

Victorian Aboriginal Men's Programs

Literature Review

1. INTRODUCTION	4
1.1 Terminology	4
2. SOCIAL AND EMOTIONAL WELLBEING	6
2.1 SEWB Approaches to Aboriginal Male Behaviour Change	10
3. CURRENT VICTORIAN PROGRAM LANDSCAPE	13
3.1 Indigenous Family Violence Regional Action Groups (IFVRAG)	13
3.2 Koori Community Safety Grants Funded Projects	14
Strong Men, Strong Communities Project - Lakes Entrance Aboriginal Health Association	14
Family and Community Violence Prevention - Mildura Aboriginal Corporation	15
Aboriginal Family Violence Harmony Project - Rumbalara Aboriginal Cooperative	15
Strong Relationships, Strong Community Project - Victorian Aboriginal Health Service	15
3.3 Indigenous Family Violence taskforce recommendations.	15
Boorndawan Willam (Lilydale)	15
Yakapna Family Centre (Echuca)	16
Yoowinna Wurnalung Healing Service (Lakes Entrance)	16
3.4 Dardi Munwurro	17
3.5 Aboriginal Centre for Males Referral Service	18
3.6 Men's Health Unit, Victorian Aboriginal Health Service	19
3.7 Wiimpatja Healing Centre (Mildura)	19
3.8 Yoowinna Wurnalung Healing Service (East Gippsland)	20
4. ASSESSING THE IMPACT OF ABORIGINAL MEN'S PROGRAMS	21
4.1 Synopsis of Published Evaluations of Aboriginal Men's Programs	26
NT Healing Foundation programs	27
Yaba Bimbi Indigenous Men's Support Group	28
Ma'ddaimba Balas Men's Group	28
Mibbinbah Indigenous men's spaces pilot project	29
Koori Community Safety Grants program	30

5. Final observations	33
6. REFERENCES	36

1. Introduction

This literature review provides a brief overview of Aboriginal and Torres Strait Islander men's services aimed at addressing the behaviors that lead to family violence. In doing so, it also provides an explanation of the meaning of social and emotional wellbeing, to help establish an understanding of how Aboriginal and Torres Strait Islander communities think about wellness and what conditions are required for individuals and communities to thrive. By providing a brief overview of what constitutes social and emotional wellbeing for Aboriginal and Torres Strait Islander communities, the review will also seek to identify how culture informs approaches to Aboriginal men's behavior change programs. The review will then present some examples of Indigenous men's programs, which focus on healing and cultural strengthening as a means, *inter alia*, to address family violence. This is then followed by a discussion of the challenges in evaluating Aboriginal programs, including the challenges in collecting relevant data to support successful outcomes. These challenges have resulted in a paucity of reliable evaluations of Aboriginal men's programs, but nonetheless, the review will provide examples of outcomes from evaluations that have been undertaken of existing Aboriginal men's family violence programs.

1.1 Terminology

For the purposes of this review, the terms 'Aboriginal people', 'Aboriginal and Torres Strait Islander people' and 'Indigenous' are used interchangeably to refer to Aboriginal and Torres Strait Islander peoples of Australia. However, it is recognised that this approach is not without contention. First, these terms do not reflect the diversity of Aboriginal and Torres Strait Islander peoples, and secondly it is acknowledged that Aboriginal and Torres Strait Islander people do not like being referred to as Indigenous, as this is a catchall term used by governments inclusive of all Aboriginal and Torres Strait Islander people. This review therefore, where possible, refers to both Aboriginal and Torres Strait Islander people, but where appropriate, and for brevity, employs the term Aboriginal, and when referring to a government policy or report, Indigenous.

Family or domestic violence?

In general, the term family violence, rather than domestic violence, is preferred by Indigenous communities, as violence against women is conceptualised within extended families and the wider community. Family violence is understood to be the result of, and perpetuated by, a range of community and family factors, rather than one individual's problematic behaviour within an intimate partnership.¹

¹ Definition sourced from Olsen, A, & Lovett, R (2016) *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: Key findings and future directions*, Compass: Research to policy and practice, 01/2016, ANROWS, Sydney.

2.Social and Emotional Wellbeing

A binding thread expressed throughout the literature on Aboriginal and Torres Strait Islander health and wellbeing is the importance of a robust cultural identity, a strong family and community connection for people and community to flourish. Cultural strength and extended kin and community connections are critical to maintaining, and in some cases, restoring an individual's social and emotional wellbeing (SEWB). The term social and emotional wellbeing, although now increasingly used by mainstream practitioners has its origins in Indigenous health discourse.

Swan and Raphael in their landmark report *Ways Forward* (1995) wrote:

Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well being. This holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised interrelation, which constitute cultural wellbeing. These inter-relating factors can be categorised as largely spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.²

Garvey (2008) writes:

Many communities, including Indigenous Australians, prefer the term 'social and emotional wellbeing' to 'mental health' because it is perceived as reflecting a more positive approach to health. Since its emergence in the Australian context in the 1980s, the concept of social and emotional wellbeing has helped cast a light onto considerations of the mental health of Indigenous people and encouraged observers - including Indigenous people themselves - to consider mental health holistically by

² Swan, P. & Raphael, B. (1995) *Ways Forward - National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report*, Guiding Principles No.1, National Aboriginal Mental Health Advisory Committee, Commonwealth of Australia, Canberra.

*acknowledging and examining the broader socio-historical and personal choices that influence it.*³

The *National Empowerment Project* (2014), an action research evaluation of several Aboriginal and Torres Strait Islander community projects, identified specific elements of empowered and resilient communities, elements when present, provide the community greater control in addressing social and emotional wellbeing issues.

*Although the evidence-base for social and emotional wellbeing is still developing, there is a consensus that the key domains that contribute to Indigenous SEWB include: connection to body, mind and emotions; family and kin; community; culture; country and spirit and spirituality. These can be understood as the cultural determinants of Indigenous social and emotional wellbeing.*⁴

Garvey (2008) again:

*The social, emotional, spiritual and cultural wellbeing of the whole community is paramount and essential for the health and wellbeing of the individuals that comprise it. Essential, too, for many Indigenous people traditionally and in contemporary contexts is the bond between person and land - a connection that constitutes one's sense of individual and social identity and responsibility. The integrity of relationships between people and spiritual entities and the clarity of connections between people and land contribute greatly to the SEWB of Indigenous people.*⁵

In *Beyond Band-aids*⁶, a collection of papers presented at the *Social Determinants of Aboriginal Health Workshop* in 2004, Cox (2000) considers personal and community power as critical to good social and emotional wellbeing:

³ Garvey D (2008), *Review of the social and emotional wellbeing of Indigenous Australian peoples – considerations, challenges and opportunities*. Retrieved [10 August 2016] from http://www.healthinonet.ecu.edu.au/sewb_review

⁴ Gee, G. (2014) in *National Empowerment Project final report 2014*, p.

