



Interim Report – Diverse Communities – March 2021©

Community-led culture-centered prevention of family violence and sexual violence

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Purpose

This interim report presents findings from research into the primary prevention needs of diverse communities to address family violence and sexual violence (FVSV). It includes recommendations for the use of the funding from the Violence Prevention needs of Diverse Communities for the 2020-2021 period to be spent by June 30, 2021. The culture-centered approach (CCA) that undergirds this report empowers community agency to draw on cultural strengths in developing prevention solutions. The prevention solutions are placed in dialogue with the necessary structural changes, with community members at the “margins of the marginsⁱⁱ” who have been historically absent from decision-making processes driving the processes of change.

Recommendations

We propose a hybrid approach to prevention, with diverse community-specific prevention to complement community-wide prevention across the diverse communities ((a) ageing communities; (b) people with disabilities; (c) rainbow communities; and (d) new migrant communities). Whereas some local communities might develop prevention solutions in all four diverse contexts, other local communities might decide to work on a specific diverse context (for instance, rainbow communities in Wellington). Led by community advisory groups composed of members from the “margins of the margins,” community-led prevention efforts must address diverse intersections, including with Māori and Pasifika identities, and addressing the overarching context of poverty.

It is vital that emphasis be placed on listening to the voices of communities at the “margins of the margins” experiencing higher burdens of FVSV. High deprivation communities are not only under-resourced for basic infrastructures, but they are also largely under-resourced in the FVSV context. Existing reports on FVSV largely remain silent about the role of poverty in FVSV. The participation of communities at the “margins of the margins” in developing community-led culture-centered prevention offers a corrective to this absence.

Community-led prevention solutions include (a) community-led hui for conversations on prevention, (b) community education, (c) awareness campaigns, (d) new communication infrastructures, (e) community spaces for social support, (f) training of community pou, and (g) healthy relationships support.

Local capacities for community-led prevention will be supported by (a) a core education programme and (b) a complementary “train-the-trainer” programme that can be adopted by local communities within their diverse contexts to meet their needs. The education and training programmes draw on the expertise of the national stakeholders in the FVSV sector in dialogue with the community advisory boards. Community advisory groups and community pou are trained in the CCA, creating a voice infrastructure for developing community-led solutions and advocating for changes in policy to

address local needs. Education and training are designed to build the capacities of local communities, with each community having sovereignty over what it wants to develop as its prevention programme. Reflecting the hybrid framework at the local level, the core education and training programmes would include a base that links up across the four diverse communities and targeted components for each diverse community.

Background

On 1 February 2021, Ministers agreed to draw down the remaining \$1.7m funding for the Violence Prevention Needs of Diverse Communities project, aimed at supporting community-led primary prevention initiatives: (a) \$400,000 to the 2020/21 financial year, and (b) \$1.3m to the 2021/22 financial year. The purpose and scope of this initiative is to invest in community-led violence prevention focused on engaging with communities at higher risk of harm from family violence, sexual violence and violence toward whānau. The focus community groups identified includes: (a) older people; (b) people with disabilities; (c) rainbow communities; and (d) new migrant communities. The initiative has been set up with the following outcomes in mind: (a) understanding what diverse communities think it takes to prevent violence for their members; (b) increasing capacity and capability for violence prevention within these communities; and (c) growing the evidence base of what works in relation to prevention and early intervention in New Zealand.

Setting

Violence disproportionately affects those suffering compounding and intersecting forms of disadvantage and discrimination, including those with a disability, ageing communities, rainbow communities, and new migrant communities. These populations face greater risk and burden of family violence, sexual violence and violence towards whanau, and face challenges in speaking out about violence due to social stigma, isolation, and being highly dependent on those using violence. We also know there is pervasive concern that prevention approaches tend to be one-size-fits-all, and that there is insufficient attention paid to differing circumstances and needs. This research was commissioned to find out what communities want for primary prevention for their communities

Process to develop recommendations

The CCA guided the process of developing recommendations through community ownership of solutions. It draws on robust community-driven action research to create solutions that are meaningful to historically marginalised communities, through their participation in decision-making processes rooted in their lived experiences. Voices of communities at the “margins of the margins” articulate their lived experiences, participate in research, and address the problems they experience. Prevention solutions are led by communities, with community members participating in making sense of the narratives emergent from interviews guided by them, setting objectives, and developing strategies. The recommendations proposed here are based on preliminary advisory group meetings, supported by 141 in-depth interviews, conducted in Highbury, Feilding, Glen Innes, and Wellington (interviews have been initiated in Dunedin).

