitment to healing as a community effort toward healing both the person engaging in violence towards others and persons experiencing violence at the same time. Support for and connection with abusers who have been convicted, given prison sentences and then been taken out of the community, as well as children who are removed from it.
An emphasis on connectedness (that is, to the land, the family, extended family, clan, family of spouse) resulting in a view of the individual in context	A progression through individually centred programs to those that are conjoint or group or community centred connection of concurrent programs (for example, a program for batterers, one for survivors and one for children). Recognition of the need to deal with related issues (for example, drug and alcohol abuse and co-dependency) Teaching of practical life skills together with more psycho-social therapeutic interventions. Recognition of the need to deal simultaneously with long term community education issues, especially the education of children.
An objective of restoring balance	The development of related programming that is positive and life enhancing (for example, family recreation in support of therapy).
Placing value on nurturing and mutually respectful relationships	A focus on rebuilding relationships. A recognition of the loss of the traditional male role and the unfortunate emergence of a role based on pervasive male dominance. A recognition of shame on the part of both the person who engages in violence and the person experiencing violence. An importance on networking among staff of different programs, even over long distances. A collaboration between Aboriginal political leadership and service providers.
An honouring of the central place of women	A recognition that the role and position of women in Aboriginal communities is changing. A concern for the equality of women. Recognition of the need for women to be central to the decision-making process for program design and delivery.

Acceptance of and respect for the client as a whole person	Flexible rules and individualised programming where required. Acceptance of staff-client personal relationships that are supportive to therapeutic intervention (within an understanding of social work ethics).
A sense of equality between service provider and service recipient	Client direction in pacing of program. Importance placed on storytelling as part of therapeutic programming. Staff attendance at related program events. Predominance of staff of Aboriginal ancestry. Use of simple, everyday, jargon free language. Use of resource material (posters, pamphlets, etc) that depict Aboriginal people or symbols. Use of Aboriginal language.
A central attitude of caring	Staff client relationships characterised by openness and informality a recognition of the importance of worker wellness and self care a requirement for healthy, trained staff (that is, people committed to becoming healthy). A focus on support programs and healing strategies for the helper programming that breaks down individual isolation and promotes sharing limited and appropriate self disclosure of personal experience by staff.
A preference for forgiveness rather than judgment and punishment	A tendency to provide time and resources to all members of the family to consider the possibility of forgiveness of the abuser. An acceptance of personal responsibility by the abuser as a starting point a recognition of Aboriginal mechanisms for achieving justice (e.g. sentencing circles). Recognition of the potential of such justice system mechanisms as the first part of a therapeutic intervention for the abuser.
A holistic connection of body mind spirit	Program management that values client process as much as staff defined results. A focus on healing at all levels: individual, family, community, global. A view of program development as unfolding. A range of programming, including art therapy. Creation of opportunities for grief, anger and acceptance of the need for clientele to go through stages of 'denouncing, announcing and going beyond' . Understanding of long term grieving issues. Use of the medicine wheel and similar symbols of holistic approaches both within programs and among different programs.

Similarly, Brown & Languedoc (2004, p.477) have identified core components for Canadian Aboriginal-based family violence intervention programs from a survey of 21 Aboriginal family violence administrators and service providers:

- *sound administrative structure and function (e.g., healthy infrastructure, honest intentions of organisation, Aboriginal service providers and administration, comprehensive reporting, self and mandated referral);*
- *qualified and healthy staff (e.g., well trained, consistent approach, mentally healthy, low turnover);*
- *consistent program funding (e.g., commitment to ongoing funding, motivation of funding body);*
- *community links (e.g., community “buy-in” and decision-making, coordinated service delivery and partnerships with other agencies, non-political);*
- *components based on traditional teachings (e.g., elders, ceremony, shelters for men, advocacy);*
- *create awareness of personal and family dynamics and change (e.g., allowing for self-disclosure, assisting learning healthier behaviours, social skills, family violence content, identity and roles, underlying issues associated with violence, power and control, impact of history, healthy families);*

- *community violence education (e.g., education and awareness activities, prevention/early intervention focus); and*
- *multidimensional programs with components which target family members individually and as a whole family (e.g., parent-child sessions, separate programs for children and young people, dating violence, youth violence, work with couples after completion of the program, open format, not closed groups, blend traditional and clinical, support to persons experiencing violence, follow-up).*

Anticipating and addressing potential challenges

The publications reviewed for this report have highlighted a number of challenges to family violence service delivery, particularly in remote Aboriginal communities. This section discusses these challenges as well as suggested actions that can be taken to address them.

Community engagement

Evaluations of Aboriginal men's programs in Australia have highlighted that the credibility of a service delivered in remote communities is essential for community engagement. Such credibility may be influenced by the manner in which it has been established (e.g., with or without appropriate community consultation), the staff it employs, and the relevance and effectiveness of the service it delivers. With regard to services for sensitive issues such as family violence and child abuse and neglect, there may be significant community resistance (Memmott, et al., 2006).

Community outreach and communication can facilitate engagement, but this may be viewed with suspicion by community members if the service is being delivered from a mainstream agency (one which is also associated with child welfare) (Rosewater, 2007). A strategy to address this includes the development of a communication strategy targeted at multiple stakeholders which clearly communicates the purpose, target group and activities of the service and includes reassurances about confidentiality and information about how the program links to other relevant services in the community. This might include a range of efforts such as radio, town meetings, outreach to young people, celebration of milestones and significant events, festivals and events, family representative advisory council, action meetings on specific topics, running workshops and training (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006; Rosewater, 2007). Running orientation sessions and open days for the service can also help with attendance and build community engagement if people know what the service does, how and when (Saunders, 2008).

Authors also recognized that community involvement in the development, design, and implementation of family violence interventions should empower the community, make the interventions better received by its members, and contribute to the overall success of the intervention. (Shea, 2010, p.8)

Along with their own knowledge and experience, community members should be provided with evidence from other sources (including literature reviews and program descriptions) to make informed choices about programs and practices which may be effective in their community. This also will help to address the challenge of balancing *“traditional history and process with Westernised content and accountability”* (Brown & Languedoc, 2004, p.482)

Staff retention and workforce development

Numerous evaluations and reviews have highlighted the importance of employing Aboriginal staff in programs directed at Aboriginal men, and the critical importance of supporting these staff to be able to perform the roles this work entails. The skill set required for successfully engaging men and young people in complex behaviour change is different to the skills required for managing and monitoring service delivery (such as managing staff, keeping accurate records for accountability and report writing skills).

The Aboriginal staff employed in programs may be from similar backgrounds as the men using the service, and this may include multiple stresses, previous experiences of violence and abuse, and multiple family commitments. This can lead to burnout, and potentially re-traumatisation of staff and high staff turnover. In some family violence programs in remote Aboriginal communities, severe impacts on the program can be caused by the incarceration of clients, staff and members of governance structures (McCalman, Tsey, Wenitong, Ahkee, et al., 2006). The need for effective supervision (including clinical supervision) and co-working models with other staff (including non-Aboriginal staff) has been highlighted as a strategy to address this (Kowanko, et al., 2009; Memmott, et al., 2006).

Rosewater (2007) suggests the following strategies for staff development and retention in Aboriginal family violence services: shadowing and mentoring (including co-working models with other service providers), training and cross-training, trust building, reflective practice, listening to others and sharing knowledge, and developing agreements about ways of working together (Rosewater, 2007). Co-location with staff from other services can also foster skill development and promote service coordination (Memmott, et al., 2006; Rosewater, 2007).

It is also critical to document and embed practices through policy and procedures rather than solely rely on individuals and personality-centred practice as this will not be sustained in the context of high staff turnover (Rosewater, 2007). Sharing the learnings from the experiences of current and former male centric service providers as well as others with expertise and experience in this area can help with the development of robust policy and procedures (Day & Doyle, 2010). Making this expertise available to practitioners as well as program managers and policy makers could significantly improve the quality of the service as well as the self-efficacy of workers and enhance staff retention (Rosewater, 2007).

