LITERATURE REVIEW

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FAMILY VIOLENCE INITIATIVES AND PACIFIC MEN
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By Gemma Malungahu and Associate Professor Vili Nosa
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EXECUTIVE SUMMARY

THERE IS AN INCREASING DEMAND FOR VIOLENCE PREVENTION INITIATIVES TO ENGAGE MEN AND PROVIDE MEANINGFUL SUPPORT FOR INDIGENOUS AND MINORITY GROUPS. THOUGH NOT ALL MEN PERPETRATE VIOLENCE, STRONG EVIDENCE INDICATES THAT MORE OFTEN MEN PERPETRATE MOST VIOLENCE AGAINST WOMEN.

This report provides a literature review to identify existing family violence initiatives that specifically target men to improve their health and overall wellbeing. There are two broad objectives of this report.

First, to identify family violence strategies and initiatives from the United States, Canada, Australia, Hawaii, the South Pacific region and New Zealand that improve the role of Pacific men in strengthening Pacific families.

Second, to provide insights about initiatives that could be useful and adaptable for Pacific men in New Zealand.

A systematic literature review methodology was used to search, assess and integrate relevant literature between 1992 and 2016. A total of 120 sources were used in the report: 31 journal articles, 57 reports, 13 books, two theses and 17 websites.

The findings from the review identified various approaches to family violence initiatives across the globe and the Pacific region. This report emphasises the need to incorporate an overarching approach to family violence prevention that targets Pacific men in New Zealand and uses a combination of Feminist, Indigenous and Pacific approaches.
The benefits of including these approaches underline the importance of women’s rights that enable the voices of women and children to be heard, encourage decolonisation, restoration and reclamation of traditions and values, and address the effects of migration, displacement and loss of traditional support structures while taking into consideration the heterogeneity of Pacific ethnic groups.

This overarching approach aligns with practices that focus on violence prevention, cultural appropriateness and the engagement of men. In any violence prevention initiative it is important to prioritise these features equally. Choosing only one feature to prioritise, at the expense of the others, can hinder meaningful access to such services by Pacific men. This poses a barrier to male engagement and service delivery that is undermined by the adverse social constructions of masculinity and patriarchal paradigms that promote violence. Exploring how these ideals can be changed to promote a more non-violent society is vital.

The strengths of the report can be seen in the use of the systematic approach that required a robust process of literature search and review. The inclusion of international literature and international initiatives meant that practices that were deemed effective abroad could be adapted and applied to Pacific men in New Zealand. To ensure the effectiveness of such initiatives, it is recommended that robust evaluation processes be used to evaluate implementation processes as well as outcomes. It is also essential that service providers and funding bodies jointly negotiate the desired outcomes of an initiative.

One limitation of the review was the scope of the type of violence that was investigated. Most of the literature and initiatives reviewed addressed gender-based violence, neglecting other forms of violence that occur within the family, such as elderly abuse and child neglect. Therefore, we recommend that future research on violence initiatives includes the reduction of other types of violence.
INTRODUCTION
INTRODUCTION

Family violence is not a new phenomenon; rather it is a phenomenon that has been tolerated for too long and neglected by the wider society (United Nations, 2009).

The World Health Organisation (2010) discusses several aspects of family violence. Family violence is a violation of human rights that profoundly damages the physical, sexual, reproductive, emotional, mental and social wellbeing of individuals and families. Globally and nationally, family violence affects a large proportion of the population with the majority of those who directly experience violence being women and the majority of those perpetrating violence being men.

Though well-designed and properly implemented services for victims is highly important, the sheer magnitude of the issue means that preventing family violence before it occurs in the first place is vital for reducing the burden of suffering and the long-term human, economic and public health costs associated with family violence. The primary prevention of family violence will save lives and costs to families, communities and governments. Investments in effective strategies will protect the physical, mental, social and economic wellbeing of individuals and families and the wider society.

For any violence prevention strategy to be effective, men need to be engaged and acknowledged in order to create change and reduce violence (Barker, Ricardo, & Nascimento, 2007; WHO, 2010). Past and current preventative initiatives of family violence have for centuries ignored the importance of engaging and including men (Barker et al., 2007). Men are seen to be excused from the acts of violence and abuse whereby most interventions either focus on changing women’s behaviour and/or providing services after the abuse or violence has occurred (Barker et al., 2007; Pacific Advisory Group, 2009). It is very important that violence prevention initiatives engage men.

Pacific peoples in particular have been victims and perpetrators of violence, and more often, Pacific men are the main perpetrators of violence within Pacific families (Pacific Advisory Group, 2009). Thus, this report aims to provide international and local examples of violence prevention initiatives that seek to involve or engage men that can be adapted and implemented to engage Pacific men in New Zealand in the effort to prevent family violence.

AIM

The aim of this report is to provide a literature review to identify existing family violence strategies, initiatives and programmes that specifically target men to improve their health and wellbeing. The two broad objectives are to:

• Identify family violence strategies and initiatives from the United States, Canada, Australia, Hawaii, the Pacific region and New Zealand that could improve the role of Pacific men in strengthening Pacific families

• Suggest any new initiatives that could be useful and adaptable for Pacific men in New Zealand.

STRUCTURE OF THE REPORT

The report consists of five parts.

• Part 1 (from page 8) has introduced the aim and objectives of the report. The next sections describe the people of New Zealand who are affected by violence, the impacts of migration and the contexts of family violence, including how family violence is defined and why men should be engaged in family violence prevention.

• Part 2 (from page 17) describes the research methodology and how the literature review was undertaken.

• Part 3 (from page 20) presents the findings of the review in four sections. The first section describes the various approaches to family violence initiatives that target men. The second section outlines international violence prevention initiatives in the United States, Canada, Australia, Hawaii and the South Pacific region. The third section discusses the violence initiatives in New Zealand. The last section discusses the barriers to engaging men and delivering an effective service.
Part 4 (from page 41) provides an overview and discussion of the main findings from the literature review and an outline of strengths and limitations of the review.

Part 5 (from page 46) presents the conclusion, and recommendations for initiatives adapted for Pacific men in New Zealand and future research. It closes with some concluding remarks.

**THE PEOPLE OF NEW ZEALAND AFFECTED BY FAMILY VIOLENCE**

This section sets the scene by describing the people of New Zealand who are most affected by family violence, either as victims or perpetrators (Māori and Pacific peoples) and the impacts of migration on family violence.

**Māori, tangata whenua**

Māori are the Indigenous peoples of New Zealand. A disproportionate amount of family violence occurs within Māori whānau compared to non-Māori families. Māori are significantly over-represented as victims and perpetrators of family violence. The National Survey of Crime Victims reports that Māori women experience domestic violence at a higher rate compared to non-Māori women (Young, Morris, Cameron, & Haslett, 1997). It is important for service providers at both prevention and intervention levels to understand the dynamics of violence, the historical sociocultural influences and the context for contemporary Māori (Ministry of Social Development, 2002a).

Family violence is not the norm within Māori whānau and Māori society, but has been influenced by a myriad of factors rooted in colonisation (Ministry of Health, 2002). Colonisation resulted in the dispossession and confiscation of land, loss of traditions, cultural values and way of living for Māori (Reid & Robson, 2006). This historical trauma had inhumane consequences in the past that continue to have contemporary negative effects on Māori health and wellbeing (Ministry of Health). This trauma has also impacted on Māori whānau dynamics, diminishing the support provided by the extended whānau. As a result, traditional roles and sanctions that condone family violence are no longer in place and family violence is no longer viewed as prohibited behaviour (Ministry of Health).

**Pacific peoples**

Pacific peoples in New Zealand can be described as groups or individuals who represent and identify as belonging to seven main Pacific Island countries: Samoa, Tonga, Cook Islands, Niue, Tuvalu, Fiji and Tokelau. Lumping these groups together under the umbrella of ‘Pacific peoples’ assumes that these groups are homogeneous and fails to take into account important differences in cultural values, beliefs and health that influence health behaviours, access to services and health status. However, the importance of family is a shared and fundamental value among Pacific groups through ‘kainga’, ‘fāmili’, ‘aiga’, ‘anau’, ‘magafaoa’, ‘lewe ni vale’ and ‘teu tu’. Health is not viewed as an individual entity but as a family notion, so that when a family member is unwell, the entire family is unwell.

In the 1990s, family violence rates in New Zealand were higher than those in the Pacific Islands (Public Health Commission, 1994). Asiasiga and Gray (1998) found that Pacific peoples were over-represented in convictions for violent offences (14 percent of all violence cases in 1996). The National Collective of Independent Women’s Refuges (2000; 2001) and the Department of Child, Youth and Family Services (2002) confirm that family violence is prevalent among Pacific communities in New Zealand. The Public Health Commission (1994) found that the distortions in financial income and loss of traditional social controls might have contributed to increased family violence.

**IMPACTS OF MIGRATION**

Migration appears to influence family violence within Pacific families as traditional structures and collective support systems have been left behind and developing new ones is difficult in a foreign country (Asiasiga & Gray, 1998). The Pacific Advisory Group (2009) identified the following factors that contribute to family violence: a disruption in traditional family structure and support systems, inadequate finances, loss of identity and sense of belonging, and poor intergenerational communication. Each of these is discussed in turn.

**Changes in traditional family structures**

Changes in traditional family structures and dynamics that may contribute to violence in Pacific families include an increase in single-parent households and the absence of fathers (and male role models) within the immediate family structure (Pacific Advisory Group, 2009). Kinship ties and loss of collective support are compounded by the migration of Pacific peoples from island nations and recent visits of family members to their island nations. Such factors need to be addressed in family violence prevention strategies in order to be effective for Pacific families in New Zealand. For Pacific men, the traditional responsibility as the head of the family produces pressure and stress to financially provide for the family (Pacific Advisory Group).
Inadequate finance
Pacific migrants often experience considerable challenges when moving to a foreign setting that requires financial independence. Settling and adapting to the economic system in New Zealand is difficult especially when access to well-paid employment with good working conditions and reasonable working demands is poor (Mills, 2010). Other expectations of remittance for family and obligations overseas can mean Pacific families become even more disadvantaged in New Zealand. The accumulated stressors of low access to the social determinants of health can contribute towards violence within the family (Staggs & Riger, 2005).

Identity and sense of belonging
How an individual and group identify themselves and their culture can influence their health and wellbeing, specifically ethnic identity (Manuela & Sibley, 2013). Genealogy and a sense of belonging to one’s culture and beliefs are central to Pacific wellbeing. Migration disrupts and displaces identity and causes instability within individuals, families and communities (Ministry of Health, 2002). Pacific-focused initiatives that aim to improve health outcomes and reduce family violence could benefit from an understanding of identity and wellbeing as assessed by the Pacific Identity and Wellbeing Scale (Manuela & Sibley, 2013).

Identity is embedded in culture, certainty and continuity of purpose, and view of reality (Ministry of Social Development, 2014). When violence is involved, one’s identity is violated and one’s relational self (how a person views themselves in society and in relationship to others) is also influenced. There are core values shared by Pacific peoples that can be used to improve their sense of identity and belonging (Anae, 1998, 2001; Macpherson, 1996; Mila-Schaaf, 2010; Ministry of Social Development; Phinney, as cited in Manuela & Sibley, 2013).

The Ministry of Social Development (2014) identified core values that can act as protective factors to enhance wellbeing and should be used in Pacific family violence prevention programmes. These include tapu relationships, genealogy, reciprocity, respect, language, belonging and identity. Each Pacific ethnic group has its unique meanings and core practices and customs associated with each of these core values.

Intergenerational communication
Violence in Pacific families can be caused by intergenerational differences in attitudes, particularly between island-born Pacific elders and New Zealand-born younger Pacific people (Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003). The lack of communication and understanding, particularly between parents and children or grandparents and grandchildren, occurs when each generation’s first language is different (Ministry of Health, 2002; Pacific Advisory Group, 2009). This is more of an issue for recent Pacific migrants and elderly Pacific peoples who are not proficient in the English language.

In order for messages of violence prevention to be heard and accepted by Pacific families, critical messages must be responsive to the wider Pacific population. Universal media campaigns often do not reach Pacific audiences due to a one-size-fits-all approach. To ensure messages are acceptable to Pacific audiences and to encourage interest and participation, sufficient attention must be paid to taste, tone, terminology and dialect of the messages (Pacific Advisory Group, 2009). Using narrative and traditional forms of communication to reinforce key messages may be helpful (Pacific Advisory Group).

Written material may be effective in reaching certain groups but is not effective in reaching all Pacific peoples. Strategies that use personal and familiar family services and trusted professionals are likely to reach the wider Pacific population. The effectiveness of communication strategies with Pacific people must be evaluated (Pacific Advisory Group, 2009).

Strengths and resilience factors
The Pacific Advisory Group (2009) has identified a number of factors that address violence within the family. The factors include: strong community structures and leaders, population concentration, family as the focus of Pacific wellbeing and Pacific as natural innovators. Connolly & Doolan (2007) support these and adds that the strong social ties and community support may also lessen family violence. However, community support alone does not guarantee a reduction in violence in the home and community.

Favourable social determinants of health that lead to optimum health and wellbeing among individuals and groups include family resilience and protective factors. Connolly and Doolan (2007) have developed a life-course framework for understanding vulnerability and resilience. The framework identifies factors that act as buffers to family violence. These protective factors help to inhibit susceptibility and vulnerability to family violence that can exist in childhood, adolescence and adulthood.

In the example of family economic resources, Pacific and other minority groups experience poor living standards that promote poor social wellbeing. Changes in the economic climate have had a major impact on these groups with increases to the rates of unemployment and differences in income between Māori and Pacific and non-Māori and non-Pacific (Ministry of Social Development, 2002b). Pacific families become exposed to the vulnerabilities of financial stress that have ripple effects that lead to violence in the home (Connolly & Doolan, 2007). Addressing protective factors in violence prevention initiatives is one step towards removing vulnerabilities to family violence in all life stages: childhood, adolescence and adulthood. Figure 1 shows the life-course framework relating to vulnerability and resilience.

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### FIGURE 1. A LIFE-COURSE FRAMEWORK FOR UNDERSTANDING VULNERABILITY AND RESILIENCE (CONNOLLY & DOOLAN, 2007)

<table>
<thead>
<tr>
<th>CHILDHOOD VULNERABILITIES</th>
<th>ADOLESCENT VULNERABILITIES</th>
<th>ADULTHOOD VULNERABILITIES</th>
<th>FAMILY RESILIENCE AND PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harsh family discipline and parental strife</td>
<td>Poor/needy peer engagement</td>
<td>Entering abusive relationships</td>
<td>Adequate housing</td>
</tr>
<tr>
<td>Growing up in poverty</td>
<td>Low academic achievement</td>
<td>Multiple relationships</td>
<td>Meaningful employment, independence and self-reliance</td>
</tr>
<tr>
<td>Family violence victimisation</td>
<td>Prematurely independent</td>
<td>Poor conflict resolution skills</td>
<td>Connectedness to family, cultural and community supports</td>
</tr>
<tr>
<td>State care with multiple caregivers</td>
<td>Early pregnancy</td>
<td>Inconsistent parenting</td>
<td>Connectedness to education and health providers</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Truancy</td>
<td>Poor mental health, depression etc.</td>
<td>Changes in family belief systems and tolerance of violence</td>
</tr>
<tr>
<td>Submissive/aggressive role development</td>
<td>Sexual victimization</td>
<td>Drug and alcohol abuse</td>
<td>Effective role models and mentors</td>
</tr>
<tr>
<td>Disassociation</td>
<td>Fringe criminality and/or aggressive offending before age 15</td>
<td>Suicide ideation</td>
<td>Timely access to quality interventions</td>
</tr>
<tr>
<td>Mental model of violence normalisation</td>
<td>Poor empathy development and impulse control</td>
<td>Emotional relationship/bonding issues</td>
<td>Good assessment and treatment of parental issues</td>
</tr>
<tr>
<td>Anxiety and hyper-vigilance</td>
<td>Drug and alcohol abuse</td>
<td>Regularly unemployed</td>
<td></td>
</tr>
<tr>
<td>Poor attachment</td>
<td>Mental health issues (anorexia, obsessive and conduct disorders)</td>
<td>History of offending</td>
<td></td>
</tr>
<tr>
<td>Boundary issues (role confusion, authority issues, risk-taking)</td>
<td>Poor parenting role modelling</td>
<td>Perpetrating family violence and child abuse</td>
<td></td>
</tr>
<tr>
<td>Stigmatisation</td>
<td>Unemployment</td>
<td>Early parenthood</td>
<td></td>
</tr>
<tr>
<td>Poor developmental milestones</td>
<td></td>
<td>Social isolation</td>
<td></td>
</tr>
<tr>
<td>Poor life modelling</td>
<td></td>
<td>Poor access to resources</td>
<td></td>
</tr>
</tbody>
</table>

**REDUCTION OF RISK AND BUILDING INDIVIDUAL AND FAMILY RESILIENCE**
CONTEXT OF FAMILY VIOLENCE

This section defines family violence, identifies contexts in which family violence occurs and discusses why men should be engaged in family violence prevention.

Definition of family violence

All forms of family violence is a violation of basic human rights. Family violence covers a broad range of abusive behaviours that are physical, sexual and psychological (intimidation and emotional deprivation) (Ministry of Social Development, 2002a). It may also include forms of maltreatment that can hinder an individual’s development, such as child abuse and neglect (Levesque, 2001) and can occur within a variety of interpersonal relationships between parents, partners, children, siblings and other familial relationships outside of the household. The Ministry of Social Development identifies five common forms of violence in whānau:

- Spouse or partner abuse: violence among adult partners, usually referred to as intimate partner violence (IPV)
- Child abuse/neglect: abuse/neglect of children by an adult
- Elder abuse/neglect: abuse/neglect of older people aged about 65 years or more by a person with whom they have a relationship of trust
- Parental abuse: violence perpetrated by a child against their parents
- Sibling abuse: violence among siblings.

