Uncover, Discover, Recover: The Peer-Led Journey to Redemption for Men Who Have Used Violence.

Evaluation Final Report

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Acknowledgements

Nāu te rourou, nāku te rourou, ka ora ai te iwi – with your food basket and my food basket the people will thrive.

This whakatauki speaks to the importance of collaboration, community and a strengths-based approach to meeting challenges.

As an evaluation team, it has been a privilege to be involved in the SafeMan SafeFamily kaupapa. This has been a unique and at times confronting journey, as we have found our personal beliefs challenged and enriched by the insights of the SafeMan SafeFamily whānau. Without their courage and generosity, this project would not have been possible. They participated in this evaluation in the hope that their stories might create change for others and we have held that trust tightly. In return, we hope that this report reflects their experiences and supports them on their journeys.

Thank you also to the members of the Steering Group – they helped make the evaluation process uniquely rewarding and we have no doubt their contribution strengthened our work. Vic Tamati MNZM; Dr David Codyre and Michael Satele from SafeMan SafeFamily; and Brian Gardner, Scott Waring-Flood and Teresa Pomeroy from the Ministry of Social Development, offered many incisive insights. They sharpened our thinking and provided guidance as we navigated methodological and conceptual challenges over the course of the project. Their commitment to this project and helping men and families become and stay safe was palpable and reinforced our intent to deliver an evaluation report that will help drive positive change for SafeMan SafeFamily and in the wider family and whānau violence space. The way SafeMan SafeFamily and MSD's Social Action Team have worked together has been hugely beneficial for this project.

Ngā mihi nui to Vic for always keeping it real and reminding us of who we are doing this for – men and their families, past, present and future. We hope our work will contribute to his vision that a SafeMan will be able to say to his mokopuna "this is what I did to change".

Mauri Ora

Point & Associates and Awa Associates.

Glossary

SafeMan SafeFamily (SMSF) has a set of 'fundamentals', concepts and metaphors often used to help explain its kaupapa. These are defined in the chapter "About SafeMan SafeFamily". The acronyms and terms defined here are used often throughout this report.

Journey Men: SMSF peers who are making progress towards becoming safe men are sometimes referred to as Journey Men.

Men who use violence: This term has been used in the report in preference to perpetrators, reflecting the desire within the family violence (FV) sector to move beyond reductionist labels.

Peer: A peer is someone who engages with others in SMSF on a self-directed healing journey to become safe.

Peer leader: This is not recognised as a role in SMSF, but we use the term to refer to peers providing leadership and inspiration to others. All peers may do this from time to time, and some peers do this more often than others, such as Vic Tamati.

Peer-led professionally supported: Peer-leaders lead SafeMan SafeFamily. Professionals support them as and when the peers say they need it. This is discussed in more detail in the chapter "About SafeMan SafeFamily".

Professional: Are SMSF employees, Board members, advisors or supporters who have a professional registration, e.g., registered Social Worker, Psychologist or Psychiatrist.

Professional support: The guidance or help offered when a peer says he needs it. It is not 'help' if a peer has not asked for it or does not want it – this is a key point. Professionals also provide advice and guidance on the SafeMan SafeFamily board and have administrative responsibilities in the office.

QBE: Qualified By Experience. A peer who has a history of lived experience of violence, using violence and making positive change. Having a history of using violence without making positive change does not qualify someone as QBE.

Redemption: The end goal of the Redemption Journey – becoming safe. This requires change, healing and recovery for the man and his whānau.

RJ meetings: There are a range of "Redemption Journey" online and in-person meetings peers can attend if they need support on their Redemption Journey. There a range of meetings tailored to meet the needs of men on different kinds of journey. These are discussed in more detail in the chapter "About SafeMan SafeFamily".

Safe: For SMSF, a man is safe when his family says he is safe. Each man and family/whānau may have a different understanding of what safe is.

SafeMan SafeFamily: This is the correct way to write it – i.e., the words 'safe' and 'man', and 'safe' and 'family', go together, just as they should in our lives – SafeMan SafeFamily.

SafeMan: A man progressing on his Redemption Journey.

Executive Summary

The quote we open with is shared to acknowledge that there are men across Aotearoa New Zealand who want help to change but they don't know where and how to get it. SafeMan SafeFamily (SMSF) provides this help.

> *'Hey man, I'm struggling. I've never hit my lady but I've been rude and I get what she's said to me I need help. I accept that I'm angry a lot of the time and I dont wanna be. I spent my whole childhood angry. I wanna be happy just don't have a clue how.' (Post on SMSF Facebook page)*

SMSF is a peer-led, professionally supported community of men with the shared goal of becoming violence-free so they, their families[1] and communities can become safe. Rather than delivering a defined and time-specific course or programme, SMSF focuses on providing what is wanted by the men coming to them for help, for as long as they want it. The men are supported through three phases, "Uncover, Discover, Recover" where they are encouraged to reflect on the trauma they have experienced and their use of violence and its causes. They learn what they can do about it and put their learning into practice (e.g., building healthier relationships).

This evaluation sat alongside the SMSF pilot, seeking to understand how SMSF responds to the needs of men in order to encourage sustained change and promote wellbeing. The primary question for the evaluation was, "to what extent, and how, does the SMSF intervention model reduce the risk of intimate partner violence by changing the views and behaviours of men who have used violence?"

Because SMSF's practice varied given men's needs and goals, the evaluation team undertook a principles-based approach which focused on surfacing the largely unspoken rules underpinning the intentionality of what SMSF's work does, describing what these principles looked like in practice, and the difference this makes for men and their families. The evaluators attended and participated in many SMSF meetings and conducted interviews with 47 peers, peer-leaders, families and professionals. They also surveyed peers, peer-leaders and families and whanau. Based on this information, the evaluation has:

- Documented the SMSF intervention model and its outcomes.
- Evidenced the impact.
- Started developing a learning framework to support continued development of SMSF and evidence its ongoing impact.

To the best of our knowledge, our study is unique amongst family violence intervention evaluations, in that we surveyed men and their families using the same questions phrased in the past and present

[1] Family and whānau are different from each other and violence in each of these contexts is distinct. See the literature review in Appendix 5 for more information about this. However, throughout the report we use the term 'family' to refer to both family and whānau, as does SafeMan SafeFamily, unless we quote an interviewee or author who specifically refers to whānau.

tense. This allowed comparison of the men's and families' views about how things were immediately before SafeMan SafeFamily and how things are now.

SMSF does not set an agenda or timeline for change because each man is different. Its approach is guided by a set of principles that allow them to be responsive to and supportive of men over the longer term. They also engage on outreach where SMSF's peer-leaders go to community settings (e.g. market days, sports clubs, marae) to show that change is possible, that men who have used violence have changed to become SafeMen and that they want to help other men who use violence become violence-free. SMSF hold regular peer-led, professionally supported meetings where Journey Men check-in on how they're feeling, talk about their challenges and successes, and listen to and support others on a journey of change. These regular check-ins help sustain men's engagement in the kaupapa of change and deepens relationships across the peer network.

While SMSF's approach was developed from the ground-up by men with lived experience of violence, there is evidence in the peer-reviewed literature about the efficacy of their approach. This aligns with the call for learning through the collection of evidence and voices (Te Aorerekura, 2021, p.71). Theoretically, there is an abundant peer-reviewed research and evaluation literature substantiating core concepts underpinning SMSF's approach, in areas such as Adverse Childhood Experiences (ACEs) and trauma, trauma-informed healing, narrative therapy and peer support.

SMSF's approach is evidently a promising intervention and unique contribution to the family and sexual violence field, given its ongoing, peer leadership with professional support is focused on what men say they need to make positive change. Several outcomes have been identified from interviews with and surveys of peers, their families and whānau within each of the Uncover, Discover and Recover phases of the Redemption Journey. These three phases [Uncover, Discover, Recover] are not discrete steps, but phases that peers work through on their healing journey, learning and personal growth in their own time, and with ongoing support. SMSF professionals, peer leaders and the wider brotherhood of peers respond to the needs, interests, hopes and dreams of each man on his journey of change.

The outcomes are not the same for everyone; each man's journey is unique, and he will have his own set of challenges to address, with his own set of goals in his own time. Positive outcomes appear to deepen over time as new ways of thinking, pro-social relationships and wellbeing develop, and safer ways of thinking and behaving become normalised.

This report describes SMSF's approach to stopping violence and the outcomes it is delivering for men and families. Our evaluation findings are that:

1. Peers are key to delivering positive outcomes

Men who use violence and want to change are more likely to trust and open-up to men who have walked the same journey and made change. Men further advanced on the change journey are able to empathise and offer pragmatic advice based on their lived-experience of having made change. There is also a growing network of men who are becoming safe and want to give back to the cause. However, SMSF currently has a limited potential for supporting these peers with professional supervision and advice.

2. The Uncover, Discover, Recover journey prepares men for, and supports them through, change

The “Uncover” component of the SMSF intervention model is a key part of the change process. It invites men to “Uncover” their story, which for the vast majority of men includes childhood trauma. Healing this trauma is a key part of the change journey. If men can resolve this trauma, they are more able to then make positive, enduring change in their lives. This takes time. The SMSF peer and professional network understands this and is there to support men as they learn, practice and embed new, healthier and safer ways of being.

3. SMSF benefits a diverse range of men and families

SMSF’s key measure of success is that a man is safe when his family says he is. Our outcome assessment showed that SMSF engages men in a journey of change, including men with gang affiliations and criminal histories as well as men with very successful careers in the mainstream. Men from all walks of life feel deeply connected to SMSF and its kaupapa. They develop insight, empathy, healthy relationships and their family report that they feel safer. The data suggests, for many families the difference these changes have made are significant.

4. SMSF works with, complements, and extends other organisations and approaches to stopping violence

SMSF offers a set of ‘fundamentals’, or suite of offerings, that men can draw on as and when they need to for as long as they need to, to support their journey of change. Importantly, it provides men with space, time and support to ‘uncover’ their own life experience so they can better understand what drives them to violence and what they need to do to stop it. Many SMSF peers have attended time-limited programmes on their journey but need the ongoing support to become and stay safe. Many men accessed stopping-violence services prior to connecting with SMSF, but these supports were time-limited and stopped before they had become violence-free.

SMSF is already working alongside other services to stop and prevent further family violence. It partners with marae, iwi-based services, NGOs, Police, Corrections and other government agencies, budgeting services, and so on to deliver stopping violence messages and wrap-around support for men, family and whānau who want to become safe. In our view, the peer-leadership and enduring nature of the SMSF model (i.e., that men are welcome to attend RJ meetings and connect with the peer support network free of charge whenever and for as long as they want to) are important additions to the ecosystem of stopping violence interventions and services.

5. SMSF is evidence-based

SMSF is arguably at the cutting edge – and a very important cutting edge – of evidence-based approaches to stopping family and sexual violence. Its Uncover, Discover, Recover lifestyle modification process is built on 14 years of intensive discussions between men with lived experience of using violence and who want to become, and stay, safe. The evaluation found a clear set of principles that underpin SMSF's engagement of men in the change process. We also found concepts evident in their approach that align with academic literature, namely trauma-informed and healing-focused, narrative therapy. What SMSF offers aligns with Te Aorerekura, the National Strategy to Eliminate Family Violence and Sexual Violence, which places a strong emphasis on the importance of coordinating evidence-based responses to family violence (Te Aorerekura, 2021, p.71).

6. Peer-led, professionally supported workforce delivers unique benefits and challenges

Peers have a distinct advantage when engaging men who use violence into the change process. Men who use violence but want to change find it easier to trust and connect with other men who have become safe. Furthermore, peers are more likely to be able to relate to each other and get where each other are coming from. Professionals play an important role in SMSF, in that peers may need intensive and/or clinical support for particular issues to progress their journey of change and provide supervision to SMSF employees working with the men. Key to the success of this relationships is that there is a shared understanding between peers and professionals that peers lead SMSF and professionals support their leadership. In our view, this combination is unique to SMSF.

SMSF needs to be sure peers who want to take on a leadership role are ready. These peers need support to learn how to support others safely and they need a trusted mentor or colleague they can turn to regularly when the going gets tough. SMSF is putting such measures in place.

Future directions

What SMSF can do to strengthen its community and practice and build on its successes.

1. Bring more attention to men's Victory Stories

For many men, SafeMan SafeFamily is the first place they have felt safe to share what has happened or been done to them, what they have done, and the shame and grief associated with that. This is of huge importance. But it is also important to balance acknowledgement of this trauma with progressing healing, celebrating their successes and Redemption. We suggest more attention could be put on celebrating men's Victory Stories.

2. Develop the next generation of peer-leaders and help them practice safely

SMSF needs to build its peer workforce to meet the demand. As part of this it also needs to bring on board younger peer-leaders to help reach young men who use violence but want to become safe. SMSF already knows this, but they feel they do not have the capacity to do it. The organisation is hoping to secure more funding to 1) employ/bring on board the right people to put the processes, supports and learning framework in place, and 2) employ the peers they bring through the development pathway.

3. Continue to develop relationships with others working to stop/prevent family violence

Establishing more and deeper relationships across the sector will become easier when there is a better understanding and acceptance of peer-leadership in men's behaviour change. The key areas where collaboration needs to further develop is working holistically to engage younger men, families and other organisations to support this.

SMSF is working with women who bring their peer-leadership to aligned kaupapa, but more work needs to be done to develop this. For couples who want to stay in their relationship, it can be hard for peers to bring all the benefits of change into their relationship if their partner is not getting the support she needs.

Peers tend to say they wish they had made change earlier – some feel that if they knew about SMSF earlier, they would have. SMSF have relationships with young Champions in the men's behaviour change space. Bringing on board younger peer-leaders is likely to show young men that change is possible and that help from people like them is there.

Background

The Ministry of Social Development (MSD) funded a two-year pilot of the SafeMan SafeFamily (SMSF) intervention model in South Auckland. MSD considered SMSF to be an innovative, holistic, peer-led approach to engaging men who use violence, with the intent of supporting these men to end the use of violence while increasing wellbeing of both them and their families and whānau.

This evaluation sat alongside the SMSF pilot, seeking to understand how SMSF responds to the needs of men in order to encourage sustained change and promote wellbeing.

The primary question for the evaluation was, "to what extent, and how, does the SMSF intervention model reduce the risk of intimate partner violence by changing the views and behaviours of males who have used violence?" In addition, MSD wanted to know:

- How does the lived experience of the SMSF team benefit men, their whānau and their communities?
- What benefits are there in the implementation of the Uncover, Discover, Recover intervention model?
- How does the peer support approach contribute to outcomes?
- What is the impact of the enduring nature of the SMSF model?

The evaluation was to:

- Articulate the SMSF intervention model and its anticipated outcomes, as well as helping to further develop and refine SMSF's theory of change.
- Provide service and practice-level development of the SMSF model through providing real-time learnings, as well as identifying potential barriers and opportunities for SMSF to apply learnings to its practice.
- Develop a measurement framework to evidence ongoing impact of the intervention.
- Evidence the impact (at an individual, family/whānau, service and system level) of the intervention using qualitive and quantitative data.

Taken together, the evaluation would support the development of SMSF and inform future policy work across the sector.

Policy and funding context

The evaluation, and MSD's commitment to the SMSF pilot as an example of an innovative and holistic kaupapa, should be viewed within the context of a sector that has been struggling over several decades to make an impact on rates of family violence (FV). Aotearoa New Zealand has one of the highest rates of reported intimate partner violence (IPV) in the developed world, and recent

research has shown little change between 2003 and 2019 in lifetime prevalence of IPV experienced by women (Fanslow et. al., 2021).[2]

As a result of the lack of progress in reducing rates of FV, over the last decade there have been increasing calls for paradigmatic change within the FV sector. Carne et al. (2019) argue for a systems thinking approach to dealing with the "wicked problem" of intimate partner, family and whānau violence in Aotearoa New Zealand. Polaschek (2016) calls for the development of an integrated response that is built from the perspective of the users rather than the providers. Paulin et al. (2018) call for a change in the focus of FV services.

> *'As a country, we need to move from a crisis-driven system to one that is long-term, family and whānau wellbeing driven, ensures support is whānau-centred and whānau-driven, is flexible in terms of service design and provision, and prioritises community input and empowerment.' (Paulin et al. 2018, p.12)*

Some of the criticisms of the FV sector highlight issues with the state's funding for providers. Fry (2022) explains that the social sector's funding focuses on reducing costs and improving efficiency through centralised planning with highly specified processes. The assumption has been that the system works best when clearly-defined services are provided through individual agencies. As Fry (2022, p.24) notes, the current funding and accountability models 'make it difficult for the social sector to fund, deliver and account for integrated, holistic services that are provided by many different agencies'. Oakden et al. (2021) argue that, despite the best efforts of funders and providers to serve their communities and develop new initiatives to meet needs, the lack of flexibility within the current funding model stifles innovation and leads to poor outcomes. These bureaucratic systems have tended to act as barriers in the FV sector.

> "We are all looking. For all of us we are looking for authenticity. We are over the programmes; we are over the systematic tick the box. It is for the bean counters to be able to tangible-ise what is happening. We have to measure that and quantify that. I get the thinking behind that, but the process becomes more important than the people. People are saying you haven't done this, and you didn't do that, but we are changing men's lives"
>
> Interview with stakeholder

In an effort to address some of these issues, in 2018 the New Zealand Government launched a Joint Venture for Family Violence and Sexual Violence, renamed Te Puna Aonui in 2022. Te Puna Aonui

[2] Recent figures on the prevalence and incidence of FV in Aotearoa New Zealand can be found in the literature review, Appendix 5.

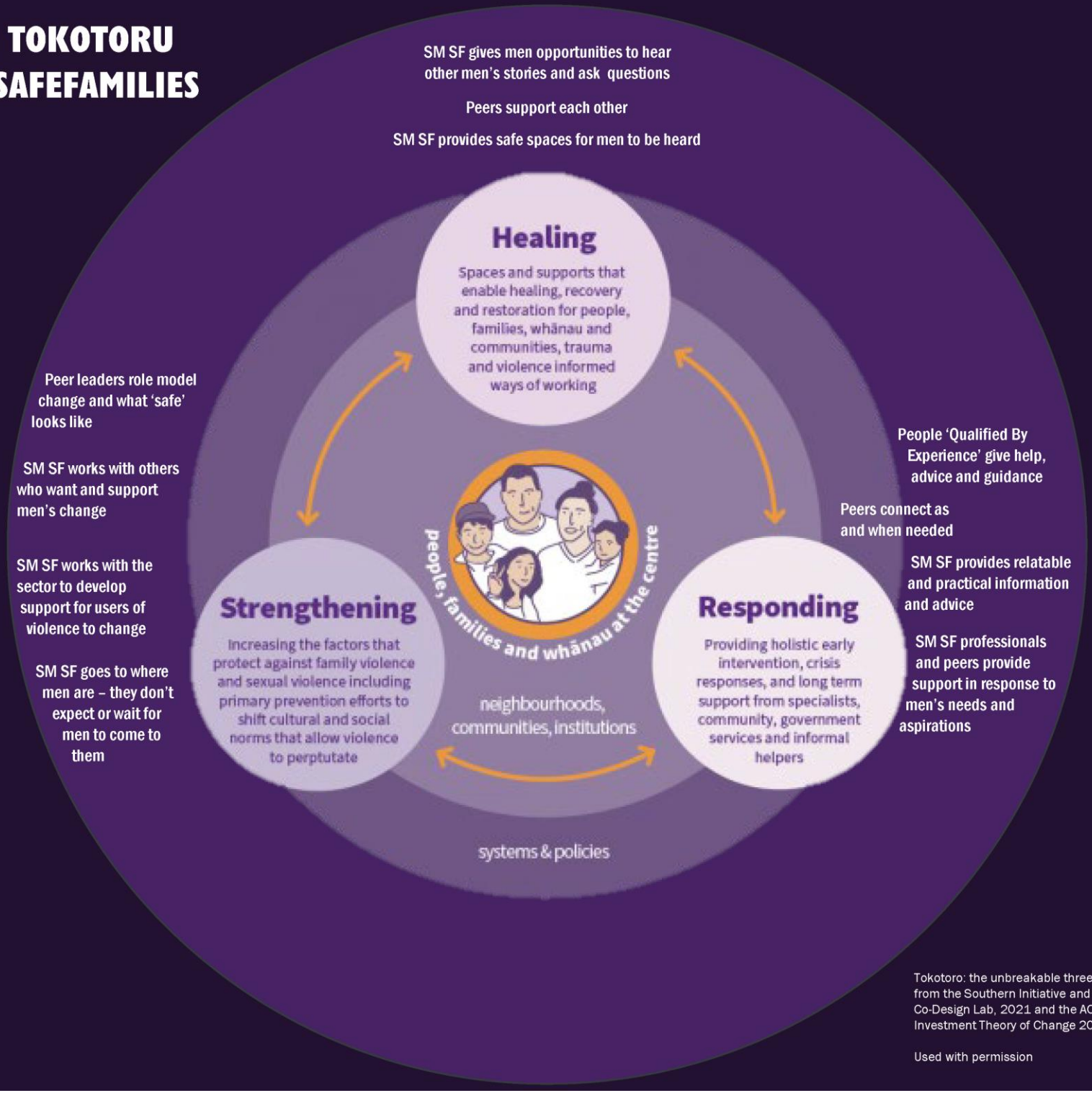
incorporates 10 government agencies[3] with the aim of delivering a whole of government approach to family violence and sexual violence. The Joint Venture partners are together tasked with delivering Te Aorerekura, the new national strategy for addressing family and sexual violence. Te Aorerekura focuses upon six key shifts (Te Aorerekura, 2021):

1. Towards strengths-based wellbeing.
2. Towards mobilising communities.
3. Towards skilled, culturally competent and sustainable workforces.
4. Towards investment in primary prevention.
5. Towards safe, accessible and integrated responses.
6. Towards increased capacity for healing.

While building on several decades of significant work, Te Aorerekura also represents a key shift in how the state seeks to engage with sector groups and communities on the issue of family and sexual violence, through its emphasis upon a holistic vision of wellbeing, built upon collaborative approaches that are led by communities. Of particular significance to the SMSF kaupapa is Te Aorerekura's identification of the need to develop accessible services for people who use violence, and its acknowledgement of the importance of peer-to-peer supports 'enabling those who have stopped using violence to support and inspire others to choose non-violence through peer-led initiatives' (The Board for the Elimination of Family Violence and Sexual Violence, 2021, p.61). Like SMSF, Te Aorerekura also recognises the significance of trauma-informed approaches to interventions with people who use violence, noting 'Many people who use violence have experienced trauma as a child. This trauma is often unaddressed and contributes to the choices they make to use violence as adults.' (The Board for the Elimination of Family Violence and Sexual Violence, 2021, p.62). The Tokotoru model developed for Te Aorerekura, which situates the strategy in a strengths-based ecosystem of services and interventions that place people, family and whānau wellbeing at the centre, strongly aligns with the SMSF kaupapa.

[3] Accident Compensation Corporation, the Department of Corrections, the Ministry of Education, the Ministry of Health, the Ministry of Justice, the Ministry of Social Development, the New Zealand Police, Oranga Tamariki, Te Puni Kōkiri, and the Department of the Prime Minister and Cabinet.

ALIGNMENT OF TOKOTORU AND SAFEMAN SAFEFAMILIES MODELS



Tokotoro: the unbreakable three is adapted from the Southern Initiative and the Auckland Co-Design Lab, 2021 and the ACC Strategic Investment Theory of Change 2021

Used with permission

FV provider context

Historically, services and programmes for men who use violence have occupied an ambivalent space in the FV sector. FV began to be officially recognised as a problem across the Western world from the 1970s, influenced by the rise of the feminist movement, which explained men's violence against women as an outcome of patriarchal oppression. Gradually, men's violence within the family was redefined from being a private and personal matter, to an issue that required intervention from the criminal justice system, a development that reflected a broader movement towards greater state involvement in family life from the mid-twentieth century.

> *The men that would come wouldn't be 6 weeks of 12 weeks, they would stay and keep it going for years similar to an AA group where you drop in any time you like or keep going, there is no limit. You can build into it to make the criteria of say the Justice department where they get a certificate at the end of the 12 weeks or something, but the 12 weeks is not the completion, it is just to allow them to meet the sentencing requirements. (Interview with SMSF Board member)*

By the 1980s, groups intended to help men address their violent behaviour were being established. In Aotearoa New Zealand, these early groups tended to be offered by men with connections to Women's Refuge and Rape Crisis. The Domestic Violence Act (1995) introduced a commitment for the State to fund compulsory treatment for individuals involved in FV, a recognition that this was a public imperative rather than an individual choice (Paulin et al., 2018; Slabber, 2013).

Interventions for men who use violence have typically been group-based, limited term, and facilitator-led, usually up to a maximum of 40 hours. As Frost (2019) observes, there is little provision within most of these programmes for ongoing support for participants as they continue on their change journeys. Currently, four government departments fund community non-violence programmes offered by NGOs: the Department of Corrections, the Ministry of Justice, the Accident Compensation Corporation and the Ministry of Social Development (Ministry of Social Development, 2020). The funding model has been criticised for its correctional philosophy and highly prescriptive model, with specific time frames and deficit focused inputs – described as 'orders from the Court' and 'bums on seats' (Campbell et al., 2012, p. 129).

Rehabilitative approaches to men who use violence have sat uneasily within the criminal justice response to FV (Polaschek, 2016; Roguski & Edge, 2021; Vlais, 2014). Funding for perpetrator programmes have also been criticised for diverting funding away from services for their victims (Polaschek 2016; Moss 2016).

However, there is a shift, both in Aotearoa New Zealand and overseas, in how services for men who use violence are being conceived. Research has highlighted the limitations of a punitive, criminogenic approach to FV and the need for a more nuanced response which moves away from a dichotomy between victim/perpetrator, given that a considerable proportion of men who use violence were themselves victims of violence and abuse as children and young adults. The report of the Family Violence Death Review Committee on men who use violence notes that 'Demonising men

who use violence and relying on criminal sanctions and individual-focused short-term interventions have not served us well' (Family Violence Death Review Committee, 2016, p.7). Furthermore, the desire of families and whānau to seek support in overcoming FV in order to keep their family together indicate the need for approaches and services that go beyond criminalising and pathologising men who use violence (Roguski & Edge, 2021). The impact of this shift can be seen in Te Aorerekura's emphasis upon providing services for users of violence offering wrap-around services that support behaviour change.

> *In a lot of cases the victims don't want to leave these aggressors or perpetrators. They don't want to break up their families, but these perpetrators need help with their behaviours that have been learnt in their upbringing. (Interview with SMSF stakeholder)*

Programme effectiveness

There has long been a lack of clear evidence regarding the efficacy of mainstream FV perpetrator programmes in reducing rates of family violence:

- Slabber (2013, p.2) concludes in her survey of the evaluation literature that 'At best programmes appear to have a weak positive impact of recidivism rates'.
- Eckhardt et al. (2013, p.220) concluded in their review of programme evaluations that most studies suggest traditional Batterer Intervention Programmes (BIP) show no evidence of effectiveness relative to a no-treatment control group.
- Kelly and Westmarland (2015, p.5) surveyed evaluations of Domestic Violence Perpetrator Programmes (DVPP) in the United States, United Kingdom and Australia, concluding that such studies 'have in the main found limited programme effect', although they also note methodological issues with many of the evaluations, including a lack of clear understanding of what counts as success, and a lack of engagement with the partners and families of perpetrators.
- Studies have also noted the high rates of attrition in domestic violence prevention programmes, with a dropout rate of between 40–60% in some cases (Rizza, 2009; Sartin et al., 2006). The high attrition rate is problematic as programme non-completers have higher recidivism rates than completers (Sartin et al., 2006; Slabber, 2013).

However, some evaluations have returned some more promising results:

- A longitudinal four-year study by Gondolf (2004) of four different programmes in the United States found an overall moderate decline in violence and abusive behaviour by participants.
- In Great Britain, Project Mirabel developed an innovative methodology for evaluation, assessing the programme against a variety of criteria to develop a more nuanced definition of success and seeking to prioritise the voices of the women and children connected with the perpetrators. They recorded improvements on a variety of perpetrator behaviours based on the reports of both perpetrators and victims (Kelly & Westmarland, 2015).
- A systematic review with a meta-analysis by Karakurt et al. (2019) found the programmes they studied to be effective in reducing violence of the participants, with programmes that

incorporated substance abuse and trauma-augmented treatments found to be more effective.

- In Queensland, the evaluation of the UnitingCare Men's Behaviour Change Program found an increase in the men's understanding of the impact of FV, in self-awareness and in skills to regulate emotions and improve their interpersonal communication skills. This appeared to contribute to a decrease in violent behaviour, as reported by both the men and their partners. However, this did not apply to all men, and it was unclear if these changes were permanent, with both the men and their partners expressing a need for an ongoing maintenance programme to support the changes that occurred (Tayloret al., 2020).

In Aotearoa New Zealand, evaluations in the last decade of programmes for men who use violence have also indicated some positive outcomes:

- Roguski and Gregory's (2014) study of former users of violence found evidence that some programmes were useful in helping men to change, if delivered in ways that resonated with the men. This was further developed in Roguski and Edge (2021), which highlighted the key attributes of successful non-violence interventions, such as the creation of communities of peer support and holistic approaches that addressed the needs and realities of participants and their families. Overall, they argued that these findings highlight the need for a recovery orientation, akin to the approach of the mental health sector, as opposed to the criminal justice framework of conventional interventions.
- Hughes' (2016) study of the impact of the Department of Corrections service for offenders convicted of FV found significant reductions in FV offences for those who participated in the programmes. However, they note that this was based only on offending that resulted in conviction or imprisonment, not victim-reported offending, which is problematic given the high rates of unreported FV.
- Carswell et al's (2017) evaluation of FV services in the Canterbury Police District found evidence of positive outcomes for FV perpetrators, supporting an earlier positive evaluation by Campbell (2014) of the Aviva ReachOut Men's Community Service in Christchurch.
- Paulin et al's (2018) evaluation of Ministry of Justice-funded programmes found that participants were significantly less likely to commit a further FV or non-family violence offence in the twelve months following the programme. They note that while the participants they studied did not perceive the programme as the full answer to their violence, they did believe that it had contributed to positive change in their lives.

Intervention theoretical models

Internationally, work with men who use violence has been heavily influenced by the Duluth model, a feminist psycho-educational approach. The Duluth model rests upon an explanation of male violence grounded in feminist theory – men use violence as a way to exercise power and control over their female partners due to a sense of male entitlement stemming from patriarchy. Behaviour change is achieved by challenging the men's attitudes and educating them to develop insight into their behaviour (Paulin et al., 2018).

