



What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence

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ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

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What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence

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ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT – 1800 737 732 and Lifeline – 13 11 14.

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Acronyms and definitions

Aboriginal and Torres Strait Islander peoples

This paper describes issues that are specific to Aboriginal and Torres Strait Islander peoples, who are Australia's First Nations peoples. Therefore, this paper uses the term "Aboriginal and Torres Strait Islander" to specifically refer to these groups. The term "non-Indigenous" is used in this paper to describe peoples who are not Aboriginal and/or Torres Strait Islander. The term "Indigenous" is generally used in this paper as a global collective term to refer to other Indigenous nations outside of Australia, however it is also used to refer to studies of Indigenous nations across the globe within which Australia has been included.

Disability

This project adopts the social model of disability, which recognises disability as a function of the way a society is organised, as described by the First Nations Disability Network Australia (2019):

We understand "disability" to be the result of barriers to our equal participation in the social and physical environment. These barriers can and must be dismantled. The social model stands in contrast to a medical model of disability, which focuses on diagnosis. (para. 6)

Domestic and family violence

Definitions of domestic and family violence are presented in detail within the content of this paper.

LGBTQA+ and intersex communities

Lesbian, gay, bisexual, trans and gender diverse, queer and questioning, asexual and intersex.

This paper uses the acronym "LGBTQA+" as an inclusive umbrella abbreviation that encompasses a range of diverse sexualities, genders and sex characteristics. The "+" symbol is our attempt to provide an intentionally respectful, broader inclusion of additional communities and identities that we acknowledge may not feel appropriately represented by the above terms. We have included intersex as a separate category following the ANROWS Style Guide.

Victims and survivors

This paper uses the term "victims and survivors" to refer to individuals who have experienced violence or abuse as, at the time of publication, it is the most generally accepted collective term and aims to be useful, respectful and inclusive.

Introduction

This paper is the result of a narrative review of existing literature to assist in addressing the broader aims of our research project titled “An exploration of Aboriginal and Torres Strait Islander healing programs that respond to domestic and family violence and sexual assault”.

This research project is mapping and analysing “what works” in Aboriginal and Torres Strait Islander healing programs across the nation that respond to domestic and family violence and sexual assault. This is an Aboriginal and Torres Strait Islander-led research project, and is guided by a Knowledge Circle including Aboriginal and Torres Strait Islander experts and leaders in the fields of healing and family violence. Where possible it aims to capture those programs currently being delivered that are not documented and includes a focus on how the various programs engage with digital access: phone, internet or other services provided in cases where isolation or inability to access in person is an issue, particularly in light of situations like the COVID-19 pandemic occurring during the implementation of this project. The project also specifically investigates the availability of services for Aboriginal and Torres Strait Islander LGBTQA+ and intersex peoples, and those with disability. It is anticipated that this will help create a better understanding of how healing programs deliver family violence outcomes, and how trauma-aware, healing-informed practice intersects with theoretical frameworks driving practice by family violence services and offers valuable evidence to inform policy development.

This literature review, a component of the above-described research project, is a narrative review of past reviews and reports, and of relevant existing programs and practices and available evaluation data. A narrative review aims to summarise what has been previously published on a particular study topic, as well as identify new areas that are yet to be addressed. A narrative, rather than systematic, approach was chosen for this project because of its flexibility. It was anticipated that much of the relevant literature we were seeking might not necessarily be categorised under terms such as “healing” and/or “family violence”, and the flexibility afforded by a narrative approach would allow for the inclusion of such material that would fail to meet the strictly defined search criteria of a systematic approach. The review includes both black and grey literature. Black

literature is literature published in peer-reviewed academic and scientific journals and other peer-reviewed publications, and controlled by commercial publishers. Grey literature is that which is produced at all levels of government, academia, business and industry which is not controlled by commercial publishers. Black and grey literature were sourced by searching electronic databases (including PubMed, CINAHL [EBSCO], Scopus [Elsevier], Health & Society [InfoRMIT], ProQuest, Google and Google Scholar), and through recommendations made by members of the Knowledge Circle.

This review begins by exploring family violence in Aboriginal and Torres Strait Islander communities, including how family violence is defined, its context, its relationship with intergenerational trauma, and current response efforts. It then explores intergenerational trauma and healing, including collective healing and trauma-informed care. The review then presents the evidence for “what works” with family violence programs and for healing programs, and finally moves to outline the research gaps – “what works” with healing programs that respond to family violence, what are the experiences and needs of Aboriginal and Torres Strait Islander LGBTQA+ and intersex peoples and Aboriginal and Torres Strait Islander peoples with disability, and how do programs engage with clients when face-to-face contact is not possible.

Aboriginal and Torres Strait Islander communities and family violence

Defining family violence

The naming and defining of violence occurring within families in general has been highly debated over the past several decades and has been impacted by Western scientific discourse, changing societal values, the subjective differences of individual interpretation, and inconsistency in terms and definitions used in research and data collection (Cripps & Adams, 2014). Western concepts of family violence, and specifically domestic violence, are typically based on a feminist analysis that views male violence against women as a perpetuating force in women's oppression (Greenan, 2004 as cited in McCalman et al., 2006). However, such concepts fail to recognise the interconnections between individuals, extended families and wider communities, and that family violence can be a result of "a range of family and community factors, rather than one individual's problematic behaviour within an intimate partnership" (Olsen & Lovett, 2016, p. 1).

"Family violence" has become the preferred term for violence within Aboriginal and Torres Strait Islander communities as "it covers the extended family and kinship relationships in which violence may occur" (Australian Institute of Health & Welfare [AIHW], 2019, p. 2). Domestic violence is therefore considered by the AIHW (2019, p. 2) to be "a subset of family violence and [the term] typically refers to violent behaviour between current or previous intimate partners". The concept of family in Aboriginal and Torres Strait Islander contexts refers to a pattern of kinship relationships that extend beyond the nuclear family model to include a wider range of family members including grandparents, aunts, uncles and other community members who may not be related by blood but are still closely connected. This close-knit, extended family system influences how many Aboriginal and Torres Strait Islander groups and communities function (Memmott, Chambers, & Go-Sam, 2006). While the broader definition of family violence allows for the wider range of family members, different generations and other interrelated families involved in the Indigenous context, it must also acknowledge that it is Aboriginal and Torres Strait Islander women and children who predominantly "bear the brunt of family violence" (Queensland Department of Premier and Cabinet, 2001 as cited in Memmott et al., 2006 p. 7).

The Aboriginal and Torres Strait Islander Social Justice Commissioner (ATSISJC) at the time, Tom Calma, provided the following definition which has subsequently been widely adopted in the field:

Family violence involves any use of force, be it physical or non-physical, which is aimed at controlling another family or community member and which undermines that person's wellbeing. It can be directed towards an individual, family, community, or particular group. Family violence is not limited to physical forms of abuse, and also includes cultural and spiritual abuse. There are interconnecting and transgenerational experiences of violence within Indigenous families and communities. (ATSISJC, 2006, p. 6)

The term "family violence" includes not just physical, sexual, psychological, social and economic abuse (Memmott et al., 2006), but also activities such as family feuding, elder abuse, child abuse, and antisocial and aggressive behaviour by youth (Blagg, 1999 as cited in McCalman et al., 2006). A study commissioned in 2001 by Weena Mooga Gu Gudba Inc., an Aboriginal women's organisation in Ceduna, South Australia, found that for local women, family violence embodied, and was ingrained, in many forms of violence:

... physical, emotional and material violence to women and children, fighting between families and other groups, name-calling, street gang violence, psychological and spiritual abuse, institutionalized violence, neglect and abusing elders by undermining their authority. They viewed it holistically, as intertwining with a host of inseparable issues, such as drug and alcohol misuse, gambling, poverty and unemployment, rather than in Western cause-effect terms. Grief and shame run through all these, finding outlets in substance abuse, gambling and fighting as ways of "getting out of it". The grief is for what is lost, including pride, culture, self-respect and the respect of others, while shame is about having "let down myself, my family, my community, and my God". Transgenerational violence frequently occurs as children who live in violent environments experience violence as the norm, "the way life is", and are violent themselves. (Cheers et al., 2006, p. 55)

Family violence in context

In Australia, family violence occurs across all ages and socioeconomic and demographic groups, and it is important to stress that while this report specifically focuses on family violence in Aboriginal and Torres Strait Islander communities, it is also a significant health and welfare concern in non-Indigenous communities (AIHW, 2019). Since 1999, numerous state-commissioned inquiries and government reports have found that Aboriginal and Torres Strait Islander communities experience disproportionately higher rates of family violence than non-Indigenous communities (Cripps & Adams, 2014). The Australian Bureau of Statistics' (ABS; 2019) *National Aboriginal and Torres Strait Islander Health Survey 2018–19* (see "Physical Harm") found that six per cent of Aboriginal and Torres Strait Islander people aged 15 years and over had experienced physical harm at least once in the previous 12 months. The proportion was the same for males and females. For all experiences of physical harm in the last 12 months, a higher proportion of females (74%) than males (56%) identified an intimate partner or family member as at least one of the offenders. The AIHW's (2019, pp. 106–115) *Family, Domestic and Sexual Violence in Australia: Continuing the National Story 2019* reported that Aboriginal and Torres Strait Islander adults are 32 times as likely to be hospitalised for family violence as their non-Indigenous counterparts. In 2016–17 Aboriginal and Torres Strait Islander females aged 15 years and over were 34 times more likely to be hospitalised for family violence as non-Indigenous females. More Aboriginal and Torres Strait Islander women are killed by intimate partners than are Aboriginal and Torres Strait Islander men. The AIHW (2019) also reported that Aboriginal and Torres Strait Islander children are eight times as likely to receive child protection services as non-Indigenous children, however it must be noted that involvement of child protection services is determined by a wide variety of factors other than just the incidence of violence, and is also influenced by systemic and structural racism.