Men as the main perpetrators of violence

The rates of violence perpetrated by men across the globe are consistently higher than the rate of violence perpetrated by women (United Nations Women, 2012). A study undertaken in six different countries across Asia and the Pacific region found that approximately half of the men reported using physical and/or sexual violence against a female partner (Fulu, Jewkes, Roselli, & Garcia-Moreno, 2013a; Fulu, Warner, Miedema, Jewkes, Roselli, & Lang, 2013b). This proportion varied across the region with 26 percent in Indonesia compared to 80 percent in Papua New Guinea. In urban Bangladesh, 16 percent of ever-partnered men reported abusive acts against intimate female partners in their lifetime compared to 57 percent in Papua New Guinea. Men who reported using at least one abusive act against a partner in their lifetime ranged from 41 percent in Sri Lanka to 83 percent in Papua New Guinea.

Between 2005 and 2009 in New Zealand, 99 percent of perpetrators of sexual violation of an adult were male (Triggs, Mossman, Jordan, & Kingi, 2009). Males made up 72 percent of offenders linked to a Police family violence investigation between 2009 and 2013. Between 2005 and 2011, 88 percent of the individuals who had a protection order taken against them were male (New Zealand Family Violence Clearinghouse, 2013). Violence perpetrated by men is not only frequent but is also damaging (Baker, 2013). For example, a national survey undertaken in Ireland identified that one in seven Irish women compared with one in 16 Irish men experienced severe physical, sexual or emotional abuse (Watson & Parsons, 2005). A national survey in Canada found that compared to men, women were three times more likely to be injured as a result of IPV, more likely to report more severe forms of violence, and twice as likely to report being victimised on more than ten occasions (Canadian Centre for Justice Statistics, 2000).

Violence against women is likely to result in severe outcomes, especially in relation to physical and mental health (New Zealand Family Violence Clearinghouse, 2013). For example, women who are victims of IPV were more likely to experience stress, depression and, in extreme cases, chronic depression and/or post-traumatic stress disorder (Campbell, 2002). A report from the United States indicated that injured women were more likely to present to hospital accident and emergency departments, and be recorded as being battered (Rand, 1997). Battered women were more likely to have injuries to their head, face, neck, thorax, breasts and abdomen.

Possible explanations for men as violence perpetrators

There is no justification for a man’s violent behaviour towards any individual irrespective of their age, gender or race (Baker, 2013). However, factors that lead to an increased likelihood of men perpetuating violence against women and other individuals have been investigated.
Factors that can contribute towards men perpetrating violence are multiple, complex and interconnected. When one factor is influenced the rest are also influenced. The factors can span an individual and family’s physical, emotional, mental, spiritual, social, psychological, economic and cultural factors (Bradby, 1996; Golden, Jackson, Peterson-Rohne, & Gontkovsky, 1996; Jewkes, 2002; Krug, Dahlberg, Mercy, Zwi, & Lozano 2002; Tontodonato & Crew, 1992). These points are discussed in the following paragraphs in relation to intergenerational violence and attitudes to violence.

INTERGENERATIONAL VIOLENCE WITHIN THE FAMILY

Studies indicate that there is a relationship between childhood violence and adulthood violence (Capaldi & Clark, 1998). Childhood experiences of physical, sexual or emotional abuse or witnessing the abuse of their mother can influence future perpetration of violence (Gil-Gonzalez, Vive-Cases, Ruiz, Carrasco-Portiño, & Alvarez-Dardet, 2008). This often creates the intergenerational normality of men perpetrating violence within the family unit. This becomes problematic when such behaviour is met with silence and is tolerated by other men. It further normalises and promotes the acceptance of gender inequality and negative stereotypes that lead to males perpetrating violence (United Nations Department of Public Information, 2009).

Capaldi et al. (1998) studied the influence of parenting factors on family dynamics and found an association between two family processes (parental dyadic aggression and unskilled parenting) on the antisocial behaviour of children and early adolescents and later male adulthood and aggression towards their partner.

Capaldi et al. (1998) found the following associations:

- Unskilled and coercive parenting practices are associated with the intergenerational transmission of aggression to young males leading to antisocial behaviours in adolescence.
- Unskilled parenting is associated with parental education, and stress related to children’s antisocial behaviour
- Little use of positive encouragement and discipline (requiring a negative consequence for negative behaviour) are associated with antisocial behaviours in childhood that can lead to later antisocial and aggressive behaviours.

Failure to develop interpersonal skills, and the use of coercive and aggressive interpersonal tactics with children at a young age increases the likelihood of adulthood aggression (Capaldi et al., 1998). This does not mean that family dynamics is the only determining factor for aggression in adulthood. Adulthood aggression is one indicator of general antisocial behaviour (Capaldi et al.). This indicates that violence prevention initiatives should incorporate effective parenting techniques for parents (or couples thinking of starting a family) in order to encourage positive social behaviour and reduce antisocial behaviour.

Tremblay, Pagani-Kurtz, Masse, Vitaro and Phil (1995) implemented trials of an intervention that focused on parenting and social skills training with preschool boys. Yearly assessments of the boys between 10–15 years of age showed that the boys who were part of the intervention engaged in fewer delinquent acts later in life compared with the control group.

ATTITUDES THAT LEAD TO GENDER-BASED VIOLENCE

Gender-based violence is seen as acceptable when it is based on negative, coercive beliefs and attitudes that condone the act of violence towards women (Russell & Hulson, 1992; Sith & Farley, 1993). A national survey conducted in Australia called the National Community Attitudes Survey on Violence Against Women (Australian Bureau of Statistics, 2013) identified the social norms, misinformation, myths and stereotypes that create or lead to attitudes and understandings that accept and favour the use of violence (Diemer). Men were more likely than women to reinforce negative myths and stereotypes of violence, and to minimise, trivialise and deny the impact of that violence (Diemer, 2014). Men that had attitudes that do not support gender equality are more likely to have attitudes that support violence (Queensland Taskforce, 2015).

Men were also less likely than women to understand how physical, emotional and psychological violence is intentionally or unintentionally inflicted on women. This lack of understanding is reflected in the prevalence of emotional and psychological abuse experienced by women (Diemer, 2014).

Emotional and psychological violence consists of a range of behaviours that generate fear to ‘win arguments’ and assert male dominance (Diemer, 2014). Emotional violence is more often experienced by women (25 percent) than men (14 percent) and with associated anxiety or fear (72 percent versus 35 percent, respectively). Figure 2 shows the prevalence of three different forms of emotional and psychological abuse experienced by partnered women (Diemer).
GENDER ROLES

Evidence has established the link between the construction of gender roles and masculinity displayed at all levels of the ecological model (World Health Organisation, 2010). In any given society, there is a link between violence and the degree of support for gender roles (Heise, 1998). Constructions of violence are rooted in ideologies that value male sexual entitlement over women’s choice, reflecting the prevailing male privilege in a social environment (World Health Organisation). Cultural beliefs about masculinity involving dominance, toughness and male honour consistently support violence. Men who report using violence are significantly more likely to have negative gender-equality attitudes and use controlling behaviours (World Health Organisation).

International studies have consistently found that males are more likely to agree with myths and beliefs that support violence against women (Flood & Pease, 2009). Men are also more likely to perceive a narrow range of behaviours as being violent, minimise the harms associated with physical and sexual assault, and see behaviours constituting violence as less serious, less inappropriate or less damaging than women do (Flood & Pease, 2009). Men more often blame women to justify violent behaviour (psychological abuse) and show less empathy for the victim (Flood & Pease).

IMPORTANCE OF ENGAGING MEN

There is a growing international concern for the need to improve the engagement of men in violence prevention initiatives. An Expert Group Meeting on the Role of Men and Boys in Achieving Gender Equality in 2003 was convened by the United Nations Division for the Advancement of Women. The need to engage men and boys in preventing violence was affirmed by: The Agreed Statement of the 48th Session of the

Developing alternative systems and structures that support non-violent masculine identities and healthy equitable gender relationships will only be achieved with the engagement of males (Baker, 2013). Engaging males in the prevention of family violence has been identified as one of the top 20 practice innovations during the last 20 years (Kress, Noonan, Freire, Marr, & Olson, 1992). This has occurred alongside a shift towards the primary prevention to stop the perpetration of violence from starting in the first place (Flood, 2011a; Kress et al., 1992).

Flood (2011b) justifies the need for male engagement because male constructions of masculinity (what it means to be a man) play a crucial role in gender-based violence. Kaufman (2003) argues that having men involved in violence prevention provides important insights and broader consensus that encourage the mobilisation of more resources. While men have long since been the focus of, and engaged in secondary and tertiary-based interventions as perpetrators, it is equally important to engage men as partners in prevention-based initiatives (Flood, 2010).

Choosing not to involve men in any violence prevention strategy can lead to the failure of prevention efforts. Changing men’s attitudes, behaviours, identities and relations are critical parts of eliminating violence (Flood, 2011a). Men are now being included as partners in taking a positive and active role in primary prevention (Flood, 2011b). Consensus with this argument among workers in violence prevention programmes is growing. The United Nations Department of Public Information (2009, p. 7) states:

> Men have a crucial role to play as fathers, friends, decision makers, and community and opinion leaders, in speaking out against violence against women and ensuring that priority attention is given to the issue ... men [will] provide positive role models for young men and boys based on healthy models of masculinity.

**SUMMARY**

This chapter has identified the people of New Zealand who are most vulnerable to family violence as perpetrators and victims. Māori and Pacific peoples (the focus of the report) are minority groups and often experience poverty and unjust access to the determinants of health (such as, education and employment). The effects of migration (such as, displacement and a disruption to family structure) have contributed to violent behaviour within Pacific families. The Pacific understanding of family violence is informed by Pacific ways of knowing and doing. This means that the first step to reducing violence within Pacific families is to understand and identify what family violence is. Strong evidence indicates that men need to be engaged in family violence prevention schemes, based on the high rates of men perpetrating violence and beliefs about masculinity that condone the use of violence to maintain power within family relationships.
03

METHODOLOGY
A systematic literature review methodology was used to search, assess and integrate the literature.

SEARCH

The first process involved identifying different sources of information to search for relevant literature. International and national health databases were searched and included the New Zealand Medical Journal (NZMJ), PubMed, MEDLINE, OvidSP, PsycINFO, Scopus, ProQuest, CINAHL, Plus EMBASE, Google Scholar and Cochrane Library. The University of Auckland’s (UoA) library catalogue was also used to search for journal articles and books. To identify ‘grey’ literature that was not accessible via scientific databases, the search also included using Open DOAR, government and non-government search engines, including the Ministry of Health, Pacific Advisory Board, United Nations and the World Health Organisation.

The search technique involved identifying the key concepts from the study objectives and using these as search phrases. Table 1 shows the keywords (and alternative words) used in the search.

<table>
<thead>
<tr>
<th>WORDS</th>
<th>ALTERNATIVE WORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family violence</td>
<td>Domestic violence/ men perpetrating violence/ child abuse/ family neglect</td>
</tr>
<tr>
<td>Family violence initiatives</td>
<td>Family violence prevention/ family violence strategies/ domestic violence prevention</td>
</tr>
<tr>
<td>Engaging men in violence prevention</td>
<td>Men and violence prevention/ men in non-violence strategies/ men in non-violence initiatives</td>
</tr>
<tr>
<td>Pacific men in violence strategies</td>
<td>Minority men and violence prevention/ Indigenous men and violence prevention</td>
</tr>
<tr>
<td>The above searches including the countries</td>
<td>Australia/ Aboriginal Torres Strait Islander/ Canada/ Aboriginal peoples of Canada/ Hawaii/ Native Hawaiians/ United States/ Pacific Islanders/ Blacks/ Hispanic/ South Pacific region/ Tonga/ Samoa/ Cook Islands/ Fiji/ New Zealand/ Pacific/ Māori</td>
</tr>
<tr>
<td>International family prevention strategies</td>
<td>International covenants Human Rights Commission</td>
</tr>
</tbody>
</table>

To aid the focus of the search Boolean functions, such as ‘AND’/’NOT’/’OR’ or “…….”/” were used. For example, “violence prevention AND New Zealand” or “family violence OR domestic violence”. 

TABLE 1. WORDS AND ALTERNATIVE WORDS SEARCHED
ASSESSMENT

The second process involved assessing and selecting the studies to include in the review based on the relevancy of the literature sources to the research topic and aims of the review. Specific criteria were used to include and exclude sources.

The inclusion criteria included:

- Family violence prevention strategies in the United States, Canada, Australia, the South Pacific region and New Zealand
- Family violence preventions that focused on Indigenous, minority groups and the general population
- Family violence among minority groups in westernised or developed countries, such as the United States and Canada (as there is no specific literature related to prevention among Pacific peoples in New Zealand)
- Documents written in the English language
- Family prevention strategies: social support and education programmes designed to stop family violence before it occurs (Barnett, Miller-Perrin, & Perrin, 2011)
- Family violence interventions: programmes to identify and protect victims, criminal justice sanctions for perpetrators and various treatment options for offenders and victims after it occurs (Barnett et al., 2011)
- Men, particularly Pacific men (or Indigenous/men belonging to a minority group) in New Zealand and other countries (United States, Canada, Hawaii, Australia and the South Pacific region).

The exclusion criteria included:

- Violence initiatives that primarily focused on male youth (males ≤18 years of age)
- Initiatives that no longer exist (i.e. are no longer funded)
- Duplicates
- Book reviews.

The search yielded 231 hits. After applying the exclusion criteria, 120 sources were relevant for the literature review and included 31 journal articles, 13 books, 2 theses, 57 reports and 17 websites.

Summaries of the key features of initiatives are reported in Appendix D.

INTEGRATION

The final step involved reading, critically analysing and synthesising information by making comparisons between studies and formulating the main themes and sub-themes similar to the processes of thematic analysis (Braun & Clarke, 2006).
04

RESULTS
RESULTS

This chapter presents the findings in four sections. The first section describes the various approaches to family violence initiatives that target men. The second section outlines existing initiatives from the United States, Canada, Australia, Hawaii and the South Pacific region. The third section discusses New Zealand initiatives and the last section describes the barriers to engaging men in such initiatives.

APPROACHES TO FAMILY VIOLENCE PREVENTION

Internationally and nationally there are a number of approaches and models that focus on changing male behaviours and attitudes in the context of violence perpetrator and prevention programmes (Vlais, 2014). Approaches and models to family violence prevention programmes discussed in this section include: population health, ecological, social norms, education, behavioural, critical reflection, non-therapeutic, indigenous and cultural.

Programmes may encompass more than one approach or use a single approach. In either case the philosophy or underlying paradigm of each initiative drives the type of programme provided. In the case of multiple approaches, Vlais (2014, p. 1) states that:

The diversity reflects differences in the programs’ underlying philosophies particularly their positioning in relation to feminism, gender, and a systemic versus clinical or psychological focus.

For initiatives that have a pragmatic approach to family violence, programmes require a succinct and clear manual so that the approach is consistent among practitioners and teams for developing skills in their work over time (Slabber, 2012). However, programmes that focus only on the clinical aspect are viewed as the ‘ambulance at the bottom of the cliff’ offering services to those who have already committed violence. Preventative measures should involve a more systematic approach that includes education programmes and social media campaigns aimed at changing culture.

Population health approach

A systematic public health approach has been used in family violence prevention in the past (Ministry of Health, 2002; Ontario Public Health Association, 1999). The complex web of factors involved in family violence necessitates such a broad systematic approach. For example, family violence can impact equally on mental, social and spiritual health. Durie’s (1994) Māori model of health, Te Whare Tapa Whā, is important in recognising and understanding the impact of abuse. The model encompasses the following four dimensions:

- Taha wairua (spiritual) capacity for faith and wider communion
- Taha hinengaro (mental) capacity to communicate, think and feel
- Taha tinana (physical) capacity for physical growth and development
- Taha whānau (extended family) capacity to belong, to share and to care.

The experience of violence diminishes all of these capacities. Therefore, early identification and intervention of violence is important to minimise damage to these aspects of health.

Ecological model

The ecological model described by the World Health Organisation (2010) encompasses the risks associated with violence at four levels: individual, family and relationships, community and societal. Table 2 shows how the occurrence of factors across these levels can increase the likelihood of families experiencing violence.
### TABLE 2. THE LEVELS AND FACTORS OF THE ECOLOGICAL MODEL (WORLD HEALTH ORGANISATION, 2010)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>The biological and personal history factors that may increase the likelihood that an individual will become a victim/perpetrator of violence</td>
</tr>
<tr>
<td>Family and relationships</td>
<td>Factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person’s closest social circle and can shape their behaviour and range of experiences</td>
</tr>
<tr>
<td>Community</td>
<td>Characteristics of community contexts in which social relationships are embedded, e.g. schools, workplaces and neighbourhoods, that are associated with people becoming victims/perpetrators of IPV and sexual violence</td>
</tr>
<tr>
<td>Societal</td>
<td>The larger, macro-level factors that influence IPV and sexual (gender inequality, religious/cultural belief systems, societal norms and economic/social policies) that create or sustain gaps and tensions between groups</td>
</tr>
</tbody>
</table>

### TABLE 3. PREVENTION STRATEGIES AND ACTIVITIES FROM AN ECOLOGICAL MODEL (BAKER, 2016)

<table>
<thead>
<tr>
<th>TYPE OF PREVENTION</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influence policy and legislation</td>
<td>Change laws and policies to influence outcomes</td>
</tr>
<tr>
<td>Change organisational practices</td>
<td>Adopt regulations and shape norms to improve health and safety</td>
</tr>
<tr>
<td>Foster coalitions and networks</td>
<td>Bring together groups and individuals for broader goals and greater impact</td>
</tr>
<tr>
<td>Educate providers</td>
<td>Inform providers who will transmit skills and knowledge to others</td>
</tr>
<tr>
<td>Promote community education</td>
<td>Reach groups of people with information and resources to promote health and safety</td>
</tr>
<tr>
<td>Strengthen individual knowledge and skills</td>
<td>Enhance an individual’s ability to prevent injury and promote safety</td>
</tr>
</tbody>
</table>

### SOCIAL NORMS

Social norms are the rules or expectations of behaviour within a specific group and perceptions of those norms shape an individual’s behaviour (Berkowitz, 2010). What are (and are not) acceptable behaviours or attitudes are governed by whether they correspond with peers and other community members (Berkowitz, 2003; World Health Organisation & Liverpool John Moores University, 2009).

