Indigenous men's groups: what the literature says

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What this paper is about
The vision of Indigenous men has been to take greater responsibility themselves to improve the status of men's health and play their rightful role as leaders, fathers, uncles, husbands and grandfathers (Briscoe 1999). They have adopted a diverse range of strategies, including discrete men's clinics; men's programs within Aboriginal health services; men's business camps; sobriety groups; sports initiatives; parenting projects; and men's support groups (WPATSIMHWBRC 2003). However, there has been little published research about how Aboriginal men care for their health, and few Indigenous men's health initiatives have been rigorously evaluated. While attempts have been made to place men's health on government policy agendas, the outcomes do not compare with those of women's health issues and do not necessarily encompass an Indigenous perspective (Adams 1998, 2001, 2002, Wenitong, Tsey et al 2005).

Men's groups have been established in many communities throughout Australia. Although there is considerable diversity in the composition and priorities of men's groups, they have a common aim of empowering men, supporting and being a role model for younger Indigenous men, and addressing the factors identified as contributing to social dissatisfaction and poor health and wellbeing in Indigenous communities (Reilly 2006). The scope of men's groups is often very broad and holistic and they face a huge range of expectations, issues and challenges. However, their resource base is generally very limited, and men's group leaders often have limited education and training, making it extremely challenging to know where to start, or how to direct their energies for maximum impact.

A literature review was undertaken to provide a guide for two men's groups in north Queensland – Yaba Bimbie Men's Group at Yarrabah and Ma D'daimba-Balas Men's Group in Innisfail – as part of a National Health and Medical Research Council funded project. The full literature review was based on relevant Australian and international literature, identified by searching multiple databases of the Austhealth library for relevant publications listed between 2001-2005. The full report provides an overview of a range of strategic initiatives which may help men's groups clarify or prioritise their vision, assist with planning and implementing strategies, or provide evidence as a basis for advocacy to other organisations. Copies of the report are available at http://www.soe.jcu.edu.au/sias/litera31.doc. This paper summarises the key findings of the review.

What our review found

The worst health status in Australia
Current mortality and morbidity data suggest that the health of the Aboriginal and Torres Strait Islander male population is the worst of any population in Australia on every health indicator: life expectancy, infant mortality, child mortality and childhood and adult morbidity (Wenitong 2002, AIHW 1998, NHMRC 1997). Indigenous males' life expectancy is 59 years (18 years less than the Australian average) (SCRGSP 2005). Indigenous men die at three times the rates of other Australian males from all causes and at all life stages, and were twice as likely to be hospitalised than non-Indigenous males in 2000-01 (WPATSIMHWBRC 2003). Within the Indigenous population, men are faring worse than women as the life expectancy of Indigenous women is 65 years (17 years less than the Australian average) and age-specific death rates for men are higher in every age group (SCRGSP 2005, WPATSIMHWBRC 2003).

Indigenous men have been displaced and are still subjected to abuse, marginalisation and racism. Structural issues such as educational and employment opportunities determine men's ability to be sober and well, and many men do not have the confidence, opportunity or facilities available to help them improve their health status or position within their family or community (Adams 2001). Men die earlier from chronic diseases than women (Wenitong 2002), have higher rates of suicide (Hunter 1999) and higher imprisonment rates (Fitzgerald and Weatherburn 2002). Men are also the main perpetrators of violence against women and children (Cunneen 2002). "*Something has gone seriously wrong and there is an urgent need to address issues related to Indigenous men's health*" (Aboriginal and Torres Strait Islander Women's Task Force on Violence 2000).

Approach and scope of men's group activities
The national framework for improving the health and wellbeing of Aboriginal and Torres Strait Islander males argued that a broad approach, including addressing the social determinants of health is necessary (WPATSIMHWBRC 2003). This is consistent with the holistic Indigenous view of health, defined as "*not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is the whole-of-life view and it also includes the cyclical concept of life-death-life*" (National Aboriginal Health Strategy Working Party 1989).