Themes

1. Those from the “margins of the margins” observe that they are often unheard and unseen in the context of FVSV-related policies and programmes.
2. Place is a key element of their lived experiences with FVSV, suggesting that place-based strategies ought to be at the heart of prevention solutions.
3. While there are pockets of prevention work across the four target communities, these are few and largely disconnected from each other. In some communities, there is no prevention work at all. This leaves a key gap in prevention activities for those who are most marginalised, including those at the intersections of the target communities, and limits the ability to learn from each other and collaborate.

4. Building collectives that collaborate across sectors and communities is vital to FVSV prevention.
5. Prevention funding should encourage and catalyse collaborative partnerships among national sector stakeholders.
6. Gatekeeping practices of national sector stakeholders are key barriers to community-led prevention, reproducing entrenched power dynamics that shut out communities at the “margins of the margins,” potentially contributing to violence.
7. Learning for sector stakeholders should promote practices of listening to communities at the “margins of the margins.”
8. Only those national sector stakeholders should be selected (a) that work in the space of primary prevention, (b) are familiar with key concepts of community-led prevention, and (c) adopt a strengths-based approach to community engagement.
9. Resources developed for prevention should be publicly available and accessible to communities at the “margins of the margins.” For instance, the core education and training programmes should be made publicly available on a website so that they can be adopted by diverse local communities to meet their place-based needs.
10. Communities at the “margins of the margins” should be trained in the CCA to collectively organize, raise their voices, create prevention programmes, and raise demands for structural transformations.
11. Community-led prevention must be accompanied by the creation of corresponding culturally situated services that those at the “margins of the margins” can access. Previous experience shows that increasing prevention activity can increase help-seeking. However, for some of these communities, there are currently no appropriate services available (particularly disabled people and rainbow communities).
12. Community-led prevention efforts should be supported through legislative change, addressing systemic discrimination, racist practices in ministries, and marginalizing behaviors of frontline staff. Workforce cultural competency in government agencies is a key barrier to community-led prevention.

Funding

1. All organisations that have participated are invited (listed in Annex One). The national sector stakeholders selected to participate (a) will have worked in the space of primary prevention, (b) are familiar with key concepts of community-led prevention, and (c) adopt a strengths-based approach to community engagement.
2. The national level funding will cover the following costs:
 - a) Hui, travel, workshop costs. Three workshops will be held to develop the education and training programmes. Participants will be offered koha (a day’s living wage) for attending the workshop. Each workshop will host 20 members from national organisations and 10 members from local diverse communities.
 - b) Training of national sector stakeholders on (a) listening; (b) dialogue; (c) humility; (d) culture-centeredness; and (e) trainer skills.
 - c) Development and design of education, awareness, and training materials that form the core infrastructure that communities can draw on in developing their own interventions embedded within local contexts and led by them.
 - d) Implementation of training programme. 20 trainers from the national sector stakeholders to run training programme in partnership with communities.
3. The local place-based funding will cover the following costs:
 - a) Twenty communities co-create their own education/awareness programmes based on local needs, and simultaneously drawing on the nationally developed core infrastructure for education/awareness and training. Each community group develops its locally specific processes, strategies and solutions, while being trained with FVSV and the CCA. This dialogue is key component that needs to be reflected.