Most programmes also utilise elements of Cognitive Behaviour Therapy (CBT), creating a hybrid integration of CBT and feminist analysis (Eckhardt et al., 2013). CBT explains violence as a learned behaviour, which can be modified or replaced with new behaviours, such as time out, relaxation techniques and improved negotiation skills (Frost, 2019; Morrison & Davenne, 2016; Slabber, 2013; Paulin et al., 2018). Therefore, CBT goes beyond Duluth's focus on feminist psychoeducation, to teach cognitive skills to replace violent behaviour. Slabber (2013) notes that in practice the distinction between CBT and Duluth-based interventions has blurred, as most programmes blend the two approaches together.

The Duluth model has faced a barrage of criticism in recent years. One of the key critiques is that it offers a simplistic one-size-fits-all approach, which fails to account for the complexity and variety of forms of FV. While its importance in highlighting the gendered dimensions of power and control in FV is acknowledged by researchers, its tendency to dismiss other explanations for violence, such as substance abuse, trauma or stress, is seen as problematic (Langlands et al., 2009). Critics also argue that the Duluth model has not developed to take into account more recent work on the typologies of FV, and cannot adequately address violence in same-sex relationships, bidirectional violence between partners, or women who use violence (Bohall et al., 2016; Rizza, 2009). The confrontational and punitive approach encouraged by the assumptions of the Duluth model has also been criticised for discouraging men to engage with the change process (Morran, 2013; Moss, 2016).

The mono-cultural nature of the theoretical basis of mainstream violence programmes has also been a feature of criticism, both in Aotearoa New Zealand and overseas. Minority groups and Indigenous communities have highlighted the limitations of the Duluth model, with its basis in a Western-centric feminism which prioritises a specific set of cultural and gender perspectives and fails to properly acknowledge the impact of other forms of oppression such as racism and colonisation upon FV (Crichton-Hill, 2001; Dobbs & Eruera, 2014; Fa'alau & Wilson, 2020; Gregory, 2008; Kruger et al., 2004; Rankine et al., 2017; Ruwhiu et al., 2009; Wilson et al., 2019a). Gallant et al. (2017) and Carswell et al., (2019) emphasise the importance of interventions that incorporate intersectionality in recognising the differing dimensions of power and consider how the lens of trauma as a result of colonisation meets the feminist discourse of violence as expression of patriarchy.

'Third wave' interventions

More recently, a range of other theoretical and therapeutic models have begun to influence FV perpetrator programmes, in what Frost (2019) terms 'third wave' interventions. This shift is best demonstrated by Project Mirabel, a ground-breaking study into Domestic Violence Perpetrator Programmes in the United Kingdom (Kelly & Westmarland, 2015). Project Mirabel researchers sought to move on from what they termed the 'increasingly arid academic debates' over the findings and methodologies of previous evaluations, which had tended to have narrow definitions of success focused on repeat victimisation (Kelly & Westmarland, 2015, p.5). Instead, they sought to recast the research questions and redefine success from the perspectives of participants and their partners/ex-partners in what they have termed a 'third generation' of research (Westmoreland et al., 2010). This more nuanced understanding of success, and the focus on gaining insight into the perspectives of the participants and their partners/ex-partners and families, is reflected in a range of other research into desistance from violence and the process of change. This research highlights that the journey away from violence is complex and multifaceted, comprised of many different elements, and is a lifelong process. While participation in a programme can be a significant step on this journey away

from FV, it is not the journey as a whole. Frost (2019) notes in her study of Tāne Māori who had successfully made the transition to living violence-free lives, that stopping violence programmes were not the main catalysts for change, but were instead viewed by the men as elements in the process:

> *'None of the men attributed their ongoing success, or their initial change, to attendance at a single stopping violence course. Rather, they spoke of the process of change as being a long-term journey which occurred in the context of belonging … the provision of stopping violence groups is one important piece of the puzzle when it comes to violence prevention. (Frost, 2019, p.105)*

Likewise, the evaluation of UnitingCare Men's Behaviour Change Programs notes that the programmes are not a silver bullet that stopped all men or stopped all the violence, but rather one of the tools available to directly address male violence (Taylor et al., 2020). The men interviewed by Roguski and Gregory (2014) in their study of men's journey to non-violence expressed ambivalence about non-violence programmes, the impact of which depended upon the skill of the facilitator, and the extent to which participants were provided with ongoing support after the programme had finished.

Overall, recent research into interventions for men who use violence has highlighted the need for approaches that incorporate a more nuanced understanding of both the causes of FV and the process of becoming non-violent. These nuances are evident in the SafeMan SafeFamily approach and are briefly reviewed here. Note the following passages are copied from the more extensive literature review included in Appendix 5 of this report.

ACEs and trauma

A key part of this shift has been research on the long-term impacts of Adverse Childhood Experiences (ACEs). The original ACEs Study, a collaboration between the Centers for Disease Control (CDC) and Kaiser Permante, the American health care consortium, aimed to examine the association between childhood trauma and a range of outcomes in adulthood; disease risk factors and incidence, quality of life, health care utilization and mortality (Felitti et al., 1998). This initial study, which found a strong relationship between exposure to abuse or household dysfunction in childhood, and negative physical and mental health outcomes in adulthood, stimulated a wave of subsequent research. Numerous epidemiological studies since have shown a clear correspondence between the experience of trauma and later adverse health and wellbeing outcomes (Anda et al., 2006; Shonkoff et al., 2012). ACEs research now includes examination of the links to broader domains than health, such as education, employment and income. For example, studies show that children who have experienced ACEs have lower levels of educational achievement, which then has a flow-on effect upon employment and income in adulthood (Blodgett & Lanigan, 2018; Macmillan & Hagan, 2004; Metzler et al., 2017). In Aotearoa New Zealand, research into the impact of ACEs based upon data from the Growing Up in New Zealand longitudinal study, found a correspondence between ACEs and performance in preschool readiness tests, indicating an impact upon cognitive performance (Walsh et al., 2019). Hashemi et al. (2022), using data from the 2019 Family Violence Survey, examined the intergenerational impact of trauma by showing the emotional/behavioural difficulties experienced by the children of parents who had been exposed to violence during both childhood and adulthood. ACEs research has also established the link between childhood trauma

Toxic stress in childhood undermines healthy brain development, including structures responsible for attention, impulse inhibition, cognitive flexibility and processing of fearful or threatening stimuli. But neurobiology also indicates hope through neuroplasticity – the ability of the brain to change over time.

and criminal offending in adolescence and adulthood (Baglivio et al., 2015; Connolly, 2019; Craig et al., 2017; Fox et al., 2015; Reavis et al., 2013).

This link also includes the association between ACEs and FWV victimisation and perpetration (Avakame, 1998; Black et al., 2010; Davis et al., 2018; Ehrensaft et al., 2003; Li et al., 2020; Maldonado & Murphy, 2021; McClure & Parmenter, 2020; McConnell et al., 2017; Whitfield et al., 2003; Widom et al., 2013). In Australia, Carlson et al. (2021) have noted that numerous studies have found that a significant proportion of Aboriginal men imprisoned for violence offences reported multiple experiences of trauma and violence in their early years. The report of the Family Violence Death Committee New Zealand into men that use violence found that of the men whose violence resulted in death, based on agency records, 60% had histories of childhood abuse and 75% had histories of psychological trauma in childhood (Family Violence Death Review Committee, 2016). Fergusson et al.'s (2008) study of data from the Christchurch Health and Development Study, found exposure to abuse in childhood, and family dysfunction and adversity to be significant predictors of IPV victimisation and perpetration in adulthood. Andrews et al. (2021, p.61) note that intergenerational cycles of violence need to be better acknowledged in FWV work: 'As a precursor to violence in adulthood, childhood exposure to violence sets communities up for a cycle that is difficult to break.'

The explanations for the impact of ACEs on human development indicate a complex mix of environmental and biological factors. The neuroscience research into brain development refers to 'the biological embedding of child abuse and neglect' (Jaffee & Christian, 2014). It suggests that the cumulative exposure of the child's developing brain to chronic stress response can result in impairment to multiple brain structures and functions, particularly the hippocampus (which plays a major role in learning and memory), the prefrontal cortex (which enables attention, impulse inhibition and cognitive flexibility) and the amygdala (which supports processing of fearful and threatening stimuli). Early life trauma results in a 'cascade of neurobiological changes associated with cognitive deficits in adulthood' (Gould et al., 2012, p.500). These can include a hypersensitivity to the "freeze, fight or flight" response when faced with a perceived threat. But neurobiology also indicates hope through neuroplasticity – the ability of the brain to change over time:

> *'Neuroplasticity can be enlisted in building pro-social behavior as well as emotional and physical well-being by skills that teach self-directed attention. New neurons are generated (neurogenesis) and reinforced (neuroplasticity) during learning and practice' (Leitch, 2017, p.8).*

ACEs research has major significance for public health and social services. It indicates the imperative to design early intervention programmes that target abuse and violence before, as Fox et al. (2015, p.1) phrase it, 'significant downstream wreckage occurs'. The evidence has also highlighted the need for public health and social services to develop responses that are alert to, and take into account, the impacts of trauma for those already affected by ACEs (Leitch, 2017; Spratt & Kennedy, 2020). For example, adults need a core set of capabilities to function and learn effectively, but exposure to toxic levels of stress can also rob people of the bandwidth[4] required to learn new skills (Center on the Developing Child, 2016). This is why initiatives, such as behaviour change courses, can have limited efficacy. Stressors – such as addictions or unresolved trauma – need to be reduced or removed to free-up capacity for executive function (the ability to plan, prioritise and focus) for people to learn and build skills and capabilities.

Stressors – such as addictions or unresolved trauma – need to be relieved to free-up capacity for executive function (the ability to plan, prioritise and focus) for people to learn, and build skills and capabilities.

Trauma-informed practice

As a result of the insights stemming from both ACEs research and neurobiological understandings of the impact of trauma upon brain development, trauma-informed interventions for men who use violence are increasingly being recognised as crucial to successful interventions. There is growing evidence that programmes that incorporate a trauma-informed approach have better outcomes than those only focused on a psycho-educative approach, such as those informed by the Duluth model and/or CBT. Schauss et al. (2019) argue that treatment models which address the relationship between trauma and domestic violence demonstrate better results than those which do not. Likewise, the systematic and meta-analysis of perpetrator programmes by Karakurt et al. (2019) found that programmes incorporating a trauma-informed approach showed better results that those that did not. Taft et al. (2021) highlight the need for trauma-informed interventions with IPV perpetrators, given the wealth of evidence indicating trauma as a key risk factor for IPV, and they argue for increased coordination between violence intervention programmes and services related to trauma.

A systematic meta-analysis of perpetrator programmes found that programmes incorporating a trauma-informed approach showed better results that those that did not.

In Aotearoa New Zealand, Gregory (2008) describes the evolution of He Waka Tapu, a programme specifically for Māori men who use violence against women. Initially the programme was no different from the model used by mainstream groups, which was influenced by the Duluth model and based around violence as the expression of male power and control. However, according to Gregory, it became apparent that this model was failing to address the men's trauma as a key factor in FWV:

[4] The ability of families to think beyond immediate presenting issues and crises.

> *'Having spent a number of years working in the local community and men's prisons, I had come to see that what we needed to do was focus on the healing of men, their relationships, and their families. This required working with the whole family; not just the perpetrators of violence, but their victims as well.' (Gregory, 2008, p.164)*

The My Father's Barber initiative also advocates for a trauma-focused approach. This highlights how childhood trauma results in stigma and shame, which leads to feelings of worthlessness, anger and loneliness in men. This in turn results in coping mechanisms which are detrimental to the men and toxic to their relationships with loved ones (Leonard et al., 2020). Trauma-informed intervention with men incorporates this context, which includes understanding how childhood abuse affects emotional and physical development, but also that healing and recovery is possible through positive personal interactions that can change and repair the structure and function of the brain.

Boys experiencing childhood trauma can feel worthlessness, anger and loneliness as men which negatively impacts on their relationships with loved ones.

Efforts to address family violence within indigenous communities have also indicated the need to address the communal intergenerational trauma caused by colonisation, displacement, loss of cultural identity, and ongoing racial discrimination and violence. Internationally, indigenous scholarship has articulated the significance of unresolved historical trauma due to colonisation and its ongoing impact upon indigenous communities in the form of a range of dysfunctional behaviours that are learned and passed onto succeeding generations (Pihama et al., 2014). Gregory (2008) explains that addressing the men's trauma in He Waka Tapu meant not only focusing upon the men's individual trauma, but also understanding the impact of colonisation and systemic racism. Wilson (2016, p.33) argues that whānau violence within Māori communities is more than individual men exercising coercive control, but is 'entangled in a history of colonisation, socioeconomic deprivation and trauma that persists into contemporary times'. Pihama et al. (2017, p.23) refer to 'the ripple effect that colonisation has across generations' and critique current understandings of trauma-informed care that are centred in individualistic western approaches. Likewise, McClintock et al. (2018, p.5) criticise current models of trauma-informed care as inadequate:

Efforts to address family violence within indigenous communities indicate the need to address the communal intergenerational trauma caused by colonisation, displacement, loss of cultural identity, and ongoing racial discrimination and violence.

> *Trauma Informed Care in Aotearoa continues to focus on situational trauma, a current harmful incident and perhaps cumulative trauma but for Māori, this is inadequate. It is imperative that practices and implementation of a Trauma Informed Care approach for Māori be supportive for individuals, whānau, hapū, communities and consider intergenerational and historical trauma.*

They call for culturally safe trauma-informed interventions that support collectivism and are informed by kaupapa Māori approaches. In Australia, Andrews et al. (2021) have developed a conceptual model for intervening with Aboriginal men who use violence, which seeks to accommodate the communal, generational and individual trauma of both victim and perpetrator. They note that Aboriginal men's violence against women needs to be located in the context of

colonisation and intergenerational trauma while privileging and centrally placing women's experiences at the forefront of the approach.

A focus on recovery

Other researchers argue that trauma-informed care should be incorporated with a strengths-based approach emphasising the ability to recover and heal from past experiences. A criticism of the emphasis upon trauma-informed care is that it focuses only on the trauma and fails to encompass the totality of the person and their experiences. By focusing on the negative experiences of the past, it can lead to a neglect of the positive and protective strengths and resilience that people have developed and potentially result in re-traumatization (Leitch, 2017). Ginwright (2018) gives an example of how a focus on trauma, however well-intentioned, might be resisted by those it is intended to help:

> *'During one of our sessions, I explained the impact of stress and trauma on brain development and how trauma can influence emotional health. As I was explaining, one of the young men in the group named Marcus abruptly stopped me and said, "I am more than what happened to me, I'm not just my trauma"'. (Ginwright, 2018, p.14)*

Ginwright calls for an approach that goes beyond trauma-informed to be healing-centred. This places agency back with the person affected by trauma and emphasises their resilience:

> *'A healing centered approach to addressing trauma requires a different question that moves beyond "what happened to you" to "what's right with you" and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.' (Ginwright, 2018, p.14)*

Likewise, Carlson et al.'s (2021) analysis of literature on Aboriginal healing programmes addressing FWV emphasises the importance of a strengths-based and collective approach, which moves from a model where expert professionals work with individuals, to a model where individuals develop their own skills and capacity to empower healing in themselves and their families and communities.

Trauma-informed, healing-focused work needs to be balanced with genuine accountability for violence.

The emphasis on men's trauma as part of the explanation and solution for FWV has encountered some resistance within the FWV field. There are concerns that the focus upon the men's trauma and need for healing comes at the expense of a focus upon the women and children affected by their violence. In Australia, Vlais (2014) notes that Australian minimum standards of practice do not view therapeutic healing as having a central place in Men's Behaviour Change Programmes, because of the concern that a focus on healing can support the male victim stance that lies at the heart of violence-supporting narratives and strengthens justifications and rationalisation for use of violence. He also notes that an emphasis upon trauma, and the triggering of intense emotions that this involves can potentially distract from the main purpose of such programmes, which is to challenge the men's use of gender-based privilege and sense of entitlement which is what leads them to use violence as a way of coping with their trauma. 'Doing therapy' therefore risks marginalising the vital work needed to address the sense of victimisation and male

entitlement that feeds violence against women and children. These issues raise some fundamental questions about the purpose of interventions with men who use violence. As Taylor et al. (2020) note, in the view of some practitioners in the field, references to men's trauma was regarded as evading and coercive – the intention of the programmes is to address violence, not the men's trauma:

> *'You really need to understand the work from the historical social model, because it's not about the men's trauma. For sure there is stuff and that impacts that, but that's not what they're here for with the programs – you need to be mindful of that.' (Quoted in Taylor et al., 2020, p.38)*

Therefore, the literature indicates that trauma-informed, healing-focused work requires a delicate balance between complex elements. This includes recognising men's pain from trauma, and shame about what they have done, fostering and acknowledging their strengths, while still insisting on genuine accountability for violence. Andrews et al. (2021, p.65) refers to this balance as 'the significance of not letting men's behaviour go unchallenged while trying to emotionally hold men'.

Narrative therapy

Proponents of narrative therapy suggest that this therapeutic approach may be a way of successfully resolving these tensions between trauma-informed approaches and a continuing insistence on accountability. Over the last decade, narrative therapy has been identified in some studies as a means of successfully engaging men who use violence and encouraging lasting behaviour change (Béres & Nichols, 2010; Mackay et al., 2015; Moss, 2016; Wendt et al., 2019). Narrative therapy is based upon a social constructionist approach to the process of therapeutic change, where narratives – the stories we tell about ourselves – are viewed as central mechanisms for interpreting, experiencing and interacting with the world around us (Etchison & Kleist, 2000). According to Béres and Nichols (2010), the key principles that underpin a narrative approach to therapy include the following:

- Externalising conversations – allowing people to experience an identity that is separate from the problem.
- Challenging essentialist and totalising accounts – people are not good/bad, victims/abusers etc.
- Centring client knowledge – the role of the therapist is to allow the client to examine their own lives, rather than diagnose and teach them.
- Dominant and alternate storylines – people tell stories about their problems by putting together certain events and therapy provides an opportunity for them to put together alternate narratives, which allows them to see the potential for change in their lives.
- Preferred ways of being – clients are encouraged to discuss how they want to live and the kind of person they want to be, and articulate ways to achieve this.

Narrative Therapy approaches are grounded in the belief that men are inherently capable of generating their own commitments to non-violence and that these commitments are more likely to lead to long-term change when the men own their own solutions.

Narrative Therapy has been combined with invitational practices which seek to emphasise and build upon the client's own capacity to change (Katic, 2016; Wendt et al., 2019). Another important feature of Narrative Therapy is its emphasis on how problems are constructed within social, cultural and political contexts; individual stories do not exist in a vacuum but are shaped by the values, beliefs and attitudes of the wider culture. As Wendt et al. (2019) note, this means Narrative Therapy offers a wider socio-political understanding of individual dysfunction, rather than offering solely individually-focused psychological explanations for the problems that clients may be experiencing.

These approaches can have particular utility for work with men who use violence. Wendt et al. (2019) describe the goal of Narrative Therapy in this context as helping men to uncover their beliefs and assumptions about using violence and explore how violence is enacted and supported in their daily lives. By engaging men in respectful conversations and allowing them to tell their stories, practitioners encourage men to uncover their underlying beliefs and assumptions and look for the inconsistencies and contradictions in their own stories. Narrative Therapy approaches are grounded in the belief that men are inherently capable of generating their own commitments to non-violence and that these commitments are more likely to lead to long-term change when the men own their own solutions (Béres & Nichols, 2010; Moss, 2016; Wendt et al., 2019). Moss (2016) notes that the journey to non-violence therefore becomes a collaborative practice in which men discover more about their own ethical motivations and create new non-violent identities, rather than a process in which men are seen as passive participants who need to be fixed. Moss (2016) and Wendt et al. (2019) point out that this collaborative approach is in contrast to the emphasis in mainstream interventions on confrontational and punitive approaches that seek to hold men accountable through a tightly regimented and restrictive focus on their violence. Moss argues that confrontational and punitive approaches have encouraged programme facilitators to approach men through a deficit lens that is dehumanising and marginalising and has led to many men disengaging from mainstream behaviour change programmes.

Wendt et al. (2019) list seven key principles that underpin what they term Invitational Narrative Practice:

1) Respect and Competency – this moves away from the deficit-based explanations of mainstream interventions and instead emphasises the potential for growth and change that lies within the men.
2) Ethics – a concern with ethics and ethical behaviour is central to change.
3) Restraining ideas – focus is on the restraints to ethical behaviour rather than the causes of violence – what stops men from choosing respectful and non-violent forms of behaviour.
4) Shame – men must work towards an understanding of the harm they have caused to others. Feeling shame is regarded as a crucial step on the journey to taking responsibility.
5) Responsibility and change – commitment to accountability and stopping violence is the ultimate goal.

6) Transformative – notion of choice is fundamental to men's behaviour change – men choose to use violence and ultimately need to choose not to. However, that choice is understood within a structural and socio-cultural context that shapes and transcends individual choice.
7) Safety of women and children – remains at the forefront of work with men.

The emphasis within Narrative Therapy on storytelling, ethical behaviour and cultural context means it is seen as having particular relevance for work within indigenous communities (Wendt et al., 2019). Alongside Narrative Therapy, Leonard et al. (2020) describe indigenous therapeutic modalities such as talanoa, the practice of inclusive participatory dialogue based in Pasifika culture and talking circles from North American indigenous culture as showing potential to support healing from trauma. Kingi-Ululave and Olo-Whanga (2010) note the similarities between narrative approaches to therapy and talanoa. In South Australia, Nunkuwarren Yunti, an Aboriginal Community Controlled Organisation and service provider, offers a national recognised Diploma in Narrative Approaches for Aboriginal People (Wendt et al., 2019). In Aotearoa New Zealand, a narrative-based Kaupapa Māori methodology based upon pūrākau, the Māori tradition of storytelling, has been developed for use in a research and counselling context, including a study into the pūrākau of wahine Māori who have experienced whānau violence (Davis & Came, 2022; Lee, 2009; Mikahere-Hall, 2017; Wilson et al., 2019; Wirihana, 2012).

However, there are also barriers to the more widespread adoption of narrative approaches in interventions with men who use violence. Wendt et al. (2019, p.9) note that invitational narrative practice is 'slow work' that requires time and emotional space. Moving too fast with the men without giving them adequate time to reflect and draw their own conclusions can result in defensiveness and disengagement (Wendt et al., 2020). This has meant narrative therapy has been overlooked within the FWV sector at a time when the emphasis has been on the need for standardised programmes, 'the search for uniform, evidence-based interventions that could be delivered on mass, across populations, combined with increasing competitive funding environment, mean that "looser" more time and resource intensive approaches were not considered to be viable options' (Wendt et al., 2019, p.34). Etchison and Kleist (2000) also point out that Narrative Therapy's basis in social constructivism, which questions the concept of objectivity, sits uneasily with traditional quantitative empirical research, and does not lend itself to standard evaluation methods. As standardised methods and programmatic approaches are not a feature of the narrative therapeutic approach, any claims about the efficacy of the approach in working with men who use violence will necessarily be highly specific to each individual:

> '*Effectiveness is therefore conceptualised in terms of moments, movements towards change that are unique to men's own journeys and evident in their articulation of key learnings and specific shifts that are verifiable and confirmed by significant others.' (Wendt et al., 2019, p.78).*

Peer support – 'the power of the peer'

Much of the research into trauma-centred, healing-focused and narrative approaches to working with men who use violence focuses on the interaction between the men and professional facilitators/counsellors in traditional therapy/counselling settings. However, a consistent theme in feedback from men who have successfully transitioned to non-violence is the key role played by

peers in supporting positive behaviour change. Campbell et al.'s (2012) study of peer support services in the family violence field noted that the men interviewed during the study were overwhelmingly in agreement that the most important form of support they received in their journey away from violence was that provided by fellow participants. This was also supported by the professionals Campbell interviewed, one of whom noted that 'the power of the peer in bring about change…cannot be underestimated' (Campbell et al., 2012, p.142). Roguski and Gregory (2014) noted that almost all the men they interviewed referred to the value of informal connections with peers/role models from their community, which had often been the catalyst for the beginning of their change journeys:

> *'Well for a start, when you know someone and you trust them and, I'll use Vic as the example, I know what Vic's been through, what I've been through and all that. You can trust that there'll be no judgment and there's an understanding. Whereas a counsellor…that is just someone who's done a degree and been to university and that and got their shit together. And nine times out of 10 they haven't been through what you're talking to them about. So, I guess it's that they can relate to what you're going through and what's been going on and you just feel safe talking to them about it, 'cause judgment is pretty scary and it's an intimidating thing that you're going to be judged and shamed.' (Quoted in Roguski & Gregory, 2014, p.5)*

Walker et al.'s (2015) conceptual model of the process of desistance from family violence includes the role of external support networks, particularly the relationships with other men in treatment groups. They note that these relationships facilitated behaviour change through positive feedback that reinforced and shaped behaviour change, and through manifesting the feeling in men that they were not alone. They conclude that it is fundamental for practitioners to understand how peer support is required to assist the change process and help with the maintenance of violence-free lives. Frost's (2019) thematic analysis of the accounts from tāne who have moved away from a life of violence includes numerous references to the transformative power of peer support, both in initiating the process of change and in supporting and encouraging men to stay on their journeys:

> *'You get ideas off each other, yeah, not just hearing your story, but coming out of some else's mouth. And listening to our other guys deal with it…and then you go home and you try those things and it does help.' (Quoted in Frost, 2019, p.85)*

Tāne interviewed as part of the E Tū Wāhine, E Tū Whānau project referred to the importance of the 'broship space' in the process of change, where tāne were able to open up and talk freely about violence with other men who had shared similar experiences (Wilson et al, 2019b, p.60). Crucially, peers also serve to hold tāne to their commitment to non-violence: 'Importantly, broship forms a network of safety whereby the 'bros' can prevent their mates from beating their partners' (Quoted in Wilson et al., 2019b, p.60). The My Father's Barber kaupapa is also based upon the peer support model, with the belief that the barbers can create a 'ripple effect' in their communities to combat violence and toxic masculinity as they share the knowledge they have gained from the wananga held in 2019 (Leonard et al., 2020). Bellini et al. (2021) discuss the importance of positive peer support networks as part of the ongoing pathway to non-violence, as well as the challenges involved in establishing such networks. They note that the loss of positive peer support after the end of a DVPP has been identified as a significant risk factor for the reuse of abusive behaviours, indicating the

need to establish long-term peer support networks. They also note the increasing popularity of online peer support, due to the ease of access, flexible participation and ability to maintain a degree of privacy which online peer support offers. However, they also refer to some of the risks involved in grouping men together without adequate moderation, including the risk of collusion and the potential to escalate the risk of reoffending. They refer to the need for further research to explore how to build and sustain safe moderated interventions for peers to receive and provide support on the dynamic pathway of desistance.

Discussions of FWV interventions also highlight that peer support not only benefits men receiving it, but also the peers who offer support. Frost's (2020) study of the factors influencing attrition and completion of a family violence intervention programme in Wellington, highlighted the significance of peer support in offering men the opportunity to gain agency in their own journeys away from violence by helping others. Morran's (2011) study of the processes and experiences of men who had completed DVPPs and were now living without violence noted that most of the men interviewed remained in contact with the programme in some capacity, and some were now involved in counselling or volunteer activities within the FWV field. Moran suggests that such opportunities to offer support to others who were new to the groups were an important part of the ongoing process of change:

> *'The ability to develop and undertake such redemptive interests and activities seemed an important, possibly even essential, activity in terms of these men committing to a new, more positive, identity which contrasted with a negative past self.' (Morran, 2011, p.314)*

Despite the references within the literature to the value of peer support, there has been little systematic analysis of the efficacy of peer mentoring in the FWV field. One exception to this is Campbell et al.'s (2012, p.11) study of a peer mentoring programme for men who use violence, which concludes 'both the literature and those consulted report positive experiences and outcomes from peer support and there is a whole-hearted and optimistic view about the promise and potential for this intervention to make a significant and positive impact on ameliorating family violence in New Zealand'. Some of the benefits they list for mentees include enhanced resilience, motivation, self-belief and social connection, and healthier relationships through exposure to alternative and non-abusive ways of relating to others. For mentors, benefits include heightened self-esteem and support for their own progress. Peer mentoring could also provide pathways for professional development and enhanced employment prospects. For families/whānau and communities, peer mentoring could provide a catalyst for change within the community as peers interacted with those around and helped to create collective attitudinal change. For organisations, peer mentoring could enhance access to hard-to-reach groups, and encourage greater diversity in the workplace that better reflects the diversity of clients and provides a cost-effective way to achieve client outcomes. They also noted that peer leadership offered the opportunity for

'a different kaupapa – one that offers a longer-term, more holistic and strengths perspective, including the use of instrumental, informational, emotional and social support to complement the more singular and immediate focus of many currently delivered domestic violence services'. (Campbell et al., 2012, p.13)

Professionals expressed the belief that stakeholders might be concerned about the risk element involved in peer support services for men who use violence, given how risk averse the sector was.

The study also identifies some challenges, such as the difficulty of securing support from stakeholders, maintaining the integrity of the peer support perspective and making sure it was not submerged by the dominant professional paradigm. There were also some concerns expressed about the ability of those with lived experience of FWV to deliver professional and ethically sound services to clients. The professionals interviewed by Campbell expressed the belief that stakeholders might be concerned about the risk element involved in peer support services for men who use violence, given how risk averse the sector was. They referred to existing concerns from stakeholders that peers might collude with perpetrators to minimise or excuse their violence. This reflects the more widely held belief that men's support networks tend to encourage negative behaviour towards women, rather than positive role modelling (Campbell et al., 2012; Hart, 2009).

Beyond the FWV field, there is evidence for the efficacy of peer support models in other services. Carswell et al.'s (2019) study of effective recovery services for male survivors of sexual abuse refers to the lack of research into peer support services in this field and instead notes the evidence for the efficacy of peer support within mental health services. Repper and Carter (2011, p.400) in their review of the literature on peer support in mental health services found that peer support workers had a positive impact in a number of ways: 'What PSWs appear to be able to do more successfully than professionally qualified staff is promote hope and belief in the possibility of recovery; empowerment and increased self-esteem, self-efficacy and self-management of difficulties and social inclusion, engagement and increased social networks.' They also note the peer support workers themselves experienced benefits to their ongoing recovery. Some of the challenges mentioned echo those raised above; maintaining professional boundaries, managing stress, managing risk, and maintaining the distinctive qualities of peer support within a medicalised model. Chinman et al. (2014) also found some encouraging results in their review of evaluations of peer support services, but concluded that more research was required to show their effectiveness with greater confidence. Shalaby and Agyapong (2020) noted that the benefit of peer support services extends beyond the recipients of mental health services, to the peer support workers themselves and to the health system as a whole. In particular, they found peer support to be effective for socially disadvantaged and marginalised groups in society. Likewise, Sokol and Fisher (2016) found that peer support was a robust strategy for reaching groups that health services often fail to engage.

