

*A series of Research Briefs designed to bring research findings to policy makers*

## Domestic violence responses for incarcerated Indigenous women in Australia & New Zealand

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### Introduction

As this Research Brief will describe, Indigenous women in Australia and New Zealand are not only disproportionately likely to be incarcerated for violent offences but to be victims of violence, particularly family, domestic, and sexual violence (FDSV). The brief details a wide range of Indigenous cultural considerations when programming for incarcerated Indigenous women or women at risk of incarceration for violent offences. Furthermore, it describes five recent initiatives in Australia and New Zealand that seek to prevent or respond to FDSV and deal with Indigenous women, including Indigenous women offenders. Finally, the brief identifies several common programming elements that may be considered for inclusion in such programs, and which may also address some of the cultural considerations discussed.

### Indigenous Women's Experiences of FDSV

#### Conceptual Framework

There is no universal definition of intimate partner FDSV (WHO 2021; ABS 2009). This likely reflects the diverse ways and contexts in which FDSV occurs. For instance, the UN includes 15-year-old girls as women when measuring such violence to reflect contexts where girls are often married from that age (WHO 2021: 6).

Likewise, jurisdictions and institutions in Australia and New Zealand use different FDSV definitions. These vary based on relationships, locations, and living arrangements (ABS 2009; COAG 2011; NZFVC 2012) but recognise that families

extend beyond blood or marriage and that FDSV may also involve individuals in close personal relationships, including based on cohabitation or frequent contact. Similarly, FDSV is now understood as not simply physical abuse but also psychological and economic harm (COAG 2011; UNGA 1993). FDSV may also differ within Indigenous communities, owing for example to legacies of colonisation and intergenerational trauma (Cripps 2020; Cripps & Adams 2014).

For the purposes of this Research Brief, FDSV is defined in an Indigenous context as “physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities” (Victorian Indigenous Family Violence Task Force 2003: 123).

### Relevant Data

In 2019-20, nearly one in five FDSV offenders in Australia (19%) were women (ABS 2021a). Additionally, in the jurisdictions in Australia for which relevant data is gathered, Indigenous women were between 10 and 39 times likelier than non-Indigenous women to be convicted of an FDSV offence in 2019-20 (ABS 2021b). In New Zealand, women were 10% of family violence offenders in 2020 (MOJ 2020). While the relevant data is not disaggregated by gender, it does show that Māori are vastly overrepresented as family violence offenders, representing 57% of all those convicted in 2020 (NZ MOJ 2020) yet only 16.7% of the population (Stats NZ 2020).

However, it appears that women's violent offending may often be preceded by those women being victims of violence

themselves. A study of incarcerated Indigenous women in Western Australia found that 90.7% of those convicted for violence had also been victims of violence (Wilson et al. 2017). Similarly, in New Zealand, among the women who were responsible for male intimate partner deaths between 2009 and 2018, 81% had been the primary victim in the relationship and had killed their predominant aggressor partner (NZ FVDRRC 2021).

Indeed, in both Australia and New Zealand, the median FDSV victim is a woman. In 2020, most victims were women for every FDSV-related crime recorded in Australia: homicide (59%), assault (65-79%), sexual assault (86%), and kidnapping/abduction (83%) (ABS 2021c). In New Zealand in 2019-20, women were “almost four times as likely as males to have experienced offending by an intimate partner [...] and nearly twice as likely to have experienced offending by another family member” (NZCVS 2021: 105). 70% of those who died in New Zealand from intimate partner violence between 2009 and 2018 were women (NZ FVDRRC 2021).

The risk of FDSV is exacerbated for Indigenous Australian and New Zealander women. In 2016-17, Indigenous Australian women were 34 times more likely to be hospitalised for FDSV than non-Indigenous women (AIHW 2019). Those living in remote and very remote areas were at far greater risk (AIHW 2019). In New Zealand, Māori women were over twice as likely to experience FDSV as non-Māori women in 2019-20 (NZFVS 2021). Similarly, Indigenous women in Canada and the United States are disproportionately likely to experience FDSV (Heidinger 2021; NCAI Policy Research Center 2018).

Indigenous women are also more susceptible to having intersecting vulnerabilities. In Australia, Indigenous women who reported experiencing FDSV in 2014-15 also reported high rates of:

- psychological distress,
- homelessness,
- distrust of police,
- involvement of alcohol or other substances in the violence,
- unemployment, and
- long-term health conditions (ABS 2019).

