

What works?

A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence

BRONWYN CARLSON | MADI DAY | TERRI FARRELLY

ANROWS

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Acknowledgement of Country

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 and present, 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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Prepared by

Distinguished Professor Bronwyn Carlson
Head of Department, Department of Critical Indigenous Studies
Faculty of Arts, Macquarie University

Madi Day
Lecturer, Department of Critical Indigenous Studies
Faculty of Arts, Macquarie University

Dr Terri Farrelly
Research Fellow, Department of Critical Indigenous Studies
Faculty of Arts, Macquarie University

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MACQUARIE
University
SYDNEY · AUSTRALIA

Macquarie University

Wallumattagal Campus

Macquarie Park, New South Wales, Australia 2109

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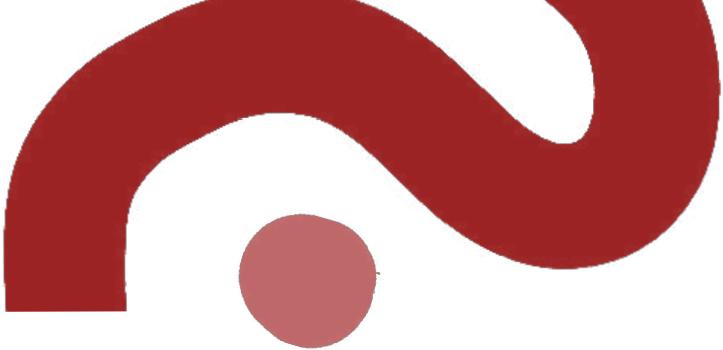
Acknowledgement of lived experiences of violence

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 1800RESPECT (1800 737 732), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (1392 76).

Contents

Acronyms and definitions	8
Executive summary	10
Methodology	11
“What works” with healing programs that respond to family violence	11
The experiences and needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people	14
The experiences and needs of Aboriginal and Torres Strait Islander people with disability	15
Engaging with clients when person-to-person contact is not possible	15
Moving forward	16
Introduction	19
A summary of the literature	21
Family violence in context	22
Responding to family violence	23
Healing	23
Trauma-informed care	25
The need for quality evidence and processes	25
What we know “works” with family violence programs and healing programs	26
Research gaps	26



Methods	28
An Aboriginal and Torres Strait Islander lens	28
The challenges for Aboriginal and Torres Strait Islander researchers	28
The Knowledge Circle	29
The need to be reflexive and responsive	30
Distrust of mainstream organisations	31
Data collection and analysis	32
“What works” with healing programs that respond to family violence	35
This is anti-colonial work	35
Aboriginal and Torres Strait Islander conceptualised and led	36
Holistic, collective, rebuilding connectedness and fostering self-empowerment	37
Networks, partnerships and collaboration	38
Trauma-aware, healing-informed and strengths-based	40
Centring people who have experienced family violence and implementing non-carceral responses for people who have perpetrated family violence	41
Sustainable	42
Shared recognition	44
Trust	46
The experiences and needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people	48
The experiences and needs of Aboriginal and Torres Strait Islander people with disability	51

Engaging with clients when person-to-person contact is not possible	53
Moving forward	55
1. “The evidence for what works is there, there’s just not enough of them”	55
2. “Being able to respond in ‘real time’ requires sustainable human and fiscal resources”	57
3. “Mob needs to be the ones designing programs for mob”	59
4. “Healing needs to be available to everyone”	60
Concluding comments	62
References	63
Appendix A: Knowledge Circle invites	70
Appendix B: Knowledge Circle members	71
Appendix C: Potential healing programs that respond to family violence	72

Acronyms and definitions

Aboriginal and Torres Strait Islander peoples

This report describes issues that are specific to Aboriginal and Torres Strait Islander peoples, who are the First Peoples of so-called Australia. Therefore, this report uses the term “Aboriginal and Torres Strait Islander” to specifically refer collectively to these groups. The term “non-Indigenous” is used in this report to describe people who are not Aboriginal and/or Torres Strait Islander. The term “Indigenous” is generally used in this report 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)

Family violence

Gendered violence and cycles of abuse, as well as nuclear family structures are introduced to Aboriginal and Torres Strait Islander communities by British colonialism (Atkinson, 1990; Cripps & Davis, 2012; Our Watch, 2018; O’Sullivan, 2021). This report uses the term “family violence” which 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 and Welfare [AIHW], 2019, p. 2). Domestic violence is therefore considered by the AIHW (2019) to be “a subset of family violence” (p. 2). 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). 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. (p. 6)

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, the term may unintentionally imply that family violence is exclusively intercommunity violence, rather than comprised of other systems of colonial violence and power including racism, misogyny, homophobia, and transphobia, where white perpetrators are also often involved (Atkinson, 2020; Langton et al., 2020). It must also be acknowledged that Aboriginal and Torres Strait Islander women and children predominantly “bear the brunt of family violence” (Queensland Department of Premier and Cabinet, 2001, as cited in Memmott et al., 2006, p. 7). Recent research also indicates that Aboriginal and Torres Strait Islander LGBTQIASB+ (see below) people also experience family violence at disproportionate rates (Day et al., 2023; Soldatic et al., 2023).

LGBTQIASB+

It is important to note that, in their own languages (including Aboriginal English and Kriol), Aboriginal and Torres Strait Islander people use a range of terms to describe sexuality, sex and gender. In this report we use the Aboriginal and Torres Strait Islander-specific acronym LGBTQIASB+ to refer to diverse Aboriginal and Torres Strait Islander communities connected through resistance and resilience: lesbian, gay, bisexual, transgender and gender diverse, queer and questioning, intersex, asexual, Sistergirl, Brotherboy plus. This acronym acknowledges Sistergirls and Brotherboys as terms used by some transgender people in Aboriginal and Torres Strait Islander communities with a specific political history. We acknowledge the acronym is limited in capacity by not directly representing people who identify with other expansive terms including non-binary and pansexual, hence the inclusion of a "+" sign which serves as a prompt to recognise that there are other terms that should be included.

**Referring to those who
have experienced or
perpetrated family
violence**

Recently, those who have experienced or perpetrated family violence have been commonly referred to in the literature as victim-survivors and perpetrators. However, we note in this report that these are not mutually exclusive categories – some victim-survivors have also been perpetrators of family violence, and vice versa. These categories also fail to adequately account for others impacted by family violence, such as bystanders.

For Prevention (n.d.) have noted that using such labelling terms as victim-survivors and perpetrators "limits individual self-agency and identity" and "recognize that experiences of violence do not define the individual, but rather are a piece of a larger self-identity" (p. 3).

In keeping with this sentiment, we have chosen to refer instead to a person or people "who have experienced family violence" which includes both those commonly referred to as victim-survivors and others also impacted such as bystanders, and a person or people "who have perpetrated family violence".

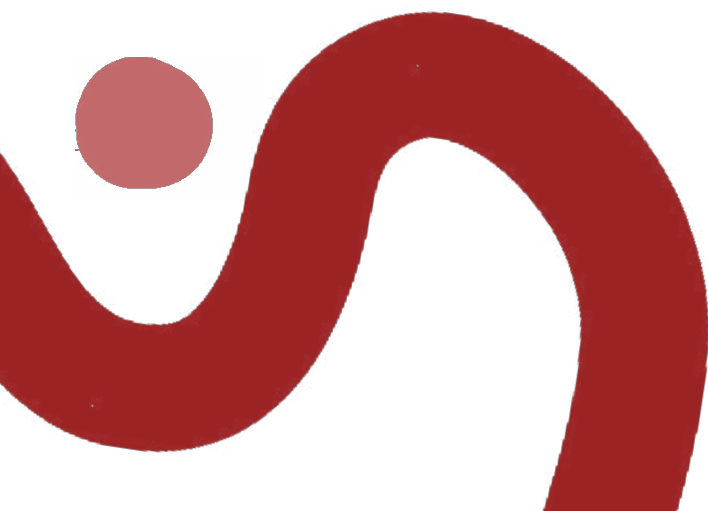


Executive summary

This report presents findings from a research project that aimed to determine “what works” in Aboriginal and Torres Strait Islander healing programs across the nation that respond to family violence, as perceived and experienced by the people who deliver, utilise and are impacted by such programs. It also aimed to specifically investigate the availability of such programs for Aboriginal and Torres Strait Islander LGBTQIASB+ people and those with disability. In addition, it included a focus on how such programs engage with clients when person-to-person contact is not possible, particularly in light of situations like the COVID-19 pandemic which occurred during the implementation of this project. The premise of the project is that family violence in Aboriginal and Torres Strait Islander communities is a result of colonialism, that healing responses are a key approach to addressing family violence, and that such responses should target those who have perpetrated family violence as well as those who have experienced it.

The report is based on qualitative research with workers and clients of healing programs that respond to family violence from across so-called Australia. It supports the evidence already available for:

- “what works” with such programs
- the need for such initiatives to be Aboriginal and Torres Strait Islander-led
- the need for long-term sustainable funding to secure existing and more new programs to better cater to the needs of not only those who have experienced family violence, but:
 - those who have perpetrated family violence
 - families as a whole
 - men who have experienced family violence
 - people who are LGBTQIASB+
 - people with disability who have experienced family violence.



Methodology

This was an Aboriginal and Torres Strait Islander-led research project that was guided by a Knowledge Circle comprised of Aboriginal and Torres Strait Islander experts and leaders in the fields of healing and family violence. It also draws on the findings of a previously published review of the literature (Carlson et al., 2021), the key themes of which are summarised in this report. Indigenous-centred research methodologies guided the qualitative research design and enabled the flexibility and adaptability required to adjust to project needs.

Early engagement with stakeholders indicated a frustration that the project was seeking to determine something people had already given time and energy towards with little benefit to their cause, and that “healing programs that respond to family violence” were being positioned as distinct services and activities, failing to recognise that all kinds of work contribute to healing and to family violence prevention in Aboriginal and Torres Strait Islander communities. Healing and family violence prevention are not distinct services and activities, but rather are an integral component of all work targeting the health and wellbeing of Aboriginal and Torres Strait Islander individuals, families, and the community as a whole. The COVID-19 pandemic also made many stakeholders reluctant to offer their communities as host sites for the research. This prompted the evolution of the research design, at the advice of the Knowledge Circle, to change from case studies to instead conducting:

- a national symposium with over 60 stakeholders from every state and territory
- a series of yarning circles with workers and clients of healing programs that respond to family violence from Queensland, NSW and the Northern Territory

- one yarning circle held online with participants from across the continent
- and a series of individual interviews with participants from Victoria, Queensland, the Northern Territory and NSW.

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

The following themes arose from the data collected at the yarning circles.

This is anti-colonial work

Family violence is not an insurmountable quality of Aboriginal and Torres Strait Islander communities. It is a problem introduced and perpetuated by colonialism. Therefore, healing programs that respond to family violence are “anti-colonial work” – collective work against the injustices and trauma of colonisation. These programs recognise that colonisation is not a past event with repercussions in the present, but rather is ongoing and addressing family violence is therefore recognised as integral to addressing colonialism itself.

Aboriginal and Torres Strait Islander conceptualised and led

Such complex and nuanced issues as family violence require healing approaches that are locally conceptualised and led by Aboriginal and Torres Strait Islander peoples with diverse experiences and expertise. It is of paramount importance that Aboriginal and Torres Strait Islander voices and knowledges around healing and family violence are not only heard but that they are also resourced towards implementation and delivery.

Holistic and collective, rebuilding connectedness and self-empowerment

A “holistic” approach was described by participants as:

- a “one-stop-shop” that allows people to return to the same, familiar place where many of their needs can be met
- being able to target the individual as part of the whole of families and communities
- a tailored and reflexive approach that responds to an individual’s unique needs
- utilising traditional healing methods and working in parallel with incorporated western approaches
- working towards keeping families and communities together, rather than separating people from one another
- working to prevent crises in families that can result in separation and criminalisation
- working with the strengths of the individual, families and communities
- long-term and consistent
- client-led.

Rebuilding connectedness and family and community cohesion, and fostering self-empowerment and self-esteem were also described as essential components of “what works”.

Networks, partnerships and collaboration

Healing programs that respond to family violence rely on effective networks of partnerships and collaborations. Indigenous-specific approaches to working relationally and dynamically foster an improved continuity of care, particularly when clients move between service providers. Forming genuine relationships with clients and colleagues at other sites also increases capacity for advocacy on behalf of

clients. Challenges typically relate to inclusion and capacity to work with certain client groups (including LGBTQIASB+ clients and clients with disabilities), and incompetence of non-Indigenous service providers who often break the flow of the network or “drop the ball” in the collaborative process. However, in a mutually beneficial context, educating non-Indigenous service providers can be a welcomed opportunity.

Trauma-aware, healing-informed and strengths-based

Being trauma-aware was described as taking the whole family and wider community into consideration, and accounting for current, recent, past, and intergenerational trauma. However, being “trauma-aware” can be a popular term adopted and claimed without genuine substance by many practitioners. Many participants perceived mainstream services, particularly government organisations as not “trauma-aware” and quick to reject clients when they acted in ways that may have been informed by trauma. The need for further training in trauma-aware practices was requested across all yarning circles. Being healing-informed and strengths-based was described by participants as working with the strengths and building on individual, family, and community capacity, and having a **proactive rather than reactive focus**. Many participants also described trauma-awareness as **extending to the staff working in healing programs** that respond to family violence, both experienced personally and vicariously through their clients, and the staff support measures put in place.

Centring people who have experienced family violence and implementing non-carceral responses for people who have perpetrated family violence

Addressing family violence in Aboriginal and Torres Strait Islander communities requires thoughtful engagement with both those who have experienced

and those who have perpetrated family violence, and families and communities as a whole. While some healing programs that respond to family violence specifically targeted men, it was emphasised by participants that the wellbeing of those who have experienced family violence, and the family as a whole, were the focus of their wider approach. The consensus was that there are not enough of these programs available, and that more non-carceral responses, such as these healing programs that trouble the binary of those who have experienced/perpetrated family violence, may help divert many Aboriginal and Torres Strait Islander peoples away from incarceration. It was also noted that there is a distinct lack of healing and prevention programs for Aboriginal and Torres Strait Islander LGBTQIASB+ people who may have experienced or perpetrated family violence.

Sustainable

Participants were unanimous in their reports that healing programs that respond to family violence need sustainable human and fiscal resources in order to have their desired impact. Aboriginal and Torres Strait Islander communities show incredible resourcefulness and innovation to support their people, often through informal and unfunded networks of support and services that are formed out of sheer necessity. Participants reported that many healing programs that respond to family violence rarely receive secure, ongoing government funding if they receive funding at all. They are either run by community members through their own generosity and ingenuity, or they are attached to a larger organisation. Many participants expressed frustration at seeing mainstream organisations given the resources to service Aboriginal and Torres Strait Islander communities yet fail to deliver appropriate and effective programs.

Because the very nature of healing is long-term, funding for healing programs needs to be long term.

When asked what they felt healing programs that respond to family violence do well, many participants reported “providing real time responses”, meaning having the flexibility to be able to deliver services and programs in places and spaces that participants felt comfortable, and at the time that they need it, regardless of business hours. Being able to respond in real time requires having not only the funding but also the human resources. Workers in these programs go above and beyond their job descriptions, and frequently run informal components of services and programs in the absence of funding simply to meet community needs. Community needs and expectations combined with a lack of support and funding places enormous pressure on staff who are frequently placed in “no-win” situations.

Shared recognition

Many participants referred to a “shared recognition” between Aboriginal and Torres Strait Islander workers and clients of healing programs that respond to family violence, whereby the history, current situation, and culture of each is shared and understood. Both workers and clients have a general understanding of where the other is coming from. This understanding offers a unique kind of empathy and relationship that is integral to healing. Further adding to that is the frequent incidence of workers having themselves experienced family violence and trauma, and are on their own healing journey. Clients may also be workers in the healing and family violence fields. Thus, each may at some time have been in the other’s position.

While acknowledging the place for training and qualifications in the healing and family violence space, the majority felt that workers should have “life experience” and even personal lived experience of such issues themselves. Participants from Victoria expressed concern that recent introduction of mandatory qualification standards in the family

violence sector was overlooking the value of experience, knowledge and skills acquired from both experiencing family violence and working in healing programs that respond to family violence. They also felt that this failed to recognise the importance of relationships and the need for people to understand the communities they work in. They highlighted that Aboriginal and Torres Strait Islander peoples are underrepresented among the population who obtain tertiary qualifications, and stress that it is already incredibly difficult to fill identified positions in this sector. Participants from both Queensland and Victoria who worked in disability and justice services described the difficulties posed by the inability to employ anyone with a criminal record and the impact this has on their ability to provide peer-to-peer support.

Trust

The benefit of meeting the expectations of community was summed up by participants in one word: trust. Trust is a major factor of success for healing programs, particularly in regard to family violence issues. Many participants described the hard work that went into building credibility and ensuring client's feeling of comfort and safety when accessing their services and programs. Trust was also described as having confidence in what was being delivered, that the staff know what they're doing, and that the program is able to achieve its aims. And, as participants from Victoria explained, trust enables successful engagement.

The experiences and needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people

Recounted threats and actual incidents of violence inflicted by family and community members, both in person and on social media, featured highly in LGBTQIASB+ participant discussions. Aboriginal

and Torres Strait Islander LGBTQIASB+ participants articulated the violence they had both witnessed and endured as LGBTQIASB+ people as a type of gendered violence, and where it was from their own communities and families, they articulated this as family violence. The other common feature was the expression of frustration at the fact that we were still here discussing the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ peoples, and still seeing so few services and organisations which adequately cater to these needs.

These participants reported varying levels of acceptance within their families, communities and cultures. Some transgender, Sistergirl and Brotherboy participants described exclusion from full participation in their cultural practices as a kind of transphobic harm or abuse. Other transgender participants described having cultural practices leveraged against them to coerce them from living as their full selves. As a result of violence and lack of acceptance some described having to leave their families, communities, and Country, and to relocate for safety. Many participants articulated experiencing violence from their families as a form of discipline towards binary gender performance and heterosexuality. However, participants were also able to identify intergenerational trauma from religious and state institutions as the source of this abuse, still had profound empathy and forgiveness for their families and communities and wanted to bring them along with them on their healing journeys.

Many participants felt that their local services or community-controlled organisations did not adequately service or support them for their family violence or healing needs and described incidences of being refused access to services that are exclusively for a particular gender. For example, one group of Sistergirl participants discussed being afraid to access services, and their experiences of refusal from women's shelters. Participants experienced compounding discrimination when attempting to access both mainstream and Aboriginal and Torres

Strait Islander program and services. They described how homophobia, transphobia and/or racism are hindering access for LGBTQIASB+ people at both mainstream services and Aboriginal and Torres Strait Islander services. Many participants were also concerned about confidentiality at Aboriginal and Torres Strait Islander services and programs. Many reported not feeling safe even when accessing services that are meant to offer support and safety.

Conversely, many Aboriginal and Torres Strait Islander workers expressed a desire to feel more confident and equipped to deliver services to LGBTQIASB+ clients and desired more training. Some felt there should be healing and family violence services specifically for LGBTQIASB+ people, and others felt that since LGBTQIASB+ clients were presenting to community run programs and services, those programs and services needed to be equipped to service them. Most participants, including workers and clients, saw improving conditions for LGBTQIASB+ people in Aboriginal and Torres Strait Islander communities as one of the major challenges in terms of healing programs that respond to family violence.

