

Tables

Reference	Research aim/ question	Research design	Sample	Country	Details	Outcomes	Comments and limitations
<b>National prevalence studies</b>							
Cook Islands Ministry of Health, 2014	WHO Multi-country Study of Domestic Violence and Women's Health aims: Provide information on prevalence, frequency and consequences of IPV, sexual assault, other forms of violence against women, to examine risk and protective factors and explore intervention strategies.	National mixed-method, household survey based on the WHO Multi-country Study of Domestic Violence and Women's Health methodology. Household face-to-face interviews.	National representative sample of 919 randomly selected women aged 15-64 years. Document reviews, interviews with key stakeholders and focus groups (numbers and details not specified).	The Cook Islands	Sampling strategy based on random selection of households using census data to include urban, rural and remote areas (northern and southern island groups).	Reports overall prevalence of one or more forms of IPV at 39%: 28% physical, 13% sexual, 25% emotional. 31% of women experience controlling behaviours and 5% reporting economic abuse. 30% of women agree with statements indicating that men should show they are the boss, that a good wife obeys her husband, and that a wife cannot refuse to have sex with her husband for specified reasons. 11% of women agree with at least one justification for wife beating. Qualitative outcomes reported in short excerpts from survivor interviews and few responses to hypothetical case studies from male focus groups.	Ethical clearance of WHO methodology by Scientific and Ethical Review Group (SERG) of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in 1997. In-country ethical approval. Technical oversight by UNFPA. Analysis by international statistician. Data collected 2012-2013. No detailed data analysis or presentation of qualitative findings.
Government of Samoa, 2017	To assess the current situation of domestic and gender-based violence in Samoa including experiences of: women, men,	National mixed-method, household, face to face survey.	National representative sample of 878 randomly selected (70% female; 30% male). Interviews: female survivors	Samoa	Sampling strategy based on random selection of households using census data to include urban, rural	Reports overall prevalence of one or more forms of IPV at 60%: 19% physical, 5% sexual and 78% emotional. Includes a discussion on 'benefits' of IPV. Significantly different outcomes from previous national survey (SPC,	Ethical clearance and study limitations not well discussed. Methods state to employ a "Samoa cultural-Christian framework" (p. 17). Statistical data analysis not well reported. Qualitative data analysis and findings not well reported.

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	children, people with disabilities and elderly people.		(10), male (5) female (3) perpetrators, child victims (10), government (10) and non-government stakeholders (7).		and remote areas.	2006) not discussed.	Questionnaire not included or well described. IPV experiences of key age group 15-20 years not included. Data collected 2017.
Jansen et al., 2012	WHO Multi-country Study of Domestic Violence and Women's Health aims- see Cook Islands Ministry of Health, 2014	National mixed-method, household survey based on the WHO Multi-country Study of Domestic Violence and Women's Health methodology. Household face-to-face interviews.	National representative sample of 634 women from randomly selected households aged 15-49 years. 46 household observations, 38 case-studies.	Tonga	Sampling strategy based on random selection of households using census data to include urban, rural and remote areas.	Reports overall prevalence of one or more forms of IPV at 45%: 33% physical, 17% sexual, 24% emotional. 87% experience reporting controlling behaviours. 83% agree that a good wife obeys her husband even if she disagrees. Qualitative outcomes highlight shift from extended family to nuclear family units and suggest economic pressures, migration and interpretations of Christian teachings influencing experiences of IPV.	Ethical clearance of WHO methodology see above- Cook Islands Ministry of Health, 2014. In-country ethical approval. Statistical data analysis supported by Secretariat of Pacific Communities. Data collected 2009. Data compared with 2006 census data to show representativeness of sample.
Samoa Bureau of Statistics, 2015	Provide estimate of Samoa's demographic and health situation, including measures related to the empowerment of women.	National, face-to-face household survey.	National representative sample of 4, 805 women and 1, 669 men aged 15-49.	Samoa	Sampling strategy based on random selection of households using census data to include urban, rural and remote areas.	Women's empowerment measures: 40% of women alone control how their cash income is spent. 28% of women alone make decisions related to her health, 37% make decisions about purchasing household items, 72% of men believe women should participate in decision making within the household. 37% of women in urban and 47% of women in	Technical support from UNFPA Pacific and the Government of Australia. Data collected 2014.