- b) Community-led prevention will include (a) selection of community members from the margins of the margins to form the community advisory groups; (b) training of community advisory group on the CCA; (c) training of community pou on FVSV; and (d) community hui for community advisory groups to develop community-led prevention. Different communities will work across the three steps at different rates, suggesting that the communities will be at different stages of development of the prevention programme and its implementation by end of June. This flexibility is important for community life.
- c) The different advisory groups and the breadth that national organisations work with will result in a robust community-led prevention framework that can be replicated across communities nationally and sustained over the long term. The flexibility built into the design creates an opening for communities to draw on core resources as necessary while at the same time demonstrating leadership in building prevention programmes anchored in community life.
- d) Community advisory groups will be created based on the concept of the “margins of the margins” outlined in the CCA. These advisory groups will comprise 5-8 members from each diverse community, with a total of 20-30 members. The group development process will be led by JVBU in collaboration with CARE and local city councils. The advisory group meetings will be held in hybrid formats, both meeting as collectives and breaking into smaller groups. This will both enable safety and cross-cutting collaborations across diverse groups. A total of 8 advisory group meetings will be held during this phase to support the development of the prevention programme and its implementation. While some advisory groups may include all four diverse communities locally, in other instances, the advisory group may constitute one diverse community, informed by context and place.
- e) Funding be held at Local Council to facilitate the participation of the “margins of the margins” in the development and implementation of community-led prevention. The emergent informal community groups will draw on the funding.
- f) The CCA process that shapes the formation of advisory groups will be replicated in 15 additional communities across the nation. The fifteen communities will be selected on the basis of deprivation index; presence of Māori, Pasifika and migrant communities; existing networks of CARE; existing networks of national stakeholders; and existing networks of JVBU. The initial list of fifteen communities will be complemented by an additional list of 20 communities as backup.
- g) CARE will support this process of networking and identification of communities. JVBU will support by contacting government agencies with regional networks.
- h) CARE will support the work of building the advisory groups in the fifteen additional local communities. It will train community members in the processes of creating advisory groups based on the CCA. This community capacity will support community members in developing community-led prevention frameworks.

Timeframe

Local communities will come together with key stakeholders to develop the education and training programmes in May-June. We propose a flexible approach, with communities taking the time they need to develop a community-led pilot education/awareness programme.

Outcomes/intention of funding

1. National sector stakeholders learn the core principles of the CCA, including the methods of (a) dialogue; (b) listening; (c) humility; and (d) voice democracy.
2. National sector stakeholders update their existing education and training programmes to include the perspectives and expert knowledge of those at the “margins of the margins” in these diverse communities.

3. Organisations develop a core education/awareness programme through collaboration among themselves and with place-based communities. The core education/awareness programme addresses prevention at diverse intersections.
4. Organisations develop a “train the trainer” to be adapted to build the capacities of local communities across the country.
5. Local communities are empowered to carry out prevention initiatives. The capacities of local communities is built through the education and training programmes.
6. Community pou have ‘trainers’ skills to deliver effective training sessions, they have a sound and safe understanding of FVSV dynamics to deliver trainings safely, and they are able to educate their own communities.
7. Each local community develops its community-led prevention framework, shaped by community needs, supported by the core education/awareness materials and training programme.
8. The flexibility of the core prevention programme and the participation of local communities in the development of programme ensures sustainability by creating a framework for more communities to be trained in the future and to create community-led prevention programmes.
9. These conversations will feed into the development of the National Strategy and action plans.

2021/22 FY–The dialogues between the place-based communities and national organisations serving diverse communities will serve as the basis of recommendations for \$1.3m by June 2021. It is hoped that part of the 2021-2022 funding would go toward supporting the implementation of the prevention strategies and tactics developed in 2020-2021. Considerations will be given to potential strategies for sustaining the community-led interventions, strengthening the local engagement of key sector stakeholders, and increasing the scope of the community-led prevention to include additional communities.