Identifying priorities

When faced with the issue of addressing family violence in communities, the number of potential priority areas can be overwhelming. Community expectations for action may be high, and as identified earlier, this may lead to the service being spread too thin to be able to make an impact in the community. It is necessary to be realistic about what can be achieved with the resources and time available (McCalman, Tsey, Wenitong, & Whiteside, 2006).

It is therefore critical in the short term that Men's Groups identify their priority strategies for both working directly with individual men and their families; and broader community issues for which they can work with other organizations to advocate for change (McCalman, Tsey, Wenitong, & Whiteside, 2006, p.20).

Poelina (2004) writes of the need for a comprehensive community-based family violence strategy to have various programs and sub-programs to provide choice and account for the different cultural, social and other relationships in communities. This also includes identifying overlap within the program and with other services (e.g., community development initiatives) to maximise efficiencies.

Identifying priorities for programs will include answering the following questions:

- What kind of violence is being targeted? Recognition that preventive strategies may be diffuse in their effects and target multiple forms of violence?
- What evaluation strategy has been built in to the program?
- What are the learnings from previous experiences? (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006; Memmott, et al., 2006).

Chapter 6. Concluding remarks and key implications

Concluding remarks

Understanding the dynamics of family violence in Aboriginal communities is imperative in the formation of new policy and procedures. Men respond to strength based methods of communication and this should be a key consideration for service improvements (Wilkins & Savoye, 2009). They need to engage in men friendly environments using methods of information sharing that are conducive to the way men understand and communicate (Misan & Sergeant, 2008). Men value trusted relationships; these relationships indirectly provide methods of soft entry into other health services. Indigenous men have communicated on numerous occasions the need for a place specifically for men that offers a culturally safe space re-establishing connections with Aboriginal tradition and culture (Misan & Sergeant, 2008). Soft entry into Indigenous men's health or behaviour management can then be naturally promoted through these trusted cultural networks as they focus on the health and wellbeing of the community as a whole (Misan & Sergeant, 2008).

The extent to which the findings from this review apply across remote communities in the NT is a question which will in part be answered through ongoing consultation with remote communities. Research suggests that the uniqueness of each community will require contextualised, approaches which actively engage community members in their design and operation. Any approach to service delivery that is based on one size fits all is doomed to fail (Gething, 1997).

There is also an imperative to ensure that any service modifications made to male specific services are evaluated for their effectiveness. This includes the collection of baseline data to inform service design and to monitor the impacts of the service on violence in the community (Memmott, et al., 2006), and the involvement of service providers and community members as evaluation partners (Kowanko, et al., 2009; McCalman, et al., 2006). As Shea (2010, p.8) notes:

“Despite this almost uniform recognition of the importance of cultural relevance and participation, there is not much hard evidence of impact in reducing family violence in Aboriginal communities ... the current literature rests on qualitative approaches that generate insights into cultural dynamics and participant perspectives. These studies can be pivotal to understanding what might work and how it might work (Carriere, 2007; Olesen, 1994). With this now in hand, we look forward to a next generation of research that start from these qualitative studies, going on to quantify the impact of interventions that reduce family violence.”

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Appendix A. Initiatives from Australia

The Family Wellbeing Program

A common feature of Australian programs for preventing and responding to family violence and promoting social and emotional wellbeing is the Family Wellbeing Program.

Family Wellbeing is a program developed in South Australia by Aboriginal leaders to address grief and loss. The program was initially an informal support group but has since evolved into a structured and flexible learning process (Tsey et al, 2010). The program emphasises a holistic approach with a focus on the material, emotional, mental and spiritual needs and wellbeing of participants. The program focuses on the development of life skills including communication and conflict resolution skills. The program content for the first stage of the program covers group agreements, leadership, basic human needs, relationships, life journey, conflict resolution, emotions, crises, beliefs and attitudes, and sensitivity as a leader (McCalman, et al., 2006, p.28). The second level of the program includes supporting community groups to collectively address priority issues identified from the personal development training.

The program has five stages and training for each stage lasts 30 hours (see table below from Tsey et al, 2010, p.171). Family Wellbeing training is linked to VET Certificate training including a training program for service delivery. The training can also be beneficial in providing healing for those attending the course (Kowanko, et al., 2009). The program has also been adapted for primary school children.

Family Wellbeing: Five Stages of Training (Tsey et al, 2010, p.171).

FWB stages	Content
Stage 1: Human Qualities	Introduction of core FWB concepts including human qualities, basic physical, mental emotional and spiritual needs of life, exploring traditions and values, analytic tools for self reflection and skills for self care and providing counselling and support to others.
Stage 2: The process of Change	How change affects people, how it can be experienced as an opportunity to grow and develop by recognising and building on inner qualities and strengths, and the importance of framing difficulties as challenges for which there are always solutions rather than as problems.
Stage 3: Changing the Patterns	Applying FWB approach to issues of family violence and abuse and other social dysfunction.
Stage 4: Opening the Heart	Reinforcing FWB messages of self-development, healing and healthy relationships.
Stage 5: FWB Facilitation	Practise-based training for FWB facilitation.

Staff in Aboriginal men's and women's groups in Queensland, the Northern Territory and South Australia have been trained in the Family Wellbeing Program. In the Yarrabah Men's Group (see later in this appendices), unstructured Family Wellbeing sessions were provided for a range of men, and when used as a diversion program for the justice system it was run as a structured 10 week program.

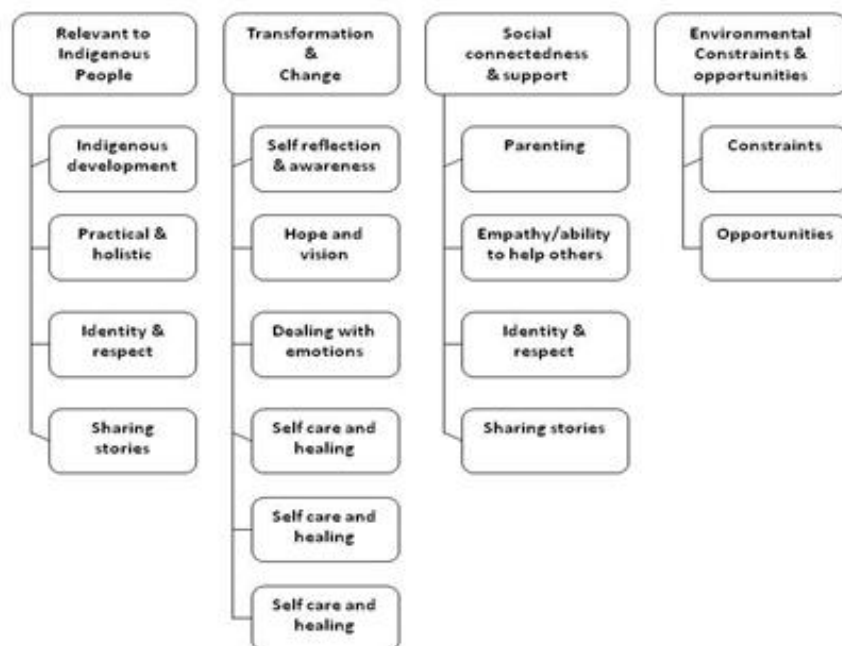
Retention in the program varies, with reports of only half of participants completing the program, although many participants report transformative life changes based on exposure to the program content. Previous evaluations of the Family Wellbeing Program (see the table below from Tsey et al,

2010, p.172) have demonstrated participant improvements in self-worth, problem-solving ability, a sense of empowerment and hopefulness and greater control over factors shaping their health and wellbeing (McCalman, et al., 2006). Participant narratives have described a heightened sense of Aboriginal spiritual identity, respect for self and others, enhanced parenting and a greater capacity to address substance use and violence (Tsey et al, 2010).