The experiences and needs of Aboriginal and Torres Strait Islander people with disability

Much of the discussion between participants related to concerns regarding service provision for Aboriginal and Torres Strait Islander peoples with disability, particularly since the introduction of the National Disability Insurance Scheme (NDIS). These included: the system being too complex and hard to navigate, lengthy delays for reimbursing staff for money spent on clients' needs, the increase in service gaps, lack of resources for youth, and failings of the system causing more trauma and mental health problems for clients.

Accessibility of healing programs that respond to family violence was a concern, with some service provider participants expressing an urgent need for further training to properly service clients with disability. Sustainable funding, networking, and gaining trust through authenticity and reliability were described as essential for program success.

The relationship between family violence and brain injury was a major focus of discussion. Service providers indicated that in order to keep abreast of the means and methods used by people who perpetrate family violence to inflict physical harm, particularly that which causes brain injury, they need to spend more time with those who have experienced family violence. A noted key role of healing programs that respond to family violence and clients with disabilities was their capacity to facilitate connectedness: to family, community and particularly to Country.

Engaging with clients when person-to-person contact is not possible

The COVID-19 lockdowns and restrictions made it impossible for many healing programs that respond to family violence to operate, particularly due to the difficulty establishing trust within community and the inability to meet with clients in person. Some programs used emails, phone calls, video meetings and social media to communicate and work with clients and keep them engaged and connected until they were able to attend in person. For some, the creation of groups on social media and hosting video workshops via Zoom proved to be a strength that they have continued to utilise. Video conferencing proved useful for some programs in networking with other programs and services. For these programs, the use of digital technology increased accessibility for certain clients in certain contexts. Some found the quality of engagement was higher, due to workers

calling clients while working from home and not having the interruptions they might normally have in the office. Others found email was the perfect introductory method of communication that encouraged attendance in person later. Clients who were anxious in group settings, as well as those considered vulnerable in terms of COVID-19 preferred the video meetings, and while this might not have been ideal for the program providers, it was better than nothing and still fostered social contact.

Unfortunately, for many programs, moving their activities online was not possible or was very difficult due to a lack of resources; challenges ensuring participants' safety; the skills, resources and attitudes of clients; and the inability to pick up on certain cues that would normally be noticed in person. The pandemic was felt to have made those in the Aboriginal and Torres Strait Islander community who were already marginalised, particularly people with disabilities, even more isolated, particularly due to the removal of their ability to interact with their networks in person. Workers also described feeling more isolated while having to work from home, particularly without that ability to turn to a colleague in person for advice.

Some LGBTQIASB+ participants were supportive of the use of digital technology to communicate program activities and enable connectedness. The feeling of “being together” or being with people like themselves also reportedly led clients of healing programs that respond to family violence to maintain contact during the pandemic via self-initiated methods independent of the program itself.

Moving forward

The following conclusions and recommendations arise from the findings of this research project:

1. “The evidence for what works is there, there’s just not enough of them”

1.1 There is sufficient evidence that localised healing programs that respond to family violence work, and community members and service providers do not want to dedicate any more time or resources to proving that such an approach in its concept is effective. Instead, healing programs need to be adequately resourced with secure long-term funding. There is need for investment in existing programs and investment to create and expand programs that are non-carceral, preventative and that cater to people with disabilities and LGBTQIASB+ people.

1.2 There is opportunity for mainstream services to auspice funding for Aboriginal and Torres Strait Islander service delivery for community-controlled healing programs. There is overwhelming consensus among participants in this project, even those that work within mainstream services, that mainstream services are not connecting to or meeting the needs of Aboriginal and Torres Strait Islander communities in a timely manner. Instead, they can auspice their funding to resource existing or emerging community-led programs which are connected and equipped to work relationally and dynamically in their communities.

1.3 Any program, project or service that works with or for Aboriginal and Torres Strait Islander communities needs to have embedded flexibility and adaptability, to be reflexive and responsive to community needs and priorities. Research and policymaking led by Aboriginal and Torres Strait Islander communities aids this process immeasurably, as does being guided by client and participant feedback, and advice from Aboriginal and Torres Strait Islander experts in their field, such as those involved in the Knowledge Circle.

1.4 Where desired, Aboriginal and Torres Strait Islander healing programs that respond to family violence should be supported to conduct impact and evaluation research. However, adequate ongoing resourcing must ideally precede or at least be the goal of this process. To evaluate programs and services that are under duress due to inadequate human and fiscal resources without this goal is to set them up for failure.

2. “Being able to respond in ‘real time’ requires sustainable human and fiscal resources”

2.1 Existing and new healing programs that respond to family violence need to be given long-term funding that enables quality service delivery, to adequately access and use digital technologies, and the ability to appropriately monitor and evaluate program impacts and outcomes and adapt accordingly.

2.2 Given the grassroots nature of existing healing programs, both existing and new healing programs that respond to family violence need access to funds with the potential to further develop and expand their service provision, to better service the needs of their community, including LGBTQIASB+ people, people with disability, and people unable to access in person.

2.3 Funding needs to also allow the adequate support of Aboriginal and Torres Strait Islander workers delivering healing programs that respond to family violence to maintain their own social and emotional wellbeing and foster their own healing journey.

2.4 Funding needs to enable Aboriginal and Torres Strait Islander workers delivering healing programs that respond to family violence to be provided with training in trauma-aware and healing-informed practices, working with LGBTQIASB+ clients, working with clients with disability, and the use of digital technology to facilitate access when person-to-person contact is not possible.

2.5 Any mandatory qualification standards and restrictions relating to criminal records that impact healing programs that respond to family violence must be reviewed in consultation with Aboriginal and Torres Strait Islander workers on the ground to ensure that they appropriately recognise and accommodate the value of acquired knowledge, relationships, and life experience and are not prohibitive to employment.

3. “Mob needs to be the ones designing programs for mob”

3.1 Healing programs that respond to family violence must be conceptualised and led by Aboriginal and Torres Strait Islander peoples at a local level.

3.2 Healing programs that respond to family violence must be supported to build beneficial partnerships with mainstream services at a local level to enable auspiced service delivery that is Aboriginal and Torres Strait Islander-led. This does not negate the need for Aboriginal and Torres Strait Islander staff and initiatives in mainstream services. Rather, there is need for greater investment from mainstream services in community led initiatives and meaningful partnerships.

3.3 To genuinely invest in healing as an approach to addressing family violence, mainstream services must tackle issues including addressing systemic racism, the need for trauma-aware and healing-informed service delivery, and incorporating non-carceral and strengths-based approaches, enabling improved connections with Aboriginal and Torres Strait Islander led programs and communities.

4. “Healing needs to be available to everyone”

4.1 More non-carceral responses to family violence must be researched, developed, and funded. This includes the provision of services and mechanisms that secure the immediate safety of those who have experienced family violence, and healing programs that respond to family violence that target those who have experienced or are at risk of experiencing family violence, those who have perpetrated or are at risk of using family violence, LGBTQIASB+ people, people with disability, and those who experience the intersections of these categories.

4.2 People who have experienced family violence need to be front and centre in conceptualising, developing, and evaluating healing programs that respond to family violence that are preventative and target people who have perpetrated family violence. People who have experienced family violence and people who have perpetrated family violence are not mutually exclusive categories.

4.3 Services and programs that respond to family violence need to be resourced and incentivised to address other systems of colonial violence as causative of family violence including racism, internalised racism (otherwise known as lateral violence), gendered violence, ableism, transphobia, and homophobia.

4.4 Services and programs that respond to family violence need to be resourced and incentivised to be accessible for people with disabilities, and to research and understand the role of acquired brain injuries in family violence. Access to digital technologies and their use is also important to accessibility, particularly where clients cannot attend in person.



Introduction

This report presents findings from an ANROWS research project titled “An exploration of Aboriginal and Torres Strait Islander healing programs that respond to domestic and family violence and sexual assault”. This qualitative project aimed to map and analyse “what works” in Aboriginal and Torres Strait Islander healing programs across the nation that respond to family violence, as perceived and experienced by the people who deliver, utilise and are impacted by such programs. It also aimed to specifically investigate the availability of such programs for LGBTQIASB+ people and those with disability. In addition, it included a focus on how such programs engage with digital access, such as 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 which occurred during the implementation of this project. The purpose of this project was to 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. It offers valuable evidence to inform policy development.

The project, and subsequently this report, has several underlying assertions. Firstly, family violence does not belong in Aboriginal or Torres Strait Islander communities. It was never part of Aboriginal or Torres Strait Islander cultures or family life (Blagg et al., 2020; Cripps & Adams, 2014; Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007). It is well established that colonialism introduces systems of violence including racial and gendered violence which continue to impact Aboriginal and Torres Strait Islander communities (Atkinson, 1990; Cripps & Davis, 2012; O’Sullivan, 2021; Our Watch, 2018). It is also known that violent policies and practices that directly target

Aboriginal and Torres Strait Islander relationships and families, like incarceration, and the family policing system (otherwise known as forced removal of children; Turnbull-Roberts, 2023), perpetuate intergenerational trauma (Atkinson, 2000). This report rejects the deficit approach frequently taken with family violence and other issues impacting Aboriginal and Torres Strait Islander people that continues to frame family violence as inherent and unending. Family violence is not insurmountable. Nor is it an inherent quality of Aboriginal and Torres Strait Islander communities. It is a problem of colonialism, and therefore the responsibility of resulting governments.

Secondly, because family violence serves as both a cause and effect of intergenerational trauma (Closing the Gap Clearinghouse, 2016), healing programs that work to address such trauma are a key approach to addressing family violence. To be effective, healing programs need to focus on addressing the causes of community dysfunction rather than the symptoms; be Aboriginal and Torres Strait Islander-owned, defined, designed and evaluated; be steeped in Aboriginal relationships and worldviews; and be strengths-based (Aboriginal and Torres Strait Islander Healing Foundation Development Team [ATSIHFDT], 2009).

Thirdly, that healing responses to family violence should centre people who have experienced family violence and incorporate non-carceral responses for those who have perpetrated family violence who may also experience such violence, with a focus on rehabilitation and healing, rather than criminalisation and removal of the offender. The literature overwhelmingly advocates for a holistic approach to family violence healing, which includes both those who have experienced and those who have perpetrated family violence as well as family and community

(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; Queensland Centre for Domestic and Family Violence Research (QCDFVR), 2019; Aboriginal Affairs Victoria, 2008).

This research project utilised an Aboriginal and Torres Strait Islander lens through which trauma and healing, and the research and development of healing programs that respond to family violence are considered. This was an Aboriginal and Torres Strait Islander-led research project and was guided by a Knowledge Circle including Aboriginal and Torres Strait Islander experts and leaders in the fields of healing and family violence. Indigenous-centred research methodologies guided the qualitative research design and enabled the flexibility and adaptability required to adjust to the project needs in response to feedback from community stakeholders as the project progressed. As a result, the research design evolved, moving from conducting surveys and case studies of programs to instead conducting yarning circles at a national symposium and a series of group discussions and interviews with Aboriginal and Torres Strait Islander stakeholders from across all states and territories, particularly targeting those who deliver, utilise and are impacted by such programs.

The findings are themed under “what works” with healing programs that respond to family violence; the experiences and needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people, and of Aboriginal and Torres Strait Islander people with disability; and how such programs engage with clients when person-to-person contact is not possible. However, before we present the findings of these yarning circles, it is helpful to revisit the major themes from our review of the literature, consisting of a narrative review of past articles, reports and relevant existing programs, practices, and available evaluation data (Carlson et al., 2021).

A summary of the literature

Our background state of knowledge paper *What works? Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence* (Carlson et al., 2021), provided the foundation for the research project, presenting findings from an extensive literature review. The literature review utilised a narrative method, to allow flexibility in search term parameters. This was due to the known limitations of western colonial practices in contrast to Indigenous approaches, where terms such as “healing” and/or “family violence” may otherwise have been overlooked. The review included a comprehensive analysis of both black (peer reviewed, academic) literature, and grey literature, including legislation, policy documentation, and program evaluations. The key themes, challenges and gaps in research identified in the paper are presented here in summary.

Family violence, in Aboriginal and Torres Strait Islander communities, has a holistic definition. It is defined by its context, relationship with intergenerational trauma, and existing response efforts. Covering “the extended family and kinship relationships in which violence may occur” (Australian Institute of Health & Welfare [AIHW], 2019, p. 2) “family violence” has been identified as the preferred term for violence occurring within Aboriginal and Torres Strait Islander communities. In contrast to the terms “domestic violence” or “intimate partner violence”, “family violence” encompasses the relationships beyond the nuclear family structure, including aunts, uncles, grandparents, and those with familiar or kinship ties who are not blood relatives yet are connected to the family in an impactful socio-emotional manner (Memmott et al., 2006). Whilst family violence acknowledges that women and children disproportionately represent victims of family violence, the broader definition allows a greater

understanding of the family unit, in order to redress causation (Queensland Department of Premier and Cabinet, 2001, as cited in Memmott et al., 2006 p. 7). Additionally, intra-family feuding, child abuse, and elder abuse are incorporated into the definition (Blagg, 1999, as cited in McCalman et al., 2006). Antisocial and aggressive youth behaviours are recognised as contributory factors (Blagg, 1999, as cited in McCalman et al., 2006) concurrent with more widely recognised forms of family violence, such as physical, sexual, psychological, social and economic abuse (Memmott et al., 2006).

Healing practices which include collective healing, trauma-informed healing and intergenerational healing were evaluated, to identify “what works?” in existing, community based, practices. The absence of evidence for the specific care for Aboriginal and Torres Strait Islander people with disability, and who are LGBTQIASB+ was noted, as was the concept of virtual connection in lieu of person-to-person contact.



Family violence in context

Statistically as at November 2022, Aboriginal and Torres Strait Islander adults need to be hospitalised for family violence at a rate of 32 times that of their non-Indigenous counterparts. Aboriginal and Torres Strait Islander women are disproportionately represented in hospitalisations and fatalities as a result of family violence. This is in comparison to both non-Indigenous women, and Indigenous men (AIHW, 2022). Colonial and racial violence is a frequently overlooked element of these statistics (Day & Carlson, 2023). A risk of using the term family violence when discussing violence towards Aboriginal and Torres Strait Islander people is that it can inadvertently imply that family violence is only committed inside Aboriginal and Torres Strait Islander communities. While this does occur, Aboriginal and Torres Strait Islander people make up only approximately 3 per cent of the Australian population and, as such, are more likely than not to be partnered with and sharing homes and families with non-Indigenous people. Additionally, colonialism and the resulting government is first and always the origin point of family violence in Aboriginal and Torres Strait Islander communities. Furthermore, whilst Indigenous children face significant systemic and structural racism when considering matters of child protection, family violence is deemed a contributory factor to service intervention. Aboriginal and Torres Strait Islander children are eight times more likely to be referred to child protection services than their non-Indigenous peers (AIHW, 2019). It is believed the majority of incidents of child sexual abuse involving Aboriginal children are not reported, for numerous and complex reasons, despite the existing over representation of Indigenous children in out of home care placements (Anderson et al., 2017; Arney & Westby, 2012; Braybrook, 2015; Cripps & Adams, 2014; Lowitja Institute, 2019; (Queensland Centre for Domestic and Family Violence Research [QCDFVR], 2019; Willis, 2011).

Despite these alarmingly high statistics, it is estimated that 90 per cent of family violence incidents against Aboriginal women are not reported (Anderson et al., 2017; Arney & Westby, 2012; Braybrook, 2015; Cripps & Adams, 2014; Lowitja Institute, 2019; QCDFVR, 2019). The majority of research into this field of study has imposed a contextual framework for reporting domestic, intimate partner, or family violence, which is consistent with experiences of non-Indigenous women, which fails to account for historic contexts, and the continuing impact of colonialism and systemic racism. Poverty, isolation, shame, and a lack of appropriate support services contribute to under reporting (Anderson et al., 2017; Arney & Westby, 2012; Braybrook, 2015; Cripps & Adams, 2014; Lowitja Institute, 2019; QCDFVR, 2019). The systemic bias of institutional practices and provisions extends concepts of marginalisation and disadvantage, compounding trauma and preventing access to healing (Blagg, et al., 2020; Cunningham et al., 2005, as cited in Anderson & Tilton, 2017; Cripps & Adams, 2014; Ferdinand et al., 2012, as cited in Anderson & Tilton, 2017; Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007).

Causative factors in family violence inside Aboriginal and Torres Strait Islander communities were identified in literature from Closing the Gap Clearinghouse (2016) and The Healing Foundation and colleagues (2017). Intergenerational trauma stemming from colonial violence, including settler policies of extermination, segregation, and cultural and racial elimination, was recognised as a contributory factor. Similarly, the colonial government strategies, political and economic discrimination and implicit and unconscious bias that permeate social services to this day are noted for their impact on marginalisation (Healing Foundation et al., 2017). Intergenerational trauma was also evidenced consistently throughout the literature, in themes of “dispossession, child removal, cultural breakdown, family breakdown, structural violence, substance misuse and exposure to violence” (Healing Foundation et al., 2017 p. 10).

Whilst alcohol and drug abuse were noted as being present in a significant number of family violence cases, the theme of disempowerment and reduced cultural status (Healing Foundation et al., 2017; QCDFVR, 2019) and internalised racism among Aboriginal and Torres Strait Islander men (Langton et al., 2020) was identified as having a higher association with levels of violence.

Responding to family violence

The need for community-based services, supported by government agencies but executed with a degree of autonomy, has been identified as a critical component to successful responses (Cripps, 2007; Cripps & Davis, 2012). Programs that have been identified cover a wide range of social issues, further demonstrating the wisdom and knowledge that family violence does not exist in a bubble, and that a holistic social response is required in order to restore and heal. These programs include:

- mental health, counselling, substance abuse prevention and recovery, parenting and youth mentoring programs
- legal services including court support, community justice, active transition and reintegration following episodes of incarceration
- housing and accommodation including refuges and shelters
- community policing and night patrols; and situational crime prevention in partnership with the communities, including mechanisms such as streetlights, closed circuit television and alcohol restrictions. It is important to note that Aboriginal women are frequently advocates for alcohol restrictions and their participation in determining suitability is not only contextually appropriate for an over-regulated people, but empowers local ownership of policy

- socio-emotional wellbeing support and development, including mediation, restoration of social relationships, and fostering strong social identities for the individual and their community
- employment programs and social enterprise opportunities
- 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).

Aboriginal and Torres Strait Islander men are included in responses to family violence, both preventative and restorative. This has been advocated for by Aboriginal women, who carry not only the burden of their own traumas, but those of the communities in which they live (McCalman et al., 2006; Willis, 2010, as cited in Arney & Westby, 2012). Healing programs generally support men culturally and spiritually in restoration and reintegration into the community (Richards et al., 2020), and men generally lead healing programs for men and boys (Healing Foundation et al., 2017).