Within their (significant) resource limitations, Indigenous men's groups aim to adopt broad, multi-strategic programs that can encompass advocacy for changes to the broader social determinants of health, community development, developing personal capacity and improving the orientation of health services (Tsey, Wenitong 2004). Strategies have included increasing employment opportunities, supporting men through the courts, providing anger management, family wellbeing, family violence or other programs, organising sporting or recreation programs, providing traditional cultural programs/activities, developing a "men's place", working with young people, and improving men's access to

health services (McCalman, Tsey et al 2006, 2006a). The health promotion literature provides evidence that this multi-strategic approach is likely to be more effective than single strategy initiatives, although men's groups need to be realistic about what is possible with limited resources (Raeburn 2001).

Indigenous men's groups also emphasise the need for men to have culturally safe space for healing, reflection and re-establishment of their roles in the family and community. They often emphasise that the group should be owned and managed by the men themselves (Franks 2000). Men's group initiatives impact not only on men, but also on family and community members (WPATSIMHWBRC 2003). "*If the man is unwell he cannot provide for his family, therefore, the family suffers. If the family suffers then they draw on resources from the community. The overuse or dependence of the community causes it to dysfunction.…If the man is well and the family is satisfied then the community stays healthy and all will function to their fullest potential*" (WPATSIMHWBRC 2003).

Resources
The one factor, above all others, that remains a hindrance to the establishment and continuance of Indigenous men's groups, is that of inequitable funding opportunities. There is no dedicated men's health funding, and Indigenous men's groups are constantly frustrated at the process of locating and applying for limited one-off project-based funding (Reilly 2006). In the absence of funding support, some Indigenous men have been demonstrating a huge voluntary commitment to improving the status of men's health (McCalman, Tsey et al 2006, 2006a).

Relevant theoretical and conceptual frameworks
Within Western theoretical paradigms, Indigenous men's group strategies can fit the frameworks of primary health care, health promotion, and/or empowerment. Self determination and empowerment are seen as central to raising self-esteem, quality of life, health status and spiritual well being (Briscoe 1999) and some men's groups have implemented explicit empowerment programs (Tsey, Patterson et al. 2002;2003).

Indigenous men's groups have minimal involvement with the mainstream men's movement, but there are some common experiences. The aim of the mainstream men's movement is to encourage men to acknowledge and address their gender-based power. However, the literature provides evidence that there is currently little explicit anti-sexist work being done in men's groups; the few notable exceptions are to be found in the fields of anti-male violence and youth work (Achilles Heel Collective 2005). Members of therapeutic men's groups may not recognize their use and abuse of gender-based power in relationships (particularly in relation to their violence), and end up seeing themselves as victims instead of examining their values and attitudes (Achilles Heel Collective 2005, Anderson 1998, Atkinson 1999, King 1999).

The situation for Indigenous men is more complex. While they experience gender-related power and authority within their families and communities, there is significant racial discrimination and disadvantage within the wider Australian society. Men's groups may encourage and support men to adopt non-traditional roles (such as active involvement in parenting, housework etc) (McCalman, Tsey et al 2006, 2006a, Tsey, Wenitong et al 2004). But men's lack of access to social, education and economic advancement as measures of masculine success (in a dominant white culture) can also result in negative responses to gender politics (McCalman, Tsey et al 2006, 2006a) and assertion of power in one of the few spheres available to them – violence towards women and children (Scott 1992).

The range of program interventions available
Researchers have advocated for programs designed with the objective of enabling Indigenous people to take charge of their own lives for both improved health and crime prevention (Hazlehurst 1997, Tsey, Patterson et al 2002). These empowerment programs have resulted in evidence of enhanced self worth, resilience, ability to reflect on the root causes of problems, problem-solving ability, as well a greater belief and an enhanced sense of hope that their situation can change. Evidence is also emerging of a ripple effect of increasing harmony and capacity to address issues within the wider community, e.g. poor school attendance rates, critical housing shortage and the creation of work opportunities for men (Tsey, Patterson et al. 2002, Tsey, Wenitong et al 2004).