Variations in the Family Wellbeing Program (Tsey et al, 2010, p.172)

Projects settings/collaborating Partners	Project objectives/duration	Relevant micro evaluation reports
Alice Springs Tangentyere Aboriginal Council	Enhance parental capacity Build family support capacity 1998-2005	31 questionnaires and 10 diary entries (Tsey & Every 2000a,b) 42 in-depth interviews (Rees et al. 2004)
Cairns Department of families Cairns Regional Office	Build family support capacity in the context of child protection and family support services 2003/2004	26 questionnaires and 11 in-depth interviews (Whiteside et al 2006)
Hopevale Apunipima Cape York Health Council	Engage family/clan groups to take greater control over their wellbeing Adapt FWB to the needs of children 2001-2005	19 questionnaires & 11 in-depth interviews (Tsey et al.2003) 17 questionnaires &17 in-depth interviews (Tsey et al.2005) 8 in-depth interviews with teachers & 45 Students (Tsey et al. 2005b)
Yarrabah Gurriny Yealamucka Health Service	Adapt FWB as a social health programme 2001-2005	55 questionnaires 15 in-depth interviews (Daly et al. 2004)

Thematic analysis of the program strengths and outcomes have identified the following as thematic areas (from Tsey et al, 2010, p. 174):



The Family Wellbeing Program in the Northern Territory

The Family Wellbeing Program (FWB) training is an accredited Certificate II in Family Wellbeing, runs for 210 contact hours and 70 practicum hours. It is a therapeutic course that explores dysfunctional patterns and relationships, loss and grief, addictions and family violence. Four units make up the program including: Foundations in counselling; Coping with grief and loss; Changing and working together; and Moving forward. The program addresses the difference between dysfunctional and functional behaviour, the cause of behaviour and develops tools for implementation of change. This is reported to develop self esteem, confidence, and create positive changes in participant lives.

In the Northern Territory, the FWB program attracts significantly more female participants than male. Having a strong Aboriginal focus means that English is frequently used as a last language and consequently the literacy skills that are needed are minimal. The FWB format has a flexible delivery approach that incorporates a pictorial story sharing element which fits into a cultural model of understanding. Currently the FWB program has a female facilitator who convenes for both the male and female participants. It was reported that the program delivery would benefit from a male facilitator to co facilitate alongside the female facilitator to address male specific issues.

The attrition rate for men in the FWB program is reported to be quite high. Some of the reasons that have been reported through feedback measures implemented by the program include: Cultural and community obligations such as Sorry Business as well as recognition that due to the highly personal nature of the work in the program, the men found themselves unable to complete at that particular time. Men are offered to come back at a later stage to complete the program; currently details about rates of re-entry to the program are unavailable.

Some success stories were documented such as men completing the program and going on to express further interest in the program training at the co-facilitator level. This program has also been implemented in the Alice Springs Correctional Centre for men. Completion rates at the Correctional Centre for men were reported as being 8%. Reasons for attrition were reported as: Facilitator changes mid way through the program; and men choosing to change to other courses that were running concurrently at the Correctional Centre.

Cross Borders Program (Central Australia, SA, NT, WA)

The Cross Borders Program was implemented in 2003, out of a need to provide improved safety and security issues for Aboriginal people living in the NPY lands (Ngaanyatjarra Pitjantjatjara Yankunytjatjara lands). These Aboriginal lands are situated along the borders of South Australia, Northern Territory and Western Australia. Due to the Lands falling under the governance of three separate jurisdictions, law enforcement has formed collaboration to improve the safety of its people. The concept was modelled on the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC), a non-Government organisation who provides support and advocacy services for Aboriginal women.

The Cross Borders Program was developed as an Indigenous Family Violence Offender Program (IFVOP) in 2007, and is funded federally as well as by the three jurisdictions. It comprises 15 half-day sessions that explore the impact of domestic violence on community and the individual. This program is reported to have a 70% completion rate. Cross Borders was developed to address

increasing levels of domestic violence and was initially set up using referrals from the court for mandated attendance. Today the program's main source of referral is voluntary and comes from family members and community who refer members that may be helped by the program. These referrals are generated by word of mouth and are passed on through Aboriginal networks as a result of positive experiences with the program by other participants. The program also still accepts mandated referrals.

People like participating in this program as it is built on cultural respect and built from the bottom up. The community are constantly in collaboration and consulted at every stage of the process. The program is guided by the needs of the community rather than government agendas. The program works within cultural protocols that are determined by engaging with each community and this element is seen as the major key to success.

The program engages with community by spending a month in the community before the program is implemented in order to inform and support the implementation. This time is taken to build trusted relationships, understanding who is who on community, and what the specific needs of a particular community are. This is done by engaging with the community, to learn and understand about cultural protocols and procedures. This step needs to take place first in order for culturally safe intervention to take place. Initially program staff either male or female (the gender of staff was reported as having an insignificant negative impact on service delivery as success of the program was derived from transparent communication and taking the time to build successful relationships) consult a group of key people, for example the Safe Places staff at Finke, would be consulted about whether the Cross Borders service would be required in their community. If there is agreement then the next stage occurs always consulting and including community members letting them guide the process and providing a list of needs and recommendations for service provision. The program has a reputation for clear and transparent communication with community and encourages community participation at every level. This includes, talking with families about the program and giving them the time to respond. The approach is completely transparent. A community BBQ is held, which has been found to be a good way of attracting a majority of the community, and where the story of the program and who the staff are can be shared. This is viewed as one of the most important steps in the process of culturally engaging community (through the sharing of food the community gathers and understanding is reached while information sharing takes place).

The program engages the community as a whole, and over time, before any service delivery, the program asks: how the program can assist? - what is needed?; what are your expectations from this program?; how can we best serve the person as well as the community?; and how can we get the best outcomes?

This model includes 15 half-day sessions; it is very structured and follows the cultural aspects of Kanyini, the Anangu world view, so it follows Aboriginal understanding. The program also uses a character called Wati-Pikati, so people can externalise their issues, it often helps to have an external representation to be able to talk about sensitive issues at the onset as this is less stressful and can lead to opening up the cover on issues that generally don't see the light of day and it gets people comfortable in speaking about some of the issues that confront them and are almost taboo to raise. A timeline is used and this is related in the story of Wati-Pikati. Wati-Pikati, viewed as a historical character, expresses his anger and program staff ask the men to suggest ways that he would express

his anger: how do you think this strong man acted when he was angry?; What would be some of the reasons he would get angry back then?; How did he act as a strong man?; Are there men who act like him on community today?; What do they do how do they handle themselves? Then the program talks about current time and a new strong man - how would he behave? A constant connection from past to current is achieved through this person. Story lines are used pictorially and always with respect. The story of violence is shared and this story is understood in the context of the current day. The story of healing is also shared. This is all done in collaboration with community men; it is a process that men are involved with.

The topics covered are quite varied but must relate to the everyday life of the community men. For example this may include talking about pre-court behaviour; talking about what happened at court and the process and the feelings surrounding this process. Different types of violence are discussed.

Outcome measures are currently being developed and will include interviews with women's groups to see if changes are happening and include rates of reoffending and intensity. Survey development for gaining views of people at the coal face is being considered and is under development. It is anticipated that the evaluation design will include pre and post testing.

The cultural approach to service delivery, the collaboration of law enforcement agencies and the benefits that this collaboration has on dissolving individual state and Territory legislation has been reported as contributing to the success outcomes of the Cross Borders Program.

Rekindling the Spirit (Northern Rivers Region, NSW)

Rekindling the Spirit started in Lismore, NSW in 1998 and was developed out of worker recognition that little work was being implemented with fathers around child protection issues, and that there were no services available at that time for fathers. The program developed from men's and women's relationships with their children and focussed in on checking in on and owning responsibilities regarding behaviours centred on family violence and alcohol abuse. The program recognises that men do not work in isolation and the issues surrounding family violence and alcohol also included the healing and education of women and children so the program includes men, women and children and includes a "men and family centre". Anyone can make referrals to the program.

The program entails "checking in" with feelings and experiences, talking about anger and stripping back anger that is identified as a behavioural outcome stemming out of fear and hurt from past trauma. The premise is to strip back the anger in a blame-free environment to get to the cause of behavioural problems and in doing so identifying trigger points crucial in enabling anger management.