Healing

The Aboriginal and Torres Strait Islander Healing Foundation Development Team (ATSIHFDT; 2009) identified four primary principles essential for Aboriginal healing:

- 1) Addressing causation of community dysfunction, as opposed to focusing on symptomatic solutions or reforms. For example, punitive measures such as reactive incarceration and strategies incorporated in the Northern Territory Intervention protocols that perpetuate community dysfunction and disenfranchisement.

- 2) Aboriginal ownership, definitions, and design and evaluation of healing programs. This includes the identification of primary areas of concern in regard to social and emotional wellbeing in Aboriginal communities. Local participants are uniquely positioned to identify contributing factors to community distress and suicide, and the need for programs to incorporate this knowledge is essential.
- 3) Programs which are based on Aboriginal worldviews include a multidimensional and holistic approach to life. Within this belief system is the understanding that the individual's health and wellbeing cannot be separated from the community as an entity. In that regard, social, emotional and cultural wellbeing are interwoven and need to be treated as such (National Health Strategy Working Party, 1989, as cited in Blignault et al., 2014).
- 4) Strength-based approaches to healing (ATSIHFDT, 2009, p. 5), which acknowledge resilience of the Aboriginal people (Peeters et al., 2014) and the richness and durability of culture (McKendrick, 2001a, as cited in McKendrick et al., 2014). Subsequently, Aboriginal communities should determine solutions, and be empowered to enact them with the authority of family, kin and Country, as opposed to external programs being imposed (Dudgeon et al., 2014; McCalman & James, 2006, as cited in Dudgeon et al., 2014).

Strengths-based approaches are a thematic consistency across the literature, which recognises the capacity and importance of traditional healers in addressing family violence. The either/or dichotomy imposed by western health systems fails to acknowledge the many complimentary and traditional medicine practices used in contemporary society. Aboriginal people who are able to seek help from both mainstream health practitioners as required, as well as traditional healers, have a greater

chance of accessing holistic care provisions consistent with the Aboriginal worldview (McCoy, 2006; McKendrick, 1997, both as cited in McKendrick et al., 2014; Panzironi, 2013).

Holistic care as a basis of Indigenous healing programs has been reviewed in the literature in relation to practices in Australia, New Zealand, Canada and the United States. Findings that separate Western therapies from traditional practices further fail to recognise the commonalities, when applied in a culturally appropriate context. Psychotherapy and group therapy may be recognised in Indigenous communities as yarning circles, peer support, and healing camps. Art therapy, particularly in residential settings, is a common practice in healing in Indigenous communities, where art, poetry, music, dance, and song are tools engaged for connectivity and community healing (McKendrick et al., 2014; Healing Foundation, 2014). To support comprehensive service provisions, The Healing Foundation identifies specific resources for supporting and empowering traditional healers. These include:

- 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)

Trauma-informed care

Trauma-informed care is often criticised for being deficit-based. Focused only on the trauma itself, and not the context and totality of meaning to the individual, it is limited in applicability to holistic care models (Ginwright, 2018). Healing-centred engagement has been proposed as an alternative term, focusing on strengths-based approaches (Ginwright, 2018). However, this too presents a challenge to the Aboriginal and Torres Strait Islander communities, where these services are provided by staff who themselves have been impacted by trauma. Understanding the concept of “cultural load”, defined by the Healing Foundation (2015a) as 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, is noted as an obstacle to the successful implementation of trauma-informed practice in traditional healing contexts.

In order to advance the potential of trauma-informed work, four pillars have been identified to support and empower community-based organisations (Frankland et al., 2010; Healing Foundation, 2015a). These are: re-remembering, empowering voice, re-sourcing and re-creating. Re-remembering focuses on strengthening of the community as a whole, and recognising the various experiences and obstacles suffered by community members. Connecting those who are recognised as Traditional Landowners to those who were removed through various government policies enables cultural inclusion and safety from lateral violence in the community. Empowering voice recognises the necessity of community representatives to be heard, and engaged with, at local, regional and state levels. Re-sourcing seeks to build upon strengths to combat poverty and develop community-based resources, and re-creation aims to renew cultural connection for Aboriginal people who have been

removed through intergenerational practices, incarceration, trauma, and self-isolation as a survival mechanism (Frankland et al., 2010; Healing Foundation, 2015a).

The need for quality evidence and processes

Aboriginal-led community-based programs are rarely recorded or evaluated in manner that is legible to government or other funding bodies. This is due to a lack of resources, with time and finances being absorbed by the delivery of services. The financial burden of evaluation processes is not widely understood, and consequently, is rarely a factor in funding requests. Unfortunately, this creates a number of substantial challenges to the continuation of successful grassroots programs. Firstly, the absence of clear, data driven evaluations means future funding applications are less likely to be successful, resulting in the inability for the program to continue. Secondly, knowledge gained is unable to be formally shared, with successful programs unable to be replicated for the benefit of Aboriginal and Torres Strait Islander people more broadly. Whilst research notes there is a need for new methods of healing, grounded in Indigenous knowledge and traditional practices, the lack of quality, documented evidence makes funding applications and replication a slower, if not prohibitive, process (McKendrick et al., 2014). These challenges are on top of the fact that Aboriginal and Torres Strait Islander communities are extremely over researched (Moreton-Robinson & Walter, 2009) and, as we discuss below, even where evaluations could be useful, workers and community members connected to healing programs feel they have already demonstrated the value of these programs: albeit it is not in the language of non-Indigenous funders. There is need for quality evidence in this space and there is also need for more reflexive and responsive processes of evaluation.

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

The literature overwhelmingly advocates for a holistic approach to family violence healing, which includes both those who have experienced and those who have perpetrated family violence, as well as kin and community (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; Aboriginal Affairs Victoria, 2008). Women should be empowered to participate in determining modes of healing and reintegration, with a preference given to restoration and family cohesion, that addresses the root causes of trauma (Olsen & Lovett, 2016). Aboriginal and Torres Strait Islander women have also advocated for the involvement of Elders and community representatives as a mechanism of law and order, with a focus on rehabilitation and healing, rather than criminalisation and removal of those who have perpetrated family violence (Olsen & Lovett, 2016). At this time, however, sustainable funding and service provisions to support these practices remain an obstacle to widespread implementation (Olsen & Lovett, 2016).

The role of Indigenous men in preventative and restorative healing practices is also noted as a modality for successful outcomes. Supporting men to mentor other men and boys, with a focus on reconnection to core cultural practices has been deemed successful in the literature. A collaborative project design between genders lends to greater representation, voice and success (Healing Foundation et al., 2017). These programs frequently incorporate elements of trauma-informed practice, acknowledging the implications of colonisation and intergenerational trauma and grief and are included in a proactive manner (Healing Foundation et al., 2017; McKendrick et al., 2014).

The commonalities between what works for Aboriginal and Torres Strait Islander healing programs and for family violence programs are unsurprising. Both share a holistic approach to well-being, and focus on personal and social development, community connection, and the importance of culture and Country. They also both anchor their approaches to health and wellbeing in the core theme of self-determination: that is, programs should be developed, owned and managed by the local community, with identification of needs being driven by local leadership. It is additionally acknowledged that the knowledge and skills to facilitate healing from trauma lay with Aboriginal and Torres Strait Islander people themselves, healing is needed by both those who have experienced and those who have perpetrated family violence, and it is an ongoing journey (Healing Foundation, 2016).

Research gaps

While we know “what works” in terms of responding to family violence, and in healing programs, to date there has been little focus on healing programs that respond to family violence. Recent literature (see Cripps & McGlade, 2008; Healing Foundation et al., 2017; Putt et al., 2017) has specifically identified the need to map and analyse “what works” in Aboriginal and Torres Strait Islander healing programs that respond to family violence. Documenting knowledge from existing healing programs that respond to family violence is invaluable to the design and implementation of future research projects. At the same time, it is critical to attempt to identify and engage voices with different perspectives, including those who have experienced or are at risk of experiencing family violence, those who have perpetrated or are at risk of using family violence, LGBTQIASB+ people, people with disability, those who fit into more than one of these categories, and

most likely many others. Women, including transgender and queer women, should specifically be involved in the evaluation of any interventions targeting family violence (Adams, 2006).

Recent years have seen the establishment of a growing network of Aboriginal and Torres Strait Islander Men's Groups across Australia (Healing Foundation et al., 2017), many of which respond to family violence: however, their impact is difficult to determine due to a lack of evaluation (McCalman et al., 2006). Other men's healing programs that respond to family violence are noted in the literature, with evaluations showing "significant and sustained change at the community, family and individual levels" (Healing Foundation, 2015b, p. 4), that included a decrease in the incidence of family violence and violence in general, increased levels of perceived safety reported by women, and significantly reduced rates of contact with the criminal justice system (Prince, 2015, as cited in Gallant et al., 2017).

There is little to no evidence of healing programs that respond to family violence directed to Aboriginal and Torres Strait Islander LGBTQIASB+ people. While there is little publicly available data, LGBTQIASB+ people are likely to experience rates of family violence higher than those experienced by heterosexual, cisgender women and their children (Lay et al., 2017). Aboriginal people report experiencing racism and stereotyping as gendered, and they also report transphobic and homophobic abuse, from both within and outside of their own communities (Aboriginal Health Council of South Australia [AHCSA], 2019). Aboriginal and Torres Strait Islander LGBTQIASB+ people are made vulnerable to family violence by a range of factors including increased likelihood of trauma, poverty, houselessness and incarceration as well as compounding discrimination and violence including racism, homophobia and transphobia (Day et al., 2023).

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 women with disability, and the same can be said about family violence programs. The intersection of disability and family violence for Aboriginal and Torres Strait Islander people is also absent from the literature (Griffis, 2012; Maher et al., 2018). It has been shown that Aboriginal and Torres Strait Islander people with disability experience "intersectional inequality" due to the intersection of discrimination that is both Aboriginal and Torres Strait Islander and disability related (Avery, 2018).

There is also little evidence available on how family violence and healing programs engage with digital communications, including phone, internet or other services provided in situations where isolation or meeting in person is an issue. This is particularly relevant in light of the COVID-19 pandemic occurring at the time of this project. We do know that even in remote areas, where online access is restricted to mobile devices and social media, which requires a lower bandwidth, connectivity via social media is exceedingly popular for Aboriginal and Torres Strait Islander people (Callinan, 2014, as cited in Carlson & Frazer, 2018; Carlson & Frazer, 2018; Rennie et al., 2018). There have also been promising findings regarding the use of technology to address social and emotional wellbeing (Dingwall et al., 2015; Povey et al., 2016) and interest in the use of online resources for family violence (Fiolet et al., 2020; Hegarty et al., 2019).

Methods

An Aboriginal and Torres Strait Islander lens

The research design for this project is underpinned by the principles of ethical conduct in Aboriginal and Torres Strait Islander research outlined by the National Health and Medical Research Council (2018a, 2018b) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (2012). Ethics approval was granted by the Human Research Ethics Committee at Macquarie University (Reference No: 52021794624720).

Aboriginal and Torres Strait Islander people have been involved in, owned and guided the direction and conduct of all facets of this research project. As discussed in further detail below, the project has been led by Aboriginal and Torres Strait Islander researchers, guided by a Knowledge Circle comprised of Aboriginal and Torres Strait Islander stakeholders with expertise in the field, and informed by Aboriginal and Torres Strait Islander participants with knowledge and experience as professionals and clients of healing programs that respond to family violence.

This research project utilised an Aboriginal and Torres Strait Islander lens through which trauma and healing, and the research and development of healing programs that respond to family violence are considered. The research design and methods, including data analysis, have drawn on participatory and iterative methodology, and have been guided by principles from the constructivist, reflexive approach to grounded theory pioneered by Charmaz (2014), and the Indigenous-centred methodologies of Rigney (1999), Nakata (2007), Tuhiwai Smith (2012) and Moreton-Robinson and Walter (2009).

There has been a global shift towards the recognition and inclusion of Indigenous perspectives and research methodologies over the past decade. Indigenous researchers, particularly from a health perspective, argue that the lack of respective collaboration and Indigenous led research is increasing the gap for health outcomes compared with non-Indigenous people (Geia et al., 2014). Geia and colleagues (2014) note that the lack of Indigenous research methods in Australian society specifically, has created greater marginalisation, and prohibited successful preventative programs. In particular, storytelling, personal reflection, and yarning are rapidly emerging as recognised and valuable methods in mainstream academic research, making meaningful and accessible outcomes for both researchers and Aboriginal and Torres Strait Islander people (Geia et al., 2014).

The challenges for Aboriginal and Torres Strait Islander researchers

Whilst it is critical that Aboriginal and Torres Strait Islander research engages Aboriginal and Torres Strait Islander people and ideally, as best practice, is Aboriginal and Torres Strait Islander led, the context in which this occurs must be understood. Aboriginal and Torres Strait Islander led research needs to firstly navigate the ethical parameters of formal institutions, ensuring researchers protect culturally appropriate methods and local engagement as valid elements of rigorous empirical research. However, Aboriginal and Torres Strait Islander researchers must additionally navigate “Indigenous identified” positions, determining what is actually an investment in themselves, and what is merely a tokenistic check box to gain further funding (Smith et al., 2020; Wain et al., 2016).

The benefits of having this project led by Aboriginal and Torres Strait Islander researchers include our connection to the communities that are the subjects of the research, and the respect we hold for the lived experiences of the research participants. There is also a greater investment in responding to community needs for Aboriginal and Torres Strait Islander researchers because we are connected to the communities we work with and are researching. We value community input because we also value our relationships with community members. By our mere presence as Aboriginal and Torres Strait Islander researchers, we are held to a higher standard by the communities of which we are a part. This potentially creates additional challenges for Aboriginal and Torres Strait Islander researchers. We are invested in our communities. We are connected to the challenges faced by Aboriginal and Torres Strait Islander people. Research never exists in a bubble but for Indigenous people, it cannot be separated from a broader social, political, and historical context (Wilson, 2020).

Research is a form of power. Indigenous researchers are not merely representing a marginalised group of people, they are representing their own culture, kin and Country (Weber-Pillwax, 2004). Consequently, the outcomes of research, should they fail to eventuate, are not deemed a failure of a project removed from the community, but one of the community (Wilson, 2020). This is often compounded by the cultural load of Indigenous researchers. Those in a position to now potentially advocate for change and extend best practice – practices that honour systems of knowledge, Indigenous worldviews, and holistic healing – have commonly experienced the problem, or trauma, they are seeking to mitigate (Healing Foundation, 2014).

Research for Aboriginal and Torres Strait Islander people, by us as Aboriginal and Torres Strait Islander people, goes beyond the parameters of academic engagement. We are connected to outcomes and processes but foremost, our

relationships with communities and participants come first. We are integrated, not observers. We are not compartmentalised data collectors or analysers (Wilson, 2020). We are our community, and through engagement we carry the voices of our people into our professional work, and our lives.

The Knowledge Circle

The establishment of a Knowledge Circle of stakeholders with relevant expertise to advise, inform and guide a research project through all phases has previously been used in other Aboriginal and Torres Strait Islander research projects, and notably in the family violence context (see Healing Foundation et al., 2017). Also described as Reference Groups, the establishment of such a panel is typically designed to engage local community members, Traditional Owners, individuals with lived experiences, and specialist service providers to guide culturally appropriate research protocols. These may include language, imagery, behaviours and interactions, as well as modes of research dissemination (Smith et al., 2020). Knowledge Circles and Reference Groups have demonstrated success in bridging epistemological differences in research processes, particularly where non-Indigenous stakeholders and researchers are involved (Smith et al., 2020; Wain et al., 2016).

For the purpose of establishing a Knowledge Circle for this project, a list of relevant individuals, organisations and programs was compiled, comprised of Aboriginal and Torres Strait Islander experts and leaders in the field including representatives from the LGBTQIASB+ community and the First Peoples Disability Network and other relevant stakeholders from peak bodies (see Appendix A). All on the list were invited to participate in the Knowledge Circle, and a total of 14 accepted (see Appendix B). Participation consisted of regular contact via email and telephone, and two group meetings conducted via Zoom, to guide project direction, data collection methods and inform its

evolution; to assist in identifying and recruiting stakeholders as participants; and to review draft project findings and reports.

The need to be reflexive and responsive

Research of, and service delivery to, Aboriginal and Torres Strait Islander communities, requires embedded flexibility and adaptability, and reflexive and responsive relationships with the communities involved. Indigenist research methodologies demand that community needs and interests drive research processes (Tuhiwai Smith, 2012) and as such, the research process must also be ready to change with community needs and priorities that can change rapidly and are often affected by external factors such as geographical access, weather events, and the health and wellbeing of the communities engaged.

This project evolved over time as different components produced outcomes that guided the next steps, and as particular challenges arose, and feedback was gained from stakeholders. The original project was designed to map and showcase specific healing programs that respond to family violence. However, feedback from early engagement with workers from identified healing programs that respond to family violence asserted that this project design was not viewed as useful or needed. This was due to a popular sentiment that this was a repetitive process – workers felt they had already given time and energy towards this end, with little benefit to their cause. As discussed below, Aboriginal and Torres Strait Islander workers and communities feel they have shared solutions many times with researchers and policymakers but that they have not been heard.

In line with Indigenist research practice, we dedicated the first part of this research process to strengthening and building relationships with

community members, workers and programs that would drive the project overall. In our initial discussions with workers from programs identified as potential case studies for the project, there was a clear rejection of the distinction “healing programs that respond to family violence”, in terms of healing programs being distinct services, and of family violence prevention being a separate aspect that such programs may respond to.

It was emphasised that all kinds of work contributed to healing and to family violence prevention in Aboriginal and Torres Strait Islander communities. As noted in our review of the literature (Carlson et al., 2021), what we know works in Aboriginal and Torres Strait Islander communities is an integrated, holistic approach. This means that healing and family violence prevention are understood as integral components of all work targeting the health and wellbeing of individuals, families and the community as a whole. The issues that are particularly relevant to family violence are also relevant to health and wellbeing in general and are therefore a focus of healing programs, simply because they are healing programs. Therefore, “what works” in healing programs and “what works” in programs targeting family violence is “what works” in healing programs that respond to family violence. As one worker stated: “Healing programs are hard to map because they’re just part of a complex web working to address the impact of colonisation.”

Additionally, many workers from healing programs that respond to family violence did not see their role and responsibilities to community as separate from their work in healing, and in responding to and/or preventing family violence. There was also not a clear distinction between workers and clients – many workers had lived experience of family violence, and had even been clients once themselves, and vice versa. This is substantiated in our review of the literature, particularly when considering the impact of cultural load on staff who have experienced trauma and are now engaged in delivering trauma

healing services. Many workers also had relationships with clients that extended beyond service provision work hours. In many instances, community members initiated such programs, groups and other responses in an attempt to try and service people they are close to. Regardless of the kind of program workers engaged in, whether it be in health, courts and law, or family violence prevention and response, workers expressed their commitment to addressing family violence as beyond a job and more as a political, social, and cultural commitment to the wellbeing of their communities and collective vision of a future without violence.