Scott et al.'s (2011) discussion of peer support services in mental health and the management of risk makes several points that resonate with the application of peer support in the FWV space. They describe peer support as a 'liminal occupation'; one that exists in between two different identities, that of the health worker and the service user. Peer support workers occupy a hybrid position, identifying with the experience of mental illness while also sitting outside it as a provider of services. This position creates tension, which is most apparent in the management of risk. As part of the mental health system, peer mentors are pulled towards strategies of risk management in their dealings with service users, but are also drawn towards downplaying or reformulating risk because of their own experiences and the general philosophy of peer support. This philosophy is based on principles of self-determination and honouring the peer experience, which can sit uncomfortably with risk discourses. Like the mental health sector, the FWV field is particularly risk-averse and the development of peer support services requires peer mentors to be able to navigate these tensions.

Within the mental health field, there have been efforts to more clearly define the vision, principles and practices of peer support. This is in response to concerns that the widespread employment of peer workers within mainstream mental health services could diminish the integrity of the peer support concept (Chinman et al., 2014; Daniels et al., 2012; Davidson, 2015; Penney, 2018; Scott et al., 2011; Stratford et al., 2017). One of the most widely referenced peer support models is Intentional Peer Support (IPS). First developed in the early 2000s, IPS positions itself as originating from the grass-roots consumer/survivor/ex-patients' movement, whilst offering a more systematic, manualised approach to the training and practice of peer support (Penney, 2018). The IPS model is based upon four key tasks of peer support practice (Mead, 2014):

1. Connection – when we realise that someone else 'gets it'.
2. Worldview – stepping back from our knowledge and thinking about how we have acquired that knowledge.
3. Mutuality – creating relationships that are based on mutuality and reciprocity, with everyone having something to offer, rather than just one person helping the other.
4. Moving Towards – focusing on helping each other move towards what is wanted (vision and action – strengths-based), rather than moving away from what isn't working (problems and solutions – deficit-based).

IPS advocates for trauma-informed approaches to peer support: 'It starts with the fundamental question, "What happened to you?" rather than the traditional question, "What's wrong with you?"' (Mead, 2014, p.8). Practitioners have also identified synchronicities between IPS and narrative practices: 'Combining narrative practice with a peer approach provided new opportunities for resisting totalising narratives of 'illness', working towards achieving meaningful lives, and reconnecting with people and relationships.' (Kennedy, 2019, p.1) Overall, the IPS model aims to transform traditional mental health care provision on the basis of establishing counselling relationships 'that are mutually transformative, supportive and challenging' (Mead, 2014, p.3).

Peer mentoring is also becoming an increasingly popular approach within the criminal justice system in the United Kingdom as part of crime desistance strategies (Buck, 2018). The empathy, trust and care shown by mentors is regarded by mentees as an antidote to the disconnected and technocratic criminal justice system. However, Buck (2018) also notes the emotional toll taken on peer mentors, usually with little financial recompense. Kirkwood (2021) also refers to the increasing popularity of peer mentoring as an approach to support offenders and suggests that mentoring may translate a general desire for change into reality by providing the means through example to achieve that change; what is termed in desistance literature as 'a hook for change'. Nixon (2020) discusses the benefits of peer mentoring in criminal justice for both mentors and mentees, and notes that it gives both a sense of hope for the future and opportunities to develop new prosocial identities. Nixon also notes the liminality of peer support workers in the criminal justice system, and the difficulties of navigating between their new and old identities.

The transition into a peer mentoring role is regarded by some researchers as a crucial part of sustainable crime desistance. As part of their analysis of the crime desistance process, McNeill and Maruna (2007) note the importance of 'generativity' as a key component. They define generativity as concern for and commitment to promoting the next generation, manifested through parenting, teaching and mentoring to help produce outcomes that aim to benefit youth and foster the development and wellbeing of individuals and a social system that will outlive the self. Generative commitments provide a sense of purpose and meaning, allowing former offenders to redeem themselves from their past mistakes and legitimising their claims to have changed. Desisters also find meaning in their life histories by turning their negative experiences into cautionary tales or hopeful stories of redemption which they share with others in similar circumstances. Therefore, McNeill and Maruna argue that the development, encouragement and facilitation of generativity should be at the heart of effective practice with offenders. Crucially, they note that this is only possible within the context of a society that is willing to accept and recognise these contributions and therefore reintegrate the former offender, an observation that is also relevant to the application of peer support models to the FWV field.

Desisters from crime serving as peer mentors find meaning in their life histories by turning their negative experiences into cautionary tales or hopeful stories of redemption which they share with others in similar circumstances.

Therefore, evidence from the mental health field, criminal justice system and from the FWV field itself points to the value and importance of peer support as a key element in the transformation journeys that men who use violence undertake. The definition of peer support from Te Pou, the national workforce centre for mental health, addiction and disability in Aotearoa New Zealand, applies equally to peer support in the FWV field:

> *'Peer support is person-centred and underpinned by recovery and strength-based philosophies. The life experience of the worker creates common ground from which the trust relationship with the person is formed. Empowerment, empathy, hope and choice along with mutuality are the main drivers in purposeful peer support work. There is great deal of strength gained in knowing someone who has walked where you are walking and who now has a life of their choosing.'*
> *(Quoted in Scott et al., 2011)*

Background summary

Aotearoa New Zealand's family violence sector has been struggling over several decades to make an impact on rates of family violence, which are among the highest rates of reported intimate partner violence in the developed world. As a result, over the last decade there have been increasing calls for paradigmatic change within the sector. The literature reviewed indicates that traditional, criminogenic approaches to men who use violence are shifting to:

- Be trauma-informed and healing-focused.
- Be holistic in approach and work with men in the contexts of their families and communities.
- Engage men by being strengths-based and change-focused rather than punitive

and deficit-focused.

- Compassionately challenge men to take responsibility for their violence and change.
- Provide ongoing support outside conventional health and social service settings to create sustainable change throughout life.
- Provide opportunities for men to learn from and support each other.

The literature also suggests that these kinds of interventions are difficult to incorporate within current funding models, which have tended to produce short-term, standardised programmes with easily quantifiable outputs; 'bums on seats'. For many men, these have not offered the breadth of support they need on their journeys towards safe, violence-free lives. Therefore, change in the FWV sector requires more than innovative, flexible, holistic, family/whānau-centred services; it requires social service funding models that can grow and support these services. As noted by the Family Violence Death Review Committee:

> *'Aotearoa New Zealand has examples of community agencies providing effective support where they can adapt and respond to the needs of their community… However, some good initiatives have not succeeded because central government funding structures have produced siloed thinking that stifles initiatives taking a broader approach.' (Family Violence Death Review Committee, 2016, p.80)*

Evaluation methodology

Study design – overview

Because SMSF's practice varied according to men's needs and goals, the evaluation team adopted a principles-based approach (Quinn-Patton, 2017). This process involved surfacing the largely unspoken-rules underpinning the intentionality of SMSF's work, describing what these principles look like in practice, and assessing the difference this makes for men and their families.

The way we structured the project was inspired by SMSF's fundamental, "peer-led, professionally supported" model. Given this, we took a "participatory" approach, which includes "a commitment to conducting research with, not on, others" (Call-Cummings & Ross, 2022, p.2). To ensure the involvement of SMSF's peer-leadership was meaningful, we established a Steering Group which was chaired by SMSF from the project's inception to its close.

We followed the ground-breaking Project Mirabel (Kelly & Westmarland, 2015) approach to describing and assessing men's behaviour change efforts, which involves including providers, men and women's views. This comprehensive view on violence and cessation is consistent with SMSF's aphorism, "the man is safe when his family says he is safe". Given this, we set out to:

1. Listen to what the 'experts', peers and families have to say about the drivers of men's violence and behaviour change. Based on that:
2. Identify the drivers of men's violence and behaviour change, including but not limited to gender.
3. Develop a SMSF logic model that shows what success looks like and what SMSF does to help men achieve success.
4. Describe what changes have taken place and what SMSF has contributed towards that.
5. Develop a measurement framework for the evaluation of SMSF going forward.

Working in partnership

The evaluation progressed as an active partnership between the evaluation team, SMSF and the Ministry of Social Development. Point & Associates, Awa Associates, SafeMan SafeFamily and the Ministry of Social Development met for whakawhanaungatanga over a period of several months to get to know each other, and understand what SMSF does, the purpose of the evaluation and what it could look like.

A Steering Group was established to embed partnership into the project. Three SMSF Board members sat on the group and two staff from the MSD's Safe, Strong Families and Communities team. In the spirit of peer-leadership with professional support, SMSF chaired the group and the evaluation team (i.e. Point & Associates and Awa Associates) advised and took direction from it.

The Steering Group met monthly. This allowed the evaluators to promptly resolve issues, get feedback on what we were learning, and it allowed the real-time transfer of learnings into service and policy development work. The purpose of the Steering Group is to ensure the evaluation was staying on track, i.e. Are the evaluators:

- Understanding what SMSF does?
- Producing information that is useful for the continued development of the SMSF model and its implementation?
- Finding out what difference SMSF is making to men and their whānau, how much of a difference, and for whom?

Ethics

Point & Associates and Awa Associates drafted an evaluation plan for review, input and sign-off by our Steering Group. The plan was considered and approved by the Ministry of Social Development's Ethics Committee, December 2020.

As the project proceeded, the evaluation team found we needed to discuss with the project Steering Group how to address some unanticipated challenges that arose. While the Ethics Committee provided for the team to go back to the committee if significant challenges arose, we instead chose to defer to our Steering Group's intimate knowledge of its relationships with the SMSF community to determine the best way forward, which the MSD as a Steering Group partner could consider, question and inform. We found the Steering Group to be an excellent forum for resolving ethical issues that arose throughout the term of the project and found no need to return to the Ethics Committee. This is discussed more fully elsewhere (O'Connor, in review).

Principles-based evaluation

We determined the best way to evaluate SMSF was to take a principles-focused approach. This was considered to be appropriate because SMSF's kaupapa was already well defined, but particulars about what it does and how, were not documented. The way SMSF supports men through their change journey is intentionally flexible so they can respond to each man's particular situation and needs. After identifying the principles evident in how men are supported through the Uncover, Discover, Recover process, we discussed and refined these with the Steering Group.

Participant Observation

The men on the evaluation team attended an SMSF Stopping Violence hui at Te Rawhiti Marae on 5 May 2021, helped out at the SMSF marquee at the Pasifika Festival on 11 April 2021, attended about 20 RJ Sunday meetings, three RJ Monday Learning and Development sessions, and an RJ Tuesday session.

Adopting participant observation as a data collection method has been hugely beneficial to this project. It meant the evaluators were able to develop relationships with the peers and peer-leaders, hear conversations and witness events that have deepened our understanding of SMSF. Spending time with SMSF peers, peer-leaders and professionals meant we were able to get to know each

other, which helped them trust us. This was evidenced by peers sharing more sensitive, insightful comments with us as our relationships developed and time went by, and by the evaluators being able to deepen their interview conversations by asking questions we would not have been able to think of without knowing the men.

Furthermore, participating in RJ Sunday meetings allowed them to develop a deeper understanding of SMSF's Uncover, Discover, Recover process than would have been possible if they only learnt about it through documents and talking to SMSF's leaders and peers. It prompted them to reflect more deeply on their own family histories and personal experiences, what happened, what they did, and how these histories have shaped who they are as people and their relationships. Listening to the peers' stories and what they have done to change has inspired and prompted them to make positive change in their own lives. We heard from the men that the process did this, but personally experiencing it helped us understand what they were telling us and gain our own insights into the process.

Programme logic mapping

After an initial period of participating in SMSF activities, conducting exploratory interviews and a literature review, we created a provisional logic model describing the core elements of SMSF, its expected outcomes and what SMSF does to achieve them[5]. The model helped refine the questionnaires and survey we used to learn more about SMSF, what it does and the differences it makes, and how. The model was revisited and revised once data collection was complete.

Process evaluation

The first stage of the evaluation was focused on describing what SMSF does in practice, i.e., not only what it says it does. This was achieved through participating in RJ meetings, interviewing SMSF leaders about what they do, interviewing SMSF peers about their experience of engaging with SMSF, reviewing SMSF documents, and participating in SMSF Messenger groups.

Impact evaluation

The second stage of the evaluation focused on the extent to which SMSF is helping men make positive change in their lives and keep their families feeling safe. This involved interviewing peers, families and whānau about whether positive change had been achieved and, if so, what helped make those changes.

Interviews

We conducted 47 interviews with SMSF professionals (n=3), peers (n=22), whānau (n=11) and community stakeholders (n=8). Some men and professionals were interviewed twice.

[5] Mark Nash's work was very helpful.

In addition, we had many in-person and online conversations at the Pasifika Festival, at Rawhiti Marae and on Messenger. These provided rich information about SMSF, drivers of violence and change.

We became familiar with the men before we interviewed them by attending SMSF events and participating in RJ Sunday. This allowed us to tailor the basic set of interview questions to each man. The questions we asked focused on:

- What is their story? Why did they use violence and what brought them to SafeMan SafeFamily?
- Have they attended or are attending another group to help them make positive change? If they have been or are, what is SafeMan SafeFamily's unique offering?
- If SafeMan SafeFamily has helped them, how did it help? What are the changes SafeMan SafeFamily has helped them make?
- If SafeMan SafeFamily should do something else, more or differently, what is it?

The questions we asked whānau were broadly similar.

The SMSF leadership were asked about the governance and management of SMSF and how it operates, what is going well and where they want to make changes, what SMSF is doing to connect with the sector, how they ensure safe practice, and how they are preparing new leaders.

The stakeholders were asked about how they connect with SMSF, what SMSF does that supports the work they do, what difference SMSF makes, what they do well and what they should consider doing differently or better.

Survey

Each peer, family and whānau member we interviewed was asked to complete a short survey (see Appendices 1, 2 and 3) to gather quantitative data to help us measure the extent of any behavioural change, perceptions of safety and the extent to which SMSF has helped drive change.

Our study is unique in that we surveyed men, family and whānau using the same questions across two time points – how things were immediately before SMSF and how things are now. The questions were based on those used in the Project Mirabel study (Kelly & Westmarland, 2015). Structuring the question set and data collection in this way allowed us to compare their ratings of un/safe communication and behaviour, including the extent of change from men and their family members' points of view. We drew on insights from the interviews to help interpret trends in the survey sample's response.

All the peers, whānau and family members we interviewed were asked to complete a survey about how things were before the peer started with SMSF and how things are now. We received survey responses from 16 peers and 11 family and whānau. Six interviewees did not answer the survey, two of whom explained they could not, or preferred not to, write.

The peers were also asked about how strongly they disagreed or agreed that the principles we (i.e. the evaluation team) observed were evident in SMSF's practice. All survey respondents strongly agreed and agreed that each of the principles is evident, which affirmed to us that we had correctly identified the principles underpinning SMSF's practice.

Qualitative data analysis

To analyse the interviews, we imported the interview transcripts, Messenger posts and participant-observation notes into Nvivo[6]. Two evaluation team members read through each transcript to identify content relevant from two points of view; given our project's key questions and the programme logic on the one hand, and the topics raised by the interviewees' themselves on the other; this is consistent with a general inductive approach to data analysis (Thomas, 2006).

We used two people to code the qualitative data so they could review each other's work and discuss any differences of opinion as to how the material should be coded. The provisional and emerging coding framework was discussed and refined by the full evaluation team before seeking the Steering Group's views. The Steering Group's views were then considered by the evaluation team before we finalised our analysis.

Quantitative data analysis

Charts and tables were constructed to help visualise the range of responses and trends in the data.

The survey's fixed choice response categories (strongly disagree, agree, etc.) were converted into numbers (strongly disagree = 1, agree = 2, etc.) to allow statistical analysis using SPSS[7].

The samples of peers and family/whānau we surveyed were small but large enough to be able to compare the views of whānau and men using paired Students T Test[8] to assess the extent of change, considering significance and effect size between men's and family members' ratings of how things were before SMSF and how things are now. The results indicate that the peer and family survey respondents say SMSF has had a large, positive effect on men's behaviour and how safe family members feel (Cohen's d >1.0, $p<0.05$).

Literature review

In order to locate relevant information for the literature review, searches of a number of electronic databases were conducted, including SAGE Journals, ProQuest, JSTOR, ABA PsychInfo, MEDLINE, PubMed and Google Scholar. Search parameters were set to exclude literature before the year 2000 in order to limit findings to the most recent and relevant published material. Whilst literature published prior to 2000 was avoided as much as possible, some exceptions were made for articles that provided a historical context to the issue of FV and programmes for men who use violence. The relevance of literature has been tailored towards informing and contextualising the evaluation of SMSF, rather than offering a general overview of all the literature available on FV.

Search terms initially focused on the following key words and combinations:

- Domestic violence
- Family violence
- Intimate partner violence

[6] Best Qualitative Data Analysis Software for Researchers | NVivo (qsrinternational.com)
[7] https://www.ibm.com/spss
[8] Our statistical analysis plan was discussed with and endorsed by Prof. Charles Crothers.

- Perpetrator intervention
- Perpetrator programme
- Perpetrator treatment
- Batterer intervention programme
- Men's behaviour change programme
- Efficacy.

Given the extent of the literature on FV, the process of the selection was based upon a process of 'purposive sampling', where the focus is on identifying and reviewing key articles (Etikan et al., 2016).

As the evaluation of SMSF progressed and knowledge of the kaupapa deepened, other relevant search terms were identified. Some of these areas of relevance were also indicated through feedback from the Steering Group. This expert input ensured that the most relevant and contemporary developments in the field were included as part of the literature review. As noted by Wendt et al. (2019), expert sampling is particularly useful in exploratory research and when there is limited data on a particular topic. These additional subject areas included:

- Adverse Childhood Experiences
- Learning disabilities
- Narrative therapy
- Peer mentoring
- Couples counselling.

In addition to these searches, relevant materials were sourced from reference lists in key articles and by identifying articles that had cited key articles. Internet searches were also conducted to identify relevant grey literature, such as government reports and evaluations.

About SafeMan SafeFamily

SafeMan SafeFamily (SMSF) is a peer-led, professionally supported community of men who have used violence who want to become safe for themselves, their families and communities. Rather than delivering a defined and time-specific course or programme, SMSF focuses on providing what is wanted by the men coming to them for help, for as long as they want it. The men are supported through three phases, "Uncover, Discover, Recover" where they are encouraged to reflect on their trauma and use of violence and its causes, learn what they can do about it and put their learning into practice (e.g., building healthier relationships).

The whakapapa of SMSF

Vic initiated this endeavour to begin to organise and empower others to heal and to stop family and sexual violence, the way he needed it to be done for himself. (feedback from a family member of Vic)

After suffering abuse throughout his childhood, Vic Tamati MNZM became a man who used violence against his family and members of the public. The turning point came after his ex-wife left the house with their children and returned a few days later to tell him they were moving out for good. Vic went to a 20-week stopping violence programme which helped cement his desire for change, but it didn't give him all the knowledge and tools he needed, nor the ongoing support to undo all the damage he had suffered and caused over 38 years.

Over the next 15 years, he connected with other men, some of whom had also attended stopping violence courses. What they all had in common was a desire to change and become safe men. During this period Vic became well-known for his work advocating for change and was invited to – and joined – the "It's Not Okay" campaign. His 10 years of work as a Champion with "It's Not Okay" between 2008 and 2018 helped him develop his connections with men, his thinking on what men need to change, and his profile as someone who can lead and support men who want to change.

The men Vic connected with most often may be thought of as coming from "hard-to-reach" communities, e.g., men with gang affiliations and long histories of violent crime. They have been marginalised and sometimes purposely excluded from what Vic calls "the racetrack" of mainstream life. These men tend to be mistrusting of mainstream authority and hence unlikely to connect with stopping violence services.

Over time, the community of peers connected with SMSF steadily grew and started to attract supporters. It was officially founded in 2012 as a charitable trust supporting a nationwide network of over 100 men from diverse backgrounds.

SMSF Fundamentals

The SMSF fundamentals are listed below. They all work together with the goal of engaging and supporting men on their journeys of change.

A metaphor SMSF uses to describe how men use the fundamentals is that they are like a bunch of balloons. Each of the fundamentals can be used as and when needed. When it is no longer needed it floats back up into the bunch until it is needed again.

Some fundamentals are available to be used 24/7/365. These are the 0800 SAFE HELP number and the national peer support network. The metaphor SMSF uses to describes these forms of support that are always open to support men on their change journeys is a 24-hour petrol station – men can stop in for a top-up and help as and when needed – this provides them with autonomy and choice.

0800 SAFE HELP: A 24/7 toll-free phone service.

A&E: This is awareness and education work done to stop family violence – "A&E to stop A&E" [Awareness & Education to stop Accident and Emergency]". This involves outreach work by SMSF Journey Men to help men, families and whānau see that change is possible, reduce barriers to access and invite men to make change. They deliver stopping violence messages at hui, on marae, in sports clubs, at market days, etc. to show that change is possible and that help is available from people who have been there too. This removes barriers for people who want help – SMSF brings the help to them.

Brown Card: This is a metaphor for being able to say you are safe. SMSF do not give a certificate for completing a course because men have to stay safe every day. The best indicator that a man is a SafeMan is that his family says he is safe – that's one version of the Brown Card.

The SMSF "Head Table" will also Brown Card a SafeMan as a leader of SMSF if they consider him to be ready and suitable for a leadership role in the network (see the section "Peer-leadership and professional support"). Without this Brown Card, he will not be endorsed as a leader.

Couples work: Some men and their partners talk with Togia Lanefale[9] (SMSF's Social Worker). This can help men develop a more comprehensive and/or deeper understanding of their relationship and behaviour and may help the couple adjust to change.

One-on-one work: At the time of writing there were 110 men getting one-on-one support from SMSF's Social Worker, Togia, Vic and other peer-leaders around Aotearoa. Some men engaging with SMSF only speak one-on-one with the Social Worker (Togia), Vic or another peer-leader. These men are usually early in their journey of change. The men getting one-on-one support usually feel they

[9] Togia has agreed to be named in the report. He is often referred to in the narrative and in interview quotes.

need more intensive support to uncover or work through parts of their story and do not yet feel comfortable sharing this with others.

Peer-Leaders: Peer-leaders are peers that others look to for leadership. They are SafeMen. They deliver stopping violence messages, speak at community meetings and events, and role model that change is possible. They show that change is possible and can inspire others to make positive change. Several SMSF peer-leaders are well known having served as Champions for the "It's Not Okay" and other stopping violence campaigns.

Professionals: SMSF employees, Board members, advisors or supporters who have a professional registration, e.g., registered Social Worker, Psychologist or Psychiatrist.

Redemption Journey meetings: There are a range of RJ meetings tailored to meet the needs of men on different kinds of journeys, in person or online. Currently, there are four RJ streams:

- RJ Learning and Development. This is a group for men who have been identified as suitable for peer-leadership and want to learn about how to do that safely. As of mid-2022 there were about eight men participating in this group, most of whom also participate in RJ Sunday meetings.
- RJ Tuesday. At any one time there are between 40–50 men participating in the weekly RJ Tuesday meetings. These men have been recently released from prison and have wrap-around support to help them settle back into the community. A partner community organisation – Grace Foundation – is responsible for those men and SafeMan SafeFamily is contracted to deliver RJ Tuesday sessions as part of the men's support.
- RJ Thursday. RJ Thursday is for men who want to recover from being sexually abused.
- RJ Sunday. RJ Sunday is an opportunity for men to check-in with their peers and discuss the highs and lows of their week, any issues that are top of mind and what they have done to stay safe. On any one week there is between 5–14 men in the online RJ Sunday meetings, with an average of about 10 per week, including a facilitator.

Roll Call: Roll Call is an exercise usually given at the end of an SMSF leader's presentation as part of their A&E work in workplaces and other organisations. The audience – men and women – are asked to participate by standing up if a scenario has ever applied to them. As the presentation proceeds, the scenarios become more challenging. The presenter also stands if a scenario applies to them, which helps make it easier for audience members to do the same. "Please stand up if, as a kid you were beaten up by other kids." "Please stand up if, as a kid you ever beat up another kid." "Please stand up if you ever violated, abused or assaulted a member of your family," all the way through to, "Please stand up if you are responsible for the death of a member of the public, either intentionally or accidentally." This confessional environment is deeply impactful and highlights SMSF's emphasis upon personal accountability right from the outset.

SafePlace: This was not offered at the time of writing but may be again in the future. It is short-term, emergency accommodation for men who need a safe place to stay for a night or two, such as men who are prevented from going home, or men who feel going home to their partner or children may put them in danger.

SMSF National Network: There is a nationwide network of men who have chosen to embark on a Redemption Journey. They connect through the Messenger social-media app where they post

comments, videos, links to media stories, professional commentary and advice on healing and staying well, and invitations to events and hui hosted by organisations in the family violence sector. Some men develop deep friendships and mentor–mentee relationships through the SMSF network.

It is difficult to say how many men are in the national network. Currently, there are about 100 men posting on the Messenger network (there are other men in the network who don't use Messenger).

Uncover, Discover, Recover: These are the stages men go through to become safe on their Redemption Journey (described below under theory of change).

Peer led, professionally supported

As noted in the glossary, a "peer" is someone who engages with others in SMSF on a self-directed healing journey to become safe. As noted by a family member of Vic's,

> *'a peer may be a newcomer to SMSF with no stopping violence tools or even words to express themselves, or they may be a regular participant in the SMSF network with many years of experience in changing and monitoring their life patterns away from family violence'.*

"Professionals" are SMSF employees, Board members, advisors or supporters who have a professional registration, e.g., registered Social Worker, Psychologist or Psychiatrist.

Part of what makes SMSF unique is that it is a peer-led, professionally supported organisation. It is fundamentally important to the development and delivery of the SMSF kaupapa at both the service delivery and organisational levels.

Being peer-led means the men who come to SMSF determine what they will talk about and what they currently need help with to become safe. The following quote illustrates what this means in practice:

> *'With these men it takes a couple of sessions before they get to trust you. When they come in around the second or third time they start to open up. You can determine from what they speak. They say, "I have been coming here for three weeks now and I heard you mention don't sweat the small stuff. That is what makes me angry because I sweat the small stuff and overthink". So, when that comes up then that is the topic for the day. When the men talk about how their week went and a lot of them are talking about the same thing, I make that the topic of the day. The next minute everyone is opening up about sweating the small stuff so it is opening up about the small things. The more they come then some deeper stuff starts to happen.' (Interview with an SMSF peer-leader)*

> *'Peer-led' is synonymous with peer-focused, peer-driven, peer-centered or peer-oriented. (feedback from a family member of Vic's)*

At the time of writing, the professionals providing support to SMSF included a Social Worker, a Psychologist, and a Psychiatrist, amongst others. Their support and expertise guide men's redemption journeys as and when the peers say they need it. This gives the peers a sense of control over their change journey.

Professionals also provide SMSF's peer-leaders and employees with supervision to support their practice and ensure emotional wellbeing is protected.

Professional support and expertise are also provided at Board level to guide the development and administration of the organisation. During our literature search, we found no research or evaluation of intentional "peer-led, professional supported" services for men who use violence. While some other services may use peer support alongside professional staff, these organisations are not peer-led.

Professionals and peers bring different skill sets to SMSF. The skill sets professionals bring to SMSF are academic and technical training, clinical experience and mainstream credibility. Peers bring to SMSF their QBE credentials, which may include having experienced what it is like to grow up with neglect and/or violence, having used violence themselves, a history of criminality, gang connections, etc.

> *'When you are getting it from an academic and he is saying you should be like this you are like "dude, you haven't been what I have been through. If you lived the life I have lived you might understand me better". ... I found most of the time I was getting told, and probably great advice at the time, I am thinking, "you look like you have never starved in your life and both your parents loved you". … But with Vic and the other facilitators it is easy to make that connection. The stories he tells and the people he knows, I know. He knows my uncles from the criminal world. The other guys, when they share stories, he goes "I have done that" and "I know an uncle that has done that", if you know what I mean. The familiarity is what makes it worth paying attention to.' (Interview with a peer)*

Professionals supporting SMSF recognise that the peers have an advantage in that they are QBE, they can relate to what peers have been through and done, because they have also been through it and done it. They see each other as equals. Furthermore, men wanting help and advice feel understood by the person offering help. This gives peers a distinct advantage in being able to engage men in the change process.

> *'The best professional help in the world is useless if you can't get people into it. Professionals acting alone have done poorly at engaging people with mental illness, people with violence as lifestyle issues and people with addiction issues too. … professional knowledge and skills can add value, but they are most valuable when it is done in that peer–professional partnership. So, you have got to walk alongside the man who has walked in my shoes, but also the professional skills in there as well. I think it is that partnership which is what is most effective in supporting men on that journey of change.' (Interview with SMSF professional)*

Over the term of the evaluation, the only professional who often worked directly with peers was Togia[10]. He would work with peers in one-on-ones and with men's partners in couples work. When working with groups of men, he would work alongside a peer-leader. Other professionals, such as the Psychologist and Psychiatrist, would provide peer-leaders with regular supervision or trouble-shoot specific issues the peer-leaders said they needed help with, such as issues that were brought to their attention during one-on-ones with peers or during peer-group work. An example is a peer who shared he was struggling to get the clinical help he needed.

> *'Togia asked him where he's been in a scale of 1–10 and he said he's still a 2. He's spent 40 hours in bed last weekend, struggles to get up to go to work but has been and isn't eating well. But he said he'll be seeing his GP tomorrow and will talk to him about changing his meds (they make him feel like a zombie) and getting the CBT he's already asked for. Vic said if he doesn't have any luck with his meds etc tomorrow he will see if he can get him some time with. [the SMSF Psychiatrist]' (RJ Sunday meeting notes)*

The professionals also have an important role to play in SMSF's safety and succession planning. At the time of writing, Togia and the SMSF Psychologist were preparing a curriculum to upskill the emerging peer-leaders in safe practice. Progressing the training and supervision of the new cohort of peer-leaders is on hold until SMSF gets the funds they need to properly support them, because SMSF does not want to expect too much of them as volunteers. Like everyone else, these men have bills to pay. But on the other hand, there are more men who want help than SMSF can sustainably support. As noted in our literature review, studies of peer support have shown that engaging in peer-support activities is a crucial aspect of men's ongoing change journey, therefore there is a strong imperative to ensure that those who want to help are given the opportunity to do so.

Professionals also have an advocacy role to play in conveying the merit of the organisation to influential people in policy, funding and clinical roles. SMSF's leadership hopes that if these people in powerful positions can have confidence in the organisation, sustainable funding will follow.