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						rural areas agree with one or more justifications for wife beating, 30% of men agree with one or more justifications for wife beating. 27% of women and 40% of men believe a wife can refuse sex if her husband has an STI.	
SPC, 2006	WHO Multi-country Study of Domestic Violence and Women's Health aims- see Cook Islands Ministry of Health, 2014	National mixed-method, household survey based on the WHO Multi-country Study of Domestic Violence and Women's Health methodology. Household face-to-face interviews.	National representative sample of 1646 women and 664 men. Interviews with women survivors (12), male perpetrators (10), government and non-government stakeholders (29); and 11 focus group discussions (number of participants not reported).	Samoa	Sampling strategy based on random selection of households using census data to include urban, rural and remote areas.	Reports overall prevalence of one or more forms of IPV at 46%: 38% physical, 20% sexual, 19% emotional. 70% of women believed they should not refuse to have sex with their partner when they do not want to; more than 40% when he is drunk; and 24% when they themselves are sick. 70% of all respondents agree with one or more justifications for wife beating. Qualitative outcomes highlight tensions related to strict gender role expectations and highlight economic stress and migration as factors contributing to IPV.	Data collection was part of the initial WHO Multi-country Study of Domestic Violence and Women's Health (WHO 2005). Ethical clearance of WHO methodology see above- Cook Islands Ministry of Health, 2014. Qualitative data analysis or presentation not well reported. Findings reported as excerpts of responses to specific questions. Data collected in 1999-2000.
SPC, 2009	Provide estimate of Tuvalu's demographic and health situation, including domestic violence and measures related to the	National face-to-face, household survey.	National representative sample of 851 women and 588 men aged 15+.	Tuvalu	Sampling strategy based on random selection of households using census data.	Reports overall prevalence of one or more forms of IPV at 41%: 33% physical, 10% sexual, 28% emotional. 40% of women experience controlling behaviours. Women's empowerment measurements: 44% of women make joint decisions about	Data collected 2007.

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	empowerment of women.					<p>spending income with husband. 37% of women alone make decisions related to her health, 24-35% of women alone make decisions about daily household purchases, 53% of men believe women should participate in decision making within the household. 70% of women and 73% of men agree with at least one justification for wife beating, 81% of women and 84% of men agree that a wife is justified in refusing to have sex with her husband for all specified reasons.</p>	
Tonga Ministry of Health, 2014	Provide estimate of Tonga's demographic and health situation, including measures related to the empowerment of women.	National face-to-face, household survey.	National representative sample of 3, 068 women and 1, 742 men.	Tonga	Sampling strategy based on random selection of households using census data.	<p>Women's empowerment measurements: 22% of women alone decide how her earnings are spent. 30% of women alone make decisions related to her health, 26% of women alone make decisions about daily household purchases, 70% of men believe women should participate in decision making within the household. 29% of women and 18% of men agree with at least one justification for wife beating, 67% of women and 80% of men agree that a wife is justified in refusing to have sex with her husband for all specified reasons.</p>	Technical assistance from Secretariat of the Pacific Communities. Data collected 2012.
Community sample prevalence studies							

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Chesney-Lind, Hishinuma, Nishimura, & Choi-Misailidis, 2008	To examine verbal and psychological IPV prevalence among young people from minority backgrounds.	School-based survey. 3 high schools in Hawai'i.	247 Samoa, Filipino, Native Hawai'ian young people (age not specifically reported).	USA	Emotional-Psychological Abuse Subscale of the Youth Dating Violence Survey.	58% of participants reported emotional IPV; 43% reported controlling behaviours. Females ascribing less traditional gender roles were more likely to report victimisation.	Discussions related to community consultation and ethical considerations included.
Gao, Paterson, Carter, & Iusitini, 2008	To examine the association between maternal IPV victimisation and unplanned pregnancy.	Face-to-face survey with mothers in the Pacific Islands Families Study cohort of Pacific infants born in New Zealand.	1088 mothers cohabiting in married or de-facto partnerships.	New Zealand	Mothers completed the Conflict Tactics Scale and were asked whether their pregnancy had been planned.	77% reported verbal aggression and 23% reported physical violence. Women reporting physical IPV were more likely to report an unplanned pregnancy.	Pacific Islands Families Study followed a cohort of Pacific Island (largely Polynesian) infants born at one hospital in Auckland, between March and December of 2000. Participants were selected from births where at least one parent was identified as being of a Pacific Island ethnicity and a New Zealand permanent resident.
Paterson et al., 2007	To examine the association between maternal and/or paternal emotional or physical abuse and current severe physical IPV perpetration or victimisation.	See above-Goa, 2008.	1095 mothers cohabiting in married or de-facto partnerships.	New Zealand	Mothers completed the Conflict Tactics Scale and Exposure to Abusive and Supportive Environments Parenting Inventory.	Findings indicate an association between physical paternal abuse experienced as a child and victimisation and perpetration of severe, physical IPV for mothers.	See above for details on the Pacific Island Families Study-Goa, 2008.
Schluter, Paterson, & Feehan, 2007	To determine the prevalence of IPV perpetration	Face to face survey with mothers and fathers of the	915 partnered mothers and 698 partnered fathers of which 674 were	New Zealand	Mothers and fathers separately completed the	28% of women reported physical IPV victimisation and 37% perpetration; 8% of males reported victimisation and 11%	See above for details on the Pacific Island Families Study-Goa, 2008. Authors acknowledge limitations