The COVID-19 pandemic was a further catalyst in this project. The well-documented vulnerabilities of Aboriginal and Torres Strait Islander people due to socioeconomic marginalisation and exclusion from the dominant culture, continuing health disadvantage, and racism and discrimination restricting access to health care, housing, education and employment have put us at a heightened risk of COVID-19 transmission, severity and fatality (Yashadhana et al., 2020). In the instance of COVID-19 itself, rural and remote communities were not only faced with commonly known and recognised travel restrictions, but additionally had self-imposed lockdowns. With minimal medical facilities, and vaccine access to rural areas delayed as late as September 2021 – despite individuals meeting the priority high risk category which commenced in March 2021 – the need for physical barriers to be established was essential. The pandemic also further increased other health inequities, with impacts including reduced access to health care and food insecurity (Follent et al., 2021). Given the pandemic occurred on top of recent drought and bushfire events, community resources already struggling to manage the mental health issues, suicide risk and trauma already impacting many Aboriginal and Torres Strait Islander people have been likely under great stress.

In light of this, understandably, very few organisations were willing to host visitors. It was likely that local resources, staffing and impacts on supply chains would all have been deleteriously affected by hosting research, particularly at a time when accessibility and health security had shifted the focus of priorities. There was also minimal interest in engagement via Zoom during the pandemic for some workers who were already overwhelmed on the ground, and others who were "Zoomed-out" by an overdemand for online meetings. Additionally, whilst it has been evidenced that remote connectivity via online media is widely popular in Aboriginal and Torres Strait Islander communities (Carlson & Frazer, 2018), Zoom can present a challenge when approaching health care and healing. In the first instance, unless the platform is understood, the notion of being on video, or recorded, can be intimidating and present a barrier to engagement. This is significantly different to textual engagement on social media where online disinhibition has been demonstrated to increase engagement. Secondly, Zoom does require additional bandwidth and data access, which is not always feasible in rural and remote communities. The replication of a larger discussion group such as a yarning circle (see below) in an online forum, whilst possible, may also be difficult to convey to participants, particularly when other issues are dominating the urgency discourse.

Distrust of mainstream organisations

This project was further complicated by Aboriginal and Torres Strait Islander community distrust of mainstream organisations including ANROWS. Many Aboriginal and Torres Strait Islander people are suspicious when targeted by mainstream organisations, especially regarding family violence. This is because family violence often has a direct link to two critical areas of government policy, notably the criminalisation of the perpetrator, as opposed to

the integration of the individual into the healing process; and the status of child safety, determined with prejudice and disconnected from the holistic approach to wellbeing (Green, 2019; Lewis, 2023). To put it simply, for Aboriginal and Torres Strait Islander people, contact with a mainstream organisation regarding family violence can result in going to prison, and/or the removal of children. Aboriginal and Torres Strait Islander people are over-represented in the criminal justice system and are repeatedly documented as being subjected to excessive surveillance and over policing (O'Brien, 2021). Racial profiling is prolific, across metropolitan, regional and rural areas, and ignorance and rejection of cultural authority and norms increases rates of contact with police and intervention service providers (Australian Institute of Criminology, 2003; Green, 2019; O'Brien, 2021). Indigenous children are 11 times more likely to be removed from their families, compared to their non-Indigenous counterparts (Hamilton, 2022).

Even community organisations and stakeholders who we as researchers had longstanding relationships with were deterred from the project due to its association with ANROWS. There was a general perception, particularly held by Aboriginal organisations and stakeholders who had worked with ANROWS before, that they were a mainstream organisation that over-surveilled and micromanaged Aboriginal and Torres Strait Islander people. Our attempts to communicate this feedback to ANROWS were initially met with dismissal. As researchers contracted by ANROWS, there were many occasions, particularly during the pandemic, where we similarly felt we were being micro-managed and wondered whether non-Indigenous researchers would be subject to the same level of scrutiny. However, with persistence, we managed to gain the support of ANROWS to respond to community feedback and change the research design. ANROWS has since identified improving relationships with Aboriginal and Torres Strait Islander communities as a priority and is engaged in consultation processes towards to this end.

Data collection and analysis

The research design originally consisted of identifying and surveying healing programs that respond to family violence and conducting case studies in each state and territory that would include yarning circles targeting program staff, community women including transgender women, LGBTQIASB+ people, and those with disability. While much of the focus of the project is on the experiences and perspectives of Aboriginal and Torres Strait Islander women, we have also included a focus on transgender and gender diverse people, and on men. According to the Healing Foundation and colleagues (2017, p. 4) 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.

In response to the above-described issues, under the advice and guidance of the Knowledge Circle as well as the National First Peoples Family Violence Network, the research design evolved, moving from conducting surveys and case studies to instead conducting a national symposium and a series of group discussions and interviews. Yarning was agreed to be the data collection method of choice for this project. Yarning is a process utilised by Aboriginal people for thousands of years to discuss issues in an inclusive and collaborative manner and has come to be recognised as an important method for hearing Aboriginal and Torres Strait Islander voices in research (Bessarab & Ng'andu, 2010). According to the literature, yarning is considered the most recommended method for data collection involving Aboriginal and Torres Strait Islander

people. It acknowledges traditional epistemologies and ontologies, and creates a safe, culturally familiar, environment for the sharing of knowledge (Bessarab & Ng'andu, 2010; Geia et al., 2013; Smith et al., 2020; Wain et al., 2016).

Yarning facilitates depth of discussion, allowing the participant's story to flow and control its own pathway (Geia et al., 2014; Smith et al., 2020). Whilst the content of the yarn itself is critical information, engaging in the process, particularly for non-Indigenous researchers and service providers, is the connection made through the process. Yarning in a group context, often referred to as a "yarning circle", can promote equality, and yarning, as a narrative without interruption or direction, shows the participant as a human being of value and depth. It has been demonstrated that through yarning circles, researchers found it harder to compartmentalise participants to a participant number, or statistic, as is common with questionnaires and, to an extent, semi-structured interviews (Bessarab & Ng'andu, 2010; Geia et al., 2014).

Bessarab and Ng'andu (2010) isolated four distinct yarning styles, each impacting interview quality, process and outcomes. Social yarning was considered unstructured and informal, a process in which trust develops and the participant determines the accountability of the researcher. Collaborative yarning replicates a community forum, which numerous participants sharing their ideas and stories without the formality of "taking turns" or leading the narrative. Semi structured narrative interviews, which may include leading or prompting, was labelled research topic yarning, and acknowledged that the process is less organic, but may occasionally be necessary to acquire information for action. Finally, therapeutic yarning noted the personal, emotional, and often traumatic information conveyed through yarning circles as a community of trust; supporting participants to consider their understanding of the trauma in a broader context, and empowering the participant to engage in new,

different, and holistic ways of thinking (Bessarab & Ng'andu, 2010; Smith et al., 2020; Wain et al., 2016). In this manner, yarning is a method and methodological practice aimed at "closing the gap" between researcher and participant, or healer and participant, in a most practical, culturally significant, and meaningful manner (Geia et al., 2014; Smith et al., 2020).

In the early stages of the project, a list of potential healing programs that respond to family violence, either past, current or in planning stages, was compiled (see Appendix C). Attempts were initially made to contact each of these programs, with the goal of surveying program staff and selecting some programs as case study sites. We initially used a survey as first point of contact: however, rather than answer questions, all survey participants simply provided their email and/or contact number indicating that they would prefer to arrange to meet or talk over the phone. As noted, the feedback from early engagement with those who were willing to be contacted indicated a reluctance to participate. This was due to them already being overworked and under-resourced, and it was felt that this was a repetitive process – workers had already devoted time and energy towards this end, with little benefit to their cause. As a result, the research design was adapted, and instead, this list was used to aid recruitment of participants, resulting in the following yarning events:

- the ANROWS symposium, which attracted more than 60 stakeholders from across Australia. This was popular because many workers in the healing and family violence fields reported there being a lack of opportunities for collaboration
- an online yarning circle facilitated by the National First Peoples Family Violence Network which included workers from across Australia
- a women's yarning circle held in Queensland

- two yarning circles held in NSW, one men's group, and one mixed group
- a yarning circle with Sistergirls and other LGBTQIASB+ participants in the NT
- five individual interviews, with participants respectively from Victoria (x 2), Queensland (x 1), NT (x1) and NSW (x 2).

It became apparent early in the project that stakeholders did not feel comfortable speaking on behalf of the communities, organisations, services and programs they worked for. As a result, it was agreed that any data collected from the ANROWS symposium, yarning circles and interviews would be deidentified, enabling participants to speak to their own experiences without having their names or any other identifying information being included in the data. Participation was informed and voluntary, and participants were compensated for their time.

Symposium, yarning circle and interview discussions were guided loosely around the following suggested topics regarding “what works” in healing programs that respond to family violence:

- accessibility
- program design
- program delivery
- trauma-aware, healing-informed
- when person-to-person delivery is not possible
- disability
- LGBTQIASB+
- staff skills and support
- strengths and challenges
- impact
- adaptability
- lessons learnt and future directions
- good practice.

Yarning circles were recorded with permission of participants. Data were collected during the sessions using notetaking, with the recording being available to help elaborate on certain themes, and capture additional data possibly missed. Data were interpreted and analysed by the investigation team, and a draft summary of findings was disseminated amongst the Knowledge Circle for review, with feedback informing the development of the final reporting outputs.

The findings regarding “what works” in healing programs that respond to family violence are presented in the following section under nine themes:

- This is anti-colonial work
- Aboriginal and Torres Strait Islander conceptualised and led
- Holistic, collective, rebuilding connectedness and fostering self-empowerment
- Networks, partnerships and collaboration
- Trauma-aware, healing-informed and strengths-based
- Targeting both people who have experienced and who have perpetrated family violence
- Sustainable
- Shared recognition
- Trust

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

This is anti-colonial work

Participants who worked in the family violence field emphasised that family violence is not an insurmountable quality of Aboriginal and Torres Strait Islander communities. It is a problem of colonialism. They described healing programs that respond to family violence as “anti-colonial work” – collective work against the injustices and trauma of colonialism. They noted that much of the literature and policy addressing family violence in Aboriginal and Torres Strait Islander communities emphasises colonisation as a past event that has repercussions in the present. However, they asserted that colonialism is recognised by Aboriginal and Torres Strait Islander people as ongoing and, therefore, addressing family violence is recognised as integral to addressing colonialism itself.

Many participants commented on the socio-economic factors that contribute to family violence in Aboriginal and Torres Strait Islander communities, including social and emotional wellbeing, employment, housing and health. Some participants who worked in the family violence field spoke of the inner conflict they experienced when working with the police and the court system. As one NSW participant commented:

I find it very challenging ... it’s historically and still today a place that Indigenous women and Indigenous people are just treated differently and have very different experiences because of who they are ... I imagine that that’s similar for all the Aboriginal workers who do it. But I think it’s really important that we’re there, and that Aboriginal voices are present within that space.

This comment also highlighted the significant responsibility undertaken by Aboriginal and Torres Strait Islander workers to help Aboriginal and Torres Strait Islander people navigate often inaccessible and often hostile systems as a result of family violence, and/or their healing journey.

Participants who worked in the family violence and healing fields noted the need for any approach to family violence to consider systems of power, including racism and heteropatriarchy, as they relate to settler colonialism – a type of colonialism replacing Indigenous governance and ways of life with a permanent structure like Australia (Wolfe, 2006). One ANROWS symposium participant also noted:

[the need for such approaches to] abolish settler colonialism and recreate our own understanding of the world, that’s the big answer. How do we do that in the system? ... it is based on the fact that there’s a ruling elite and the rest of us are working ants and those going without. So that literally is how the system plays out for people like Indigenous people, we’re always lesser than the worker ants and so the system is not actually set in place for us to survive it. That’s the whole purpose of it, so that’s why we spend a lot of time in our communities trying to survive and keep our communities alive, but the system is never going to help us, that’s not its purpose.

Aboriginal and Torres Strait Islander conceptualised and led

Many research participants noted that such complex and nuanced issues as family violence and healing require approaches that are conceptualised and led by Aboriginal and Torres Strait Islander people who are diverse in terms of differing experiences and expertise. They voiced their frustration at ongoing top-down approaches. One Queensland participant described an experience where Aboriginal and Torres Strait Islander women decided to set up a women's shelter: however, then found when they got funding, they were excluded from the planning and development of the shelter: "So we're dealing with bureaucrats who know nothing about the cycle of violence within our community, and how to engage to get women to feel a lot safer." Another participant from Queensland stated:

Programs have got to be delivered from the group up, you know, in consultation with the community. But sadly, you know, we're driven by government policy, government political agendas, when they advertise for grants, it's usually what will get them over the post at the next election. And not really driven up from the ground in terms of what our needs are.

It is of paramount importance that Aboriginal and Torres Strait Islander voices and knowledges around healing and family violence are heard.

Unfortunately, this has not always been the case, and the anger and frustration at this is still fresh in the minds of many, as noted by one participant from Victoria:

I'm 51 now and I remember in my 20's, at university, living on my grandmother's Country, having discussions, seeing Elders being consulted with. I remember that was a big, no-go thing back when I was in my 20's. All of our Elders were

being consulted, and they were speaking the truth, real plain English, and I think it just went over people's heads. It was either that or the people or the universities just wouldn't accept what they were saying into their models because it didn't fit. It just didn't fit. They hadn't done any reflective process at all to be responsible, at times, to what the Elders were sharing. And I think that we lost so much, so much during those decades because most people have gone now. They've gone, and what they spoke about was not heeded. It was just thrown away, not listened to, not respected. I get angry when I remember that. I've got a trauma around that because I know how valuable that information was. And I still find myself as an Aboriginal male working in the community services sector, that I'm still faced with the same barriers of having people to even consider that the knowledge that I'm sharing is at the same level and of the same importance as the frameworks that they work to.

There was a desire amongst many participants at the ANROWS symposium for bureaucrats within government departments to be held accountable for bad decisions, rather than Aboriginal and Torres Strait Islander communities being blamed for the failures of top-down approaches. There was also frustration at mainstream community service organisations failing to provide adequate services and programs specifically for Aboriginal and Torres Strait Islander communities when, in many cases, they were receiving funding to do so.

The need for programs to be locally-specific and locally-driven was emphasised – as summarised by one participant from Queensland: "Mob needs to be the ones designing programs for mob." It was generally agreed that what is needed is for Aboriginal and Torres Strait Islander communities coming together to determine what they need, and the strengthening of Aboriginal organisations and programs to better position them to provide healing

programs that address family violence. One interview participant from Queensland described how their program response is directed by community Elders, and this was what they felt was responsible for the success of the program and “what keeps us strong ... I can’t stress that enough.” Another interview participant from the Northern Territory also acknowledged the value of community input, regardless of qualifications:

I’ve learnt to listen to people’s ideas in community that aren’t from a professional community services background. Not just the Elders, but, you know, just fellas. A good idea is a good idea. It doesn’t matter where it comes from. In my experience, some of the best ideas come from the people you would least be looking at for direction or ideas that you would formulate some kind of program around. But in my experience, the best ideas come from the community that we’re actually serving. So, I think we should eat a lot of humble pie there, and understand, you know, when we talk about self-determination, we’ve got to really understand what that means ... the best ideas are always going to come from community. And that we should champion it.

Holistic, collective, rebuilding connectedness and fostering self-empowerment

The holistic approach of healing programs that respond to family violence was reiterated by all participants as a key element of “what works”. It was noted that Aboriginal and Torres Strait Islander communities take holistic approaches to family violence and do this at every level of service, including health, law, housing, employment and criminal justice – hence, culturally-specific healing programs that respond to family violence are an integral part of a larger web of culturally-informed therapeutic systemic

approaches. These approaches are sometimes described as “whole of community” approaches.

When asked to elaborate on what this “holistic” approach was comprised of, participants offered a number of aspects, including:

- a “one-stop shop” – a holistic program enables all of a person’s needs to be met in the one place, without the risk of having people “slip through the gaps” between service providers as may happen if they were being referred on elsewhere
- being able to target the individual but also the family and broader community. This includes being able to accommodate the needs of all members of a family, and even those who do not live in the same household but are part of the wider family group
- having the ability to assess every individual and their situation on their own merits and respond to their unique needs with a tailored approach. This comes from an understanding that each person’s healing needs, and journey, are unique
- utilising traditional healing methods and incorporating culturally therapeutic informed approaches to healing to at least work in parallel with other western approaches, such as Cognitive Behavioural Therapy
- allowing families to stay together if they want to, rather than be forcibly separated
- working to prevent the crises in families that can result in separation
- working with the strengths of the individual, family and community
- the provision of long-term support and maintaining a consistent presence – as one NSW participant stated, “it’s not a five-minute fix. This is long-term stuff that people need to work on”

- being client-led – the healing journey was described as something only the individual can determine in terms of needs and duration.

Participants also noted the key element of rebuilding connectedness and family cohesion with a focus on connections to culture, family, community and Country, and fostering of self-empowerment and self-esteem. One Victorian participant expressed that the two key principles of their service was “helping clients to be safe, and then supporting them to be empowered to make their own decisions around the changes they wanted in their lives”. This sentiment was echoed by participants in the ANROWS symposium, as one explained: “it’s about empowerment, it’s about self-determination. Because at the end of the day we have to give our mob the tools to be able to look after themselves.”

Another participant from the NT emphasised that so much of Aboriginal and Torres Strait Islander social and emotional wellbeing relies on connection to Country, culture and community, something that “will never be able to be delivered in a mainstream service”. While many participants felt that in general there was a failure of mainstream service provision to adequately address these areas, this particular participant had noticed “there is a willingness now to listen, the door is open, the opportunity is there, and the idea is just to pump the narrative full of the context that is so rich coming from our knowledge base”.

Networks, partnerships and collaboration

Healing programs that respond to family violence rely on effective networks, partnerships and collaboration. It was in this space that many participants proudly described evidence of how their communities work together. In fact, much of the willingness of over 60 workers in the healing and family violence sector to attend our symposium for the purpose of this project

was their desire for more opportunities to collaborate. Many participants spoke about how they often used their relationships with staff at other organisations, services and programs to help meet their clients’ needs. For example, a participant from the NT described how the healing program he was involved in had established a network of Aboriginal male colleagues who worked in various Aboriginal and mainstream supporting services, which he referred to as “a very strong ward of community workers that are just constantly there”. The benefit of this core group was consistency, and their noteworthiness in the community as being trustworthy and respected. This network gave clients of the healing program “a feeling of being held through their process of learning”.

Two NSW participants described how crucial effective partnerships were to case managing clients collaboratively. Good collaboration results in better provision of care, and the outcome for these clients can be “extraordinary”. As one of these participants stated:

You’re only as good as your partnerships when it comes to case management. I don’t care what anyone says ... if we’re not all working together for the same client, for the same goals and you know, that long-term stuff, it just doesn’t work. You can’t do everything by yourself.

Working collaboratively helps continuity of care when clients are required to move between service providers – a time when many participants identified clients can be at risk of “slipping through the gaps”. However, as the NSW participants described, working collaboratively requires the ability to be assertive, “stand your ground and hold your own” in order to advocate effectively for their clients:

Because it’s all about your credibility. If you don’t have credibility, you’re not going to get referrals. And, you know, people trust us, because we do what we say and we work really hard and we advocate really hard, and if that pisses people off, so be it. I’m not here to be your friend nine to five.

We're here to do a job, and you know, the clients come first.