While the above statistics provide some indication of the level of family violence in Aboriginal and Torres Strait Islander communities, it is difficult to determine the full extent due to issues relating to underreporting and unreliable recording (Olsen & Lovett, 2016; Queensland Centre for Domestic and Family Violence Research [QCDFVR], 2019). Willis (2011)

has argued that as many as 90 per cent of family violence incidents against Aboriginal women are not disclosed, and that the majority of sexual abuse involving Aboriginal children is not reported. Reasons for non-disclosure are numerous and complex: shame; fear of reprisals from the perpetrator and others in the community; fear of the ramifications of involvement of the justice system and other government services; a perception that abuse is normal and something that has to be endured; the difficulty of keeping something private in a close-knit community; poverty and isolation; and a lack of culturally appropriate services (Anderson et al., 2017; Arney & Westby, 2012; Braybrook, 2015; Cripps & Adams, 2014; Lowitja Institute, 2019; QCDFVR, 2019).

However, mainstream literature has largely failed to understand this within the context of historical and continued colonial and systemic racism and violence, making the assumption that the factors associated with violence against women in non-Indigenous communities are the same as those in Indigenous communities. For Western, Anglo-Saxon and Anglo-Celtic families, patriarchy is seen to be the precursor for family (particularly domestic) violence, allowing for the dominance of men and male power and the subordination of women, whereas for Aboriginal and Torres Strait Islander families, the precursor for family violence is colonisation (Blagg et al., 2020). This is not to discount the role of patriarchy completely – certainly, Aboriginal and Torres Strait Islander women contend with “both gender and racial discrimination and oppression” (Braybrook, 2015, p. 19).

Today, Aboriginal and Torres Strait Islander peoples experience extreme socioeconomic disadvantage and ongoing marginalisation in Australian society marked by poverty, poor health, unemployment, low levels of education, and high levels of incarceration and children in out-of-home care. Aboriginal and Torres Strait Islander peoples continue to experience high levels of racism, both on a personal level (Ferdinand et al., 2012 as cited in Anderson & Tilton, 2017) and on a systemic level through the practices and policies of institutional structures that perpetuate Aboriginal and Torres Strait Islander marginalisation and disadvantage (Cunningham et al., 2005 as cited in Anderson & Tilton, 2017). The link between colonisation and violence has

been confirmed by research conducted by the ABS (2006 as cited in Healing Foundation et al., 2017), which found that Aboriginal and Torres Strait Islander peoples who were forcibly removed from their family were almost twice as likely to be victims of violence.

Family violence was never part of Aboriginal or Torres Strait Islander cultures or family life (Blagg et al., 2020; Cripps & Adams, 2014; Wild & Anderson, 2007). Rather,

family violence experienced within Aboriginal and Torres Strait Islander communities is shaped by the specific and historical context of colonialism, systemic disadvantage, cultural dislocation, forced removal of children and the intergenerational impacts of trauma. (Blagg et al., 2020, p. 8)

Family violence and intergenerational trauma

In Aboriginal and Torres Strait Islander communities, family violence serves as both a cause and effect of intergenerational trauma (Closing the Gap Clearinghouse, 2016). The Healing Foundation and colleagues (2017, pp. 6–14) have proposed the following causative factors in Aboriginal and Torres Strait Islander family violence:

- the impact of founding violence: the cycle of dysfunction and erosion of community harmony that is the direct result of the violent dispossession of land and the settler policies of extermination, segregation and assimilation intended to eliminate Indigenous peoples
- structural violence and cultural breakdown: government strategies aimed at eradicating Indigenous law and culture have resulted in a breakdown of the traditional systems and practices that would guide everyday life and expected behaviour, and ongoing political and economic discriminatory structural arrangements ensure continuing marginalisation
- intergenerational trauma: “the cumulative impact of dispossession, child removal, cultural breakdown, family breakdown, structural violence, substance misuse and exposure to violence” (Healing Foundation et al., 2017 p. 10)
- disempowerment: the breakdown of Aboriginal and Torres Strait Islander men’s cultural status is associated with higher levels of violence

- alcohol and other drugs: significantly associated with family violence in Aboriginal and Torres Strait Islander communities.

The Healing Foundation and colleagues (2017) also list a number of landmark Australian studies and reports that have identified intergenerational trauma as a key factor in Aboriginal and Torres Strait Islander family violence. These include the Queensland Aboriginal and Torres Strait Islander Women’s Task Force on Domestic Violence (2000), the Victorian Indigenous Family Violence Task Force (2003), the NSW Aboriginal Child Sexual Assault Task Force (2006) and, more recently, a collaboration between Our Watch, ANROWS and Vic Health (2015) titled *Change the Story: A Shared Framework for the Prevention of Violence against Women and their Children*. We would add to this a further report by Our Watch (2018), *Changing the Picture: A National Resource to Support the Prevention of Violence against Aboriginal and Torres Strait Islander Women and their Children*, and a further report by the Queensland Aboriginal and Torres Strait Islander Women’s Task Force on Domestic Violence (2015), *Not Now, Not Ever*. Atkinson (2008 as cited in Atkinson et al., 2014) investigated the link between childhood trauma and being an adult perpetrator of violence, and found that a significant proportion of Aboriginal men imprisoned for violent offending reported multiple experiences of trauma and violence in their early years. Australian criminal justice research has also identified trauma as significantly prevalent in Aboriginal and Torres Strait Islander perpetrators of violence (Baldry et al., 2015 as cited in Healing Foundation et al., 2017). For children, exposure to violence and trauma is associated with increased incidences of family violence and incarceration, and poor social and emotional wellbeing (SNAICC, 2015 as cited in Healing Foundation et al., 2017).

Responding to family violence

Mainstream responses to domestic violence typically focus on “removing women from the domestic situation and legal repercussions for perpetrators” (Olsen & Lovett, 2016, p. 4) consisting of “policing, prosecution and punishment” (Cripps & Davis, 2012). Attempts to respond to Aboriginal and Torres Strait Islander family violence have typically consisted of the application of mainstream violence prevention programs that

have been given an Indigenous “spin” (Weston, 2017 as cited in Healing Foundation et al., 2017). Unsurprisingly, these have had limited impact to date, and have been commonly described as culturally inappropriate and ineffective due to factors such as the common practice of “criminalising the violence and institutionalising the offender” (Cripps, 2007, p. 11) – or at least separating them from the victim, family and community – and a failure to “address the determinants of violence at multiple levels” (Cripps, 2007, p. 11).

Prentice and colleagues (2017 as cited in QCDFVR, 2019) found that mainstream service responses to family violence in Aboriginal and Torres Strait Islander communities have also proved unsuccessful due to a broad lack of cultural competence in terms of staff and service provision. Aboriginal and Torres Strait Islander agencies and services have long “emphasised the need for responses to consider local context, family connections and adopting an approach that supports healing” (QCDFVR, 2019, p. 6).

There have been calls to include both “prevention and response supports that are tailored specific to the interests of women, men and children” (SNAICC – National Voice for our Children et al., 2017, p. 23). This includes the usual focus on support for victims and survivors but should extend to also address perpetrators and extended families. However, to date it appears there are very few family violence programs that are led by Aboriginal women or that focus specifically on Aboriginal women (Langton et al., 2020; Putt, Holder, & O’Leary, 2017). Despite growing calls for such a paradigm shift, it appears there is also “little evidence to date of Australian government strategies to support Aboriginal and Torres Strait Islander men in addressing the trauma associated with family violence” (Healing Foundation et al., 2017, p. 7).

It is only recently that violence response initiatives targeting men as perpetrators have begun to extend beyond the realm of law and order (Rosewater, 2007 as cited in Arney & Westby, 2012). An even more recent development is the introduction of such initiatives outside of law and order that specifically focus on Aboriginal and Torres Strait Islander men (McCalman et al., 2006). One example is Dardi Munwurro, a Victorian residential, court-referred behaviour change program for Aboriginal men who have been perpetrators of family violence (Healing Foundation

et al., 2017). Another example is the perpetrator behaviour change program Change Em Ways delivered by the Men’s Outreach Service Aboriginal Corporation in Broome (Blagg et al., 2018). A further example is the Cultural Mentoring Program, in Townsville, that provides cultural and spiritual support to Aboriginal and Torres Strait Islander sexual offenders upon their release from prison back into their communities (Richards, Death, & McCartan, 2020). This development has been long argued for by Aboriginal and Torres Strait Islander women who seek to include men in the process of addressing family violence as part of a wider approach promoting community ownership of the problem and potential solutions (McCalman et al., 2006; Willis, 2010 as cited in Arney & Westby, 2012). According to the Healing Foundation and colleagues, it is important to include men:

While communities should collectively be engaged to identify their healing needs and aspirations, the many strong Aboriginal and Torres Strait Islander men must be supported to lead healing work with men and boys. As Aboriginal and Torres Strait Islander women in some communities live with significant levels of violence, they cannot continue to be burdened with responsibility for improving safety for themselves and children. (2017, p. 4)

Many Aboriginal and Torres Strait Islander family violence programs have sprung up outside of mainstream service delivery and “have been developed from the premise that the answers to the problem of violence lie within the communities themselves” (Cripps, 2007, p. 11). Other Indigenous-specific programs have been introduced, supported by government agencies who “have responded positively to recommendations for reforms” from the plethora of federal and state government-commissioned reports (Cripps & Davis, 2012, p. 1). Such programs include:

- support programs that provide counselling and advocacy, mental health and drug and alcohol programs, parenting programs and mentoring youth
- legal services, court support, justice programs, and reintegration and transition programs following incarceration
- community policing and night patrols; “time out”; refuges and shelters; and situational crime prevention such as streetlights, closed circuit television and alcohol restrictions

- behavioural change programs, education and awareness programs, and personal development and resilience programs
- mediation, restoring social relationships and programs to foster the strengthening of identity within the individual family and community
- employment programs and social enterprises
- traditional healing circles and other holistic composite programs of the above (ATSISJC, 2006; Arney & Westby, 2012; Cripps, 2007; McCalman et al., 2006; Memmott et al., 2006; Olsen & Lovett, 2016).