In New Zealand, 77% of Māori who died from intimate partner violence between 2009 and 2015 lived in the most deprived areas (NZ FVDRRC 2017), although this data is not disaggregated by gender.

Finally, the impact of the ongoing COVID-19 pandemic on FDSV remains unclear. Some Australian FDSV service providers, including for Indigenous populations, have reported more complex client needs, new clients, and increased FDSV (for example, Carrington et al 2020; HOR Standing Committee on Social Policy and Legal Affairs 2021). On the other hand, the pandemic’s social distancing appears to have resulted in a short-term decrease in violent crime in Queensland — including breaches of domestic violence orders (Payne, Morgan & Piquero 2020). The New Zealand Human Rights Commission has reported that the number of FDSV investigations during and pre-COVID-19 lockdowns has remained comparable, while noting that this could be due to the absence of usual channels to seek help for FDSV rather than a reduction in violence (NZHRC 2020).

## Cultural Considerations in Programming for Indigenous Women

The applicability of cultural considerations should not be over-generalised. Indigenous peoples in Australia and New Zealand have had distinct experiences necessitating unique considerations. Likewise, women’s lived experiences are unique. Moreover, individual communities also have specific and differing FDSV-related challenges. For instance, Australian FDSV service providers have noted how:

- the prolific number of Indigenous languages create language barriers in dealing with FDSV-related services;
- some Indigenous Australian communities are exceptionally remote and inaccessible while others are exceptionally small and close-knit; and
- some communities move between geographic locations and different ‘mainstream’ administrative boundaries, making service access challenging (HOR Standing Committee on Social Policy and Legal Affairs 2021).

Gang-affiliated Māori women may also have a heightened distrust of authorities and distance from their non-gang-associated communities (Wilson et al. 2019).

Nevertheless, the literature — particularly as informed by Indigenous women themselves — reveals several broad cultural considerations that are relevant to implementing programming around Indigenous women’s offending and victimisation in Australia and New Zealand.

## Intergenerational Trauma

Chief among these is the enduring impact of intergenerational (for Māori, whakapapa) violence and trauma (NZ MOW 2015;

Langton et al. 2020; Our Watch 2018; Tolmie et al. 2018; Wilson 2021). This is a product of historical colonisation and violence, such as dispossession, sexual violence, forcible removal of children, forced labour, and segregation (Langton et al. 2020; Our Watch 2018). It results in desensitising and condoning violence and creates a “structural apathy” to violence against Indigenous communities (McQuire 2016: np) if not its legitimisation (Our Watch 2018). It may also influence Indigenous women’s offending. A study of Indigenous women offenders reported that most had experienced intergenerational FDSV (Wilson et al. 2017).

## Racism

Systemic and individually experienced racism and discrimination are linked and recurring cultural considerations (Our Watch 2018; Tolmie et al. 2018). Moreover, they have outsized effects on Indigenous women, who find themselves in a “double bind” (Our Watch 2018: 25) due to a combination of racist oppression and the sexist oppression borne of patriarchy, gender stereotypes, and toxic masculinity (Tolmie et. al 2018).

## Mistrust of Authorities

Mistrust or fear of authorities and/or FDSV service providers is another recurring theme (Braybrook 2015; Djirra 2020; HOR Standing Committee on Social Policy and Legal Affairs 2021; Langton et al. 2020; Wilson et al. 2019). This has its historical roots not only in colonial violence including the forced removal of Indigenous children, but its modern iterations. Thus, Indigenous women in both countries have reported a reluctance to deal with the authorities due to fear that their children will be taken from them (Djirra 2020; Wilson et al. 2019).

## Shame

Compounding these emotions are feelings of shame or embarrassment in the context of FDSV, known as shame or shame job in Australia (Shen, Schellen & Moss 2021) and as whakamā for Māori (Wilson 2019). Culturally incompetent, inappropriate, or in-existent responses from authorities exacerbate this situation (Braybrook 2015; Wilson et al. 2019). On the other hand, creating curious, Indigenous-led spaces enables stories (or pūrākāu for Māori) to emerge, particularly around resilience, that can facilitate self-determined solutions (Shen, Schellen & Moss 2021; Wilson et al. 2019).

## Kin

Kinship appears to be a double-edged sword for Indigenous Australia and New Zealander women. For some, their kin (or

whānau for Māori) are a source of strength and protection (NZ MOW 2015; Putt, Holder & O’Leary 2017; Wilson et al. 2019). At the same time, others report that their kin can create a further sense of obligation and entrapment, distancing Indigenous women even further from FDSV services (NZ MOW 2015; Putt, Holder & O’Leary 2017; Wilson et al. 2019).