Challenges to collaborative case management include other services having accessibility criteria that excludes clients, such as a requirement that the client press charges against the perpetrator, and other kinds of cultural incompetence. Many participants who worked in the field discussed having to educate and support non-Indigenous service providers. As one NSW participant explained:

We're educating the mainstream workers who we work with consistently. Consistently consoling, consistently being asked really dumb questions ... that's part of your role as well. People always ask me cultural questions: how do I engage with an Aboriginal client, what services? So, you know, you're not only doing your job, you're helping someone else do their job. And you know, it's just there's so much work to do and only a short amount of time in the day to do it.

These moments of incompetence are opportunities for mainstream services and institutions to try new approaches to working with Aboriginal and Torres Strait Islander communities. Participants from a NSW Aboriginal and Torres Strait Islander Men's Group spoke about a supportive relationship they had built over time with the local police service, which included an agreement that police would only come to the Group if invited as guests, not to raid the Group looking for individuals that might have a warrant. This means the Group remains a safe place for those needing support, but also allows the police to come and speak with the men, even "just to have a cup of coffee and talk". The local police service provides some support for the Group financially, purchasing art and supplying shirts, which to the men shows some reciprocity for the education the men in the Group are providing them. The benefits of this partnership have also extended to other programs and parts of the community, including programs that aim to keep youth out of custody, and calling on members of the

Men's Group to attend the police station as a "sponsor" to support someone if they have been arrested. Members of the Men's Group also saw benefit in educating police officers, so Aboriginal and Torres Strait Islander members of the community can have safer interactions:

This is all part of educating them as well as helping us. So, whilst we're healing ourselves, we're supporting, we're working with police to educate them in what we do. And that's why they're attending and that's why they get educated in it. And if you can work from the top down and get the foot soldiers that are the ones that are out in the street, get them educated from the senior management ... it's going to take a while, but it'll finally get there, it'll work.

Building trust between the Men's Group and other service providers has also been a vital goal of the Group that has reaped many rewards. The local Aboriginal Medical Service has worked with the group to create a "wrap-around" men's health program enabling men to access a "one-stop shop" that can then link them with whatever services they might need. As one member of the Men's Group noted, "I think that's a really powerful part of this Group."

Another participant from Victoria who works for a mainstream organisation explained how the mainstream organisation, through him in his role, were forging a partnership with an Aboriginal Healing Service, "to walk side by side with them in a way of partnership ... in a new way of doing partnership, but what I mean by that is a partnership where, you know, we understand that self-determination leads, that we don't have any privilege at all as a mainstream agency".

Trauma-aware, healing-informed and strengths-based

The majority of research participants described trauma-aware, healing-informed and strengths-based approaches as key to the success of healing programs that respond to family violence. Trauma-aware practice was described as taking the whole family and wider community into consideration, and accounting for current, recent, past and intergenerational trauma. One NSW participant described a process of exploring trauma that may have been experienced by family members, as well as what avenues of healing may have been available and attempted. The key focus of this was on identifying intergenerational trauma, and doing so early on:

It gives us a good framework of what are we working with and where do we start from. Because if we don't know that, we don't know where to begin, because everybody has a crisis. But are you in this crisis because there's intergenerational trauma and no one's ever dealt with that and you're just carrying that through? ... So it's having really light conversations, but very early on when we meet them. And that kind of sets up where we're going from there.

However, many ANROWS symposium participants described “trauma-aware” and “trauma-informed” as popular terms adopted and claimed without genuine substance by many practitioners. There was a common perception among many participants that mainstream services, particularly government organisations, were not trauma-informed. One participant gave the example of clients being removed from services for being agitated or hostile without an assessment to determine the possible reasons behind their behaviour. Another gave the example of “leaving the door open” for referred clients, so they could access the service when they were ready:

When we get the referral, the way we work trauma-informed wise, is if somebody doesn't

want to work with us at that point, we don't say okay well you can't ring us back, we say okay well here's our details, if you need us call back. And it could be 10 times that we get a referral for them and they don't talk. Being trauma-informed is being there for them on the 11th call.

Many participants expressed a desire for further training in therapeutic and trauma-informed practices that also adequately acknowledged the specificities of working in Aboriginal and Torres Strait Islander communities. For example, a Queensland participant reported feedback from Elders in her community that trauma-aware practice was falling short in terms of “the essence of being”. “Being” was described as “not just about what happened, it's about understanding that trauma”. While mainstream health views the trauma from the perspective of what has happened to the individual, what is needed is a focus on the implications that trauma has for that individual and the people around them as well.

Being healing-informed and strengths-based was described by participants as working with the strengths and building on individual, family and community capacity, and having a proactive rather than reactive focus. For example, a NSW participant described how part of their trauma-informed approach includes identifying the client's strengths and working with those, rather than just viewing them as a victim. They described their program as being built around the client being able to choose to opt in, rather than being mandated to participate. Another participant from the ANROWS symposium described providing clients with information and walking them through the choices that lay before them, so they could make informed decisions:

These are the choices that you have, you can make whatever choice you want, but this is what could happen. So, it's about informed choices, but also dignity of risk. Everybody has the right, and that comes with informed choices. If you tell

somebody that this is all the information and allow them to make a choice and give them the dignity to do that, then they're more likely to engage with you and be supported by you because of the trauma-informed practice, but also the healing-informed practice of saying it's your choice, you're at the centre of this because at the end of the day when I leave, you're still living it.

Many participants described trauma-awareness as also extending to the staff working in healing programs that respond to family violence. Some described the recognition being given to the trauma resulting from violence they may have themselves experienced or perpetrated, and their own personal healing journey. There was also recognition of the trauma they experienced vicariously through their clients. Participants in the ANROWS symposium particularly spoke about the vicarious trauma experienced by staff – “if you have clients that have trauma, you take on that trauma because you have to hear their stories” – and that being an Aboriginal worker is not confined to business hours – “you go to the footy game on Saturday and people know that you work at a healing service ... we live it and breathe it, we take it home, it's 24/7”. As one participant stated, “staff are part of the community who are connected to that trauma also”. One NSW participant described giving staff four paid “mental health” days off per year, explaining “I'd rather put somebody off a day, than set them back a lifetime.” Another NSW participant described how their workplace provided “self-care leave”, which was a mandatory week off every three months, as well as the ability to work from home when appropriate:

I think it's just that recognition that actually the work we do like is pretty full on and having that flexibility and having that recognition that sometimes you just need to work from your home in your pyjamas and that's okay. Like, you know, it doesn't mean in your job you're doing any less or you're any less productive, but you're just a bit more comfortable doing it.

Centring people who have experienced family violence and implementing non-carceral responses for people who have perpetrated family violence

Research participants commonly reported that addressing family violence in Aboriginal and Torres Strait Islander communities requires thoughtful engagement with both those who have experienced and those who have perpetrated family violence, not as separate categories but as parts of complex lifetimes of experiences, as well as parts of communities and families as a whole. This was felt to be an element of “what works” with healing programs that respond to family violence.

While such programs specifically targeted men as perpetrators, it was emphasised by participants that those who have experienced family violence, and their families and communities, were also the focus of their wider approach. For example, the Men's Group located in NSW discussed working towards adopting more aspects of the behavioural change approach. They see women, children and family as critical to this, not only helping shape how the program develops and is implemented, but to enable all members to support each other in their healing journey both as individuals and as members of families and communities.

Other key elements discussed by participants included the ability for men to share their experiences and learn from each other, and to be empowered. As one Queensland participant stated: “In our culture, how can men be empowered when they're not even supported in the education system, employment system, incarceration system?” Participants from the Men's Group in NSW noted that it's one thing to provide a man with the tools to change their behaviour, but what is needed is the ongoing support to help them actually put those tools to use, and

actually make the changes needed. And this is what healing programs that respond to family violence that specifically target men aim to do.

The consensus among participants was that there are not enough of these programs available, particularly in more regional and remote areas. It was felt that more non-carceral responses like these healing programs, and other services that could provide a safe space, not only for those who have experienced family violence but also for those who have perpetrated family violence, would help divert many Aboriginal and Torres Strait Islander men away from incarceration. These discussions also led participants to discuss the positive potential of automatic systems of referral to healing programs for both those who have experienced and those who have perpetrated family violence, and also the need for more early intervention. Some participants discussed the advent of programs teaching girls about healthy relationships, and the question was raised why programs weren't teaching all children about healthy relationships and unacceptable behaviours. Particularly, as this relates to identifying abuse.

Participants also discussed the need for services and programs for men who have experienced family violence and particularly sexual assault. Participants from the Men's Group also discussed their own journeys, realising they had both experienced and perpetrated family violence. Not all men feel able to disclose this in group settings with members of their own community, particularly where they are concerned about how internalised homophobia or gender norms may impact how they are perceived as victims of violence from other men. It was suggested that services that enabled anonymity, such as a telephone helpline, may be appropriate avenues of support. Yarning SafeNStrong, a free and confidential counselling helpline recently established by Victorian Aboriginal Health Service, was discussed by participants from Victoria as being a promising example of such an avenue.

Sustainable

Participants were unanimous in their reports that healing programs that respond to family violence need sustainable human and fiscal resources in order to have their desired impact.

As noted above and in the literature, Aboriginal and Torres Strait Islander communities show incredible resourcefulness and innovation to support their people often through informal and unfunded networks of support and services that are formed out of sheer necessity. Participants reported that many healing programs that respond to family violence rarely receive secure, ongoing government funding. They are either run by community members through their own generosity and ingenuity, or they are attached to a larger organisation. A perfect example came from an interview with Sistergirls from Darwin, who spoke about running Bingo to raise money for a health clinic. In fact, the hope that this research might help these programs gain more funding was a compelling force for many to participate. As one interview participant stated, "We don't get paid to love. And that's what holds us all together, is the love."

Many participants expressed frustration at Aboriginal and Torres Strait Islander programs not being adequately funded, some believing it was due to a government perception that Aboriginal organisations are incapable of managing the finances. As one participant from the ANROWS symposium stated: "I feel like we'd feel more confident and empowered to access more of the funding. Because it's like we're having to constantly explain to people, especially to white bodies, why we need this money." Meanwhile mainstream organisations are being given the resources but according to these participants are failing to deliver appropriate and effective services. Participants at the ANROWS symposium who worked in the family violence field noted the deficit approach taken with family violence and other issues impacting Aboriginal and Torres Strait Islander people continues to frame Aboriginal and Torres

Strait Islander culture as the problem. However, they emphasised that family violence is not an Aboriginal and Torres Strait Islander problem, but is a problem of colonialism, and therefore the responsibility of resulting governments.

Because the very nature of healing is long-term, funding for healing programs needs to be long term. When asked what they felt Aboriginal and Torres Strait Islander healing programs that respond to family violence do well, many participants reported “providing real time responses”. This meant having the flexibility to be able to deliver services and programs in places and spaces that participants felt comfortable, and at the time that they need it, regardless of business hours. As one Queensland participant stated: “Too many programs are written and delivered from nine to five, that’s not when the problems happen. Family violence doesn’t just run weekdays from nine to five.”

Being able to respond in real time requires having the required human and fiscal resources. Unfortunately, cycles of funding were reported by participants who worked in the field to be short-term. The problem with this was that it meant much needed programs would be established, only to then end when the money ran out. As one NSW participant stated: “It’s like you set people up and then you pull it out from underneath them.” Many participants at the ANROWS symposium described being caught between either spending their time chasing funding or spending their time actually doing the work they are meant to be doing in the first place. As one participant commented about the frustration of short-term funding cycles: “So if you do get a grant, you’re like ‘phew’ for a month but then you realise that month has to actually be spent trying to get more money.” Another commented:

We have to really bust our asses to try to secure funding, try to make things happen, try to get things ready. Because like we can run a whole bunch of programs and not focus on funding

because we’re so unfunded especially in the areas talked about today, and then it just falls apart. And I think that’s a lot of these organisations’ biggest focus, biggest fears is turning into an org that no longer exists because of a lack of funding. Yeah, it’s tough.

Part of the frustration for many programs lay in how to try and progress to that next level of service delivery, where they can have a chance to actually deliver what they see is needed. For example, the Men’s Group in NSW that participated described how they envisaged the Group ideally operating, the services they’d like to see offered, the way clients could be provided with a holistic, long-term healing program. However, due to a lack of long-term funding, this continued to remain out of their reach, and instead they remain trapped “just going around in circles”.

Indeed, participants who worked in the family violence field described their work as fuelled by love and commitment to their communities, driven by a bigger vision than just doing their job – their care for their clients, who are their family and community. These workers go above and beyond their job descriptions, and frequently run informal components of services and programs in the absence of funding simply to meet community needs. One NSW participant described the pressure that this work places on staff:

There’s no nine to five for us, it doesn’t stop, it’s 24/7. Even though we try and have our private times with our families. You know, when you go to Woolies you’re not going to say no to a client when you get stuck in an aisle and they ask you a question because that’s just the way it is ... We all work super hard. I don’t believe anyone works harder than Aboriginal workers, to be honest. We don’t do the nine to five and go home. It doesn’t happen.

This same participant described how closely they worked with clients, and the pleasure they gained

from seeing how far their clients would progress. However, there was often a cost for this dedication and commitment to working for their community:

I know the program works really well and we work super hard and we're always evolving and changing, and we do the best we can but there's only three of us. And, you know, I'm really mindful of burning staff out. I'm on my second team now, so you know, I've only been here like nearly three years and I've already burnt one team out.

The pressure to meet the expectations of community was a driving force for many to “go above and beyond”. The obligation to community makes it particularly difficult to manage the shortage of funding. One NSW participant described frequently being put in “no-win” situations, where pushing to get a service for one member of the community came at the cost of making another community member wait. Some participants also described the difficulties faced by Aboriginal staff working in identified positions in mainstream organisations, including not feeling respected and valued in their role, and when the mainstream organisation fails to understand the importance of engaging and consulting with community. One NSW participant noted that the opinion of community Elders would always mean more to them than that of any employer:

I say to my boss “I don't even care what you think.” I said “You don't have to deal with the Elders here in the community. Like, I'm more worried about what community think of me than you.” So, you know, I really couldn't give a shit what he thinks. At the end of the day, get growled out by an Elder, that's worse than getting growled out by my boss.

One NSW participant described the pressure they felt from both the white and Black community, to do a good job in delivering a program:

The other thing too is that the hardest thing to overcome, and especially, you know, a community like these fellas and us, when you got Black on Black shame, or you know, you got this family that wants to bring me down because you trying to do better, you're always being watched by your own mob expecting you to fuck up. It's lateral violence. So, no matter where you come from, what you do, whatever you pick, you've always got people in the background watching you. You've got white people watching, you've got your mob watching you. In the meantime, you know, you're trying to help young fellas over here, they've been told to watch you. You're always competing against yourself and striving to do better, or you fail. That's it. There's no in-between.

Shared recognition

Participants discussed the benefit of clients spending time with other people with similar experiences and needs. One participant from a Men's Group in NSW described how realising there was a shared experience helped some men who had been feeling disconnected and isolated to reconnect with other people.

On this theme, many participants referred to a “shared recognition” between Aboriginal and Torres Strait Islander workers and clients, whereby the history, current situation, and culture of each is shared and understood. Both workers and clients have a general understanding of where the other is coming from. This understanding offers a unique kind of empathy and relationship that is integral to healing programs that respond to family violence. Further adding to that is the frequent incidence of workers themselves having experienced family violence and trauma, and are on their own healing journey. Clients may also be workers in the healing and family violence fields. Thus, each may at some time have been in the other's position.

Elders were unanimously described as a vital part of any healing program that responds to family violence, as mentors and guides. Another common argument among participants was that the people designing and delivering such programs should have personal experience of such issues themselves. As one NSW participant stated:

Someone who's been on their level, like you get blokes who'll try and tell them what to do and they've never been there before. Like, you need someone on their level of experience, who's changed their life around and been there. And knows what goes on behind the scenes.

Another participant elaborated:

If I was looking to run a men's behaviour change program or something like that in Moree, I would be speaking to the services in Moree. I wouldn't be bringing an out-of-towner because they've got to be a local. In the Aboriginal Community, they've got to understand the problems that are at hand, the problems that we face, and the problems that we're going to continue facing for a long time. You send a white person out there and they try and teach me, I'm only going to take the skill set that he's got and change it to how I want it. You know?

Participants from Queensland also emphasised the importance of the cultural aspects inherent to working with clients in healing programs that respond to family violence and expressed a preference for people with life experience. As one stated:

We don't want fresh off the boat from high school or uni. I'd rather talk to someone about my personal issues to someone who's of maturity, has understanding, compassion, sympathy and empathy ... I want to see counsellors in there that you know, are a victim but have become empowered enough to become counsellors and can communicate with me.

However, participants conceded that training and qualifications had their purpose in the healing and family violence space, but felt the lived experience was essential. As one NSW participant stated:

Obviously, people need to be educated but you can go to uni for 100 years on domestic violence and not live in it and still not have the full understanding of it because everything you're reading is from a book. You don't get that emotion. You don't understand the feelings.

It is the life experience and cultural knowledge that puts these qualifications and skills into the necessary context. However, some participants noted that some non-Indigenous service providers still manage to work well in the field, and they felt this was down to them having compassion for the person and the community, and being authentic, in that they genuinely want to help. It was suggested that non-Indigenous service providers who had proven themselves to have these qualities were ideal candidates for partnerships with Aboriginal programs and service providers, where the relationship could be mutually beneficial.

Participants from Victoria expressed concern that the recent introduction of mandatory qualification standards in the family violence sector was preventing those with lived experiences working in healing programs that respond to family violence. They felt that this failed to give adequate recognition to cultural knowledge and lived experience, as well as the importance of building relationships and the need for people to understand the communities they work in. They highlighted that Aboriginal and Torres Strait Islander people are underrepresented among those with tertiary qualifications, and stress that it is already difficult to fill identified positions in this sector.

Participants from Queensland who worked in disability services described the difficulties posed by the inability to employ anyone with a criminal record and the impact this has on their ability to provide peer-to-peer support. They provided the following case example:

We talk about supporting people who have been impacted by domestic and family violence, or the disadvantage that comes with that, and our workforce is representative of that. So, we have a workforce that has been impacted by domestic and family violence, or when they were younger, they may have perpetrated domestic and family violence. Where it comes unstuck for us to provide like for like in matching our workforce with our tenants has been the system, and in this context obviously Queensland, that does not allow us to employ people that have historical domestic and family violence. And so that makes it very difficult to be able to give true essence to the way Elders have helped us design our program for the tenants that we provide support to.

However, these people are the very people they are wanting to try and help, and would benefit from this kind of employment:

We all know that work is a protective force. We know that, particularly for our Aboriginal men and Torres Strait Islander men, the strength of them being strong comes from work. Their identities were: I'm providing for my family, I'm providing for the community, I'm doing that leadership. When work is being taken away from them, then we watch their spirits get broken as well. How come I can't work? I did that crime back in the olden day. You know? And that has really, really impacted on us. We're seeing that also bleed into the worker's screening provisions for the National Disability Insurance game, and it will make it much more difficult for us to employ people who have previous criminal history ... We do it because that's our way of doing ... we're trying to navigate this bloody nightmare of, you know, it's almost, it's almost a structural racism that prevents us from employing the people we need to care for those that need to be cared for proper way, our way.