The prevalence of harmful behaviour, such as violence against women, is usually overestimated, while protective behaviours are underestimated (Berkowitz, 2003; Kilmartin, Smith, Green, Heinzen, Kuchler, & Kolar, 2008). Consequentially, individuals are likely to stay silent, justify or increase their own harmful behaviour because they believe that it is normal.

On the New Zealand Family Violence Clearinghouse website, (https://nzfvc.org.nz/), Baker (2013, p. 6) lists a spectrum of preventions that identifies the types of activities that a prevention strategy needs to incorporate. This is shown in Table 3.
Through the social norms approach, perceptions of harmful or damaging behaviour are subverted at the same time that protective behaviours are enhanced (World Health Organisation & Liverpool John Moores University, 2009). This encourages men to confront the problematic behaviour of other men (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). For example, offensive jokes and other instances that occur along a spectrum of violence against women are inhibited, and sexist behaviour is challenged (Berkowitz, 2011). This approach has been effective in reducing the conformity of others to this social norm (Kilmartin et al., 2008).

This approach intersects with the ecological approach by promoting non-violent norms at the individual, organisational and societal levels (Upston & Durey, 2012). Research has shown that men underestimate the extent to which other men are uncomfortable with sexist behaviour (Fabiano et al., 2003). Therefore, programmes that employ a social norms approach to the primary prevention of violence against women are valuable in initiating change (World Health Organization, 2010).

**Education**

A core theme in family violence programmes is the inclusion of a formal or informal education programme (Vlais, 2014). Such educational components aim to help men unlearn violent behaviours and underlying attitudes, and to learn non-violent alternatives (Vlais).

The Domestic Abuse Intervention Project, based on the Duluth Model founded by Pence & Paymar (1993), incorporates an educational component. The approach was developed to reduce domestic violence against women. Such a feminist approach argues that males who condone the use of violence must learn to identify and transform their use and control of power (Vlais, 2014). Such programmes aim to reorient the responsibility and accountability for violence towards the perpetrator rather than the victim, who are most often women (Domestic Abuse Intervention Programs, 2011).

The Domestic Abuse Intervention Programs (2011) have set up training programmes for any individual or community that wants to reduce gender-based violence. They provide online resources in the form of electronic pamphlets and DVDs that target men and include information about processes and tactics for change. Such resources allow communities themselves to take ownership for educating leaders and members of the community. Thus, prevention can be initiated locally without the need for formal education and training. Funding from governments and councils can be lodged to purchase the online resources.

**Critical reflection**

Critical reflection is an important core element of education adopted from pedagogical and philosophical bases of learning. It differs from the predominant pedagogy that promotes authoritarian and authoritative structures and institutions to dominate and control space and ideas that keep certain groups oppressed. Freire’s (1970) work on critical pedagogy to issues of power and control offers insight into family violence and domestic violence prevention. He argues that critical reflection allows people to remove the constraints that prevent them from co-creating knowledge and understandings of injustice and oppression, and to support their own active engagement with developing ideas around power, ethics and fairness (Vlais, 2014).

The underlying worldview of practitioners/educators and their philosophy of education are critical to such initiatives. For example, the Australian Men’s Behaviour Change Program encourages agencies to identify key elements of practice and specify what behaviours would need to be observed in the development of violent and controlling behaviours and attitudes (Vlais, 2014).

**Cognitive-behavioural approaches**

Cognitive-behavioural approaches may also employ educational initiatives, including the use of social learning theory and practices that support men to learn new skills of taking responsibility for their behaviour (Vlais, 2014). Other programmes, such as Duluth’s model (Pence & Paymar, 1993) may be described as a mixture of the cognitive-behavioural model while adopting curriculum and objective-based learning (also known as the psycho-educational approach). This model, along with narrative approaches, strengths-based models, emotion-focused and other more controversial psychodynamic approaches. Different international programme documents include these approaches (Aldarondo & Mederos, 2012; New South Wales Department of Attorney General & Justice, 2012; Phillips, Kelly, & Westmarland, 2013; as cited in Vlais, 2014).

**Non-use of therapy**

The effectiveness of therapeutic approaches to violence is deemed ineffective when used as the sole approach. For example, the Australian Minimum Standards view therapeutic healing as a non-vital approach for the Men’s Behaviour Change Program work (New South Wales Department of Attorney General & Justice, 2012; Queensland Department of Communities, 2007; Vlais, 2014). According to Vlais, the following four main reasons explain why the therapeutic approach is ineffective.

Therapeutic interventions:

- Can support the victim stance and strengthen male justification for violence
- May trigger emotions (due to attachment or other interpersonal experiences that are often related to gender-based entitlement and privilege in the perpetration of violence) as a way to control and cope with those feelings
• May lack a focus on the centrality of women and children’s needs and voices
• Require a long time before there is any significant reduction in risk.

**Indigenous approaches**

The adaptation of mainstream standards and underlying principles into Indigenous worldviews ignores and undermines the rights of Indigenous peoples to determine for themselves effective practices to reduce family violence.

Aboriginal families and communities are victims in the causes of family violence, including: 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, learned helplessness and overall poor mental, social, physical and spiritual wellbeing (Cripps, 2007; Tsey, Wenitong & Whiteside, 2006a; McCalman, Tsey, Wenitong, Ahkee, Jia, Ambrum, & Wilson (2006b).

For Aboriginal men, the destruction of social norms, the lack of support systems and the absence of structures to provide pathways to manhood impact upon their spiritual wellbeing (McCalman, Tsey, Wenitong & Patterson, 2006; McCalman, et al., 2006a; McCalman, et al., 2006b). To some extent, such harsh realities are the main causes of ill health and family violence among Indigenous peoples globally. Initiatives need to be decolonised in order to develop and plan initiatives that fully encompass Indigenous worldviews. Bopp, Bopp and Lane (2003, p. 12) state:

Aboriginal family violence (1) is a multifactorial social syndrome and not simply an undesirable behaviour; (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.
### TABLE 4: CANADIAN PROGRAMME CHARACTERISTICS THAT REFLECT CULTURALLY APPROPRIATE PRACTICES

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>PRACTICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Aboriginal tradition and culture</td>
<td>Use resources, approaches and service delivery in ways that the community deems to be compatible with Aboriginal culture</td>
</tr>
<tr>
<td>Recognise the importance of ritual and ceremony</td>
<td>Make appropriate use of rituals and ceremonies within programmes</td>
</tr>
<tr>
<td>Value the wisdom of elders who understand the dynamics of family violence and who recognise their role as important carriers of knowledge</td>
<td>Involve elders in programme planning and implementation</td>
</tr>
<tr>
<td>Have a strong sense of community and shared responsibility</td>
<td>Have an attitude towards privacy and confidentiality in the context of service delivery that is different from mainstream services. Involve community in the initial awareness-raising process to gain community-wide commitment to healing as a community effort to healing both the perpetrators and victims of violence at the same time. Support and connect with abusers who have been convicted, given prison sentences and been taken out of the community, as well as children who are removed from it</td>
</tr>
<tr>
<td>Emphasise connectedness (to the land, family, extended family, clan, family of spouse) to give a view of the individual in context</td>
<td>A progression through individually-centred programmes to those that are conjoint, group or community-centred with a connection to concurrent programmes (e.g. a programme for batterers, one for survivors and one for children). Recognise the need to deal with related issues (e.g. drug and alcohol abuse and co-dependency). Teach practical life skills together with more psycho-social therapeutic interventions. Deal simultaneously with long-term community education issues, especially the education of children.</td>
</tr>
<tr>
<td>Aim to restore balance</td>
<td>Develop related programmes that are positive and life enhancing (e.g. family recreation in support of therapy)</td>
</tr>
<tr>
<td>Value nurturing mutually respectful relationships</td>
<td>Focus on rebuilding relationships. Recognise the loss of the traditional male role and the consequent emergence of a role based on male dominance. Recognise shame on the part of the person who engages in violence as well as the person experiencing violence. Place importance on networking among staff of different programmes, even over long distances. Collaborate between Aboriginal political leadership and service providers</td>
</tr>
<tr>
<td>CHARACTERISTICS</td>
<td>PRACTICES</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Honour the central place of women                   | Recognise that the role and position of women in Aboriginal communities are changing  
Have concern for the equality of women  
Recognise the need for women to be central to the decision-making process for programme design and delivery |
| Accept and respect the client as a whole person      | Have flexible rules and individualised programmes where required  
Accept staff-client personal relationships that support therapeutic interventions within an understanding of social work ethics |
| A sense of equality between service provider and service recipient | Client directs the pace of the programme  
Storytelling is a valued part of therapeutic programme  
Staff attend related programme events  
Staff are predominantly of Aboriginal ancestry  
Use simple, everyday, jargon-free language  
Use resource material (posters, pamphlets, etc.) that depict Aboriginal people or symbols  
Use Aboriginal language |
| A central attitude of caring                         | Staff-client relationships are characterised by openness and informality  
Recognise the importance of worker wellness and self-care as a requirement for healthy, trained staff (i.e. people committed to becoming healthy)  
Focus on support programmes and healing strategies that break down individual isolation and promote sharing unlimited and appropriate self-disclosure of personal experiences |
| Preference for forgiveness rather than judgment and punishment | Provide time and resources to all members of the family to consider the possibility of forgiveness of the abuser  
Accept personal responsibility by the abuser as the starting point  
Use Aboriginal mechanisms for achieving justice (e.g. sentencing circles)  
Recognise the potential of such justice mechanisms as the first part of a therapeutic intervention for the abuser |
| Holistic connection of body, mind and spirit         | Programme management values client process as much as staff-defined results  
Focus on healing at all levels: individual, family, community, global.  
View programme development as unfolding  
Use a range of programmes, including art therapy  
Create opportunities for grief, anger and acceptance of the need for clients to go through stages of ‘denouncing, announcing and going beyond’  
Have an understanding of long-term grieving issues  
Use the medicine wheel and similar symbols of holistic approaches both within and across different programmes |
The workplace as a scene for change

Aligned with international and national conventions and declarations that promote equal gender opportunity in the workplace (World Health Organisation & Liverpool John Moores University, 2009), gender-based violence prevention has been initiated at the institutional level (Upston & Durey, 2012). An example of this approach is the Male-dominated workplaces initiative (Upston & Durey, 2012). Such workplaces are sites where conventional masculinity is played out and ‘policing mechanisms’ are evident (Ely & Meyerson, 2010). Men use two key ‘policing mechanisms’ to silence other men: challenging the manhood of men who speak out against sexism, and using hostile questions of their heterosexuality (Funk, 2006).

Other barriers

Other barriers to men confronting violence against women include: a lack of role models, not knowing what to do, fear of not fitting in, and feeling hesitant about challenging behaviour that they may have carried out themselves (Katz, 2006).

Primary prevention programmes need to have the flexibility to address these issues. Through adapting practices, policies and norms, organisations can equip men to undo gender stereotypes by giving them the motivation, a model, and a margin of safety to deviate from conventional masculine scripts (Ely & Meyerson, 2010). To be effective, men (and women) must be meaningfully engaged in initiatives to promote gender equality and prevent violence against women (World Health Organisation & Liverpool John Moores University, 2009).

INTERNATIONAL INITIATIVES

This section outlines existing international conventions, and initiatives in the United States, Canada, Australia, Hawaii and the South Pacific region.

International conventions on violence prevention that focus on men

The United Nations Secretary General launched a Network of Men Leaders in 2009 (United Nations Department of Public Information, 2009). The initiative includes men from different backgrounds including: current and former politicians, civil society and youth activists, religious and community leaders, and cultural figures. The roles of the network include: raising public awareness, advocating adequate laws, and holding governments accountable within their respective spheres. The network challenges destructive stereotypes, embraces equality, and inspires men and boys to speak out against violence.

The United Nations Secretary also launched the UNiTE to End Violence against Women campaign in 2008 (United Nations Department of Public Information, 2009). The campaign aimed to raise public awareness and increase political will and resources for preventing and ending violence against females worldwide. The five main goals of the campaign were to:

- Adopt and enforce national laws to address and punish all forms of violence against women and girls in line with human rights standards
- Adopt and implement multi-sectorial national action plans with prevention strategies that are adequately resourced
- Establish data collection and analysis systems on the prevalence of various forms of violence
- Establish national or local campaigns and engage a diverse range of civil society stakeholders to prevent violence and support females who have been abused
- Establish systematic efforts to address sexual violence in conflict situations to protect females from rape, and implement laws and policies to prevent this from happening.

Interestingly, there was little mention of men and their engagement in the campaign. Men were only mentioned in one out of the 16 steps ‘to mobilise men and boys’ (United Nations Department of Public Information, 2009). This questions the place of male engagement in other violence prevention campaigns across the globe.

United States

FUTURES WITHOUT VIOLENCE

Initiatives identified in the United States were provided by state agencies and non-government/ non-profit organisations. The Futures Without Violence (FWW) initiative is a non-profit organisation focusing on ending domestic and sexual violence (Futures Without Violence, 2016). The FWW helped establish the nation’s first comprehensive federal response, the Violence Against Women Act (1994), which was expanded in 2000, 2005 and 2013. The organisation provides healthcare providers with the resources necessary to identify and respond to domestic violence, and works with advocates, policymakers and the United Nations efforts to end violence against women nationwide (Futures Without Violence).
COACHING BOYS INTO MEN

In 2001, the FWV contributed to the development of several public education and media campaigns, including the *Coaching Boys into Men* (CBIM). The campaign encourages men to talk to young men and boys about the importance of respect and nonviolence across a number of social media: television, radio, print and public service announcements in multiple languages (Futures Without Violence, 2016). The campaign also provides leadership programmes that equip sport coaches with resources to guide athletes in respect, nonviolence and relationships. The CBIM provides support materials for coaches to lead weekly activities with their athletes throughout the sports season. This has now expanded to provide CBIM in other countries, such as India (Miller et al., 2014).

Other initiatives provided by FWV include the following social media campaigns:

- **Respect**: a social action campaign designed to promote respect in relationships, and increase awareness about the positive role everyone can play to help end and prevent relationship violence and abuse.
- **That’s Not Cool**: a national public service advertising campaign that uses digital examples of controlling behaviour online and by cell phone to encourage teens to draw their own line about what is, or is not, okay in a relationship. This multimedia campaign created an interactive website, a mobile component, and advertisements for television, radio, print, outdoor posters and the internet.
- **Domestic and Sexual Violence Prevention in the Workplace**: a collaboration with employers and unions that offers an online resource kit which includes sample workplace domestic violence policies, education and training materials.

Canada

The Ontario Network in Canada implemented a father-engagement initiative, *Transition Into Fatherhood* (TIF). The initiative was designed to support local health promotion initiatives that provide support and engage fathers in services in the local area (Best Start Resource Centre, 2012). A manual was developed to provide a step-by-step guide for planning and implementing a strategy for engaging fathers. Provided are ideas from both fathers and practitioners, who have many years of experience in the area of family and father engagement, including support for the Aboriginal peoples of Canada and other minority groups (Best Start Resource Centre).

TRANSITION INTO FATHERHOOD

For most men, a significant life transition is when their first child is born (Best Start Resource Centre, 2012). Fathers “who adapt well emotionally, psychologically, and relationally are more likely to be involved in their child’s life” (Best Start Resource Centre, p. 6). It seeks to help men adapt well into fatherhood by addressing the main barriers to meaningfully engaging men: lack of knowledge of and experience with children and pregnancy (Hoffman. 2011). TIF emphasises gaining experience and knowledge about child development in the early stages of planning a family and, during the nine months of pregnancy, men are also encouraged to learn about how to interact with their child when they are born (Best Start Resource Centre, 2012). TIF addresses the following issues: engaging fathers, developing a legacy strategy and working with vulnerable groups.

Engaging fathers

The initiative emphasises the importance of fathers engaging with children and their families. However, there are several challenges to engaging fathers effectively that need to be overcome, such as a lack of support, life challenges (illness or sickness), poverty and employment (Doherty, Kouneski, & Erickson, 1998).

Men are often perceived as the main provider of the family. In fact, employment is a significant factor in how a man identifies himself (Fox, 2009). Men who are able to contribute meaningfully to the family are seen as fulfilling their role as fathers as opposed to men who do not have the means to work due to illness and/or unemployment. Men, who have employment that pays relatively well, are able to provide their families with a fairly comfortable life (financial access to quality housing, nutritious food and healthcare).

Although it is important to provide for the family, having to work long hours during the week may mean that there is limited time for a father to spend with his children and family (Best Start Resource Centre, 2012; Fox, 2009). This can lead to a breakdown in communication between parents and children (Doherty et al., 1998).