Education is provided on the physical and social effects of drugs and alcohol as well as the implications to their own family wellbeing. Alcohol is discussed openly in numerous workshops about why participants feel they need alcohol, and the reasons people drink (e.g. as a reason to meet and share in conversation). Other methods of coming together and sharing without alcohol are discussed along with the effects of alcohol as a depressant and a fuel for aggression and dysfunctional behaviour. Youth are included in the program and special focus groups are given which include just youth with the focus on alcohol abuse. Alcohol is broken down into its different components: what it gives and what it takes away. Awareness is generated with the youth for the first time seeing that alcohol takes away more than what it brings. The program is always focussed

on personal responsibility and focussed away from blame. Aboriginal Men with alcohol dependence issues are encouraged to attend Alcohol Anonymous meetings.

One on one and group counselling are a strong part of the program with a focus on personal relationships and expression of how these elements have impacted on the lives of loved ones. The other prominent area in men's relationships is about building relationships with their children, in particular with their sons. Functional relationships are encouraged through exploring missing elements from relationships with their own fathers and not repeating the same mistakes with their own children. Camps are conducted for fathers and sons to build better relationships. The critical time 0-5 years for relationship-building is explored. The relationship that these men had with their fathers is talked about and most do not have a relationship with their fathers, although they wish they had. Emphasis is given to giving their children what they never had and so a positive relationship is passed down to the next generation.

Men are encouraged to share deep feelings and explore and learn how to verbalise feelings, and to demonstrate love towards their children. Men learn how to check in with their feelings using their bodies there may be a knot in the stomach or some other psychosomatic indicator that leads to an increasing feeling of frustration. Men are taught to recognise early warning signs of anger so they can take steps to head off aggression and anger. The traffic light is used as an analogy green light being go (safe) and the red stop (not a good time to talk). The traffic light is aligned to real life scenarios to predict the right times to express and share their feelings and when to avoid conversation.

Health is discussed, such as how to care for their own bodies and look after their own health. This awareness is then encouraged to be passed down to their families. By gaining an awareness of their own bodies and health enables men to care for others. The program also provides food as clients' stomachs were empty during sessions and so their concentration was not the best it could be. By providing lunch, people are able to concentrate on the message that is being delivered.

Information is always presented on a personal level with a focus on relating the education elements to personal experiences in the men's lives. This brings about a deeper understanding of the education components of the program. Culture is used with Aboriginal groups of men; often a person is invited to share skills and information. These are not purely social outings though as the hard words are always spoken regarding family violence or alcohol abuse.

There are generally two groups of referrals: mandated with men being ordered to attend by the justice department; and voluntary referrals which come from the community. The latter is often the easiest group to work with as they want to be there, and better results are usually obtained from this group. However, the involuntary members do have a high percentage of change. For example, out of a group of 40 men that attended the group sessions only four of men went on to reoffend in a two year period.

Evaluation plans are in place and outcomes will be measured, including behaviour change over a four year cycle. Reflective practice is also encouraged with the team talking about actions - sitting and discussing what has happened in the previous week, how they felt, what situations arose and how they handled them, what they did and what they could have done differently. Positive outcomes are shared with the groups of people that have been through the program. For example,

men have gone on to employment in leadership roles. Part of the journey is sharing these successes to encourage others in their journey of development. One stand out comment was relayed by a client after boarding the Rekindling the Spirit vehicle, sent to community to collect clients each week. The client remarked that he felt a sense of relief when entering the vehicle as there was an overwhelming feeling of safety that came from attending meetings with other men outside his own community.

Bushmob

Bushmob began in 1999 out of the need for the young people of Alice Springs to have a program for all youth (Aboriginal and non-Aboriginal) to assist with drug and alcohol related issues. This service was requested by the youth of Alice Springs and included a desire to have part ownership of the program, to be able to go bush and to be able to feel safe and supported.

The Bushmob approach is based around empowering young people through processes that promote respect, while supporting self advocacy and freedom of choice. Bushmob report their service provision as being centred on youth 12-25 however the whole family are encouraged to participate on bush outings as the journey to healing is seen as part of family business and not treated in isolation.

Bushmob provides treatment intervention to young people who are experiencing difficulties with substance abuse on three different levels by:

1. managing a treatment house;
2. providing outreach to youth in remote community; and by
3. providing adventure therapy (bush trips) for men.

While Bushmob is not an Aboriginal-specific service, one of the major reported therapies that Bushmob utilises is the repatriation of youth to traditional country and culture, reconnecting youth to the healing environments of country where there are no distractions of substances.

Bushmob outreach has the capacity to work with other service providers that are limited by funding arrangements. Service provision is also provided as a fee for service in isolated communities. Referral is used either from the Department of Justice or family members however, a majority of participation comes out of the participants' own initiative. It was reported anecdotally that when the participant is self referring then the outcomes are better as the person has a vested interest in staying with the program.

Bushmob reported that although attendance at the treatment house is purely voluntary, boundary setting is also a prominent part of involvement. Personal responsibility for behaviour is encouraged through strict boundaries while a strict regime of personal, facility and horse care is required to stay in the facility.

For remote community work Bush mob work within cultural safety protocols using a set of process guidelines.

1. first attending community and speaking with Elders from the community – Bushmob ask permission to come together and speak, and then request that the community

- representatives go away and discuss this with the rest of the Elders and come back with an answer about involvement with Bushmob's programs;
2. if this is acceptable then we talk about our bush adventure therapy what we are doing and ask that the Elders choose men to attend a fishing trip or hunting trip to a place in country that is significant for them that they have not visited for a while;
 3. the Elders choose the participants and the place for the adventure therapy.

These trips have a family violence focus and this topic is spoken about directly with the men. A safe space is established so that confronting issues can be spoken about. Often the response is identification of the men who engage in family violence by the group or by self-identification. The trip is specifically designed to talk about these issues and address the issues at hand regarding family violence. In the safe space, the group discuss the issue at hand with the facilitator taking control of the process, the facilitator is qualified and experienced in intervention with domestic violence, and drugs and alcohol. It is important that facilitators have experience and expertise in this area as there could be significant harm and adverse effects if this conversation is not facilitated appropriately. A good understanding of how cultural aspects work is considered crucial for the success of this style of delivery.

Successful outcomes for the program are identified as increasing and repeat referrals to the program.

CatholicCare NT “No More” Campaign

“No More” is a CatholicCare campaign that focuses on uniting men across Australia to stand up and say NO to family violence. Creating strong men and strong families is one way that this campaign is reinforced in remote communities throughout the Northern Territory, and is delivered through an unlikely union with Australian Rules football. This is done by transferring team building and problem solving strategies used in team sports into solving complex issues surrounding family violence.

This campaign was borne out of Indigenous men across the NT verbalising their need to be heard in consultations about issues of family violence and child abuse. Since its beginnings, “No More” has spread through its involvement with AFL footy clubs, both in the Territory and nationally, and through grassroots men's groups working. It has attracted support from the Territory and Commonwealth Governments and the AFL, and has become the key focus of CatholicCare NT's Men and Family Relationships Program.

The model is not concrete, but has an organic approach to behaviour management that places the responsibility for behaviour back in the hands of the individual who is also part of a wider team. This is reported to have a restorative effect that engages a sense of pride and purpose. The premise for this approach is that footballers hold a position of respect and responsibility and use high level skills of strategy to win the game, strategies that are formed by being part of a team where everyone has a responsibility and is answerable to the team.

CatholicCare initially engage men in this program using a number of social gatherings that include watching football matches as a group on television. After the match the men are set a task to form their own football team where each member of the group has to nominate a position within the football team that they could play including the position of the coach. Each member in turn has to put forward their reasons to the group why they would be best suited to that position and the positions are then negotiated between the group until all the men agree and have a position on the team. After this process, strategies are formulated hypothetically how they as a team can defeat the

opposing team. This exercise is used to highlight the personal strengths, skills and abilities that facilitate problem solving as part of a team.

After these qualities are reinforced the next step is to introduce family violence themes through real life experiences within the community. The mediator encourages the same problem solving techniques that were used to solve problems encountered on the hypothetical football field in these family violence scenarios.

In the same way every member of the group gets to put forward reasons to nominate a leader of the group. The leader of the group is responsible for leading the process on how problems of family violence could be addressed using the same strategies applied on the football team. This system of nomination often results in persons who are recognised on community as always looking after the welfare of children. They will be the persons who are always stepping in to break up fighting and who stand out in the community. They will be identified in the group by their actions in community, and not by their words. These actions are respected in the community and consequently the persons are looked up to in the community. These positions of respect are earned and recognised over long periods of time. This forms part of the cultural framework that allows the basis for the intervention to be successful.