The lost opportunity is evident:

The cultural knowledge that they bring to understanding particularised behaviours, to understand how to care for that person when their spirit is upset, and when they're hurt has been utterly profound. And yet we're told we can't employ them. But I see the difference in the tenants who have been supported by them, they're completely different people from who they used to be. We've just got a system that's telling us "they can't work for you."

Across the board, many of our participants were advocates for opportunities for people who were former offenders and believed in the capacity for people to change and to participate in healing others are part of non-carceral, healing approaches for themselves.

Trust

The benefit of meeting the expectations of community was summed up by participants in one word: trust. Trust is a major factor of success for healing programs, particularly in regard to family violence issues. Many participants described the hard work that went into building credibility and ensuring client's feeling of comfort and safety when accessing their services and programs. Trust was also described as having confidence in what was being delivered, that the staff know what they're doing, and that the program is able to achieve what it aims to. And as participants from Victoria explained, trust enables successful engagement. As one NSW participant stated:

You've got to win that community. If you don't have the trust of that community, they're not going to go to you. Doesn't matter how Black you are, doesn't matter how good your program is, doesn't matter how much money you have. If they don't trust you, it ain't going to happen.

The Men's Group from NSW certainly emphasised the importance of trust for their members, in the Group providing a safe, non-judgemental place. This trust was something other service providers were able to benefit from, by attending the group and enabling members to get to know them and the services they provide. Given that past experiences of contact between Aboriginal and Torres Strait Islander people and white service providers, particularly of government departments, has left a legacy of distrust that is very hard to overcome: facilitating the building of such trust in mainstream services is an invaluable offering given by the Men's Group.

The building of trust in mainstream services was reported to be assisted by having Aboriginal people employed there, however it was emphasised that this alone did not make the service culturally appropriate. Even participants from mainstream services affirmed that community initiatives and community-controlled organisations were still in higher standing with local communities, and thus able to deliver trusted programs and services.



The experiences and needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people

It should be prefaced here that recounted threats and actual incidents of violence inflicted by family and community members, both in person and on social media, featured highly in the yarning group discussions held in the Northern Territory (NT) with transgender participants. Many NT participants were Sistergirls, and many had both supported their communities with addressing and responding to family violence, and also required access to programs that responded to family violence at some point. In all cases, participants who reported family and community violence reported being directly targeted for being queer and/or transgender. Homophobic and transphobic violence was reported by participants as family violence.

The other common feature was the expression of frustration at the fact that we were still at the stage of discussing the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people, rather than funding direct responses to those needs. As one Sistergirl participant stated:

These kinds of conversations have been going on for years, and still nothing has been progressed. We come to the table, every time discussing this service around, you know, identifying, or accessing services that should be available for us, like everyday life in this society. Aunt has been sitting on boards for years, I've been to New York, went to the UN, talked about wellbeing and Sistergirls' issues, and still the recommendations, implementation of services or what's available in community hasn't even got there yet. It's just all talk, but it doesn't progress.

Aboriginal and Torres Strait Islander LGBTQIASB+ people who participated in the project reported varying levels of acceptance within their families, communities and cultures. Some Sistergirls described having been

taken to men's ceremony in an effort to try and change them. Others described the inability of transgender community members to attend women's or men's cultural activities. One Sistergirl participant reported that in her home community, she is unable to attend women's ceremony: however, in the community she has relocated to there is no separation of genders for ceremony. Another participant felt that while there is men's and women's business, there is also trans business, and that this has been "completely disappeared because of colonisation". Other participants also noted that colonisation, and Christianity, has prescribed heteronormative ideals that previously did not exist in Aboriginal and Torres Strait Islander cultures. As a result of the lack of acceptance, and of violence, some LGBTQIASB+ participants described having to leave their families, communities and homes. These participants described themselves as "a minority within a minority" and spoke about how important it had been for them to connect with other LGBTQIASB+ people when they relocated.

Darwin Indigenous Men's Service was recognised for its efforts to be accessible to LGBTQIASB+ people, even providing support groups and retreats for Sistergirls (Blagg et al., 2018). However, many LGBTQIASB+ participants expressed they did not feel their local services or the community-controlled organisations they relied on adequately serviced or supported them regarding family violence or healing needs. Many participants also described incidences of being refused access to services on the grounds of gender discrimination. For example, Sistergirls reported being unable to access women's services and shelters. One Sistergirl participant expressed that this was a denial of gender based on how people looked, and believed that non-Indigenous transgender women were more likely to gain access because they were more likely to be able to afford and access treatments to enable them to pass as a cisgender woman:

Our Sistergirls come in all shapes and sizes, they come with beard, they got a good figure, but they say, “Hey you still have a man face.” Are they accepted in our women’s shelter? No. They look at them as male. And it’s about time that we need an educational program that could actually stop the discrimination and the barrier of hating another person who looks different. Like you know, the white transgender people, they go to women’s shelter. Because they got breasts. They got their reconstruction and Black people can’t afford to have breast implants or to have sex change operation to look good.

Participants in the ANROWS symposium recounted similar stories where access was refused, for example: “people are not allowed to join in because ‘this is the weaving circle for women’. And they’ll identify as a woman, but ‘no sorry, but you’re not really a woman.’” It is clear from these responses that Sistergirls and transgender women are being denied access to services specifically because they are transgender, which is discrimination.

Gay men escaping violence are also unable to access shelters because they are designated for women only. As some workers from NSW commented: “If something’s happening in someone’s life, why can’t we just help them?”; “Why can’t we just be humans helping humans?”; and “What happens if you don’t identify as male or female? Where do you go to then?”

Some participants noted that clients of their service were often still reluctant to identify as Aboriginal and/or Torres Strait Islander in mainstream organisations, let alone LGBTQIASB+ in Aboriginal and Torres Strait Islander-specific services. Concerns about confidentiality were given as a common reason for this – “a lot of mob won’t go to the AMS for their queer-related issues because mob talk” – as well as the perception and experience of certain Aboriginal services having been historically homophobic spaces. LGBTQIASB+ participants emphasised the double bind of discrimination they experienced when

accessing services: mainstream LGBTQIA+ services because of racism and cultural incompetence, and Aboriginal and Torres Strait Islander services because of their homophobia and transphobia. As one participant from the ANROWS symposium stated:

Where do you send a trans person who doesn’t feel safe going to an Aboriginal controlled organisation or something that’s meant to be for them? Because they absolutely don’t feel safe going to the white one. It’s scary. So much work to do.

These participants commonly reported not feeling safe even when accessing services that are meant to be offering them safety. A number of examples of incidents where they themselves or others had been treated poorly or neglected entirely by service providers were provided, including one incident where a Sistergirl was described by a service provider as a “crossdresser” who was “really high off their face”, bad for business and posing a threat to children, when in fact they were seriously unwell and seeking help.

The compounding barriers to accessing care when someone is Indigenous, LGBTQIASB+, and/or living with disability were also highlighted. Many participants who worked in healing programs that respond to family violence were dedicated to change and wanted to work towards creating services where LGBTQIASB+ people would feel more accepted and able to access services. As one NSW participant stated: “We need to create that kind of community where whatever label you fall under shouldn’t impact who you can speak to.” Many of these participants reported noticing an increase over recent months in awareness and basic information, with some indicating they were including their pronouns and pride flags in their email signatures and finding that this was then quickly adopted by others in their organisation.

Many workers expressed that they had LGBTQIASB+ clients present regularly but did not feel confident or equipped to adequately deliver services to them and, therefore, were requesting more training. These reports and requests for more training were common across all workers, regardless of whether they were from regional, remote or urban locations.

There was a lot of discussion between participants who worked in the field around whether clients should be asked to identify as LGBTQIASB+ or not, and whether this might make clients feel more welcome or not. Some felt that their service or program should be equipped to accommodate everyone, regardless. Others felt that there should be programs and services specifically for LGBTQIASB+ people. As one NSW participant stated:

There are differences. Like, there's different language that you use – so I'm the Aboriginal specialist worker. I think you could probably do like, I don't know what you call them, the queer specialist worker or something. Because you know, the language and the community it's also changing all the time, what's appropriate today is different to a year ago. I think you need someone who's really immersed in that to be up to date with it and to be responsive and be like this is what we're doing, this is what we're advocating for. I just think it needs maybe a dedicated person who's across all of that, because at the moment it's kind of like you know, you do your training thing one time in a five-year career, and it's probably outdated by the time you finished it.

But the big challenge in terms of healing programs that respond to family violence, particularly when taking the importance of connectedness in healing into account, was understanding homophobic and transphobic violence and discrimination towards Aboriginal and Torres Strait Islander LGBTQIASB+ people family violence and addressing these issues as part of a whole-of-community approach.

The experiences and needs of Aboriginal and Torres Strait Islander people with disability

Much of the discussion between participants related to concerns regarding service provision for Aboriginal and Torres Strait Islander people with disability, particularly since the introduction of the National Disability Insurance Scheme (NDIS).

These included:

- people finding it hard to understand and navigate the system
- services choosing not to participate in the NDIS as they find it too complex
- lengthy delays for staff to be reimbursed for purchasing necessary items for clients such as clothing
- a lack of programs around healthy relationships
- an increase in service gaps
- a lack of resources to support people under the age of 18
- failings of the disability support system causing more trauma and mental health problems for clients.

In regard to healing programs that respond to family violence, participants who worked in the field discussed issues relating to ensuring their programs were accessible, in terms of physical access into buildings, and provisions for hearing impaired access. Some service provider participants believed they lacked the skills and experience to properly target and accommodate clients with disabilities. For example, the Men's Group from NSW identified the need for the Group to be more aware and better equipped to work with clients with mental health issues. However, there was also a commonly held belief among participants that there is always a way to overcome any barrier to access. As the Men's

Group explained, they have had many attendees with disability, including acquired brain injury, autism, ADHD, mental health issues, literacy and numeracy issues, and “we find the ability within the disability to find what they can do. And enhance that.”

Participants emphasised that a healing program that responds to family violence needs to prove itself to clients with disability to gain trust, and this was achieved through authenticity and reliability. As one NSW participant stated:

Being able to prove that your word is your word, being authentic. There's no other way because Blackfellas are like an old bridge. If you burn that bridge, it's gone. There's no building the bridge once it's gone. And the thing is, they're so used to being let down and disappointed their entire life, they're expecting you to fail. They're expecting you to give up on them. So, you got to break through those barriers of what everyone else has done to them their entire life.

Participants from a service in Queensland spoke particularly about their work around raising awareness about the relationship between family violence and brain injury. For example, how the effects of choking and strangulation can cause a hypoxic brain injury for the victim, and how that may impact on their capacity to either work or be able to care for children. They noted that as this particular issue has become more known, perpetrators were enacting other means of inflicting physical harm to cause brain injury. To keep gaining awareness of these means and methods in order to better equip family violence workers, police and so on, the service realised they need to spend time with people who have experienced family violence. This requires a great level of trust, established and earned within the community.

Networking with other services was described as essential for healing programs that respond to family violence in terms of working with people with disability. The commonly reported situation of having limited to no funding or staff means programs must work cleverly to build relationships with the services that are funded to cater for the things they are not. While this is admirable, it's also important to acknowledge the great deal of unpaid labour that participants reported in finding creative solutions to service clients with complex needs.

Many participants described how a key role of these programs for people with disability was the ability to provide connectedness – to family, community and Country. The awareness of how difficult people with disability may find it to maintain such connectedness was what participants described as a motivating force for their program to go out of their way to ensure people could access the program if they wished. One NSW service provider participant noted that while a strength of Aboriginal culture was taking responsibility for the care and wellbeing of others in the community, she believed that for people with disability this could sometimes place them at a disadvantage:

... because we're not getting the services and support for that client. We, as a community, are taking on responsibility and we're failing to some extent because there's so much more that a person can do to build their capacity. But we're saying okay, well, culturally we're taught from a very young age you're responsible for the next person, you look after your community, you look after everybody. But the flip side of that is we're not necessarily getting people the support that they need because we're becoming insulated within the community and only looking after people within the community. So it's a strength, but a weakness.



Engaging with clients when person-to-person contact is not possible

This research project was conducted in the midst of COVID-19 pandemic lockdowns and restrictions. For healing programs that respond to family violence, this frequently meant that person-to-person contact was not possible. This made it difficult to impossible for many programs to operate, for varying reasons. Some participants described how it made it hard for them to build trust within the community, particularly those working in programs that were relatively new. As one Victorian participant who worked at a remote service explained:

I think really the community trust probably is the biggest thing, which we're getting slowly. But I think the hardest thing about the challenge of starting something like this during lockdown, is how do you do that. The easiest way to get community trust is to go to community, but you can't go to communities. So, it's really been a slow journey trying to overcome those barriers.

The inability to work with clients in person posed the greatest challenge. For some programs and services, emails, phone calls, video meetings (such as Zoom) and social media were used as a means of being able to communicate and work with clients. A Men's Group from NSW described running regular live videos every week on their Facebook page to take the place of in-person meetings, enabling members the opportunity to watch and send private messages which would then be followed up with phone calls. This managed to keep members engaged and connected until they were able to attend in person again.

A Victorian Men's Group also described how the COVID-19 pandemic sparked their development of a Facebook Men's Group:

... so many Aboriginal men accessed that and found great comfort in that social network that

was created. It became incredibly vibrant and active, and still is today. There's postings every single day of men showing what they've made.

Similarly, a NSW program described using Facebook to create and communicate with groups and holding specific workshops via Zoom. This proved effective enough for the program to add online delivery aspects to their usual approach as an ongoing method, describing this as a lesson that the COVID-19 pandemic had taught them and an example of the need to be able to continually adapt and evolve. Another NSW program also reported deciding to continue to offer the ability for clients to participate in certain activities via Zoom but acknowledged that the ideal was still person-to-person. A Victorian program described how video meeting platforms such as Zoom and Microsoft Teams had really been useful in enabling them to network with other programs and services. A NSW service described a similar experience, explaining that this had led to the establishment of an ongoing regular Zoom "case conference" style meeting with other service providers, where they could ask each other for advice on particular client issues. And a Queensland service described how their young staff used Facebook to track down families of clients and set up regular facetime: "And that has been absolutely profound, you know? Where, after school for example, one lady, she can growl at her grannies [grandchildren] for being late home from school."

For these programs and services, the use of email, phone calls, video meetings and social media increased accessibility for certain clients in certain contexts. For example, one NSW service provider described how the lockdown meant she could have extensive telephone conversations with clients while working from home without the usual interruptions that would happen if she was calling from the office

– “the quality of engagement was higher”. Other clients seemed to respond well communicating via email, which seemed to be the introduction they needed to encourage them to later attend in person. Clients who were anxious in group settings preferred the Zoom meetings, and while this was not what the service provider felt was ideal, she recognised that if it wasn’t for the Zoom meetings, the client wouldn’t be participating at all – “I’m not really worried about it because they’re still getting more than what they had before.” Another NSW service provider described how certain clients who were considered vulnerable in terms of COVID-19 were unable to attend group activities, but thanks to these being able to be offered via Zoom this meant they could still participate and have that social contact.

However, for many programs, moving their groups or services online during the pandemic was not possible or was very difficult. A lack of resources, such as not having the capacity to moderate a Facebook group for example, was one reason for this. Another reason related to the need to be discrete, to ensure that clients can access a program or service without other members of the community being aware, and to ensure a person’s safety while they are participating. Participants in the ANROWS symposium discussed how this limited their use of online platforms to delivering content that was neutral, such as cooking or art, rather than content that could be identified as being related to family violence. Some described how they established safe words to be used by their clients in Zoom meetings. Another reason related to the skills, resources and attitudes of clients, such as literacy and numeracy skills in general, computer literacy and access to technology, having phone credit, and feeling confident to discuss certain matters over the telephone. Participants also discussed the cues that can only be picked up on when talking to a client in person, which are missed over telephone conversations and can even be lost over video calls. Some participants described feeling that the COVID-19 pandemic had made people who were already marginalised, such as people with disability,

even more marginalised. The removal of the ability to interact with their networks in person was felt to make some people even more isolated. For those participants who were service providers and program staff, having to work from home could also make them feel isolated, particularly without the ability to turn to a colleague in person and ask them for advice.

LGBTQIASB+ participants were very supportive of healing programs that respond to family violence using social media to communicate program activities and to enable connectedness. As one participant who worked for a LGBTQIASB+ support organisation explained, a particular activity they conducted on Instagram fostered conversations “around things like drug and alcohol, and dating, and the racism we experience in the queer community, and then also the queerphobia we experience in community”. They noted:

I feel like, especially for rural and remote mob who can’t get to the cities, for younger queer mob Instagram may be the only thing they can access that’s not filtered by their parents. Having a really flourishing Instagram is so important and has benefited us in so many ways but we also have a weekly feature of queer mob in community so that way people can see themselves and can see other people who are in community ... it’s kind of connecting people up which is really great.

The feeling of “being together” or being with people like themselves also reportedly led clients of healing programs that respond to family violence to maintain contact during the pandemic via self-initiated methods independent of the program itself. For example, a NSW program that did not use social media had found “that sometimes the women will attend the group, and then become really bonded with each other, and they will independently of us form their own like messenger group, or something to stay in touch”.

Moving forward

On Friday 9 August 2019, the Council of Australian Governments endorsed the Fourth Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022*, agreeing on five national priorities to reduce family, domestic and sexual violence (Department of Social Services [DSS], 2019). Of particular relevance to this research project is Priority 2 of the Plan, which is to support Aboriginal and Torres Strait Islander women and their children:

- Value and engage the expertise of Aboriginal and Torres Strait Islander women and men, communities and organisations to lead in the creation and implementation of community-led solutions to build and manage change.
- Build the workforce capability to ensure delivery of high quality, holistic, trauma informed and culturally safe supports that respond to the complex needs of Aboriginal and Torres Strait Islander women and their children.
- Develop innovative and alternative models of support for both those who have experienced and those who have perpetrated family violence that contribute to safe healing and sustainable behaviour change.
- Address both the immediate impacts and deep underlying drivers of family violence in Aboriginal and Torres Strait Islander communities through collective action with governments, service providers and communities (DSS, 2019, p. 5).

The following conclusions and recommendations arise from the findings of this research project and respond directly to the points of Priority 2:

1. “The evidence for what works is there, there’s just not enough of them”

Recent literature (see Cripps & McGlade, 2008; Healing Foundation et al., 2017; Putt et al., 2017) has specifically identified the need to map and analyse “what works” in Aboriginal and Torres Strait Islander healing programs that respond to family violence. As noted in our review of the literature, we know “what works” in terms of responding to family violence, and in healing programs. There are commonalities. Both share a holistic approach to wellbeing, are strengths-based, client-led, and focus on personal and social development, self-empowerment, and connectedness to family, community, culture and Country. They are both also anchored in self-determination, with programs being developed, owned and managed by the local community, and identification of needs being locally driven.

Early engagement with workers from identified healing programs that respond to family violence highlighted their sense of frustration at the research project exploring “what works” in such programs. Many felt they had frequently given time and energy to explain what the strengths and challenges were of their work in both family violence and in healing, and yet were still to see this result in any benefit to their cause. Repeatedly, they explained that they needed more programs and sustainable funding and yet nothing changed. Sistergirl participants also expressed their frustration at yet again discussing the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people despite years of advocacy and still no progress in terms of appropriate services. As one participant from Queensland stated, “the evidence for what works is there, there’s just not enough of them”, meaning we know what works, but

there are not enough healing programs that are adequately resourced to respond to family violence to meet the need. In particular, there is a need for many more programs that are non-carceral for those who have perpetrated family violence, men who have experienced family violence, people who are LGBTQIASB+, and people with disability who have experienced family violence.