Legacy strategy

In the TIF initiative, fathers are encouraged to express the legacy and lasting impact they would like to leave with their children from childhood through to adulthood. For example, they are encouraged to ask questions like: What am I leaving behind? Is my daughter making a difference in her world? Is my son the kind of man I am proud to have raised?

Fathers are encouraged to be intentional in their parenting. Table 5 lists the cognitive, emotional, social and physical health wellbeing benefits for children when fathers are involved in their children’s development (Allen & Daly, 2007).
TABLE 5. WELLBEING CHARACTERISTICS OF CHILDREN WHOSE FATHERS ARE INVOLVED IN THEIR DEVELOPMENT

<table>
<thead>
<tr>
<th>WELLBEING</th>
<th>CHARACTERISTICS OF CHILDREN</th>
</tr>
</thead>
</table>
| Cognitive | Cognitively competent as infants and toddlers  
Live in cognitively stimulating homes, enjoy school and become academic achievers |
| Emotional | Securely attached to their fathers  
Resilient and handle stress better  
Experience less psychological distress (fear, guilt, depression)  
Have a higher sense of personal control and self-esteem |
| Social    | Socially competent, mature and use initiative  
Respect authority  
Empathic, have tolerance and understanding  
Get along with siblings and peers |
| Physical health | Do not suffer a bad fall, a bad burn or a serious accident  
Are breastfed longer  
Maintain a healthy weight |

Vulnerable groups

The Best Start Resource Centre (2012) provides information and support for fathers who are often seen as a minority: fathers who are Aboriginal, gay, bisexual, transgender or queer.

Aboriginal fathers are encouraged to teach their children their Aboriginal traditions and values. Children who have a clear understanding of their culture and identity have a positive sense of themselves that improves mental, psychological, emotional and social wellbeing. Ball and George (2006) suggest that most Aboriginal fathers have no clear role models for passing on the traditions of fatherhood. This may be due to a number of factors that hinder effective fatherhood, such as poverty and unemployment.

Support for gay, bisexual, transgender and queer fathers is also emphasised, especially when becoming fathers. Such men who want to become fathers face challenges of surrogacy, adoption and co-parenting relationships (Epstein & Duggan, 2006) as well as experiencing marginalisation and discrimination, which can disrupt the father–child relationship (Best Start Resource Centre, 2012).

This initiative promotes non-discriminatory services and changes to negative assumptions embedded within organisations (Best Start Resource Centre, 2012). The initiative takes affirmative action to engage men by training staff to be culturally competent in gay, bisexual, transgender and queer communities, reducing the barriers to meaningful engagement and inclusion of the rainbow community, and developing policies and procedures that are centred on equity.

Australia

Family violence initiatives provided in Australia are developed in line with state-based strategies and policies. Queensland established a Special Taskforce on Domestic and Family Violence (Queensland Taskforce) to provide a framework for a domestic and family violence prevention strategy. The goal was to bring about cultural change that is free from violence, while investigating pragmatic institutional structures and practices that promote violence (Queensland Taskforce, 2015).

Queensland Taskforce (2015) identified three key forms of action to help reduce and prevent men’s violence against women: avoid the personal use of violence against women, intervene in the violence of other men, and address the social and cultural causes of violence. The latter involves men challenging the attitudes, norms, behaviours and inequalities that feed into domestic and family violence (Flood, 2010). This will help create a culture that does not accept violence within the family or within society in general.

WHITE RIBBON AUSTRALIA

The White Ribbon Australia (WRA) campaign is a nationwide, male-led movement on men’s violence against women that is also provided globally. It is the largest international campaign of its kind with a vision for all women to live in a society that is safe and free from all forms of male violence against females (White Ribbon Australia, 2014a). The mission of the campaign is to ensure that the safety of women is also a man’s issue. This is done by working with education programmes targeting youth, schools, workplaces and broader community organisations. WRA is also aligned with Australia’s CEO Challenge, a workplace domestic violence prevention programme, which drives campaigns to break the silence surrounding domestic and family violence.
The WRA campaign emphasises the capacity of the individual to change and encourage change in others, and promotes the recognition of the positive role that men play in preventing violence against women and fosters male leadership roles by understanding that most men are not violent. It provides a means for men to speak out against violence towards women, while safely and effectively challenging the attitudes and behaviours of men who use or condone violence against women (White Ribbon Australia, 2014b).

Queensland Taskforce (2015) recommended that an independent audit and advocacy body should be established to have a significant involvement (and provide momentum) in implementing the WRA and ensure the organisation is moving in the right direction through clear and transparent evaluation and reporting.

MEN’S SHEDS

The Australian Men’s Sheds Association (men’s sheds) was established in conjunction with aged care organisations, health centres, hospitals, non-government organisations, Vietnam Veteran organisations, community houses, welfare agencies and church groups. Misan, Haren and Ledo (2008) describe and evaluate this initiative. Men’s sheds are usually located in community settings and provide a sense of ‘mateship’ and belonging through the provision of therapeutic, informal activities and experiences with other men that result in health and wellbeing outcomes for men and their families and communities.

Most of the sheds provide workshop-type sessions ranging from repairing old machinery to craft and hobby activities. The programme provides support for men with mental health or physical disabilities, youth and the unemployed. An increasing number of sheds participate in formal work-for-the-dole programmes and provide support for long-term unemployed men.

An underlying characteristic of men’s sheds is enabling men to take control of their own health and health-seeking behaviour. The initiative encourages men to have receptive attitudes to new ideas and new ways of thinking. It provides a place for men to learn and have mutual support in an environment where they feel comfortable. Existing men’s sheds generally cater for men aged 50 years old and over, are English speaking, retired, have little formal post-secondary education, or have a trade qualification.

The key benefit of men’s sheds is the decrease in social isolation by creating opportunities for building friendships and enhancing self-esteem; important factors for men’s physical, emotional and social wellbeing.

The extent to which the initiative prevents domestic violence is debatable because the power imbalances between male and females are not addressed, and the creation of male activities further perpetuates notions of dominance and control (Misan et al., 2008). This essentially non-feminist approach seems to support the gender inequalities of men rather than focus on the voices and needs of women and children.

INDIGENOUS MEN’S SHEDS

There is a slow but growing recognition of the importance of providing Indigenous-specific men’s sheds. Like mainstream men’s sheds, Indigenous men’s sheds provide spaces for workshops, training and cultural activities. Such services are seen as opportunities for providing culturally appropriate services, including health services (Misan et al., 2008). The sheds provide a culturally safe and comfortable space for Indigenous men to help re-establish connections with Aboriginal traditions and culture, improve socialisation, encourage learning, reconnect with elders, and restore self-esteem.

Indigenous men participating in the production of art, tourism, farmer and bush tucker can also gain economic benefits. Misan et al. (2008) argue that these various activities provide opportunities for Indigenous men to engage in community projects that will lead to reigniting interest and respect for culture and traditional ways.

Wenitong (2002) describes Aboriginal and Torres Strait Islander men as both victims and perpetrators of violence. While he does not diminish the responsibility of men in their violent actions, he states that this behaviour is a symptom of a loss of self-esteem, purpose, culture, land, and identity. Acceptable behaviours, and the general health and wellbeing of men, families and communities will improve by addressing these issues. Simple behaviour modification techniques have often had limited success in improving the health of Indigenous men. While Indigenous peoples have been encouraged (and are willing) to stand up and become leaders, there is a lack of funding and infrastructure to support this.

Misan and colleagues (2008) and Wenitong (2006) recommend that Indigenous men’s sheds need to be established in accordance with acceptable cultural frameworks that would provide a focus for addressing social and behavioural issues for Indigenous men. Opportunities to share and teach traditional ways and culture, and restore cultural bonds to regain self-esteem and social respect should be fostered. A sense of purpose would be strengthened through education, training and skills development, by undertaking a range of locally beneficial and relevant community development programmes, including some with commercial potential. Planning, establishing, growing and sustaining a men’s shed in some of the most remote areas in Australia present significant challenges. Any project requires a long-term approach, realistic goals and objectives, and significant support, including adequate funding for infrastructure, capacity building, training and evaluation.
ABORIGINAL FAMILY AND COMMUNITY HEALING

Approaches to violence prevention among Indigenous people that address trauma, grief and loss experiences of Aboriginal men emphasise counselling and healing programmes for Aboriginal and Torres Strait Islander men. However, a review by Arney and Westby (2012) indicates that the programme does not in work with Aboriginal men in ways that acknowledge and practise Aboriginal ways of healing. The mainstream approach to reducing family violence is ineffective and lacks an evidential basis in community-based approaches to family violence prevention and response for Aboriginal families. One example of a community programme that was deemed effective for engaging Aboriginal and Torres Strait Islander families is described below.

The Aboriginal Family and Community Healing (AFCH) programme aims to address family violence using community engagement for Aboriginal families (Kowanko, Stewart, Power, Fraser, Love, & Bromley, 2009). The programme is provided by the Aboriginal outreach service as part of primary healthcare and a provides grief support, healing and support with pathways to education, training and employment. The men’s group, called Zebra Finch, offers a range of activities including the development of communication and conflict-resolution skills through the provision of “talking circles” (Kowanko et al., 2009, p. 7). The evaluation of the project showed that the objectives of the programme were achieved: building community capacity to support families, equipping Aboriginal families with the skills for effective community and conflict resolution, supporting families in crisis, building capacity of mainstream agencies and services (with Indigenous cultural understandings) within the region, and developing a workforce.

Queensland Taskforce (2015) emphasised the importance of running services by Indigenous people for Indigenous people. Such initiatives need to promote trusting relationships by demonstrating high levels of cultural competence and communication pathways in delivering programmes focused on understanding the true needs of Indigenous people. Having high levels of accountability to the wider community should result in high rates of Indigenous family attendance and use of the programme.

Hawaii

INDIGENOUS INITIATIVES – HALE MUA

Initiatives in Hawaii that target Native Hawaiian men incorporate traditional values that encourage nonviolent mindsets and behaviours. Such initiatives include the Hale Mua initiative (men’s houses) that was developed as part of the ‘Aha Kāne Foundation for the Advancement of Native Hawaiian Males (‘Aha Kāne Foundation).

The ‘Aha Kāne Foundation developed a three-year Administration for Native Americans (ANA) project that focuses on the health risks and disconnectedness of Native Hawaiian men and boys by engaging them with traditional Native Hawaiian male roles and responsibilities (‘Aha Kāne, 2015a).

Launched in 2013, the Hale Mua initiative was developed to address the sociocultural disruption and increased poor health outcomes among Native Hawaiian men (kāne) in three communities: Keaukaha, Papakōlea and Wai‘anae (‘Aha Kāne, 2015a; Robinson, 2015). The Hale Mua aims to re-establish the intergenerational Native Hawaiian traditions within the contemporary community that encourages kāne to contribute meaningfully to society (‘Aha Kāne, 2015b). This will, in turn, empower them to fulfil their roles and responsibilities as males within their own families and contribute towards society as a whole. The project aims to re-establish intergenerational links and traditions for elder kāne that foster ‘ōpio (young men) to uphold traditions that contribute meaningfully to families. Robinson argues that through the connectedness of kāne and ‘ōpio relationships, the project helps to:

- Cultivate intergenerational fraternity, fellowship and brotherhood among kāne and ōpio
- Develop a robust Native Hawaiian male identity
- Reinforce kinship ties to the land, spirit and elders
- Reaffirm commitments and responsibilities to youth, family, community and lāhui (the Hawaiian people).

This is done by providing a supportive environment for religious, political, traditional and cultural practices. This includes customary rituals that target kānes’ productive life skills for spiritual growth and power (mana), and contributing to Native Hawaiian families and communities. Such practices are taught by elders (kupuna) and master practitioners who seek to preserve and maintain mana. The Hale Mua initiative emphasises moral character building that adheres to kapu (taboo) or forbidden (and inappropriate) behaviour and sustaining each kāne’s kulena (responsibilities) by honouring the kupuna (‘Aha Kāne, 2015b; Dixon, Gosser, & Williams, 2008).

The Hale Mua project is a response to both colonialism and feminism (Tengan, 2003). Within racialised, masculinity politics there is a struggle against race and class oppression that often supersedes the struggle for gender equality. Hawaiian men have suffered not only from colonisation and racism but also from gender inequality. This, in part, is associated with the history of the representation of women in the monarchy system (Queen Lili‘uokalani) and the leadership roles that were attained by Kanaka women in the Hawaiian community (Tengan). In comparison, the representation of Hawaiian men in such roles was less.
Hawaiian men, once known as the warriors who unite a nation and contribute to and protect their family, are now stigmatised in a negative light. For example, Hawaiian men are frequently stigmatised sexually as the ‘Polynesian fire dancer’, ‘beach boy’ or ‘surfer’ (Trask, 1993), or as being lazy, innately savage and unimportant (Tengan, 2003). The place of Hawaiian men has been redefined in a colonial society and Native Hawaiian men have lost a place to practise traditional values.

Kamau’u, as cited in Marshall (1999, p. 264) states:

_The things we value are emasculating our men. They don’t have a place anymore; the way they fit into society is being redefined. In more traditional societies men can be warriors, but it means different things in modern society._

Messner, as cited in Tengan (2003) argues that “the transformative potential of masculinity politics is severely limited in so far as many of the movements end up working to reconstitute patriarchy” (p. 73) at the expense of race and class equality. Tengan (2003) goes on to state that “any attempts to reclaim power and authority among colonised men must not sacrifice the rights of women and sexual minorities in the name of tradition” (p. 256). This suggests that any approach to promote Indigenous men’s wellbeing must take into account the multiple layers of marginalisation and the place of women and children.

Tengan (2003) recommends a balanced approach to transforming roles, especially among Indigenous and racialised groups. Men are encouraged in the Hale Mua project to develop leadership skills through traditional customs that were lost during colonisation. In this aspect, Tengan identifies the nuances of a gendered tradition of bravery and warriorhood in Na Koa (the courageous ones) stating that, “warriorhood is based not on violence but on courage and the willingness to be united as one for people and culture” (p. 354) and includes the protection of women and children in the community.

This sense of warriorhood is threatened by dominant discourses that hinder Indigenous men reclaiming their own worldview. For example, social media and sports give a false notion of warriorhood in relation to racial masculinity. Burstyn, as cited in Tengan (2003) argues that images of the “black-super athlete” (p. 208) falsely glamorise and verify the ‘tough guy’ role among Indigenous and racial groups. This colonial discourse misrepresents and misappropriates the traditional and ritual values of warriorhood and needs to be challenged. Indigenous approaches to family violence acknowledge and address the dynamics of colonisation, decolonisation and reclamation.

**ALTERNATIVE TO VIOLENCE – HO’OPONOPONO**

Merry (2001) writes about the Alternative to Violence (AV) initiative, which is a state-funded, mainstream, social service agency aligned to feminist ideals. This is provided nationwide and is also provided in the United Kingdom and Africa (Alternatives to Violence Prevention International, 2016). A team of trained AV facilitators conduct 2–3 day workshops on how to resolve conflict in a non-violent manner. Like peer mediation, the programme develops participants’ ability to resolve conflicts positively without the use of manipulation, coercion and violence. It emphasises participants’ experiences and feelings, confidence building, and promotes women and children’s rights and safety.

A Hawaiian family violence prevention initiative incorporates such an Indigenous approach to family problem solving. The approach, ho’oponopono, originates from an ancient Native Hawaiian family problem-solving process that has recently been contemporisated into Native Hawaiian values and cultural practices. The initiative is provided by a network of practitioners that offer services to Native Hawaiian families that have been referred from courts and other social service agencies for drug treatment and other social problems.

Ho’oponopono is based on concepts of repentance, forgiveness and reconciliation, with an emphasis on family and community responsibility to resolve conflict. Though the reunification of a family is the goal of the approach, an unrepentant family member can be disowned by the family altogether. The fear of being “exiled” from the family is a creative approach to ensuring men are aligned with family responsibility without the need for violence (Merry, 2001, p. 41). Using culturally appropriate approaches within mainstream services is one way that family violence prevention programmes can be more responsive to Indigenous and minority groups.

**South Pacific region**

In the South Pacific region, violence is often due to poverty, lack of education, poor economic infrastructure and limited employment opportunities. These have a negative impact on the social security for many Pacific families, exacerbating social instability and leading to further crime and violence against women and children (Noble, Pereira, & Saune, 2012). The prevalence of violence against women aged 15–49 in Pacific Island Countries and Territories is depicted in Figure 3 (Jansen & United Nations Population Fund, 2013).
Initiatives to reduce violence are implemented locally and nationally within the PICTs with funding from the government or, most commonly, from funding aids and other international donors, such as the New Zealand Aid Programme, Australian Aid, United Nations Children’s Emergency Fund and United Nations Population Fund (Fiji Women’s Crisis Centre, 2016; Noble et al., 2012; United Nations Development Programme, 2014; United Nations Population Fund, 2005).

Cultural beliefs that contribute to justifying or condoning violence may be more rigidly held by people in the Pacific region. For example, in 2013, Radio New Zealand International (RNZI) reported the case of a 13-year-old girl, who was allegedly raped in Samoa by four young men (Taylor, 2016).

The community decided to banish the girl and her family from the village as this would “protect the young men from becoming involved in this kind of behaviour again” (United Nations Development Programme, 2014, p. 78).

This decision was made by the elders of the village, and the young girl was not invited to speak in her defence. This incident demonstrates the belief systems that continue to exist.