There has been a consistent (but unheeded) call by Indigenous men and women for the development of "men's places" within Aboriginal communities where men can be taken to "cool off" after incidents of violence. Men have identified a need for special places and facilities in their communities where they are able to discuss and address their own health issues, provide education and clinical services, and/or pursue their related interests such as recreation, training and work (Mitcalfe in Male Health Policy Unit 2000, Reilly 2006, McCalman, Tsey et al 2006, 2006a).

At a broader community level, there is a strong call for advocacy to address the underlying historical, social and economic factors, although there are divergent views in the literature about the best place to start. Pearson and Hazlehurst, for example, state that "*alcohol has become the primary cause of family and community disruption in communities*" (Pearson 2001; Hazlehurst 1997). Homel et al speculate that the best point of intervention may not be the alcohol use but the aspects of dependence (such as lack of meaningful employment) that are most salient for a given individual (Homel, Lincoln et al. 1999). Adams found that the only "strategy of hope" used by Aboriginal men in caring for their health was a return to country/culture. The men felt that to assist in caring for their health, they needed to go back to their roots and capture the culture they had lost (Adams 2001). Hazlehurst argued that it is doubtful whether significant improvement of

the lot of Indigenous Australians will be achieved without real commitment to self-determination at the grass roots and regional levels. She cites that internationally when Indigenous communities have undertaken programs for socio-cultural and spiritual recovery, over a five to fifteen year period, significant economic recovery has followed (Hazlehurst 1997).

The literature describes a broad range of program interventions which may be considered by Indigenous men's groups in developing priorities or strategic plans for their work. Key program areas include:

- **Personal development or leadership programs** that provide opportunities for participants to build trusting relationships, think about their individual needs and aspirations, and develop life skills, strategies and support mechanisms to help each other meet those needs (Tsey, Patterson et al 2002,2004; NCSA 1985 in Hazlehurst 1997, Atkinson and Atkinson 1999).

- **Parenting programs** to assist Indigenous adult males to face the enormous challenges and pressures in raising children, in particular the male children and youths who are their special responsibility: whether as fathers, grandfathers or uncles (Department of Families and Communities 2005).

- **Youth programs** which work with teenage boys through "holding" where older generations assume the responsibility to care for and look after younger people and assist young boys/men develop a vision for the future (McCoy 2004, Hazlehurst 1997).

- **Sports and fitness programs** which are an important part of Aboriginal community development, contributing to both physical and emotional wellbeing. This is especially true for the health of young people (McCoy 2004).

- **Tradition and culture programs** that promote the return to country/culture, and educate younger men and men who have been removed from cultural contact about traditional systems, initiations and obligations of Aboriginality (Adams 2001, Chandler and Lalonde 2003, Trudgen 2000).

- **Establishing men's places** which can house a range of facilities and services including men's clinical services, places for discussions and education, "cooling off" places, group meetings, and recreation, training and work activities (Mitcalfe in Male Health Policy Unit 2000, Reilly 2006, McCalman, Tsey et al 2006, 2006a).

- **Suicide prevention programs** which provide support for people who threaten suicide or face stressful situations, link young people with a strong cultural identity, and advocate for improved access to assessment and treatment services (Chandler and Lalonde 2003, Kosky and Dundas 2000).

- **Alcohol and drug programs** including advocacy for multi-strategic programs to deal with the grog and drug problem as a priority. The aim of alcohol and drug programs can be either to minimize alcohol- or drug-related harm and/or to promote abstinence and zero tolerance of abusive behaviour. The literature describes the currently established cultures of Aboriginal drinking as leading to abuse because many men drink to get drunk (Pearson 2001, 2002, Brady 1998).

- **Improving men's access to health services, care and treatment**, including advocating for the employment and retention of Indigenous male health workers, development of partnerships between Aboriginal health workers and mainstream health services, and advocacy for improved health service provision (Adams 2001, Male Health Policy Unit 2000, Martinez, Carter et al 1999).

