



New Ways for Our Families:

Designing an Aboriginal and Torres Strait Islander cultural practice framework and system responses to address the impacts of domestic and family violence on children and young people

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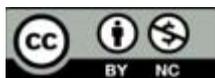
Acknowledgement of Country

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

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 3 - Indigenous communities are strengthened

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All chief investigators from the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and community researchers from Family Wellbeing Services identify as Aboriginal and Torres Strait Islander. Non-Indigenous research team members from the Institute of Child Protection Studies - Australian Catholic University and QATSICPP partnered to provide research support and technical expertise. This has demonstrated the true value of reconciliation in our nation and has strengthened our approach throughout the project.

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) and Lifeline (13 11 14).

Contents

Acronyms	3
Definitions and concepts	4
Executive summary	6
Background	6
Aims and objectives	6
Methods	7
Key findings	7
Implications for policy and practice	8
Directions for future research	8
Introduction	9
Background	9
Queensland context	9
Impact of DFV on Aboriginal and Torres Strait Islander children	9
Colonisation and its legacy	10
Current evidence	11
Research aims	11
Methods	13
Literature review	14
Action research cycles	14
Thematic analysis	15
Participant wellbeing	15

Exploration (literature review)	16
Introduction	16
Marginalisation of women	16
The impact of DFV on children and young people and their lack of voice in literature	17
Limited culturally appropriate services for DFV	18
Supporting Aboriginal and Torres Strait Islander children to heal	19
Emerging research in the field of DFV and children and knowledge translation gaps	20
Discovery	22
Domestic and family violence: Our children, our understanding	22
Challenges to creating change	24
Towards a best practice framework	27
Discussion	33
Strengths and limitations	35
Directions for future research	36
Implications for policy and practice	36
Conclusion	38
Author contributions	39
Conception and design of the research project or output	39
Acquisition of research data where the acquisition has required significant intellectual judgement, planning, design or input	39
Analysis and interpretation of research data	40
Writing significant parts of the article or report or revising it to the extent that the content is critically changed or substantively advanced	40
Contribution of knowledge, where justified, including Indigenous knowledge	41
References	42

Acronyms

AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
ATSICCO	Aboriginal and Torres Strait Islander community-controlled organisation
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
CSO	Child Safety Officer
DCYJMA	Queensland Government Department of Children, Youth Justice and Multicultural Affairs
DFV	Domestic and family violence
FWS	Family Wellbeing Services
ICIP	Indigenous cultural and intellectual property
ICPS-ACU	Institute of Child Protection Studies - Australian Catholic University
OOHC	Out-of-home care
QATSICPP	Queensland Aboriginal and Torres Strait Islander Child Protection Peak

Definitions and concepts

Definitions of violence against women in this report reflect those in the *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan; Council of Australian Governments, 2011), where relevant. Where there is variation, we have explained how and why we have varied from the National Plan definition.

Domestic and family violence (DFV)

The National Plan defines domestic violence and family violence separately, as follows:

- Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. While there is no single definition, the central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and noncriminal. Domestic violence includes physical, sexual, emotional and psychological abuse.
- Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as described for domestic violence. The term “family violence” is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur. (Council of Australian Governments, 2011, p. 2)

In this project, Queensland’s first Aboriginal and Torres Strait Islander-led research into what DFV means to our communities and how we address the impacts it has on our children and young people, we explore the concept of DFV to discover how DFV is experienced and understood by communities across eight research sites. We also seek to develop a best practice framework for working with children, young people and their communities to respond to DFV based on cultural knowledge and practices.

Participatory action research in Aboriginal and Torres Strait Islander context

Action research is a collaborative and iterative process encouraging service users, practitioners and community members to engage in a cycle of planning, acting, observing and reflecting, which provides opportunities to test and refine the approach to find what works best (Wicks et al., 2008). This project employs participatory action research, whereby the action research processes are applied by Aboriginal and Torres Strait Islander researchers to elevate Indigenous voice and self-determination by generating knowledge by and for Indigenous people, families and communities. Participatory action research is dedicated to equity and is based on the development of grounded community-based analysis and the actualisation of community-based solutions to social justice issues (Dudgeon et al., 2020).