Intergenerational trauma and healing

Trauma and intergenerational trauma

To understand trauma within Australian Aboriginal and Torres Strait Islander communities, we need to take a historical and sociological perspective. The arrival of British colonists had, and continues to have, a devastating impact on Aboriginal and Torres Strait Islander peoples: massacres, disease and poisoning; mass dispossession of land and disruption of ties to Country; destruction of traditional family structures and lifeways, separation of families and communities and forced rapid cultural change; exclusion from the dominant culture and marginalisation from racism and discrimination restricting access to healthcare, education, adequate housing and employment, and particularly the forcible removal of children (Menzies, 2019). Today, Aboriginal and Torres Strait Islander people who were removed, or whose immediate family were removed, are significantly more likely to be in contact with the criminal justice system; experience addiction to drugs, alcohol and gambling; have compromised social skills; suffer mental health problems; or have children who are more likely to have emotional and behavioural difficulties (De Maio et al., 2005; Dockery, 2012 as cited in Anderson & Tilton, 2017).

Indigenous peoples across the world have conceptualised their experiences as historic-cultural trauma (Atkinson & Atkinson, n.d.; Yellow Horse Brave Heart et al., 2011). For many Indigenous peoples, this trauma is left unresolved, resulting in an internalising and normalising of pain, shame, dysfunction and chaos, and this legacy is passed on to the next generations, resulting in intergenerational trauma (Atkinson, 2002; Atkinson & Atkinson, n.d.; Atkinson et al., 2014). Intergenerational trauma is “the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes” (Atkinson & Atkinson, n.d., p. 21). The Human Rights and Equal Opportunity Commission (HREOC; 1997) noted that the majority of Aboriginal and Torres Strait Islander families have been directly impacted by the forcible removal of one or more children across generations, from assimilation policy days through to modern child protection practice, and this has had a devastating effect on the cohesion of many communities. The resulting implications include unresolved grief and trauma as well as compromised parenting practices, behavioural problems,

violence, substance use, and physical and mental health issues (HREOC, 1997). The continuing socioeconomic disadvantage and marginalisation experienced by Aboriginal and Torres Strait Islander peoples today through racism and discrimination should also be considered as much causes as they are symptoms of intergenerational trauma (Atkinson & Atkinson, n.d.).

Healing

The Healing Foundation (2018) describes healing as reconnecting with culture, strengthening identity, restoring safe and enduring relationships, and supporting communities to understand the impact that their experiences have had on their behaviour and create change.

Dudgeon and colleagues note that “there is substantial evidence to show that lasting trauma suffered collectively by Aboriginal people needs acknowledgement, recognition and healing” (2014, p. 438). This evidence has led to the establishment of the Aboriginal and Torres Strait Islander Healing Foundation in 2009, and numerous healing programs and initiatives. The Aboriginal and Torres Strait Islander Healing Foundation Development Team (ATSIHFDT) has stated four primary principles essential to supporting Aboriginal peoples in their healing journey:

1. a focus on addressing the causes of community dysfunction, not its symptoms
2. Aboriginal ownership, definition, design and evaluation of healing initiatives
3. initiatives based on Aboriginal worldviews
4. strengthen and support initiatives that use strength-based approaches to healing. (ATSIHFDT, 2009, p. 5)

These four principles are here elaborated further.

1. Address the cause

Responses to trauma in Aboriginal communities are often targeting its symptoms – for example, punitive measures such as incarceration and many strategies of the Northern Territory Intervention such as the banning of pornography.

These are yet to prove effective (ATSIHFDT, 2009). Failing to address the cause – the trauma itself – can further perpetuate the problem:

Attempting to treat the symptoms without addressing the cause can result in people withdrawing from services and lead to further trauma. Understanding this link and the importance of addressing trauma as well as the myriad ways it can manifest is critical to developing effective responses. (Healing Foundation, 2016, p. 7)

2. Aboriginal ownership

Consultations with Aboriginal communities across Australia as part of the National Empowerment Program confirm

that more programs are required that empower Aboriginal people to heal themselves and take charge. It is evident that communities consulted want to take charge to change their lives and those of their families and communities, by addressing the specific issues impacting on their health – on their own terms and through an Aboriginal understanding of healing and wellbeing. (Dudgeon et al., 2014, p. 438)

Aboriginal communities are diverse, as are their experiences with colonisation and trauma. Approaches to improving health and wellbeing and addressing the high rates of trauma need to be community-specific, and designed and delivered by those communities, to be culturally appropriate, effective and sustainable (ATSIHFDT, 2009). Dudgeon and colleagues explain:

Identifying the protective factors that enhance the [social and emotional wellbeing] of Aboriginal communities, as well as those factors that contribute to community distress and suicide, is paramount. It requires an in-depth knowledge of the historic, social, cultural and economic risk factors at play in each community, which are best known and understood by community residents themselves. While external change agents might catalyse action or help create spaces for people to undertake a change process, healing and empowerment can occur only when/if communities create their own momentum, gain their own skills, and advocate for their own changes. To be effective, each language group/nation and/or community needs to be supported to achieve the goal of restoring

[social and emotional wellbeing] at individual, family and community levels through a process of healing and empowerment. (Dudgeon et al., 2014, p. 439)

3. Aboriginal worldview

For Aboriginal peoples, health and wellbeing is viewed as holistic and multidimensional, and encompasses a whole-of-life approach (National Health Strategy Working Party, 1989 as cited in Blignault et al., 2014). Individual wellbeing cannot be separated from the wellbeing of the whole community – social, emotional and cultural. A major factor in the failure of mainstream programs to address Aboriginal health and wellbeing is the lack of understanding of the interdependence of individual and community goals (Cunneen, 2011 as cited in Dudgeon et al., 2014). A review of the Family Life Promotion Program in Yarrabah, Queensland, found that its success in addressing high rates of suicide was predominantly due to the focus on healing the community, rather than the individual (Hunter et al., 2001 as cited in Dudgeon et al., 2014). The advantage of this approach is that it acknowledges and addresses the underlying causes of the problem and enables the active involvement of community members in a way that a focus on the individual would not (Hunter et al., 2001 as cited in Dudgeon et al., 2014).

This is referred to as “collective healing” – “a culturally based group approach which views the individual in the context of their family, community, culture and country” (Healing Foundation, 2016, p.10). Collective healing:

- has a holistic understanding of and response to wellbeing
- acknowledges intergenerational transmission of trauma
- acknowledges the impact of trauma not only on the individual but on the family and community as well, and therefore engages them in the healing process
- understands that people who have experienced trauma in similar contexts can benefit from sharing their experiences with each other
- understands trauma in the historical context of colonisation and the separation of children from their families and communities
- moves “from a model where expert professionals work with individuals to a model where individuals develop their own skills and capacity to empower healing in themselves

and their families and communities” (Healing Foundation, 2014b as cited in Healing Foundation, 2016, p. 10).

The Healing Foundation, together with Muru Marri, School of Public Health and Community Medicine, University of New South Wales, has developed a collective healing resource for Stolen Generations (Blignault et al, 2014). Among other goals, this collective healing resource aimed to assist Aboriginal communities with the development of their own collective healing initiatives, through the provision of a program logic represented visually as a tree. The Collective Healing Tree was adapted from an existing Healing Foundation model by members of the Healing Foundation’s Stolen Generation Reference Committee and others at the national Collective Healing Workshop in 2014. The Healing Foundation explains:

The tree is not a metaphor for healing itself, but rather an illustration of an Aboriginal and Torres Strait Islander worldview which connects people intrinsically to culture and country. The process of healing involves restoring and strengthening these connections. (KPMG, 2012, p. 18 as cited in Blignault et al., 2014, p. 23)

In the Collective Healing Tree model, "the trunk represents collective healing programs, projects and activities"; "the extensive root system provides the nutrients that support and sustain them, including values, resources and foundational activities"; and "the branches and leaves, laden with fruit, show how individuals and families, communities and society at large can grow and flourish" (Blignault et al., 2014, p. 24).

The Collective Healing Tree is presented on p. 12.

This model comprehensively yet concisely presents all the factors to be considered at an Aboriginal community level when determining the community’s needs and strengths, and provides numerous prompts for the development of activities and programs.