⁵ Garvey D (2008), *Review of the social and emotional wellbeing of Indigenous Australian peoples – considerations, challenges and opportunities*. Retrieved [10 August 2016] from http://www.healthinonet.ecu.edu.au/sewb_review

⁶ Anderson, I., Baum, F. & Bentley, M. (eds) 2007, *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, CRC for Aboriginal Health, Darwin.

[The] erosion of power is also manifest in contemporary social processes such as self-management, land rights and native title. Thus past and present forms of marginalisation are deeply implicated in present tensions in local governance and in the problem of establishing legitimate forms of authority at the community level. This level of analysis is crucial in establishing the dimensions of Aboriginal and Torres Strait Islander social and emotional wellbeing, and identifying the factors that undermine or enhance it.⁷

Restoration of traditional cultural roles is also considered essential to social and emotional wellbeing. In relation to working with Aboriginal men the Healing Foundation's, *Our Men Our Healing – Designing for Change* report (2014) observed:

Men in remote communities are becoming more uncertain about their cultural role and identity, disengaging from their cultural practices and mainstream services, and experiencing institutionalised racial prejudice. As many men in remote communities struggle to bridge the gap between old ways and modern society, they are displaying their frustration and distress in ways that increase their shame and despair.⁸

Explaining the decline of Aboriginal peoples social and spiritual health and wellbeing Paradies, *et al* (2008) stress:

The wellbeing of Indigenous populations cannot be fully understood without an appreciation of the events and processes that followed Australia's colonisation. Indigenous health is a product of a history of dispossession, exclusion, discrimination, marginalisation and inequality in various forms. Racism has affected a high proportion of Indigenous people in contemporary Australia. It has created a lack of trust between Indigenous and non-Indigenous people and impeded the process of healing and reconciliation.⁹

⁷ Cox in Beyond Band-aids, *ibid*, Chpt 8, p.139

⁸ Healing Foundation (2014) *Our Men Our Healing – Designing for Change*, Healing Foundation, Canberra, P.6

⁹ Paradies Y, Harris R & Anderson (2008) The impact of racism on Indigenous health in Australia and Aotearoa: towards a research agenda. Discussion paper no. 4, Cooperative Research Centre for Aboriginal Health, Darwin, sourced 14 October 2016 <<https://www.lowitja.org.au/lowitja-publishing/C004>>.

Equally, the *National Empowerment Project* considers the loss of personal and cultural power, as a key contributor to poor wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. The project challenges the mainstream approach to capacity building in particular, which usually sees Aboriginal communities as passive recipients of external support and expertise:

*Empowerment programmes are regarded as a first step in overcoming the loss of control and powerlessness Aboriginal and Torres Strait Islander people feel – often because of the assumption that they and their communities lack the tools or ability to address their own issues. They also address a sense of powerlessness borne out of a history of policies and services that are designed to fix problems for Aboriginal and Torres Strait Islander people rather than working with communities to enhance their existing strengths.*¹⁰

Sweet and Dudgeon (2013) also observe:

*The prevailing paradigms that inform mental health and wellbeing policy and service planning tend to be universal in their approach: they do not take into account Indigenous cultural and social circumstances. Failure to 'join the dots' can present a real obstacle to adequately responding to the many causes of poor mental health and wellbeing among Indigenous Australians. It can also be a form of institutionalised racism that can be difficult to reveal and challenge. Few policy documents and mental health plans acknowledge the crucial need to address racism in services and the workforce, tending instead to frame such discrimination more broadly as a consequence of mental illness.*¹¹

This paternalistic deficit model approach¹² has increasingly lead Aboriginal and Torres Strait Islander communities to assert their own strengths and values to address community health

¹⁰ National Empowerment project, p13.

¹¹ Sweet, M. & Dudgeon, P. (2013) Racism, mental health and an iceberg metaphor. Caloundra, Queensland: swYtch, ConNetica. Sourced 10 October 2016 <<http://www.swytch.org.au/your-stories-1/racism-mental-health-and-an-iceberg-metaphor>>.

¹² The *cultural deficit model* (hereafter referred to as the deficit model) is the perspective that minority group members are different because their culture is deficient in important ways from the dominant majority group.

and wellbeing concerns. The mainstream approach has led to a number of things such as misaligned program outcomes (community expectations v government; artificial partnerships between Aboriginal and mainstream agencies), which often results in a power imbalance; and tensions between government agencies and communities.

This misalignment highlights the measures that need to be taken by government funding bodies and mainstream evaluation consultancies to improve their understanding of Aboriginal concepts social and emotional wellbeing. Moreover, critical to understanding Aboriginal concepts of social and emotional wellbeing is the need to develop, in partnership with Aboriginal communities, relevant indicators and success measures to provide meaningful, trustworthy and verifiable data.

2.1 SEWB Approaches to Aboriginal Male Behaviour Change

The initial impacts of colonisation – which included massacres of entire families and tribal groups; forced removal from traditional lands; forced removal of children from their families and communities; loss of language; and forced labour, resulted in a near total destruction of traditional Aboriginal culture. For contemporary Aboriginal and Torres Strait Islander communities the impacts of colonisation have manifested in significant inequalities in a range of areas including health, education, employment, income, housing and justice. The consequences of these social inequalities, of which there has been no significant improvements in decades, can (and does) result in some people engaging in anti-social behaviours, including violence and self-harm.

Dudgeon *et al* (2014) further explain:

The effect of colonisation on gender roles has also been profound. Traditionally, men and women had defined, complementary gender roles in society defined in mythology and upheld by the group. They knew the range of behaviours expected of and permitted to them as men and women. Women had religious responsibilities to uphold the Dreaming; they were 'boss for themselves', a self-perception that was manifested in their economic, social, familial, spiritual and ritual roles. Senior women held considerable authority according to their age and wisdom. Grandmothers had a

(Source: Cultural Deficit Model, Neil J. Salkind (ed), *Encyclopedia of Educational Psychology* 2008.

*special relationship with, and responsibilities to, their grandchildren to assist in their transition to adulthood and to assist with motherhood. Indigenous women shared equal rights and responsibilities with men to provide a safe and healthy environment for women and children.*¹³

Yap et al (2011) observe:

*... the impact of colonisation has been twofold—through the imposition of dominant Western values that give less weight to the position of women, and through the enduring disempowerment of men, the consequences of which women have sometimes had to bear.*¹⁴

Hence, Aboriginal social and emotional wellbeing approaches are fundamental to addressing aspects of family violence, as they aim to reassert and reposition traditional cultural roles within the family and community. Many Aboriginal men's programs emphasise the importance of strengthening culture and identity as a means to addressing poor self-esteem, drug and alcohol misuse and other mental health issues that often is manifest in men who use violence against their partners and other family members.

McCalman et al (2006) identified a range of program interventions aimed at supporting Aboriginal men, all with broader long-term views of strengthening culture and addressing socioeconomic inequalities that manifest in poor health and behavioural outcomes. The interventions identified are¹⁵:

- Personal development or leadership programs
- Parenting programs
- Youth programs
- Sports and fitness programs

¹³ Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma T. & Ring, I. (2014) Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people *Issues paper no. 12* produced for the Closing the Gap Clearinghouse, Australian Institute of Health and Wellbeing, Canberra.