Men's Sheds model (Australia-wide)

When reviewing approaches to men's health across 11 different countries, Men's Shed's were heralded as one of Australia's success stories in men's health (Wilkins & Savoye, 2009). The Men's Shed model has had positive outcomes on men's health and has been implemented across Australia since the early 1990s (Ballinger, Talbot, & Verrinder, 2009). There are now estimated to be more than 200 Men's Sheds operating nationally. There is an annual Men's Shed conference, and the Victorian Government has committed \$2m funding to Men's Sheds in Victoria (Ballinger, et al., 2009).

The concept of the Men's Shed is of a safe place where men come together with a common goal. The goal focuses on assisting others; through assisting one another comes a sense of purpose and an increased perception of self worth (Sergeant, 2010). Assistance can take many forms and differs depending on the unique requirements of each community. The Men's Shed model was derived from the desire to provide a place for retired men to come together to engage in informal activities such as woodwork, metalwork and gardening, and to reduce social isolation. The sheds have been based on the western model of a man's "shed" being a place where a man can go to to escape the pressures of daily life and to engage in activities which give a sense of purpose (Misan & Sergeant, 2008). Many of the men who have attended early Men's Sheds have been retired tradesmen from mainstream communities.

No two Men's Sheds are exactly the same, however fundamentally this model is united in its goal of promoting men's strengths, autonomy and individuality. The premise is that each member brings a different set of skills to share with the group that have been acquired through life skills (Misan & Sergeant, 2008). This model's flexibility has facilitated Men's Sheds to develop from an initial idea of a retired men's woodwork gathering, to a community focused model that serves specific community needs (Ballinger, et al., 2009). These needs may include: repairs in and around the community, sharing of historical knowledge, community restoration, mentoring community youth, and

attendance of guest speakers. The health benefits of Men's Sheds have come indirectly out of an intention to combat isolation through building trusted relationships (Misan & Sergeant, 2008). Access to health services is facilitated through referrals from other men sharing the space in an informal manner. Research suggests that health services are better attended by men when referrals come from trusted sources and the service suits the informal male communication style (Wilkins & Savoye, 2009).

Autonomy and uniqueness have been identified through research as core strengths in the Men's Sheds model (Sergeant, 2010). These core values specifically take into account the male voice. Research suggests that men view the implementation of government services for men at the detriment of women and children's services (Mitchell & Chapman, 2010). Men's Sheds address this issue by working with the strengths of men, changing the focus from government-managed to autonomy. Research indicates that men feel comfortable with the concept of self management as it builds on a sense of purpose which is often missing in low socio-economic environments (Buckley, 2001). It is reported that when men feel comfortable then the "Sheds" become more than a place to do "stuff", but more a place to belong where friendships, trust and purpose can be built (Ballinger, et al., 2009). The sense of assistance is compounded if this can be achieved autonomously.

Research suggests that the focus of Men's Sheds often has a ripple effect and provides a soft entry for health services. Drug and alcohol rehabilitation and behaviour management strategies are also initiated by a collaborative approach between mental/community health and the Men's Shed. Men struggling with addictions and mental health issues report that Men's Sheds are a safe environment to initiate conversations about health related issues. Strength to manage depression and drug and alcohol addiction is also found at Men's Sheds as they are found to be places that do not focus on deficits but encourage men's strengths.

The fundamental framework of each shed has been identified as paramount in the success of Men's Sheds. The lack of basic structure before inception was identified as one of the main components that contributed to the failure of new sheds (Misan & Sergeant, 2008). The importance of setting up operational policy and procedures especially at inception is imperative to their successful development. The Men's Shed model elicits motivational processes that allow men to engage with their own wellbeing rather than be directed by external governance. Research suggests that it is important for men to feel "in charge" of their own wellbeing (Gething, 1997). Men accessing Men's Sheds have reported that they provide structure in their lives, a sense of purpose without making them feel like they are clients and that they are recipients of a service or program (Misan & Sergeant, 2008).

Men's Sheds have been implemented across Australia in a way that taps into the unique needs of the communities they serve while empowering men. Adaptability is heralded as one of the major strengths of the model and is of particular interest to serve as a vehicle in which to incorporate the diversity of Aboriginal cultures (Wilkins & Savoye, 2009). Men's Sheds have been introduced into Aboriginal communities with culture as the common focus, albeit with varying degrees of success.

Men's Sheds in Aboriginal communities in the Northern Territory

Aboriginal Men's Sheds have been set up in two locations in the Northern Territory but both are currently closed for business. It was not possible to interview those who had run the Sheds, however consultations with community members identified possible reasons for closure such as Aboriginal social obligations presenting obstacles for the Men's Shed model to progress. It has been noted that Aboriginal social and cultural obligation of men on remote communities are in opposition with the main concepts of the Men's Shed operational model. Great amounts of time are needed to set up the Shed especially in its inception. Remote Aboriginal community life is governed by many cultural and social influences that are not part of the governance in western cultural styles of management. Influences that may impinge on the smooth running of Men's Sheds may include: Ceremonial obligations, illness restrictions, death and mourning-sorry business, and family obligations and social connections with other family members on differing communities. All these factors need to be taken into consideration when forming the model for Men's Shed's in remote communities. A shared management of responsibilities or group system may be a solution to the obligatory practices within community however, this type of operation would open its self to other factors which has been associated with the demise of Men's Sheds such as confusion of responsibilities and would require someone to be responsible for sharing of the care and maintenance of the Shed. Shared governance could be an option however the main focus of success of the Men's Sheds in less remote areas has been the autonomy of the shed without external bodies involved in the organisation of the day to day running of the shed.

Funding is also speculated to be an inhibitor in the ongoing management obligations of the Shed. Funding application processes are often complex, time consuming and not easily understood. Sheds have initial funding that is often government supported however continuation of funding presents a problem with ongoing maintenance and support of the Sheds.

Our Journey to Respect

The Our Journey to Respect Program is an intergenerational violence prevention program developed in NSW by the Gilgai Aboriginal Centre and the NSW Department of Juvenile Justice. The program targets young people with problems with violence and the original model includes Aboriginal Elders as group facilitators and uses youth peer mentors in the community. Mentorship is seen as an especially important part of the program, promoting role modelling and enhanced self worth. The program has also been implemented in the Cavan Training Centre in South Australia with young Aboriginal men involved in the youth justice system. The following content was taken from the Aboriginal Health Council of South Australia's December 2008 AHCSA News (p.15).

The aims and objectives of the program are:

- develop methods in which participants can identify and manage feelings of anger, sadness and shame which may lead to aggressive or violent behaviour;*
- by undertaking the concept of empathy for the person experiencing violence and perspective, reducing the incidents of family violence, in particular violence towards older family members;*
- deconstruct and explore the ideas of masculinity and how that can drive or shape violent and aggressive behavior in young males; and*

- *facilitate participants' movement from relationships based on power and control towards relationships based on respect.*

The program is for Aboriginal young males aged 14-18 years who have committed or are at risk of committing violent offences towards older family members. A minimum level of literacy is desired, however, facilitators can assist the young person to complete the program.

Facilitators wishing to use the program must attend the four day 'Our Journey to Respect' training workshop designed to facilitate the acquisition of skills and knowledge required to implement the program.

It is also recommended that:

- *an Aboriginal person be either the group leader or present during facilitation of the program;*
- *no female facilitators be present during session two: Masculinity - This is Men's Business; and that*
- *all sessions be run concurrently with sessions 4 & 5 covered at the same time.*

The program is divided into 12 sessions:

- 1. Our Families*
- 2. Masculinity*
- 3. Power and Family Relationships*
- 4. Violence in the Family*
- 5. The Road to Respect*
- 6. Identifying Anger, Sadness and Shame*
- 7. Managing Emotions and High Risk Times*
- 8. Self Talk*
- 9. Assertive Communication*
- 10. Empathy for the persons experiencing violence and Perspective Taking*
- 11. Managing High Risk Situations*
- 12. Putting it all Together*

A number of techniques aimed towards enhancing a structured learning environment are used including role plays, group work, art activities, individual book work, brainstorming, and physical activities including mats and recreation.