Kin is also relevant for incarcerated Indigenous women in that Indigenous mothers are over-represented in Australian prisons and simultaneously often the central figures in raising their children. Thus, detaining these mothers can create significant harm not only for their own wellbeing but that of their children, community, and culture as well (Anthony & Sentance 2021).

## Intersectionality and Gender

Ultimately, understanding cultural considerations for Indigenous women in Australia and New Zealand in the context of FDSV necessitates an intersectional approach. This approach would acknowledge the interplay of factors such as intergenerational trauma stemming from colonisation, racism, poverty, disability, and other violence (Our Watch 2018; Tangentyere Council 2019; Tolmie et al. 2019).

Furthermore, a gendered dimension must be considered (Our Watch 2018; Tangentyere Council 2019; Tolmie et al. 2019). This should also acknowledge the different experiences of the Indigenous LGBTIQ community in both countries (Riggs & Toone 2016; Pihama et al. 2020).

## Women-Focused FDSV Prevention/Response Programs

This section profiles five FDSV prevention/response programs. Identified through public domain searches, grey literature, and expert input, the programs are current/recent, evaluated, and focus on violence/trauma prevention. All serve Indigenous clients (four exclusively) and women (three exclusively). To provide insight into the range of service offerings available, this Research Brief showcases varied service providers, geographic settings, and modes and scale of delivery.

### Miranda Project

The Miranda Project is a diversionary/prevention outreach program run by the Community Restorative Centre (CRC) out of the Penrith Women’s Health Centre (PWHC) in NSW and serving women at risk of contact with the criminal justice

system and those on remand, in detention, and post-release (CRC 2021). Its aims include supporting women to remain in/connected to the community and live independently and free from violence (Shepherdson & Roberts 2020). While not Indigenous specific, over half of its clients are Indigenous, and Miranda has employed Indigenous caseworkers (Shepherdson & Roberts 2020; CRC 2021).

Through its trauma-informed individualised outreach service model, Miranda assists women to, for instance, obtain stable housing, furniture and refrigerators; connect to social work programs including for FDSV survivors; and reconnect with children (Shepherdson & Roberts 2020). 77% of the 259 women served between January 2020 and June 2021 received short-term interventions including information; group work; care packages with transport cards, toiletries, and wallets; transport to appointments; and case management (CRC 2021). Miranda refers short- and long-term clients to support services (including CRC/PWHC's own programs) including for mental health, legal issues, drug/alcohol abuse, health, finances, relationships, education, and employment (CRC 2021).

Most of the Miranda Project's 54 longer-term clients between January 2020 and June 2021 have remained in the community (94.4%) and/or reported improved housing stability (57.4%); financial stability (53.7%); connection to supports (85.2%); and safety (66.7%) (CRC 2021). An independent evaluation of the project's work from 2017-19 also highlighted strengths including:

- its co-location at PWHC enabling safe, easy access to services;
- Indigenous caseworkers and its Aboriginal Women's Day event fostering connections between Indigenous women; and
- assisting clients to overcome social isolation and reconnect with children (Shepherdson & Roberts 2020).

That evaluation recommended reinforcing Miranda by promoting trauma awareness among its program partners and increasing resources to expand its work, particularly around drug/alcohol dependency and potentially having its own housing stock (Shepherdson & Roberts 2020).

## **Kunga Stopping Violence Program**

The Kunga Stopping Violence Program (KSVP) is a voluntary throughcare program run by the North Australian Aboriginal Justice Agency for Indigenous women incarcerated at the Alice Springs Correctional Centre over an alleged violent

offence (Anderson 2021). It has a violence prevention objective beginning with a four-week in-prison training course. It continues with case management to prepare for the women's release. This is followed by a year or more of post-release support via home visits, referrals, social programs, use of a drop in space, and mentoring (Anderson 2021). Each of KSVP's three Indigenous women case managers have around 15 clients at a time (Anderson 2021; NAAJA n.d.).

The four-week KSVP training program is the subject of a detailed research report (Bevis et al. 2020). As it explains, the program begins and ends with reflective conversations. The next module explores anger, violence, boundaries, and safety, and techniques to manage these issues and build resilience. The third module unpacks loss, trauma, and grief, notably FDSV. The program incorporates shared learning, art therapy, and yarning circle safe spaces, and encourages women to speak in local Indigenous languages.