> *'A lot of the stuff you see, the way it works, there needs to be work around trying to frame that a little bit in semi-professional language so when they go to the guy who is the decision-maker and he's a Psychologist, you need to frame it in a way that he goes, "I get that".' (Interview with a SMSF professional)*

The relationship between SMSF's peer-leaders and professionals is key to the organisation's success. Professionals need to understand that the peer-leaders lead the organisation and professionals support them, and peers have ownership over the direction and pace of their own Redemption Journey. Professional training and qualifications do not trump lived experience and the most important qualification of all is QBE. Not all professionals are comfortable with this, and it takes a particular kind of practitioner to be able to work in this way. SMSF has moved a professional on from the organisation because they felt the person did not understand the importance of peer-leadership – they were too interested in putting a structured programme in place.

[10] Togia is a registered Social Worker.

'From my understanding the [person's thesis] *was the basis of the programme that they are going to be using for men that are referred to do a programme and get a certificate at the end to tick that box. Of course,* [the person] *and Vic saw this as not being the end of the involvement for these men, but they could become part of the SafeMan SafeFamily network where you check in with the RJ's, stop in at the gas stations on their journey. It was all going to be part of that.* [He] *had a lot of respect for formality …'* (*Interview with SMSF professional*)

The relationship between the peer-leaders and professionals is still being refined as SMSF grows as an organisation. The dynamic between the two elements of the kaupapa can be challenging but also incredibly fruitful, as the peers and professionals learn from each other and develop a shared understanding of what works best for SMSF as an organisation, and for the men and their families.

Moving online

The base of SMSF operations was Manurewa but meetings were in communities across Aotearoa kanohi ki te kanohi. However, when the New Zealand government introduced COVID-19 protection measures in March 2020, including restrictions on public gatherings, it shifted its regular RJ meetings online.

Local in-person gatherings have been re-introduced when restrictions on in-person gatherings were lifted for the last time (at the time of writing) in April 2022, but online meetings continued because they were found to be a convenient way for men to connect regardless of location and mobility, including for men on Home Detention. However, the men still look forward to being able to meet in person because they are enjoyable and can lead to more in-depth, reflective and progressive discussions, especially the multi-day hui known as "Call to Men" where men gather from across Aotearoa, usually over a weekend. Families also attend. SMSF also celebrates peers reaching milestones and successes in person, where possible.

SMSF language, metaphor and imagery

Vic continues to use words and phrases to challenge his own status quo, to open himself up to different ways of living life, and then feed this back into SMSF (feedback from a family member of Vic)

A distinctive feature of SMSF is its striking use of language to convey key concepts. Concepts and metaphors draw on everyday language so the ideas they convey are meaningful to men SMSF wants to engage, especially those who feel marginalised from mainstream society or have not had an advanced education.

Several metaphors have been developed by the SMSF peer-leaders to help explain the SMSF kaupapa.

- The “racetrack” serves as a metaphor for mainstream society and many peers’ exclusion from it. People who grew up in a safe, stable home and had a good education have a head-start in life. SMSF aims to help men who have not had these get on to the racetrack.
- The “petrol station” metaphor conveys the role SMSF plays in men’s change journeys, i.e. that SMSF is there for men 24/7 if and when they need it. There will always be support available. If men need help or a top-up, they can always check in, anytime by phone or online and, depending on location, a SafeMan could come to them.
- The “balloons” refer to men being able to draw on any of the “fundamentals” as and when they need and choose to.

Other language features help to deliver the SMSF messages in ways that make a lasting impact: “A&E to stop A&E”, “Redemption Journey”, “Uncover, Discover, Recover” and that SMSF is led by “peer-leaders” and “QBE.” SafeMan SafeFamily is written as such because “safe” and “man” should be one and the same thing, likewise “safe” and “family”. SMSF delivers their messages in terms that men appear to instinctively understand which contributes towards their success.

> *‘The familiarity of the context of the conversation is what makes it worth paying attention to. It is like watching a good movie. When the script is right you’re like, I love this movie, because it is familiar, it is something you can relate to.’ (Interview with a peer)*

SMSF also uses imagery to convey their philosophy. The SMSF logo has a single wing, because a man cannot become safe alone, just as a bird cannot fly with one wing.

SafeMan SafeFamily approach

SafeMan SafeFamily's approach to helping men become and stay safe is peer-led, professionally supported, and grounded in lived-experience. After attending several stopping violence programmes, Vic Tamati felt the programmes didn't give him all that he needed to become safe. Around 2008, he started talking with other men who felt the same and were similarly motivated to do something about it. Vic sums up the thinking that emerged from these conversations as 'Uncover, Discover, Recover'.

The lifestyle modification process

"Uncover, Discover, Recover" describes the three phases of the Redemption Journey, which Vic also calls the a "lifestyle modification process". As evaluators, we would call this a 'theory of change'. Our participation in RJ Sundays and interviews with SMSF professionals, peer-leaders and peers has allowed us to unpack the Uncover, Discover, Recover lifestyle modification process in more detail.

The contention is that if SMSF engages men in that process, where peers support each other to explore what's happened to them and the drivers of the violence they have been subjected to and perpetrated (Uncover), they will be able to learn (Discover) about the causes and enduring effects of the violence in their lives, un/safe relationship dynamics, and tools and techniques to stay safe. By putting these learnings into practice, men and their families and whānau will become safe (Recover). This process is not linear. As men heal and develop self-awareness, they may circle back to uncover more about themselves which sets them on a new journey of discovery.

The key elements of "Uncover, Discover, Recover" closely align with a large body of literature on Adverse Childhood Experiences (ACEs), healing from trauma, narrative therapy, peer support models, and their utility in interventions with users of violence. More detailed discussion of this literature, which provides strong support for the SMSF approach, is in the literature review, Appendix 5 of this document.

The theory of change hypothesises that: If peers qualified by experience:

- Go to where men are and show that change is possible, it will be easier for men to start their own journey of change
- Challenge men to acknowledge the harm they have caused and take responsibility for it
- Affirm and dignify men for who they are and what is good in them
- Help men feel safe to disclose what has happened to them and what they have done
- Support men to set their own goals and find their own solutions for becoming safe

- Provide men with the support they need to change at no cost, when they need it and for as long as they need it.

By:

- Raising community awareness that there are men who want to help other men become safe
- Connecting men with other men committed to becoming safe so that they are not alone
- Providing peer-leaders to show that change is possible and advise and encourage other men starting on their Redemption Journeys
- Providing peer-networks where men can connect with and hear other from other men about their change journeys
- Providing support 24/7/365 so that if men need support, they can get it when they need it
- Connecting men who need more intensive support with professionals who understand the SafeMen SafeFamily way of working
- Rejecting harmful notions of masculinity and promoting healthier ones in their place.

Each man's journey is different, follows its own 'trajectory' and time frame. Nevertheless, there are common outcomes.

Then:

- Men feel comfortable to share their life stories and experiences
- Men have better understanding about the causes of their behaviour
- Men have better understanding about the impacts of their behaviour
- Men have positive relationships with other men
- Men are more self-aware
- Men are more able to talk about their feelings
- Men are more empathetic and compassionate
- Men have better communication skills
- Men are more able to regulate their behaviour
- Men have effective de-escalation skills
- Men have better relationships with whānau
- Men have better relationships in their community
- Men have better wellbeing
- Families and whānau feel safe and nurturing
- SMSF has a vibrant and growing network of peers supported by professionals.

A graphic illustrating the theory of change is provided below. It sets out the principles underpinning SMSF's activity, what these principles look like in practice, and the short-term and medium-term outcomes for men and family/whānau and the wider community outcomes. Further below we describe each of the principles in more detail. We draw on RJ Sunday and SMSF hui notes, and interviews with peers, families, professionals and community partners to show what these look like in practice.

SMSF THEORY OF CHANGE

SafeMan SafeFamily's vision: Aotearoa/New Zealand is family and sexual violence predator free by 2050

PRINCIPLES

- Collaborate
- Advocate
- Invite change
- Access on men's terms
- Acknowledge wrongdoing
- Commit
- Mana
- Connectand empathise
- Question andreflect
- Challengeyourself
- Learn and upskill
- Redemption

WHAT THESE PRINCIPLES LOOK LIKE IN ACTION

- SM SF works with others who support men 's change
- SM SF goes to men – they don't wait for men to come to them
- Peer leaders role-model change and what 'safe' looks like
- Peers connect as and when needed
- SM SF provides safe spaces for men to be heard
- SM SF gives men opportunities to hear other men 's stories and ask questions
- Peers challenge and supporteach other to change
- SM SF provides support in response to men's needs and aspirations
- SM SF provides relatable and practical information and advice
- SM SF gives help, advice and guidance from people "qualified by experience" with support from professionals

UNCOVER
(Short term outcomes)

- Feel comfortable to share their life stories and experience
- Better understanding about the causes of their unsafe behaviour
- Better understanding about the impacts of their behaviour
- Have positive relationships with their SM SF peers
- Men and family recognises the possibility of a new way of life.

DISCOVER
(Medium term outcomes)

- Are more self-aware
- Are more able to talk about their feelings
- Are more empathetic and compassionate
- Have better communication skills
- Are more able to regulate their behaviour
- Have effective de - escalation skills

RECOVER
(Longer termoutcomes)

- Have better relationships in their community
- Have better wellbeing
- Have better relationships with family/whānau
- Families/whānau are safe and nurturing

COMMUNITY LEVEL IMPACTS

- The sector grows its capacity and capability to meet the needs of users of violence
- Men who use violence know there is support for them to change
- Family harm is reduced

Principles of SMSF's practice

The evaluation has surfaced the principles underpinning SMSF's practice, as described below. These principles are evident in the way SMSF engages and supports men through their change journeys. They are evident in the relationships that develop between the peers and in the relationships that peers develop with themselves. SMSF's peer-leaders role model these principles in the way they conduct themselves and in the way they interact with the other men. Newcomers pick up on this and adopt the same ways of being as they become part of the SMSF community.

Access on men's terms

SMSF is free and available whenever and however men need them, 24/7/365. SMSF provides support to all men who demonstrate a willingness to change – they do not need to be referred or be able to pay. They are not expected to attend a set number of sessions or participate in online discussions on a regular basis. All men need to demonstrate is a willingness and effort to be safe. They can then remain part of the SMSF community and draw on its supports for as long as they want – there is no time limit.

> *'A guy rang and I said do you want some support, meet some guys and talk about this with them to work on your relationship? He said he was keen which is unusual. I rang Togia and sent this guy's email. Within hours Togia had got this guy and was going to do one-on-one sessions with him. From a professional perspective that is pretty amazing even though the guy was motivated the fact that it was followed up so quickly was also amazing. Often a lot of NGOs won't get it that quickly or get the commitment from somebody.' (Interview with SMSF community partner)*

Acknowledge wrongdoing

Peers acknowledge the harm they have caused, what happened, and they own that, including that it's not okay. Violent or disrespectful behaviour from others is called out. As a member of SMSF, men are expected to take ownership of what they have done. Acknowledging wrongdoing can become easier over time, as men feel safer and more trusting of their peers and therefore more willing to reveal parts of their story they feel ashamed of. Acknowledging wrongdoing is the beginning of the change journey and an essential part of it.

> *'I am sorry about my wife and my boys. The downside is I still have a way to go with them and I know that. I am just hopeful that we will be able to come to some common ground where we are happy in each other's space and are accepting of I can't change what I have done but I can only show by my actions that I will be better in the future and that takes time. They are always waiting for the old response, so I have to be mindful of that.' (Interview with SMSF peer)*

Advocate

SMSF provides awareness and education in communities by invitation (e.g. at hui and community meetings) and of their own volition (e.g. stalls at shopping malls and market days) to call for change and show individuals that change is possible and that help is available. SMSF also educates and influences organisations, policy makers and funders to try to develop their organisation and the wider sector's capability and capacity for working with users of violence, especially SMSF's flexible, peer-led, professionally supported approach. They also advocate on behalf of individuals to help them get the help they need to break the cycle of family violence.

> *'I got called out in Wellington and told to "stay in your lane. Don't do the gang thing because that is our project". This is what they were saying to us so one of our colleagues stood up and gave it to the lady … they weren't going to dictate to us what we can and can't do because when you are dealing with family violence, you are dealing with methamphetamine, you are dealing with alcohol, and you are dealing with gang members. We can't say we can't work with you because that is not our lane. When people call us, we are there. All those lanes run parallel and sometimes you have to cross over those lanes.' (SMSF peer leader)*

Challenge yourself

Peers challenge themselves and each other to do what's needed to make positive change. This can be uncomfortable. It takes courage and can be hard work, especially at the beginning, as it may require breaking old habits and revealing buried truths. Men need to challenge themselves because only they know what they need to uncover, and only they can make the changes they need to make to become safe. Men also challenge each other because it helps motivate and sustain others' change.

"You can't heal what you don't reveal." SMSF peer-leader

> *'Sometimes I have had to go in there and learn and listen and go, "yeah that is what I do". I do all these things to make me feel good, but I haven't acknowledged the wreckage of my past because I have gone, "I am all good". But I am not all good. SafeMan SafeFamily provides a space where I can get honest around those things.' (Interview with SMSF peer)*

Collaborate

SMSF works with other organisations and community leaders to break the cycle of family violence. They collaborate to draw on each other's skill sets and relationships to provide wrap-around support and create spaces conducive to positive change. Working together makes it more possible to address the multitude of factors causing inter-generational family violence.

We attended a whānau, hapū and iwi-led initiative that involved Te Mana o Ngā Puhi Kōwhao Rau, SafeMan SafeFamily, SafeWoman SafeFamily, Te Kōti Matariki as well as attendees from Te Tairāwhiti, Manawatū and several places 'in between'. The initiative provided a space for those who had used or experienced violence to share their stories and journeys of transformation and change. The hui was a whānau and community led initiative rather than victim led. The day was accompanied by waiata, haka, karakia, and wero (for example, women laying down a challenge to men who used violence). Vic did his "role call". Many men – probably most men, although we didn't count, stood up during the roll call, including towards the end to take responsibility for the most severe forms of violence. The weekend was both incredibly powerful and heart-breaking with whole whānau in attendance, including tamariki. Men and women shared their stories of inter-generational violence and abuse. These included stories from 'users' of violence about their own sad histories of being abused. Men and women were connecting with each other and providers of support throughout the hui.' (Diary notes)

Commit

Men commit to putting what they learn into practice all day, every day over the longer term. SMSF calls doing this 'heavy-lifting'. It's about turning new ideas and information into practical skills and behaviours. It requires action and ongoing effort and is necessary to change a violent lifestyle into one that is safe. Doing the heavy lifting over the longer term turns what were newly acquired skills and behaviours into old tricks and habits.

'There is still going to be a benefit for me to attend SafeMan SafeFamily because it is a place I can go and take my mask off, for lack of a better term. … There is nowhere really safe for men to go and do that without it having flowback on your career, your community involvement and even family to an extent, with my wife. … I need a place to just keep working on those things so that I firmly believe I am not a violent, irrational person any more.' (Interview with SMSF peer)

SMSF is "a lifestyle choice" to uncover (violence, abuse, trauma), discover (why it happened and how to heal), and recover (through learning, practicing, failing, trying, achieving, reflecting, and resting). This is a self-led lifelong journey owned by and accountable first and foremost to oneself. Vic came up with this expression based on his journey to stopping family and sexual violence, which spans more than five decades. He continues to uncover, discover and recover to this day, revealing more about himself and his trauma healing, and reinforcing more of the best parts of his life along the way. (feedback from a family member of Vic's)

Connect and empathise

Peers give each other the space and time to share their thoughts and feelings. They also give each other emotional and practical support. This creates a safe space where peers can feel comfortable to

share uncomfortable truths and work through personal issues. This deepens the peers' relationships with each other and develops emotional literacy and empathy for others.

> *'Tautoko you for sharing this bro. I can't remember how many times I felt manipulated in a lot of different ways. Made to feel like an on-call prostitute – right over to the opposite and made to feel like all I wanted was sex when I showed any slightest intimacy. I was shamed when I got angry or frustrated, told I was scary and had mental conditions, told I was not a good man. I lost my self-respect and in turn I got none. I did my best with what was in my hands at the time. Even if you feel you still got angry in a way that was unbecoming for you, I really respect your decision to draw a line. I tried so many times in different ways to do that. I never stood up for myself. … I didn't want to hijack that korero of [person 1] and I end up blabbing on all about myself. What I meant in short is I feel your pain brother, I really do. And I just think you're tuff as, even in the maelstrom of the argument and manipulation to draw your line. It gave me strength. If you can do it; then why can't I someday? We're all on the road together, helping each other along. It gets a treacherous road at times boys. And I know I need your hand.' (SMSF Messenger)*

> *With the support of their family and through SMSF, a peer offers their availability to other peers to support them on their own redemption journey. (feedback from a family member of Vic's)*

Invite change

SMSF invites and encourages men to make positive change in their lives. Their Journey Men are men who role model changing one's lifestyle from one that is violent to one that is safe, including by attending community events and hui to talk about the work SMSF does. The impact this can have should not be underestimated; they show that transformation is possible which can – and does – inspire men caught up in violence to make positive change. They share their successes and challenges and encourage each other to keep at it.

> *Person 1: I really appreciated the korero we had and it inspired me to believe in myself and not to be deterred from what I know I am. Māori and proud, I was able to shake hands with the officer and express my sincere apologies, helping myself and the officer to move on.*
>
> *Person 2: Interesting korero I had the same charge for trying to apologise to a victim, but the police twisted it and said I was putting pressure on the witness. It continued my lack of trust for the system.*
>
> *Person 1: Stay humble brother [name] too much. Safe man, brother.*
>
> *Person 2: I hear you [name]. My ego can get the better of me. Without God's Grace I'm running my own show and I've never been able to get that right.*
>
> *Person 3: Such a privilege being a part of this group of authentic safe men. LEGENDS (RJ Sunday Messenger)*

Learn and upskill

Peers learn about the causes, triggers and effects of violence, de-escalation techniques and other concepts and skills that will help keep themselves and others safe. For many peers, this information is new to them and can have a profound impact on their relationships and the safety of their loved ones. Peers are able to develop ever-more sophisticated knowledge and skills over the course of their Redemption Journey.

> *'Learning about tit-for-tat, processes of putting some space between us, having a safe word, and stuff like that. I have an opportunity to understand about firstly myself but why we keep continuing to go through that circle of hurting each other. You then unpack that with the group in the group scenario. Other people will go, "yes, I struggle with that too", and they will give their interpretation of what happens. At the end the group facilitator summaries and says, "this is what I have heard from the group today". He gives us some tools to work on and there is a Messenger page where he puts some information and educational stuff on there. I read that.' (Interview with SMSF peer)*

Mana

SMSF set boundaries around behaviour, but there is unconditional acceptance of men and their mana. This affirms, humanises and dignifies peers and moves beyond "what happened to you" and "what you did" to "we see you". Violence is not tolerated, but men's experiences and knowledge, strengths and interests, hopes and dreams are seen as platforms on which a positive future can be built. The power for determining what should happen and when on a peer's change journey sits with him.

> *'Brothers, just needed to share this with you – some feedback from a patched member with the BP I have been working with, referred by the courts. Today he accompanied me alongside an ex Notorious MM to [a service provider]. Brothers, I will say it again – we should never underestimate our ability to influence others in the space we occupy. God bless our mahi. [the message shared is as follows] … Thank you so much 4 your wisdom and time again and again my brotha [name] you're such a big inspiration for keeping me walking the path I am on … I have and will continue to have the darkness pulling me back towards the place I once was in but I have the will and faith to find my purpose and potential u believe I have. So I just wanna give you my love and respect and very much more my brotha [name] for making and allowing me to be a part of the life-changing experiences you talk and walk with me. So I am very grateful and thankful for you and your kindness my brotha [name]. And to my other two awesome brothas, well I sure you heard it all in the conversations we had on our lil rides home. You're the man my brotha, honestly. Such a kind-hearted beautiful soul my brotha. You're a great father that you know you are you remember that my brotha and I can't forget about you my bro [name]. Top man my bro. Like I said and I'll say it again being with you on this hikoi showed me so much, my bro.*

Regardless of the different colours we were or the patch we may wear on our backs the kaupapa we support with our matua brotha [name] goes far beyond that small piece of our lives. We got so much bigger pieces of the puzzles we gotta put in place to find our purpose an place amongst ourselves an people to make our communities a safe and better place.' (RJ Sunday Messenger)

Question and reflect

Peers reflect on their past and present, ask why, how things can be put right, question their sense of self, how they would like to be, what needs to be done to put things right, how their change journey is going and what could be done better. This helps reframe men's identities and gives them a sense of agency or control over their past, present and future. They reflect on personal, relational, and socio-cultural levels.

'And that's another thing – the group has given me perspective. You know, I can't change how I was, but I can think about those situations where what else could I have done? How could I have done things better?' (Interview with SMSF peer)

Redemption

Redemption is about men doing what they need to do to achieve their hopes and dreams as a SafeMan. Because each man has his own challenges to overcome to become safe and he has his own hopes and dreams, Redemption looks different to different men. The rate of progress along a Redemption Journey and the path is also different. But one measure of success is the same for all – a man is safe when his family says so.

'I can't say enough about him. He has changed so much and that was such a big thing for us. … We are getting his love, and that was the proudest moment for my whole family. My children hated their father. They tried to kill him. So we've had a big turn. We've had a big change in our lives.' (Interview with SMSF peer's wife)

How the principles work together

The following stories of change are true stories[11]. The men who shared these stories came from diverse backgrounds, two had gang affiliations, one had immigrated from a Pacific Island as an adult, one grew up in a middle-income family, one was currently single, but all had used violence in their home against their partners and in some cases children. These men come from a range of ethnic backgrounds, including Māori, Pasifika and Pākehā.

[11] Some details have been altered to help protect their identity, including their names.

We chose to include these stories in the report because they show various SMSF fundamentals and principles of practice coming together to help men make positive change in their lives. They illustrate how A&E (awareness and education) delivers the message that change is possible and that help is available from people who have been there too. They demonstrate how important it is that an environment is created where men feel safe enough to reveal their own life story – what has happened to them and what they have done and the impact this has had on themselves and their loved ones – to identify what it is he needs to work on to stop the violence. They also show that men can learn from each other about what works, be inspired by each other's successes, and collectively question and reflect on things that need to change. We also see how well one-on-one work complements and builds on group work, as does SMSF hearing from men's partners about how things are from their perspective. We hear the value that professionals add to the support provided by peers when the men need additional, intensive help to resolve immediate issues and/or set longer-term measures in place to progress recovery and change. SMSF's principles of practice create the supportive, healing environment in which this activity takes place.

These four stories are like most of the others we heard, in that they show how inter-generational violence, gang life, substance abuse and cultural norms including harmful notions of masculinity coalesce in men's lives. They show how helpful it is for men to have other like-minded and similarly motivated people around them so they do not feel alone. The men's stories also show that while things can change quickly, sustaining and embedding positive change is an ongoing journey. Men need to support each other over the longer-term.

INTRODUCING: Sio

Sio played a primary caregiver role in his family from the age of nine. He carries a lot of hurt and anger from this time, which he is usually very skilled at covering up with smiles and laughter. It is when he is drunk – often to the point of blackout – that the hurt and anger emerge. Sio sometimes lashes out at his partner Kate when he is drinking. Kate attended a SafeMan SafeFamily presentation and recognised some of Sio's behaviours.

	Sio's voice	Situation	Indicators of change	SM SF principles of practice
UNCOVER	*I felt like I was doing my best but things weren't getting better.* *Sometimes I reacted without thinking.*	Sio's behaviour towards Kate deteriorates. She determines that the relationship is unsafe and calls the police. Sio spends a short time in prison. When he is home again, Kate urges him to contact SafeMan SafeFamily. SafeMan SafeFamily work with Sio to uncover where his anger comes from.	Sio acknowledged his behaviour wasn't acceptable and was trying to change by himself. Going to prison led to further acknowledgement that what he was doing still wasn't good enough and that he had to stop drinking so heavily and that he couldn't do it alone. Sio and men in the SafeMan SafeFamily community could relate to each other. Sio spoke of his struggles as a child and adult and accepted the help of others to heal and become safe.	ACCESSIBILITY QUESTION AND REFLECT
DISCOVER	*... that is the key thing – you have to respect each other ... if I respect her, I will come to a point where my relationship will be stable, and I will learn from her, and she will respect me too because that is what she will see. I need to treat her like a queen.*	Sio learns through his work with SafeMan SafeFamily how his early life experience has impacted his emotional wellbeing. He learns that the cycle of lashing out and then apologising is both harmful and fruitless. Sio begins to work on his negative mindset and reactive temper. He learns that he has to respect his partner and what respecting her looks like. He also realises he needs to stop drinking heavily.	Sio's realised his smiley, happy demeanour was only skin-deep. He realised that by not resolving the issues driving his anger, he was still liable to be violent. His work to address his unresolved trauma is coupled with being more respectful of others and appreciating the good things in his life.	LEARN & UPSKILL COMMITT ACKNOWLEDGE WRONG-DOING
RECOVER	*Every day is a stepping stone. I take another step, make it count and be positive.* *Now when something bothers Sio, he can take himself away, calm himself down and come back [Sio's partner Kate].*	Sio now actively works on identifying his emotions and being mindful about how he reacts. His drinking has reduced significantly. From Kate's perspective, a lot has changed. In fact, she says she feels "100%" safer.	Sio understands himself much more than he used to. He is more self-aware and takes responsibility for his behaviour. He has stopped drinking and takes himself away to calm down when he and Kate have disagreements. With these changes, Sio no longer lashes out, is a much happier person and Kate now feels safe. He continues to connect with SM SF to sustain and deepen his change.	HEAL REDEMPTION RESPONSIBILITY FOR SELF AND OTHERS

INTRODUCING: Tommy

Tommy went through a lot as a child. He grew up in a Christian family but some of his uncles have gang affiliations and there have been several generations of children in state-care. His fanau have struggled to stop the violence. To this day, Tommy has recurring nightmares of traumatic experiences but he is no longer in and out of prison and he no longer uses drugs and alcohol. Tommy and his childhood sweetheart, Jen, have made big changes in their relationship. The physical violence in their relationship has stopped but there is still work to do.

	Tommy's voice	Situation	Indicators of change	SM SF principles of practice
UNCOVER	*Living in the criminal world ... it is not where you want to be raising children. When I was 15 in that circle, I got raped by a gang member. I only just started talking about it when I was 42. There are other issues there too when I was growing up, but I blocked it all out, but it came out in my behaviours.*	At one-on-one sessions with SM SF professionals and peer-leaders and in RJ Sunday meetings Tommy talks about things that have happened to him and things he has done. There has been a lot of violence in his life – some of his earliest memories are traumatic. Talking on his own terms with other men who have had similar experiences makes him feel supported, accepted and less alone. There is a lot to uncover.	SafeMan SafeFamily gives Tommy somewhere safe to talk about and find solutions to his violence – he felt NA and AA couldn't give him that space. Talking about this can be very hard for Tommy because he has been the victim of, witnessed and perpetrated a lot of violence. Even though it is hard for him, he does it because he feels he needs to become and stay safe.	ACCESSIBILITY; QUESTION & REFLECT; COMMIT; CONNECT & EMPATHISE
DISCOVER	*Learning about tit for tat and the processes of putting some space between us, having a safe word and stuff like that. I have an opportunity to understand about (first) myself but why we keep continuing to go through that circle of hurting each other.*	Tommy's discovery work is focused on how he can be a better partner, father and community member. He wants to understand why he has behaved as he has, what he can do differently and how to put it into practice. Tommy values and looks forward to being able to unpack his week with the SM SF peers every Sunday – talk things through without fear of judgement.	After two years work with SM SF, Tommy is understanding more about where his pain, frustration and violence has come from and how it has affected him and his loved ones. He is also learning about triggers, ways to prevent flare-ups, and de-escalation. He is applying what he is learning and reflecting on what worked, didn't, and how to do better. He expects to be discovering for the rest of his life.	
RECOVER	*It has played a huge role in the shift away from being someone who thought violence was a part of me.* *I do feel safer. There is no physical abuse anymore. I guess there is still at times the emotional abuse so that is where the opportunity still lies. (Jen).*	Tommy is 2 ½ years sober, the physical violence in his and Jen's relationship has stopped and she feels safer. He no longer explodes with road rage. But there is still work to do and Tommy is committed to it. He is one of the most regular attendees at RJ Sunday and participates in other SM SF fora too. He has also started a support group for the "501" deportees from Australia.	Keys to sustaining Tommy's Redemption Journey are his commitment to recovering for himself, his daughters, Jen and other people in the community. Tommy now talks with teachers at his daughter's school and chats with the other kids' parents. He enjoys this and says there is no way he would have been able to do this before.	LEARN & UPSKILL; REDEMPTION

INTRODUCING: John

John's family has been in the gangs for generations – his grandfather, father, uncles and himself. He's grown up surrounded by people who use violence his whole life, including in the family home. "Violence goes hand-in-hand with the good times." John grew up starting to mimic what he saw. He would use violence to fit in and get what he wanted. "I was like a chameleon – it was very easy to be charming, turn it on, and then when I felt like I wasn't able to control people I used violence."

	JOHN'S VOICE	SITUATION	INDICATORS OF CHANGE	SM SF PRINCIPLES OF PRACTICE
UNCOVER	*When you are getting it from an academic and he is saying, 'you should be like this' you are like, "dude, you haven't been through what I have been through. If you lived the life I have lived, you might understand me better".*	John's life had been full of trauma and violence even since he was a child. He had been sent to counsellors and anger management courses at school and had been mandated to attend courses and been sent to prison for violence-related offences as an adult. He had never connected with counsellors and facilitators because he felt so different to them and that they didn't understand the world he came from. At SafeMan SafeFamily things were different.	Something John liked about SafeMan SafeFamily was that the group discussions were led by men like him – men who have been in the gangs. He got a lot out of listening to their experience of making lifestyle changes. Being able to relate to the men and being free to sit and listen to the peer-leaders interested, inspired and motivated him. And when John spoke, he liked that other men wanted to listen to him talk about things that he couldn't talk about anywhere else.	ACCESSIBILITY
DISCOVER	*Protect, provide and prepare – that is our role. ... You can't protect them if the thing they are scared of is you. Being strong doesn't mean being dominant. It means being comfortable with being wrong or that person has a point. Those are the ideals that took me a while to understand.*	John has discovered principles to live by – protect, provide, prepare. These principles guide how he relates to his children. He's finding joy in having a deeper connection with his children. He has new relationships, found regular employment, and has learnt about the conditions of his protection orders and other rules. He reflects on himself at the end of each day to develop presence and mindfulness.	John is discovering what he needs to do to abide by the rules and conditions placed upon him. He says what he needs to do is hard because it requires an entire lifestyle change but he is committed to it. He is making a point of staying away from bad influences and temptations and is actively nurturing his nurturing side.	LEARN & UPSKILL
RECOVER	*I love the programme, but it is getting us at the end where the work is at the beginning. It should be getting them as healthy youngsters ... That is the thing I am working on because I don't want my sons to grow up like me with the violence and pain recycled through countless lifetimes.*	John wishes he found SafeMan SafeFamily way back when he wasn't so damaged because he feels it would have been so much easier to become, and stay, safe. He has a clear vision of what being a SafeMan means for him and is committed to fulfilling this for the sake of his children and future generations.	Building a safe future for his children is a powerful motivator for John – he's doing it for them. He checks in with his SafeMan SafeFamily mentors and – less frequently – joins RJ Sunday group discussions to share has experience and listen to how others are getting on. He finds the group sessions inspiring and they make him feel less isolated and alone.	REDEMPTION

MANA

CONNECT & EMPATHISE

COMMIT

INTRODUCING: Billy

Billy grew up in a well-to-do family. He got flash Christmas and birthday presents, had a fancy bike and his family went on summer holidays. But his mum experienced depression and his dad could be mentally and physically abusive. Given what Billy has learnt on his SM SF journey, he thinks his dad was probably a narcissist. As an adult, Billy started to emulate some of his dad's behaviours and developed an alcohol problem.