¹⁴ Yap, M. (2011) *Indigenous experience of violence and Indigenous empowerment: gender and Indigenous wellbeing, Measures of Indigenous wellbeing and their determinants across the lifecourse*, CAEPR lecture series. Canberra: Centre for Aboriginal Economic Policy Research, The Australian National University.

¹⁵ McCalman et al (2006), *op cit*, p7 & 8

- Tradition and culture programs
- Men's places
- Alcohol and drug programs
- Improving men's access to health services, care and treatment,
- Suicide prevention programs
- Crime prevention programs
- Correction of offending behaviour
- Family violence prevention and early intervention programs
- Family violence perpetrator programs
- Employment programs
- Developing or advocating for social enterprises
- Advocacy to influence the broader community and societal issues

Aboriginal men's programs largely focus on cultural strengthening, engaging Aboriginal men in activities and dialogue which aims to raise the participant's awareness and appreciation of their Aboriginal culture and lores, kinship ties and roles. Aboriginal men's behaviour change programs also offer peer support (mentoring) and formal counselling processes as well as identifying and addressing trauma and grief (often intergenerational) through group work. These activities usually occur in a culturally safe setting such as a bush camp on traditional lands or at Aboriginal community controlled premises.

Given that Aboriginal concepts of social and emotional wellbeing are evident in the methodologies adopted by Aboriginal men's programs, it is important that relevant indicators be developed to better understand outcomes for Aboriginal men, their partners, children, extended family and the broader community.

3. Current Victorian Program Landscape

This appendix provides a snapshot of current Victorian Aboriginal family violence programs and activities.

3.1 Indigenous Family Violence Regional Action Groups (IFVRAG)

Indigenous Family Violence Regional Action Groups have a leadership role in implementing community-led responses that educate, prevent, reduce and respond to family violence in the Indigenous community. The IFVRAGs are an opportunity for community members to develop local responses to family violence matters, ensuring they are responsive and culturally relevant to Indigenous individuals, families and communities.

The Victorian Government provides operational funding to the Regional Action Groups, as well as funding for the employment of a State-wide Coordinator and eleven Indigenous Family Violence Support Workers (who provide support to the IFVRAGs but are employed by Dept of Human Services).

The following regions are where the eleven IFVRAGs have been established.

- Barwon South Western
- Gippsland (Inner)
- Gippsland (east)
- Hume
- Grampians
- Loddon Mallee (South)
- Loddon Mallee (North)
- Northern Metro
- Southern metro
- Western Metro
- Eastern Metro

Some of the activities undertaken by the IFVRAGs are:

- Community dinners

- Information workshops
- Workshops – possum skin cloaks; painting; basket weaving
- Family camps

DHHS administers the Community Initiatives Funding, which is an amount of \$59,000 per IFVRAG area each year for agencies to develop and implement 'one-off' community initiatives that contribute to increasing community awareness of family violence, and/or to implementation of projects to reduce or prevent Aboriginal family violence. In 2010 a one-off three- year funding cycle from the Community Prevention Initiatives Fund was made available to IFVRAGs to partner with other groups within the community to develop prevention initiatives.¹⁶

3.2 Koori Community Safety Grants Funded Projects

In 2012 as part of the Victorian Government's Reducing Violence against Women and their Children Grants Program, \$2.4 million (approximately 10 per cent of the total funding) was provided to the Koori Community Safety Grants Program (KCSGP). The funding supports four community-based projects that aim to prevent violence in communities, in particular against women and children. The projects seek to prevent violence before it occurs, or provide early intervention targeted at individuals and groups where there are strong signs that violence may occur.

Four grants were awarded to Aboriginal Community Controlled Organisations (ACCOs) to deliver a range of activities. These projects aim to "promote anti-violence messages, increase cultural engagement and provide skills development in areas relevant to violence prevention." The activities are meant to encourage all members of the community (Aboriginal and non-Aboriginal) to be involved to address family violence. Some activities are gender and age specific, others involve families, including children. The projects are detailed below.

Strong Men, Strong Communities Project - Lakes Entrance Aboriginal Health Association

This project is working with Aboriginal men in six towns across East Gippsland to prevent all forms of family and community violence. It aims to increase the safety of families and

¹⁶ Source: Victoria Premier and Cabinet (2015) *Mid-term evaluation of the Indigenous Family Violence 10 Year Plan*, PWC Indigenous Consulting, p.6.

communities by building the capacity of Aboriginal men to choose alternatives to violence and by providing opportunities for men to become leaders and mentors.

Family and Community Violence Prevention - Mildura Aboriginal Corporation

This project aims to create a large network of Kooris who have an increased capacity to deal with issues that compromise their safety. The project will achieve this by providing a range of gender specific activities, with some activities based on proven projects and others being developed as part of this project.

Aboriginal Family Violence Harmony Project - Rumbalara Aboriginal Cooperative

This project is providing a series of activities that promote anti-violence prevention for Aboriginal communities in the Greater Shepparton area. Some activities will be gender and age specific, while others will involve families or all participants coming together.

Strong Relationships, Strong Community Project - Victorian Aboriginal Health Service

This project aims to increase understanding of violence, provide skill development that increases community safety, and increase Koori community participation in mediation services.

3.3 Indigenous Family Violence taskforce recommendations.

The following services are funded through the Indigenous Family Violence taskforce recommendations.

Boorndawan Willam (Lilydale)

In 2006, the Nilimkal Kangoo Eastern Metropolitan Indigenous Family Violence Action Group (IFVAG), received funding to establish Boorndawan Willam Aboriginal Healing Service. The service has a focus on the provision of a culturally relevant prevention and post-intervention program to Indigenous people in the Eastern Metropolitan Region who were affected by family violence.

Healing Centres such as Boorndawan Willam were a key recommendation of the *Indigenous Family Violence Task Force Report* (2003). This approach, which is contextualised in a cultural and spiritual environment, is underpinned by the integration of Aboriginal teachings into individual services and interventions to support and protect victims of family violence, deliver specialized services for women, children and men, provide guidance for perpetrators and sustain the recovery and healing of individuals, families and communities.

Yakapna Family Centre (Echuca)

Njernda Aboriginal Corporation is currently taking significant steps in the development and implementation of a service network that provides a range of culturally specific and holistic programs and service to address family violence in the community. They are currently developing a range of strategies and programs that will provide 'healing strategies' for our children, youth, adults, Elders and families. The Yakapna Family Centre meets the needs of our community by working in the "best interests" of families and children, maintaining the family unit; enhancing cultural, family and community connections; providing preventive education for the future; ensuring access to a range of culturally sound services; and making "real and lasting change" that will last beyond the service. This holistic model of care is based on self-healing through trust, honesty, communication and accountability.

There are no specific men's programs currently being delivered at this service.