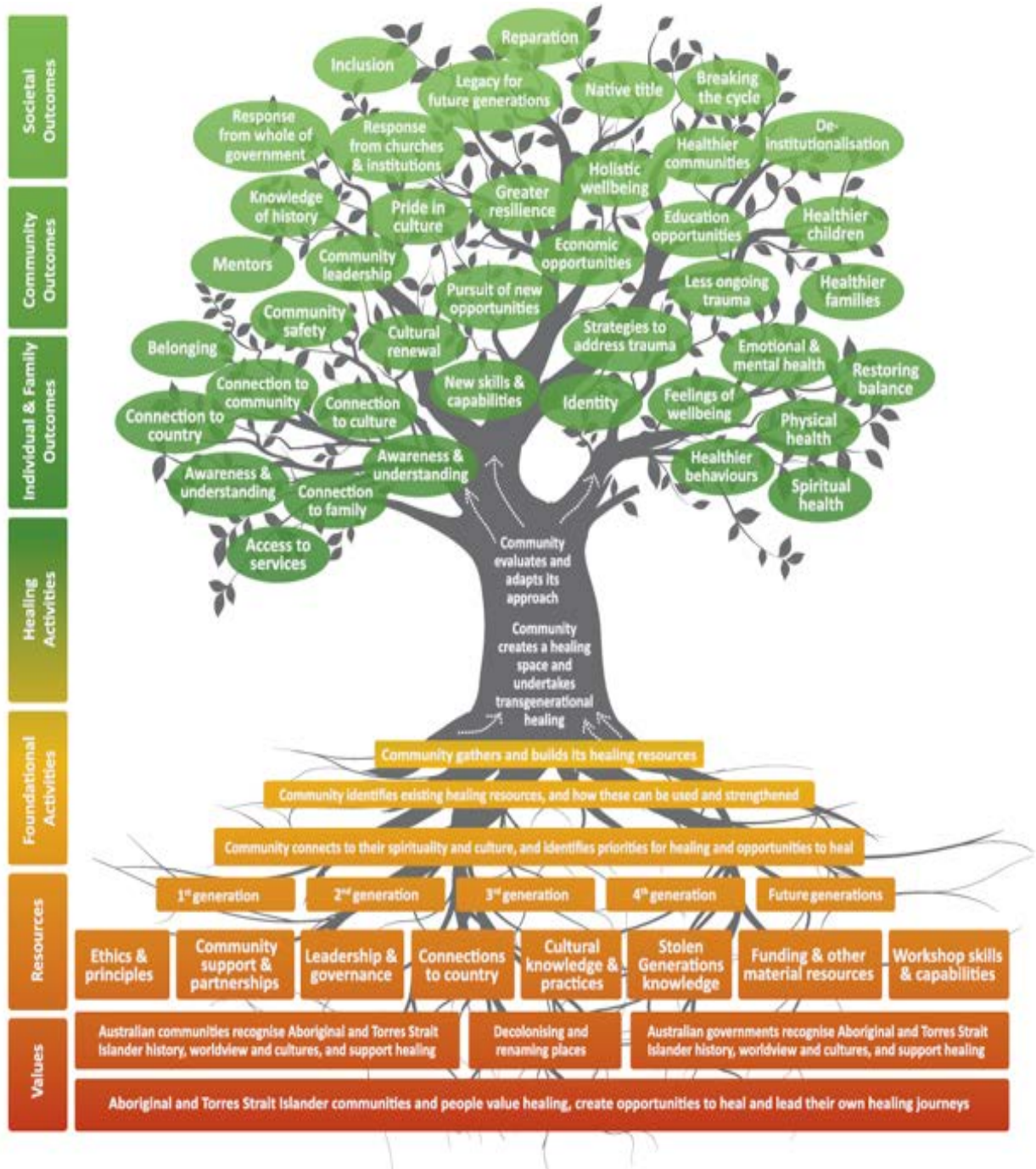
Also relevant to the Aboriginal worldview are Aboriginal concepts of social and emotional wellbeing, which are typically not accommodated by mainstream concepts of psychological trauma (Ober et al., 2000 as cited in Peeters, Hamann, & Kelly, 2014). Indigenous views of mental health and illness are based on Indigenous knowledge passed down

through the generations. Health is related to the relationships between people, the environment and the cosmos, and there are differing views as to the nature and causes of illness, with effective treatment usually felt to require both Indigenous and Western methods (McKendrick et al., 2014, p. 20). Services for Aboriginal people typically have a basis in Western understandings of health, making them ill equipped to address the root cause of trauma (Phillips, 2007 as cited in ATSIHFDT, 2009). The ATSIHFDT explains:

While social and emotional wellbeing programs have been a good attempt to make western mental health services more culturally appropriate for ATSI [Aboriginal and Torres Strait Islander] people, their effectiveness has been limited, largely because these services only provide what policy-makers, with western understandings of mental health, will support. The net result is that, despite best intentions, social and emotional wellbeing programs treat *clients* as if they are *sick* and need *experts* to help them with their *illnesses*. (ATSIHFDT, 2009, p. 6, emphases in original)

Traditional healing in Australia is carried out by traditional healers, and they may have different names in different areas of Australia. Traditional healing can only be performed by certain members within a cultural group and is an ancient holistic practice. It has been acknowledged for some time now that Western-trained professionals in counselling, psychiatry, psychology and social work should work out a way that they can work together with traditional healers within a process of dual intervention (Timpson et al., 1988 as cited in ATSIHFDT, 2009). Alternatively, if there is not a blended model of healing and recovery incorporating both mainstream and traditional healing, at the very least the mainstream-trained professionals should be supportive of their clients and patients seeking traditional healing. Traditional healers still practice in many regions of Australia, and there are Aboriginal people who will seek help from a traditional healer at the same time as being treated by mainstream health practitioners (McCoy, 2006, & McKendrick, 1997, both as cited in McKendrick et al., 2014). Some Aboriginal and even mainstream mental health services provide the ability for clients to access both.

However, to date, there appear to have been no formal evaluations of traditional healing practices delivered by



Copyright Healing Foundation, 2014 as cited in Blignault et al., 2014, p. 25.

traditional healers, neither as stand-alone approaches nor those delivered in conjunction with Western initiatives (McKendrick et al., 2014). While Australia has readily embraced other forms of traditional medicine, Panzironi (2013) highlights its failure to incorporate Aboriginal traditional medicine in the national Aboriginal and Torres Strait Islander health policy agenda, contravening international standards defining Indigenous peoples’ right to health:

The current Australian government Closing the Gap policy reform agenda fails to acknowledge the same existence of Aboriginal traditional medicine; it dismisses the body of traditional medical knowledge embedded

within the Aboriginal system of medicine passed down from generation to generation for thousands of years; it fails to consider the potential role that the promotion of Aboriginal traditional medicine can have on the health status of Aboriginal and Torres Strait Islander people and their communities; it does not consider the potential contribution that the inclusion of Aboriginal traditional medicine in a two-way health care model can make in “closing the gap” ... The creation of a temporal linear progression from a “primitive” Aboriginal traditional medicine to the modern science-based biomedical model has crystallised, invalidated and relegated Aboriginal

traditional medicine to a place of non-existence. The dismissal of Aboriginal traditional medicine replicates a process of epistemological colonization whereby a new terra nullius is created and reproduced in Australia's current Indigenous health policy, blind to the thousands-year-old Aboriginal medical system. (Panzironi, 2013, p. 16)

4. Strengths-based approach

Despite colonisation and the attempts at genocide and continued marginalisation resulting from ongoing racism and discrimination, Aboriginal peoples continue to demonstrate great resilience and strength (Peeters et al., 2014), their cultures showing great richness and durability (McKendrick, 2001a as cited in McKendrick et al., 2014). Rather than prescribing “fixes” for Aboriginal communities, policymakers should be backing approaches that aim to harness and support the unique strengths that lie within each Aboriginal community (McCalman & James, 2006 as cited in Dudgeon et al., 2014), enabling Aboriginal peoples “to enhance and build on their unique sources of strength and resilience linked to their social cohesion and connections for family and kin, country and cultural identities” (Dudgeon et al., 2014, p. 438).

Consultations conducted by the ATSIHFDT (2009) found that Aboriginal participants defined healing as being holistic; a personal journey that is also part of a collective story; the recognition of pain and a renewal of hope; strengthening and connecting with identity; restoration and reconnection with family, community, country and culture; and about the future, “enabling cultural traditions to evolve in order to keep them strong and sustainable for future generations” (ATSIHFDT, 2009, p. 11). Participants agreed that healing requires:

- self-determination
- recognition of rights (including land rights)
- justice – suggestions included a treaty, constitutional recognition, compensation, reparation of human remains and artefacts, and payment of stolen wages
- a multidisciplinary approach, modern therapeutic services and traditional healing practices
- building respect and trust through truth-telling, increasing cultural awareness and addressing racism (ATSIHFDT, 2009, pp. 11–12).

Blignault and colleagues (2014) note that healing can be complex, lengthy and unique for each person. Healing for Stolen Generations survivors may be different from healing for other members of their families, and in turn be different from healing for other members of the community. Healing from intergenerational trauma is certainly different from healing from an isolated incident of acute trauma, complex trauma or post-traumatic stress disorder (Blignault et al., 2014). McKendrick and colleagues (2014) recently reviewed the literature for Indigenous healing programs in Australia, Canada, the United States and New Zealand, and found that most used “a combination of traditional healing techniques and cultural practices and techniques drawn from eastern or Western therapies, including psychotherapy, group therapy, empowerment strategies, massage and meditation” (p. 14). Common healing initiatives also include:

- gatherings and group work such as workshops, peer support groups, healing camps, yarning circles, and institutional and family reunions
- going back to country
- art, dance, song, music, poetry and language revitalisation
- healing centres and family support and resource centres
- counselling
- organisation and community capacity-building
- acknowledgement of trauma through community commemorative ceremonies, for example National Sorry Day and Anniversary of the Apology
- traditional ritual and ceremony (ATSIHFDT, 2009; Blignault et al., 2014).