Developmental research in Aboriginal and Torres Strait Islander context

Developmental research seeks to create knowledge grounded in data systematically derived from practice (Richey & Klein, 2005). The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) developmental research framework focuses on innovation and adaptation to emergent and complex issues. It is aimed at assisting participating organisations to conceptualise, design and test new approaches in an ongoing process of improvement.

Indigenous cultural and intellectual property (ICIP)

This research upholds Article 31 of the United Nations Declaration on the Rights of Indigenous Peoples which provides for Indigenous people to “maintain, control, protect and develop their intellectual property” (United Nations General Assembly, 2007). Methods for recording information maintain the secrecy of Indigenous knowledge and customs and are in accordance with QATSICPP Indigenous cultural and intellectual property protocols. These protocols set out the principles and practices of QATSICPP in recognising the rights of Aboriginal and Torres Strait Islander people to consent to use of their cultural heritage. We use the term “Indigenous cultural and intellectual property” to refer to all aspects of Indigenous cultural heritage, including traditional knowledge, traditional cultural expressions, histories, places and recordings of that information.

Indigenous data sovereignty

Indigenous data sovereignty refers to the rights of Indigenous peoples to govern the collection, management, access, interpretation, dissemination and reuse of data related to them (Kukutai & Taylor, 2016). All material within this report and the greater research project honours the principles of data sovereignty, ensuring that the strengths of communities are highlighted and that publications are reflective of communities’ ownership of their narrative and interpretation of all data that is analysed.

Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)

Established in 1984, the ATSICPP is the cornerstone of Australian law and policy acknowledging the importance of family, community, culture and country in child and family welfare legislation, policy and practice, and asserts that self-determining communities are central to supporting and maintaining those connections (SNAICC, 2019). The five elements of the ATSICPP are prevention, participation, partnership, placement and connection. Drawn from the *Indian Child Welfare Act (1978)* of the United States, the concept of active efforts in applying the ATSICPP requires “purposeful, thorough, and timely efforts that are supported by legislation and policy and enable the safety and wellbeing of Aboriginal and Torres Strait Islander children” (SNAICC, 2019, p. 10).

Executive summary

Background

Aboriginal and Torres Strait Islander children and young people are overrepresented in both the child protection and youth justice systems across Australia. One of the most significant contributing factors to high rates of involvement with the child protection and youth justice systems for Aboriginal and Torres Strait Islander children and young people is the presence of domestic and family violence (DFV; Commonwealth of Australia, 2011).

Queensland Aboriginal and Torres Strait Islander community-controlled organisations, with funding provided by the Queensland Government, deliver Family Wellbeing Services (FWS) to address the overrepresentation of Aboriginal and Torres Strait Islander children and families in the child protection system. FWS have been overwhelmed supporting the needs of families, including responding to high levels of DFV.

The substantive issue of DFV experienced by Aboriginal and Torres Strait Islander women in Queensland was outlined in the *Not Now, Not Ever* report in 2015 (Special Taskforce on Domestic and Family Violence in Queensland & Bryce, 2015). The Queensland Government, in responding to the *Not Now, Not Ever* report, developed a DFV strategy to support change across the next decade (Department of Child Safety, Youth and Women, 2016).

The strategy highlights that the impact of past trauma is a contributing factor for violence in Aboriginal and Torres Strait Islander communities. The strategy also identified other situational factors that contribute to violence including poverty, unemployment, drug and alcohol use, and poor health and mental health (Department of Child Safety, Youth and Women, 2016).

In 2019, the Queensland Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) funded five DFV positions within Aboriginal and Torres Strait Islander FWS in trial sites across Queensland. In 2020, additional remote and regional positions were funded by the Australian Government given the escalating rates of DFV during the COVID-19 pandemic.

These sites were identified due to DFV being a substantive reason for contact with the child protection system. On average, over 48 per cent of all Aboriginal and Torres Strait Islander child protection cases in these sites were primarily due to the presence of DFV.¹ Anecdotal accounts from Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) member services suggest these numbers are grossly under-representative.

We know from the evidence that the consequences for children who experience DFV are significant. Many can suffer serious impacts on their ability to learn and develop positive relationships with others and may be at heightened risk of alcohol misuse, future victimisation, drug dependency and contact with justice systems in later life.