Yoowinna Wurnalung Healing Service (Lakes Entrance)

YWHS provides a range of general and specialised services to support Aboriginal and Torres Strait Islander men, women, youth, Elders, families and children who are victims and perpetrators of family violence. YWHS through its range of programs and services aims to help clients respond to and prevent family violence. Programs and services include:

- advocacy and support for Aboriginal and Torres Strait Islander individuals and families
- counseling
- family therapy
- family violence educational programs
- family violence preventative programs
- support for women's and men's groups
- research
- partnership projects
- outreach services
- camps
- workshops and forums
- internal and external referrals
- Aboriginal men's time out service - leadership programs and men's support programs and activities.

The service also provides prevention and education and awareness activities to Indigenous individuals, communities and Indigenous and non-Indigenous organisations in the East Gippsland region.

3.4 Dardi Munwurro

Dardi Munwurro “Strong Spirit” was established in 2000 by Alan Thorpe and John Byrne to provide leadership training programs and personalised coaching specifically tailored to Indigenous men to address behaviours leading to family and other violence. Their programs are designed to assist Indigenous men in identifying their emotions and personal strengths, as well as to discover their own leadership potential. The program model builds cultural connection as a pathway to healing the individual drivers for violence and ultimately developing pride and confidence for planning a future with healthy relationships in families and communities. Dardi Munwurro deliver cultural camps for small groups of men, which see Dardi Munwurro staff, local Elders, counselors and 6-8 men attend a bush camp (locations vary) for 4 days. A number of activities are undertaken during the four days, including group work, one-on-one counseling and cultural activities such as fishing and cooking.

Dardi Munwurro also delivers the *Journeys Program for Youths*, mentoring and life skills for Aboriginal youth. The Journeys Program works with young men, assisting them to grow into healthy young men, with positive support networks within their peer group and the broader community. Dardi Munwurro works to empower boys and young men, develop respectful relationships, nurture leadership potential, promote help-seeking behaviour, build protective factors and provide connections back to culture.

In late 2017 Dardi Munwurro established Australia’s first Aboriginal men’s residential program *Ngarraa Jarranounith* in partnership with Collingwood Football Club and the Victorian Government, in a bid to break the cycle of family violence in Indigenous communities. Ngarra Jarranounith is a 16 week residential program for Aboriginal men who have used or are at risk of using family violence. It builds on the suite of programs offered by Dardi Munwurro to provide programs that aims to build stronger families and safer communities. To support the program, the Collingwood Football Club provided three furnished three-bedroom houses to provide accommodation for Koori men. A Koori elder will live on-site to give cultural support and guidance. Collingwood Football Club has also provided a permanent program facility at

the Victoria Park Community Centre in Collingwood, to enable the delivery of a range of programs including counselling, life skills, numeracy and literacy skills, and job seeking skills. Another key component of the program is that all residents are expected to undertake a community service activity. Following completion of the intensive 16-week residential program participants will be provided support for up to 18 months.

Dardi Munwurro, including the *Ngarra Jarranounith* program, receive referrals from a range of Aboriginal community-based services, as well as receiving referrals from courts and No to Violence. Dardi Munwurro also welcome self-referrals.

3.5 Aboriginal Centre for Males Referral Service – Victorian Aboriginal Community Services Association (Thornbury)

The Aboriginal Centre for Males Referral Service (ACM) focuses on delivering programs for Aboriginal men who are perpetrators of family violence, as well as assisting Aboriginal men experiencing homelessness. ACM provides programs and services that focus on males who are violent towards their family, as well as men who are victims of family violence. The program aims to develop in the men an awareness about their actions that lead to them perpetrating violence. ACM will also identify other needs of the program participants and refer them to other services for further support and counseling such as:

- Drug and alcohol services
- Mental health services
- Health services
- Financial support services
- Legal advice service

The broad objectives of the Aboriginal Centre for Males are to:

- Support the health and well-being of Aboriginal & Torres Strait Islander males and their families
- Improve access to family violence services for Aboriginal & Torres Strait Islander males in the north west metro region of Melbourne
- Provide a visible entry point to the service system
- Offer programs that have a prevention and early intervention focus
- Provide a supportive work environment for staff through the grouping of similar services

- Facilitate links between services for clients

The services offered by ACM are:

- Intake and assessment
- Referrals
- Intensive case management (family violence and homelessness)
- Time out service (crisis accommodation & support)

ACM receives referrals from:

- L17's (Police Family Violence Notifications)
- community organisations
- Aboriginal Community Justice Panel
- police
- courts
- family
- local and mainstream government services
- self- referral

3.6 Men's Health Unit, Victorian Aboriginal Health Service

The VAHS MHU delivers a range of services to Aboriginal men. In relation to addressing family violence the service receives referrals (L17s) from Victoria Police Men's Active Referral Services (MARS) in the northern and western metropolitan areas (this also included the City of Melbourne).

In 2015/16 the Men's Unit received 180 L17s referrals. However, the manager has noted that not all of these referrals result in clients. He says, "*A key challenge in the L17s process is that uptake on further engagement is not high. The Unit gets responses ranging from denial, to remorse (but I will fix it) to straight out not interested.*"

3.7 Wiimpatja Healing Centre (Mildura)

Wiimpatja Healing Centre (formerly Warrakoo Rehabilitation Hostel) is a service that provides an alternative to traditional incarceration for Indigenous detainees, on remand, sentenced or

on warrants. Wiimpatja use existing community resources and programs offered by Mallee District Aboriginal Services (MDAS).

Services Offered at Wiimpatja Healing Centre include:

- Works program, including general maintenance
- Life Skills program, including cooking and cleaning skills
- TAFE program – i.e. horticulture and landscaping
- Cultural Enrichment program – including making cultural artefacts, painting and traditional cooking
- Alcohol/Drug counseling – one on one and group counseling

3.8 Yoowinna Wurnalung Healing Service (East Gippsland)

(YWHs) provides programs and services that support and empower East Gippsland Aboriginal communities to respond to and prevent family violence.

The services offered by Yoowinna Wurnalung include:

- Advocacy and support for Aboriginal and Torres Strait Islander individuals and families
- Counseling
- Family Therapy
- Family Violence Educational programs
- Family Violence Preventative programs
- Supporting Women's and Men's groups
- Outreach services
- Aboriginal Men's Time Out Service, including leadership programs
- Men's support programs and activities
- Camps
- Workshops/Forums
- Referrals – internal and external

Yoowinna Wurnalung also offer prevention and awareness activities to Indigenous individuals, communities and Indigenous and non-Indigenous organisations in the East Gippsland Region.

4. Assessing the impact of Aboriginal men's programs

Few Aboriginal men's programs, operating throughout Victoria, have been formally evaluated. Of those that have been evaluated, the reported outcomes tend to rely on observational, anecdotal and other forms of qualitative data to assess impact and outcomes. While these kind of data are important to understand some of the impacts of programs, it is unsound to rely solely on them for assessing program impact.