The Healing Foundation identified the following resources required for healing:

- cultural knowledge and practices that can strengthen connection to culture
- connection to country, by returning people to custodial lands, and by collecting food, medicine, tools and other materials used for healing
- community support and broader partnerships beyond the community
- workforce development for healing service staff
- community leadership and good governance arrangements
- sustainable funding (Healing Foundation, 2014).

A review of the Australian and international evidence regarding benefits and outcomes from healing programs found that Indigenous healing can positively impact the incidence of suicide, impacts of trauma and abuse, mental health concerns, and family violence and recidivism rates among criminal offenders, while also improving health system capacity, engagement with education, health promotion and awareness, social inclusion, collaboration between mainstream and Aboriginal services, intergenerational learning and engagement with reconciliation (Williams et al., 2010 as cited in Healing Foundation, 2014).

Trauma-aware, healing-informed care

The *Fourth Action Plan of the National Plan to Reduce Violence against Women and their Children 2010–2022* (Department of Social Services, 2019) includes locally developed healing places, programs or activities as a strategy, and calls upon services to deliver trauma-informed care. This term broadly refers to an approach to viewing a person's health and wellbeing from an understanding of the impact of trauma, taking into consideration what has "happened" to that person, rather than what is "wrong" with that person (Atkinson & Atkinson, n.d.). Important components necessary for the delivery of trauma-informed services include understanding trauma and its impact on individuals, families and groups; promoting safety; ensuring cultural competence; supporting clients' control; sharing power and governance; integrating care; supporting relationship building; and enabling recovery (Atkinson, 2013 as cited in Healing Foundation, 2015a).

Trauma-informed care as a general model has, however, been criticised for its limitations in focusing only on the trauma and failing to encompass the totality of the person and their experiences, being deficit-based rather than asset-driven (Ginwright, 2018). An alternative offered is "healing-centred engagement" – a holistic, strengths-based, asset-driven approach that focuses on the collective experience rather than just the individual (Ginwright, 2018). It aims to address trauma by moving beyond what happened to "what's right with you", viewing "those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events" (Ginwright, 2018, para. 12).

Trauma-informed care for Aboriginal and Torres Strait Islander clients is predominantly delivered by Aboriginal community-controlled organisations, which are typically staffed and managed by community members who themselves have been impacted by trauma. These community members bring with them a "cultural load" – the accumulation of trauma and stress resulting from a variety of factors including frequent bereavement; incarceration of relatives and community members; and experience of violence, racism and discrimination (Healing Foundation, 2015a). These community members may also be subject to and/or complicit in acts of lateral violence – the physical and emotional violence inflicted within the community upon its own members, as a result of "the extreme pressure a group feels as a result of the collective oppression, and the personal trauma, that members of that group experience" (Healing Foundation, 2015a, p. 8). The impact of cultural load and lateral violence on an Aboriginal community-controlled organisation can include high levels of staff absenteeism, difficulty recruiting and retaining staff, irreconcilable disputes, and stalemates created by boards divided into factions who may refuse to even meet in the same room.

Making the assumption that Aboriginal community-controlled organisations are best able to deliver trauma-informed care when the organisation itself is functioning in a healthy and effective way, the Healing Foundation (2015a) explored the role of healing-informed governance in Aboriginal community-controlled organisations. They investigated the hypothesis that the healthy functioning of Aboriginal community-controlled organisations "can be negatively impacted by the trauma carried by the individuals who contribute to and are employed by the organisations" (Healing Foundation, 2015a, p. 5). Their review found that evidence suggests

that applying the principles of individual healing and mainstream positive organisational psychology to the governance, management and staffing structures of a community controlled organisation can create a trauma aware, healing informed body. Doing this is preventative and healing for both the organisation and its clients. (Healing Foundation, 2015a, p. 4)

The review identified "emerging organisational frameworks for responding to trauma" (Healing Foundation, 2015a, p.

12). One such example is the Sanctuary Model, which has been incorporated into the *Residential Care Conceptual and Operational Framework for the Department of Child Protection* in Western Australia. The Sanctuary Model attempts to change organisational culture, particularly in response to trauma. It has seven principles: non-violence, emotional intelligence, social learning, open communication, democracy, social responsibility, and growth and change (The Sanctuary Model, n.d., cited in Healing Foundation, 2015a, p. 13).

Drawing on The Sanctuary Model, the Healing Foundation (2015a) notes that the way an organisation responds to difficult issues in turn shapes how it responds to its staff and service users and ultimately its long-term sustainability. A response that fails to adequately address difficult issues as they emerge creates a cycle that encourages further problems to emerge, creating an organisational culture where such problems, and the failure to address them, become a normalised cycle, perpetuating trauma and threatening the wellbeing of the whole organisation and its staff. In contrast, a trauma-aware, healing-informed organisation responds to difficult issues effectively and openly, targeting their cause, assisting healing while keeping individuals connected rather than excluded, and ensuring that the issue does not define the interactions and relationships within the organisation (Healing Foundation, 2015a).

Based on its findings, the Healing Foundation developed a framework of four pillars outlining key considerations for organisations wanting to develop a trauma-aware, healing-informed approach: developing a healing-oriented value system; revising policies and procedures to reflect this value system; adhering to these policies and procedures; and ensuring leadership at the management and governance levels is coherent with this value system (Healing Foundation, 2015a). Underlying this framework are a number of assumptions. Firstly, effective organisations provide effective support for clients who have experienced trauma when they are functioning in a healthy and effective way. Secondly, trauma-aware, healing-informed organisations are not immune from disputes and crises, but responding in a resilient manner ensures their long-term sustainability. Finally, the trauma-aware, healing-informed governance practised by organisations has a flow-on effect that benefits their surrounding community (Healing Foundation, 2015a).

In particular, the Healing Foundation recommends that organisations should have policies and procedures in place to address violence, including lateral violence:

Naming violence, and the ways it is expressed, is important so that all clients, staff and board members have an understanding of their actions, and their consequences. Recognising this violence when it occurs, and its insidious effects, is the first step in ensuring the violence and its consequences can be addressed. Clearly articulating policies and procedures to individuals within an organisation is important to ensuring clear boundaries of practice. Often people are not aware that their actions are damaging to themselves, their relationships and the broader community ... The additional value of naming the set of behaviours captured under “lateral violence” is that it further introduces the concept and helps bring more people to understand how their own and their communities’ trauma may be playing out. (Healing Foundation, 2015a, p. 16)

Of relevance to addressing lateral violence is Frankland and colleagues’ 2010 framework *This is Forever Business: A Framework for Maintaining and Restoring Cultural Safety in Aboriginal Victoria*. The framework has as its base the assumption “that engagement between all cultures and peoples should be grounded in a principled position of mutual respect, equity and honour” (Frankland et al., 2010, p. 8). The authors position their framework as “looking at cultural safety from the perspective of *being on the inside looking out*” and note that it is “about Aboriginal communities taking responsibility to build up processes which promote cultural safety from within our communities and Aboriginal services” (Frankland et al., 2010, p. 133, emphasis in original).

The framework includes four key themes that aim to assist the restoration of community programs and processes that promote cultural safety: re-membering, empowering voice, re-sourcing and re-creation (Frankland et al., 2010).

“Re-membering” aims to address disconnectedness and the sense of hopelessness experienced by many Aboriginal people who may be living in Aboriginal communities yet may not be Traditional Owners or may be Stolen Generations survivors. The authors note that one of the key challenges

to cultural safety “from the inside” is lateral violence and that re-membering is a strategy to try and combat this, by working to encourage inclusion by strengthening processes of community memory and working to enable all families to be viewed as members of the community regardless of whether or not they are Traditional Owners. “Empowering voice” aims to address powerlessness by enabling the re-organisation of community authority structures and ensuring they are heard at the local, regional and state levels. “Re-sourcing” aims to address poverty through building on strengths and seeking assistance to gain further resources. And finally, “re-creation” aims to address the sense of disorientation experienced by many Aboriginal people and communities by fostering cultural transmission through creativity and cultural renewal (Frankland et al., 2010).

“What works” with family violence programs and with healing programs

The need for quality evidence

Despite growth in healing and justice services and programs to address family violence in Aboriginal and Torres Strait Islander communities, there is a continuing paucity of knowledge about their effectiveness in responding to and reducing such violence (Cripps & Adams, 2014). McKendrick and colleagues (2014) found that there are many healing programs being run through Aboriginal communities and organisations that have not been documented at all. Lack of documentation is usually due to the fact that most of the time and resources of those working in healing programs are taken up with the day-to-day work of delivering the services. There is also a financial cost to evaluate or monitor the effectiveness of healing programs, which is not accounted for in funding models. However, lack of documentation has ramifications in terms of the program being less likely to attract funding, and this review found that programs that do not have long-term and adequate funding and resources are not likely to succeed in the long term. Lack of documentation also inhibits the ability to share learning that could benefit others trying to do similar work, which means change is slower and siloed. Much of the problem relates to funding bodies only supporting evidence-based programs and the evaluation of such programs. McKendrick and colleagues (2014) note there is broad agreement that current mainstream clinical and biomedical methods are not culturally or ethically appropriate for the evaluation of community-based healing programs, and that there is a need for new methods grounded in local Indigenous knowledge, including a range of definitions of efficacy and communities developing their own indicators of success (McKendrick et al., 2014). Individual communities and their various stakeholders likely hold differing views on how to judge “what works” based on what they deem “working” to actually mean. Some practices of healing are also held sacredly, therefore there is resistance for healing to be articulated and measured: how can ancient spiritual, cultural, mind and body healing modalities be compartmentalised into a measure – mainstream or otherwise?