	Billy's voice	Situation	Indicators of change	SM SF principles of practice
UNCOVER	*I used to be very social but because of the situations that have happened in my life it has brought me down to this position where I am thinking about who I am, what I have done to everybody, and how it is now. Coming along here I have been able to express some of that.*	Billy was quiet and appeared impassive and reluctant to share when he first joined RJ Sunday. Over a period of months, he slowly became more talkative and positive. He started to talk about his relationships, behaviour and how he was feeling. He became increasingly comfortable sharing his thoughts and feelings, including shame, sadness, and problematic and troubling thoughts.	Billy says SM SF has given him a place to talk about how he feels and not be judged. With his SM SF peers he can talk about "how I really am". He has recognised patterns of self-sabotage and abusive behaviours towards others and revealed thoughts and behavioural patterns he wants help with.	ACCESSIBILITY; QUESTION & REFLECT; CONNECT & EMPATHISE; ACKNOWLEDGE WRONGDOING
DISCOVER	*I like to hear from other men about how they are getting on, what they're struggling with and what works for them. This has helped me understand myself better.*	Billy's peers in the RJ Sunday sessions encouraged him to improve his diet and get outside, instead of spending most of his weekends in bed. Through SM SF, he connected with another psychiatrist who helped him resolve ongoing medication issues and connect with a CBT provider. He would share at RJ Sunday what his GP and psychiatrist had told him, what he found out about his conditions on the internet, how things were going at work and with his ex-partner, son and daughter.	At RJ Sunday meetings, Billy would share about his condition, what he had learnt and how things were going with his family to try to make sense of it all and figure out how he could best manage. He appreciated his peers' support, views on his progress and their suggestions about what he could try doing differently.	LEARN & UPSKILL; CONNECT & EMPATHISE; ACKNOWLEDGE WRONGDOING
RECOVER	*I am so grateful. I used to have a lot of thoughts of suicide, that I would be better off if I'm not here. I might not be here if it wasn't for SafeMan Safe Family. ... I've been going on picnics with my daughter and grandson. This wouldn't have happened before because of who I was.*	Billy has stopped stalking Sally and has greatly improved his relationship with his daughter. He has reached out to his son but his son is not ready to reconnect. Billy accepts this, but is hoping and looking forward to rebuilding his relationship with him. He is talking with his local school about starting a group for dads.	In mid-2022, Billy was happy and talkative in RJ Sunday meetings. He was a regular contributor to the RJ Sunday Messenger channel sharing photos and posting comments. He is reconnecting with friends and building new friendships with SM SF peers. Maybe most importantly of all, he has much better relationships with family.	REDEMPTION; CONNECT & EMPATHISE

Evaluating the outcomes

Key points are:

- An evaluation framework grounded in the SMSF Theory of Change was developed to track the outcomes of the SMSF's intervention model (Uncover, Discover, Recover). Outcomes have been identified within each of the Uncover, Discover and Recover phases of the Redemption Journey.
- SMSF makes their fundamentals (see SMSF Fundamentals, pg.40) available and engages with Journey men in a way that is consistent with their principles of practice (see Principles of practice, pg.51) to help them achieve positive outcomes.
- The outcomes are not the same for everyone. Each man's journey is unique; he will have his unique set of challenges and achieve his own set of outcomes in his own time.
- The Uncover, Discover, Recover process is not linear. After making positive change, men may Uncover new drivers or triggers of their violence and have to Discover what they need to do about it to deepen and continue their change journey.
- Outcomes deepen over time as new ways of thinking, prosocial relationships and wellbeing develop, and safer ways of thinking and behaving become normalised.

Evaluation framework

This section explains the framework the evaluation team used to assess the difference SMSF makes for men, whānau and communities. The framework is described in the table below.

The framework is based on SMSF's intervention logic – Uncover, Discover, Recover. Outcomes have been identified with each phase of Uncover, Discover and Recover intervention model, which implies outcomes occur in a certain sequence. There is some truth to that, but it is also true that each man's Redemption Journey is different, and outcomes may be realised at different points in time. For instance, while men do need to feel comfortable to share their life stories and experiences before they can make positive change, they may not share their most shameful or painful stories until they develop more ability to recognise and talk about their feelings. We discuss each of the outcomes in more detail in the next section.

The outcome areas and the measures the evaluation team used to see if, and to what extent, the intended outcomes were achieved emerged from the peer, family and stakeholder interviews and surveys, postings and discussion on SMSF social media, and workshopping the preliminary findings with the project Steering Group.

The literature review (see Appendix 5) substantiates the logic underpinning the Uncover, Discover, Recover intervention logic and evaluation framework. It shows what is expected to happen as men uncover and discover to recover from lifestyle violence and what changes as a result (i.e., what outcomes are achieved). However, given the Uncover, Discover, Recover intervention logic and evaluation framework are unique, in our view the framework we have developed to evaluate SMSF's effectiveness requires further testing and development.

Stage	Change process	Stage outcomes	Data collected and methods
Uncover	Men recognise change is possible. Their engagement with SMSF shows they develop comfort to share their stories (which are likely to unfold over time), and develop understanding about the causes of their behaviour, and how their environment has contributed to that. Their stories show they are learning from other men at different stages of the change journey and feel supported by them. They express and show a willingness and desire for change.	1. Men and family/whānau recognise the possibility of a new way of life. 2. Feel comfortable to share their life stories and experiences. 3. Better understanding about the causes of their unsafe behaviour. 4. Better understanding about the impacts of their behaviour. 5. Have positive relationships with their SMSF peers.	Men on the evaluation team participated in RJ Sunday meetings where they heard men's stories. They also kept up to date with SMSF Messenger channels. They became familiar with the men prior to the interviews which allowed tailoring of the base set of interview questions to each man: • What is their story? Why did they use violence and what brought them to SMSF? • Have they attended or attending another group to help them make positive change? If they have been or are, what is SMSF's unique offering? • If SMSF has helped them, how did it help? What are the changes SMSF has helped them make?

Stage	Change process	Stage outcomes	Data collected and methods
Discover	Men's stories show they learn about and apply ideas that help progress positive change and reflect on times where things could have gone better. They show an interest in, and more empathy for, how others feel.	6. Are more self-aware. 7. Are more able to talk about their feelings. 8. Are more empathetic and compassionate. 9. Have better communication skills. 10. Are more able to regulate their behaviour. 11. Have effective de-escalation skills.	• If SMSF should do something else, more or differently, what is it? The questions we asked family/whānau were broadly similar. The interviews would indicate change that aligns with the Uncover, Discover, Recover stage outcomes. The longer the peers have been with SMSF the more they are likely to are to have progressed into Recover. To help quantify change regarding outcomes 14 and 15, peers, and a family/whānau member where possible, were surveyed about how things were "before" SMSF and how things are "now". The questions were about: • How often men try to justify their bad behaviour. • How well he understands the impact of his behaviour on others. • Whether family have to be careful around him when he is in a bad mood. • If family can negotiate or discuss issues with him when they have disagreements.
Recover	Men's stories show they have a clear idea about what success looks like and are making progress towards living that. They have become an inspiration for, and provide guidance to, other men who want to become safe. They feel accountable to others for their behaviour, including their peers and, most importantly, their family.	12. Have better relationships in their community. 13. Have better wellbeing. 14. Have better relationships with whānau. 15. Families are safe and nurturing. 16. A vibrant and growing network of peers supported by professionals.	

Uncover

Men and families recognise the possibility of a new way of life

Hearing from peers and observing the changes they have made shows men and families caught up in violence that they too can live violence-free lives. Some men want to change but have not started doing so until they have seen an SMSF Journey Man doing A&E. Others have connected with SMSF because of the Champions' reputations. Journey Men role-modelling safe lives and sharing their stories of change creates hope and motivates newcomers and others who have already started on their journey of change. People reach out on behalf of others as well as themselves.

> *'The men were returned to their units and the unit that was the last to leave was the 8 high security prisoners. As they were waiting, I spoke with one of the men who wanted to know how he could become involved with me and the campaign and do what I do.' (Vic's notes on running an A&E event in a prison)*

Men feel comfortable to share their life stories and experiences

Men disclose violence and talk about their own worries, grief, fears, hurt and shame. SMSF intentionally creates an environment where men feel safe to do this because men need to reveal these things to be able to heal. Revealing what they need help with allows others to offer help, support and advice. It also relieves men from feeling as though they need to pretend to be someone they are not. For many of the peers, this is their first experience of being able to unburden themselves to an audience without shame or fear of judgement. This is a hugely empowering experience and an integral part of embarking on a change journey.

> *'… to be able to come to a place where people from all different backgrounds to feel safe to talk. For me it was to practice talking about these things, I had never had that sort of environment. It was a place where I wouldn't be reprimanded for being honest about what I was feeling and where I could really articulate what it meant to be mindful, to experience things, to recognise the feelings that come from experiences, to recognise the thoughts that would flow from the feelings, to recognise the thought turning into a set of choices based on my values, beliefs and opinions. The borders I had around those beliefs and values whether they were healthy, too rigid, too loose. It gave me an environment to practice talking and thinking about those things safely.' (Interview with SMSF peer)*

Have better understanding about the causes of their behaviour

Men ask questions about the choices they have made and how things could be better. They also consider how their family and communities have shaped their lives, including their use of violence. By questioning and reflecting on these things, they develop a deeper understanding about what drives them, which opens up the possibility to reframe unhealthy and harmful thinking and behaviour. Making these connections is an important step on the path to recovery.

'My partner digs at me, "I am not your mum, and I am not your sister!" Just with the breakdown of the relationship with my mum, it seems to be that I couldn't have a healthy relationship with any woman, be it my partner. The only healthy relationship I had was with my grandmother. I suppose that lack of respect. I don't know if I am just saying that for the sake of it because I don't think I still understand it ... Even now I am not living with a partner because my behaviour is not in line with my values, and I have to continue to work on having to just notice what my triggers are and then pull back.' (Interview with SMSF peer)

Have better understanding about the impacts of their behaviour

Men reflect on how their communication and behaviour makes others feel, which develops insights into their role in their relationships and empathy for others. Listening to their peers talk about how they have made others feel and their relationships deepens their own understanding and empathy. This helps men understand how they make others feel and where they can, and should, make change. This awareness can raise uncomfortable feelings, which is why many of the men have avoided this in their lives previously. SMSF makes this unavoidable, which ultimately opens the door to healthier and stronger relationships.

'Even though I wasn't doing what my dad had done, I was still doing the same damn thing. So, I needed to learn a different way and also see the harm I was doing. That is what the brotherhood has taught me … When it comes to my kids, take my daughter. If she dated a guy, would I want him to be like me? My answer would be, "fuckin hell no!" No way. I don't ever want him to be like I was before. My son, same thing. Do I want him to be like me? No way do I want him to be like me. When I see the photos and how he behaves with his son, it is better than me. That is all that matters. … That is what SafeMan SafeFamily told me, look at yourself in the mirror. Take care of the shit in your back yard before you take care of anybody else's.' (Interview with SMSF peer)

Men have positive relationships with other men

The relationships men develop in SMSF are purposeful in the sense they help men progress their change journey and resolve issues along the way, but they also develop friendships. These pro-social, supportive relationships are for some men the first positive relationships they have ever had with other men. By developing these relationships, men surround themselves with people who have a shared interest in becoming SafeMen. This bolsters the chance of non-violence being sustainable.

'After being through what I have been through working with Safe Man I dealt with my breakup in a safe way. Perhaps if I didn't have the support, I could have dealt with it in a wrong way. They were the first people I reached out to on the first day and they helped me on my journey.' (Interview with SMSF peer)

Discover

Men are more self-aware

Men become more aware of who they used to be and who they want to be. They become more aware of their feelings, ways of thinking and behaving as individuals and in relation to others. Instead of blaming others, they reflect more on 'what I did and what I should and can do to be a SafeMan'. Self-awareness also encourages them to take responsibility for their own behaviour. This helps the men to become less reactive and more proactive in their response to challenges and conflicts in their relationships with others.

> *'He is a lot more aware of when he is starting to feel upset or when something is bothering him and he can take himself away, calm himself down and come back. In his communication, he is able to communicate a lot better the feelings he is having and acknowledge why he is feeling those. His drinking has reduced significantly, definitely a lot of things have changed.'*
> *(Interview with a peer's partner)*

Men are more able to talk about their feelings

Men develop the ability to recognise, name and discuss how they are feeling. Hearing from others about how they are feeling helps men recognise they sometimes feel that way too. It helps men acknowledge these feelings in themselves and communicate how they are feeling to others. This helps them build healthy relationships with others. Hearing other men that they respect discuss their feelings also challenges traditional ideas about masculinity i.e., real men don't talk about their feelings.

> *'Sonny would have struggled in the old days to validate his own experience. He would have spent all of his time being externally focused, listening and responding, completely ignoring his own wellbeing in the meantime.'*
> *(Interview with a peer's partner)*

> *'Another thing that comes to mind is masks. So, how you are feeling on the inside? You wear a mask. I was very stoic. I felt there was an image and you had to portray strength at all times and to not show vulnerabilities, to not talk about them no matter how much you might be hurting on the inside.'*
> *(Interview with SMSF peer)*

Men are more empathetic and compassionate

Men can better understand and connect with how other people are feeling, which helps them become more careful of other people's feelings and wellbeing. This is part of a process of developing the ability to put themselves in the shoes of other people and see things from the other's

perspective. This takes practice and develops slowly over time. Again, this helps men build healthy relationships with others.

> *'Sometimes after he has a group meeting, he might connect with me a little bit later and he kind of verbalises to me, not in so many words, but he might say he doesn't treat me as well as he should.' (Interview with SMSF peer's partner)*

Men have better communication skills

Men develop their ability to listen, respond and converse in a constructive manner. They listen more intently to others and take more care with what they are saying and how they are saying it. They are more willing to be vulnerable and open in communicating their own needs. This opens the possibility for healthy, constructive communication.

> *'… it's shaken me out of what I thought I heard them say to instead actually be present and listen to what they have asked me or said to me. I think in some regards it has slowed me down. It has allowed me to take the time to process what people are saying to me whereas before I would have already had an answer when you were halfway through the question. Now I am actually thinking about what is being asked. It has made me a better person and I don't feel as angry at myself or other people.' (Interview with SMSF peer)*

Men are more able to regulate their behaviour

Men are more able to reflect on and modify their behaviour towards others, including when they disagree or feel triggered. As a result of what they have learned from SMSF, they are more aware of when their body is entering a flight or fight response to a perceived threat, and they can call on a toolbox of techniques they have learned from other peers about what works in similar situations. They have a better idea of what good behaviour looks like and are more inclined to behave accordingly. They are no longer being ruled by their impulses.

> *'On Saturday I was having a crap day. My son was having a melt down and I started yelling at my kids. I caught myself and thought, "it is not his fault". That is something where I would have not caught myself before because I would have justified by he is being a shit. The biggest thing I have found myself getting into with SafeMan SafeFamily is the accountability factor of it. At the end of the day, you may feel it, but it doesn't mean you have to act on it.'*
> *(Interview with SMSF peer)*

Men have effective de-escalation skills

Men realise they have a responsibility to ensure they do what they can to ensure disagreement and conflict is dealt with safely. When conflict occurs, they are able to utilise what they have learned to prevent it from getting out of control. This includes pausing, taking time out, and other techniques to help regulate the nervous system and make space for reflexive/critical thinking. The men are

willing to adopt these techniques because they have heard their peers discussing them and know that they can work.

> *'He has been much more communicative and has been letting things go. He is able to talk about what he has talked about with other guys. I might talk to him about something, he will get mad about it and then the penny will drop. He will then come back and be able to talk about things. I think it has really helped him.'*
> *(Interview with a peer's whānau)*

Recover

Men have better relationships in their community

Men take what they have learned about being safe wherever they go. They see that this applies not only to the people in their immediate families, but to everyone they come in contact with. They are no longer feel so angry or feel the need to constantly prove themselves to, or intimidate, others. They are more open to letting other people in. They develop better relationships in their communities and take action to help keep themselves and others around them safe.

> *'He has done a house painting job and it turned out the client didn't have enough money to pay the bill. $1,000 short. He said in the past he would have bashed him and some of his mates had actually offered to head over and do it for him, but he said no.' (RJ Sunday meeting notes)*

Men have better wellbeing

Men's positive changes have an impact on their sense of wellbeing, which has a positive effect on their relationships with others. They feel more content and relaxed, have better relationships, and feel more positive about themselves and the future. This holistic approach sees violence as an expression of wider dysfunction and therefore something that is best addressed within the entire context of their and their loved one's lives.

> *'I don't feel SafeMan SafeFamily is focused on the pure focus of domestic violence. I have gotten so much therapeutic benefit in so many aspects of my life and all those different parts of my life that attributed to my domestic violence in the past. It has gone out holistically and allowed me to look at all these different parts of life and it comes to the pointy end and these domestic violence issues are dealt with by not directly confronting them. It has been a really therapeutic, non-invasive journey. I feel like I have gone through it with my dignity intact and I can feel proud.' (Interview with SMSF peer)*

Men have better connections with family

Men have stronger or closer connections to people in their immediate and extended family. The men's Redemption Journeys can also result in others beginning to heal from the pain the men have caused. Although these relationships may not be as good as people want them to be, they are better than they were. These changes can have an immediate and intergenerational impact.

> *'To have been such a positive one and to have seen the outcomes in my family through the changes he made and the difference and impact it had on how my family communicates and resolves issues probably was the biggest thing. It was also such an important thing. Now that he is a grandad it has been such an*

important process to hand down to our kids and it really does change within one generation the way a family operates.' (Interview with a peer's fanau)

Families and whānau are safe and nurturing

Families reporting that they feel safer does not necessarily equate to families also feeling nurtured, which appears to take more time to develop. Men help keep their families safe by having their best interests at heart, and progress towards actively helping them achieve their hopes and dreams.

'Both my son and daughter have lived their life with their parents having most of their shit together. They haven't experienced what we went through. We sorted a lot of that stuff out before having kids. My wife has a temper occasionally and the kids get to see that every now and then but in comparison to what we had it is way better. I was a bit of an emotional manipulator. That is something we have been honest about. If mum is yelling, if that upsets you let us know. It is good to be yelled at sometimes because you know you have done wrong but if it emotionally upsets you then let us know. The same with me, if I am doing something let me know how they feel about my behaviour. Honesty is important so also for them to let me know if there is anything they need to talk about with regard to situations they get into.' (Interview with SMSF peer leader)

'I feel more protected by him. Maybe that sharing of my security, I share with him now. Is he doing what he tells the world he is doing? Is he who he says he is? He is, he really is.' (Interview with a peer's partner)

'For Vic and I, the 'ultimate success' of SMSF has already been achieved – Vic is a happy man, happily married, happily living a life free from violence. In our family, Vic is a safe man.' (feedback from a family member of Vic's)

A vibrant and growing network of peers supported by professionals

As discussed earlier when introducing SMSF and its whakapapa, the peer network began as a few men, in 2008, reflecting on their experience of stopping violence programmes and what more they needed to do to stop their violence. It is now a vibrant network of over 100 men supported by professionals, a Board and an organisation with charitable status operating nationwide. This small group of men has become a national movement.

Peer and family ratings of change

All the peers, whānau and family members we interviewed were asked to complete a survey about how things were before the peer started with SMSF and how things are now. We received responses from most interviewees, including 16 peers and 11 family members. The results are presented in detail in Appendices 2 and 3. Statistical tests[12] show peers and family think SMSF's intervention has had a large effect (Cohen's d >1.0, p<0.05) in the following areas:

Family say:

- They now have to be careful if the peer is in a bad mood less often.
- Peers now try to justify or make excuses for abusive behaviour less often.
- Family are now more often able to negotiate with peers when they disagree.

Family do not report a large shift in his understanding of the impact of his behaviour on others since he started with SMSF. This may be because he needed to recognise that his behaviour was violent to engage with SMSF, i.e. it took a shift in his understanding to choose to engage in behaviour change.

Peers responses are in agreement with their family members' responses, although peers also report a large shift in their understanding of their behaviour's impact on others.

- Family now have to be careful if he is in a bad mood less often.
- They now try to justify or make excuses for their abusive behaviour less often.
- They are now more often able to negotiate with whānau when they disagree.
- They now understand the impact of their behaviour on others more often.

All peers and most whānau at least 'somewhat' agree that SMSF has helped improve whānau relationships. A small number of family members report little change and a few are unsure if there has been any change. Interview feedback helps us understand why they said this:

- Two family members of the same peer see little of him these days. It is in part the peer's choice not to see much of them because he feels it is best he stays out of their lives for now.
- A few family members think their men are not much easier to disagree with these days, partly because he walks away. The peers see this as a conflict mitigation strategy – they return to talk about the disagreement when they have calmed down.

In summary, the survey results suggest SMSF is effective at helping men become safe. SMSF helps men significantly improve their communication, to negotiate disagreements and take ownership of abusive or violent behaviour. Families have to be less careful of their man if he is in a bad mood. To have more confidence in the extent of change SMSF has on men's behaviour and family's safety, we recommend testing these on a larger sample of SMSF peers and family.

[12] Paired T test

Conclusion

This report describes SMSF's approach to stopping violence and the outcomes it is delivering for men and families. Our evaluation findings are that:

1. Peers are key to delivering positive outcomes

Men who use violence and want to change are more likely to trust and open-up to men who have walked the same journey and made change. Men further advanced on the change journey are able to empathise and offer pragmatic advice based on their lived-experience of having made change. There is also a growing network of men who are becoming safe and want to give back to the cause. However, SMSF currently has a limited potential for supporting these peers with professional supervision and advice.

2. The Uncover, Discover, Recover journey prepares men for and supports them through change

The "Uncover" component of the SMSF intervention model is a key part of the change process. It invites men to "Uncover" their story, which for the vast majority of men includes childhood trauma. Healing this trauma is a key part of the change journey. If men can resolve this trauma, they are more able to then make positive, enduring change in their lives. This takes time. The SMSF peer and professional network understands this and is there to support men as they learn, practice and embed new, healthier and safer ways of being.

3. SMSF benefits a diverse range of men and families

SMSF's key measure of success is that a man is safe when his family says he is. Our outcome assessment showed that SMSF engages men in a journey of change, including men with gang affiliations and criminal histories as well as men with very successful careers in the mainstream. Men from all walks of life feel deeply connected to SMSF and its kaupapa. They develop, insight, empathy, healthy relationships and their family report that they feel safer. The data suggests for many families the difference these changes have made are significant.

4. SMSF works with, complements and extends other organisations and approaches to stopping violence

SMSF offers a set of 'fundamentals', or suite of offerings, that men can draw on as and when they need to for as long as they need to, to support their journey of change. Importantly, it provides men with space, time and support to 'uncover' their own life experience so they

can better understand what drives them to violence and what they need to do to stop it. Many SMSF peers have attended time-limited programmes on their journey but need the on-going support to become and stay safe. Many men accessed stopping-violence services prior to connecting with SMSF, but these supports were time-limited and stopped before they had become violence-free.

SMSF is already working alongside other services to stop and prevent further family violence. It partners with marae, iwi-based services, NGOs, Police, Corrections and other government agencies, budgeting services, and so on to deliver stopping violence messages and wrap-around support for men, family and whānau who want to become safe. In our view, the peer-leadership and enduring nature of the SMSF model (i.e., that men are welcome to attend RJ meetings and connect with the peer support network free of charge whenever and for as long as they want to) are important additions to the ecosystem of stopping violence interventions and services.

5. SMSF is evidence-based

SMSF is arguably at the cutting edge – and a very important cutting edge – of evidence-based approaches to stopping family and sexual violence. It's Uncover, Discover, Recover lifestyle modification process is built on 14 years of intensive discussions between men with lived experience of using violence and who want to become, and stay, safe. The evaluation found a clear set of principles that underpin SMSF's engagement of men in the change process. We also found concepts evident in their approach that align with academic literature, namely trauma-informed and healing-focused, narrative therapy. What SMSF offers aligns with Te Aorerekura, the National Strategy to Eliminate Family Violence and Sexual Violence, which places a strong emphasis on the importance of coordinating evidence-based responses to family violence (Te Aorerekura, 2021, p.71).

6. Peer-led, professionally supported workforce delivers unique benefits and challenges

Peers have a distinct advantage when engaging men who use violence into the change process. Men who use violence but want to change find it easier to trust and connect with other men who have become safe. Furthermore, peers are more likely to be able to relate to each other and get where each other are coming from. Professionals play an important role in SMSF, in that peers may need intensive and/or clinical support for particular issues to progress their journey of change and provide supervision to SMSF employees working with the men. Key to the success of this relationships is that there is a shared understanding between peers and professionals that peers lead SMSF and professionals support their leadership. In our view, this combination is unique to SMSF.

SMSF needs to be sure peers who want to take on a leadership role are ready. These peers need support to learn how to support others safely and they need a trusted mentor or colleague they can turn to regularly when the going gets tough. SMSF is putting such measures in place.

Future directions

What SMSF can do to strengthen its community and practice and build on its successes.

1. Bring more attention to men's Victory Stories.

For many men, SafeMan SafeFamily is the first place they have felt safe to share what has happened or been done to them, what they have done, and the shame and grief associated with that. This is of huge importance. But it is also important to balance acknowledgement of this trauma with progressing healing, celebrating their successes and Redemption. We suggest more attention could be put on celebrating men's Victory Stories.

2. Develop the next generation of peer-leaders and help them practice safely.

SMSF needs to build its peer workforce to meet the demand. As part of this it also needs to bring on board younger peer-leaders to help reach young men who use violence but want to become safe. SMSF already knows this, but they feel they do not have the capacity to do it. The organisation is hoping to secure more funding to 1) employ/bring on board the right people to put the processes, supports and learning framework in place, and 2) employ the peers they bring through the development pathway.

3. Continue to develop relationships with others working to stop/prevent family violence.

Establishing more and deeper relationships across the sector will become easier when there is a better understanding and acceptance of peer-leadership in men's behaviour change. The key areas where collaboration needs to further develop is working holistically to engage younger men, families and other organisations to support this.

SMSF is working with women who bring their peer-leadership to aligned kaupapa, but more work needs to be done to develop this. For couples who want to stay in their relationship, it can be hard for peers to bring all the benefits of change into their relationship if their partner is not getting the support she needs.

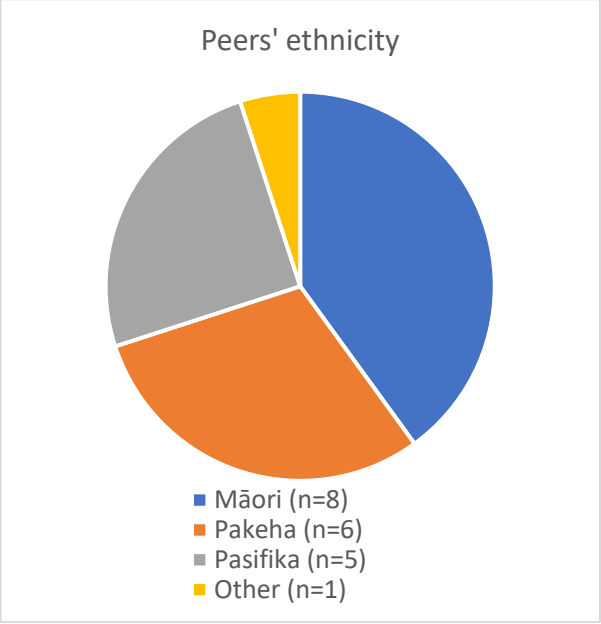
Peers tend to say they wish they had made change earlier. Some feel that if they knew about SMSF earlier, they would have. SMSF have relationships with young Champions in the men's behaviour change space. Bringing on board younger peer-leaders is likely to show young men that change is possible and that help from people like them is there.

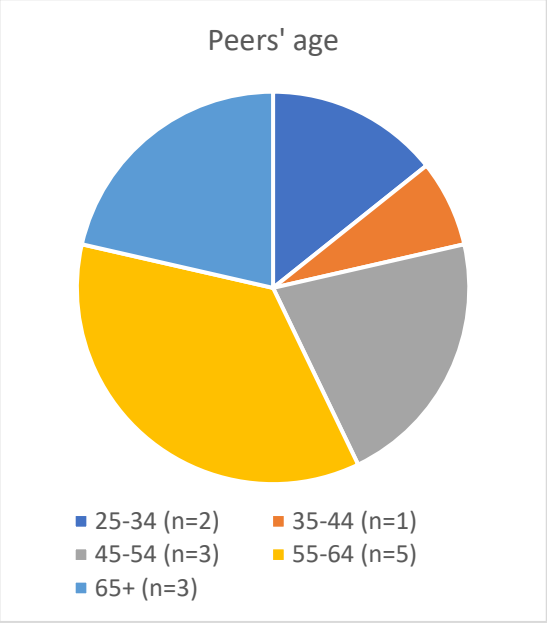
Appendices

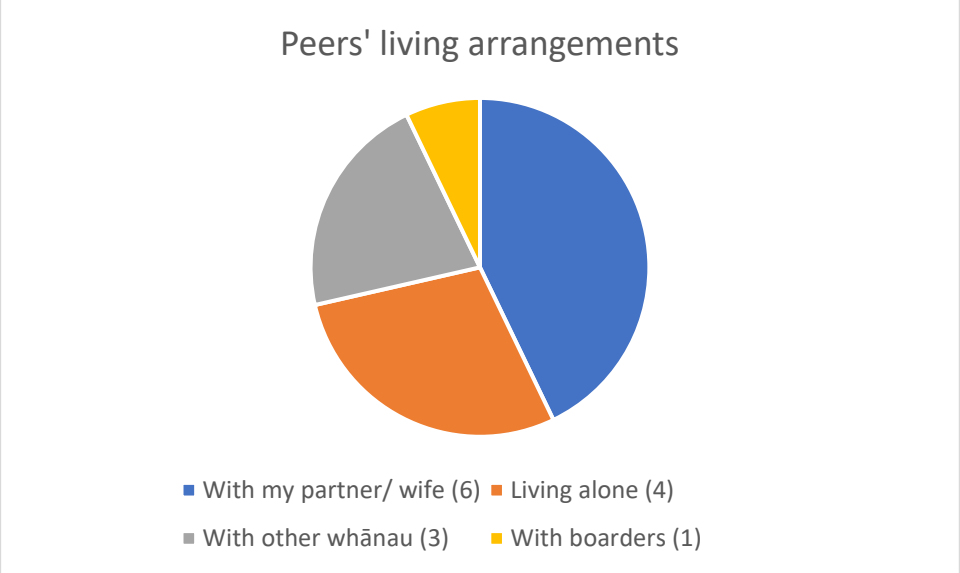
Appendix 1: Interviewees and survey respondents

Peers

We interviewed 19 peers. Eleven of these peers were regular RJ Sunday attendees and the others were active on the Messenger network and/or peer-leadership group. We asked each of the 19 peers we interviewed to answer the online survey. Most peers did so (16). The charts below show the survey respondents' ethnicity and age.