Reliance on some forms of qualitative data is problematic. For example, most of the evaluations examined as part of this review rely heavily on the data collected from a small sample size (i.e. the program's participants) and observational analysis. Although small sample size and the subsequent analysis of participant feedback may provide insight into how a program might impact the individual participants themselves or a small community, the findings cannot be relied upon to produce the same results in another setting. Observational analysis is also problematic, as it can produce observational bias (i.e. the 'Hawthorne effect'¹⁷). The subjective nature of the information gathered through such methods as questionnaires, interviews and case studies means that it is open to misinterpretation and observer bias. Researchers can inadvertently interpret data in ways that reflect their bias. Quantitative numerical data is less open to interpretive bias.

This review has not identified any evaluations that source relevant or specific quantitative statistical data such as police and court data, hospitalisation or other health related data. However, reliance on this type of data can also be problematic, as crime and hospitalization data collection, for example, does not always accurately identify Aboriginality, or provide context to explain statistical trends or anomalies.

The Australian Institute of Health and Welfare (AIHW) *Report on Indigenous Family Violence* discusses the range of challenges in relation to family violence data collection and sourcing for Indigenous populations.¹⁸ The report identifies:

¹⁷ The Hawthorne effect is the central idea is that behavior during the course of an experiment can be altered by a subject's awareness of participating in the experiment. (Adair, J.G. (1984) "The Hawthorne Effect: A Reconsideration of the Methodological Artifact." *Journal of Applied Psychology* 69(2):334-45.)

¹⁸ AIHW: Al-Yaman F, Van Doeland M & Wallis M 2006. *Family violence among Aboriginal and Torres Strait Islander peoples*. Cat. no. IHW 17. Canberra: AIHW.

The true extent of family violence is difficult to determine due to under-reporting by victims, lack of appropriate screening by service providers, incomplete identification of Indigenous people in many data sets and problems of quality and comparability of existing data.

The existing data sets differed in their ability to distinguish between family violence, partner violence and other violence, and between different types of violence such as physical violence, sexual violence, and threatened violence. The feasibility should be explored of developing a module of a minimum set of national standardised data items that allows reporting on the perpetrators of violence and the different types of violence, along with contextual information. Improving the quality of Indigenous identification across all relevant data sets continues to be of paramount importance in providing more complete information on the extent of violence among Indigenous Australians.¹⁹

What this literature review has identified is the need for indicators and baseline data to be built into programs at the development and establishment phase of programs. Also critical is the cooperation of relevant data collection agencies such as police, courts and health services is required to work in partnership with Aboriginal communities in the formation and collection of quantitative data.

Cripps and Davis (2012) note:

Indigenous communities are working hard, often despite immense odds, to tackle the problem of violence and yet few evaluations of the outcomes of these efforts appear to have been published.²⁰

Day et al (2013) observe:

... the lack of formal evaluation of many of these programs [Indigenous family violence programs] makes it difficult to ascertain their effectiveness, and that long-term follow-up of participants is required.²¹

¹⁹ *ibid*, p.x

²⁰ McCalman, Janya and Tsey, Komla and Wenitong, Mark and Wilson, Andrew and McEwan, Alexandra and James, Yvonne Cadet and Whiteside, Mary (2010) *Indigenous men's support groups and social and emotional wellbeing : a meta-synthesis of the evidence*. Australian Journal of Primary Health, 16(2). pp. 159-166.

²¹ Day, A., Francisco, A. & Jones, R. (2013) Programs to improve interpersonal safety in Indigenous communities: evidence and issues, *Issues paper no. 4*, Closing the Gap Clearinghouse July 2013, p13.

In 2016 Olsen and Lovett²² reviewed a range of Indigenous family violence programs. These programs delivered a range of approaches such as counselling; education; shelter provision; justice support; community policing; behavioural reform; cultural strengthening; and situational prevention strategies i.e. street lighting, CCTV and alcohol restrictions.

*Twenty-four programs or approaches were assessed for levels of evidence. Only two were assessed as demonstrating strong evidence. Ten were assessed as having moderate evidence, four had sufficient levels of evidence and eight evaluations were assessed as having insufficient evidence. These levels of evidence relate to the quality of the evaluation rather than the effectiveness of the program.*²³

The review concluded:

*Most of the programs assessed demonstrated a positive impact on various aspects of behaviour, wellbeing, attitudes and skills related to addressing family violence in Indigenous communities. Although individual programs have shown benefits to address family violence in Indigenous communities, it is not possible to generalise the effectiveness of these initiatives to the broader Indigenous population, given the diversity of methods, study populations and outcome measures used.*²⁴

Day et al (2013) similarly remarked:

*A relatively small range of community safety initiatives have been evaluated with sufficient rigour to allow them to be described as 'evidence based'. These are mostly programs that aim to prevent threats to community safety from developing. These include programs to support families in ways that can help to prevent child abuse and neglect, mental health interventions to improve levels of social and emotional wellbeing, programs that help individuals to manage alcohol use and to develop workforce skills, and programs that divert known offenders from the criminal justice system.*²⁵

²² Olsen, A, & Lovett, R (2016) *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: Key findings and future directions*, Compass: Research to policy and practice, 01/2016, ANROWS, Sydney, p3.

²³ *ibid*

²⁴ *ibid*

²⁵ Day, Francisco and Jones, *op cit*

In reviewing evaluations of specific Indigenous male behavior change programs McCalman *et al* (2010) note:

*While change is possible, working with groups to facilitate empowerment and change is challenging. In Indigenous Australian health research, we are good at describing the nature and extent of problems, but there is little evidence to guide efforts to produce change and hence improve Indigenous health outcomes. Even with mainstream populations, there is mixed evidence for the efficacy of behaviour change interventions aimed at self-protective or health enhancing behaviours. Where interventions have been found to be effective, the specific elements leading to change have remained unclear.*²⁶

However, the problem of insufficient data or lack of quality evaluation is not just an issue for Aboriginal male behaviour change programs. In 2008, the Sax Institute undertook a literature review of a range of evaluations of mainstream family violence programs.²⁷ Examining outcomes of national and international perpetrator interventions the review found:

*... perpetrator programs have limited success in reducing recidivism rates. A review of six cognitive behaviour therapy (CBT) trials in the USA concluded that too few randomised control trials have been undertaken for results to be definitive, although there was a slight reduction in recidivism among those perpetrators who undertook CBT compared to control groups.*²⁸

In examining outcomes of Australian perpetrator programs the review found:

*Where evaluated, the outcomes of perpetrator programs were ambiguous and although there were some indications of reductions in domestic violence, clarity around the reasons for this reduction were lacking.*²⁹

²⁶ McCalman, Janya and Tsey, Komla and Wenitong, Mark and Wilson, Andrew and McEwan, Alexandra and James, Yvonne Cadet and Whiteside, Mary (2010) *Indigenous men's support groups and social and emotional wellbeing : a meta-synthesis of the evidence*. Australian Journal of Primary Health, 16(2). pp. 159-166.