The Victorian Aboriginal Child Care Agency (VACCA), ThinkPlace and Family Safety Victoria have worked in partnership with Victorian Aboriginal communities to determine what communities need to prevent and respond to family violence and to explore concepts and methods of

holistic healing (2019). This has resulted in the development of the *Nargneit Birrang Framework: Aboriginal Holistic Healing Framework for Family Violence*, which aims to guide the flexible design, funding, implementation and evaluation of Aboriginal-led holistic healing programs for family violence in Victoria. It is based on six integrated principles for Aboriginal holistic healing:

1. self-determination
2. safety
3. embedding culture, Country and community in healing
4. the impact of the past on the present
5. healing being trauma informed
6. resilience and hope make a difference. (VACCA, ThinkPlace, & Family Safety Victoria, 2019, p. 29)

It is acknowledged that the framework

requires a re-conceptualisation of how we provide family violence funded services. It requires a significant shift in Government thinking about how it understands its role, what and how it funds, and who decides program success factors. It will require government to incorporate into core funding flexibility in service design, and funding to enable the Aboriginal evidence knowledge to grow in line with self-determination. It requires Aboriginal organisations to articulate their practice approach, and to show linkages between activities and expected outcomes. (VACCA, ThinkPlace, & Family Safety Victoria, 2019, p. 29)

What we know “works” with family violence programs

Unlike a domestic violence framework that typically offers pathways to criminal justice, an Aboriginal and Torres Strait Islander family violence framework prefers to avoid such a route, favouring instead pathways to collective and family healing (Blagg, 2008 as cited in Healing Foundation et al., 2017). This is evident in a number of reviews, research reports and policy documents that have presented elements shown to contribute to the effectiveness of Aboriginal and Torres Strait Islander family violence prevention and response initiatives

(see Blagg et al., 2018; Cheers et al., 2006; Closing the Gap Clearinghouse, 2016; Cripps & Davis, 2012; Memmott et al., 2006; Olsen & Lovett, 2016; Our Watch, 2018; QCDFVR, 2019; State Government of Victoria, 2008).

In 2008, the Indigenous Family Violence Partnership Forum established nine principles for developing and implementing policies and programs which were intended to guide the Victorian State Government in their *Strong Culture, Strong Peoples, Strong Families* 10-year plan. The principles were:

1. family violence is not part of Aboriginal and Torres Strait Islander culture
2. the complex nature of family violence within Aboriginal and Torres Strait Islander communities
3. the uniqueness and diversity of Aboriginal and Torres Strait Islander culture, society and history in Victoria
4. honesty, mutual respect, trust, accountability, transparency in decision-making, and shared recognition of roles and responsibilities in partnerships between communities and the Victorian Government
5. adequate resources
6. empowering Aboriginal and Torres Strait Islander communities to lead the process at all levels
7. local solutions to local problems
8. the importance of a holistic healing approach to family violence in Aboriginal and Torres Strait Islander communities
9. support for early intervention, prevention and education. (State Government of Victoria, 2008, pp. 8–9)

This plan has since been superseded by the *Dhelk Dja: Safe Way – Strong Culture, Strong Peoples, Strong Families* Aboriginal-led agreement to address family violence in Aboriginal communities (State Government of Victoria, 2018). Dhelk Dja has refined the above list down to the following six guiding principles: self-determination; collaboration and partnerships; strengths-based; cultural and trauma-informed resilience and healing approaches; safety; and accountability, transparency and honesty.

The study commissioned by Weena Mooga Gu Gudba Inc. in Ceduna, South Australia found that for the Ceduna Aboriginal community, family violence was community-wide,

encompassing many forms of violence, affecting various perpetrators and victims and survivors, and intertwined with numerous interrelated issues (Cheers et al., 2006). Therefore, the study identified that “an innovative, holistic and multifaceted community development response is required that addresses the economic, social and structural issues relating to family violence” (Cheers et al., 2006, p. 59). This means involving all community sectors and focusing on the community as a whole; intervening at all levels with a multifaceted approach, encompassing all forms of family violence; and utilising and reinforcing the community’s inherent strengths (Cheers et al., 2006).

Olsen and Lovett (2016) reviewed Aboriginal and Torres Strait Islander viewpoints on “what works” to prevent violence against women, with the findings as follows:

- a preference for solutions to violence that focus on “community healing, restoration of family cohesion and processes that aim to let both the victim/survivor and perpetrator deal with their pain and suffering” (p. 5)
- a desire to play a more significant role in the development of family violence responses
- a need to respond to family violence by addressing the breakdown of traditional culture and kinship practices with a process of rebuilding
- an acknowledgement that some mainstream family violence approaches may be effective if they are implemented in consultation and partnership with Indigenous organisations to ensure cultural and community appropriateness
- a preference for involvement of Elders and community representatives in any law and order processes responding to family violence, with a focus on rehabilitation and healing rather than criminalisation
- a need to ensure sustainability of service provision and funding (Olsen & Lovett, 2016).

A review conducted in 2006 by Memmott and colleagues highlighted the need for family violence initiatives to engage men, to build community capacity through networking and partnerships, and to consolidate self-empowerment and self-esteem as capacity-building by-products. Cripps and Davis (2012) also discuss the need for multiple professionals and organisations to work in partnership to address family violence, emphasising the importance of using local structures, fostering

relationships with a variety of key players, enforcing respect and equality, and establishing “effective and functional leadership and decision-making structures” (Cripps & Davis, 2012, p. 5). Our Watch (2018) notes that non-Indigenous organisations can *and should* work with Indigenous organisations as allies, with collaborative partnerships having the potential to “bridge the gap” between non-Indigenous and Indigenous communities. In 2018, Blagg and colleagues investigated innovative models in addressing violence against Aboriginal and Torres Strait Islander women. Their findings concur with the above themes, with the addition of the importance of building long-term relationships with clients and recognising the unique cultural responsibilities and obligations of Aboriginal and Torres Strait Islander women.

What we know “works” with healing programs

Several studies have revealed consistent evidence of the characteristics that result in effective healing programs. These include a review of the literature on Indigenous healing programs in Australia, the United States, Canada and New Zealand by McKendrick and colleagues (2014); the *Restoring our Spirits – Reshaping our Futures* report by the Healing Foundation (2016) in response to the Royal Commission into Institutional Responses to Child Sexual Abuse; and an exploration of principles required for the development of a violence prevention framework for Aboriginal and Torres Strait Islander men and boys to reduce and prevent violence against women and children (Healing Foundation et al., 2017).

Unsurprisingly, there are common themes to be found between “what works” with healing programs and “what works” with family violence programs, and this is due to two factors. Firstly, as detailed above, Aboriginal and Torres Strait Islander family violence programs and healing programs share many common interventions and goals, notably those that aim to support personal development, improve family relationships, encourage community cohesion, and foster connectedness to culture and Country. Secondly, these common themes are applicable to Aboriginal health and wellbeing programs in general. These themes include:

- self-determination – developed, owned and managed by the community, and driven by local leadership

- locally specific – developed to address issues and needs within the local community
- sustainability – through the provision of adequate resources
- strengths-based and building on individual, family and community capacity
- collaborative partnerships between Aboriginal and non-Aboriginal organisations that are based on respect and cultural competence
- respect and cultural competence
- transparency and accountability
- holistic approach, combining both mainstream and traditional methodologies
- innovative and multifaceted
- focus on the community as a whole
- evidence and theory-based
- incorporating culturally appropriate evaluation methodologies
- focus on rebuilding connections to culture, family, community and Country.

In addition to these themes, other factors specific to healing programs have been identified as good practice. The Healing Foundation (2016) detailed a culturally based healing framework for understanding and responding to trauma experienced by Aboriginal and Torres Strait Islander people who as children were sexually abused within public or private institutions. While it echoes many of the above themes, it adds the acknowledgement that Aboriginal and Torres Strait Islander peoples have the knowledge and skills to resource healing from trauma, that healing is an ongoing journey, and that healing attends to the needs of both survivors and perpetrators (Healing Foundation, 2016). The review by McKendrick and colleagues (2014) notes many of these themes, with the addition that healing programs should be informed about and understand the impacts of colonisation and intergenerational trauma and grief, and should have a proactive rather than reactive focus. This was also noted by the Healing Foundation and colleagues (2017) in their exploration of principles required for the development of a violence prevention framework for Aboriginal and Torres Strait Islander men and boys, and they added that to be effective, strategies must also recognise the impacts of structural violence and cultural breakdown, disempowerment, and

alcohol and other drugs. Critical elements of the framework were identified to be:

- understanding violence within a historical context
- supporting strong men to lead their work with men and boys to reconnect to core cultural practices and protocols
- involving women in its design, development and evaluation
- positioning prevention strategies within broader community strategies that support individual, family and community healing in a collective context, drawing from both Indigenous culture and Western practice
- developing strategies in partnership with communities using a co-design approach that enables each community to identify their own goals, indicators of success and methods to evaluate outcomes, thereby empowering communities to drive change
- supporting collective wellbeing through referral pathways to trauma-informed holistic health and wellbeing services (Healing Foundation et al., 2017).