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	and victimisation in couples.	Pacific Islands Families Study cohort of Pacific infants born in New Zealand.	couples.		Conflict Tactic Scale.	perpetration. Under reporting, specifically from males: of mothers reporting victimisation, 79% of their male partners did not declare perpetrating the violence. 85% of all participants reported perpetration and/ or victimisation of verbal aggression.	related to the Conflict Tactics Scale and call for qualitative research to better understand the experiences of Pacific and specifically Polynesian populations living in New Zealand.
Takahashi et al., 2011	Needs assessment focused on HIV knowledge, HIV testing behavior, and experiences of IPV.	Community convenience sample survey distributed at community and church meetings in two districts of California.	179 Polynesian and Micronesian residents of South California; 60% female, 40% male.	USA	Questionnaire on HIV knowledge and testing and experiences of IPV.	Polynesian respondents more often reported physical IPV and HIV testing. Positive association found between experiencing IPV and having a HIV test (significant association did not hold for Polynesian participants only).	Community consultation and ethical considerations discussed. Authors point to the need to further investigate relationships between HIV testing and IPV with culturally diverse groups.
<b>Community-based exploratory studies</b>							
Baker & Helm, 2010	To explore perceptions of IPV and understand thresholds for violence and related behaviors.	School-based focus groups. Two high schools in Hawai'i.	51 students: 16 Native Hawaiian, 17 Filipino, 18 Samoan; 26 female and 25 male; 13–19 years.	USA	Gender separate and mixed focus groups exploring general violence, IPV, ethno-cultural and gender-related factors and suggested supports.	Participants indicated high threshold for emotional IPV with participants not recognising monitoring and controlling behaviours or cyber-stalking as forms of abuse.	Community consultation and ethical considerations discussed. Authors call for increased investigation and intervention regarding the role of social media and texting in victimisation and perpetration of IPV with young people.
Boodoosingh, 2016	PhD dissertation to explore current	Mixed-methods including	Samoa university focus groups: 16 female and 5 male.	Samoa	Surveys and gender separate focus	Outcomes highlight acceptance of male control and physical IPV among young people, with	Reporting of ethical approval or considerations not included, correspondence with author

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	state of IPV services and policies in Samoa and Fiji.	focus groups and survey at one university and literature reviews.	Survey: 361; 61.8% female, 38.2% male; 18-25 years.		groups conducted on campus.	agreement with justifications for IPV increasing with age and as a relationship shifts to marriage.	confirmed in-country review and ethical approval. Limited description of quantitative and qualitative data analysis.
Cribb & Barnett, 1999	To examine variations in Samoan women's responses to IPV in rural and urban Samoa and New Zealand.	In-depth interviews with Samoan women in one urban and one rural village in Samoa and one urban city in New Zealand.	90 women (details not provided).	Samoa and New Zealand	Face-to-face interviews exploring responses to (hypothetical) situations of physical IPV.	Outcomes highlight the importance of social and cultural context on women's reactions, responses and experiences of IPV suggesting protective factors present in traditional village settings are eroded in urban settings.	Community consultation and ethical considerations discussed.
Magnussen et al., 2008	To examine cultural perceptions, awareness, responses, and actions related to IPV with Samoan women.	Community-based-participatory research. Focus groups at three community health centres in Hawai'i.	Eight women; 23-64 years.	USA	Initial and validation focus groups conducted in Samoan.	Outcomes show the traditional protective factors are not available in Hawai'i. Tensions for women arose as cultural responses in complex, urban social contexts potentially exacerbated experiences of IPV. Authors highlight the importance of developing culturally sensitive healthcare that assists and supports women with solutions and responses that are appropriate and meaningful, specifically drawing attention to Western notions of independence vs. Samoan ideals of interconnectedness.	Part of a wider community-based participatory research project designed to develop and provide culturally appropriate interventions and services for IPV, including Magnussen et al. (2011) and Oneha, Magnussen, and Shultz (2009). Ethical approval by University of Hawai'i Institutional Review Board.
Magnussen et al., 2011	What are the cultural perceptions,	Community-based-participatory	53 Samoan, Filipino, Chuukese, Native Hawai'ian women	USA	Perceptions of the Acceptability	Outcomes highlight cross-cultural protective factors, including communal living as	Part of a wider community-based participatory research project designed to develop and provide