²⁷ Loxton, D., Hosking, S., Stewart Williams, J., Brookes, J., Byles, J. Selected domestic and family violence prevention programs: An *Evidence Check* rapid review brokered by the Sax Institute for the Violence Prevention Coordination Unit, NSW Department of Premier and Cabinet; 2008.

²⁸ *ibid* p13.

²⁹ *ibid*

So what is the problem? Why is there a dearth of evidence informing the success of, or challenges facing, Indigenous family violence programs, and in particular programs working with Aboriginal male perpetrators of family violence? Why are many evaluations undertaken lacking in robustness, depth and measurable insight?

Most program evaluations (usually undertaken as a requisite of funding) rely on western evaluation frameworks to identify and understand program outcomes. Often too, large mainstream research and evaluation agencies are engaged to undertake program evaluations including evaluation design and planning, often with little to no input from Aboriginal communities, and with poor understanding of the complex dynamics of Aboriginal communities.

Rosingh and Yunupingu (2016) assert:

Evaluating programs in remote Indigenous communities requires contextual consideration and a degree of connection that goes beyond the usual focus on output measurement and system monitoring. Evaluators who are experienced with working in remote communities become more and more cognisant of the issues and complexities that impact the quality of evaluations. As this reality presents itself, evaluators rely more and more on the help of the local community to explain and reveal such realities.³⁰

With specific focus on Indigenous men's groups and programs McCalman *et al* (2010) observe:

... there has been little systematic evaluation or documentation of Indigenous men's groups, in part, because they usually start informally and developing appropriate monitoring and evaluation frameworks is complex, given the broad and holistic nature of men's groups activities.³¹

Arney & Westby (2012), consider the challenges in engaging Aboriginal men in family violence related services.³²

³⁰ Rosingh, B. & Yunupingu, Y. (2016) Evaluating as an outsider or an insider: A two-way approach guided by the knowers of culture [online]. *Evaluation Journal of Australasia*, Vol. 16, No. 3, Sep 2016: 5-14.

³¹ McCalman, (2010) *op cit* p.5

³² Arney F, & Westby, MA. (2012) *Men's Places Literature Review*, The Centre for Child Development and Education, Menzies School of Health Research, Darwin NT.

Unfortunately, there is still a significant void when it comes to quantitative evidence supporting initiatives in men's engagement in services. Qualitative approaches (particularly in the field of health services research) have revealed some false perceptions about motivations for men's behaviour within service delivery contexts.³³

Arney and Westby continue:

Evaluations have revealed barriers to male participation in service provision that include: Women making up the greater number of staff members thus services have a female focus for service provision; agency staff reflecting the negative stereotypes held about men; inappropriate targeting of intervention coupled with inappropriate communication strategies; a lack of empirical evidence to support initiatives in men's health; and men's perception of health creating barriers to engagement.³⁴

Therefore, if we are to understand the short and long-term impacts of Aboriginal male behaviour change programs a much more rigorous and inclusive approach to evaluating these programs must be employed if results are to yield valuable, insightful information. Policy and program developers need to recognise of the narrow application of existing evaluation methodologies and subsequent findings.

4.1 Synopsis of Published Evaluations of Aboriginal Men's Programs

This section presents a synopsis of Aboriginal men's programs across Australia that have an emphasis on healing and behavioural change and have been evaluated. While not all the evaluations summarised below are explicitly male behaviour change, it is implicit that Aboriginal healing and support programs for Aboriginal men aim to positively address harmful behaviours.

³³ *ibid*, p.5

³⁴ *ibid*

NT Healing Foundation programs

Northern Territory Aboriginal Men's Healing program funded by the Healing Foundation, formally surveyed participants at the beginning of the program.³⁵ One of the questions asked was, "*What weakens our role as nurturers, teachers, protectors and providers?*"

A summary of the responses follows³⁶:

- Absence of appropriate men's places/spaces and other resources
- Housing insecurity, lack of adequate housing and overcrowding
- Alcohol and other drug misuse
- Family and domestic relationship disharmony, jealousy and violence
- Few counsellors, mentors and wellbeing programs
- Few men's cultural healing and therapeutic programs
- Grief, sorrow and loss
- High unemployment rates
- Limited transfer of cultural knowledge from Elders to young men
- Need for knowledge and practise of culture and tribal lore
- Negative interaction with the legal/justice system
- Poor mental health and social and emotional pain

Upon further analysis of the survey results, the report summarised the men's intentions for participating in the programs. It concluded:

*Men want to strengthen their education and employment opportunities, have healthier relationships, experience better health, renew their cultural identity and connection, build a better relationship with contemporary law and customary lore, access and use the resources they need, and live in safety.*³⁷

This review could not identify whether this program has been subject to any further evaluation.

³⁵ *Our Men Our Healing* ran pilot projects for men aged 16 to 60 plus Maningrida (in partnership with Malabam Health Service Aboriginal Corporation), the Ngukurr community (in partnership with Sunrise Health Service), and the Wurrumiyanga community (in partnership with Catholic Care Northern Territory).

³⁶ Healing Foundation – *Our Men Our Healing* p.8

³⁷ Healing Foundation – *Our Men Our Healing*, p.9

Yaba Bimbi Indigenous Men's Support Group

Yaba Bimbi (which translates as father/son) Men's Group was established in 1998 as a support group in response increased incidents of suicides and suicide attempts in Yarrabah, north Queensland. Yaba Bimbi received 2 years funding from National Suicide Prevention Strategy in 2001; then an additional three years funding in 2004 from the National Health and Medical Research Council (NHMRC).

The data sources for the evaluation of this program are participants' observations; the reflections of the men's group project workers (who kept diaries); routinely collected data pertaining to the activities of the men's group; community-level statistical data (not specified) and in-depth interviews with community members. Analysis of the data revealed the men's groups to be effective in:

- Continuing personal development and growth for men, increased self-esteem and confidence, men spending more time with their children, and a reduction in alcohol use
- Identification of the root problems. i.e. participants identified lack of cultural identity, spirituality and values as a root cause of men's problems.
- Reclaiming and redefining Indigenous culture (including Christianity)
- Playing a role in suicide prevention and helping to combat family violence.

The evaluation noted that the community felt that the men's group was '*the right way to go*', and accordingly there was a willingness from other community organisations to share resources. The challenges faced by the Yaba Bimbi group included fluctuating attendance at meetings; issues with leadership; a need for men to have their own place (residence); a perception that the men's group was only for men with problems; and a lack of routinely collected data.

Ma'ddaimba Balas Men's Group

The evaluation of Ma'ddaimba Balas (McCalman, Tsey et al. 2006) was informed by:

- process information from the monthly reflective meetings between the men's group workers and the researchers
- regular debriefing meetings with the men's group leaders (conducted due to their heavy workload of advocacy in the courts, support of other men, involvement in counselling and education programs
- statistics pertaining to men's group activities kept by the men's group workers

- in-depth interviews with 23 key local informants
- a questionnaire administered to community members by the men's group leaders.