Particular to the rebuilding of connections to culture, family, community and Country, a review of 21 healing projects implemented between January 2011 and June 2013 and supported by the Healing Foundation identified the following emerging evidence themes:

1. Identifying with our cultural lineage makes us proud and dignified.
2. Preserving and sharing cultural heritage gives us a sense of future.
3. Connecting with land, Country and our history makes us strong.
4. Following our cultural ways makes us feel good and builds our spirits.
5. Strengthening our community gives us belonging and protection.
6. Acknowledging leadership allows us to mentor our future leaders.
7. Respecting self and others is an important cultural value that guides us.
8. Using our cultural skills in our work makes us feel valuable and rewards us.
9. Grieving space and healing time let us take care of hurt.

10. Reconnecting with our spiritual selves is powerful and makes us whole. (Healing Foundation, 2013b as cited in Healing Foundation, 2016, p. 14)

The research gaps

“What works” with healing programs that respond to family violence?

While there have been efforts targeting mapping and analysis of “what works” in responding to Aboriginal and Torres Strait Islander family violence, and in healing programs across the nation, to date there has been little focus on healing programs that respond to family violence. The need to map and analyse “what works” in Aboriginal and Torres Strait Islander healing programs that respond to family violence across the nation has specifically been identified in recent literature (see Cripps & McGlade, 2008; Healing Foundation et al., 2017; Putt et al., 2017). Putt and colleagues (2017) go on to note the need for a national map and analysis of women’s specialist services and the work they do, and of specialist-led services responding to Aboriginal women seeking help. This is echoed by Our Watch, ANROWS and VicHealth (2015) who note the need to analyse the experiences and needs of Aboriginal and Torres Strait Islander women and their children affected by family violence, and how these needs may be met. While it is inarguably valuable to gain insight from those responsible for designing, developing, delivering and evaluating the healing programs that respond to family violence, it is also crucial to attempt to capture other voices that may have differing views. These include community members who may be survivors of, or people at risk of family violence; perpetrators of, or people at risk of using family violence; LGBTQA+ and intersex people; people with disability; those who may fit into more than one of these categories; and no doubt a host of others.

In general, Aboriginal and Torres Strait Islander “women will lead their own healing for women and girls while men lead healing for men and boys”, as this is culturally appropriate and part of women’s and men’s business. However, “women do have a voice in strategies that seek to reduce men’s violence within broader wellbeing outcomes” (Healing Foundation et al., 2017, p. 40). For men, the empowering reclamation of their role as fathers, uncles and grandfathers within their families and communities is vital to securing safety for women and children (Adams, 2006). Rather than excluding women from any input into men’s violence prevention work, it is instead recognised that Aboriginal families and communities should collectively “determine their own health and wellbeing in

accordance with local cultural traditions” (Adams, 2006, p. 6). As major stakeholders in violence prevention initiatives, the involvement of Aboriginal and Torres Strait Islander women in the evaluation of any initiative that aims to reduce violence against women and children is imperative to ensure that any interventions result in desired and expected changes and outcomes (Adams, 2006).

Much of the work towards healing Aboriginal and Torres Strait Islander men occurs in the context of the growing network of Aboriginal and Torres Strait Islander men’s groups across the Australia (Healing Foundation et al., 2017). These have grown from the vision of Indigenous men to re-establish their rightful role in their families and communities, and despite varying considerably in their structure and function, they share

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. (McCalman et al., 2006, p. 4)

Many of these men’s groups and their associated programs respond to family violence. An extensive review of the literature by McCalman and colleagues (2006, p. 7) found a broad range of initiatives conducted by men’s groups, including:

- personal development or leadership programs
- parenting programs
- youth programs
- sport and fitness programs that contribute to both physical and emotional wellbeing
- return to Country/culture and traditional systems, initiations and obligations
- establishing men’s places that can provide a “cooling off” space as well as a venue for gathering, health clinics, recreation and education
- alcohol and other drug programs
- improving access to health services
- suicide prevention

- crime prevention and correction of offending behaviour
- family violence prevention and early intervention
- family violence perpetrator programs
- employment programs
- developing or advocating for social enterprises
- advocacy to influence broader community and societal issues.

Again, an absence of evaluation makes it difficult to ascertain the impact men's groups may have on their communities (McCalman et al., 2006). However, based on the previously cited research, we note that if they are community-driven, Aboriginal and Torres Strait Islander-led and -owned and appropriately funded and resourced, men's groups would be more likely to be effective in comparison with mainstream interventions and supports.

There is also evidence in the literature of other men's healing programs that respond to family violence. For example, Our Men Our Healing is a series of three pilot men's healing projects developed and implemented in the remote Northern Territory communities of Maningrida, Ngukurr and Wurrumiyanga from 2013 to 2015 (Healing Foundation, 2015b). Evaluations conducted by the Healing Foundation found "strong evidence that the program is already creating significant and sustained change at the community, family and individual levels at each site" (Healing Foundation, 2015b, p. 4). Key outcomes included a decrease in incidence of family violence and less violence in general; reduced rates of suicide and self-harm; significantly reduced rates of contact with the criminal justice system; increased levels of perceived safety reported by women; increased health and emotional wellbeing among men; and a re-emergence of cultural celebrations and ceremonies (Prince, 2015 as cited in Gallant et al., 2017, p. 60).

Another example is the Family Wellbeing (FWB) program, which was first developed in 1993 and has since been used as the basis of healing programs in Aboriginal communities throughout Australia. Programs in Alice Springs, Cairns, Yarrabah and Cape York have been conducted through partnerships between these communities and a regional academic institution, which has aided in their ongoing evaluation, and today are presented as examples of good practice (McKendrick et al., 2014). The FWB program is

designed to support community advocacy efforts and provides a framework that encourages participants to discuss issues of concern, identify their strengths, build relationships and acquire new skills. The program comprises five stages, all of which are accredited certificate courses, and the last of which qualifies the participant as a facilitator. The stages cover human qualities such as physical, mental, emotional and spiritual needs; the process of change and how it can be an opportunity to grow; changing patterns such as violence, abuse and other social dysfunction; self-development; and healing and healthy relationships. Evaluation of the FWB program and other healing and empowerment programs for Aboriginal people has found outcomes including improved communication skills; empathy; planning for the future; critical self-reflection; and finding ways to connect with tradition, spirituality and healing (Mayo et al., 2009 as cited in Dudgeon et al., 2014). A major strength of the program is the support it provides participants to explore the issues affecting their individual daily lives, identify their own strengths and available resources, and develop the knowledge needed to take action to improve their unique situation (McKendrick et al., 2014).

Gallant and colleagues recently conducted an international scoping review with the purpose of extending the current knowledge base and understanding of Indigenous men's family violence programs (2017). In the 11 articles that met their criteria, three broad themes were evident: contributing factors to family violence and impacts of colonisation; program structure and design; and evidence and perceived effectiveness. In regard to evidence and perceived effectiveness, they found the following elements were perceived to be essential to successfully work with Indigenous men and communities on issues relating to family violence:

- common objectives of engaging men on social and emotional issues, supporting empowerment and facilitating healing
- the need for community "buy-in" and ownership of all aspects of program design, implementation and evaluation
- supporting healing to address the consequences of trauma and grief, including encouraging men to acknowledge their actions and the effects they have had on their family and community (Franks, 2000 as cited in Gallant et al., 2017)
- a holistic, multidimensional approach

- understanding and fulfilling the cultural needs of participants
- program structure was typically ongoing, providing an environment for healing that is not time-limited (Brown & Languedoc, 2004 as cited in Gallant et al., 2017)
- program content that provided family violence education and skill development, and established basic guidelines for expected behaviour (Gallant et al., 2017).

Andrews and colleagues (2018) describe recently conducting interviews with the facilitators of 15 Aboriginal men's programs across Australia that addressed healing, family violence and parenting, seeking to better understand how these programs address the issues of fathering in the context of family violence. They discovered four core themes present in the identified programs: exploring with the men their violence and its impact on their families and communities; the impact of unresolved trauma and the need for healing; challenging violent behaviour and reinforcing accountability; and the importance of culturally framed and safe practices in engaging, holding and supporting men (Andrews et al., 2018).

What are the experiences and needs of Aboriginal and Torres Strait Islander LGBTQA+ and intersex people?

Unsurprisingly, there is a paucity of evidence of “what works” in Aboriginal and Torres Strait Islander healing programs that respond to family violence specifically for Aboriginal and Torres Strait Islander people who identify as LGBTQA+ and/or intersex. While inquiry into family violence for broader LGBTQA+ and intersex populations suggests that young people in this group are likely to experience family violence due to their gender or sexual identity (Australian Institute of Family Studies [AIFS], Campo, & Tayton, 2005), there is currently no information about how Aboriginal and Torres Strait Islander family violence programs address the interplay between homophobic and transphobic abuse and intergenerational trauma.