- **Crime prevention programs** including those which intervene early in the developmental pathways that lead to crime and substance abuse, advocate for controlling the consumption of alcohol; or advocate for alternative dispute resolution and community input into pre-court sentencing (Cunneen 2002, Homel, Lincoln et al 1999, Howells, Day et al, 1999).

- **Correction of offending behaviour** through providing court-mandated and court-referred diversionary programs; advocacy for improved services to address and remedy the causes of offending behaviour and successfully reintegrate offenders into the community after prison release (Walsh 2004, Howells, Day et al 1999, Cunneen 2002).

- **Family violence prevention and early intervention programs** through projects aimed at intergenerational issues such as father-son relationships and mentoring of Aboriginal youth by Elder figures; the creation of men's "cooling off" places; establishing domestic and family violence outreach services targeted at men; organizing men's healing camps and/or healing journeys; and formulating local violence prevention strategies aimed at indigenous youth. There are also interventions that address the broader issues of grief and loss, health, housing, education and employment (Blagg 1999, Miller 1992, Atkinson 2002, Reilly 2004, Menmott et al 2002, Cunneeen 2002).

- **Family violence perpetrator programs** including programs which target men who have been convicted of committing offences of violence (some try to change male/community attitudes towards violence and others focus specifically on individuals); and advocacy for controls over perpetrators to prevent future violence (Saunders in Waite 2003, Wright 2004).

- **Employment programs** through increasing access to the enjoyment of traditional subsistence resources, encouraging and supporting men to apply for existing employment opportunities in mainstream organisations, encouraging men to develop businesses, and advocacy to change the nature of welfare programs and develop community economies (Pearson 2000, Altman 1998).

- **Developing or advocating for social enterprises** (sustainable business enterprises which have a social purpose) to address upstream health issues as well as having flow-on employment and economic impacts for the community (CAN 2004, Cape York Institute 2005).

- **Advocacy to influence the broader community and societal issues.** Since men's groups do not have the power or resources to try to influence the multiplicity of social determinants of Indigenous men's health alone, they can advocate to influence government or community-level policies which affect them. The literature emphasises the importance of Indigenous self-determination in developing and implementing programs and that the role of government agencies should be to enable a community response as opposed to directing or dictating what the response should be (Adams 2002, Cunneen 2002).

Reflections on the review
Despite efforts to improve the Australian situation over the last 30 years, evidence suggests that the poor health status of Indigenous men has persisted and that there is deterioration in many aspects of Indigenous health and wellbeing. Indigenous community leaders have called for more innovative and empowering interventions that enhance people's capacity to take greater control and responsibility for their situation, including the development of Indigenous men's groups.

No matter how difficult and oppressive the history and social circumstances of a particular group, such history should constitute sources of strength and inspiration for change, rather than disablement (Pearson, 2000). There are many things that Indigenous men can do to reclaim their rightful place in society and take responsibility for their actions. Programs that assist men to cope and to take charge of their own lives can go hand in hand with advocating for the issues that are related to their broader oppression.

While both the health promotion literature and broad indigenous understandings of health support men's groups' multi-level approaches, this also creates challenges about 'where to start' without feeling overwhelmed. The evaluation of such complex interventions and demonstration of outcomes from (often long-term) strategies is also difficult and resource-intensive. As a result, there has been little recognition of the contribution and potential roles of Indigenous men's groups in providing a grass roots response to a broad range of issues, and consequently they have been under-resourced.

It can be very challenging for men's group leaders (who often have low education levels and very little training) to attempt to take on multi-level interventions and to strike a balance between the need to intervene at multiple levels versus the need to prioritise and demonstrate outcomes. We hope that this literature review will provide some support for the work of Indigenous men's groups to encourage a more strategic approach to addressing their priority issues, and consequently to increase their effectiveness and credibility. We hope that it will also assist government organisations to recognise and support/resource the work of Indigenous men's groups.

The full report "McCalman J, Tsey K, Wenitong M, Whiteside M, Haswell M, Cadet James Y, and Wilson A. A literature review for Indigenous Men's Groups; James Cook University, February 2006" is available from http://www.soe.jcu.edu.au/sias/litera31.doc.

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