Despite the overwhelming nature of Aboriginal and Torres Strait Islander children's and young people's experiences of DFV, there has been a limited focus on understanding what will support them to heal from their experiences and break the intergenerational cycle of distress. Current responses rely heavily on the use of child protection processes that often lead to separation of children from their families and culture and leave them with limited support to process their experiences (Davis, 2019).

This research project addresses this gap by exploring how services and systems can better respond to the needs of Aboriginal and Torres Strait Islander children and young people experiencing DFV who come to the attention of child protection systems.

Aims and objectives

This report is the first of two, developed as part of an overall research project, that aim to identify the needs of Aboriginal and Torres Strait Islander children and young people exposed to DFV who come in contact with child protection systems through FWS in regional and remote contexts in Queensland. The project also seeks to determine effective service and

¹ Analysis of case data provided by DCYJMA at time of implementation of DFV specialist workers across the five localities that were funded.

system responses and to develop a best practice framework for FWS to respond to the impacts of DFV on children and young people.

The research aims to identify what is working well so far (effective service responses), what more needs to be done to create a best practice framework (aimed at providing healing and support to children and young people) and the resources required to support this.

This first research report explores the impacts of DFV within the participating communities, community researchers' understandings of children and young people's experiences of DFV, and some emerging themes that might begin to form the basis of best practice approaches. It also sets the context within which the research is being undertaken, by highlighting key themes and gaps in the literature. The second report from the project will include evidence gathered from stakeholders and community members on service responses that are envisioned to support healing for children and young people impacted by DFV and are grounded in cultural knowledge and practice.

Methods

The research project is led by Aboriginal and Torres Strait Islander researchers with support from non-Indigenous researchers. This enables the research to be conducted by and for Aboriginal and Torres Strait Islander people with a focus on cultural safety and processes that incorporate adherence to cultural values and protocols, including co-creation of knowledge.

We used a participatory action research methodology to discover the nature, experience and effects of childhood exposure to DFV and to identify effective culturally appropriate and trauma-informed responses to mitigate the risks associated with exposure to DFV. In this report, we present the early findings from action research cycles conducted with Aboriginal and Torres Strait Islander chief investigators, community researchers and practitioners working in eight community-controlled child and family services across Queensland. These

findings are presented within the context of a literature review (see the "Exploration" section). The next report will present findings from action research cycles with stakeholders and select community members (Elders, Aboriginal and Torres Strait Islander women affected by DFV and their children aged 18 and over) from the eight FWS sites.

The QATSICPP research team used NVivo software for analysis of the qualitative data collected and the collective research team identified key themes emerging from the research.

Key findings

Our evidence review highlighted that despite the overwhelming impact of DFV in Aboriginal and Torres Strait Islander children's and young people's lives, to date their voices have been largely silent in the literature. This unfortunately mirrors experiences of Aboriginal and Torres Strait Islander children and young people in the service context of the communities involved in this research, where funding is provided specifically for adult service users.

Findings from the initial cycles of action research highlight that a child protection response to DFV within children's lives alone is not sufficient to address DFV for Aboriginal and Torres Strait Islander children. All sites involved in this research have detailed the lack of therapeutic or specialist support available for children and young people.

To break the cycle of violence our action research and review of literature to date has identified that Aboriginal and Torres Strait Islander children and young people need to be provided with:

- opportunities to heal from their experiences of witnessing or being a victim of violence, including in their minds, bodies and spirits
- support for their families, not just themselves, to address DFV in holistic and culturally strong ways that use the power of cultural lore and values to drive changed behaviour
- therapeutic healing circles embedded within Aboriginal and Torres Strait Islander child and family services to help fill the gap of limited specialist support. These community-

controlled organisations are best placed to engage children, young people and their families and enable them “to have conversations about the use of violence and what the impact is on our families” (Community researcher)

- opportunities to learn about and be held within their cultural values, systems and traditions to support them to connect to the strength of their identity and spirituality, and to provide a strong cultural compass to guide them for their lifetime.

This should all occur within a framework of ensuring perpetrators are held accountable for their violence and that women do not shoulder this burden, including stopping women being held solely responsible by child protection systems for ensuring the safety of their children (Davis, 2019).