Within Indigenous communities, the history of external oversight and imposition of belief systems, services, protocols, and punitive measures, cannot be separated from contemporary experiences, particularly in healing spaces. Existing community programs, established in response to local needs, are often ignored or co-opted by larger organisations, dismissing local staff along with their knowledge, expertise and ownership. Community programs emerge at grassroots level in response to a recognised, immediate need by local leaders. Due to the informality of their nature – formal governance structures, including evaluation processes, recognised by external stakeholders are rare, and funding even more so – they are not given the credit they deserve. The lessons learnt, adaptability and flexibility in responding to needs, successes and future directions for development are marginalised. As a consequence, as we found in conducting this project, asking the workers and facilitators of these programs to then contribute to external, imposed research, can be viewed as insulting. Instead of recognising the existence of proactive programs, reactive exploratory projects are funded, and the individuals successfully making progress at community level are disenfranchised from the process. They are hindered in their ability to continue the work they are doing with the trust they have established.

As noted, we identified a lengthy list of potential healing programs that respond to family violence, either past, current or in planning stages (see Appendix C). Aboriginal and Torres Strait Islander workers delivering such programs are overworked and under-resourced. From their perspective, as

workers on the ground, they are best placed to determine what the research needs are in this space, and how their time and energy participating in such research could more directly benefit their cause. One obvious answer would be to fund and resource internal research to evaluate the impact and outcomes of their programs and to assist programs to gain further and sustainable funding to ensure their programs to continue. ANROWS as a research organisation can have a critical role towards this end by championing Aboriginal and Torres Strait Islander-led research, empowering services with funding to conduct their own evaluations, employing Aboriginal and Torres Strait Islander people, and engaging with healing programs that respond to family violence from a genuine premise that recognises, respects and promotes the self-determination of the communities that deliver them. Mainstream services can also support this by auspicing funding to existing Aboriginal and Torres Strait Islander-led initiatives, groups, and programs.

Being Aboriginal researchers meant we had a vested interest in being reflexive and responsive to the feedback of the workers and facilitators of the programs we were in contact with, enabling the adaptation of the research design. This was also aided by the establishment of a Knowledge Circle, which has been a major mitigation strategy in this research project, to help identify and overcome any issues in a timely and appropriate manner. The Knowledge Circle has been critical to the success of this project, providing a strong connection to the research team, the service sector, the Aboriginal and Torres Strait Islander community and ensuring that the knowledge generated is applied in practice and to policy development. Organisations that wish to engage Aboriginal and Torres Strait Islander programs and services can also look to Indigenous research models to also be reflexive and responsive to community needs and to adapt accordingly.

The findings of this research project in terms of “what works” in Aboriginal and Torres Strait

Islander healing programs that respond to family violence hold no surprises. These programs view what they do as “anti-colonial work” – collective work against the injustices and trauma of colonialism. They must be conceptualised and led by the Aboriginal and Torres Strait Islander communities they are intended for. They must take a holistic, collective approach, and aim to foster self-empowerment and rebuild connectedness to family, community, culture and Country. They rely on effective networks, partnerships and collaboration. They must be trauma-aware, healing-informed and strengths-based. They should engage with both those who have experienced and those who have perpetrated family violence, and families as a whole. They have a base in a shared recognition and trust. Perhaps the only surprise is that given the evidence around “what works” and ongoing community feedback around what is needed, the most urgent complaint of all who participated in this project is that they still fail to receive sustainable human and fiscal resources in order to deliver the services their communities so badly need.

Recommendations

1.1 There is sufficient evidence that localised healing programs that respond to family violence work, and community members and service providers do not want to dedicate any more time or resources to proving that such an approach in its concept is effective. Instead, healing programs need to be adequately resourced with secure long-term funding. There is need for investment in existing programs, and, investment to create and expand programs that are non-carceral, preventative and that cater to people with disabilities and LGBTQIASB+ people.

1.2 There is opportunity for mainstream services to auspice funding for Aboriginal and Torres Strait Islander service delivery to community-controlled healing programs. There is overwhelming consensus among participants in this project, even those who work within mainstream services, that mainstream

services are not connecting to or meeting the needs of Aboriginal and Torres Strait Islander communities in a timely manner. Instead, they can auspice their funding to resource existing or emerging community-led programs which are connected and equipped to work relationally and dynamically in their communities.

1.3 Any program, project or service that works with or for Aboriginal and Torres Strait Islander communities needs to have embedded flexibility and adaptability, to be reflexive and responsive to community needs and priorities. Research and policymaking led by Aboriginal and Torres Strait Islander communities aids this process immeasurably, as does being guided by client and participant feedback, and advice from Aboriginal and Torres Strait Islander experts in their field like those involved in the Knowledge Circle.

1.4 Where desired, Aboriginal and Torres Strait Islander healing programs that respond to family violence should be supported to conduct impact and evaluation research. However, adequate ongoing resourcing must ideally precede or at least be the goal of this process. To evaluate programs and services that are under duress due to inadequate human and fiscal resources without this goal is to set them up for failure.

2. “Being able to respond in ‘real time’ requires sustainable human and fiscal resources”

It is widely accepted that family violence was never part of Aboriginal or Torres Strait Islander cultures or family life (Blagg et al., 2020; Cripps & Adams, 2014; Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007), but 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). Given family violence is a problem of colonialism, it stands to reason that addressing family

violence should be the responsibility of Australian governments. It is time that community-designed and driven healing programs that respond to family violence were adequately resourced and supported in caring for their own people through sustainable funding models.

As noted, Aboriginal and Torres Strait Islander communities show incredible resourcefulness and innovation to support their people often through informal and unfunded networks of support and services that are formed out of sheer necessity (Carlson et al., 2021). This results in Aboriginal and Torres Strait Islander-led programs that, despite their successes, struggle to achieve sustainable funding. Healing programs that respond to family violence are no exception. Participants described these programs as needing to be long-term, available outside of business hours, and able to respond in “real time”. As one participant from Queensland stated: “Being able to respond in ‘real time’ requires sustainable human and fiscal resources.”

The inability to secure sustainable funding is often due to the fact that Aboriginal and Torres Strait Islander-led programs are rarely recorded or accurately evaluated, typically due to a lack of resources, with time and finances being absorbed by the delivery of services. However, it should be noted that even in cases where evaluation findings provide evidence of success, this is no guarantee of achieving sustainable funding and, when services are already under duress due to funding limitations, evaluation can actually jeopardise the service and its funding. Participants described numerous programs, some of which we described in our review of the literature, that were backed by detailed assessments of the impacts and outcomes of their delivery, and yet had still ceased operation at the end of their short-term funding period, or were still struggling to exist, let alone function at their optimum capacity.

The pressure on Aboriginal and Torres Strait Islander workers delivering healing programs that respond to

family violence has also been detailed by participants in this report. These programs need adequate funding to enable the appropriate support of their workers in terms of leave, staff to client ratios, and access to additional personal healing and care. Workers have also requested more training in a variety of matters including trauma-aware, healing-informed practice; working better with LGBTQIASB+ clients; working better with clients with disability; and using digital technology to facilitate access when person-to-person contact is not possible.

The life experience of Aboriginal and Torres Strait Islander workers delivering healing programs that respond to family violence, including personal experience of family violence, has been described by participants as an invaluable asset to the role, and one that puts any formal qualifications and skills into the necessary context. Mandatory qualifications standards can fail to recognise the importance of the cultural knowledge and life experience of Aboriginal and Torres Strait Islander people in relation to employment roles and can be prohibitive to employment in sectors that already struggle to fill identified positions. Preventing the employment of a person with a criminal record is similarly prohibitive, particularly in sectors where such life experience is actually an asset to the role and where such positions strive to provide employment opportunities to those often disadvantaged when it comes to job-seeking.

Recommendations

2.1 Existing and new healing programs that respond to family violence need to be given long-term funding that enables quality service delivery, to adequately access and use digital technologies, and the ability to appropriately monitor and evaluate program impacts and outcomes and adapt accordingly.

2.2 Given the grassroots nature of existing healing programs, both existing and new healing programs that respond to family violence need access to funds with the potential to further develop and expand

their service provision, to better service the needs of their community, including LGBTQIASB+ people, people with disability, and people unable to access support in person.

2.3 Funding needs to also allow the adequate support of Aboriginal and Torres Strait Islander workers delivering healing programs that respond to family violence to maintain their own social and emotional wellbeing and foster their own healing journey.

2.4 Funding needs to enable Aboriginal and Torres Strait Islander workers delivering healing programs that respond to family violence to be provided with training in trauma-aware and healing-informed practices, working with LGBTQIASB+ clients, working with clients with disability, and the use of digital technology to facilitate access when person-to-person contact is not possible.

2.5 Any mandatory qualification standards and restrictions relating to criminal records that impact healing programs that respond to family violence must be reviewed in consultation with Aboriginal and Torres Strait Islander workers on the ground to ensure that they appropriately recognise and accommodate the value of acquired knowledge, relationships, and life experience and are not prohibitive to employment.

3. “Mob needs to be the ones designing programs for mob”

Mainstream Australian approaches to family violence and healing have been shown to be inadequate for Aboriginal and Torres Strait Islander communities (Cripps & McGlade, 2008; Our Watch, 2018). It is clear from this and previous research that the most effective approaches to addressing family violence emerge from Aboriginal and Torres Strait Islander communities themselves (Cripps, 2007). To describe a program or approach as “Aboriginal and/or Torres Strait Islander conceptualised and led” is to describe the driving forces behind it. It refers to programs or

approaches initiated by the local Aboriginal and/or Torres Strait Islander community, for the local Aboriginal and/or Torres Strait Islander community, to address their unique needs. In the initial stages at least, these programs are developed, delivered, evaluated and extended by the community, and are largely funded by the community through grassroots fundraising or the donation of time and other resources. In contrast, “top-down” refers to a program which is externally initiated, developed, evaluated and measured to success often largely absent of Indigenous community engagement. The current published research and scholarship on successful and evaluated Aboriginal and Torres Strait Islander conceptualised and led programs targeting family violence, and other issues, can be described as minimal at best. However, it is well known that Aboriginal and Torres Strait Islander people are already undertaking substantial works in supporting local communities, often absent of partnerships, formal program structures and funding (Morley, 2015). This means the impact of such approaches and programs is far greater than what is reported, evaluated and funded. Arguably, the lack of literature on this area reflects the isolation in which such programs and approaches emerge and operate.

While no Aboriginal and Torres Strait Islander community is the same, communities across the continent are aware of the structural and systemic factors that cause family violence and are productive of culturally informed, holistic, whole-of-system approaches necessary to address these issues (Filev et al., 2022). As participants expressed, Aboriginal and Torres Strait Islander healing programs all have shared anti-colonial goals. It is recognised that the knowledge and skills to facilitate healing from trauma lay with Aboriginal and Torres Strait Islander people themselves, and that healing is needed by both those who have experienced and those who have perpetrated family violence, and is an ongoing journey (Healing Foundation, 2016). As one participant from Queensland summarised: “Mob needs to be the ones designing programs for mob.”

Major factors contributing to success in healing programs that respond to family violence are the focus on rebuilding connectedness to family, community, culture and Country; the “shared recognition” of history, current situation and culture that connects those delivering such programs and those accessing them; and the trust that a program works to establish within its community. These factors, by their nature, can never be provided by mainstream services. However, mainstream services can contribute vital components to a healing program that responds to family violence. This can be achieved through the establishment of mutually beneficial partnerships at the local level that can enable collaborative service delivery. Collaboration requires accountability, transparency, and all Aboriginal and Torres Strait Islander leadership. Ideally, mainstream organisations can auspice funding to Aboriginal and Torres Strait Islander healing programs, which require sustainable funding and that are also successfully meeting the needs of Aboriginal and Torres Strait Islander communities in ways that mainstream services simply cannot.

Recommendations

3.1 Healing programs that respond to family violence must be conceptualised and led by Aboriginal and Torres Strait Islander peoples at a local level.

3.2 Healing programs that respond to family violence must be supported to build mutually beneficial partnerships with mainstream services at a local level to enable collaborative service delivery that is Aboriginal and Torres Strait Islander-led.

3.3 To genuinely invest in healing as an approach to addressing family violence, mainstream services must tackle issues relating to cultural competence, trauma-aware and healing-informed service delivery, and working from a strengths-based standpoint, enabling the empowerment of Aboriginal and Torres Strait Islander clients.

4. “Healing needs to be available to everyone”

As noted in the literature, given the relationship between trauma and criminalisation (Phelan & Oxley, 2021) and the high rates at which the Australian legal system incarcerates and harms Aboriginal and Torres Strait Islander people (McGlade, 2019), many communities prioritise healing-centred solutions and non-carceral responses to family violence (Blagg et al., 2020). These approaches differ from white feminist approaches to domestic violence which emphasise individual men as perpetrators (Langton et al., 2020) and prioritise carceral responses (DesLandes et al., 2022). Instead, there is emphasis on the state as both complicit in and a perpetrator of colonial violence. It is well known that police commonly arrest Aboriginal women who call for assistance when they are experiencing family violence (Langton et al., 2020; McGlade & Tarrant, 2021). The complicity of the police and other state actors in instances of Missing and Murdered Indigenous People (MMIP), particularly Indigenous women and gender diverse people and children, has also recently come to light (McGuire et al., 2022). Distrust of state actors and fear of criminalisation leads to greater attention to perpetrator healing and safety among Aboriginal and Torres Strait Islander communities (Langton et al., 2020). While this is important, there is also need for greater resourcing of non-carceral responses that prioritise the safety of those who have experienced family violence including, foremost, a safe place for them and their children to immediately retreat from violence followed by ongoing support to heal and recover.

The literature overwhelmingly advocates for a holistic approach to family violence healing, which includes both those who experienced and those who have perpetrated family violence, as well as family and community (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; Aboriginal Affairs Victoria, 2008). This research project also found that addressing family violence in Aboriginal and Torres Strait Islander communities requires thoughtful engagement with both those who have experienced and those who have perpetrated family violence, and families as a whole. This was felt to be an element of “what works” with healing programs that respond to family violence.

As noted, it is critical to attempt to identify and engage voices with different perspectives in regard to healing programs that respond to family violence. This includes those who have experienced or are at risk of experiencing family violence, those who have perpetrated or are at risk of using family violence, LGBTQIASB+ people, people with disability, those who fit into more than one of these categories, and most likely a host of others. It is highly beneficial for both prevention and healing when people who have experienced family violence participate in developing and evaluating healing programs that respond to family violence that target people who have perpetrated family violence. Men who have experienced family violence, and those who are gender and sexually diverse should be able to access services to protect their safety as well as programs to facilitate their healing. These services and programs also need to be accessible for people with disability, and those unable to access services in person. As one participant from NSW asserted: “Healing needs to be available to everyone.”

Recommendations

4.1 More non-carceral responses to family violence must be researched, developed, and funded, including the provision of services and mechanisms that secure the immediate safety of people who have experienced family violence, and healing programs that respond to family violence that target those who have experienced or are at risk of experiencing family violence, those who have perpetrated or are at risk of using family violence, LGBTQIASB+ people, people with

disability, and those who experience the intersections of these categories.

4.2 People who have experienced family violence need to be front and centre in conceptualising, developing, and evaluating healing programs that respond to family violence that are preventative and target people who have perpetrated family violence. People who have experienced family violence and people who have perpetrated family violence are not mutually exclusive categories.

4.3 Services and programs that respond to family violence need to be resourced and incentivised to address other systems of colonial violence as causative of family violence including racism, internalised racism (otherwise known as lateral violence), gendered violence, ableism, transphobia, and homophobia.

4.4 Services and programs that respond to family violence need to be resourced and incentivised to be accessible for people with disabilities, and to research and understand the role of acquired brain injuries in family violence. Access to digital technologies and their use is also important to accessibility particularly where clients cannot attend in person.

Concluding comments

The essential premise of this report is that family violence is a problem of colonialism. Aboriginal and Torres Strait Islander communities know this and will continue to treat it as such. While much of the literature and policy addressing family violence in Aboriginal and Torres Strait Islander communities emphasises colonisation as a past event that has repercussions in the present, the participants and authors of this research assert that colonialism is ongoing and therefore, addressing family violence is recognised as integral to addressing colonialism itself. Healing programs that respond to family violence are “anti-colonial work” – collective work against the ongoing injustices and trauma of colonisation. They target not only people who have experienced family violence, but also those who have perpetrated such violence and families as a whole, and they focus on rehabilitation and healing, rather than criminalisation and removal.

All kinds of work contribute to healing and to family violence prevention in Aboriginal and Torres Strait Islander communities. Healing and family violence prevention are not distinct services and activities, but rather are an integral component of all work targeting the health and wellbeing of individuals, families and the community as a whole. Therefore, “what works” in healing programs and “what works” in programs targeting family violence is “what works” in healing programs that respond to family violence.

Aboriginal and Torres Strait Islander people know “what works” and what is needed to address family violence in their communities – healing approaches have been borne out of this knowledge. The evidence for the success of these approaches is available. What remains the challenge, however, is securing sustainable human and fiscal resources to enable effective long-term service delivery and appropriate and adequate training and support of staff. This report therefore aims to advocate for all the Aboriginal and Torres Strait Islander stakeholders who participated in this research project by demanding the provision of long-term, secure funding for healing programs that respond to family violence.

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Appendix A: Knowledge Circle invites

The following individuals, organisations and programs were invited to participate in the Knowledge Circle.