Four young people participated in the pilot program at Cavan. The program became part of the school curriculum and ran over a ten week period during the second and third lesson on Thursdays.

The chosen group stayed together for the duration of the day having morning tea, lunch and afternoon tea.

The Program Co-coordinator organised resources including a folder and handouts for each day and any other relevant resources or program achievements. The mats were designed by Cavan staff and previous students helped to decorate them.

Feedback from the participants was positive including comments such as “loved it, especially stuff it teaches and the people in it”. In asking how their heartfelt afterwards, most commented they felt more calm. One said “Less hurt now and a lot calmer” while another commented “Most of this is about my Dad, I have to learn to move forward, I think about those violent times. I think about it a lot.”

Overall, facilitators felt the program ran relatively well and was received better than they originally thought. All the aims were addressed and discussed, and the group found it easy to personalise the topics. All facilitators would be happy to run the program again with a few minor changes considered.

Yaba Bimbie Indigenous Men’s Support Group Evaluation Report – (McCalman, et al., 2005)

The Yaba Bimbie Indigenous Men’s Group is based in Yarrabah in Queensland. Yarrabah Men’s Health Group was formed by the community in response to needs they identified for men’s health and emotional wellbeing.

The aim of the group is to assist “men [to] take their rightful role in the community, encompassing the spiritual, mental, emotional and physical aspects of life” (McCalman, et al., 2005, p.4) through taking “greater control and responsibility for the factors influencing their health and wellbeing” . It has a focus on empowerment.

The program includes a voluntary support group auspiced by the community controlled health service.

Values for the group were identified as “do’s and don’ts” for men taking their rightful roles in their community. Strategies focused on:

- personal development, leadership and parenting: included weekly meetings, Family Wellbeing program (see earlier description), family violence prevention through discussions and guest speakers, meetings and advocacy for a men’s shelter, dances on the theme of violence, submission for crime prevention program for young people at risk;
- employment: including proposals for business feasibility and development for three areas – cultural dancing, landscaping and stone masonry, and arts and crafts;
- education and training: including prioritising training programs such as driving lessons, obtaining licences, security guard training, landscaping and caregiving for people with mental and physical disabilities. Little progress has been made in engaging men in the delivery of this training, despite attempts to engage service providers to do this. Family Wellbeing training has been provided;

- tradition, culture and men's space: including formation of a cultural dance troupe, instruction/workshop with a choreographer and public performance; hunting and fishing trips; attempts to secure a building specifically for a men; and
- improving access to health services: including plans to benefit from the review and expansion of the community controlled health service to strengthen health service delivery to Yarrabah.

Discussion papers were developed to help implement the plan for the group which was broad and holistic. These were used by workers and the governance committee. The papers included best practice evidence from the literature relating to each of the above thematic areas, details of opportunities and challenges in the Yarrabah context, and steps for implementation. They were also used for successful funding submissions.

Training for the male workers included the Family Wellbeing leadership program. Weekly sessions in Family Wellbeing were also conducted for men referred by the Magistrates court.

Data is not available on the number of attendees at the men's group or the diversionary programs.

Evaluation included analysis of participant observations, worker reflections, routinely collected data, community-level statistics and interviews with community members (8 men and 5 women). The following findings about the effectiveness of the service were reported from the evaluation (McCalman, et al., 2005, p.12):

- modest but significant changes in personal development and growth, family responsibilities, more time with children, reduction in alcohol use (details in other publications that could not be obtained for this review);
- developing an understanding of the root cause of men's problems as a result of impairments in cultural identity, spirituality and values (spiritual loss) and that spirit must be reclaimed if positive impacts upon family violence, suicide, alcoholism etc are to be achieved;
- a connection to spirituality – providing links between traditional cultural practices and Christianity;
- an understanding about the need for men to be recognised in the community and to reclaim leadership roles;
- potential role in preventing suicides (the suicide rate in Yarrabah has been maintained at a low level for the nine years preceding the evaluation and the men's group has been identified as playing a role in this);
- potential role in preventing family violence and the possibility of providing mediation to couples when men return from jail (commentary is provided suggesting the men's group may have had a role to play in decreasing rates of violence, but these rates are not presented in the text and trend data before the men's group is unknown);
- interagency collaboration with other groups wanting to share resources with the men's group (recommendation that partnership agreements with other agencies be developed to clarify mutual obligations and resourcing arrangements); and
- changes in men's outlook including help seeking behaviour, improved relationships, confidence, representation on local government and hope.

Early challenges included:

- misconceptions about who the group was for – either only for men with problems or for Christian men or men who are seen as “good men”, but not for anyone in between. This may reflect the original priorities of the men’s group which included men at risk of suicide and those involved with the criminal justice system or with drug and alcohol problems. An education and communication strategy could assist with these misconceptions;
- the need for community members to be informed about activities by the men’s group as there was confusion about what the men’s group was doing, the broad primary health approach that was taken, what their priorities were and how some activities (such as the dance group) related to the priorities; and concern about the lack of visibility of men’s group workers at community events. A communication strategy was suggested as a means to overcome these challenges;
- attendance at the group varied according to what was being discussed, the enthusiasm of workers, and other commitments that the men had. Strategies to promote consistent attendance included changing the night of meetings, picking men up earlier and making sure the worker is at the venue for a timely start, having visitors and guest speakers, becoming involved in events such as football, and coordinating social events. Outreach to men in the community was requested by community members (such as knocking on doors), and to organise meetings and events outside of work hours and on weekends when men are available. This last strategy was not seen as always feasible by the workers:
- the need for training and support to engage in a community development role and maintain motivation;
- the perception that the men’s group was a way to escape criminal prosecution;
- concerns about relationships between the men’s group and governance structures/power brokers in the community (the dance troupe’s application for funding was not supported by Council);
- the group did not have a separate men’s place, although funding was sought for it. A men’s place was seen to be able to offer space for a drop in centre/time out place, a venue for men’s health checks and counselling, somewhere to deliver programs, and a place to offer service coordination for men;
- there were challenges in maintaining leadership for the group with managers and chairpersons taking on other roles in the community, affecting their availability for/motivation towards the men’s group. More support from partner organisations and clear roles and responsibilities for the group leaders could assist with these challenges; and
- a lack of routinely collected data made it difficult to evaluate the effectiveness of the men’s group initiative.

Ma’Ddaimba-Balas Indigenous Men’s Group (McCalman, Tsey, Wenitong, Ahkee, et al., 2006)

Ma’Ddaimba-Balas Indigenous Men’s Group operates in Innisfail in Northern Queensland. It was formed in 2001 at the prompting of a male health worker from the local community controlled service. Family violence was part of the impetus for the establishment of the Men’s Group.

The Men's Group was originally auspiced by the local community controlled health service and this auspicing role later changed to the Innisfail Justice Group. It has been incorporated and has its own Board. Activities include monthly group meetings, support for Aboriginal men in court, assistance with health issues and coordination of social events.

Two men are employed full time and there are two volunteers. The James Cook University has worked with Ma'Ddaimba-Balas Indigenous Men's Group staff to help with the development of a long term strategic plan.

Seven strategies have been used (McCalman, Tsey, Wenitong, Ahkee, et al., 2006, p.8):

- men's Group meetings, attracting 10-12 participants at a time, 50-60 men over an 18 month period. Groups include: information sharing and opportunities for discussion, guest speakers, health screening and referrals, informal support and support with parenting;
- networking and advocacy including: Men's Group leaders talking to 60-75 Aboriginal men and 20-30 young people each week, and leaders networking with other agencies with 3-7 interagency meetings per week;
- support for Aboriginal men in the courts including a Men's Group worker volunteering to attend every session of the Magistrate's Court in the role of court support worker (at the time of evaluation this had included 828 occasions of support – 81% of clients were male and were predominantly below 30 years of age); and follow up and support activities including pre-sentence report meetings, group counselling, support for cell watch and advice about legal services; night patrol and mediation; and advocacy for young men to obtain driver's licences;
- providing educational programs and counselling including: mandated and non-mandated diversionary programs for Aboriginal men focused on alcohol abuse, anger management and ending offending, and domestic violence; and individual counselling; also training to deliver the Family Wellbeing program (see earlier description). For mandated clients there was an expectation that men would pay for and complete the course – this happened on only two occasions out of 21. Education and counselling now takes place through other organisations;
- improving health services for Aboriginal men included a survey of health needs of men (not a high completion rate) and organising guest speakers on topics of interest (e.g., chronic disease, cancer); health screening; attempts at organising health education and promotion programs with the local community controlled service;
- organising sporting and social events including taking a lead role in their organisation; and
- working with Aboriginal youth including partnering with other groups to form a Youth Club including leisure activities and camps organised by a Men's Group worker; support has also been provided to young people involved with the juvenile justice system.