Aboriginal and Torres Strait Islander child and family services should be provided with additional resources and support to enable culturally effective responses. This requires systems to change, including:

- procurement and contracting arrangements that support the realisation of self-determination and enable design of place-based and healing responses for Aboriginal and Torres Strait Islander children and young people
- recognition that Aboriginal and Torres Strait Islander services are best able to provide DFV services within a holistic child and family framework
- effective resourcing for Aboriginal and Torres Strait Islander child and family services to meet the growing demand for DFV support
- addressing the lack of cultural capability and structural racism in the broader system, especially within youth and adult mental health, drug and alcohol rehabilitation and justice services, so that culturally safe referral pathways for children, young people and their families are increased.

Implications for policy and practice

Emerging findings captured in the project’s first report point to the need for alternative system responses. As our research has indicated that the voices of Aboriginal and Torres Strait Islander children and young people who have come to the attention of the child protection system due

to DFV are generally absent, increased ways to hear and respond to children and young people are required, including understanding what supports they want and need.

Our action research has highlighted the significant intergenerational nature of trauma transmission for Aboriginal and Torres Strait Islander children and young people experiencing DFV, resulting in increased negative life outcomes, including increasing young people’s interactions with youth justice systems. In regional and remote areas of Queensland, where this research is occurring, current responses to address the impacts of DFV for First Nations children and young people are inadequately resourced and overly reliant on child protection systems to respond.

To date our evidence reinforces that the critical elements of healing and trauma recovery provide a significant pathway to explore in creation of a best practice framework and that increased culturally safe responses are required from multiple systems, including education and mental health services, to support First Nations children and young people who experience DFV to break the cycle of trauma.

Directions for future research

The focus through the remaining cycles of action research is to work with multiple stakeholders, including Elders, women and young people, to gather their insights and wisdom on how to create the right service systems and practices to create healing pathways for Aboriginal and Torres Strait Islander children and young people from culturally diverse Aboriginal and Torres Strait Islander communities.

This will include a key focus also on children’s and young people’s safety and we will continue to challenge ourselves as a community of researchers to understand what this looks like for our children and young people, including how we can support them to embrace and experience safety.

Introduction

This introduction provides an overview of the context of domestic and family violence (DFV) in the lives of Aboriginal and Torres Strait Islander children and young people in Queensland and outlines the aims and objectives of the research.

Background

Aboriginal and Torres Strait Islander children and young people are overrepresented in both the child protection and youth justice systems nationally and in Queensland (Productivity Commission, 2021a). In June 2020, 3,951 Aboriginal and Torres Strait Islander children were living in out-of-home care (OOHC) under the protection of the state. This figure represents 44 per cent of the total of all children in OOHC in Queensland. Indigenous overrepresentation is even more pronounced in youth justice, where Indigenous young people make up 50 per cent of those aged 10–17 under youth justice supervision as well as in youth detention (Australian Institute of Health and Welfare [AIHW], 2021b, 2021c). If current trends continue, Aboriginal and Torres Strait Islander children and young people will account for more than half of all children in OOHC in Queensland within five years (Queensland Government, 2018).

One of the most significant contributing factors to high rates of involvement in the child protection and youth justice systems for Aboriginal and Torres Strait Islander children and young people in Queensland, as in all other Australian jurisdictions, is the presence of DFV (Commonwealth of Australia, 2011). In 2020, over 41 per cent of all new child protection substantiations for Indigenous children were for emotional abuse, which includes emotional distress caused by exposure to DFV (AIHW, 2021a).

Queensland context

Queensland Aboriginal and Torres Strait Islander organisations are funded by the Queensland Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) to provide Family Wellbeing Services (FWS) to address the overrepresentation of Aboriginal and Torres Strait Islander children and families entering the child protection system

and support those already in contact with the system. FWS have been overwhelmed supporting the needs of families referred to them, including responding to high levels of DFV.

In 2019, DCYJMA funded five DFV positions within FWS in trial sites across Queensland (one position per site). These sites were identified due to DFV being a substantive reason for contact with the child protection system for families accessing these FWS. Anecdotal accounts from these services suggest that all systems grossly underestimate the true extent of DFV in the lives of Aboriginal and Torres Strait Islander children and young people. In 2020, additional remote and regional positions were funded given the escalating rates of DFV during the COVID-19 pandemic.