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	responses, and needs regarding IPV of selected individuals and groups served through a variety of programs at community health centers?	research. Survey, interviews and focus groups at three community health centres in Hawai'i.	(11 Samoan); 21-64 years.		of Violence survey. In-depth interviews with 20 (5 Samoan) survivors of IPV. Eight focus groups with up to 10 women (details not provided).	well as barriers to help seeking and gender role expectations, which impact on experiences and understandings of IPV. Authors highlight key implications for practice including the importance of acknowledging and responding to shifting cultural understandings of IPV in order to support meaningful responses and solutions.	culturally appropriate interventions and services for IPV, including Magnussen et al. (2008) and Oneha et al. (2009). Ethical approval by University of Hawai'i Institutional Review Board.
Oneha, Magnussen., & Shoult, 2009	What are the cultural perceptions, responses, and needs of Chuukese, Filipino, Native Hawaiian, and Samoan individuals and/or groups served through three community health centers regarding IPV?	Summary of mixed methods research reported in- Magnussen et al. (2008) and Magnussen et al. (2011).	See Magnussen et al. (2008) and Magnussen et al. (2011)	USA	See Magnussen et al. (2008) and Magnussen et al. (2011)	Highlights the complex nature of IPV considering the diversity of perceptions, experiences and responses. Authors raise questions about how to respond to cultural gender role expectations, social locations, and traditional protective factors, which may or may not translate into new, complex, global contexts. For Samoan women, this article highlights tensions that arise at the intersection social roles (including a woman's right to stand up for herself) and new, global contexts where traditional protections have been eroded.	This paper provides a summary and overall findings from the wider community-based participatory research project including Magnussen et al. (2008) and Magnussen et al. (2011). Ethical approval by University of Hawai'i Institutional Review Board.
Rankine et al., 2017	To identify customs, beliefs, and practices	In-depth interviews with an urban community	Participants: 5 Cook Islands, 2 Fiji, 13 Niue, 9 Samoan, 12 Tongan, 17 Tokelau	New Zealand	Open-ended questions to elicit knowledge of	Outcomes highlight communal understandings and responses to IPV and question the appropriateness of using	No reporting of ethical approval.



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	among Pacific ethnic groups that are protective and preventive against sexual violence and IPV.	sample- health professionals, church ministers, elders, youth, parents, family and community leaders, sexual and family violence professionals, and victims of sexual violence	and 10 Tuvalu (further details not provided).		sexual violence; perceptions of protective, causal, and risk factors; specific terms in language for sexual violence; and prevention activities.	Western, individual-focused intervention tools including the Duluth Power and Control Wheel, when working with Polynesian communities living in New Zealand. Traditional protective factors highlighted, including the covenant between sisters and brothers. Discussion around the importance of prevention within these communities to consider ways to strengthen these factors in new, complex, global contexts.	
Tauasosi, 2010	“How Samoa, a society in ancient times that stalwartly honored, respected, and protected women, was transformed into a society that recognises IPV as a ‘normal’ and ‘acceptable’ aspect of married life?” (64)	PhD dissertation. Qualitative research including interviews and focus groups in urban and rural village.	Interviews: 14 women survivors of IPV and 14 community and government representatives. Focus groups with un-reported number of community members.	Samoa	Unstructured interviews and focus groups exploring experiences and perceptions of IPV.	Outcomes suggest male dominance and control is a major factor contributing to IPV in Samoa and author highlights the contribution of Christian doctrines and institutions in supporting strict gender role expectations. Alcohol and financial stress are also discussed as important contributing factors.	Ethical approval by the Ethical approval by University of Hawai’i Committee on Human Studies. Rigorous qualitative data analysis not reported.
Taylor, Magnussen, &	To understanding the lived	Qualitative, unstructured interviews in	12 women (1 Samoan); 28-45 years.	USA	In-depth interviews conducted to	Outcomes highlight culturally specific responses to IPV while suggesting patriarchal social	Some ethical considerations discussed. While only one participant was