Ma'Ddaimba-Balas Indigenous Men's Group joined McCalman et al's research group with Yaba Bimbie to extend that participatory action research project. This has included men from the Group as researchers with men in their local community. The evaluation included information from monthly meetings and debriefings and interviews with 20 community members, service providers and members of the research team, as well as a questionnaire distributed to community members.

The evaluation has highlighted the passion and commitment of the Men's Group leaders. The group has taken a broad role in the community to improve men's health and wellbeing. This has been challenging and it is has been important for them to identify what can be done by the Group and what needs to be done in collaboration with other agencies. The Men's Group has also identified the pressing need to address alcohol misuse in the community, but has not yet conducted activities with these goals in mind.

There are reports of a possible impact on family violence and on the effects of providing support in the courts, but these are anecdotal and interpretations of the data do not lead to clear conclusions. Data are also lacking on the impact of initiatives to improve health service provision.

One of the impacts highlighted in the evaluation is the impact of the social and sporting events that have been convened/supported by the Men's Group. These have been seen to enhance community cohesion and participation, particularly for young people.

Key challenges for the Men's group included (McCalman, Tsey, Wenitong, Ahkee, et al., 2006, p.17):

- low rates of attendance: which has been associated with the lack of a dedicated space for men, a lack of transportation to the group, and a lack of resources for catering. The lack of a dedicated space for the group has been seen to impact on the group's credibility and men have been reluctant to attend the group if women are present. A network analysis and community consultation are proposed to assess why the reach of the group has not been as great as hoped;
- lack of management and infrastructure support: credibility in leadership according to the community, high community expectations, breadth of roles;
- lack of leadership and conflict resolution skills including the incarceration of board members; and
- lack of consistency for educational and therapeutic programs including challenges with service providers not living in the community.

There is the intention to develop checklists to assist the group to monitor and evaluate their activities.

Aboriginal Family and Community Healing (AFCH) Program in Australia (Kowanko, et al., 2009)

The aim of the AFCH program is to address family violence using community engagement strategies for Aboriginal men, women and youth.

The program is hosted by the Aboriginal outreach service of the primary health care service. This is a large program with on average 25 workers across three sites, most on short term contracts with high rates of turnover. The majority of staff is women, and a small number of men work exclusively with other men.

The program addresses the need to address grief, find healing and support, and provides pathways to education, training and employment.

The large range of activities include:

Activities included in the AFCH program (Kowanko, et al., 2009, p.4)

Work with women	Work with young people	Work with Community	Work with Men
Structured 8-week Family wellbeing course	Leadership and wellbeing course with Local high schools	community peer support initiatives	Zebra Finch men's group
Women's healing group		Nunga nutrition lunches	Bush Mechanic
Narrative and art therapy	Kids connecting with Community	Mini conferences-	(through men alive at Semaphore)
Stress management and cognitive Therapy through GP partner	School Expo Events	Family violence, life Improvement Plan	Peer Support
Nunga Mi: Minar Woman's -working with staff and Women	Young people's drop -in (computer)	Clinic Services-adult and child health assessment	License for Life
Young women's group	Young Nundas Yarning	Lifestyle/Living Skills	Kinship Program
Individual counselling – Brief intervention	Holiday program		Boystown
Boystown			
Women wellness camps			
Nunga Women UR Special			
Pampering day			
Weekly art group including Peer-led talking circles.			

The program includes men's groups (the Zebra Finch group), which offer a range of activities including the development of communication and conflict-resolution skills through talking circles. The qualitative evaluation used a participatory action research design and mixed-methods approach. The evaluation was designed to provide information at 12 and 24 months, and used a co-evaluation approach in which two former members of the program (now employees of the health service) became part of the evaluation team. Twenty two interviews and focus groups with 27 workers and 19 clients were conducted.

There was unanimous support for the project from those interviewed. The men's and women's groups were seen as particularly valuable activities. They allowed clients to build trust over time and to find support in and share knowledge with others.

Strengths of the program included:

- evidence-based design;
- holistic approach, and clinical focus;
- committed staff that developed the intersectoral linkages, and strategic partnerships; and
- peer support and mentoring.

The evaluation focussed on the six program objectives identified by the funding body:

- objective 1: Build community capacity to support 'safe families' ;

- Objective 2: Equip Aboriginal people with the skills for effective communication and conflict resolution;
- objective 3: Support families in crisis;
- objective 4: Build capacity of mainstream agencies and services within the region;
- objective 5: Workforce development; and
- objective 6: Data and evaluation (Kowanko, et al., 2009, p.3).

Support was found for the program in each of these areas, with the exception of data and evaluation (systematic data collection and recording was not taking place). Although the support of families in crisis was not an original intention of the model, a rapid response protocol was developed to deal with emergency situations. Staff often provided assistance in their own time, but this was associated with risk of burnout.

Working with Adolescents to Prevent Domestic Violence (Poelina & Perdrisat, 2004)

In 1999, a pilot project with adolescents was conducted in Northam, Western Australia, with the goal of developing adolescents' understanding of the social unacceptability of violent behaviour. Aspects of this program were then extended to the Derby/West Kimberley region in 2000.

The aims of the project were:

- to increase awareness and understanding of domestic violence in the Derby community;
- to develop and implement culturally appropriate strategies for the intervention and/or reduction of domestic violence in Derby through active participation of adolescents, families and communities ; and
- to provide a practical and sustainable model for the intervention and/or the reduction of domestic violence through working in partnership with relevant agencies/service providers and key Aboriginal organisations.

The project established new programs and enhanced some already established. These included centres established for men, women and young people in the Mowanjum and Derby communities, and a schools' curriculum project.

The model was locally developed and included outreach to groups who might not otherwise participate in programs. Capacity building and health promotion principles were used with encouragement of life promoting and technical skills. Community awareness activities were also included and these used educational and promotional materials such as a video/CD.

The project Included a Young Women's Program (the Blue House) – for young women who feel disenfranchised and/or experiencing high levels of abuse and risk. The program was seen to contribute to community harmony and reduce boredom. It includes a focus on pro-active activities rather than being reactive to violence and provides practical resources, activities and support which are valued by the community (e.g., physical exercise classes, legal advice, budgeting assistance, food for children, parenting skills and play activities with resources such as CDs, nurse visits, providing assistance in violence including outreach visits, painting, computer skills, art and craft, cooking, sewing and dressmaking, skills training for employment). The activities are determined through consultations with those attending the program. Introduction to the Blue House is provided by other

services and other people attending the House. Non-Aboriginal service providers also provide activities and services there. Support and information sessions which focus on violence are conducted. Involvement in the program provides alternatives to staying at home, boredom and arguing. A crèche is attached to the House.