There are several initiatives that seek to incorporate societal and cultural change to prevent violence.
GENDER EQUITY – MALE ADVOCATES

Since 2004, there has been an increase in the number of gender equality programmes that focus on men and boys in the Pacific region (United Nations Development Programme, 2014). The Male Advocates (MA) programme is an example of a successful initiative and is provided by the Fiji Women’s Crisis Centre. The initiative is aligned with the United Nations Declaration on the elimination of violence against women and takes a human rights approach, where police officers, who have received training as male advocates, are recruited as change agents for the initiative.

The Fiji Women’s Crisis Centre ensures that the programme addresses five key beliefs about the nature of violence. It believes that violence:

- Violates women’s human rights and fundamental freedoms
- Results from historically unequal power relations between men and women
- Is a social mechanism that forces women into a subordinate position compared to men
- Is pervasive in the family and society, and cuts across lines of income, class and culture
- Limits women’s opportunities to achieve legal, social, political and economic equality.

TRAINING AND EDUCATION CENTRES

Fiji Women’s Crisis Centre (2016) outlines other initiatives that target men and include the training and education of men from key agencies, such as the police, military, community workers, chiefs and church leaders. Various stages of training and education “peel away” (p. 1) the different layers of socialisation that often justify and excuse various forms of violence and mistreatment of women.

Over the last decade, the Vanuatu Women’s Centre has used international best practice and lessons based on three principles:

- A human rights framework must be used to increase men’s awareness of gender equality as a fundamental human right and involves challenging traditional and cultural beliefs and practices about violence against women and gender relations.
- Men must address their own violence before they can be effective advocates or give counselling to other men, and must receive training and support to facilitate this process.
- Men’s groups need to be accountable to the women’s movement and to the human rights of both women and men.

This approach reiterates the importance of ensuring women’s human rights are aligned with feminist beliefs. The Fiji Women Crisis Centre (2016, p. 1) states that:

… the inclusion of men should never result in the shutting out; the silencing and the minimizing of the experiences of the many women who continue to suffer. Working with men should be a partnership but in making room for the men, we should not give too much space because the historical unequal power relations are still very much alive and when we lose the women’s human rights approach, we lose sight of the root causes of the problem.

DOMESTIC VIOLENCE PREVENTION

In 2009, the Pacific Islands Forum Leaders addressed the need to eliminate sexual and gender-based violence at national, regional and local levels by demanding attention at the highest levels (Pacific Islands Forum Secretariat, 2009). For example, the Pacific Leaders Gender Equality Declaration forum that took place in the Cook Islands in 2012, as cited in the United Nations Development Programme (2014, p. 74) declared the need to:

Implement specific national policy actions to progress gender equality in the areas of gender responsive programs and policies, decision making, economic empowerment ending violence against women and health and education.

United Nations Development Programme (2014) gives several examples of male and domestic violence prevention programmes across the Pacific region.

In 2008, the Ministry of Women, Community and Social Development in Samoa established a Men Against Violence Advocacy Group. Members comprise male village representatives, who become leaders of advocates for eliminating violence against women and children.

The Tonga Women and Children Crisis Centre held an initial Male Advocates workshop in 2005. Four years later, the first male advocates lobbied awareness and fundraising activities to help eliminate violence against women.
Some programmes also target attitudes and behaviours related to reproductive health (sexually transmitted infections and Human Immunodeficiency Virus – HIV). Two examples include the Men as Partners pilot projects in Fiji Islands and Solomon Islands and the Save Adolescents for Excellence Project provided by the Tongan Family Health Association (United Nations Population Fund, 2005). However, similar to other reproductive health initiatives, it is questionable whether these programmes provide education on gender equality in an effort to prevent gender-based violence.

NEW ZEALAND INITIATIVES

New Zealand has signed and ratified international strategies related to human rights, gender equality and violence prevention, including the United Nations Charter, the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights (Contesse & Fenrich, 2008). In 1994, the Minister of Social Welfare established the Family Violence Advisory Committee. Between 2002 and 2006, the New Zealand government established three strategy documents that pertain to family violence: the Te Rito Family Violence Prevention Strategy, the New Zealand Family Violence Clearinghouse and the Family Violence Taskforce that has also includes Pacific-specific initiatives in New Zealand (Contesse et al., 2008).

TE RITO NEW ZEALAND FAMILY VIOLENCE PREVENTION STRATEGY

The Te Rito Family Violence Prevention Strategy (Te Rito) was established in 2002. It is an integrated, multifaceted, whole-of-government and community approach to preventing the occurrence and reoccurrence of family and domestic violence (Ministry of Social Development, 2002a). The strategy aims to prevent, reduce and address violence in the family. Te Rito emphasises the need for approaches to family violence to be culturally appropriate and culturally relevant for whānau, iwi, Pacific and other ethnic groups. However, currently there are very few initiatives that target Pacific men and their families.

The strategy operates culturally within the Treaty of Waitangi social spheres, acknowledging the unique relationship between Māori and the Crown and emphasises the importance of family prevention approaches (Ministry of Social Development, 2002a, p. 12). These are:

- Constructed and implemented with the special interests and needs of whānau, hapu and iwi in mind, and strengthen [their] ability to control their own development and achieve [their] own aspirations.

- The strategy provides a multifaceted approach to identifying and preventing family violence and covers a broad range of controlling behaviours. The strategy is also consistent with a number of international and national strategies and conventions, such as the Convention on the Elimination of All Forms of Discrimination Against Women, the United Nations Convention on the Rights of the Child, the Crime Reduction Strategy, Blueprint for the Care and Protection Sector, and the Agenda for Children. The strategy has five main goals and objectives (see Appendix A). However, as for the international campaign, UNiTE To End Violence Against Women, the strategy does not once mention men as a key stakeholder in preventing family violence.

NEW ZEALAND FAMILY VIOLENCE CLEARINGHOUSE

The New Zealand Family Violence Clearinghouse (Clearinghouse) is a more recent initiative that is currently situated at the School of Population Health at The University of Auckland (New Zealand Family Violence Clearinghouse, 2016). The Clearinghouse is the national centre for collating and disseminating information about domestic and family violence in New Zealand. The purpose of the Clearinghouse is to centralise the information on domestic violence that can be accessed by non-governmental organisations and state agencies, and can provide researchers and policymakers with up-to-date information with which to make informed decisions (New Zealand Family Violence Clearinghouse, 2016).

TASKFORCE FOR ACTION ON VIOLENCE WITHIN FAMILIES

In 2005, the Ministry of Social Development established the Taskforce for Action on Violence Within Families (New Zealand Taskforce). The New Zealand Taskforce is a joint initiative that includes government and non-government agencies, Crown entities and the judiciary. It is responsible for advising the family violence ministerial team about improvement strategies for addressing and eliminating family violence in New Zealand (Ministry of Social development, 2009).
Since 2008, the New Zealand Taskforce has also focused on the quality and diversity of approaches to eliminating violence in Māori and Pacific families, with a workforce trained in prevention, early intervention, protection and accountability.

The New Zealand Taskforce is responsible for providing specific initiatives for Māori and Pacific peoples. In 2012, three pieces of work were developed: seven ethnic-specific Pasefika conceptual frameworks, the Falevitu literature review (Peteru, 2012) and the Nga Vaka o Kāiga Tapu conceptual frameworks.

The ethnic-specific Pasefika conceptual frameworks informed the building of ethnic-specific Pasefika capabilities amongst practitioners, providers and community leaders. The following year, Nga Vaka o Kāiga Tapu: Pasefika Proud Family Violence Research Plan: 2013–2018, was introduced. The research plan prioritises three themes in reducing family violence, (Ministry of Social Development, 2014, p. 74):

- Generation of Pasefika knowledge(s) focuses on social and kin relationships, including ‘lived examples’ and information gathered from service providers and clients.
- Service delivery includes provider–funder responsibilities and service quality.
- Workforce development includes the construction, delivery, and evaluation of Pasefika nations training programmes and the creation of databases to identify Pasefika needs and workforce targets

FAMILY VIOLENCE INTERVENTION GUIDELINES

In 2002, the Ministry of Health established the Family Violence Intervention Guidelines. The guidelines were developed in consultation with health professional leaders, and Māori and Pacific peoples. The guidelines integrated child and partner-abuse intervention strategies and addressed the majority of efforts that have focused on crisis intervention, such as Women’s Refuge; Child, Youth and Family; and the Police. While such agencies provide critical assistance in responding to family violence, this is often invoked only for the most extreme cases.

The New Zealand Taskforce report focuses primarily on family violence intervention strategies to help prevent violence from occurring again. Healthcare providers use the guidelines to identify the presence of abuse in order to help support brief intervention and appropriate referral of identified victims. Only healthcare providers who have received appropriate training on issues of cultural competency, principles of increasing safety, and respecting autonomy of abused women, care and protection issues can use the guidelines (Ministry of Health, 2002).

It is not clear if these mainstream initiatives provide Pacific-specific services. The Pacific Advisory Group (2009) lists five factors that should be included in any initiative involving Pacific families living in New Zealand:

- The range of stressors related to migration and adaptation to New Zealand society (e.g. disruption to traditional family structures and support, changes in gender roles, intergenerational conflict, extended family needs)
- Attitudes, perceptions and belief systems relating to family violence (including cultural and religious influences)
- Socio-economic factors (e.g. unemployment, low-paid work, overcrowded housing)
- English language and literacy needs
- Compounding and contributing factors (e.g. alcohol, drugs and problem gambling).

Pacific-specific approaches – Nga Vaka o Kāiga Tapu

Nga Vaka o Kāiga Tapu (Nga Vaka) (the Pacific conceptual framework) is a cultural framework for addressing family violence within seven Pacific ethnic groups in New Zealand including: Samoan, Tuvaluan, Fijian, Tokelauan, Tongan, Cook Islanders and Niuean (Ministry of Social Development, n.d.). The framework defines and explains meanings of family, violence, and key concepts and principles that promote family wellbeing without disturbing the essential meanings from each of the seven ethnic groups.

Nga Vaka informs training programmes for ethnic-specific practitioners, service providers and non-Pacific practitioners working with Pacific victims and perpetrators and their families. The framework uses a strengths-based approach where wellbeing, peace and harmony are aspirations to strive for, and cultural concepts are significant in maintaining and restoring wellbeing to Pacific families. The approach is based on the belief that all people are interconnected and interdependent. The Nga Vaka framework was developed to assist policymakers and writers understand core Pasefika values and principles that underpin the Pasefika Proud Programme of Action and the Outcomes Framework (Ministry of Social Development, 2014).

The vision and overall outcome of the Nga Vaka framework is Saongalemū – Pacific families living in peace, harmony and wellbeing. The seven ethnic-specific terms and definitions of the vision are presented in Table 6 (Ministry of Social Development, 2014).
TABLE 6. TERMS AND DEFINITIONS OF THE VISION OF THE NGA VAKA O KĀIGA TAPU FRAMEWORK FOR EACH PACIFIC GROUP (MINISTRY OF SOCIAL DEVELOPMENT, 2014)

<table>
<thead>
<tr>
<th>GROUP</th>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samoan</td>
<td>Saogalemū</td>
<td>To (escape, get through, be safe) tranquilly arrive at one’s destination/place of safety</td>
</tr>
<tr>
<td>Tuvaluan</td>
<td>Tokagamalie</td>
<td>To be in a state of readiness to leave (as in a journey) in a gentle and peaceful state (reference to the home and community)</td>
</tr>
<tr>
<td>Fijian</td>
<td>Yaco Bula</td>
<td>To escape harm, be safe, be alive in order to arrive or reach a destination</td>
</tr>
<tr>
<td>Tokelauan</td>
<td>Haogalēmū</td>
<td>To (escape, get through and survive) arrive safely at one’s destination; it also means safety and that one is secure</td>
</tr>
<tr>
<td>Tongan</td>
<td>Kuo taufonua</td>
<td>’We have arrived in spite of… achieved the goal amidst…’</td>
</tr>
<tr>
<td>Cook Island</td>
<td>Kia tae ma te meitaki e te au</td>
<td>To arrive (tae) safely (meitaki) and in peace (au)</td>
</tr>
<tr>
<td></td>
<td>Aere ma te meitaki e te au</td>
<td>Go (aere) safely (meitaki) and in peace (au)</td>
</tr>
<tr>
<td></td>
<td>Kimi i te meitaki e te au</td>
<td>Search (kimi) for safety/goodness and peace</td>
</tr>
<tr>
<td>Niue</td>
<td>Fakaholo fakaenene ke hoko mo e mafola e fenoga</td>
<td>To be driven/move forward slowly, in a mindful and aware way, gently; as in a journey, and you will reach your destination safely</td>
</tr>
</tbody>
</table>

PACIFIC IT’S NOT OK CAMPAIGN

Established in 2005, the Pacific It’s not OK campaign was developed by the New Zealand Taskforce group to align with the Te Rito strategy (Point Research Ltd., 2010). The campaign is a social marketing action programme designed to change how New Zealanders think and act about family violence. It includes information, resources and support to reduce society’s tolerance of violence, and change attitudes and behaviours towards family violence.

Two years later, in 2007, the Pacific It’s not OK campaign was launched. The campaign is a call for Pacific communities to work together to put an end to all forms of family violence. The launch was coordinated by the Pacific Advisory Group to the New Zealand Taskforce and held at the Samoan Congregational Christian Church of Samoa in Otara, South Auckland, where there is a high concentration of Pacific peoples.

The church setting was chosen because it operates a no-violence policy and messages of violence prevention come through biblical texts (Ministry of Social Development, 2007). For example, gospel songs describe people as being gifts from God and should be instructed with words of love, not violence.

BARRIERS TO ENGAGING MEN AND SERVICE DELIVERY

This section discusses a range of barriers to engaging men and service delivery. The barriers include: masculinity, peer culture, patriarchal paradigms, availability of services, religion, challenges in the Pacific region, Pacific capacity, capability, and lack of focus on the prevention of violence in New Zealand. Each is discussed in turn.

Constructions of masculinity

The construction of masculinity in western culture (including Pacific) impacts on the health and help-seeking behaviours of men. For example, the idealisation of masculinity is that men are independent, strong and self-reliant. If men become ill and sick, this ideal of masculinity is threatened and men choose not to access services (McCalman et al., 2006a; Mitchell & Chapman, 2010). Other common stereotypes are that: men are unable to engage with their emotions, men avoid health issues and have an unhealthy disregard for their own wellbeing (McCalman et al., 2006a).
Consequently, at a time when it’s needed most, men may lack confidence or feel embarrassed to access and use services (McCalman et al., 2006a).

However, Buckley (2001) claims that, contrary to common perceptions of men’s health and help-seeking behaviours, 95 percent of men are genuinely interested in their own health and, when provided with the right environment, are open to opportunities for personal, healthy emotional exchanges.

This suggests that services provided for men should provide an environment that promotes meaningful male engagement and take into account the specific needs of men, particularly Indigenous and Pacific men.

Peer culture

Men’s attitudes and behaviours are shaped in powerful ways by their male peers (Upston & Durey, 2012). Male peers often do not have negative or unfavourable notions about violence and seldom or never have positive or favorable notions about help-seeking behaviour (Upston & Durey, 2012). Changing the peer culture could be an effective way to secure gender equality and non-violence in society. However, there are some challenges with this approach, especially in a rigid peer culture that promotes the domination of conventional masculinity. This leads to men remaining silent in the face of another man’s abusive behaviour.

Queensland Taskforce (2015) report that policing mechanisms to promote attitudes that do not condone violence can result in powerful change.

Patriarchal paradigms

There is a lack of empirical evidence about initiatives in men’s health and their perception of health (Mitchell & Chapman, 2010). Controversial findings reported by Arney and Westby (2012) suggest that the lack of patriarchal paradigms within services may actually be a barrier for men engaging in, and accessing services. Arney and Westby document eight main barriers:

- Having a high number of female staff often leads to a lack of understanding of male needs.
- Agency staff can reflect dominant, negative stereotypes about men.
- Inappropriate targeting of interventions and communication strategies for men can create the perception that male services are provided at the expense of services for women and children.
- Men perceive wellbeing in different ways.
- Services geared towards women and children are not considered relevant to men.
- Accessing a service induces feelings of neediness or dependency.
- A perception by Aboriginal people that ideas about the design and implementation of a service discussed with service providers are not followed through with.

The Best Start Resource Centre (2012) identifies a number of barriers to men meaningfully engaging with family and children in the TIF initiative: social stigma, time, being outnumbered, work, finances, value and being let ‘off the hook’. Other fundamental barriers include: environment, biases, cultural differences, the father’s age, and location (rural versus urban).

Arney & Westby’s (2012) framing of men’s lack of access to services appears to support a victim-blaming lens with women blaming women for why men do not access healthcare services. Hamel (2008) and Mitchell and Chapman (2010) argue that service delivery becomes predominantly focused on the gender of the majority of those who access the service. This is particularly so when there is a gender imbalance and the service attracts a greater proportion of females.

Conversely, a service that is run predominantly by men (often using an anti-feminist approach) runs the risk of being underpinned by theoretical perspectives firmly entrenched in a patriarchal paradigm (Hamel, 2008). The patriarchal paradigm system operates out of the perception that men’s violent behaviour is directly justifiable out of the need to dominate due to the notion of male privilege. Research indicates that attempts to increase the number of men engaging with health services mainly focus on changing men’s behaviours by mandating participation or providing incentives, rather than changing the social constructions and perceptions of masculinity of the service itself.

Availability of male-targeted initiatives in the Pacific

Compared to developed countries, the Pacific region experiences greater poverty, very high deprivation, globalisation, and suffers from the effects of climate change. These factors influence the availability of violence prevention strategies, mostly due to lack of funding (United Nations Development Programme, 2014). There is also a discrepancy in the availability of male-targeted initiatives across the region.