The evaluation found:

- group leaders were very committed and compassionate;
- the group was very resilient, surviving and continuing to provide advocacy and support and arrange events despite minimal funding;
- the group had forged close relationships and partnerships with local service organisations to ensure that the range of services are available to men;
- there was evidence (it is assumed this is anecdotal as police and crime data was not cited as a methodology) that the men's group had been effective in reducing the number of breaches of men's domestic violence orders and the number of men incarcerated.

However, the men's group also faced a number of key challenges, including low attendance at meetings, lack of management and infrastructure support, lack of leadership and conflict resolution skills, and lack of consistency of educational/therapeutic programs.

Mibbinbah Indigenous men's spaces pilot project

The evaluation of this pilot project was funded by Beyond Blue and undertaken internally by the program's coordination team. The aim of the program was to develop an understanding of what makes Indigenous men's spaces safe and healthy, and how this might benefit families and communities. The men's spaces pilot project evaluated existing Indigenous men's spaces in seven locations across Australia, local community members were employed to undertake evaluation activities and using participatory action research methods.

As outlined on the Beyond Blue website:

A key outcome of the project was the development of the Mibbinbah network, which includes Indigenous men who have been trained and supported by Mibbinbah, and who are self-identified leaders within their community. These leaders are supporting Indigenous men's groups, promoting awareness of depression and anxiety, and encouraging Indigenous men to seek help.³⁸

³⁸ Information sourced from <https://www.beyondblue.org.au/about-us/research-projects/research-projects/mibbinbah-indigenous-mens-sheds-spaces-pilot-project> (date sourced 10 September, 2016)

Koori Community Safety Grants program

In 2012 as part of the Victorian Government's Reducing Violence Against Women and their Children Grants Program, \$2.4 million (approximately 10 per cent of the total program funding) was provided to the Koori Community Safety Grants Program (KCSGP). Four grants were awarded to Aboriginal Community Controlled Organisations (ACCOs) to deliver a range of activities. The projects' objectives were to:

Promote anti-violence messages, increase cultural engagement and provide skills development in areas relevant to violence prevention. Activities involve families, youth, women, men, Elders and Community workers (Aboriginal and non-Aboriginal). Some activities are gender and age specific, whilst others involve families, including children, or all participants coming together.³⁹

In 2014 Koori Justice Unit undertook an interim evaluation of the four projects funded under the Koori Community Grants program.⁴⁰ Those projects are:

1) Mallee District Aboriginal Services Family and Community Violence Prevention Project

Mallee District Aboriginal Services Family and Community Violence Prevention Project targets Aboriginal communities in the local government areas of Mildura and Swan Hill and includes a range of activities:

- Sisters Day Out Workshops;
- Early Years Cultural Safety Workshops for young parents;
- Dilly Bag Women's Behavioural Change Programs;
- Dardi Munwurro Male Youth Behaviour Change Programs; and
- a community wide media campaign.

³⁹ Koori Justice Unit, Department of Justice, Interim Process Evaluation Koori Community Safety Grants Summary Report, June 2014, Version 12.1 - *FINAL*

⁴⁰ Koori Justice Unit, Department of Justice, Interim Process Evaluation Koori Community Safety Grants Summary Report, June 2014, Version 12.1 - *FINAL*

2) Rumbalara Aboriginal Cooperative's Aboriginal Family Harmony Project

Rumbalara's Family Harmony Project targets Aboriginal communities in the Greater Shepparton local government area and includes activities such as:

- Workshops for workers/ staff
- Camps (conducted over 3–4 days) targeted to specific groups (youth, women and men)
- Mini-camps (64 in total) to reconnect with cultural identity, family and community
- Annual Aboriginal Harmony Days (3 in total)
- A range of follow-up activities to complement and build on workshops, camps and events.

3) Lakes Entrance Aboriginal Health Association Strong Men; Strong Communities Project

Lakes Entrance Aboriginal Health Association's Strong Men; Strong Community Project focuses on Aboriginal communities in the East Gippsland local government area, and will provide:

- Three-day Dardi Munwurro Men's Behavioural Change Programs in three locations (and 72 follow up sessions)
- Fortnightly Men's Groups (establishing three new, and supporting three existing groups)
- Regional Men's Camps (bringing participants of the six Men's Groups together)
- Regional Forums with local service providers
- Family Strengthening Days

4) Victorian Aboriginal Health Service Strong Relationships, Strong Community Project

VAHS Strong Relationships Strong Community Project provides Aboriginal communities in Northern Metropolitan Melbourne (particularly the LGA of Darebin) with:

- A social marketing/ education campaign including, written resources and on-line elements
- Six community education sessions
- Gender-specific healing programs (eighteen 8-week programs, with a total of 144 sessions)
- Improved mediation services (training of mediators and delivery of mediation sessions).

The interim evaluation made the following observation in relation to the male behaviour change activities and programs:

In assessing the progress of Mallee & Districts Aboriginal Services men's program, the evaluation noted:

Extensive community engagement is a feature of all projects, however despite planning for this, some projects: Strong Men, Strong Communities and Strong Relationships, Strong Communities have had to reschedule the commencement of some activities in order to secure the appropriate level of 'buy-in'. In the former case additional relationships and trust needed to be built with project staff and community members unfamiliar with their activities; and in the latter connections needed to be forged with other organisations and individuals able to delivery key aspects of the youth healing program.⁴¹

Of the Dardi Munwurro activities that took place, participant feedback indicated: ⁴²

... that participation in the camp assisted men to improve their communication and problem solving skills; they felt more able to deal with conflict and heal; and were more aware and willing to use support services.

Participants also reported being more willing to confide in others and seek assistance and from their information and formal interactions in the group were more willing to confide in others and seek assistance, and were more aware of available support services.

Half of the youth participants of the Dardi Munwurro camp reported gaining valuable lessons from all six key areas covered by the program – self-esteem, leadership; respect; trust; coping strategies; and how to seek support. In total 70 per cent reflected on the importance of knowing how to seek support.

⁴¹ *ibid*, p.20

⁴² *ibid*, p.29

The evaluation is rich in qualitative data, and has focused on the experiences of participants and their insights post-program. However little evidence of actual change or concrete data such as reductions in contact with police, or increase in employment outcomes etc has been presented to give the evaluation a solid foundation.

5. Final observations

With the current national focus on family violence it is critical that programs are being adequately funded not only to deliver service, but also effectively evaluate the outcomes and impact of the program. To date evaluations of both Aboriginal and mainstream male behavior change programs have yet to produce adequate evidence to make assertions of success in relation to reducing incidence of family violence. Nor has the literature review identified any longitudinal evaluations which track individual participants of family violence perpetrator programs, to be certain of any long-term behavioral change. This is an area that requires funding and focus by government.