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Amundson, 2001	experiences of women who have been abused.	urban community setting in Hawai'i.			understand women's experiences of and responses to IPV.	norms pervasive in Eastern and Western cultures are responsible for similar experiences of women across cultures.	Polynesian (Samoan) the in depth nature of the data with this participant warranted inclusion of this article.
Turk et al., 2013	To identify any barriers or benefits to engaging in a physical activity program.	Rapid assessment and response including interviews and focus groups in urban community setting.	Interviews: government and non-government representatives and religious leaders. Focus groups: women aged 16-45 and their 'partners' (further details not provided).	Tonga	Exploring a range of potential socio-cultural barriers and benefits of netball. Gender separate focus groups.	Outcomes highlight strict gender role expectations placing women in domestic roles and the risk of IPV (and violence from other family members) for women who challenge these roles.	While article aimed to identify outcomes in relation to a netball communication strategy, IPV and socio-cultural gender role expectations were key barriers, thus the inclusion of this study in this review. Ethical approval by Tonga National Health Ethics Research Committee.
<b>Government, intergovernmental and community reports</b>							
Fairbairn-Dunlop & Leivore, 2007; Roguski & Kingi, 2011b	To provide an overview of incidence, support services, and social, cultural and political perceptions and institutions influencing prevalence and experiences of IPV.	Mixed methods in community and government settings in urban and rural contexts, including secondary data analysis (police reporting and community data) and literature review, coupled with interviews and	Specific sample characteristics not provided.	Tonga	Interviews and focus groups with community members; representatives of the police, government and non-government organisations, and church leaders. Participant observation and group meetings with police.	Baseline report suggests IPV is considered a private matter dealt with within a family and through traditional, village systems of reconciliation. Issues of under-reporting, case withdrawal and mismanagement by the police highlighted. Community expectation that women submit to their husbands is noted, with rural areas more likely to tolerate IPV than urban areas. Update report shows the implementation of a Police Domestic Violence Unit and suggests improved data collection on domestic violence by the police, while indicating	Part of the Pacific Prevention of Domestic Violence Programme (PPDVP), a collaborative initiative between the New Zealand Agency for International Development, New Zealand Police and the Chiefs of Police in Tonga, the Cook Islands and Samoa (Kiribati and Vanuatu also included in the wider PPDVP). Conducted in collaboration with Victoria University of Wellington and reports ethical approval.

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		focus groups.				police attitudes and understandings of IPV need to be addressed.	
Gravitas, 2006	To gather understandings of IPV from male perpetrators to inform a media campaign.	Semi-structured interviews with participants involved in some form of violence intervention.	37 male perpetrators of IPV; Pacific Island heritage (24 from Polynesian countries).	New Zealand	Interviews conducted to understand perspectives and understanding of IPV and gender role expectations.	Participants indicated strong traditional gender role beliefs and acceptance of some forms of physical and emotional IPV. Study highlights tensions created for men in new social contexts that challenge traditional gender role expectations.	Ethical approval not reported.
Lievore & Fairbairn-Dunlop, 2007a; Kingi & Roguski, 2011	See above-Fairbairn-Dunlop & Lievore, 2007	See above-Fairbairn-Dunlop & Lievore, 2007.	Specific sample characteristics not provided.	Cook Islands	See above-Fairbairn-Dunlop & Lievore, 2007.	Baseline report highlights strict gender role expectations placing women in domestic roles and men as the heads of the household and community involvement dealing with IPV through traditional channels. Influences of globalisation and Christianity on gender role expectations is noted and a culture of shame and silence surrounding IPV, as well as mistrust of police are highlighted as key barriers to reporting. Update report shows the implementation of a Police Domestic Violence Unit and suggests improved data collection on domestic violence by the police, while indicating police attitudes towards IPV as	Part of the PPDVP, see above-Fairbairn-Dunlop & Lievore, 2007.