Violence prevention initiatives have mostly neglected men engaging and participating in the prevention of violence. For example, in the Cook Islands, despite an increase
in recognising the importance of gender equality and eliminating gender-based violence, the initiatives that have been implemented have focused solely on women and empowering women to recognise their rights, but seldom recognise the importance of engaging men (Cook Islands Ministry of Internal Affairs, 2011).

This may be due to multiple factors, such as a lack of recognition by governments and funding schemes of the importance of men engaging in violence prevention, the lack of resources and infrastructure to provide such services, the extent to which it addresses power differentials, and religious and cultural beliefs that are aligned with gender inequality and male dominance. Even if an initiative that focused on men was provided, it is unknown to what extent and level it would address power differentials. If these services do address power differentials, then only men who attend the services would benefit.

Change of power dynamics

A number of initiatives have been implemented to lift Pacific peoples out of poverty (United Nations Development Programme, 2014). In relation to education, the educational attainment for girls has improved across the Pacific region but has deteriorated for boys. Furthermore, males are thought to be vulnerable and socially excluded in cultural contexts where the beliefs about masculinity and power are reversed (United Nations Development Programme, 2014).

Equality of economic opportunity does not remove the risk of gender-based violence. The benefits of economic empowerment for women can also mean them becoming vulnerable to violence from husbands or partners.

According to the International Women’s Development Agency, women in Melanesia who benefitted from increased access to employment, skills, knowledge and money were susceptible to violence. The change in power dynamics within the family led to men feeling threatened and to increasing their use of power and control through violence (RNZI as cited in United Nations Development Programme, 2014).

Lack of awareness

In New Zealand, Pacific men may not seek help to address family violence because they do not know that support services are available. This may be due to a lack of advertising the availability of such services (Pacific Advisory Group, 2009).

Services need to provide clear information about how the service might help with violence prevention, be specifically aligned with men’s Pacific identity and explain how the service will help focus on men’s needs (Pacific Advisory Group, 2009).

The service also needs to consider Pacific men’s feelings of shame, lack of confidence in processes and fear that accessing the services may lead to the breakdown of the family (Paulin, 2003; Paulin & Tanielu 2005).

Pacific provider capacity and capability

Very few family violence prevention programmes specifically target Pacific communities. Those that do are small in scale and cater for specific groups of people. Funding is often short-term and inadequate for the services these groups are to receive (Pacific Advisory Group, 2009). In addition, the capacity and capability of Pacific providers need to be significantly increased if family violence in Pacific communities is to be addressed effectively.
The Pacific Advisory Group (2009) believes that mainstream programmes with a mixed client base may work if they are culturally responsive. To inform future investment in Pacific family wellbeing and violence prevention, New Zealand needs more robust information about the scale and nature of any service gaps.

**Lack of focus on prevention**

The majority of services available to Pacific peoples focus on crisis intervention (Pacific Advisory Group, 2009) but the focus needs to be shifted to primary interventions that focus on the prevention of family violence. Current primary interventions for Pacific people include: culturally effective parenting education and support, measures to address poverty in South Auckland and other areas with large Pacific populations, and improved housing and education choices (Pacific Advisory Group). However, care needs to be taken to ensure that changes to gender power dynamics do not lead to an increase in gender-based violence. This should be emphasised in all prevention and intervention violence initiatives.

**Lack of evaluation**

Although initiatives to reduce the rates of family violence have been implemented, there has been no robust evaluation of their effectiveness. For example, we do not know the extent to which and how well the goals and action statements of the New Zealand Te Rito strategy are actually implemented. Herbet (2008) investigated the implementation of three strategies: the Te Rito strategy, the Care and Protection Blueprint and the First Taskforce Report. Six months after the respective completion dates, he found that fewer than 50 percent of the actions had been fully implemented. Herbet (2008, 2009) suggests that this result was due to the poor management of outcomes and the lack of accountability among agencies involved in planning and implementing the strategies.

Herbet (2009) argues that a more rigorous approach to outcome management is needed for evaluating the implementation and delivery processes of initiatives. Figure 4 depicts the Management for Outcomes Cycle adopted by the State Services Commission (2003, p. 2). Most current evaluation processes focus on the ‘direction setting’ and ‘planning’ phases of the Management for Outcomes Cycle and ignore the important ‘implementation and delivery’ phase (Herbet).

The Management for Outcomes Cycle makes explicit to service providers the importance of implementing evaluation processes that address all phases. The Cycle can also be used to ensure that policy and service delivery are aligned, and that initiatives are evaluated against their particular goals as well as meeting national and international conventions on family violence prevention.

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**FIGURE 4. MANAGEMENT FOR OUTCOME CYCLE (STATE SERVICES COMMISSION, 2003, P. 2)**

**DIRECTION SETTING**

- What do we intend to achieve over the next 3-5 years and why?
- Identify/confirm outcomes. Strategic scan. Check indicators. Identify major areas for change.

**REVIEW**

- What impact have our interventions had and what improvements can we make?
- Assess effectiveness and efficiency of interventions, consider unintended consequences.

**CONTINUOUS IMPROVEMENT**

**PLANNING**

- What is the best way to achieve this and have we got the required capability?
- Identify options and choose the “best” intervention set. Identify required capabilities.

**IMPLEMENTATION AND DELIVERY**

- Are we implementing and delivering as planned, and managing our capability and risks effectively?
- Deliver interventions, monitor and refine.
DISCUSSION
This chapter provides an overview and discussion of the main findings from the literature review. The main approaches that inform current initiatives are discussed, followed by the barriers to service delivery and engaging men meaningfully in violence prevention initiatives.

APPROACHES TO VIOLENCE PREVENTION AND INTERVENTION

The findings from this report indicate multifaceted approaches to family violence prevention and intervention programmes internationally (United States, Canada, Australia, Hawaii and the South Pacific region) and in New Zealand. The specific context in each country influences the approach and type of initiatives that are funded and implemented. This literature review focused mainly on initiatives to engage males to prevent violence. The majority of the approaches to family violence are informed by either a feminist paradigm (Queensland Taskforce, 2015), a Pacific framework (Ministry of Social Development, 2012) or an Indigenous approach (Misan et al., 2008).

Initiatives that incorporate all three approaches, bringing together the specific, effective beliefs of each approach, may produce an overarching pool of benefits for family violence initiatives that target Pacific men. Such an overarching approach would emphasise the importance of addressing the rights and voices of women (feminist) combined with the benefits of the reclamation of traditional values of mana and warriorhood (Indigenous) and adapted to suit Pacific-specific meanings and values of family and wellbeing (Pacific). The three approaches are discussed below.

Feminist approaches

Feminist approaches emphasise gender inequality where the misuse of male privilege and entitlement needs to be transformed and controlled. This approach orientates the responsibility and accountability of violence to the offender, based on male action or inaction. Feminist approaches across the five countries (or regions) studied in the review were mainly provided in education and training programmes (Alternatives to Violence Prevention International, 2016; Domestic Abuse Intervention Program, 2011; Fiji Women’s Crisis Centre, 2016; Pence & Paymar, 1993).

Non-feminist approaches were deemed to be ineffective as they had little or no advocacy for the rights of women and children, who are often the victims of violence, and promoted or encouraged patriarchal paradigms (Hamel, 2008). Examples of such initiatives are the Australian men’s sheds, health service initiatives that view the presence of women as a threat to men using the service (Misan et al., 2008) and where the focus is on changing the help-seeking behaviour of men and increasing male participation in such services. However, this approach supports the need to increase power among men and, in most cases, justifies the use of violence to regain and maintain power.

Violence mostly occurs among males, who have less power, experience social stresses, such as poverty and substance abuse) and are in a cultural context where violence is normalised. Men condone violence as a way to reassert power and control in areas of life, such as employment, income or education, where they feel relatively powerless mostly due to women improving their power and control (Fulu et al., 2013; United Nations Development Programme, 2014).

Indigenous approaches

Indigenous approaches reviewed are either delivered in stand-alone initiatives (such as, the Indigenous Men’s Sheds and the Aboriginal Family Community Healing programme in Australia, and the Hale Mua project in Hawaii) or are delivered within an existing mainstream initiative (such as, the practice of ho’oponopono as part of a social service for drug treatment in Hawaii) (Merry, 2001).

Indigenous approaches address the influence of colonisation, dispossession, displacement and distrust. The programmes also acknowledge the ripple effects of institutionalised racism (inequitable access to income and employment) that exacerbate social issues (like poverty and substance abuse) and often lead to family violence (Cripps, 2007; McCalman, et al., 2006a, 2006b). Such complex factors are manifest in family and community relationships, within social and political dynamics (Bopp & Lane, 2003) and often occur in intergenerational abuse and violence.
In Indigenous approaches, healing is an important strategy to reduce the burden and vulnerability of families from the trauma and effects of dislocation and alienation (Bopp & Lane, 2003; Vlais, 2014). Healing strategies aim to recognise colonial history (dispossession and colonisation) and its contemporary influence on Indigenous family wellbeing. This has been achieved by breaking down isolation and sharing family and personal experiences through safe self-disclosure (Francis & Forrester, 2013; Hart, 1997).

Healing is used to restore and reclaim indigenous rights and practices of Native Hawaiian men (‘Aha Kané, 2015b; Robinson, 2015) because dominant contemporary views have degraded and misinterpreted the notion of warriorhood and the Hawaiian male identity (Tengan, 2003). The Hale Mua provided for Native Hawaiian men aims to re-establish Native Hawaiian male identity through restoring and reclaiming Native Hawaiian traditions and values that support and empower meaningful male roles and responsibility to the family and community (‘Aha Kané; Robinson; Tengan). Warriorhood is an example of a traditional leadership role that represents the unity of people and culture, and refers to the protection of women and children (Tengan).

The Hale Mua emphasises character building and addresses taboo and inappropriate behaviour. Responsibilities of the family and community are agreed upon and are shown through honouring elders (‘Aha Kané, 2015b; Dixon, Gosser & Williams, 2008). In this way, mana (power) maintains and preserves Native Hawaiian ways of doing and thinking by reclaiming pre-colonial traditions and rituals that do not condone violence. This process requires exploring what men understand masculinity and power to be and redefining the belief that power is aligned with pre-colonial ideals of mana among Indigenous men.

**Pacific approaches in New Zealand**

There were few Pacific approaches in New Zealand to review. The Pacific approaches are either used under national strategies (such as, the Pacific conceptual framework – Nga Vaka o Kāiga Tapu) or in conjunction with mainstream initiatives, such as the Pacific It’s not OK campaign (Ministry of Social Development, 2014; Point Research Ltd., 2010). The latter initiative uses social media, well-known musicians, artists and sportspeople, and the church setting to promote messages of non-violence (Ministry of Social Development, 2007). Because most Pacific people affiliate with a religion (Statistics New Zealand, 2006) and are church-goers, the provision of non-violence messages in a biblical texts within the church setting is believed to be effective.

Nga Vaka o Kāiga Tapu was launched in 2014 with an overarching aim of Pacific families living in peace, harmony and wellbeing (Ministry of Social Development, 2014). The framework is considered effective in principle by addressing the heterogeneity of Pacific ethnic groups. It outlines the specific concepts and principles that promote family wellbeing for each of seven Pacific ethnic groups (Samoan, Tuvaluan, Fijian, Tokelauan, Tongan, Cook Islands and Niuean peoples). It is too early to judge how effectively the frameworks have been put into practice. However, it is essential that the implementation and effectiveness of the framework for each Pacific ethnic group is evaluated. This meets the stated need for strategic leadership and monitoring the implementation of the framework (Ministry of Social Development, 2014). Evaluations will use the Management for Outcome Cycle (State Services Commission, 2003) and include evaluating all four phases of the cycle: direction setting, planning, implementation and delivery, and review.

**Masculinity**

Evidence indicates that constructions of masculinity (what it means to be a man) play a crucial role in gender-based violence (Flood, 2011b). Constructions of masculinity support violence because they are rooted in ideologies that value male sexual entitlement over women, and reflect male privilege, dominance, toughness and honour (Flood, 2011b; World Health Organisation, 2010). Current violence prevention and intervention initiatives are less likely to be effective in social contexts where such constructions are prevalent. Men who reported using violence were significantly more likely to have such gender-in equitable attitudes (World Health Organisation, 2010). Strategies to change constructions of masculinity that promote gender-inequality should start as soon as possible.

The approaches mentioned above provide helpful strategies to change current constructions of masculinity, particularly the use of Indigenous approaches, such as the Hale Mua and the use of traditional leadership roles related to warriorhood. These have been shown to change the ideals of dominance, privilege and toughness to more loving and supportive roles.

**Patriarchal paradigm**

Services that are run predominantly by men (often emphasising an anti-feminist approach) are usually underpinned by the theoretical perspectives of a patriarchal paradigm (Hamel, 2008). Conversely, men who hold feminist ideals in relation to gender equality promote women and children’s rights. Including a feminist approach in violence prevention initiatives is essential (Fiji Women’s Crisis Centre, 2016). However, ideas that are centred on the need to provide services ‘by men for men’ are only acceptable when they include the rights of women and children. Promoting the rights of women and children’s voices to be heard within any violence prevention strategy avoids the risk of blaming women as the victim and justifying male-perpetuated violence (Pence & Paymar, 1993).
Barriers

The barriers to engaging Pacific men in violence prevention and intervention programmes discussed in the review are related to society’s perceptions of masculinity, peer culture, patriarchal paradigms, the availability of services and Pacific capacity and capability. An effective violence prevention initiative for Pacific men is determined by the focus or priority placed on the value of (1) preventing violence, (2) cultural appropriateness (3) engaging men and (4) being meaningfully accessible to Pacific men (Malungahu & Nosa, 2016).

The initiatives reviewed differ according to the value they place on these priorities. They fall into three broad categories: initiatives that primarily focus on violence, engage men but are not culturally appropriate (Type 1), initiatives that are culturally appropriate, focus on violence but do not engage men (Type 2), and initiatives that are culturally appropriate, engage men but do not directly address violence prevention (Type 3). An ideal initiative is one that focuses on all three factors equally, and for an ideal initiative for Pacific men is one that is specifically adapted for them and focuses on all four priorities equally (Type 4). Figure 5 illustrates the initiative priorities that can hinder or enable access to meaningful engagement among Pacific men.

Initiatives that seek to end family violence, range from Types 1 to 3.

Type 1 initiatives describe mainstream violence prevention programmes that fail to incorporate culturally appropriate practices. These include most international campaigns, such as the White Ribbon Campaign (Australia) and the Alternatives to Violence (Hawaii). While this omission has been recognised and there have been some improvements to the initiatives, more work needs to be done to ensure that access to such services is improved among Pacific and other minority groups.

An important consideration in violence prevention programmes for Pacific men is the definition of family violence adopted. Family violence may be defined differently within mainstream and Pacific contexts. Pacific peoples define family and understand the family unit differently from the general population (Pacific Advisory Group, 2009). Aligned with the Ministry of Social Development’s (2014) report, understanding the way that Pacific peoples define family violence may influence help-seeking behaviours and use of a service. The Nga Vaka o Kāiga Tapu theoretical framework provides Pacific definitions of violence and values. However, religious and cultural beliefs that condone gender violence within Pacific communities still need special consideration.

Type 2 initiatives are culturally appropriate but fail to target violence prevention per se. The Hale Mua initiative (Hawaii) is a strategy designed to improve the role and responsibilities of men in the family and community by encouraging Hawaiian Native men to reclaim their cultural traditions, rituals and values, but does not promote violence prevention directly but may do so indirectly through a focus on the ideals of warriorhood. More examples of how violence is prevented within the family using this approach may create a balanced initiative that is both culturally appropriate and directly prevents violence.

Type 3 initiatives are focused on violence prevention and are culturally appropriate but lack strategies to promote male engagement. Despite justification and support to engage men in violence prevention from numerous international conventions (Barker et al., 2007; United Nations, 1996; World Health Organisation, 2010), there are barriers to engaging men across all the initiatives reviewed. Limited funding and resources restrict the capacity to reach men in isolated geographical locations (rural farmlands and smaller Islands outside the main Island). This was particularly problematic in the South Pacific region. Cultural beliefs (related to masculinity and patriarchal paradigms) that undermine gender equality may also be a barrier. Innovative strategies that address barriers and require little or no funding should be explored.
The purpose and challenge of this review is to identify initiatives that are Type 4; initiatives that focus equally on the three priorities described above, but are adapted and customised for Pacific men in New Zealand.

**STRENGTHS AND LIMITATIONS OF THE REVIEW**

The strengths of the review include the systematic methodology that was used to search, assess and integrate information. The initiatives that were included in the review were obtained internationally and in New Zealand. This allowed for lessons to be learnt and adapted for current and future Pacific-specific violence prevention initiatives in New Zealand.

Most of the review was based on gender-based violence, including IPV and sexual violence, and did not consider other forms of family violence, such as child neglect and elderly abuse due to the lack of available information. Consequentially, this limits efforts to develop a fully encompassing family violence prevention programme and/or specific violence prevention initiatives in these other areas.
CONCLUSIONS AND RECOMMENDATIONS
CONCLUSIONS AND RECOMMENDATIONS

This chapter discusses the conclusions of the review, and recommendations for policy and practice, and future research.

CONCLUSIONS

This report has reviewed literature to identify existing family violence initiatives and programmes that target men to improve their health and wellbeing. The two broad objectives of the report were to: identify family violence initiatives from the United States, Canada, Australia, Hawaii, the South Pacific region and New Zealand that improve the role of Pacific men in strengthening Pacific families, and suggest any new initiatives that could be useful and adaptable for Pacific men.