Derby Men's Centre. This centre has had high staff turnover in the manager's position (two Aboriginal staff and one non-Aboriginal). Management and administration of the program has been found to conflict with individual and cultural relationships. The project has looked to identify a local mentor for the manager for the longer term. In the shorter term, the Healing Centre is auspicing the centre. All of the services provided aren't detailed but the focus is on meeting immediate needs and understanding family violence, and identifying potential community responses to violence prevention. The governing committee involves cultural mentors and Elders, and guest speakers have been used to generate new ideas. Facilities have showers, preparation area for light meals, clothes washing facilities, recreational and cultural activities and space/access for other services. The centre is used by other services for collaboration and service delivery. It is designed for men of all ages, which supports the development of intergenerational relationships. Mentors to support the centre – providing social support and opportunities to visit country/other cultural activities

Mowanjum Men's Centre. The centre is a clubroom for the local football team – it provides sponsorship to the team, and facilities for exercise. The centre also includes bush trips for men in the community. The program includes use of the "*No Blame, No Pain, No Shame*" slogan on football jumpers, and codes of behaviour (e.g., reducing drinking and violent actions) for the football team have been associated with reductions in violence (from six police call outs to two a week, during football season). However there is a need for other activities in the football off-season which is also wet season which produces additional pressures around family violence (crowding, drinking, and boredom). Sponsorship of the football team is seen as increasing community awareness and as a positive approach in the community.

Mowanjum Women's Centre. Staff performance and community ownership are crucial for this centre, particularly the need for local women's governance. CDEP employment has been provided for women at the Centre, and childcare is provided. The centre plays an educational role focusing on health, domestic and other areas of personal development. The centre also has a seniors' program (linked with the Men's Centre).

The qualitative evaluation included the use of video – observation, interviews and attendance at steering meetings – personal and community narratives, documentary analysis, including film, and the use of case study methodology.

The evaluation highlighted the importance of local people as project coordinators, who had the ability to develop and implement strategies to raise awareness and understanding of violence. A directory of those dealing with family violence was created and shared with agencies. Promotion of the initiative was obtained through media outlets (e.g., newspaper and radio to reach an Aboriginal audience), and through sponsorship of the local football team.

The program took a community development approach and included linkages with schools and the development of a local family violence curriculum for the school. Community participation and ownership was essential and increased throughout the project.

High levels of community involvement were obtained with the project being run by and for Aboriginal people, and with Aboriginal representation on the steering committee. The programs are staffed by Aboriginal people. Significant inter-agency collaboration was obtained, with a critical role being played by the local council. The Shire CEO was involved in the project, and the shire provided administrative support and provided three buildings for the project. The shire refocused its work on community development and employed an Indigenous Executive Manager of Community Development.

Each sub-project was a useful intervention and highlights the need for diverse approaches rather than a single solution (particularly given the complex social, cultural and sectional relationships within communities and to provide choice for community members).

Mentoring, training and development for staff was seen as essential for project sustainability and retention of staff. Local community governance required workforce development (low levels of literacy and numeracy in the region were identified). Activities needed to be reconfigured to account for this, and it was important to provide remuneration for mentoring that was provided.

Locally based coordinators allow the project to access existing community and professional networks and resources, the capacity to identify and respond to local needs, and engenders community support.

The project facilitated information exchange and promoted a partnership approach to addressing violence in the community. Increasing social capital was observed in the form of increased levels of civic engagement, media readership, youth leadership, sporting activities, and participation in clubs and associations. The evaluation was not able to quantify levels of family violence (particularly with regard to adolescents) as there was no readily available tool for this that would have been appropriate for the context. Agencies also have different capacities to gather and share violence data.

Freedom from Fear Campaign (Donovan, et al., 1999; Gibbons & Paterson, 2000)

In Western Australia, a Freedom from Fear campaign was designed as a “pull” strategy to create and maintain awareness of a domestic violence helpline for men staffed by trained counsellors. Awareness about the helpline significantly increased over the course of the campaign. Almost 870 self-identified Men who engage in violence towards others called the helpline, and were assured anonymity. The initiative was supported and informed by extensive research into identifying the target group, attitudes, thoughts and behaviours of men who engage in violence towards others, and message strategies that may reach these men or possible offenders. The most effective motivating theme (of several considered, including threat of criminal charges, damaging effect on partner, accusing men of cowardice/using social disapproval) was the effect of violence on children. This was true whether or not the men had children themselves – possibly generating reflections on their own previous exposure to abuse/violence as children.

The core product was offering the opportunity to men to keep their families intact by ending or preventing violence. The target group included men who engage in violence towards others or potential offenders (those subjecting their partners to some form of non-physical abuse) of violence with a focus on those who accept at least some responsibility for their behaviour.

The communication objectives of the initiative were about communicating that the man engaging in violence towards others, not the person experiencing violence, is responsible for the violence and that there are no circumstances in which violence is justified.

The services and products provided by the campaign included a telephone counselling helpline, staffed by trained male counsellors (with skills and experience in working with violent men) who offered referral to batterers' programs (if this option not taken up, counselling over the phone was offered by staff). Educational self-help materials (book or audio) were also offered to be sent to home of caller, and these included information about how to control violence and details of service providers. There was recognition that the helpline offered a small window of opportunity to engage men who want to change their behaviour; usually in the "remorse" phase of the cycle of abuse.

The initiative also included expansion of number of counselling services for men involved in family violence – with referrals to these services requiring a response within two days (this required interagency cooperation between services for this to work).

The helpline advertising was not branded to the police and was not punitive. It identified that help was available, but also worked by evoking feelings of guilt and remorse with a particular focus of the impacts of violence on children. Public relations activities were also undertaken to promote the services

Access to services was geographically limited as services were not always available in regional areas.

The evaluation of the project showed it had high levels of acceptability, program reach and that men received the primary message of the campaign clearly. Awareness of the helpline peaked at 37% of target males and changes in beliefs and attitudes regarding domestic violence were observed after the campaign had been running for some time.

We Al-Li program (Atkinson, 1994, 1997)

We Al-Li (English pronunciation: *we- ahh- leigh*) a program for healing, sharing, and regeneration was born out of a self help group of Aboriginal and non Aboriginal peoples to address issues of violence within families and communities. Family violence is identified by this program as behaviours that include: beating of women within the family, homicide, suicide and other self-inflicted injury, rape, child abuse and child sexual abuse. The name We Al-Li comes from Wappaburra language (Rockhampton, Qld) and translates to English as "Fire and Water". These elements of transformation become the symbolic foundation for the WE AL-LI program, drawing strength from the esoteric and tapping into deep ties that create the Aboriginal landscape.

This program is formed on the premise of rejuvenation through self healing and includes exploration of self. This is approached by affirming and addressing inter-generational trauma. This trauma that happens in previous generations, if not addressed, affects the next generation through the behavioural responses set up by the original trauma. Pain and suffering in Aboriginal persons that is passed down from generation to generation is reported to have its origins in colonisation. The consequences of colonisation led to the dispossession of lands, loss of family members and cultural identity, which in turn leads to a collective pain. The premise of healing is that the pain of the past creates the behaviour of today and by bringing about healing of the past the behaviour of today will be addressed.

The program is a comprehensive series of workshops held over a period of 12 weeks. The initial *Dadirri* workshop invites a *circle* of people to come together within a meditation or mindfulness process called Dadirri (deep listening to the self). This centres the attention of the group to the present moment transcending the universal pain body and re-connects the group to the deep inner knowing. Symbolism is used widely to share personal stories of past present and future, sharing these stories in this culturally safe place enables a release of repressed emotions and thus enables the process of healing past trauma.

The *Dadirri* workshop is followed by a series of nine weekend residential workshops known as *Lifting the Blankets* where dysfunctional behaviours are named and processes are explored to reveal how feelings that generate dysfunctional behaviour are closely connected. The interconnectedness of feelings between the persons experiencing violence and the person engaging in violence towards others is highlighted.

Other workshops in the process address emotional response and behaviour and are linked to cultural themes. These themes include: *The Prun*, Aboriginal dispute resolution process expressing anger within safe cultural boundaries; *Journey to the Crocodile's Nest* on grief and bereavement and dealing with unfinished business; *The Child Learns*, on child abuse and neglect; *Children as Abusers*; on juvenile offending and *The Context of Adult Violence*.

The final set of workshops cover: *Drugs and other addictions block our feelings*; *Family Systems/Social Systems, Do they work for us or against us*; and *Ceremony is Healing, Let's Celebrate*.

The workshops are aimed at a diverse group of people within community. Anecdotal evidence (Atkinson, 1994) suggests that positive behaviour change is reported by most people after attendance however, currently there is no empirical evidence to support this finding. Funding has been allocated to GNIBI College of Indigenous peoples in collaboration with the Southern Cross University for future We Al-Li program research.