Despite recognised DFV referral systems in all trial sites, an analysis of the DFV referral points in five regions, provided by the DCYJMA, revealed that less than 25 per cent of current referrals catered for Aboriginal and Torres Strait Islander families specifically, and less than 5 per cent offered support to Aboriginal and Torres Strait Islander children and young people who experienced DFV, noting that in some regions this was only 1 per cent.²

Impact of DFV on Aboriginal and Torres Strait Islander children

The overwhelming burden of violence experienced by Aboriginal and Torres Strait Islander women often adversely affects children and young people as many women are the primary carer for their children. We know that experiencing violence can cause profound harm to children and young people (Campo, 2015). Unfortunately, the primary response is often to remove children from their families, perpetuating cycles of trauma for many Indigenous families who have experienced distress from generations of removal of children from the Stolen Generations onwards (McGlade, 2012).

However, evidence also outlines that fear of child removal remains one of the greatest deterrents for Aboriginal and Torres Strait Islander women to report violence or seek assistance (Our Watch, 2018).

² Analysis of referral options provided by DCYJMA available in five localities that funded DFV specialists.

The historic and continued practices of child removal compound the prevalence, severity and impacts of violence against Aboriginal and Torres Strait Islander women, and the associated impacts on their children (Our Watch, 2018).

Research outlines that the consequences for children who experience DFV are significant. Many can suffer serious impacts on their ability to learn and develop positive relationships with others and may be at heightened risk of alcohol misuse, drug dependency, mental health issues and possible criminal behaviour later in life (Campo, 2015).

The impacts of violence for Aboriginal and Torres Strait Islander children and young people can be greatly compounded because of the community context in which they live. This includes the existing trauma that Aboriginal and Torres Strait Islander children and young people experience through their connection to adults and communities that are dealing with the negative impacts of intergenerational trauma, including extreme poverty, high rates of overcrowding, consistent ill health and early death, and family members who suffer from mental health issues and self-medicate with drugs and alcohol. Research has shown that these children and young people:

- suffer significant and often lifelong negative consequences
- are exposed to the ongoing cycle of child removal and intergenerational trauma, further embedding disadvantage in these children's and young people's lives
- are likely to be at high risk of further violence in institutions
- are more likely (without appropriate intervention) to perpetrate and/or experience violence in their own future intimate relationships
- experience early entry into the youth justice system (Australian Human Rights Commission, 2020; Our Watch, 2018).

National and international evidence suggests that, without positive intervention, early life exposure to violence can increase the likelihood of later victimisation from and perpetration of violence (Our Watch, 2018). This is more likely in the absence of little or no effective support to help children and young people recover from their experiences of DFV (State of Victoria, 2016). The social learning of violence is multilayered and multi-causal in Aboriginal and Torres Strait Islander communities.

Colonisation and its legacy

Colonisation was an extremely violent process with Aboriginal and Torres Strait Islander men, women and children harmed through state-sanctioned violence including removal from their land, massacres, widespread sexual violence and abductions of women, forced labour, segregation and exclusionary processes resulting in the forced and systemic removal of Aboriginal children from their families, and garnering of wages up to the 1970s.

Three significant inquiries provide insight into the trauma faced by Aboriginal and Torres Strait Islander people:

- the Royal Commission into Aboriginal Deaths in Custody
- the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families
- the Royal Commission into Institutional Responses to Child Sexual Abuse.

These inquiries and their associated reports identify previous government policies as a major cause of current and ongoing trauma. They also highlight efforts to eradicate culture and destroy parenting practices including through the institutionalisation of children in harsh, inhumane and abusive conditions (Healing Foundation, 2018a).

The level of intergenerational trauma this has resulted in is seen as one of the major drivers of the ongoing cycle of violence experienced by Aboriginal and Torres Strait Islander people and communities (Healing Foundation, 2017). The links between colonisation, intergenerational trauma and subsequent violence are described by Victoria's former Commissioner for Aboriginal Children and Young People, Andrew Jackomos:

The cause of family violence, I believe, is to do with the breakdown of our society's values and norms, traditions and culture that has increased over the past 30 or 40 years and is cumulative harm and dysfunction is happening for many families generation after generation. The impact of past government policies and programs have had a devastating effect on my community that continues to this day. But there is no, and will never be, any justification for family violence. Family violence that is ripping apart families and ripping apart children from their culture and heritage. (Our Watch, 2018, p. 56)