Final report in June 2021 will cover:

1. Engagement with five advisory groups to develop the framework for 2021-2022 funding
2. Additional insights from in-depth interviews conducted with key stakeholders working in FVSV
3. Engagement with national sector stakeholders to crystallise the community-led prevention framework
4. Core concepts to be included in education/awareness and training programmes
5. Initial frameworks of community-led prevention emergent from the 15 additional local communities
6. A strategy for replicating the CCA in communities across Aotearoa beyond the 20 communities. Consideration will be given to the ways in which the 20 local communities and 20 trainers from national organisations can potentially train up other communities, this building radial networks of community-led prevention across Aotearoa New Zealand
7. Consideration will be given to strategies for the sustainability of community-led solutions and the resources necessary.
8. The report will offer a foundational framework, outlining processes for developing culture-centered community led violence prevention solutions.

Annex One

<p>Rainbow</p> <p>Rainbow Violence Prevention Network – including members from:</p> <ul style="list-style-type: none"> • Ōtepoti Collective Against Sexual Abuse • Rape Prevention Education • RespectEd Aotearoa (formerly Sexual Abuse Prevention Network) • NZ Family Violence Clearinghouse • Shakti Youth • InsideOUT • Gender Minorities Aotearoa • Tiwhanawhana Trust • Intersex Trust Aotearoa NZ • Rainbow Youth • OUTLine NZ • Jono Selu • Tommy Hamilton • Youth Sector Rainbow Collective • Rainbow Path 	<p>Older people</p> <ul style="list-style-type: none"> • Age Concern New Zealand • Shanti Niwas • Vaka Tautua • Regional Age Concerns • Manaaki Ora Trust Tipu Ora • Whakatohea Iwi Social and Health Services • Whaioranga Trust • Toa Pacific • Community Law Waikato • Otago University - Collaboration for Ageing Research Excellence • Massey University • Auckland University • Dementia NZ • Alzheimers NZ • Grey Power • Carers NZ
<p>Migrant communities</p> <ul style="list-style-type: none"> • Shakti NZ • Shama Ethnic Women's Centre • Gandhi Nivas • Sahaayta • Chinese New Settlers Services Trust • Shanti Niwas • Roopa Aur Aap • Bhartiya Samaj Charitable Trust • NZ Ethnic Women's Trust • New Settlers Family and Community Trust • Ethnic Minorities Womens Rights Alliance • Belong Aotearoa (formerly Auckland Regional Migrant Services) • Wellington Community Law Centre • Migrant Action Trust • Multicultural NZ 	<p>Disabled communities</p> <ul style="list-style-type: none"> • Disabled Persons Organisation Coalition • Balance Aotearoa • Deaf Aotearoa • Disabled Persons Assembly • Donald Beasley Institute • The Road Forward Trust • Disability Clothesline • Te Ao Mārama • University of Waikato • University of Auckland • NZ Family Violence Clearinghouse

Annex Two

Culture-centered community-led prevention: Highbury process and ideas

Figure 1: Highbury advisory group sharing their prevention strategy



In Highbury, the CARE team started with conducting ethnographic fieldwork, co-creating an in-depth interview protocol in partnership with community researchers who reflect the diverse identities and inhabit spaces at the “margins of the margins.” The in-depth interviews served as the basis for identifying and recruiting community members from the diverse groups at the “margins of the margins” into an advisory group. The advisory group meets four times in this preliminary phase, collaborating on identifying the key challenges of FVSV, making sense of the findings emergent from the interviews, identifying the objectives of a prevention programme, and creating a strategic framework.

ⁱ Supported by community researchers Selina Metuamate, Bronwyn Carlson, Vivian Lingdoh, Shakila Hashim, Negin Nematollahi, Christina Teikmata-Tito, Andee Zorn, De'Anne Jackson, Gie Liu, Ihaia Raharuhi, Venessa Pokaia

ⁱⁱ The concept “margins of the margins” in the CCA builds a reflexive method for creating spaces for inclusion in policy-making processes, attentive to the absences from spaces of participation, continually asking, “who is not present here?” Empowering communities as drivers of change builds voices infrastructures for community-led prevention, with community voices shaping the contours of prevention solutions and communities owning the solutions.