

What works?

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

Context

- Colonialism introduced systems of violence that directly disrupts Aboriginal and Torres Strait Islander relationships, introduces family violence and perpetuates intergenerational trauma.
- Family violence is experienced by Aboriginal and Torres Strait Islander women and children at high rates. First Nations peoples with disability and LGBTQIASB+¹ people experience violence at disproportionately higher rates again.
- Family violence is not insurmountable and is not an inherent quality of Aboriginal and Torres Strait Islander peoples, families or communities.
- Responding to family violence is anti-colonial work, as this work seeks to dismantle the systems of violence introduced by colonisation.
- Healing programs work holistically to address trauma using traditional healers and methods. The programs, often led by men for men and boys, support men culturally and spiritually.
- Effective healing programs focus on addressing the causes rather than the symptoms of family violence. Programs should be owned, defined, designed and evaluated by First Nations peoples, be strengths based and steeped in Aboriginal and Torres Strait Islander worldviews.

Key findings

What works in healing programs that respond to family violence?

- Shared understanding of trauma, healing and holistic approaches. This includes understanding trauma in the context of the family and the community, understanding the impacts of colonisation and intergenerational trauma, understanding people as more than just people who either use or experience violence, delivering programs in safe and familiar places, working in strengths-based and healing-informed ways, engaging thoughtfully with all parties, focusing on prevention, and keeping families together.
- Empowering women to participate in design, delivery and evaluation of healing programs supports programs to better meet the needs of communities and remove barriers to participation created by top-down approaches.
- Trust is established when services and programs meet community expectations, demonstrate credibility, and ensure comfort and safety.

Healing programs are an alternative to incarceration

Healing programs that respond to family violence, that support and include men and boys to heal and reintegrate, can contribute to progress against Closing the Gap target 10: that adults are not overrepresented in the criminal justice system.

Secure and sustainable funding facilitates better responses and improves worker wellbeing

Healing work is long term; therefore, funding also needs to be long term. Secure, sustainable funding would facilitate real time, flexible responses delivered in places and spaces where people feel comfortable. It would reduce the burden on community members driving and sustaining programs through their own resources and reduce imbalances between well-funded large organisations and local community-led organisations.

¹ LGBTQIASB+ is the terminology used by the researchers to include lesbian, gay, bisexual, trans and gender diverse, queer and questioning, intersex and asexual people, and incorporates Aboriginal and Torres Strait Islander trans people known as Sistergirls and Brotherboys who have their own specific political history.

Lived experience and connection to community are valuable qualifications in healing work

Lived experience and connections to community enhances understanding for those doing the work, facilitates empathy between the worker and participant, and supports relationship building that is integral to healing. This is true both for those who have experienced violence and for people who have used violence in their relationships.

Services do not currently meet the needs of LGBTQIASB+ people or people with a disability

There are not enough people or programs resourced to do this work safely and effectively. In some cases, the system, programs and people actually increase the risk, harm, isolation and exclusion experienced by LGBTQIASB+ people and people with disability.

Increased use of technology is a surprising benefit of lockdowns

Programs that were able to pivot to online and phone-based work during the COVID-19 pandemic increased their reach and engagement with some cohorts and now continue to use these methods. Some LGBTQIASB+ participants reported that the use of technology increased their connectedness. For services unable to make use of technology due to resourcing or safety risks, the lockdowns increased marginalisation and isolation for both clients and staff.

Key practice and policy recommendations

- Investment in existing healing programs, new healing programs and the establishment of auspicing relationships (providing support and guidance) between mainstream organisations and community-controlled healing programs is urgently required.
- Programs should be conceived and led by Aboriginal and Torres Strait Islander peoples. This anti-colonial work, focused on healing harms resulting from colonisation, needs to tackle systemic racism and build relationships across mainstream and specialist services.
- Professional qualifications and standards need to be designed to recognise the value of lived expertise and community connection.

Research about Aboriginal and Torres Strait Islander peoples and communities should be conceived of and led by Aboriginal and Torres Strait Islander peoples, communities and organisations. The researchers conveyed that many participants were angry at the request for information that had already, in their eyes, been supplied on many occasions. This interaction necessitated a redesign of the research project, which the researchers successfully navigated due to their strong connections to community and culturally appropriate research methods.

This publication is part of a larger project, **An exploration of Aboriginal and Torres Strait Islander healing programs that respond to domestic and family violence and sexual assault.**

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