Despite a lack of initiatives globally and nationally that specifically target Pacific men, other initiatives that target mainstream and Indigenous men were reviewed in the findings. These provided new insights into the kinds of approaches and types of initiatives that can be used and adapted for Pacific men in New Zealand.

The benefits derived from a Feminist approach (emphasising the importance of women’s rights and enabling the voices of women and children), an Indigenous approach (decolonisation, restoration and reclamation of traditions and values) and a Pacific approach (that addresses the effects of migration, displacement and loss of traditional support structures that take into consideration the heterogeneity between Pacific ethnic groups) can be used together as an overarching approach to inform violence prevention initiatives for Pacific males in New Zealand.

The focus of practices should be informed by these approaches and, at the same time, ensure that there is an equal balance of practices that focus on violence prevention, cultural appropriateness, engagement of men and Pacific-specific needs. The inclusion of all these practices in any initiative is essential. Prioritising any one of these practices at the expense of the others would hinder access by Pacific men.

It is vital to explore the social constructions of masculinity and patriarchal paradigms that promote violence and how these can be changed to promote a more non-violent society.

RECOMMENDATIONS

The following recommendations arise from the findings of the review:

- Provide an overarching multifaceted approach to violence prevention that includes the Feminist approach (that aligns with women’s rights and enables women and children’s voices to be heard), the Indigenous approach that reclaims traditional values and empowers positive leadership roles (such as, the Hale Mua) and the Pacific approach that takes into account the heterogeneity between the Pacific ethnic groups (as reflected in the Nga Vaka o Kāiga Tapu theoretical framework).

- Ensure practices for Pacific men prioritise the four factors depicted in Figure 5: prevents violence, is culturally appropriate, engages men and is Pacific-specific.

- Reduce barriers and improve male engagement by: improving funding and resource allocation, increasing the capacity of staff (i.e. including men who have successfully completed the programme) and ensuring staff are culturally competent.

- Provide robust practices that reconstruct the dominant discourse of masculinities and patriarchal paradigms by encouraging critical reflections of current peer culture and service delivery, and replacing such constructs with positive notions of masculinity, such as warriorhood (provided in Hale Mua).

- Select and implement best practice models that will be effective for Pacific peoples, particularly Pacific men, that address migration effects, displacement and social issues, such as poverty, substance abuse and a negative peer culture.

- Encourage service providers to negotiate evaluation outcomes and include a rigorous evaluation process, such as the Management for Outcomes Cycle.
FUTURE RESEARCH

After reviewing the literature, the following points are suggested for future research:

- Pilot the effectiveness of an overarching, multifaceted approach that includes Feminist, Indigenous and Pacific approaches.
- Investigate the alignment of international, national and local conventions of violence prevention with the above overarching multifaceted approach.
- Investigate the rigour and robustness of the Management for Outcomes Cycle for evaluating the overarching multifaceted approach.
- Increase research capacity to investigate the extent of other forms of violence (elderly abuse and child neglect) in New Zealand.
- Explore international and national violence initiatives that include the reduction of other types of violence, such as elderly abuse and child neglect.
- Explore non-monetary, innovative strategies that can lead to the improvement of service delivery and reduce the barriers to male engagement.
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REFERENCES


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08

APPENDICES
### APPENDIX A: GOALS AND OBJECTIVES OF THE TE RITO NEW ZEALAND FAMILY VIOLENCE PREVENTION STRATEGY

<table>
<thead>
<tr>
<th>GOAL</th>
<th>OBJECTIVE</th>
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<tbody>
<tr>
<td>Goal 1:</td>
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</table>
| To bring about attitudinal change by encouraging intolerance to violence in families/whanau, and by ensuring members of society understand its dimensions and manifestations, and play their part in preventing it. | (i) To promote the message that violence in families/whanau is unacceptable  
(ii) To increase public awareness and understanding of the nature, causes and effects of various forms and types of violence in families/whanau  
(iii) To ensure that each person who is aware of situations of violence in families/whanau will act promptly and appropriately  
(iv) To ensure that people experiencing violence in families/whanau are aware of what to do to protect themselves, and where to seek help  
(v) To reduce the impact of violence portrayed in the range of print, film, video, internet and other media  
(vi) To promote healthy gender roles and responsibilities, and non-violent concepts of masculinity |
| Goal 2: |  |
| To achieve an effective, integrated and coordinated response to situations of violence in families/whanau and to ensure that quality services are available and accessible to all. | (i) To ensure an effective crisis response to incidents of violence in families/whanau  
(ii) To ensure that people working with children and families/whanau have the skills, understanding and knowledge to provide competent family violence prevention services  
(iii) To ensure that family violence prevention services are culturally relevant and responsive to diverse needs  
(iv) To ensure that a seamless service is provided to address the family/whanau as a whole, as well as the needs of each individual  
(v) To prevent perpetrators from reoffending  
(vi) To achieve effective inter-agency coordination, collaboration and communication in the delivery of family violence prevention services  
(viii) To ensure that family violence intervention services are available and accessible to all |
### GOAL

#### Goal 3:
To prevent violence in families/whanau by providing children, young people and their families/whanau with education and support, and by identifying violence early

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
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<tbody>
<tr>
<td>(i) To ensure that early intervention and prevention of violence in families/whanau are given a high priority in policy and service development and implementation</td>
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<td>(ii) To ensure that early intervention services are effective and accessible</td>
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<td>(iii) To focus education for family violence prevention on parenting and interpersonal relationship skills</td>
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<tr>
<td>(iv) To ensure early and accurate identification of violence in families/whanau</td>
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#### Goal 4:
To ensure that approaches to family violence prevention and culturally relevant and effective for:

1. whanau, hapu, iwi; and
2. Pacific peoples and other ethnic populations

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<tr>
<td>(1)(i) To ensure that Maori perspectives and approaches to family violence prevention are recognized and given a high priority in policy and service development and implementation</td>
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<td>(1)(ii) To recognize and provide for the diverse and specific needs of whanau, hapu and iwi in policy and service development and implementation</td>
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<tr>
<td>(1)(iii) To build the capacity of whanau, hapu and iwi to resolve family violence issues within their own communities</td>
</tr>
<tr>
<td>(2)(i) To recognize and provide for the diverse and specific needs of Pacific peoples and other ethnic populations in policy and service development and implementation</td>
</tr>
<tr>
<td>(2)(ii) To build the capacity of Pacific peoples and other ethnic populations to resolve family violence issues within their own communities</td>
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#### Goal 5:
To ensure that there is a consistent and ongoing commitment to family violence prevention

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<th>OBJECTIVE</th>
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<td>(i) To ensure a consistent whole-of-government approach to family violence prevention</td>
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<td>(ii) To strengthen community action and commitment to family violence prevention</td>
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<td>(iii) To ensure legislation and policy are consistent with family violence prevention guiding principles</td>
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<td>(iv) To ensure that legislation, policy and service development and implementation, relevant to family violence prevention, are informed by adequate research and evaluation</td>
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<tr>
<td>(v) To ensure that a focus on family violence prevention is maintained and ongoing</td>
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APPENDIX B: NGA VAKA O KĀIGA TAPU
THEORETICAL FRAMEWORK

--- Interconnected, interdependent, integrated ---

**NGA VAKA CONCEPTUAL FRAMEWORKS**

- **COOK ISLANDS**
  - Turanga Maori
- **FIJI**
  - Vuvale Doka
- **NIUE**
  - Koe Fakatupuolamou
  - He tau Magafaaoa Niue
- **SAMOA**
  - O le Tofa Mamao
- **TOKELAU**
  - Kaiga Maopopo
- **TONGA**
  - Fofola e Fala kae
  - Talanoa e Kainga
- **TUVALU**
  - Toku Fou Tiale
- **OTHER PACIFIC COMMUNITIES**

---

**VISION: SAOGALEMU**

**Ethnic-specific Pasefika core values that protect and enhance family wellbeing**
- Tapu relationships
- Genealogy
- Reciprocity
- Respect
- Language
- Belonging and identity

**Nga Vaka o Kaiga Tapu**
- Integrated and relational worldviews
- Gender-culture as a relational construct
- Wellbeing is the natural state of being for Pasefika peoples
- Violence is a violation of tapu relationships

**PASEFIKA PROUD POA GOALS**

**Leadership**
- Provide the vision to maintain and restore harmony, peace and wellbeing to ethnic-specific Pasefika families.

**Change attitudes and behavior**
- Cultural, religious and social knowledge and practices are transformative.

**Ensuring safety and accountability**
- Tapu relationships co-exist with other concepts and principles, and are fundamental to providing protection and ensuring accountability.

**Effective support services**
- The needs of ethnic-specific Pasefika families are at the centre of responsive, sustainable and integrated services.

**Effect understanding and developing Best Practice**
- Good practices are underpinned by Pasefika concepts and principles that protect family relationships and promote wellbeing.

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APPENDIX C: PASEFIKA PROUD PROGRAMME OF ACTION OUTCOMES FRAMEWORK

ACTIVITIES

PRIMARY PREVENTION
- Community development – focus on Pacific families impacted by violence (education, income, employment, social mobility, housing, alcohol and drug harm)
- Health promotion approaches (respectful non-violent relationships, safe communities, improved health outcomes)
- Advocacy campaigns: focus on discrimination – (gender equality, racism, homophobia, disability discrimination)
- Parenting programmes and support

SECONDARY (CRISIS RESPONSE)
- Collaborative interagency responses
- Refuges/advocacy response
- Family violence identification, assessment & referral
- Justice Sector response (proactive, consistent, accessible, affordable, well trained)
- Family crisis support
- Offender early intervention and support

TERTIARY (REBUILDING LIVES)
- Justice sector responses – legal aid support in Court, individual advocacy
- Programmes, counselling, support groups advocacy (cultural responses, disability, mental health)
- Pacific designed family centred responses
- Support services – income support, safe housing, education and health responses
- Information and resources (e.g. workplace, GP, schools)
- Work force development

RESEARCH AND EVALUATION
- Pasefika Proud Family Violence Research Plan 2013-2018

GOALS

LEADERSHIP
[That promotes violence free families and communities]

CHANGE ATTITUDES AND BEHAVIOR
[To effect change in thinking and behavior to reduce tolerance for violence]

ENSURING SAFETY AND ACCOUNTABILITY
[Holding perpetrators to account and ensuring safety of victims in a responsive justice system]

EFFECTIVE SUPPORT SERVICES
[Responsive and sustainable services that are effective in meeting needs in an integrated and collaborative manner]

UNDERSTANDING AND DEVELOPING GOOD PRACTICES
[Improve the capacity and quality of Pacific family violence prevention and service providers based on Best Practice models]

INTERMEDIATE OUTCOMES

- Increased numbers of Pacific young people and adults know how to develop safe and respectful relationships
- More Pacific families are able to seek help for themselves and their children are supported to stop the intergenerational impacts of family violence
- Reduced numbers of elder abuse in Pacific families

STRATEGIC LEVEL OUTCOMES

- Increased numbers of Pacific women and children have the support and resources they need to be free from family violence
- More Pacific men and boys are challenged and made accountable for their use of violence towards women and girls and are supported to change
- Increased numbers of Pacific women and children have a say in the design and delivery of family violence services that target them
- More Pacific communities promote awareness and encouraged to intervene and support women and children who suffer from family violence

OVERALL OUTCOME

- More services support Pacific peoples and their families to be informed, and resourced to help themselves
- Increased levels of support are available for specific Pacific groups such as women, girls, elderly and those with disabilities
- More service provision for Pacific peoples in safe, culturally relevant, responsive and effective
- The work of Pacific organisations and networks is user and community informed, evidenced based and actively monitored and evaluated to ensure it makes a difference
- Increased numbers of organisations providing services to Pacific peoples operate collaboratively to provide a multi-agency approach to end family violence

- More Pacific community and church leaders take a stand against family violence
- Greater numbers of Pacific communities know how to intervene and provide help and support for women, girls, elderly and children who suffer family violence
- Increased number of Pacific communities take responsibility to address family violence for themselves and develop their own solutions for change
- More Pacific communities promote awareness of the benefits of living free from family violence and work together to address the impact of alcohol and drugs

Priority Groups: Leaders, Providers, Women & Girls, Men, Elderly, Youth, Children, Disabled, LGBTQI

Performance indicators: Activity, Intermediate outcomes, Strategic Level Outcomes, Overall outcome
## APPENDIX D: INITIATIVES REVIEWED (PTO)

<table>
<thead>
<tr>
<th>INITIATIVES REVIEWED</th>
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<tbody>
<tr>
<td><strong>Focus</strong></td>
<td><strong>Research Objectives</strong></td>
</tr>
<tr>
<td>Gender-based</td>
<td>Hong (2000) Toward a transformed approach to prevention: Breaking the link between masculinity and violence.</td>
</tr>
<tr>
<td><strong>Location/Participants</strong></td>
<td><strong>Pacific population</strong></td>
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<tr>
<td>International</td>
<td>International</td>
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<tr>
<td>Minority groups were mentioned.</td>
<td>No Pacific.</td>
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<tr>
<td>Sample = 8 university men. 5 white, 3 African American. Aged 19-28 Years.</td>
<td>Case study - ethnographic design</td>
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<tr>
<td>India, Mumbai, High School male athletes (cricket players). 741 approached 663 gave consent to complete baseline survey 309 completed a 12 month follow-up survey</td>
<td>Quantitative intervention study (cluster trial) in high schools</td>
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<tr>
<td><strong>Method of analysis</strong></td>
<td><strong>Relevant findings</strong></td>
</tr>
<tr>
<td>No information on minority or indigenous groups. Includes information on lower and middle-income countries.</td>
<td>Information on: The magnitude and the consequences of domestic violence (DV) within the broader scope of violence. The risk and protective factors of DV violence and why this needs to be addressed. Scientific evidence for primary prevention and those that could potentially be effective but have yet to be sufficiently evaluated for their impact. A six-step framework for taking action, generating evidence and sharing results, and future research and conclusions. The approaches emphasized in the report include a public health approach, the ecological model and a life-course perspective approach.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Weaknesses</strong></td>
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<tr>
<td>Notes numerous violence initiatives that engaged men. Uses a scientific approach to assess the effectiveness of the programmes. The programmes that seek to alter cultural and social norms are the least frequently evaluated. Evaluations measured changes in attitudes and beliefs.</td>
<td>Although a scientific approach to evaluating the effectiveness of an initiative has its benefits it can ignore the processes involved that produce expected outcomes. A more rigorous scale evaluation was recommended based on sound theory and known risk factors will lead to a rapid expansion in coming years. Evaluations did not measure effectiveness in preventing intimate partner violence and sexual violence.</td>
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<td><strong>Notes</strong></td>
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<tr>
<td>Scientific evidence for primary prevention and those that could potentially be effective but have yet to be sufficiently evaluated for their impact. A six-step framework for taking action, generating evidence and sharing results, and future research and conclusions. The approaches emphasized in the report include a public health approach, the ecological model and a life-course perspective approach.</td>
<td>Review was limited to published data. Programmes that were reviewed may not be comparable due to differences in context, country, funding allocation, differential health systems or sector in which the initiative was a part. Most of the initiatives are small in scale and short in duration.</td>
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## Initiatives Reviewed

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<tr>
<td>Gender-based</td>
<td>Baker (2013)</td>
<td>Effectively involving men in preventing violence against women.</td>
<td>To demonstrate the importance, reasons and feasibility of engaging men in the prevention of gender-based violence using gender-transformative approach, principles and examples.</td>
<td>New Zealand</td>
<td>Pacific peoples included</td>
<td>None given. Appears to be built on an extensive review of literature and expert advice.</td>
<td>A gender transformative approach is deemed effective in changing behaviours related to gender-based violence. The approach involves challenging gender roles and critically questioning what they are influenced by.</td>
<td>Insights into the different ways to best involve men in violence prevention programmes. Evidence of best practice is still emerging. There seems to be a shift from an individualistic approach to a more comprehensive approach.</td>
</tr>
<tr>
<td>Gender-based</td>
<td>Contesse &amp; Fenrichi (2008)</td>
<td>It's not ok: New Zealand's efforts to eliminate violence against women.</td>
<td>A yearlong project to study violence against women in New Zealand. It considers the national and international policies that existed whilst domestic violence initiatives were either being implemented or developed.</td>
<td>NZ context but the study was undertaken in the US</td>
<td>Includes initiatives focused on Pacific and Māori men.</td>
<td>Investigated violence against women and the initiatives that were available at the time. The methodology is not provided in the report per se. However this can be found elsewhere.</td>
<td>An impressive political and legislative commitment towards ending domestic violence with the It's OK campaign. Critiques the existence of current initiatives that describe what the initiative will do to reduce violence and help improve the engagement of men, but fail to include how this will be done.</td>
<td>Includes a prelude of the relationship between the crown entity and Māori peoples and how this affects government decision-making. Includes an analysis of both the legislative and political contexts in NZ and how these influence what type of violence prevention initiatives are enforced or implemented.</td>
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<tr>
<td>Gender-based</td>
<td>Fulu, et al. (2013)</td>
<td>Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific.</td>
<td>To generate knowledge on how masculinities relate to men's perception and perpetration of violence against women.</td>
<td>Nine sites across six countries: Bangladesh Cambodia China Indonesia Papua New Guinea (PNG) Sri Lanka</td>
<td>Includes Pacific peoples from PNG (% not cited)</td>
<td>Population-based study with &gt;10,000 males and 3000 females. Data was collected and analysed from a scientific epidemiological perspective and informed by feminist theory.</td>
<td>Women are still subject to subordination and inequality in both intimate and public spheres. Narratives by the males reflect influential masculinities that justify and celebrate domination, aggression, strength and capacity for violence. Men's heterosexual strength and capacity for violence.</td>
<td>The inclusion of 'entry points for change' whereby suggestions are given for multiple sectors, including health, education, legal &amp; justice, family &amp; youth, media &amp; culture sectors &amp; support from the regional level. Included an international multidisciplinary team of researchers and advisors.</td>
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<tr>
<td>Gender-based</td>
<td>Department for International Development (2012)</td>
<td>Violence against women and girls — Guidance on monitoring and evaluation for programming on violence against women and girls.</td>
<td>The guide provides ideas and inspiration for effective community level programmes of violence against women and girls. It is to be read in conjunction with ‘Theory of change on tackling violence against women and girls (Theory of Change), see diagram on page 3, and ‘Guidance Note 3: Guidance on monitoring and evaluation for programming on violence against women and girls (GME)’.</td>
<td>United Kingdom</td>
<td>?</td>
<td>The guidance package was also informed by the technical advice of a multidisciplinary group of experts established specifically for this project. Members included academics, researchers from universities and social work departments and women's rights consulting groups.</td>
<td>The guide gives information on how to engage men and boys in preventing violence against women and girls. There are examples of how programmes that were deemed successful and effective in reducing violence against females in India. Includes cautionary notes on engaging males in a programme to reduce violence against females. Challenges of engaging men in ending violence against women and girls: lessons from Liberia, – losing sight of women and girls, men taking charge, haste towards mixed-gender groups, narrow understanding of violence, and motivations for participation are not always benign.</td>
<td>Outlines key principles to guide programme managers in making decisions about the kinds of programmes to support for the best results. Includes evaluation and planning strategies that should include female input to ensure that women's rights and empowerment remain central. The guidance focuses specifically on innovative approaches at the community level to address violence against women and girls, and also acknowledges that these should be implemented in conjunction with policy, legal and institutional change at other levels that seek to prevent gender-based violence.</td>
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### Initiatives Reviewed