Associate Professor Tristan Kennedy, Dept Indigenous Studies, Macquarie University	Winnunga Nimmityjah Aboriginal Health Service (WNAHCS)	1800RESPECT
Dr Marlene Longbottom, Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre, Australian Health Services Research Institute (AHSRI)	Waminda (South Coast Women's Health and Welfare Aboriginal Corporation)	FAMS
Dr Hannah McGlade, Faculty of Humanities, Curtin University	Watto Purrinna Aboriginal Health Services	Homelessness NSW
Associate Professor John Gilroy, University of Sydney	Black Rainbow National Advocacy for Aboriginal and Torres Strait Islander LGBTQIA+ Peoples	No To Violence
The Healing Foundation	First Peoples Disability Network Australia	Women's Safety NSW
Aboriginal Health and Medical Research Council of NSW	Our Watch	Rape and Domestic Violence Services Australia (RDVSA)
Aboriginal Health Council of Western Australia	National Indigenous Australians Agency (ACT)	Wirringa Baiya Aboriginal Women's Legal Centre
Queensland Aboriginal and Islander Health Council (QAIHC)	Mura Kosker Sorority Inc (Torres Strait)	The Lowitja Institute
Northern Aboriginal & Torres Strait Islander Health Alliance (NATSIHA)	Red Dust Healing (NSW & QLD)	Domestic Violence Action Centre (DVAC)
Victorian Aboriginal Community Controlled Health Organisation (VACCHO)	White Ribbon Australia	Salvation Army
National Aboriginal Community Controlled Health Organisation (NACCHO)	Women With Disabilities Australia	The Bouverie Centre – Indigenous Program
Aboriginal Medical Services Alliance Northern Territory (AMSANT)	Australia's National Research Organisation for Women's Safety (ANROWS)	Domestic Violence NSW (DVNSW)
Aboriginal Health Council of South Australia	Reachout	Tangentyere Council
Tasmanian Aboriginal Centre (TAC)	Djirra (formerly the Aboriginal Family Violence Prevention and Legal Service Victoria – FVPLS Victoria)	Helem Yumba CQ Healing Centre
	Aboriginal Child, Family and Community Care Secretariat (AbSec)	Community Corrections
	Australian Women Against Violence Alliance (AWAVA)	Thursday Island District Office
		NPA Family and Community Services ATSI Corporation, Northern Peninsula Area Healing Centre
		Pormpur Paanthu Aboriginal Corporation, Pormpur Paanthu Aboriginal Community Healing Centre

Appendix B: Knowledge Circle members

Dr Tristan Kennedy	Lecturer	Dept Indigenous Studies, Macquarie University
Dr Marlene Longbottom	Aboriginal Postdoctoral Research Fellow	Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre Australian Health Services Research Institute (AHSRI)
Dr Hannah McGlade	Senior Indigenous Research Fellow	Faculty of Humanities, Curtin University
A/Prof John Gilroy	Associate Professor	University of Sydney
Craig Hodges & Nadia Currie	Director Strategic Policy	The Healing Foundation
Phillip Naden	Chairperson	Aboriginal Health and Medical Research Council of NSW
Lynne Dooley	Project Manager	Waminda (South Coast Women's Health and Welfare Aboriginal Corporation)
Dameyon Bonson	Director	Black Rainbow National Advocacy for Aboriginal and Torres Strait Islander LGBTQIA+ (Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Inter-sexed, Agender, Asexual and Ally) Peoples
Aunty Roslyn Sackery	Elder	First Peoples Disability Network Australia
Dr Scott Avery	Policy and Research Director	First Peoples Disability Network Australia
Julie Hourigan Ruse	CEO	FAMS
Katherine McKernan	CEO	Homelessness NSW
James McCarthy & Jacqui Watt	Chairperson CEO	No To Violence

Appendix C: Potential healing programs that respond to family violence

The following potential healing programs that respond to family violence, either past, current or in planning stages, were identified in the initial stages of this project. These programs have been loosely categorised; however, it should be noted that many programs fit under more than one of these categories.

Community action & capacity building

Aboriginal Women Against Violence Project – NSW	Rawsthorne, M. (2010). <i>Aboriginal Women Against Violence Project: Evaluation report</i> . Aboriginal Women Against Violence Project.
Maranguka Justice Reinvestment Project – NSW	KPMG. (2018). <i>Maranguka Justice Reinvestment Project: Impact assessment</i> . Just Reinvest NSW & Maranguka Community Hub. https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/resources/files/maranguka-justice-reinvestment-project-kpmg-impact-assessment-final-report.pdf
NPY Women’s Council Domestic & Family Violence Service – Strengthening Community Capacity to End Violence – NT	https://www.npywc.org.au Tucci, J., Mitchell, J., Lindeman, M., Shilton, L., & Green, J. (2017). <i>Strengthening community capacity to end violence: A project for NPY Women’s Council</i> . NPY Women’s Council.
“No More” campaign – CatholicCare NT	https://www.nomore.org.au
National Empowerment Project	Brennan, T., Charles, A., Butorac, A., Cox, A., Dudgeon, P., & Swift, S. (2013). <i>The National Empowerment Project: Mildura</i> . University of Western Australia. Duffin, W., Riley, B., Grogan, G., Butorac, A., Cox, A., Dudgeon, P., & Swift, S. (2013). <i>The National Empowerment Project: Kuranda</i> . University of Western Australia. Ingram, D., Taylor, N., Butorac, A., Cox, A., Dudgeon, P., & Swift, S. (2013). <i>The National Empowerment Project: Redfern, Sydney</i> . The University of Western Australia.

Community action & capacity building

- National Empowerment Project
- McGrady, G., Peckham, M., Grogan, G., Butorac, A., Cox, A., Dudgeon, P., & Swift, S. (2013). *The National Empowerment Project: Toomelah*. The University of Western Australia.
- McGuire, V., Boladeras, J., Collard, L., Bracknell, C., Butorac, A., Cox, A., Dudgeon, P., & Swift, S. (2013). *The National Empowerment Project: Narrogin*. The University of Western Australia.
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Family Wellbeing Empowerment Program:

Alice Springs (Tangentyere Council)

Yarrabah (Yaba Bimbi Men's Group)

Cape York (Apunipima Cape York Health Council)

Community action & capacity building

Aboriginal Family Wellbeing and Violence Prevention Program

Funded by NSW Health across 17 organisations to provide culturally safe, appropriate, healing, and trauma-informed responses to violence, abuse and neglect in partnership with Aboriginal communities

Men's groups

Babana Men's Group

<http://www.redfernfoundation.org.au/babana.html>

The Redfern Foundation – NSW

<https://www.facebook.com/babanamensgroup/>

Kunjur First Nations Men's
Collective – Cairns (Kunjur Men's
Group) – Qld

https://www.facebook.com/pg/KunjurMensGroup/about/?ref=page_internal

Ma'Ddaimba-Balas Indigenous
Men's Group

Innisfail – Qld

McCalman, J., Tsey, K., Wenitong, M., Ahkee, D., Jia, A., Ambrum, D., & Wilson, A. (2006). *“Doing good things for men”*: Ma'Ddaimba-Balas Indigenous Men's Group evaluation report 2004–2005. Empowerment Research Program, School of Indigenous Australian Studies, James Cook University.

Gallant, D., Andrews, S., Humphreys, C., Diemer, K., Ellis, D., Burton, J., Harrison, W., Briggs, R., Black, C., Bamblett, A., Torres-Carne, S., & McIvor, R. (2017). Aboriginal men's programs tackling family violence: A scoping review. *Journal of Australian Indigenous Issues*, 20(2), 48–68.

Yaba Bimbi Indigenous Men's
Support Group – Qld

McCalman, J., Tsey, K., Wenitong, M., Patterson, D., Baird, B., Warta, D., & Wilson, A. (2005). *“No more bandaid solution”*: Yaba Bimbi Indigenous Men's Support Group evaluation report, January 2004–June 2005. Empowerment Research Program, School of Indigenous Australian Studies, James Cook University.

Men's groups

Goulburn River Clan Menz Group – Vic <https://www.facebook.com/pages/category/Community-Service/Goulburn-River-Clans-Mens-Group-357397168071272/>

Men's Groups

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Healing, counselling & life skills

Clarence Valley Healing Centre – Gurehlgam Corp – NSW <https://www.facebook.com/clarenceaboriginalhealingcentre/>

Healing Our Way – Kinchela Boys Home Aboriginal Corp – NSW <https://kinchelaboyshome.org.au>

Bidjara Traditional Owners - Mount Tabor Healing Centre – Qld

Gurriny Yealamucka Health Services Aboriginal Corp – Healing Centre and other programs – Qld <https://www.gyhac.org.au/social-emotional-wellbeing>

Healing, counselling & life skills

Healing Waters Counselling and Wellbeing Service – Qld <https://healingfoundation.org.au/projects/healing-waters-aboriginal-and-torres-strait-islander-counselling-and-wellbeing-service/>

Helem Yumba Healing Place – Qld <https://www.cqhealing.com.au>

Murrigunyah Family and Cultural Healing Centre – Qld <http://www.murrigunyah.org.au>
<https://www.facebook.com/pg/Murrigunyah-Family-Cultural-Healing-Centre-117543742245104/posts/>

Healing Centre – Larrakia Nation Aboriginal Corp – NT <https://www.gyhsac.org.au/social-emotional-wellbeing>

Halls Creek Healing Taskforce – WA <https://www.facebook.com/HCHealing/>

Healing Centre – Derbarl Yerrigan Health Service – WA <https://www.dyhs.org.au>

Healing Centre – Dhauwurd Wurrung Elderly and Community Health Service – Vic <https://www.dwech.com.au>

Healing Centre – Victorian Aboriginal Child Care Agency – Vic <https://www.vacca.org>

Yoowinna Wurnalung Healing Service – Vic <https://ywahs.org.au/>

Gamarada – NSW <https://www.gamarada.org.au>

Kalypi Paaka Mirika: Clear River Ahead Healing Program <https://www.maarima.com.au/community-support>

Maari Ma Health – NSW

Healing, counselling & life skills

Marumali Youth Program – Qld	https://marumali.com.au/marumali-journey-healing-model
	Peeters, L., Hamann, S., & Kelly, K. (2014). The Marumali program: Healing for Stolen Generations. In P. Dudgeon, H. Milroy & R. Walker (Eds.), <i>Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice</i> (pp. 493–508). Commonwealth of Australia
Strong Spirit Strong Mind – WA	https://strongspiritstrongmind.com.au
Western Australian Stolen Generations Aboriginal Corporation – now known as Yokai – WA	https://yokai.com.au/projects/collective-healing-camps/
Koori Cognitive Skills Program – Vic	Atkinson, G., & Jones, R. (2005). <i>An evaluation of the Koori Cognitive Skills Program pilots for Corrections Victoria: Final report</i> . Corrections Victoria.
Gallang Place, Qld Aboriginal and Torres Strait Islander Corporation Counselling Services	Healing Foundation. (2015a). <i>Healing informed organisations: Final report, February 2015</i> . Healing Foundation. Gallang Place. (2017). <i>Client centred services</i> . Gallang Place Aboriginal and Torres Strait Islander Corporation. https://www.gallangplace.org.au/services/ https://www.gallangplace.org.au
Wakai Waian Healing Rockhampton, Qld	https://wakai-waian.com.au
Yorgum Indigenous Healing Service, WA	https://yorgum.org.au
Aboriginal Traditional Healing Centre Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC), SA	https://www.antac.org.au/ngangkari-visits-2018/ngangkari-visits-2018-1/south-australia/south-australia-metro-rural-areas

Women's places

Mudgin-Gal	http://www.redfernfoundation.org.au/mudgingal.html
The Redfern Foundation – NSW	Mudgi Mudgin-Gal Aboriginal Corporation. (n.d.). <i>Seeding hope</i> . Mudgin-Gal Aboriginal Corporation.
Waminda South Coast Women's Health and Welfare Aboriginal Corporation	https://waminda.org.au/
Marigurim Mubi Yangu Aboriginal Corporation, Qld	https://strongwomentalking.org.au
Strong Women Talking	
Mura Kosker Sorority – Qld	https://www.acnc.gov.au/charity/charities/81968c51-39af-e811-a960-000d3ad24282/profile
Alice Springs Women's Shelter, NT	www.wosscsca.org.au O'Leary, C., Putt, J., & Holder, R. (2016). <i>Alice Springs Women's Shelter: A history and overview</i> . ANROWS.
Darwin Aboriginal & Islander Women's Shelter – NT	https://www.facebook.com/DAIWS8589/ Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). <i>Innovative models in addressing violence against Indigenous women: Final report</i> (ANROWS Horizons, 01/2018). ANROWS.
Tangentyere Family Violence Prevention Program, NT	https://www.tangentyere.org.au
Aboriginal Family Legal Services, WA	https://www.afls.org.au
Strong Women, Strong Mothers	
Sparkle & Grow	

Women's places

Balgo Women's Law Camp, WA	https://kapalulangu.weebly.com
Kapululangu Aboriginal Women's Law and Culture Centre	
Marninwarntikura Fitzroy Women's Resource Centre, WA	https://mwrc.com.au
	Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). <i>Innovative models in addressing violence against Indigenous women: Final report</i> (ANROWS Horizons, 01/2018). ANROWS.
Kornar Winmil Yunti, SA	https://www.kwy.org.au
Djirra (formerly Family Violence Prevention Legal Service), Vic	https://djirra.org.au
Sisters Day Out, Dilly Bag Workshop, Sisters Serenity Retreat	Karahasan, B. (2014). <i>Evaluation report of the Aboriginal Family Violence Prevention & Legal Service Victoria's Early Intervention and Prevention Program</i> . Aboriginal Family Violence Prevention & Legal Service Victoria.
Mullum Mullum Australian Indigenous Network, Vic	https://www.vacca.org/page/services/community-support/koorie-connect

Youth mentoring, culture & life skills

Our Journey to Respect – later became
My Journey My Life

Merritt, M. (2016). *My journey my life*. Juvenile Justice NSW.

(My Journey My Life is the inspiration for
Red Dust Healing)

Gilgai Aboriginal Centre, NSW

Balunu Foundation, NT

<https://www.facebook.com/balunu/>

<https://apps.aifs.gov.au/ipppregister/projects/balunu-healing-camps>

Danila Dilba Emotional and Social
Wellbeing Centre – NT

<https://ddhs.org.au/services/social-and-emotional-wellbeing>

Men's healing and behavioural change

Red Dust Healing – NSW

<https://www.thereddust.com>

Cull, S. (2009). *The road to healing: Identity and the overrepresentation of Aboriginal men in the Australian criminal justice system* [Unpublished doctoral dissertation]. University of New South Wales.

Powell, T., Ross, R., Kickett, D., & Donnelly, J. F. (2014). Red dust healing: Acknowledging the past, changing the future. In P. Dudgeon, H. Milroy & R. Walker (Eds.). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Commonwealth of Australia.

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Men's healing and behavioural change

Ker Kar Bau Men's Healing – Torres Straits, Qld	https://healingfoundation.org.au/projects/ker-kau-bau-mens-healing/
Mibbinbah Spirit Healing, Qld	https://www.mibbinbah.org Bulman, J., & Hayes, R. (2011) Mibbinbah and spirit healing: Fostering safe, friendly spaces for Indigenous males in Australia. <i>International Journal of Men's Health</i> , 10(1), 6–25.
Central Australian Aboriginal Congress, NT Ingkintja Male Health Service and Violence Intervention Program	https://www.caac.org.au/clinic/ingkintja-wurra-apa-artwuka-pmara/
Cross Border Indigenous Family Violence Program, NT	Holcombe, S. E., & Willis, M. (2015). <i>Reducing family violence in very remote Australia: The Cross Border Indigenous Family Violence Program</i> [Conference presentation]. Gender Violence Research Network, University of New South Wales, Sydney, NSW, Australia.
Darwin Indigenous Men's Service, NT Indigenous Family Violence Prevention and Healing Program Strong Men Strong Communities	https://www.dims.org.au Healing Foundation. (2016). <i>Strong men strong communities: Darwin town communities developmental evaluation</i> . Healing Foundation. Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). <i>Innovative models in addressing violence against Indigenous women: Final report</i> (ANROWS Horizons, 01/2018). ANROWS.
Gurrutu Raypirri Men's Healing Program Maningrida, NTv	Healing Foundation. (2015b). <i>Our men our healing: Creating hope, respect and reconnection: Evaluation report – November 2015</i> . Healing Foundation.
NPY Women's Council Domestic & Family Violence Service, NT Ngangkari program	https://www.npywc.org.au

Men's healing and behavioural change

Ngukurr Men's Healing Program, Sunrise Health, NT	https://healingfoundation.org.au/projects/sunrise-health-service-aboriginal-corp-ngukurr-mens-program/ Healing Foundation. (2015b). <i>Our men our healing: Creating hope, respect and reconnection: Evaluation report – November 2015</i> . Healing Foundation.
Tangentyere Family Violence Prevention Program, NT Marra'ka Mbarintja Men's Family Violence Prevention Program	https://www.tangentyere.org.au
Strong Bala Justice Program Wurli Wurlinjang Health Services, NT	https://www.wurli.org.au/strongbala-justice-program/
Wurraminyanga Tiwi Men's Healing Project, NT	Healing Foundation. (2015b). <i>Our men our healing: Creating hope, respect and reconnection: Evaluation report – November 2015</i> . Healing Foundation.
Aboriginal Family Legal Services, WA Strong Men, Strong Families	https://www.afls.org.au
Aboriginal Males Healing Centre, WA	https://www.amhc.org.au
Men's Outreach Service Broome, WA Change Em Ways	https://mensoutreach.org.au/change-em-ways/ Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M., & Woodley, K. N. (2018). <i>Innovative models in addressing violence against Indigenous women: Final report (ANROWS Horizons, 01/2018)</i> . ANROWS.
Kornar Winmil Yunti, SA	https://www.kwy.org.au

Men's healing and behavioural change

Bendigo and District Aboriginal Co-operative, Vic	https://www.bdac.com.au
Merrijig Mooroopook	
Dardi Munwurro Men's Family Violence Healing Behaviour Change Program, Vic	https://www.dardimunwurro.com.au/mens-family-violence-healing-behaviour-change-programs
Wulgunggo Ngalu Learning Place, Vic	https://www.corrections.vic.gov.au/wulgunggo-ngalu-learning-place
	State Government of Victoria. (2015). <i>Wulgunggo Ngalu Learning Place</i> . State Government of Victoria.
Karadi Aboriginal Men's Program, Tas	http://www.karadi.org.au/programs/

Family relationships

Rekindling the Spirit, Lismore, NSW	https://www.rekindlingthespirit.org.au https://www.facebook.com/RTScounselling2480/
Kirbingui Youth Development, Qld	https://www.kurbingui.org.au/
Numula Family Safety Response	Kirbingui. (2021). <i>Numula Domestic & Family Violence Safety Response</i> . Kirbingui Youth & Family Development.
Mununjali Jymbi Centre, Qld	https://mununjali.com.au/programs/jymbi-centre/ Healing Foundation. (2015a). <i>Healing informed organisations: Final report, February 2015</i> . Healing Foundation.
Quop Maaman, WA	https://thefatheringproject.org
The Aboriginal Fathering Project	Collard, L., Adams, M., Palmer, D., & McMullan, J. (2016). <i>Quop Maaman: Aboriginal Fathering Project</i> . The Aboriginal Fathering Project.
Aboriginal Family & Community Healing – Central Northern Adelaide Health Service, SA	Kowanko, I., Stewart, T., Power, C., Fraser, R., Love, I., & Bromley, T. (2009). An Aboriginal family and community healing program in metropolitan Adelaide: Description and evaluation. <i>Australian Indigenous Health Bulletin</i> , 9(4), 1–12.
Kornar Winmil Yunti, SA	https://www.kwy.org.au
Stronger Safer Families	
Nunga Mi: Minar, SA	Snell, R. (2009). Best practice family violence services for Aboriginal women: Nunga Mi: Minar Incorporated. <i>Parity</i> , 22(10), 46–47.

Family relationships

We Al-li

<https://wealli.com.au>

Atkinson, J., & Atkinson, C. (n.d.). *Working with children: Developmental trauma in children being raised in complex trauma, compound grief environments*. We Al-li.

Marumali Journey of Healing, Qld

<https://marumali.com.au/marumali-journey-healing-model>

Education Centre Against Violence

Funded by NSW Health, the Centre delivers statewide workforce training, professional development and community development in the specialist area of violence, abuse and neglect. They provide extensive Aboriginal training courses and programs, including community development focusing on healing and violence, abuse and neglect prevention.

Online support

Mibbinbah Spirit Healing, Qld

<https://www.mibbinbah.org>



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