In 2013 Urbis undertook a literature review on Domestic Violence perpetrators for the Department of Social Services.⁴³ The executive summary of that report observed:

*The question of 'what works for whom' remains largely unclear and research is still at an early stage in terms of identifying what program components are effective in reducing recidivism. It is clear, however, that a multitude of factors, such as those associated with program characteristics, program contexts, and evaluation research design, can influence the effectiveness of intervention programs.*⁴⁴

However, while there is a lack of reliable evaluation data to make assured claims of effectiveness, there are some positive outcomes being delivered by Aboriginal men's programs that aim to reduce occurrences of family violence. This review discussed the importance of Indigenous concepts of social and emotional wellbeing in the delivery of Aboriginal men's programs. To develop a comprehensive understanding of Aboriginal men's programs (and Aboriginal family violence programs more broadly) appreciating the concepts of social and emotional wellbeing is essential. Further to understanding SEWB concepts is the

⁴³ Urbis (2013) *Literature Review on Domestic Violence Perpetrators*, Department of Social Services, Canberra.

⁴⁴ *ibid*, Executive Summary

development, in collaboration with Aboriginal communities, of indicators that can measure both quantitative and qualitative outcomes of a program.

To date there has been too much reliance on 'soft' data – qualitative data that is collected from program participants and service deliverers. The subjective nature of the information gathered through such methods as questionnaires, interviews and case studies means that it is open to misinterpretation and observer bias. Researchers can inadvertently interpret data in ways that reflect their bias. Quantitative numerical data, or 'hard' is less open to interpretive bias.

Nevertheless, over the past few years has seen increased activities being undertaken in Aboriginal communities with men to address harmful behaviours that lead to family violence. The Healing Foundation through funding a range of men's family violence programs has identified that for men's programs to be successful the following fundamentals need to be in place⁴⁵:

- Projects designed and run by the men, with community wide support
- Co- design ensures community ownership and a continued commitment to local needs, culture and knowledge systems
- Connection to country, culture and identity increase empowerment and confidence to take the cultural lead with younger men, provide increased safety for families and take up employment
- Focus on holistic wellbeing taking into account the social, spiritual and emotional needs of the men
- A safe men's space for healing, meetings, activities etc
- Extensive community engagement and consultation before the projects are implemented, to assess local needs, gaps in existing healing efforts and how the community want the men's healing project to run

The increased focus on addressing family violence has seen men's programs develop from employment related activities or drug and alcohol support to drilling down into causes and triggers of harmful behaviours that lead to men perpetrating family violence. It is clear there are Aboriginal leaders in this field that require the ongoing support from governments and mainstream organisations.

⁴⁵ Healing Foundation – Our Men Our Healing, p5.

In learning about the range of programs and activities being delivered throughout Victorian Aboriginal communities No to Violence, as the peak body for men's behaviour change programs, looks forward to continuing to learn more from and work with Aboriginal and Torres Strait Islander people and communities to support them in developing and delivering men's programs.

6. References

Al-Yaman F, Van Doeland M & Wallis M 2006. *Family violence among Aboriginal and Torres Strait Islander peoples*. Cat. no. IHW 17. Canberra: AIHW.

Anderson, I., Baum, F. & Bentley, M. (eds) 2007, *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, CRC for Aboriginal Health, Darwin.

Arney F, & Westby, MA. (2012) *Men's Places Literature Review*, The Centre for Child Development and Education, Menzies School of Health Research, Darwin NT.

Day, A., Francisco, A. & Jones, R. (2013) Programs to improve interpersonal safety in Indigenous communities: evidence and issues, *Issues paper no. 4*, Closing the Gap Clearinghouse July 2013, p13.

Dudgeon, P. *et al* (2015) *The National Empowerment Project – Research Report*, School of Indigenous Studies, University of Western Australia.

Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma T. & Ring, I. (2014) Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people, *Issues paper no. 12*, Closing the Gap Clearinghouse, Australian Institute of Health and Wellbeing, Canberra.

Garvey D (2008), *Review of the social and emotional wellbeing of Indigenous Australian peoples – considerations, challenges and opportunities*. Retrieved [10 August 2016] from http://www.healthinonet.ecu.edu.au/sewb_review

Healing Foundation (2014) *Our Men Our Healing – Designing for Change*, Healing Foundation, Canberra, P.6

Koori Justice Unit, Department of Justice, Interim Process Evaluation Koori Community Safety Grants Summary Report, June, 2014.

Loxton, D., Hosking, S., Stewart Williams, J., Brookes, J., Byles, J. Selected domestic and family violence prevention programs: An *Evidence Check* rapid review brokered by the Sax Institute for the Violence Prevention Coordination Unit, NSW Department of Premier and Cabinet; 2008.

Mackay, E., Gibson, A., Lam, H. & Beecham, D. (2015) *Perpetrator interventions in Australia: State of knowledge paper*, ANROWS, 2015.

McCalman, J., Tsey, K., Wenitong, M., Whiteside, M., Haswell, M., Cadet James, Y., & Wilson A. (2006), *A Literature review for Indigenous Men's Groups*, School of Indigenous Australian Studies and School of Public Health and Tropical Medicine, James Cook University, ISBN 0 86443 756 10.

McCalman, Janya and Tsey, Komla and Wenitong, Mark and Wilson, Andrew and McEwan, Alexandra and James, Yvonne Cadet and Whiteside, Mary (2010) *Indigenous men's support groups and social and emotional wellbeing : a meta-synthesis of the evidence*. Australian Journal of Primary Health, 16(2).

Olsen, A, & Lovett, R (2016) *Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: Key findings and future directions*, Compass: Research to policy and practice, 01/2016, ANROWS, Sydney.

Paradies Y, Harris R & Anderson (2008) The impact of racism on Indigenous health in Australia and Aotearoa: towards a research agenda. Discussion paper no. 4, Cooperative Research Centre for Aboriginal Health, Darwin, sourced 14 October 2016 <<https://www.lowitja.org.au/lowitja-publishing/C004>>.

Rossingh, B. & Yunupingu, Y. (2016) Evaluating as an outsider or an insider: A two-way approach guided by the knowers of culture [online]. *Evaluation Journal of Australasia*, Vol. 16, No. 3, Sep 2016: 5-14.

Swan, P. & Raphael, B. (1995) *Ways Forward - National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report*, Guiding Principles No.1, National Aboriginal Mental Health Advisory Committee, Commonwealth of Australia, Canberra.

Sweet, M. & Dudgeon, P. (2013) Racism, mental health and an iceberg metaphor. Caloundra, Queensland: swYtch, ConNetica. Sourced 10 October 2016 <<http://www.swytch.org.au/your-stories-1/racism-mental-health-and-an-iceberg-metaphor>>.

Victoria Premier and Cabinet (2015) *Mid-term evaluation of the Indigenous Family Violence 10 Year Plan*, PWC Indigenous Consulting, p.6.

Yap, M. (2011) *Indigenous experience of violence and Indigenous empowerment: gender and Indigenous wellbeing, Measures of Indigenous wellbeing and their determinants across the lifecourse*, CAEPR lecture series. Canberra: Centre for Aboriginal Economic Policy Research, The Australian National University.