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<th>Weaknesses</th>
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<tr>
<td>Gender-based</td>
<td>Womankind Worldwide (2014)</td>
<td>Prevention is possible: The role of women’s rights organisations in ending violence against women and girls in Ethiopia, Ghana and Zambia.</td>
<td>United Kingdom</td>
<td>Includes findings from the study by Fulu, et al. (2013)</td>
<td>Outlines the research methodologies of the three studies and then situates the programme approaches in the wider evidence on different community-level and rights-based approaches to VAWG prevention and the role of Women’s Rights Organisations (WROs).</td>
<td>Successful programmes were indicated by: Using of a rights-based approach that empowers women. Promoting a self-led change Sustaining the programme (even post-funding) Reaching all members of the community Ongoing training and mentoring Linking with state agencies Documenting the project Assessing programme effectiveness.</td>
<td>The studies have contributed towards addressing key risk factors known to support VAWGS. The programmes have been shown to shift the attitudes, behaviours and wider social norms of individuals with respect to gender roles and VAWGS.</td>
<td>The study was limited to third world countries: Ethiopia, Ghana and Zambia – countries where VAWG is more prevalent compared to other countries, e.g. NZ. Unknown if these programmes can be as effective elsewhere. Can be adapted to suit different cultures and regions.</td>
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<tr>
<td>Gender-based</td>
<td>Vlais (2014)</td>
<td>Domestic violence perpetrator programs: Education, therapy, support, accountability ‘or’ struggle?</td>
<td>Australia</td>
<td>Includes Indigenous peoples of Australia.</td>
<td>Is an account of the author’s experiences in running the No To Violence professional development workshop – how to weave education therapy, accountability and support, in men’s behaviour change work at different locations.</td>
<td>Includes information on the approaches for Indigenous peoples. Change processes are used as the starting point. Also includes the change processes – what is needed in terms of what can be done. There are numerous approaches that have a common thread with initiatives in Australia nationwide. These include: Education (adult learning principles, critical reflection) Therapy – therapeutic tools, change processes Non-therapeutic approaches – individual case formulations, support, readiness to change, change sustainability, de-constructing choice, addressing the constraints to non-violent choices, compassionate challenging. Accountability, solidarity and struggle.</td>
<td>The views are those of an expert with a lot of experience in the violence prevention workforce.</td>
<td>The sole view of the author. Consultation with other colleagues may have provided a more holistic and comprehensive insight, however aligned with the views of Vlais (2014) are similar to other authors indicated in the in-text citations within the article.</td>
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<tr>
<td>Gender-based</td>
<td>Taskforce (2015)</td>
<td>Not now, not ever: Putting an end to domestic and family violence in Queensland.</td>
<td>Queensland, Australia</td>
<td>Includes information on Indigenous peoples of Australia</td>
<td>Research in 3 phases . 1. Preliminary community visits and surveys to establish Terms of Reference (ToR), membership and speaker events. 2. State-wide consultation to get views on how to eliminate domestic and family violence. Data included: 961 surveys 185 written submissions 367 meetings with groups of victims, service providers, and community leaders 457 people who attended hosted events 164 people participating in focus groups 3. Evaluation of the data</td>
<td>Recommends the creation of a culture that is non-violent and supportive of respectful relationships, positive attitudes and behaviours. Acknowledges that it is not easy to gain an in-depth and effective understanding of culture and influencing positive cultural. Recommends that a communication strategy should be informed by multidisciplinary experts to ensure that this will be effective.</td>
<td>Extensive range of data collected. The findings from the review will inform the foundation of the framework for a statewide strategy to prevent violence.</td>
<td>Due to the amount of data, not all submissions/recommendations could be considered. ToR included domestic family violence (including sexual assault). Excluded the broader scope of violence against women and children.</td>
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<tr>
<td>Violence in the workplace</td>
<td>Upston &amp; Durey (2012)</td>
<td>Everyone’s business: A guide to developing workplace programs for the primary prevention of violence against women.</td>
<td>Victoria, Australia</td>
<td>?</td>
<td>The report was based on the visions of WVA's. Everyone's business professional development package aimed at local government, community and women's health organizations wishing to engage with businesses to deliver violence prevention programmes. However, how the package developed is not identified in the report.</td>
<td>Programme includes: An ecological approach to violence prevention against women Stage theory of organisational change Training programme and policy development resources WVA Violence prevention policy template Guidelines &amp; information for managers &amp; supervisors for developing a safety plan &amp; identifying colleagues who experience domestic violence A template for presenting a case.</td>
<td>The initiative also supports other engagement men services, such as the White Ribbon Campaign. WVA supports the need for a feminist analysis to be the central, underpinning notion of any work that seeks to prevent violence against women.</td>
<td>Fails to include Indigenous peoples. Lacks information about how the report/guide was developed and who was consulted. May not have included recommendations from Indigenous peoples.</td>
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<tr>
<td>Men focused</td>
<td>Misan, et al. (2008)</td>
<td>Men's Sheds: A strategy to improve men's health.</td>
<td>Australia</td>
<td>Included Indigenous peoples</td>
<td>An extensive literature review and a limited consultation process including members of several men's sheds in New South Wales, Victoria and South Australia. Semi-structured and informal interviews were conducted with representatives from Men’s Sheds Association (MSA) and nominated stakeholders. Individual and small group interviews (focus groups) were also conducted with members of selected men's sheds.</td>
<td>Also stated in the report was information on the Western Australia Department for Community Development that has services that target families and individuals and are accessed by men. Several specific services are focused on the needs of men aimed at facilitating men’s access to agencies to strengthen their apparent deficit role as parents or in building family safety. Included in the service is a strategy called Being a Father, Guide to Planning for an Active Retirement, Men's Domestic Violence Helpline, and Hostels for Men.</td>
<td>Although the Men’s sheds does not target violence prevention per se, some of the benefits reported by participants included violence prevention. Also includes information on Indigenous men and how the Men sheds can be developed and adapted for Indigenous men of Australia.</td>
<td>The weaknesses in the report is the notion of approach and philosophy of Men’s Sheds seem to be embedded within an anti-feminist notion that does not coincide with popular discourses of feminism that ensure that women and children voices are heard and that the overplay of male power is not a reinforcing message within the initiative.</td>
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<tr>
<td>Men focused &amp; Indigenous approach</td>
<td>Arney &amp; Westby (2012)</td>
<td>Men's Places Literature Review.</td>
<td>Australia</td>
<td>Includes Indigenous Australians, Aboriginal and Torres Strait Islanders.</td>
<td>A literature review to report on the practice and programmes related to community-focused activities aimed at providing effective responses to men involved in family violence. Focuses on activities that have been successful in remote communities in Australia and in remote Indigenous communities of other countries.</td>
<td>A range of programmes has been implemented in Australia to prevent family violence. These range from community justice, counseling and traditional healing. Identified the following needs: Programmes are Indigenous supervised A multifaceted approach for Aboriginal families. Clear focus, community engagement, and participation in design and operation of family violence-centric services. Clear systems and policies for any initiative addressing violence. Comprehensive staff training and mentoring, with the potential for reciprocal working between Aboriginal and non-Aboriginal programme staff.</td>
<td>Highlights the need for improved prevention initiatives to work with men.</td>
<td>No mentioned or identified limitations described in the literature review.</td>
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<tr>
<td>Family violence</td>
<td>Ministry of Health (2016)</td>
<td>A response to the request of the New Zealand government to provide a response plan to family violence. The intervention guidelines were part of a 4-year project to train healthcare providers on practice protocols in the prevention and identification of violence among clients who are enrolled within their practices.</td>
<td>New Zealand</td>
<td>Consultation with numerous health experts in the field, including assistance and advice from the Professional, Māori and Pacific Advisory Committee.</td>
<td>The guideline provides information on: Child abuse and partner abuse How to identify, support, assess, and plan a safety referral and documentation.</td>
<td>The guidelines have been endorsed by numerous organisations including National Collective of Independent Women's Refuges and National Network of Stopping Violence Services. Also included preventative information aligned with a population and ecological approach.</td>
<td>There were no cited limitations of methodology per se.</td>
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<tr>
<td>Fatherhood</td>
<td>Best Start Resource Centre (2012)</td>
<td>The manual was designed to: Support local health promotion initiatives. Provide a step-by-step guide for planning and implementing a strategy for engaging fathers. Provide ideas from fathers and practitioners who have many years of experience in this area.</td>
<td>Canada</td>
<td>Method of analysis was not mentioned.</td>
<td>The manual provides: Insights into how programmes need to be more relevant to the needs, interests and requests of fathers. Examples of how this can be done (e.g. goal oriented, timely information, teaching their child). Information on how to include fathers who may belong to a minority group, such as Aboriginal fathers, gay/ bisexual/trans/queer fathers. Information about barriers for fathers that discourage their engagement with their family and children (such as, social stigma, time, outnumbered, work and finances, value and ‘off the hook’). Factors that are barriers for programmes to be effective - environment, time, biases, cultural differences, father’s age, rural vs. urban area.</td>
<td>The manual: Gives specific ideas, principles on how to engage fathers during the planning and implementation of the programme. Includes reflection questions and insights for how to make the programme more effective. Provides indicators of a successful programme. Addresses issues before and during fatherhood.</td>
<td>Success indicators will be different for every programme. Can’t assume that even a well-developed programme will meet all indicators. Funding or lack of male facilitators may hinder success of a programme.</td>
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<tr>
<td>Indigenous approach</td>
<td>Hart (1997)</td>
<td>To identify and present the characteristics that reflect the culturally appropriate characteristics of 15 Aboriginal-focused projects. To assess the significance and accomplishments of these projects.</td>
<td>Canada</td>
<td>A review of 15 projects funded by the Family Violence Prevention Division of Health under the federal government. All 15 projects were all conceived, developed and implemented by the Aboriginal people.</td>
<td>The findings identify the many factors that characterise culturally appropriate approaches to research.</td>
<td>Representatives of each project were contacted to validate the accomplishments of the project. The information on cultural appropriateness that emerged from the study was reviewed by Aboriginal associations and educational institutions.</td>
<td>Limited scope of projects that were funded through the government.</td>
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<tr>
<td>Indigenous approach</td>
<td>Cripps (2007)</td>
<td>To propose a framework to guide the development of interventions to violence that embrace Indigenous worldviews.</td>
<td>Australia</td>
<td>A personal reflection on government responses to violence within the Indigenous community in Australia.</td>
<td>The framework includes 8 steps: Acknowledgement of family and kinship relationships. Public admission and definitions Leadership committed to initiating, encouraging and sustaining action. Assessment of problem and community’s capacity to respond. Development of responsive programmes in consultation with community. Negotiation of partnerships, development of strategic plans and application for funds. Implementation of the programme in consultation with community. Evaluation of the programme.</td>
<td>Reveals little government commitment to follow through with previous recommendations. Previous solutions have been based on models that do not cater for the Indigenous population. Lack of evaluation of such initiatives have added to the misappropriation.</td>
<td>Personal reflections and no account of methodology used to formulate the framework. A culturally appropriate framework that seeks to prevent violence that involves family but little emphasis on engaging men or fathers.</td>
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<tr>
<td>Indigenous approach</td>
<td>McCalman et al. (2006b) Doing good things for men: Ma’Ddaimba-Balas Indigenous men’s group evaluation report.</td>
<td>Australia</td>
<td>Indigenous peoples of Australia.</td>
<td>A participatory action research (PAR) approach designed to support men to take greater control and responsibility for issues affecting their health and well-being. A literature review was conducted to critically examine relevant current theoretical frameworks that might inform the work of Men’s Groups and provide evidence about the effectiveness and limitations of relevant programmes.</td>
<td>Recommendations for the initiative at three levels: Individual men’s group Government/policy Programme/evaluation.</td>
<td>PAR provides a feedback loop that was incorporated in the development of the report.</td>
<td>Although challenges that were described and identified in the report, there were little or no suggestions for how these challenges (that led to barriers to accessing the services) could be minimised.</td>
</tr>
<tr>
<td>Indigenous approach</td>
<td>Kowanko et al. (2009) An Aboriginal family and community healing program in metropolitan Adelaide: Description and evaluation.</td>
<td>South Australia</td>
<td>An evaluation of the effectiveness of an Indigenous (Aboriginal peoples) focused family prevention programme.</td>
<td>Used a partnership model for ethical Indigenous research (AFHC), which involved a participatory action research (PAR) approach. Mixed methods with multiple data sources.</td>
<td>Strengths of the programme included: Evidenced-based design. Holistic approach. Clinical focus. Staff committed to linkages across sectors. Peer support and mentoring.</td>
<td>Use of a mixed methods approach in the evaluation.</td>
<td>There were no identified system weaknesses. Not known if the evaluation was undertaken by an external organisation. Does not discuss any potential conflict of interest.</td>
</tr>
<tr>
<td>Indigenous approach</td>
<td>Merry (2001) Rights, religion, &amp; community: Approaches to violence against women in the context of globalisation.</td>
<td>Hawaii</td>
<td>Includes Native Hawaiians</td>
<td>Data was collected from local people living in Hilo at the time of the research and those who were involved in the each initiative. Collaborated with experts in ethnography, religion and feminism.</td>
<td>Demonstrates the influences of globalisation (how a problem is defined and how solutions are developed) in relation to: Religion and culture. Approaches to the prevention of violence against women.</td>
<td>Gives a theoretical explanation of each approach. Discusses the practicality of applying the approaches in a fast-paced world influenced by the effects of globalisation.</td>
<td>Study undertaken in one town in Hawaii. The generalisability of the findings to other areas within Hawaii and internationally is not known.</td>
</tr>
<tr>
<td>Indigenous approach</td>
<td>Robinson (2015) Building possibilities of a better future for native youth.</td>
<td>Hawaii</td>
<td>Native Hawaiians</td>
<td>Information about the nature of the political environment and initiatives that are provided by the Aha Kane foundation were provided in relation to men’s houses.</td>
<td>The website provides insights to the justification for Native Hawaiian-based initiatives for engaging men to improve overall health and well-being.</td>
<td>The strength of the programme lies in the indigenity of the Native Hawaiian approach that is funded by the state.</td>
<td>The prevention of violence is not a focus of the initiative per se.</td>
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<td>Sustaining evidence-based prevention programs: Correlates in a large-scale dissemination initiative.</td>
<td>Data was collected using the Annual Survey of Evidence-based Programs (ASEP). 77 programmes included: 31% - classroom-based (e.g. Life Skills Training) 27% - community/mentoring (e.g. older brothers and sisters) 20% - family-focused prevention (e.g. Strengthening Families) Programme 22% - family treatment programmes. The sustainability of evidence-based violence prevention programmes is vital to ensure that there is a broad public health impact. The study examined predictors of sustainability for a wide range of programmes in natural settings within a large-scale, state-wide initiative. Therefore, generalisability of the findings is enhanced. Generalisability may be limited by the particular funding mechanism of the programmes analysed. Future studies should examine how sustainability varies across funding mechanisms and regions.</td>
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<td>Achievements and challenges of gender equality and women's empowerment.</td>
<td>The report is aligned with the Beijing +15. Includes challenges and recommendations to improve these.</td>
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<td>Progress in implementation of areas of the BPA and evaluation mechanisms.</td>
<td>The documentation of information may have been restricted due to funding outcomes.</td>
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**弱点：**

Generalisability may be limited by the particular funding mechanism of the programmes analysed. Future studies should examine how sustainability varies across funding mechanisms and regions.
Pasefika Proud embodies a vision of strong and vibrant Pacific children, young people and their families. Wellbeing for Pacific families occurs when all aspects of the individual and collective are in balance, co-existing with environments, kinship and support systems while recognising mana and tapu. Pacific cultures are strengths that can be used positively to promote and enhance resilience within Pacific families. Pasefika Proud mobilises Pacific individuals, families and communities to take responsibility for the issues they are facing, find the solutions and take leadership in implementing them.