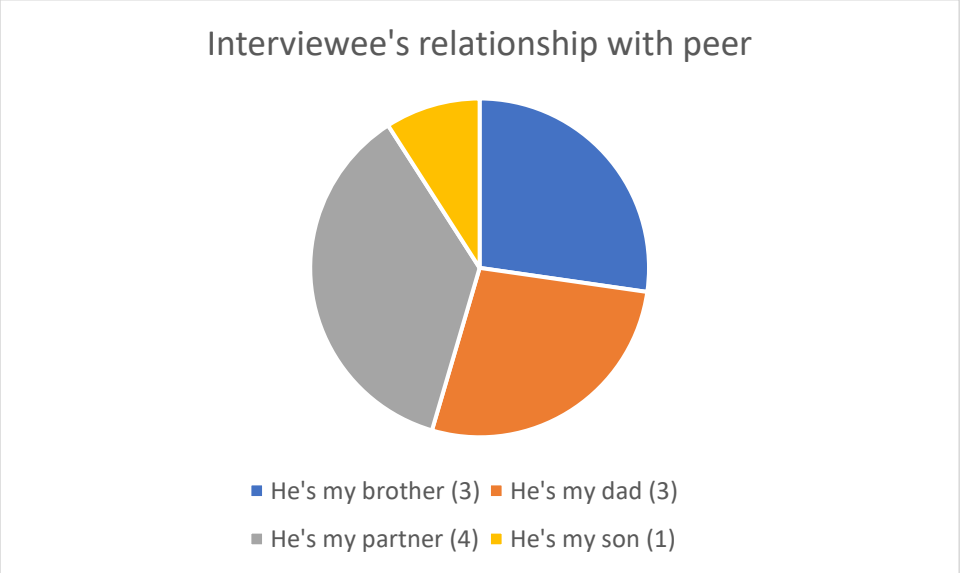






Whānau

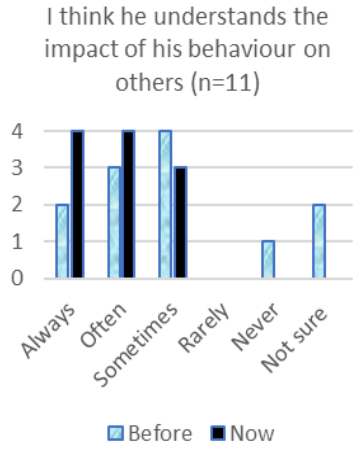
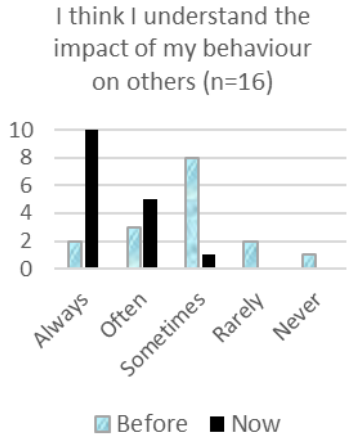
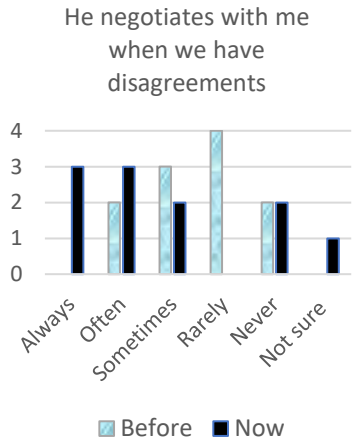
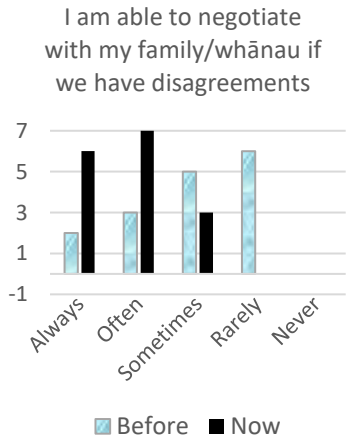
We asked each peer we interviewed if we could speak with one of their whānau. Most peers gave us permission to do so. We interviewed 11 whānau. Their relationship to the peer is shown in the pie-chart, below.

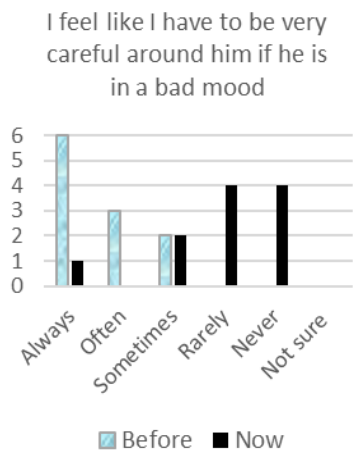


Stakeholders

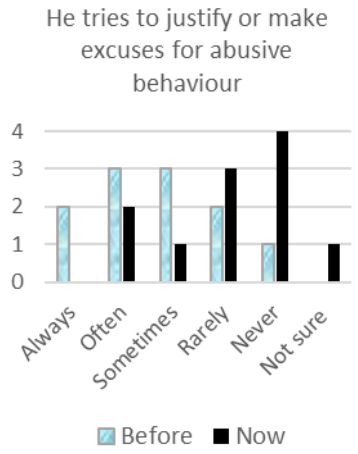
A wide range of stakeholders were interviewed, including four community-based violence-cessation service providers, three SMSF Board members, and three central government employees with expertise in the family violence sector.

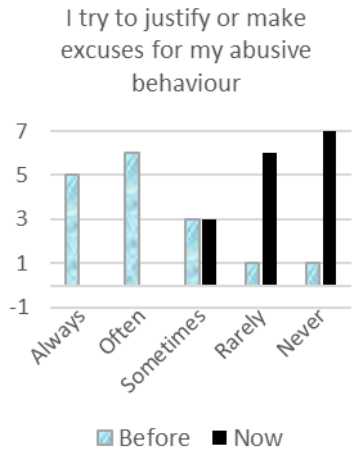
Appendix 2: Survey results – charts

Whānau	Peers	Reasons for little or no change
		Family and whānau were much more likely than the peers to think the peer understood the impact of his behaviour on others before he started with SMSF, whereas peers are much more likely to think they now *always* understand the impact of their behaviour on others. The interviews show the peers have developed insight into the harm they caused while with SMSF but also have more learning to do.
		The peers who are still unable to negotiate now sometimes walk away. They do this to prevent the situation escalating.

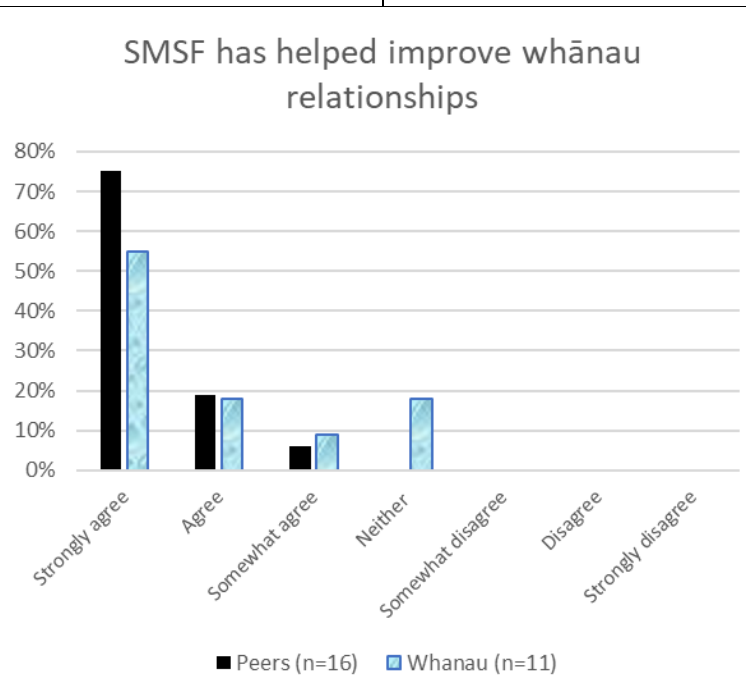


The whānau member who still feels he has to be careful around the peer sees little of the peer because he does not yet trust that he has changed. The peer feels he has changed (as does another whānau member), but he also understands his son's point of view.





The two whānau who noted he still tries to justify or make excuses note that he does this in the heat of the moment. Sometimes the peers can later reflect on and discuss what happened.



The chart shows that all peers and most whānau at least 'somewhat' agree that SMSF has helped improve whānau relationships. The two whānau respondents who neither agreed nor disagreed have had little contact with the peer and do not yet trust that he has changed.

Appendix 3: Survey results

The table shows the responses to the peer and family/whānau survey about how things were before the peer started with SMSF and how things are now. The survey questions are shown in the column on the left. The response options were a 5-point scale: never, rarely, sometimes, often, always.

The table shows each pair's (peer and family/whānau member) survey responses side-by-side. The table shows that peers and their family/whānau member largely agree on how things were before the peer started with SMSF and how things are now. Where they disagree with a family/whānau, or where family/whānau report little or no change, we reviewed their interview feedback to try to understand why. With regard to:

The impact of men's behaviour on others

- Some peers said they felt they "knew" how they made people feel and family/whānau said they did too, but with hindsight peers say they now know they were wrong. Even after several years of engagement with SafeMan SafeFamily, a few peers seem to sometimes still not understand how they make other people feel.

Risk of violence

- A few respondents told us they no longer have to be careful for fear of physical violence, but there is still a risk of a heated argument.
- Some family and whānau note they did not feel as unsafe as other family members because the worst or most of the peer's violence was not directed at them.

Having to be careful

- One family/whānau member never felt scared or unsafe because, she said, "I knew how to look after myself".
- A few peers noted they are developing de-escalation skills such as walking away to take time out when they feel triggered. When this happens, these peers think their partner sometimes feel ignored or that they are not resolving issues that need to be addressed.

Ability to negotiate

- A peer's partner noted that her own behaviour "could be better". She is also seeking help to change her behaviour.

Making excuses for bad behaviour

- Peers could be oblivious to their bad behaviour before they engaged with SMSF, i.e., they were not aware that there was anything to make excuses for and whānau were too scared to challenge what he did.

Improved family relationships

- Several family respondents noted their relationships have improved. The physical violence has stopped but the peers still have a lot of work to do to further improve their relationships. The peers agree.

Improved wellbeing

- One peer's family members consider some of his decisions to be negatively impacting on his wellbeing. However, the peer feels much more well since he has made those decisions to keep himself and his family safe.

Questions	Pair	Peer's self-rating (Before)	Whānau rating of peer (Before)	Peer's self-rating (Now)	Whānau rating of peer (Now)	Interview insights that help understand the Before ratings	Interview insights that help understand the Now ratings
Peer: • I thought I understood the impact of my behaviour on others (Before)	1	Never	Never	Often	Often	Pair 5's relationship started several years after he started his change journey. The difference in their ratings may indicate significant change had already taken place. The	The interview with whānau in pairs 8 and 9 shows the peer is sometimes oblivious to how he makes some of the quieter whānau members feel. Pair 10's whānau respondent did not
	2	Rarely	Sometimes	Always	Always		
	3	Sometimes	Often	Often	Always		
	4	Sometimes	Always	Always	Always		
	5	Rarely	Often	Always	Always		

Questions	Pair	Peer's self-rating (Before)	Whānau rating of peer (Before)	Peer's self-rating (Now)	Whānau rating of peer (Now)	Interview insights that help understand the Before ratings	Interview insights that help understand the Now ratings
• I think I understand the impact of my behaviour on others (Now) Family/whānau: • He understood the impact of his behaviour on others (Before) • He understands the impact of his behaviour on others (Now)	6	Sometimes	Sometimes	Always	Often	interview with the peer in pair 11 shows that he now knows he did not in fact know how he could make people feel. He now accepts he could terrify people, including other men.	answer this question but the interviews suggest the peer sometimes understands the impact of his behaviour. She notes he now sometimes shows remorse if he has psychologically or emotionally abused her. The physical violence has stopped.
	7	Sometimes	Not sure	Always	Often		
	8	Sometimes	Not sure	Always	Sometimes		
	9	Sometimes	Often	Always	Sometimes		
	10	Sometimes	Sometimes	Always	Sometimes		
	11	Always	Sometimes	Always	Often		
Peer: • My family/whānau had to be very careful around me if I was in a bad mood • My family/whānau have to be very	1	Always	Always	Rarely	Rarely	The peer in pair 4 did not direct most of his violence towards the whānau respondent. Pair 5's respondent said she "did not feel unsafe" when he was in a bad mood because "I knew how to look after	Pair 10's whānau member didn't answer this question in the survey but her (and his) interview shows they sometimes have heated arguments (but she said the
	2	Sometimes	Sometimes	Never	Never		
	3	Rarely	Rarely	Rarely	Never		
	4	Often	Sometimes	Never	Rarely		
	5	Always	Rarely	Never	Rarely		

Questions	Pair	Peer's self-rating (Before)	Whānau rating of peer (Before)	Peer's self-rating (Now)	Whānau rating of peer (Now)	Interview insights that help understand the Before ratings	Interview insights that help understand the Now ratings
careful around me if I am in a bad mood Family/whānau: • I feel like I had to be very careful around him if he was in a bad mood • I feel like I have to be very careful around him if he was in a bad mood	6	Sometimes	Sometimes	Rarely	Rarely	myself" (she grew up in a violent family). The peers in pair 8 and 9 would not be violent to the women in their family, but they would to the other men in their family.	physical violence has stopped).
	7	Sometimes	Rarely	Rarely	Never		
	8	Sometimes	Always	Rarely	Always		
	9	Sometimes	Always	Rarely	Rarely		
	10	Always	Always	Rarely	Sometimes		
	11	Often	Always	Sometimes	Sometimes		
Peer: • I was able to negotiate with my family/ whānau if we had disagreements • I am able to negotiate with my family/	1	Always	Often	Often	Often	The difference in pair 4's responses may be explained by the peer usually having disagreements with someone else in the whānau, not the whānau member who responded to the survey. Pair 10's	The whānau member in pair 3 said in her interview that if she has a disagreement with him, they are now able to talk things through more often than they used to (which suggests they can now do this "often" or "always").
	2	Sometimes	Sometimes	Always	Always		
	3	Often	Sometimes	Often	Not sure		
	4	Rarely	Often	Always	Always		
	5	Rarely	Rarely	Often	Always		
	6	Sometimes	Sometimes	Always	Always		

Questions	Pair	Peer's self-rating (Before)	Whānau rating of peer (Before)	Peer's self-rating (Now)	Whānau rating of peer (Now)	Interview insights that help understand the Before ratings	Interview insights that help understand the Now ratings
whānau if we have disagreements Family/whānau: • He negotiated with me if we had disagreements • He negotiates with me if we have disagreements	7	Sometimes	Rarely	Always	Often	whānau respondent notes that the peer could not accept her point of view if it differed to his.	The family member in pair 8 has seen little of the peer in the last few years – the family member the peer sees most often says she can often negotiate with him.
	8	Sometimes	Never	Always	Sometimes		
	9	Sometimes	Rarely	Always	Often		
	10	Always	Never	Often	Sometimes		
	11	Rarely	Rarely	Sometimes	Often		

Questions	Pair	Peer's self-rating (Before)	Whānau rating of peer (Before)	Peer's self-rating (Now)	Whānau rating of peer (Now)	Interview insights that help understand difference in the Before ratings	Interview insights that help understand difference in the Now ratings
Peer: • I tried to justify or make excuses for my abusive behaviour • I try to justify or make excuses for my abusive behaviour Family/whānau: • He tried to justify or make excuses for his abusive behaviour • He tries to justify or make excuses for his abusive behaviour	1	Always	Always	Rarely	Rarely	The mismatch between pair 4's responses may be because the whānau respondent hardly ever challenged the peer's behaviour. Pair 5's relationship started several years after he started his change journey. Pair 11's whānau member says he was sometimes oblivious that his behaviour was abusive.	
	2	Often	Sometimes	Never	Never		
	3	Rarely	Rarely	Never	Never		
	4	Often	Never	Never	Never		
	5	Always	Sometimes	Never	Never		
	6	Sometimes	Sometimes	Sometimes	Sometimes		
	7	Sometimes	Often	Sometimes	Rarely		
	8	Sometimes	Often	Sometimes	Often		
	9	Sometimes	Often	Sometimes	Not sure		
	10	Always	Always	Sometimes	Often		
	11	Often	Rarely	Rarely	Rarely		

Questions	Pair	Peer's rating	Whānau rating	Interview insights that help understand difference in the ratings
Peer:	1	Strongly agree	Strongly agree	The family respondents in pairings 8 and 9 do not agree with the peer's decision to live away
	2	Strongly agree	Strongly agree	

• Being part of SMSF improves my sense of wellbeing Family/whānau: • SMSF has helped improve his wellbeing	3	Strongly agree	Strongly agree	from the family and they are worried about his physical health issues.
	4	Strongly agree	Agree	
	5	Agree	Strongly agree	
	6	Strongly agree	Agree	
	7	Strongly agree	Agree	
	8	Strongly agree	Somewhat disagree	
	9	Strongly agree	Neither agree nor disagree	
	10	Strongly agree	Somewhat agree	
	11	Strongly agree	Strongly agree	
Peer: • SMSF has helped improve my relationships with my whānau Family/whānau: • SMSF has helped him improve whānau relationships	1	Strongly agree	Strongly agree	The peer and family in pairings 8 and 9 do not see a lot of each other. Family note the violence has stopped but there is still a lot of work to do to improve their relationships.
	2	Strongly agree	Strongly agree	
	3	Strongly agree	Strongly agree	
	4	Agree	Agree	
	5	Agree	Strongly agree	
	6	Strongly agree	Agree	
	7	Strongly agree	Strongly agree	
	8	Strongly agree	Neither agree nor disagree	
	9	Strongly agree	Neither agree nor disagree	

	10	Strongly agree	Somewhat agree	
	11	Strongly agree	Strongly agree	

Appendix 4: Consent forms

SafeMan SafeFamily evaluation information sheet – peers, family and whānau

Point & Associates and Awa Associates are conducting research to find out how SafeMan SafeFamily helps men end the cycle of family violence and the difference SafeMan SafeFamily makes to people's lives. SafeMan SafeFamily and Vic Tamati have endorsed the study. It is funded by the Ministry of Social Development (MSD) and has been cleared by their Ethics Committee.

Who are we speaking with?

We want to speak with about 20 men helped by SafeMan SafeFamily and a whānau member of each of those men. The whānau could be a wife, partner, brother, sister or adult child – whoever each man thinks is the best person in his whānau for us to speak with.

What is expected of me and what is the process?

We want to hear from men about why you connected with SafeMan SafeFamily, your experience of being part of SafeMan SafeFamily, what you have learnt and discovered with them, if this has helped and if so how and what difference it has made, and if you think SafeMan SafeFamily should consider doing anything else or doing something differently.

We want to hear from whānau of each man about what led to his violence and needed to be addressed or changed, if the man's thinking, attitudes and/or behaviour has changed, what has helped make change (if any), the difference this has made to your whānau and others, and if you think SafeMan SafeFamily should consider doing something differently.

You could speak with an evaluator alone or you could have a SafeMan SafeFamily kaimahi or whānau member accompany you. It shouldn't take longer than 60 minutes. The interview will take place where you'd prefer – online or at SafeMan SafeFamily, in a quiet room while SafeMan SafeFamily kaimahi are on site. We are offering $40 as a thank you for your time and contribution if you decide to participate.

IT'S OK TO SAY 'NO' IF YOU DON'T WANT TO TAKE PART. Your choice will not affect your relationship with SafeMan SafeFamily in any way. If you choose to take part but then decide you want the interview to stop, that's fine.

How will the information be used?

The interviews will be transcribed (if you allow us to record the interview) and you are welcome to a copy. The researchers will analyse the interviews. They will remove all information that might identify anybody from their reports to SafeMan SafeFamily and the MSD. The reports will be used by

SafeMan SafeFamily and the MSD to help more men, families and whānau end the cycle of family violence. The interview data will be destroyed once the project has been completed.

You are in charge of your information

If you decide you don't want us to use what you tell us during the course of the interview we will destroy our notes. You can withdraw your information up until the time we write the report (September 2022).

What's next?

If you would like to be interviewed, let a SafeMan SafeFamily kaimahi know. Or you can contact one of the evaluators if you have any more questions or would like to get in touch directly.

Hector Kaiwai 021 432 867 hector@awaassociates.co.nz	Janet Tupou 022 044 2072 janet@point.co.nz	Tony O'Connor 021 197 2127 tony@point.co.nz

Consent form

- I have seen and understood the information sheet about this project and have had it explained to me.
- I understand that I am being interviewed to gain insight into my experiences and knowledge of SafeMan SafeFamily.
- I have had a chance to ask questions and I know who to contact if I want to know more.
- I have had time to think about whether I want to take part.
- I understand that taking part in this research is my choice.
- I have received a $40 koha for my time.
- I know that I can stop the interview at any time, and I can withdraw my participation up until the time of the writing of the report (Sept 2022) and this will not in any way affect me or my family/whānau's safety and/or relationship with SafeMan SafeFamily.
- I understand that my name and information that might identify me will not appear in any reports.

Please tick the box to show if you agree or not:

I agree to take part in this research ❑Yes ❑No

I agree to the interview being audio-recorded ❑Yes ❑No

I: _____ (full name) consent to take part in this project.

Date: _____ Signature: _____

If you choose ‘yes’ to either of the below please provide your email address or phone number

I want to a written record of the interview ❑Yes ❑No

I want to receive a summary of the research results ❑Yes ❑No

Mobile number or email address: _____

SafeMan SafeFamily evaluation information sheet for community partners and sector experts

Point & Associates and Awa Associates are conducting research to find out how SafeMan SafeFamily helps men end the cycle of family violence and the difference SafeMan SafeFamily makes to people's lives. The Ministry of Social Development is funding the project and it has been cleared by their Ethics Committee.

Who are we speaking with?

We want to speak with about 10 agencies that work with SafeMan SafeFamily and 10 sector experts. We also interviewing men, family members and whānau.

What is expected of me and what is the process?

We would like you to answer some questions about how you came to know about SafeMan SafeFamily, the work you do with them, what difference you think SafeMan SafeFamily makes to people's lives, the contribution you think SafeMan SafeFamily makes to the sector, and if you think SafeMan SafeFamily should consider doing anything else or doing something differently.

The interview shouldn't take longer than 60 minutes. We could talk by phone or Zoom (or if you are Auckland-based we could come to you (not withstanding Covid alert level restrictions!).

IT'S OK TO SAY 'NO' IF YOU DON'T WANT TO TAKE PART. Your choice will not affect your relationship with Safe Man Safe Family in any way.

If you do take part, you don't have to answer anything you don't want to. You can pause or stop any time you want and you can choose to not have the interview recorded. You can also choose who you want to be in the room.

How will the information be used?

The researchers will analyse the interviews. They will remove all information that might identify anybody from their reports to SafeMan SafeFamily and the Ministry of Social Development. There is a chance that relevant contextual information will make it possible to identify certain agencies (for example, Police). The reports will be used by SafeMan SafeFamily and the Ministry of Social Development to help more men, families and whānau end the cycle of family violence. At the moment, there are very few community-based support services like SafeMan SafeFamily in Aotearoa. The interview data will be destroyed once the project has been completed.

You are in charge of your information

If you decide you don't want us to use what you tell us during the course of the interview we will destroy our notes.

You can read the transcript of our recording (if you allow us to record the interview) or read our interview notes. You can withdraw your information up until the time we write the report (September 2022).

A summary version of the final report will be available when the study is completed. You can say that you would like to receive a copy on the Consent Form.

What's next?

If you would like to be interviewed, let a SafeMan SafeFamily kaimahi know. Or you can contact one of the evaluators if you have any more questions or would like to get in touch directly.

Hector Kaiwai 021 432 867 hector@awaassociates.co.nz	Janet Tupou 022 044 2072 janet@point.co.nz	Tony O'Connor 021 197 2127 tony@point.co.nz

Consent form – community partners & sector experts

- I have seen and understood the information sheet about this project and have had it explained to me.
- I understand that I am being interviewed to gain insight into my experiences and knowledge of SafeMan SafeFamily and the difference this has made to men and whānau/family.
- I have had a chance to ask questions and I know who to contact if I want to know more.
- I have had time to think about whether I want to take part.
- I understand that taking part in this research is my choice.
- I know that I can stop the interview at any time, and I can withdraw my participation up until the time of the writing of the report and this will not in any way affect my relationship with SafeMan SafeFamily.
- I understand that my name and information that might identify me will not appear in any reports.

❑ I agree to take part in this research.

❑ I agree to the interview being audio-recorded.

I _____ (full name) consent to take part in this project.

Date:_____ Signature: _____

I want to approve any quotes of me before you include them in the report (please tick one): ❑Yes ❑No

I want to receive a summary of the research results (please tick one): ❑Yes ❑No

If you ticked 'yes' to either of the above, please provide your email address or phone number:

_____

Appendix 5: Literature review

Introduction

A literature review was conducted as part of the Point/Awa evaluation of SafeMan SafeFamily (SMSF). Rather than seeking to review all of the literature on programmes for men who use violence, this review focused upon several key questions that could enhance our understanding of SMSF and the Family Violence (FV) field in which it operates:

- What are the current mainstream programmes available for men who use violence?
- What are the models and approaches that underpin these programmes?
- What is the efficacy of these programmes?
- What are some of the more recent innovations in working with men who use violence?

The literature review has revealed that interventions with men who use violence are in a state of flux. After several decades of existing within a criminogenic silo that demarcated interventions with men who commit FV from other forms of support and counselling, programmes are beginning to draw on more holistic approaches based in broader understandings of FV, engagement and behaviour change. This includes an understanding of the impact of Adverse Childhood Experiences (ACEs) on the neurobiology of adults, trauma-informed approaches, counselling modalities such as narrative therapy and peer mentoring. The evidence indicates that interventions that incorporate these approaches have more success in enabling men, women and children to have lives that are safe and violence-free. However, the literature also discusses some of the obstacles that still exist to the widespread implementation of these approaches, particularly barriers in funding and support by state agencies.

Promising FV programmes, such as SafeMan SafeFamily, are beginning to draw on, trauma-and healing- informed approaches, counselling modalities such as narrative therapy, and peer mentoring.

The prevalence and incidence of FV in Aotearoa New Zealand

The scale of FV in Aotearoa New Zealand is enormous. Although there are issues regarding the establishment of precise statistics on the prevalence and incidence of FV, the available data does indicate the extent of the problem. In 2017 there were 21,747 family harm investigations by the New Zealand Police. This averages to nearly 34 every day, or one every four minutes (Gerrard & Lambie, 2018). However, an estimated 76% of family violence goes unreported, meaning that the actual rates are much higher (Gerrard & Lambie, 2018). One third of New Zealand women experience physical and/or sexual intimate partner violence (IPV) during their lifetime (Gerrard & Lambie, 2018). When psychological and emotional abuse is included, this rate increases to over 50% (Gerrard & Lambie, 2018). From 2009 to 2017, a total of 230 family violence deaths were recorded,

with IPV being the single largest contributor to these deaths, accounting for 48% of the total (Family Violence Death Review Committee, 2016).

The latest New Zealand Crime and Victims Survey (NZCVS) Cycle 4 survey (November 2020 – November 2021), which interviewed 6244 New Zealand adults (with a 76% response rate), reports that:

- Over the last 12 months, 2.1% of adults were a victim of an offence by a family member. This equates to 1 in 50 adults, or 87,000.
- Almost three-quarters of these offences were committed by intimate partners.
- Physical violence, and threats and intimidation constituted the majority of the offences committed by family members.
- Women were over 2.5 times as likely as males to have experienced offending by a family member. Three quarters of victims of offences by family members were women.
- Māori were disproportionately affected by offending by family members. Compared with 2.1% of adults in the overall population, 5.3% of Māori adults were victims of offending by a family member in the previous 12 months. Māori women were at particular risk, with 6.9% experiencing offences by family members.
- Adults living in the most deprived neighbourhoods (3.2%) were more than twice as likely to be affected as adults in the least deprived neighbourhoods (1.4%).
- The offender was under the influence of alcohol and/or other drugs in about half of the incidents (52%).
- 1 in 6 adults who have ever had a partner have experienced IPV in their lifetime.

Paradigmatic change

Over the last decade there have been increasing calls for paradigmatic change within the FWV sector. Carne et al. (2019) argue for the need for a systems thinking approach to dealing with the "wicked problem" of IPV and Child Abuse and Neglect (CAN) in Aotearoa New Zealand; they describe wicked problems as: 'complex, multifaceted, and enduring. They have multiple drivers, are hard to describe and don't have one right answer. Many stakeholders are involved with different viewpoints, norms, and priorities. Additionally, the effectiveness of specific interventions is hard to evaluate because of downstream effects and the inherent complexity of the issue, making it difficult to identify direct links of cause and effect.' (Carne et al., 2019, p.8)

Polaschek (2016) criticises the current FWV system in Aotearoa New Zealand as 'piecemeal, insufficient and mired in a complex web of bureaucracy' and she calls for the development of an integrated response system for FWV that is built from the perspective of the users rather than the providers. Likewise, Paulin et al. (2018) call for a change in the focus of FWV services; 'As a country, we need to move from a crisis-driven system to one that is long-term, family and whānau wellbeing driven, ensures support is whānau-centred and whānau-driven, is flexible in terms of service design and provision, and prioritises community input and empowerment' (Paulin et al., 2018, p.12).