An independent evaluation (Anderson 2021) identified the KSVP team as key to its success – being not only Indigenous but from local communities, which enables community connection and deeper understanding of clients' needs. Participants reported that the training program helped them to work through trauma, particularly in a women-specific environment. The program's flexibility was praised, such as in adapting to continue supporting a client following her transfer to another prison and in using multiple channels to communicate with clients including via drives, visits to remote communities, and Facebook. The program's low profile and discreet office was also reported to be conducive to its effectiveness as a safe space. Finally, participants, staff, and stakeholders agreed that the KSVP model was strong, but that its impact could be expanded through increased resources, additional trainings with different themes, and deepening collaboration with other service providers in respect of youth and FDSV (Anderson 2021).

## **Kimihia Program**

Kimihia is a voluntary in-prison therapeutic rehabilitation program run by the New Zealand Department of Corrections at the Auckland Region Women's Corrections Facility (ARWCF). It aims to create spiritual, mental, and physical healing pathways for Māori women who have been convicted of serious, violent offences, have complex needs, and may be a risk to themselves and others (Gilles & Clegg 2020). It is specifically for "women whose psychological risk profile and complexity would make them unsuitable" for

other rehabilitation programs (Appleyard 2018) such as the Kowhiritanga program for women at medium to high risk of reoffending (Gilles & Clegg 2020).

Delivered by psychologists, Kimihia addresses issues including violence prevention, impulse control, problem solving, and safety planning (Appleyard 2018). It is gender-responsive, trauma-informed and uses approaches including cognitive behavioural therapy, narrative therapy, cognitive self-change, and relapse prevention (Appleyard 2018; NZ DOC 2021). Moreover, Kimihia incorporates Māori cultural components, including community and whānau consultation, ongoing cultural supervision, use of cultural concepts, and sensitivity to cultural differences including how emotions are expressed (Appleyard 2018). Upon completion of the program, offenders receive continued care including treatment for outstanding needs with throughcare upon release (Appleyard 2018). At the ARWCF in 2020, three psychologists were delivering the Kimihia program and a total of 149 Māori women had commenced a treatment program prior to March 2020 (NZ DOC 2021), although it is unclear how many of these were Kimihia clients.

Evaluative information on Kimihia is limited given it was only piloted in 2018, had its design adjusted, and has had service affected by COVID-19 (NZ DOC 2021). Pilot participants had positive feedback on the extent to which they felt understood, had their needs met, felt the program was a good fit, and felt part of each session. This links to successful psychotherapeutic outcomes, although there is no direct link to recidivism (Appleyard 2018). At the same time, the program was reportedly updated in October 2019 due to an evaluation recommending it increase its use of partnership, participation, and protection in its development (Gilles & Clegg 2020).

## Gawimarra Burrany Ngurung Initiative

Gawimarra Burrany Ngurung (Picking Up the Pieces) is a wrap-around initiative for FDSV-affected families (Riboldi & Hopkins 2019) implemented by the non-profit BIRRANG Enterprise Development Co. Ltd in Bourke, NSW as part of the wider Maranguka Justice Reinvestment Project (Cahill et al. 2021). It aims to reduce community and family violence, reduce the placement of children in care, improve family functionality, change perpetrator behaviour, and assist families to overcome trauma (BIRRANG 2021).

An independent evaluation of Gawimarra Burrany Ngurung

(Cahill et al. 2021) reports that it has expanded to a five-member team which includes a mental health nurse, psychologist, occupational therapist, speech therapist, and a male caseworker. Caseworkers conduct a risk assessment and develop a family-wide care plan and follows the family for up to 12 months. The initiative offers case management; trauma-informed clinical interventions; family functioning therapy; and referrals for substance abuse, men's behavioural change, employment, and housing, working in collaboration with other organisations.

Evaluative information on this initiative (in Cahill et al. 2021) is anecdotal and limited to staff rather than client or stakeholder feedback. Staff reported increased trust with clients, more referrals from clients, and more family-focused thinking within the team (Cahill et al. 2021). They also assessed that there had been increased FDSV perpetrator accountability and victim safety in court and overall impact for their clients, particularly mothers (Cahill et al. 2021). At the same time, staff noted the labour intensiveness of the program and the capacity to improve referral follow-ups and outlined plans to expand therapy and training services (Cahill et al. 2021).