Aboriginal men and women report experiencing racism and stereotyping as gendered, and Aboriginal LGBTQA+ and

intersex people report transphobic and homophobic abuse from both within and outside of their own communities (Aboriginal Health Council of South Australia [AHCSA], 2019). Experiences of discrimination and disadvantage are compounding for Aboriginal and Torres Strait Islander people who identify as women and/or as members of LGBTQA+ and intersex communities. Despite numerous reports into the health and wellbeing of sexuality and gender diverse people across Australia, albeit largely framed within the context of sexually transmissible infections as noted by Bonson (2015 as cited in Dudgeon et al., 2015), little attention has been paid to investigating the needs of Aboriginal and Torres Strait Islander LGBTQA+ and intersex people (Rosenstreich & Goldner, 2010 as cited in Dudgeon et al., 2015).

LGBTQA+ and intersex people across Australia are likely to experience rates of family violence higher than those experienced by heterosexual, cisgender women and their children (Lay et al., 2017). Unfortunately there are no publicly available data on the rates of violence against Aboriginal and Torres Strait Islander LGBTQA+ and intersex people, however anecdotal reports suggest critically high rates of suicide (Healing Foundation, 2015b) and a high likelihood that incidences of family violence are underreported (Donovan & Barnes, 2017 as cited in Gray et al., 2020). A recent study by Gray and colleagues (2020) investigating family violence program needs of LGBTQ people included two Aboriginal participants (among a total of 20 participating in the project). Comments were made referring to the “white face of gay culture in Australia” and there being a lack of services to refer Aboriginal LGBTQ people to (Gray et al., 2020, p. 13), and one participant explained to the research team:

He was more likely to turn to friends and family for support as he felt safe and accepted within his cultural community. To him, an Aboriginal-cultural framing of DFV programs was more valuable than one based within an LGBTQ community context. Indeed, he stated that he would rather go to an Aboriginal program, alongside heterosexual, cisgender clients, than a program tailored for LGBTQ people who were not Aboriginal and/or Torres Strait Islanders. (Gray et al., 2020, p. 13)

A series of national community roundtables conducted by the Aboriginal and Torres Strait Islander Suicide Prevention

Evaluation Project (Dudgeon et al., 2015) emphasised the interconnection of cultural, sexual and gender identity; the impact of limited awareness and understanding of sexuality and gender diversity within Aboriginal and Torres Strait Islander communities; and the compounded layering of racial discrimination upon existing trauma resulting from past and continuing negative effects of colonisation.

What are the experiences and needs of Aboriginal and Torres Strait Islander women with disability

This project adopts the social model of disability, which recognises disability as a function of the way a society is organised, as described by the First Nations Disability Network Australia (2019):

We understand “disability” to be the result of barriers to our equal participation in the social and physical environment. These barriers can and must be dismantled. The social model stands in contrast to a medical model of disability, which focuses on diagnosis. (First Nations Disability Network Australia, 2019)

Unsurprisingly, there is also a paucity of evidence of “what works” in Aboriginal and Torres Strait Islander healing programs that respond to family violence specifically for Aboriginal and Torres Strait Islander women with disability. There is also a lack of information about how Aboriginal and Torres Strait Islander family violence programs comprehend and work with Aboriginal and Torres Strait Islander women with disability.

Similarly, the First Peoples Disabilities Network (Australia) argues that by any measure, Aboriginal and Torres Strait Islander people with disability often face multiple barriers to meaningful participation within their own communities and the wider community (Griffis, 2012). These multiple barriers are often symptomatic of “intersectionality” – the way that Aboriginal and Torres Strait Islander peoples’ racial identity can overlap with other social identities, creating compounding experiences of discrimination. Avery (2018) notes that Aboriginal and Torres Strait Islander peoples with disability experience “intersectional inequality” due to the

intersection of discrimination that is both Aboriginal and Torres Strait Islander *and* disability related.

The ABS (2018a as cited in AIHW, 2019) reported that people with disability were 1.8 times more likely to have experienced physical and/or sexual violence from a partner in the previous year than people without disability. The ABS (2016b as cited in AIHW, 2019) also noted that Aboriginal and Torres Strait Islander peoples are more than twice as likely as their non-Indigenous counterparts to have disability, with 45 per cent of Aboriginal and Torres Strait Islander peoples over the age of 15 reporting having disability. Also, more than half of Aboriginal and Torres Strait Islander peoples who experience family violence have disability (ABS, 2016c as cited in AIHW, 2019). As a result of intersectional inequality, Aboriginal and Torres Strait Islander women with disability face additional barriers to safety and protection from police, often not being taken seriously, viewed as being troublemakers or drunk, or not being recognised as victims and survivors (Maher et al., 2018).

How do programs engage with clients when person-to-person contact is not possible?

There has also been little attention to date on how family violence and healing programs engage with digital communications, including phone, internet or other services provided in cases where isolation or face-to-face meeting is an issue. This is particularly relevant in light of the COVID-19 pandemic occurring at the time of this research project. During the pandemic, the national sexual assault, domestic and family violence counselling service 1800 RESPECT reported to the media that between March 2020 and April 2022 the use of its online chat tool had increased by 38 per cent, and there had been a spike in phone calls particularly after midnight while partners were asleep (Zwartz, 2020). This may indicate that those in unsafe situations may have difficulty accessing phone hotlines safely and may be relying on online services.

We know that in regard to Aboriginal and Torres Strait Islander peoples the use of digital technologies, including social media, is as popular and maybe even more so than is evident among the general population (Callinan, 2014

as cited in Carlson & Frazer, 2018). This is even the case in remote areas, where internet access is predominantly via mobile phones, and social media, notably Facebook and airG/Divas Chat, is extremely popular (Carlson & Frazer, 2018; Rennie, Yunkaporta, & Holcombe-James, 2018). We also know that Indigenous Australians use social media and mobile software applications (“apps”) for health promotion (Brusse et al., 2014), and that there have been encouraging findings regarding the use of technology to address social and emotional wellbeing, such as with the development of the e-mental health app AIMhi Stay Strong (Dingwall et al., 2015) and another app designed for the Indigenous peoples of Western Australia (Povey et al., 2016).

We also know that there may be some interest in the use of online resources for family violence. An online healthy relationship tool and safety decision aid called I-DECIDE was trialled in Australia with women who had experienced or were in fear of experiencing family violence (Hegarty et al., 2019). Around 10 per cent of participants who voluntarily participated in the trial identified as Aboriginal and/or Torres Strait Islander. While participants reported that they were in favour of the accessibility, anonymity, greater level of control and agency, and judgement-free nature of the online resource, we are yet to see evidence of any major impacts on violence or mental health outcomes to date (Hegarty et al., 2019; Tarzia et al., 2018). Fiolet and colleagues (2020) recently explored the acceptability of technological resources for family violence through interviews with 23 Indigenous people from Wadawurrung (Wathaurong) Country on the Kulin Nations, in south-west Victoria. The aim of the study was to explore two themes: Indigenous people’s perceptions of the acceptability of an online resource for family violence, and the components that an online family violence resource would need to include. Participants noted the benefits of technological resources for family violence to be accessibility, affordability, convenience and anonymity. Participants also noted the importance of culturally appropriate content and language, Indigenous contribution to development, inclusivity of all members of the community, inclusion of both Indigenous and mainstream services, and the need to promote connection to culture and aid healing (Fiolet et al., 2020).

Conclusion

The narrative review of the literature conducted for this paper has established that there is a continuing paucity of knowledge about the effectiveness of Aboriginal and Torres Strait Islander healing and justice services and programs to address family violence, when responding to and reducing such violence. Many programs are not documented clearly, impacting their sustainability, and many programs lack evaluation, with an identified need for evaluation methods that are culturally appropriate and locally relevant.

The review has also identified previous and current healing services and programs that respond to family violence. In doing so it has also established a knowledge base of identified principles of good practice for family violence programs, as well as for healing programs, and has noted the need to map and analyse “what works” in healing programs that respond to family violence. In response to this need, our further research will explore:

- Aboriginal and Torres Strait Islander healing programs (both current and past) that respond to family violence
- programs, models and theoretical frameworks used
- who accesses these programs
- how these programs sit within an organisation and community, and what models of governance support them
- how trauma-informed practices are implemented
- how trauma-informed practices intersect with the theoretical frameworks driving practice by family violence services
- any existing, available evaluation data and evidence of “what works”
- strengths and challenges
- implementation barriers and enablers
- impacts and outcomes
- use of digital technologies to facilitate service provision
- potential principles of good practice for healing programs that respond to family violence
- potential principles of good practice for family violence services in terms of trauma-informed practice and healing
- identifying how healing programs that respond to family violence may be more effective in meeting their goals
- lessons learnt
- future directions for policy development.

It is anticipated that our further research will provide new evidence and good practice principles regarding “what works” in healing services that respond to family violence. This will inform policy regarding healing programs, aiding the identification of what programs are required and where funds would be most effective. It will also inform policy regarding family violence programs and how these can adopt trauma-informed practice and healing principles. It will aid in the fine-tuning of existing healing programs as well as family violence service delivery to better meet their goals and will greatly inform the development of new healing programs.

Most significantly, our further research will provide much needed data on the experiences and needs of Aboriginal and Torres Strait Islander LGBTQA+ and intersex peoples, and those with disability, in terms of healing programs that respond to family violence. Additionally, it will also progress new thinking in terms of how programs and services can work with clients and community members in ways other than those requiring face-to-face contact. This need has been made apparent with the COVID-19 pandemic and the social isolation requirements in place at the time of this project.

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