The competitive contracting model is seen as a barrier to innovation as it has a focus on cost-efficiencies and tracking the delivery of specific, quantifiable outputs.

Some of the criticisms of the FWV sector reflect broader issues with the state funding models that have dominated the public sector over recent decades. Fry (2022) explains that the social sector's current funding systems are designed to serve an operating model which is focused upon reducing costs and waste, improving production efficiency through central planning, having highly specified processes, and micromanaging inputs. The assumption has been that the system works best when clearly-defined services are provided through individual agencies. However, solutions to wicked problems such as FWV require input from a variety of services that can be flexible and adapt to community needs. As Fry (2022, p.24) notes, the current operating funding and accountability models 'make it difficult for the social sector to fund, deliver and account for integrated, holistic services that are provided by many different agencies'.

Analysis has also identified the competitive contracting model, which focuses on cost efficiency achieved through short-term competitive contracts, as a barrier to innovation in health and social services (Coffey, 2018; Lavoie et al., 2018; Oakden et al., 2021). Under this model, contracts tend to focus on specific and quantifiable deliverables, which precludes flexibility and innovation, rather than on outcomes for the communities the services are intended for. Competitive, short-term contracts have discouraged collaboration between providers, have made it difficult to attract and maintain a skilled experienced workforce, and are also ineffective in delivering outcomes that require a longer-term commitment (Coffey, 2018; Oakden et al., 2021). Moreover, the contracting model tends to see the relationship between the funder and provider as transactional and characterised by the need for monitoring and control, rather than one built on trust and mutual respect (Lavoie et al., 2018). Oakden et al. (2021, p.182) argue that, despite the best efforts of funders and providers to serve their communities and develop new initiatives to meet needs, the lack of flexibility within the current funding model stifles innovation and leads to poor outcomes: 'funders and providers may struggle to find genuinely innovative ways to meet the needs of communities for public health and social services.' These bureaucratic systems have tended to act as barriers to innovation in the FWV sector, even though evidence shows that the existing system is not achieving the desired outcomes.

In an effort to address some of these issues, in 2018 the New Zealand Government launched a Joint Venture for family violence and sexual violence, renamed Te Puna Aonui in 2022. Te Puna Aonui incorporates 10 government agencies (the Accident Compensation Corporation, the Department of Corrections, the Ministry of Education, the Ministry of Health, the Ministry of Justice, the Ministry of Social Development, the New Zealand Police, Oranga Tamariki, Te Puni Kōkiri, and the Department of the Prime Minister and Cabinet) with the aim of delivering a whole of government approach to family violence and sexual violence. The Joint Venture partners are together tasked with delivering the new national strategy for addressing Family and Sexual Violence, Te Aorerekura, which focuses upon six key shifts (Te Aorerekura, 2021):

1. Towards strengths-based wellbeing.
2. Towards mobilising communities.
3. Towards skilled, culturally competent and sustainable workforces.
4. Towards investment in primary prevention.
5. Towards safe accessible and integrated responses.

6. Towards increased capacity for healing.

While building on several decades of significant work, Te Aorerekura also represents a key shift in how the state seeks to engage with sector groups and communities on the issue of Family and Sexual Violence, through its emphasis upon a holistic vision of wellbeing, built upon collaborative approaches that are led by communities. Of particular significance to the SMSF kaupapa is Te Aorerekura's identification of the need to develop accessible services for people who use violence, and its acknowledgement of the importance of peer-to-peer supports 'enabling those who have stopped using violence to support and inspire others to choose non-violence through peer-led initiatives' (Te Aorerekura, 2021: p.61). Like SMSF, Te Aorerekura also recognises the significance of trauma-informed approaches to interventions with people who use violence, noting 'Many people who use violence have experienced trauma as a child. This trauma is often unaddressed and contributes to the choices they make to use violence as adults.' (Te Aorerekura, 2021: p.62). The Tokotoru model developed for Te Aorerekura, which situates the strategy in a strengths-based ecosystem of services and interventions that place people, family and whānau wellbeing at the centre, strongly aligns with the SMSF kaupapa.

Programmes for men who use violence in Aotearoa New Zealand

Within the FWV sector, services and programmes for men who use violence occupy an ambivalent space. FWV began to be officially recognised as a problem across the Western world from the 1970s, influenced by the rise of the feminist movement, which explained men's violence against women as an outcome of patriarchal oppression. Men's violence within the family was redefined from being a private and personal matter, to an issue that required intervention from the criminal justice system. By the 1980s, groups intended to help men address their violent behaviour were being established. In Aotearoa New Zealand, these early groups were often offered by men associated with the women working with Women's Refuge and Rape Crisis. The Domestic Violence Act (1995) introduced a commitment from the state to fund compulsory treatment for individuals involved in family violence, a recognition that this was a public imperative rather than an individual choice (Paulin et al., 2018; Slabber, 2013).

Polaschek (2016) categorises interventions for men who use violence into three broad types; a variety of NGO service providers offering psychoeducational programmes; programmes delivered by Corrections for offenders on community sentences at medium to low risk of reimprisonment; and Kaupapa Māori programmes drawing on Te Ao Māori. These programmes are typically group based, and short-term, usually a maximum of 40 hours. As Frost (2019) observes, there is little provision within most of these programmes for ongoing support for participants as they continue on their change journeys. Currently, four government departments fund community non-violence programmes offered by NGOs: the Department of Corrections, the Ministry of Justice, the Accident Compensation Corporation and the Ministry of Social Development (Ministry of Social Development, 2020). The funding model has been criticised for its correctional philosophy and highly prescriptive model, with tightly specific, time-framed and deficit

There is little provision within most mainstream programmes for ongoing support for participants as they continue on their change journeys.

focused programme and inputs – described as 'orders from the Court' and 'bums on seats.' (Campbell et al., 2012, p.129).

Rehabilitative approaches to men who use violence have sat uneasily within a system that has focused upon a criminal justice response to perpetrators of FWV, and the desire to send a clear message that FWV will not be tolerated (Polaschek, 2016; Roguski & Edge, 2021; Vlais, 2014). Polaschek (2016) suggests that discomfort with perpetrator programmes is also driven by the lack of funding in the sector, resulting in a zero-sum game perspective, where services for men who use violence are criticised for diverting funding away from services for their victims. Moss (2016) also notes the uneasy relationship between the refuge movement and interventions for men who use violence, where the former has seen the latter as offering opportunities to collude with and minimise men's violence, as well as taking funding away from women and children affected by violence.

Families and whānau who seek support in overcoming FV in order to keep their family together indicate the need for approaches and services that go beyond criminalising and pathologising men who use violence.

However, there is a shift, both in Aotearoa New Zealand and overseas, in how services for men who use violence are being conceived. The limitations of a punitive, criminogenic approach to FWV and the need for a more nuanced response which moves away from a dichotomy between victim/perpetrator has been highlighted by research, discussed further below, which shows a considerable proportion of men who use violence were themselves victims of violence and abuse as children and young adults. The report of the Family Violence Death Review Committee on men who use violence notes that 'Demonising men who use violence and relying on criminal sanctions and individual-focused short-term interventions have not served us well.' (Family Violence Death Review Committee, 2020, p.7). Furthermore, the needs of families and whānau who seek support in overcoming FWV in order to keep their family together indicate the need for approaches and services that go beyond criminalising and pathologising men who use violence (Roguski & Edge, 2021).

Theoretical models

Internationally, work with men who use violence has been heavily influenced by the Duluth Model, a feminist psycho-educational approach. In 1981, the Domestic Abuse Intervention Project (DAIP) was established in Duluth, Minnesota, as a response to the problem of family violence in the area. This was the first Coordinated Community Response (CCR) to FWV, where resources from a variety of social agencies were brought together to address the issue. The project highlighted the need for some form of intervention for men who had been arrested but not imprisoned for domestic violence, in order that they be held accountable for their actions (Phillips et al., 2013; Rizza, 2009). The Duluth model rests upon an explanation of male violence rooted in feminist theory – men use violence as a way to exercise power and control over their female partners due to a sense of male entitlement that is rooted in the patriarchal system. Behaviour change is achieved by challenging the men's patriarchal attitudes and educating them to develop insight into their behaviour (Paulin et al., 2018). The Duluth Power and Control Wheel, based upon feedback from the women involved with the original intervention project, classifies and describes abuse under eight different types of behaviour, and centres power and control in the middle of the wheel as the unifying theme (theduluthmodel.org).

Most programmes also utilise elements of Cognitive Behaviour Therapy (CBT), creating a hybrid integration of CBT and feminist analysis (Eckhardt et al., 2013). In the FWV context, CBT explains violence as a learned behaviour, which can be modified or replaced with new behaviours; instead of using violence, men can be taught techniques such as time out, relaxation techniques and improved negotiation skills (Frost, 2019; Morrison & Davenne, 2016; Slabber, 2013; Paulin et al., 2018). Therefore, CBT goes beyond Duluth's focus on feminist psychoeducation, to teach cognitive skills to replace violent behaviour. Slabber (2012) notes that in practice the distinction between CBT and Duluth-based interventions has blurred, as most programmes blend the two approaches together.

The gendered dimensions of power and control in FV is acknowledged by researchers, but it does not account for other causes for violence, such as substance abuse, trauma or stress

The Duluth model has faced a barrage of criticism in recent years. One of the key critiques is that it offers a simplistic one-size-fits-all approach, which fails to account for the complexity and variety of forms of FWV. While its importance in highlighting the gendered dimensions of power and control in FWV is acknowledged by researchers, its tendency to dismiss other explanations for violence, such as substance abuse, trauma or stress, is seen as problematic (Langlands et al., 2009). Rizza (2009) argues that the Duluth model is inadequate because it only addresses a single type of FWV, when in fact there are many distinct kinds of FWV that stem from different causes. She notes that many perpetrators of FWV do not fit into the characteristics of the abusers described in the Power and Control Wheel, and as a result, programmes are less effective, because participants do not identify with the abusive behaviour that is being described. Likewise, Bohall et al. (2016) argue that the Duluth model has not developed to take into account more recent work on the typologies of FWV, and cannot adequately address violence in same-sex relationships, or bidirectional violence between partners.

The confrontational and punitive approach encouraged by the assumptions of the Duluth model has also been blamed for discouraging men to engage with the change process. Morran (2013) notes the singular focus of Duluth-based programmes upon the men's violence and the failure to attempt to engage with men by taking into account the wider complexities of their lives. Frost's (2020) study of attrition and completion factors in a programme for men who use violence noted that participants reported a constant focus on violence and its repercussions was less helpful in encouraging continued attendance and a commitment to behaviour change, compared to programmes that had a more positive focus upon understanding emotions and how to create change. Moss (2016) notes that the early pioneers of domestic violence programmes for perpetrators were focused primarily on the safety of women and children and had modest expectations about the ability of men to actually change their violent behaviour. This initial scepticism about the potential for change has influenced the sector and encouraged a punitive and confrontational approach to dealing with men, which is unique to this therapeutic context. As Moss (2016, p.7) notes of domestic violence programmes, 'In no other therapeutic process is a practitioner more likely to totalize a man because of his initial negative comments or reluctance to commit to the process.'

The mono-cultural nature of the theoretical basis of mainstream violence programmes has also been a feature of criticism, both in Aotearoa New Zealand and overseas. Minority groups and Indigenous communities have highlighted the limitations of the Duluth model, with its basis in a Western-centric feminism which prioritises a specific set of cultural and gender perspectives and fails to properly acknowledge the impact of other forms of oppression such as racism and colonisation upon FWV (Crichton-Hill, 2001; Dobbs & Eruera, 2014; Fa'alau & Wilson, 2020; Gregory, 2008; Kruger et al., 2004; Rankine et al., 2017; Ruwhiu et al., 2009; Wilson et al., 2019a). Crichton-Hill (2001) and Rankine et al. (2017) both question the appropriateness of the Duluth model, with its Western, individualised concepts of family and relationships, for use with Samoan and other Pasifika communities, which are grounded in collectivism and community responsibility. Wilson et al., (2019) argue that most responses to FWV privilege the dominant cultural understandings of violence against women and children and discount the social historical and cultural complexities that underlie violence within whānau Māori. Gallant et al. (2017) and Carswell et al., (2019) emphasise the importance of interventions that incorporate intersectionality in recognising the differing dimensions of power and consider how the lens of trauma as a result of colonisation meets the feminist discourse of violence as expression of patriarchy.

Researchers have questioned the appropriateness of the Duluth model for culturally diverse communities, given its Western, individualised concepts of family and relationships.

Programme effectiveness

These shortcomings may help to explain the lack of clear evidence regarding the efficacy of mainstream FWV perpetrator programmes in reducing rates of family violence:

- Slabber (2012, p.2) concludes in her survey of the evaluation literature that ‘At best programmes appear to have a weak positive impact of recidivism rates’.
- Eckhardt et al. (2013, p.220) concluded in their review of programme evaluations that most studies suggest traditional Batterer Intervention Programmes (BIP) show no evidence of effectiveness relative to a no-treatment control group.
- Kelly and Westmarland (2015, p.5) surveyed evaluations of Domestic Violence Perpetrator Programmes (DVPP) in the United States, United Kingdom and Australia, concluding that such studies ‘have in the main found limited programme effect’, although they also note methodological issues with many of the evaluations.
- Carswell et al. (2017, p.61) note that ‘meta-analysis of group programmes shows a very modest impact on ending violence’.
- Studies have also noted the high rates of attrition in domestic violence prevention programmes, with a dropout rate of between 40–60% in some cases (Rizza, 2009; Sartin et al., 2006). The high attrition rate is problematic as programme non-completers have higher recidivism rates than completers (Sartin et al., 2006; Slabber, 2013).

However, other studies have produced more promising results

- A longitudinal 4-year study by Gondolf (2004) of four different programmes in the United States found an overall moderate decline in violence and abusive behaviour by participants.
- In Great Britain, Project Mirabel developed an innovative methodology for evaluation,

assessing the programme against a variety of criteria to develop a more nuanced definition of success and seeking to prioritise the voices of the women and children connected with the perpetrators. They recorded improvements on a variety of perpetrator behaviours based on the reports of both perpetrators and victims (Kelly & Westmarland, 2015).

- A systematic review with a meta-analysis by Karakurt et al. (2019) found the programmes they studied to be effective in reducing violence of the participants, with programmes that incorporated substance abuse and trauma augmented treatments found to be more effective.
- In Queensland, the evaluation of the UnitingCare Men's Behaviour Change Program found an increase in the men's understanding of the impact of FWV, in self-awareness and in skills to regulate emotions and improve their interpersonal communication skills. This appeared to contribute to a decrease in violent behaviour, as reported by both the men and their partners. However, this did not apply to all men, and it was unclear if these changes were permanent, with both the men and their partners expressing a need for an ongoing maintenance programme to support the changes that occurred (Taylor et al., 2020).

In Aotearoa New Zealand, evaluations in the last decade of programmes for men who use violence have also indicated some positives outcomes:

- Roguski and Gregory's (2014) study of former perpetrators of FWV found evidence that some programmes were useful in helping men to change, if delivered in ways that resonated with the men. This was further developed in Roguski and Edge (2021), which highlighted the key attributes of successful non-violence interventions, including SMSF.
- Hughes' (2016) study of the impact of the Department of Corrections service for offenders convicted of FWV found significant reductions in FWV offences for those who participated in the programmes. However, they note that this was based only on offending that resulted in conviction or imprisonment, not victim-reported offending, which is problematic given the high rates of unreported FWV.
- Carswell et al's (2017) evaluation of FWV services in the Canterbury Police District found evidence of positive outcomes for FWV perpetrators, supporting an earlier positive evaluation by Campbell (2014) of the Aviva Reach Out Men's Community Service in Christchurch.
- Paulin et al's (2018) evaluation of Ministry of Justice funded programmes found that participants were significantly less likely to commit a further family violence or non-family violence offence in the 12 months following the programme. They note that while the participants they studied did not perceive the programme as the full answer to their violence, they did believe that it had contributed to positive change in their lives.

'Third wave' interventions

More recently, a range of other theoretical and therapeutic models have begun to influence FWV perpetrator programmes, in what Frost (2019) terms the 'third wave' interventions. Polaschek (2016) has highlighted the different trajectory taken by FWV perpetrator programmes compared to other forms of criminal behaviour, noting that the response to the latter has been heavily influenced

by criminal psychology. Outside the FWV field, interventions for criminal behaviour are usually based upon the Risk-Needs-Responsiveness (RNR) model, which is intended to guide the design of the programme intervention. RNR is based upon four key principles:

1. Risk of offending determines the level of service provided i.e., low risk offenders receive the least intervention and high-risk offenders receive the most.
2. Needs – services and interventions are based upon various factors deemed to be connected with recidivism.
3. General Responsivity – use behavioural techniques, social learning, and CBT to influence offenders and build prosocial skills.
4. Specific Responsivity – take account of offender's individual characteristic to maximise the likelihood that they can engage with the programme or service to change antisocial behaviour e.g., cultural identity, age, reading ability etc.

Over the last decade, RNR models have begun to influence the design and delivery of programmes for men who use violence. Both the Department of Corrections and Ministry of Justice FWV perpetrator programmes incorporate RNR principles (Morison & Davene, 2016). More recently, strengths-based models, such as the Good Lives Model (GLM) have been developed to support the RNR model, to enhance motivation through focusing on participants' strengths and goals, rather than just their deficits (Carswell et al, 2017; Langlands et al., 2009; Taylor et al., 2014). Paulin et al's (2018) evaluation of the Ministry of Justice funded Domestic Violence Programmes found a wide variety of therapeutic approaches listed by the providers, including CBT, strength-based approaches, narrative therapy, solution focused therapy and person-centred therapy, Duluth model, Te Whare Tapa Whā, Motivational Interviewing, Kaupapa Māori Approach, and RNR. Likewise, in Queensland, the evaluation of the UnitingCare Men's Behaviour Change Programs listed nine different models used as a basis for the programmes (Taylor et al., 2020). Vlais (2014) has noted the strengths and the risks of such theoretical eclecticism, acknowledging that it can allow practitioners to draw on the strengths of each approach to plug the gaps where needed, but also runs the risk of resulting in programmes that are inconsistent and confused.

Along with this shift in therapeutic approaches, research into programmes for men who use violence has undergone a major shift in the last decade. This shift is best demonstrated by Project Mirabel, a ground-breaking study into DVPPs in the United Kingdom (Kelly & Westmarland, 2015). Project Mirabel researchers sought to move on from what they termed the 'increasingly arid academic debates' over the findings and methodologies of previous evaluations, which had tended to have narrow definitions of success focused on repeat victimisation (Kelly & Westmarland, 2015, p.5). Instead, they sought to recast the research questions and redefine success from the perspectives of participants and their partners/ex-partners in what they have termed a 'third generation' of research (Westmoreland et al., 2010). As a result, they established six different criteria for success:

1. An improved relationship underpinned by respect and effective communication.
2. Expanded 'space for action' for women which restores their voices and ability to make choices whilst improving their wellbeing.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men; including an understanding of the impact that domestic violence has had on their partner and children.

6. For children, safer, healthier childhoods in which they feel heard and cared about.

This more nuanced understanding of success, and the focus on gaining insight into the perspectives of the participants and their partners/ex-partners and families, is reflected in a range of other research into desistance from violence and the process of change. This research highlights that the journey away from violence is complex and multifaceted, comprised of many different elements, and is a lifelong process. While participation in a programme can be a significant step on this journey away from FWV, it is not the journey as a whole. Frost (2019) notes in her study of Tāne Māori who had successfully made the transition to living violence-free lives that stopping violence programmes were not the main catalysts for change, but were instead viewed by the men as elements in the process:

This research highlights that the journey away from violence is complex and multifaceted, comprised of many different elements, and is a lifelong process.

> *'None of the men attributed their ongoing success, or their initial change, to attendance at a single stopping-violence course. Rather, they spoke of the process of change as being a long-term journey which occurred in the context of belonging … the provision of stopping violence groups is one important piece of the puzzle when it comes to violence prevention. When skilfully delivered, they are able to create a sense of belonging and community within which men can learn from both each other and the course content. In addition, the men find the support from their peers an important part of succeeding going forwards, and appreciate the opportunity to give back to the groups. However, these results do suggest clearly that these groups are only one part of the process of change. They are not a standalone intervention which reliably creates change in all who attend. They also do not appear to be the type of intervention which achieves ongoing success in the absence of ongoing supports.' (Frost, 2019, p.105)*

Likewise, the evaluation of UnitingCare Men's Behaviour Change Programs notes that the programmes are not a silver bullet that stopped all men or stopped all the violence, but rather one of the tools available to directly address male violence (Taylor et al., 2020). The men interviewed by Roguski and Gregory, (2014) in their study of men's journey to non-violence expressed ambivalence about non-violence programmes, the impact of which depended upon the skill of the facilitator, and the extent to which participants were provided with ongoing support after the programme had finished. Overall, recent research into interventions for men who use violence have highlighted the need for approaches that incorporate a more nuanced understanding of both the causes of FWV and the process of becoming non-violent.

ACEs and trauma

A key part of this shift has been research on the long-term impacts of Adverse Childhood Experiences (ACEs). The original ACEs Study, a collaboration between the Centers for Disease Control (CDC) and Kaiser Permante, the American health care consortium, aimed to examine the association between childhood trauma and a range of outcomes in adulthood; disease risk factors and incidence, quality of life, health care utilization and mortality (Felitti et al., 1998). This initial study, which found a strong relationship between exposure to abuse or household dysfunction in childhood, and negative physical and mental health outcomes in adulthood, stimulated a wave of

Toxic stress in childhood undermines healthy brain development, including structures responsible for attention, impulse inhibition, cognitive flexibility and processing of fearful or threatening stimuli. But neurobiology also indicates hope through neuroplasticity – the ability of the brain to change over time.

subsequent research. Numerous epidemiological studies since have shown a clear correspondence between the experience of trauma and later adverse health and wellbeing outcomes (Anda et al., 2006; Shonkoff et al., 2012). ACEs research now includes examination of the links to broader domains than health, such as education, employment and income. For example, studies show that children who have experienced ACEs have lower levels of educational achievement, which then has a flow-on effect upon employment and income in adulthood (Blodgett & Lanigan, 2018; Macmillan & Hagan, 2004; Metzler et al., 2017). In Aotearoa New Zealand, research into the impact of ACEs based upon data from the Growing Up in New Zealand longitudinal study, found a correspondence between ACEs and performance in preschool readiness tests, indicating an impact upon cognitive performance (Walsh et al., 2019). Hashemi et al. (2022), using data from the 2019 Family Violence Survey, examined the intergenerational impact of trauma by showing the emotional/behavioural difficulties experienced by the children of parents who had been exposed to violence during both childhood and adulthood. ACEs research has also established the link between childhood trauma and criminal offending in adolescence and adulthood (Baglivio et al., 2015; Connolly, 2019; Craig et al., 2017; Fox et al., 2015; Reavis et al., 2013).

This link also includes the association between ACEs and FWV victimisation and perpetration (Avakame, 1998; Black et al., 2010; Davis et al., 2018; Ehrensaft et al., 2003; Li et al., 2020; Maldonado & Murphy, 2021; McClure & Parmenter, 2020; McConnell et al., 2017; Whitfield et al., 2003; Widom et al., 2013). In Australia, Carlson et al. (2021) have noted that numerous studies have found that a significant proportion of Aboriginal men imprisoned for violence offences reported multiple experiences of trauma and violence in their early years. The report of the Family Violence Death Committee New Zealand into men that use violence found that of the men whose violence resulted in death, based on agency records, 60% had histories of childhood abuse and 75% had histories of psychological trauma in childhood (Family Violence Death Review Committee, 2016). Fergusson et al.'s (2008) study of data from the Christchurch Health and Development Study, found exposure to abuse in childhood, and family dysfunction and adversity to be significant predictors of IPV victimisation and perpetration in adulthood. Andrews et al. (2021, p.61) note that intergenerational cycles of violence need to be better acknowledged in FWV work: 'As a precursor to violence in adulthood, childhood exposure to violence sets communities up for a cycle that is difficult to break.'

The explanations for the impact of ACEs on human development indicate a complex mix of environmental and biological factors. The neuroscience research into brain development refers to 'the biological embedding of child abuse and neglect' (Jaffee & Christian, 2014). It suggests that the cumulative exposure of the child's developing brain to chronic stress response can result in impairment to multiple brain structures and functions, particularly the hippocampus (which plays a major role in learning and memory), the prefrontal cortex (which enables attention, impulse inhibition and cognitive flexibility) and the amygdala (which supports processing of fearful and threatening stimuli). Early life trauma results in a 'cascade of neurobiological changes associated with cognitive deficits in adulthood' (Gould et al., 2012, p.500). These can include a hypersensitivity

to the “freeze, fight or flight” response when faced with a perceived threat. But neurobiology also indicates hope through neuroplasticity – the ability of the brain to change over time:

> *‘Neuroplasticity can be enlisted in building pro-social behavior as well as emotional and physical well-being by skills that teach self-directed attention. New neurons are generated (neurogenesis) and reinforced (neuroplasticity) during learning and practice’ (Leitch, 2017, p.8).*

ACEs research has major significance for public health and social services. It indicates the imperative to design early intervention programmes that target abuse and violence before, as Fox et al. (2015, p.1) phrase it, ‘significant downstream wreckage occurs’. The evidence has also highlighted the need for public health and social services to develop responses that are alert to, and take into account, the impacts of trauma for those already affected by ACEs (Leitch, 2017; Spratt & Kennedy, 2020). For example, adults need a core set of capabilities to function and learn effectively, but exposure to toxic levels of stress can also rob people of the bandwidth[13] required to learn new skills (Center on the Developing Child, 2016). This is why initiatives, such as behaviour change courses, can have limited efficacy. Stressors – such as addictions or unresolved trauma – need to be reduced or removed to free-up capacity for executive function (the ability to plan, prioritise and focus) for people to learn and build skills and capabilities.

Stressors – such as addictions or unresolved trauma – need to be relieved to free-up capacity for executive function (the ability to plan, prioritise and focus) for people to learn, and build skills and capabilities.

Trauma-informed practice

As a result of the insights stemming from both ACEs research and neurobiological understandings of the impact of trauma upon brain development, trauma-informed interventions for men who use violence are increasingly being recognised as crucial to successful interventions. There is growing evidence that programmes that incorporate a trauma-informed approach have better outcomes than those only focused on a psycho-educative approach, such as those informed by the Duluth model and/or CBT. Schauss et al. (2019) argue that treatment models which address the relationship between trauma and domestic violence demonstrate better results than those which do not. Likewise, the systematic and meta-analysis of perpetrator programmes by Karakurt et al. (2019) found that programmes incorporating a trauma-informed approach showed better results that those that did not. Taft et al. (2021) highlight the need for trauma-informed interventions with IPV perpetrators, given the wealth of evidence indicating trauma as a key risk factor for IPV, and they argue for increased coordination between violence intervention programmes and services related to trauma.

A systematic meta-analysis of perpetrator programmes found that programmes incorporating a trauma-informed approach showed better results that those that did not.

[13] The ability of families to think beyond immediate presenting issues and crises.

In Aotearoa New Zealand, Gregory (2008) describes the evolution of He Waka Tapu, a programme specifically for Māori men who use violence against women. Initially the programme was no different from the model used by mainstream groups, which was influenced by the Duluth model and based around violence as the expression of male power and control. However, according to Gregory, it became apparent that this model was failing to address the men's trauma as a key factor in FWV:

> *'Having spent a number of years working in the local community and men's prisons, I had come to see that what we needed to do was focus on the healing of men, their relationships, and their families. This required working with the whole family; not just the perpetrators of violence, but their victims as well.' (Gregory, 2008, p.164)*

The My Father's Barber initiative also advocates for a trauma-focused approach. This highlights how childhood trauma results in stigma and shame, which leads to feelings of worthlessness, anger and loneliness in men. This in turn results in coping mechanisms which are detrimental to the men and toxic to their relationships with loved ones (Leonard et al., 2020). Trauma-informed intervention with men incorporates this context, which includes understanding how childhood abuse affects emotional and physical development, but also that healing and recovery is possible through positive personal interactions that can change and repair the structure and function of the brain.

Boys experiencing childhood trauma can feel worthlessness, anger and loneliness as men which negatively impacts on their relationships with loved ones.

Efforts to address family violence within indigenous communities have also indicated the need to address the communal intergenerational trauma caused by colonisation, displacement, loss of cultural identity, and ongoing racial discrimination and violence. Internationally, indigenous scholarship has articulated the significance of unresolved historical trauma due to colonisation and its ongoing impact upon indigenous communities in the form of a range of dysfunctional behaviours that are learned and passed onto succeeding generations (Pihama et al., 2014). Gregory (2008) explains that addressing the men's trauma in He Waka Tapu meant not only focusing upon the men's individual trauma, but also understanding the impact of colonisation and systemic racism. Wilson (2016, p.33) argues that whānau violence within Māori communities is more than individual men exercising coercive control, but is 'entangled in a history of colonisation, socioeconomic deprivation and trauma that persists into contemporary times'. Pihama et al. (2017, p.23) refer to 'the ripple effect that colonisation has across generations' and critique current understandings of trauma-informed care that are centred in individualistic western approaches. Likewise, McClintock et al. (2018, p.5) criticise current models of trauma-informed care as inadequate:

Efforts to address family violence within indigenous communities indicate the need to address the communal intergenerational trauma caused by colonisation, displacement, loss of cultural identity, and ongoing racial discrimination and violence.

> *Trauma Informed Care in Aotearoa continues to focus on situational trauma, a current harmful incident and perhaps cumulative trauma but for Māori, this is inadequate. It is imperative that practices and implementation of a Trauma Informed Care approach for Māori be supportive for individuals, whānau, hapū, communities and consider intergenerational and historical trauma.*

They call for culturally safe trauma-informed interventions that support collectivism and are informed by kaupapa Māori approaches. In Australia, Andrews et al. (2021) have developed a conceptual model for intervening with Aboriginal men who use violence, which seeks to accommodate the communal, generational and individual trauma of both victim and perpetrator. They note that Aboriginal men's violence against women needs to be located in the context of colonisation and intergenerational trauma while privileging and centrally placing women's experiences at the forefront of the approach.