## Whānau Wānanga

The PS Haitana Whānau Trust, a trust for a Māori *whānau* (kin), held a two-week *wānanga* (learning event) for *whānau* members in Marahau, New Zealand. Responding to anxiety, depression, suicidal ideation, and the serious illness of a kaumatua (elder) within the *whānau*, *whānau* members determined that it needed a *wānanga* to “acknowledge and address intergenerational trauma through a decolonisation process” (Savage et al. 2018: 9). The initiative was funded through a grant provided by Te Pūtahitanga o Te Waipounamu, a *whānau* commissioning agency co-founded by nine iwi (Māori nations or tribes) that invests directly in *whānau*-led social change activities (Savage et al. 2018).

An independent evaluation (Savage et al. 2018) reported that to develop the *wānanga*, the *whānau* held regular online calls to collectively develop a statement of intent and evaluation and wellbeing framework, which guided the development of sessions. A Facebook page was also established to promote the initiative and include *whānau* members further away. The *wānanga* was held on a campsite and the organising committee was there for one month, including time to set up and clean up for the two-week event. 38 *whānau* members attended.

Participating *whānau* members reported that the wānanga had significant positive impacts (see Savage et al. 2018). These included strengthened relationships; re-established trust between members; improved communication and sharing, particularly between members of different generations; increased confidence to participate in *te ao Māori* (the Māori world view); and progress towards *Whānau Ora* (family health). Furthermore, *whānau* members emphasised the importance of being in a safe space where they could focus on wellbeing through a safe process, and of empowering and normalising cultural identity as a source of strength. The initiative highlighted an ongoing need to develop greater *Whānau Ora* literacy to recognise, respond to, and communicate the effects of intergenerational trauma, and the need to sustain this work.

## Conclusion: Programming Elements to Consider

There is clearly no one size fits all approach to programming around incarcerated Indigenous women or women at risk of incarceration in connection with FDSV. Indeed, the profiled programs emphasise that approaches should be customised to best respond to a particular need. For instance, while some programs must be women-exclusive to be effective and/or safe, for others it is appropriate to include other family members. Nevertheless, some programming elements recurred in some or all the profiled programs which may be worth including in programs developed in this space. These are outlined below.

- **Being responsive to intergenerational trauma.** Each program addressed the cultural consideration of intergenerational trauma by being trauma-informed, particularly intergenerationally, and by being guided by a specific framework developed to address such issues. For example, the Miranda Project adopts the “Blue Knot” model of trauma-informed care and practice (Kezelman & Stavropoulos 2012), while the Kimihia program’s approach follows Andrews and Bonta’s “Risk-Need-Responsivity” model of rehabilitation which is designed to respond to the “Central Eight” treatment needs of clients with traumatic experiences (Andrews & Bonta 2017).
- **Integrating and responding to Indigenous culture.** Integrating Indigenous cultural knowledge, concepts, practices, and language into the profiled programs strengthened their relevance and encouraged participants to feel understood. This may address cultural considerations of racism and mistrust of authorities.

- **Prioritising participant safety and health.** Participant safety was prioritised including by providing wellbeing, health, and reflexion support; implementing wellbeing frameworks; and creating physically safe spaces (for example discreet or remote locations). The concept of safety frequently appeared to extend beyond the immediate response to FDSV towards a consideration of the participant’s overall health (including mental health) and wellbeing. This may address cultural considerations including mistrust of authorities, shame, kin, intersectionality, and gender.
- **Adapting to need.** Many of the profiled programs demonstrated an element of adaptivity to participant need. Some evolved in design to better respond to needs and some include inherent flexibility, such as using multiple avenues of client contact. This may address considerations including mistrust of authorities, shame, kin, intersectionality, and gender.
- **Evaluating needs holistically.** While it is unnecessary and inappropriate for each program to strive to be a one-stop-shop for all participants’ service needs, each of the programs adopted a holistic perspective when considering participants’ needs. Several collaborate with other service providers and follow-up to ensure needs are being met. This may address considerations including intersectionality and gender.
- **Integrating monitoring and evaluation.** All the profiled programs benefited from the inclusion of a monitoring and evaluation framework, using the data produced therein to iterate and refine their programming.

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<sup>1</sup>The term Indigenous is used, respectfully, in this Brief to refer to First Nations peoples of both Australia and New Zealand, recognising the considerable diversity that exists both within and between different groups.

<sup>2</sup>For example, the Reintegration Puzzle is an annual conference which rotates across Australia and New Zealand to provide opportunities to hear the latest information concerning programs and services which aim to assist people to successfully reintegrate back into the community after prison. See <http://www.reintegrationpuzzle.com.au>

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