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						well as tracking cases through the system to court need to be addressed. Improvements in culture of silence and awareness of IPV at a community-level are noted.	
Lievore & Fairbairn-Dunlop, 2007b; Roguski & Kingi, 2011a	See above-Fairbairn-Dunlop & Leivore, 2007	See above-Fairbairn-Dunlop & Leivore, 2007.	Specific sample characteristics not provided.	Samoa	See above-Fairbairn-Dunlop & Leivore, 2007.	Baseline reports indicate gender role expectations (specifically for 'wives') place women in subservient positions and males as the heads of households. Village councils (specifically Matai who are usually male) play a significant role in dispute resolution and reporting IPV is not encouraged and in some villages banned. The need for sensitive, transparent police systems for dealing with cases of IPV is highlighted. Update report indicated the implementation of a Police Domestic Violence Unit and improved systems of data collection. Underreporting, confusion among police officers about definitions and procedures related to IPV are noted, despite increased reporting and community awareness.	Part of the PPDVP, see above-Fairbairn-Dunlop & Leivore, 2007.
Ministry for Women, 2015	To present some current New Zealand-based Samoan people's	Focus groups informed by fa'afaletui (Samoan cultural	49 female and males; 20-80 years.	New Zealand	Focus groups explored the prevention of primary IPV and sexual	Outcomes highlight the traditional covenant between sisters and brothers as an important protective factor, ensuring respect for women.	Reports ethical guidelines used.

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	understandings of primary prevention of violence against women (with a focus on IPV and sexual assault).	research guidelines) in Two urban communities, Auckland and Wellington.			assault from a Samoan standpoint.	The role of Christianity in diminishing the status of women is discussed and recommendations for primary prevention include strengthening cultural protective factors in new and changing social contexts.	
Ministry of Social Development, 2012	Conceptual framework to address the high prevalence of violence in families (specifically IPV) who belong to one or more of seven ethnic Pacific communities (all Polynesian except Fiji) in New Zealand.	Community-based qualitative research informed by ethnic-specific research guidelines in ethnic specific communities in urban settings.	Specific sample characteristics not reported.	New Zealand	Community workshops conducted with the Cook Islands, Tuvalu, Tokelau, Samoa, Tonga, Fiji and Niue communities to develop ethnic-specific frameworks for addressing IPV (and family violence more widely).	Outcomes indicate shared cultural factors for protecting against IPV include: reciprocity and community wellbeing, genealogy, language, and sacred relationships. Contributing factors include: socio-economic disadvantage, migration, beliefs which place men in positions of power, (mis)interpretations of cultural kinship relationships and (mis)interpretations created at intersections of Christian and cultural belief systems. The research foregrounds the diversity across these communities and calls for community-driven responses to IPV.	Conducted in collaboration with Pacific New Zealand Advisory Group to the Government Taskforce on Family Violence. Ethical approval not specifically reported.
<b>Reviews of interventions and models of IPV prevention</b>							
Crichton-Hill, 2001	Critique the Duluth Power and Control Wheel to inform IPV service provision with	Critique in the context of IPV service provision by author using literature.	NA	New Zealand	Using literature to understanding the limitations of the Duluth Power and Control Wheel	Highlights the fragmentation of Samoan communities living in New Zealand leaving women isolated with limited opportunities for community intervention. Author suggests mainstream models, including	This article does not include any primary data collection and specific literature review methods not discussed.

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	Samoan communities.				as an appropriate tool for working with Samoan women living in New Zealand.	the Duluth Power and Control Wheel, may not be culturally relevant and highlights the need for community-driven and meaningful interventions addressing IPV with Samoa women in New Zealand.	
Jivan & Forester, 2009	To consider the reasons for the low levels of legislative compliance with CEDAW in Pacific (including Polynesian) countries.	Review of country legislation and literature.	NA	Cook Islands, Samoa, Tuvalu, Tonga, Niue, Tokelau, Wallis and Futuna and French Polynesia	Outlines CEDAW obligations and monitoring mechanisms and reviews county legislation.	The review suggests the effective implementation of CEDAW is an important first step for addressing IPV in the Pacific region and notes key challenges hindering Polynesian and Pacific Island countries meeting the obligations required by the convention.	This article does not include any primary data collection.

Table 1- Summary of literature