A focus on recovery

Other researchers argue that trauma-informed care should be incorporated with a strengths-based approach emphasising the ability to recover and heal from past experiences. A criticism of the emphasis upon trauma-informed care is that it focuses only on the trauma and fails to encompass the totality of the person and their experiences. By focusing on the negative experiences of the past, it can lead to a neglect of the positive and protective strengths and resilience that people have developed and potentially result in re-traumatization (Leitch, 2017). Ginwright (2018) gives an example of how a focus on trauma, however well-intentioned, might be resisted by those it is intended to help:

> *'During one of our sessions, I explained the impact of stress and trauma on brain development and how trauma can influence emotional health. As I was explaining, one of the young men in the group named Marcus abruptly stopped me and said, "I am more than what happened to me, I'm not just my trauma"'. (Ginwright, 2018, p.14)*

Ginwright calls for an approach that goes beyond trauma-informed to be healing-centred. This places agency back with the person affected by trauma and emphasises their resilience:

> *'A healing centered approach to addressing trauma requires a different question that moves beyond "what happened to you" to "what's right with you" and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.' (Ginwright, 2018, p.14)*

Likewise, Carlson et al.'s (2021) analysis of literature on Aboriginal healing programmes addressing FWV emphasises the importance of a strengths-based and collective approach, which moves from a model where expert professionals work with individuals, to a model where individuals develop their own skills and capacity to empower healing in themselves and their families and communities.

The emphasis on men's trauma as part of the explanation and solution for FWV has encountered some resistance within the FWV field. There are concerns that the focus upon the men's trauma and need for healing comes at the expense of a focus upon the women and children affected by their violence. In Australia, Vlais (2014) notes that Australian minimum standards of practice do not view therapeutic healing as having a central place in Men's Behaviour

Trauma-informed, healing-focused work needs to be balanced with genuine accountability for violence.

Change Programmes, because of the concern that a focus on healing can support the male victim stance that lies at the heart of violence-supporting narratives and strengthens justifications and rationalisation for use of violence. He also notes that an emphasis upon trauma, and the triggering of intense emotions that this involves can potentially distract from the main purpose of such programmes, which is to challenge the men's use of gender-based privilege and sense of entitlement which is what leads them to use violence as a way of coping with their trauma. 'Doing therapy' therefore risks marginalising the vital work needed to address the sense of victimisation and male entitlement that feeds violence against women and children. These issues raise some fundamental questions about the purpose of interventions with men who use violence. As Taylor et al. (2020) note, in the view of some practitioners in the field, references to men's trauma was regarded as evading and coercive – the intention of the programmes is to address violence, not the men's trauma:

> *'You really need to understand the work from the historical social model, because it's not about the men's trauma. For sure there is stuff and that impacts that, but that's not what they're here for with the programs – you need to be mindful of that.' (Quoted in Taylor et al., 2020, p.38)*

Therefore, the literature indicates that trauma-informed, healing-focused work requires a delicate balance between complex elements. This includes recognising men's pain from trauma, and shame about what they have done, fostering and acknowledging their strengths, while still insisting on genuine accountability for violence. Andrews et al. (2021, p.65) refers to this balance as 'the significance of not letting men's behaviour go unchallenged while trying to emotionally hold men'.

Narrative Therapy

Proponents of narrative therapy suggest that this therapeutic approach may be a way of successfully resolving these tensions between trauma-informed approaches and a continuing insistence on accountability. Over the last decade, narrative therapy has been identified in some studies as a means of successfully engaging men who use violence and encouraging lasting behaviour change (Béres & Nichols, 2010; Mackay et al., 2015; Moss, 2016; Wendt et al., 2019). Narrative therapy is based upon a social constructionist approach to the process of therapeutic change, where narratives – the stories we tell about ourselves – are viewed as central mechanisms for interpreting, experiencing and interacting with the world around us (Etchison & Kleist, 2000). According to Béres and Nichols (2010), the key principles that underpin a narrative approach to therapy include the following:

- Externalising conversations – allowing people to experience an identity that is separate from the problem.
- Challenging essentialist and totalising accounts – people are not good/bad, victims/abusers etc.
- Centring client knowledge – the role of the therapist is to allow the client to examine their own lives, rather than diagnose and teach them.
- Dominant and alternate storylines – people tell stories about their problems by putting together certain events and therapy provides an opportunity for them to put together alternate narratives, which allows

Narrative Therapy approaches are grounded in the belief that men are inherently capable of generating their own commitments to non-violence and that these commitments are more likely to lead to long-term change when the men own their own solutions.

them to see the potential for change in their lives.

- Preferred ways of being – clients are encouraged to discuss how they want to live and the kind of person they want to be, and articulate ways to achieve this.

Narrative Therapy has been combined with invitational practices which seek to emphasise and build upon the client's own capacity to change (Katic, 2016; Wendt et al., 2019). Another important feature of Narrative Therapy is its emphasis on how problems are constructed within social, cultural and political contexts; individual stories do not exist in a vacuum but are shaped by the values, beliefs and attitudes of the wider culture. As Wendt et al. (2019) note, this means Narrative Therapy offers a wider socio-political understanding of individual dysfunction, rather than offering solely individually-focused psychological explanations for the problems that clients may be experiencing.

These approaches can have particular utility for work with men who use violence. Wendt et al. (2019) describe the goal of Narrative Therapy in this context as helping men to uncover their beliefs and assumptions about using violence and explore how violence is enacted and supported in their daily lives. By engaging men in respectful conversations and allowing them to tell their stories, practitioners encourage men to uncover their underlying beliefs and assumptions and look for the inconsistencies and contradictions in their own stories. Narrative Therapy approaches are grounded in the belief that men are inherently capable of generating their own commitments to non-violence and that these commitments are more likely to lead to long-term change when the men own their own solutions (Béres & Nichols, 2010; Moss, 2016; Wendt et al., 2019). Moss (2016) notes that the journey to non-violence therefore becomes a collaborative practice in which men discover more about their own ethical motivations and create new non-violent identities, rather than a process in which men are seen as passive participants who need to be fixed. Moss (2016) and Wendt et al. (2019) point out that this collaborative approach is in contrast to the emphasis in mainstream interventions on confrontational and punitive approaches that seek to hold men accountable through a tightly regimented and restrictive focus on their violence. Moss argues that confrontational and punitive approaches have encouraged programme facilitators to approach men through a deficit lens that is dehumanising and marginalising and has led to many men disengaging from mainstream behaviour change programmes.

Wendt et al. (2019) list seven key principles that underpin what they term Invitational Narrative Practice:

8) Respect and Competency – this moves away from the deficit-based explanations of mainstream interventions and instead emphasises the potential for growth and change that lies within the men.
9) Ethics – a concern with ethics and ethical behaviour is central to change.
10) Restraining ideas – focus is on the restraints to ethical behaviour rather than the causes of violence – what stops men from choosing respectful and non-violent forms of behaviour.
11) Shame – men must work towards an understanding of the harm they have caused to others. Feeling shame is regarded as a crucial step on the journey to

taking responsibility.

12) Responsibility and change – commitment to accountability and stopping violence is the ultimate goal.
13) Transformative – notion of choice is fundamental to men's behaviour change – men choose to use violence and ultimately need to choose not to. However, that choice is understood within a structural and socio-cultural context that shapes and transcends individual choice.
14) Safety of women and children – remains at the forefront of work with men.

The emphasis within Narrative Therapy on storytelling, ethical behaviour and cultural context means it is seen as having particular relevance for work within indigenous communities (Wendt et al., 2019). Alongside Narrative Therapy, Leonard et al. (2020) describe indigenous therapeutic modalities such as talanoa, the practice of inclusive participatory dialogue based in Pasifika culture and talking circles from North American indigenous culture as showing potential to support healing from trauma. Kingi-Ululave and Olo-Whanga (2010) note the similarities between narrative approaches to therapy and talanoa. In South Australia, Nunkuwarren Yunti, an Aboriginal Community Controlled Organisation and service provider, offers a national recognised Diploma in Narrative Approaches for Aboriginal People (Wendt et al., 2019). In Aotearoa New Zealand, a narrative-based Kaupapa Māori methodology based upon pūrākau, the Māori tradition of storytelling, has been developed for use in a research and counselling context, including a study into the pūrākau of wahine Māori who have experienced whānau violence (Davis & Came, 2022; Lee, 2009; Mikahere-Hall, 2017; Wilson et al., 2019; Wirihana, 2012).

However, there are also barriers to the more widespread adoption of narrative approaches in interventions with men who use violence. Wendt et al. (2019, p.9) note that invitational narrative practice is 'slow work' that requires time and emotional space. Moving too fast with the men without giving them adequate time to reflect and draw their own conclusions can result in defensiveness and disengagement (Wendt et al., 2020). This has meant narrative therapy has been overlooked within the FWV sector at a time when the emphasis has been on the need for standardised programmes, 'the search for uniform, evidence-based interventions that could be delivered on mass, across populations, combined with increasing competitive funding environment, mean that "looser" more time and resource intensive approaches were not considered to be viable options' (Wendt et al., 2019, p.34). Etchison and Kleist (2000) also point out that Narrative Therapy's basis in social constructivism, which questions the concept of objectivity, sits uneasily with traditional quantitative empirical research, and does not lend itself to standard evaluation methods. As standardised methods and programmatic approaches are not a feature of the narrative therapeutic approach, any claims about the efficacy of the approach in working with men who use violence will necessarily be highly specific to each individual:

> '*Effectiveness is therefore conceptualised in terms of moments, movements towards change that are unique to men's own journeys and evident in their articulation of key learnings and specific shifts that are verifiable and confirmed by significant others.' (Wendt et al., 2019, p.78).*

Some advocates for narrative approaches also support the implementation of couples counselling as an option in some circumstances when FWV has occurred. However, this is a controversial issue with the FWV field, and there are strong opposing viewpoints. In the United States, many states do not permit the funding of any programme that offers couples counselling when FWV has occurred (Babcock et al., 2017; Stith & McCollum, 2011; Tomsich et al., 2015). There are a variety of reasons for this:

- Risk of further violence and abuse – there is a concern that couples counselling could lead to dangerous repercussions for partners if the men are unhappy with what has been disclosed to the counsellor. There is also the risk that men could use what they have learned in counselling about their partner's vulnerabilities as weapons in further abuse (Karakurt et al., 2016; Stith & McCollum, 2011).
- Risk of collusion, evasion of responsibility – couples counselling has traditionally been based upon systems theories of conflict, which see problems in the relationship as the result of a dyad, or interactions between two people. This is at odds with the feminist focus on the social context of male domination and patriarchy and could be seen as lending support to the belief that the violence is the fault of both parties and that the partner who is being victimised is responsible for her partner's violence. This approach discourages the violent partner from taking responsibility for their own behaviour. This risk is further exacerbated by the emphasis on therapist neutrality in couples counselling, in which the therapist is not expected to take sides or assign responsibility to one party. This sends the wrong message to both the man using violence and his partner (Brown & James, 2014; Stith & McCollum, 2011; Tomsich et al., 2015).
- The person committing violence needs to concentrate on their own behaviour – the priority, if violence is present in a relationship, should be on the man stopping the violence, not on communication issues in the relationship (Tomsich et al., 2015).
- Presence of violence precludes the possibility of successful counselling – counselling requires open dialogue and discussion in which both parties are equals. This is impossible in a situation where violence is present (Tomsich et al., 2015).
- Couples counselling is appropriate for addressing conflict, not violence. FWV is a distinct and criminal act, not one end of a continuum of violence (Tomsich et al., 2015).

However, some practitioners have suggested that couples counselling could be beneficial in certain circumstances. There are a number of considerations that are offered in support of the argument for couples counselling:

- Both partners may want to stay in the relationship when violence is present and their wish for support to do this should be respected (Brown & James, 2014; Stith & McCollum, 2011).
- Programmes for only one partner could have negative repercussions for the other partner – for example, if the partner on the programme learns new techniques to address violence, such as time-out strategies, these can be confronting and frightening for partners if they don't understand what these techniques are

supposed to achieve (Stith & McCollum, 2011).

- Addressing the problem of male violence in male only programmes can be counterproductive –it has potential to lead to anti-social male bonding that reinforces violence (Stith & McCollum, 2011).
- Programmes for violence do not address the underlying relationship dynamics and communication issues that lead to conflict (Karakurt et al., 2016; Stith & McCollum, 2011).
- Violence may be bilateral and therefore only addressing one partner's behaviour won't solve the problem (Stith & McCollum, 2011).
- Evidence indicates existing mainstream programmes have limited efficacy, therefore new approaches, including those that include couples counselling, should be investigated (Babcock et al., 2017; Karakurt et al., 2016; Tomsich et al., 2015).
- The feminist focus upon FWV as an abuse of power does not necessary preclude the understanding of the relational aspects of abuse (Brown & James, 2014).

The development of work on typologies of FWV also lends support to arguments for couples counselling. As discussed above, one of the main criticisms of mainstream approaches based upon the Duluth model is that they offer a one-size-fits-all approach, where the explanations and solutions for FWV are the same for every person, regardless of the individual circumstances and context. Research into the typologies of violence challenges this understanding, and instead describes a variety of types of violence, which require different approaches (Tomsich et al., 2015).

Advocates for couples counselling tend to simplify the various typologies into two different categories; characterological violence and situational violence (Babcock et al., 2017; Bennett et al., 2020; Byrne, Carr, & Clark, 2004; Cleary Bradley & Gottman, 2012; Karakurt et al., 2016).

The Family Violence Death Review Committee report into men who use violence calls for a reframing of men's violence which enables services to respond to the person as a member of a family, a whanau and a community, rather than dealing with them as an isolated individual.

Characterological violence is characterised by high levels of physical, psychological and emotional abuse, is often accompanied by violence outside the home, may involve the presence of a personality disorder, is usually associated with the attempt to maintain power and control, and does not usually result in feelings of remorse on the part of the person committing violence. By contrast, situational violence is characterised by lower levels of physical violence, is often bilateral, involves feelings of shame and contrition and usually occurs as a dysfunctional response to relationship conflict that has escalated out of control, rather than as an attempt to exercise power and control. 'Generally, Situational Couple Violence results from situations or arguments between partners that escalate on occasion into physical violence. One or both partners appear to have poor ability to manage their conflicts and/or poor control of anger.' (Kelly & Johnson, 2008, p.485). Therefore, advocates argue that while couples counselling is not appropriate in the case of characterological violence, it may be ethical and beneficial in cases of situational violence. However, it should be noted that the accuracy and utility of these typologies is not universally accepted within FWV research, and research has indicated inconsistencies in counsellors' abilities to accurately categorise violence and assess risk (Ali, Dhingra, & McGarry, 2016; Boxall, Rosevear, & Payne, 2015; Meier, 2015; Tomsich et al., 2015).

Stith and McCollum (2011) argue that couples counselling can be ethically and safely incorporated into an FWV intervention, with the following provisos:

1) Assessment of the violence – there must be a screening process to ascertain what type of violence is occurring and if couples counselling is appropriate. A specific screening tool, the Situational Violence Screening Test, has been developed which asks partners a range of questions, including if they have had to seek medical treatment for injuries from violence inflicted by their partner and if they feel frightened of their partner (Babcock et al., 2017).
2) Appropriately trained counsellors – counsellors dealing with relationships where violence has been present should be trained in the FWV field as well as in the couples counselling field. This is intended to address the risk of counselling leading to further abuse and also to ensure that collusion and evasion does not occur.
3) Community collaboration – couples counselling for FWV should be part of a Coordinated Community Response that includes a network of providers working with FWV, including shelters and intervention programmes for male violence.
4) Safeguards in place – this includes regular individual meetings with both partners and sessions with significant others within their family and support networks to ensure ongoing safety.

The controversies surrounding couples counselling in the FWV field means that there are limited numbers of evaluations of FWV programmes that include couples counselling. However, studies that have been done indicate positive results. A systematic review and meta-analysis by Karakurt et al. (2016) concluded that studies showed couples therapy achieves better results than standard treatments for addressing FWV. However, they stress that these findings only apply to instances of mild-to-moderate situational couple violence. Bennett et al's (2020) review of nine published experimental and quasi-experimental studies on the efficacy of couples counselling for low-level partner aggression found that couples counselling was at least as effective at reducing violence as the standard programmes for men and in some cases was more effective. They conclude that couples counselling is ethical for couples experiencing low-level physical aggression.

The attempt to integrate couples counselling into FWV interventions can be seen as part of wider moves to utilise more holistic approaches and engage with men as part of their families and communities, rather than in isolation from them. Moss (2016) notes the importance of simultaneously prioritising the safety of women and children and bringing about change in men's lives:

> *'When we isolate the safety of women and children as an end, we lose something about interconnectedness. There is something about the capacity to affect and be affective that is present in an interconnected world.'*
> *(Jenkins, quoted by Moss, 2016 p.8)*

The Family Violence Death Review Committee report into men who use violence calls for a reframing of men's violence which enables services to respond to the person as a member of a family, a

whānau and a community, rather than dealing with them as an isolated individual (Family Violence Death Review Committee, 2020). In the context of providing for the safety of wahine Māori in unsafe relationships, Wilson et al. (2019) call for culturally informed responses and frameworks that promote the adoption of whānau-centred approaches that include partners.

Peer support – 'the power of the peer'

Much of the research into trauma-centred, healing-focused and narrative approaches to working with men who use violence focuses on the interaction between the men and professional facilitators/counsellors in traditional therapy/counselling settings. However, a consistent theme in feedback from men who have successfully transitioned to non-violence is the key role played by peers in supporting positive behaviour change. Campbell et al.'s (2012) study of peer support services in the family violence field noted that the men interviewed during the study were overwhelmingly in agreement that the most important form of support they received in their journey away from violence was that provided by fellow participants. This was also supported by the professionals Campbell interviewed, one of whom noted that 'the power of the peer in bring about change…cannot be underestimated' (Campbell et al., 2012, p.142). Roguski and Gregory (2014) noted that almost all the men they interviewed referred to the value of informal connections with peers/role models from their community, which had often been the catalyst for the beginning of their change journeys:

> *'Well for a start, when you know someone and you trust them and, I'll use Vic as the example, I know what Vic's been through, what I've been through and all that. You can trust that there'll be no judgment and there's an understanding. Whereas a counsellor…that is just someone who's done a degree and been to university and that and got their shit together. And nine times out of 10 they haven't been through what you're talking to them about. So, I guess it's that they can relate to what you're going through and what's been going on and you just feel safe talking to them about it, 'cause judgment is pretty scary and it's an intimidating thing that you're going to be judged and shamed.' (Quoted in Roguski & Gregory, 2014, p.5)*

Walker et al.'s (2015) conceptual model of the process of desistance from family violence includes the role of external support networks, particularly the relationships with other men in treatment groups. They note that these relationships facilitated behaviour change through positive feedback that reinforced and shaped behaviour change, and through manifesting the feeling in men that they were not alone. They conclude that it is fundamental for practitioners to understand how peer support is required to assist the change process and help with the maintenance of violence-free lives. Frost's (2019) thematic analysis of the accounts from tāne who have moved away from a life of violence includes numerous references to the transformative power of peer support, both in initiating the process of change and in supporting and encouraging men to stay on their journeys:

> *'You get ideas off each other, yeah, not just hearing your story, but coming out of some else's mouth. And listening to our other guys deal with it…and then you go home and you try those things and it does help.' (Quoted in Frost, 2019, p.85)*

Tāne interviewed as part of the E Tū Wāhine, E Tū Whānau project referred to the importance of the 'broship space' in the process of change, where tāne were able to open up and talk freely about violence with other men who had shared similar experiences (Wilson et al, 2019b, p.60). Crucially, peers also serve to hold tāne to their commitment to non-violence: 'Importantly, broship forms a network of safety whereby the 'bros' can prevent their mates from beating their partners' (Quoted in Wilson et al., 2019b, p.60). The My Father's Barber kaupapa is also based upon the peer support model, with the belief that the barbers can create a 'ripple effect' in their communities to combat violence and toxic masculinity as they share the knowledge they have gained from the wananga held in 2019 (Leonard et al., 2020). Bellini et al. (2021) discuss the importance of positive peer support networks as part of the ongoing pathway to non-violence, as well as the challenges involved in establishing such networks. They note that the loss of positive peer support after the end of a DVPP has been identified as a significant risk factor for the reuse of abusive behaviours, indicating the need to establish long-term peer support networks. They also note the increasing popularity of online peer support, due to the ease of access, flexible participation and ability to maintain a degree of privacy which online peer support offers. However, they also refer to some of the risks involved in grouping men together without adequate moderation, including the risk of collusion and the potential to escalate the risk of reoffending. They refer to the need for further research to explore how to build and sustain safe moderated interventions for peers to receive and provide support on the dynamic pathway of desistance.

Discussions of FWV interventions also highlight that peer support not only benefits men receiving it, but also the peers who offer support. Frost's (2020) study of the factors influencing attrition and completion of a family violence intervention programme in Wellington, highlighted the significance of peer support in offering men the opportunity to gain agency in their own journeys away from violence by helping others. Morran's (2011) study of the processes and experiences of men who had completed DVPPs and were now living without violence noted that most of the men interviewed remained in contact with the programme in some capacity, and some were now involved in counselling or volunteer activities within the FWV field. Moran suggests that such opportunities to offer support to others who were new to the groups were an important part of the ongoing process of change:

> *'The ability to develop and undertake such redemptive interests and activities seemed an important, possibly even essential, activity in terms of these men committing to a new, more positive, identity which contrasted with a negative past self.' (Morran, 2011, p.314)*

Despite the references within the literature to the value of peer support, there has been little systematic analysis of the efficacy of peer mentoring in the FWV field. One exception to this is Campbell et al.'s (2012, p.11) study of a peer mentoring programme for men who use violence, which concludes 'both the literature and those consulted report positive experiences and outcomes from peer support and there is a whole-hearted and optimistic view about the promise and potential for this intervention to make a significant and positive impact on ameliorating family violence in New Zealand'. Some of the benefits they list for mentees include enhanced resilience, motivation, self-belief and social connection, and healthier relationships through exposure to alternative and non-abusive ways of relating to others. For mentors, benefits include heightened self-esteem and support for their own progress. Peer mentoring could also provide pathways for professional development and enhanced employment prospects. For families/whānau and communities, peer

mentoring could provide a catalyst for change within the community as peers interacted with those around and helped to create collective attitudinal change. For organisations, peer mentoring could enhance access to hard-to-reach groups, and encourage greater diversity in the workplace that better reflects the diversity of clients and provides a cost-effective way to achieve client outcomes. They also noted that peer leadership offered the opportunity for

'a different kaupapa – one that offers a longer-term, more holistic and strengths perspective, including the use of instrumental, informational, emotional and social support to complement the more singular and immediate focus of many currently delivered domestic violence services'. (Campbell et al., 2012, p.13)

Professionals expressed the belief that stakeholders might be concerned about the risk element involved in peersupport services for men who use violence, given how risk averse the sector was.

The study also identifies some challenges, such as the difficulty of securing support from stakeholders, maintaining the integrity of the peer support perspective and making sure it was not submerged by the dominant professional paradigm. There were also some concerns expressed about the ability of those with lived experience of FWV to deliver professional and ethically sound services to clients. The professionals interviewed by Campbell expressed the belief that stakeholders might be concerned about the risk element involved in peer support services for men who use violence, given how risk averse the sector was. They referred to existing concerns from stakeholders that peers might collude with perpetrators to minimise or excuse their violence. This reflects the more widely held belief that men's support networks tend to encourage negative behaviour towards women, rather than positive role modelling (Campbell et al., 2012; Hart, 2009).

Beyond the FWV field, there is evidence for the efficacy of peer support models in other services. Carswell et al.'s (2019) study of effective recovery services for male survivors of sexual abuse refers to the lack of research into peer support services in this field and instead notes the evidence for the efficacy of peer support within mental health services. Repper and Carter (2011, p.400) in their review of the literature on peer support in mental health services found that peer support workers had a positive impact in a number of ways: 'What PSWs appear to be able to do more successfully than professionally qualified staff is promote hope and belief in the possibility of recovery; empowerment and increased self-esteem, self-efficacy and self-management of difficulties and social inclusion, engagement and increased social networks.' They also note the peersupport workers themselves experienced benefits to their ongoing recovery. Some of the challenges mentioned echo those raised above; maintaining professional boundaries, managing stress, managing risk, and maintaining the distinctive qualities of peer support within a medicalised model. Chinman et al. (2014) also found some encouraging results in their review of evaluations of peersupport services, but concluded that more research was required to show their effectiveness with greater confidence. Shalaby and Agyapong (2020) noted that the benefit of peersupport services extends beyond the recipients of mental health services, to the peer support workers themselves and to the health system as a whole. In particular, they found peer support to be effective for socially disadvantaged and marginalised groups in society. Likewise, Sokol and Fisher (2016) found that peer support was a robust strategy for reaching groups that health services often fail to engage.

Scott et al.'s (2011) discussion of peer support services in mental health and the management of risk makes several points that resonate with the application of peer support in the FWV space. They describe peer support as a 'liminal occupation'; one that exists in between two different identities, that of the health worker and the service user. Peer support workers occupy a hybrid position, identifying with the experience of mental illness while also sitting outside it as a provider of services. This position creates tension, which is most apparent in the management of risk. As part of the mental health system, peer mentors are pulled towards strategies of risk management in their dealings with service users, but are also drawn towards downplaying or reformulating risk because of their own experiences and the general philosophy of peer support. This philosophy is based on principles of self-determination and honouring the peer experience, which can sit uncomfortably with risk discourses. Like the mental health sector, the FWV field is particularly risk-averse and the development of peer support services requires peer mentors to be able to navigate these tensions.

Within the mental health field, there have been efforts to more clearly define the vision, principles and practices of peer support. This is in response to concerns that the widespread employment of peer workers within mainstream mental health services could diminish the integrity of the peer support concept (Chinman et al., 2014; Daniels et al., 2012; Davidson, 2015; Penney, 2018; Scott et al., 2011; Stratford et al., 2017). One of the most widely referenced peer support models is Intentional Peer Support (IPS). First developed in the early 2000s, IPS positions itself as originating from the grass-roots consumer/survivor/ex-patients' movement, whilst offering a more systematic, manualised approach to the training and practice of peer support (Penney, 2018). The IPS model is based upon four key tasks of peer support practice (Mead, 2014):

1. Connection – when we realise that someone else 'gets it'.
2. Worldview – stepping back from our knowledge and thinking about how we have acquired that knowledge.
3. Mutuality – creating relationships that are based on mutuality and reciprocity, with everyone having something to offer, rather than just one person helping the other.
4. Moving Towards – focusing on helping each other move towards what is wanted (vision and action – strengths-based), rather than moving away from what isn't working (problems and solutions – deficit-based).

IPS advocates for trauma-informed approaches to peer support: 'It starts with the fundamental question, "What happened to you?" rather than the traditional question, "What's wrong with you?"' (Mead, 2014, p.8). Practitioners have also identified synchronicities between IPS and narrative practices: 'Combining narrative practice with a peer approach provided new opportunities for resisting totalising narratives of 'illness', working towards achieving meaningful lives, and reconnecting with people and relationships.' (Kennedy, 2019, p.1) Overall, the IPS model aims to transform traditional mental health care provision on the basis of establishing counselling relationships 'that are mutually transformative, supportive and challenging' (Mead, 2014, p.3).

Peer mentoring is also becoming an increasingly popular approach within the criminal justice system in the United Kingdom as part of crime desistance strategies (Buck, 2018). The empathy, trust and care shown by mentors is regarded by mentees as an antidote to the disconnected and technocratic criminal justice system. However, Buck (2018) also notes the emotional toll taken on peer mentors, usually with little financial recompense. Kirkwood (2021) also refers to the increasing popularity of

peer mentoring as an approach to support offenders and suggests that mentoring may translate a general desire for change into reality by providing the means through example to achieve that change; what is termed in desistance literature as 'a hook for change'. Nixon (2020) discusses the benefits of peer mentoring in criminal justice for both mentors and mentees, and notes that it gives both a sense of hope for the future and opportunities to develop new prosocial identities. Nixon also notes the liminality of peer support workers in the criminal justice system, and the difficulties of navigating between their new and old identities.

The transition into a peer mentoring role is regarded by some researchers as a crucial part of sustainable crime desistance. As part of their analysis of the crime desistance process, McNeill and Maruna (2007) note the importance of 'generativity' as a key component. They define generativity as concern for and commitment to promoting the next generation, manifested through parenting, teaching and mentoring to help produce outcomes that aim to benefit youth and foster the development and wellbeing of individuals and a social system that will outlive the self. Generative commitments provide a sense of purpose and meaning, allowing former offenders to redeem themselves from their past mistakes and legitimising their claims to have changed. Desisters also find meaning in their life histories by turning their negative experiences into cautionary tales or hopeful stories of redemption which they share with others in similar circumstances. Therefore, McNeill and Maruna argue that the development, encouragement and facilitation of generativity should be at the heart of effective practice with offenders. Crucially, they note that this is only possible within the context of a society that is willing to accept and recognise these contributions and therefore reintegrate the former offender, an observation that is also relevant to the application of peer support models to the FWV field.

Desisters from crime serving as peer mentors find meaning in their life histories by turning their negative experiences into cautionary tales or hopeful stories of redemption which they share with others in similar circumstances.

Therefore, evidence from the mental health field, criminal justice system and from the FWV field itself points to the value and importance of peer support as a key element in the transformation journeys that men who use violence undertake. The definition of peer support from Te Pou, the national workforce centre for mental health, addiction and disability in Aotearoa New Zealand, applies equally to peer support in the FWV field:

> *'Peer support is person-centred and underpinned by recovery and strength-based philosophies. The life experience of the worker creates common ground from which the trust relationship with the person is formed. Empowerment, empathy, hope and choice along with mutuality are the main drivers in purposeful peer support work. There is great deal of strength gained in knowing someone who has walked where you are walking and who now has a life of their choosing.'*
> *(Quoted in Scott et al., 2011)*

Conclusion

The literature reviewed indicates that traditional, criminogenic approaches to men who use violence are being transformed by insights from a wide variety of research domains. Interventions need to:

- Be trauma-informed and healing-focused.
- Be holistic in approach and work with men in the contexts of their families and communities.
- Engage men by being strengths-based and change-focused rather than punitive and deficit-focused.
- Compassionately challenge men to take responsibility for their violence and change.
- Provide ongoing support outside conventional health and social service settings to create sustainable change throughout life.
- Provide opportunities for men to learn from and support each other.

The literature also suggests that these kinds of interventions are difficult to incorporate within current funding models, which have tended to produce short-term, standardised programmes with easily quantifiable outputs; 'bums on seats'. For many men, these have not offered the breadth of support they need on their journeys towards safe, violence-free lives. Therefore, change in the FWV sector requires more than innovative, flexible, holistic, family/whānau-centred services; it requires social service funding models that can grow and support these services. As noted by the Family Violence Death Review Committee:

> *'Aotearoa New Zealand has examples of community agencies providing effective support where they can adapt and respond to the needs of their community…. However, some good initiatives have not succeeded because central government funding structures have produced siloed thinking that stifles initiatives taking a broader approach.' (Family Violence Death Review Committee, 2020, p.80)*

Appendix 6: References

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