These causal links were also noted in the Victorian Health Promotion Foundation's *Violence against women in Australia: An overview of research and approaches to primary prevention* (2017):

From a Victorian Aboriginal community perspective, the experience of family violence is understood in the historical context of white settlement and colonisation and their resulting and continuing impacts: cultural dispossession, breakdown of community kinship systems and Aboriginal law, systemic racism and vilification, social and economic exclusion, entrenched poverty, problematic substance use, inherited grief and trauma, and loss of traditional roles and status. (Aboriginal Affairs Victoria, 2008 as cited in Victorian Health Promotion Foundation, 2017, p. 8)

The damage perpetuated since colonisation has fractured family and community relationships, amplifying harm across generations with limited availability of culturally safe and trauma-informed services to facilitate healing and recovery.

Current evidence

The evidence and recommendations arising from the inquiries into deaths in custody, removal of children and child sexual abuse have been clear and consistent on the pathway forward in relation to DFV in Aboriginal and Torres Strait Islander communities. To end violence against Aboriginal and Torres Strait Islander women and children there needs to be a specific approach that is led and developed by Aboriginal and Torres Strait Islander people, and implemented by Aboriginal and Torres Strait Islander organisations and services (Australian Human Rights Commission, 2020; Department of Aboriginal and Torres Strait Islander Policy and Development & Robertson, 1999; Our Watch, 2018; Special Taskforce on Domestic and Family Violence in Queensland & Bryce, 2015; State of Victoria, 2016). This includes use of Aboriginal and Torres Strait Islander knowledge and processes to ensure that cultural safety is embedded in approaches so that they are genuinely accessible and effective services for Aboriginal and Torres Strait Islander people.

For Aboriginal and Torres Strait Islander children and young people this need is even greater. To date, very limited focus has been applied to provision of services to support children and

young people to heal from their experiences of DFV. Strategies to reduce disproportionate levels of violence in Aboriginal and Torres Strait Islander communities have “predominately relied on the culturalisation of western violence prevention programs, where an Indigenous spin is put on a successful mainstream program or service” (Healing Foundation, 2017).

Despite the overwhelming experience of Aboriginal and Torres Strait Islander children's and young people's exposure to DFV there has been a limited focus on understanding what will support them in healing from their experiences and breaking the intergenerational cycle of distress.

Current responses have focused on separating families through using child protection processes often leading to removal of children and young people from their families, with limited support to process their experiences.

In 2020, the Australian Government, along with all state and territory governments, made a commitment through the Closing the Gap strategy to include a new target of reducing the overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system by 45 per cent in a 10-year period to 2031 (Council of Australian Governments, 2020).

To achieve this target many of the drivers of Aboriginal and Torres Strait Islander children's engagement with the child protection system, including DFV, need to be addressed.

Research aims

The lack of culturally strong responses and service systems for Aboriginal and Torres Strait Islander children and young people who witness and live with DFV was the primary motivator of this research. This research project is designed to undertake an investigation of how services and systems can respond more directly to the needs of children and young people to mitigate against the risks associated with exposure to DFV and halt the intergenerational impacts on their futures.

Elevation of Aboriginal and Torres Strait Islander knowledge systems is critical not only for preserving culture but also for using the wisdom of culture to heal. The creation of

new evidence to design a system for Indigenous families experiencing DFV to begin to be healed and supported to care for their children safely within their own cultural community will ensure more of our children grow up strong in their identity, with healthy and strong social, cultural, emotional, physical and spiritual wellbeing.

The purpose of this study is to gain greater understanding of how to respond effectively to the needs of Aboriginal and Torres Strait Islander children, young people and their families who present to FWS in Queensland due to experiencing DFV and often face statutory child protection intervention as a result. This will occur by focusing on understanding the experiences and hearing the voices of First Nations children and young people experiencing DFV, through engagement with Aboriginal and Torres Strait Islander community leaders, families and young people themselves attending FWS at eight sites in rural and remote areas across Queensland, with the aim to develop a culturally safe and connected best practice framework to address DFV.

Importantly, the research will explore effective service and system responses through an Aboriginal and Torres Strait Islander cultural lens. The research seeks to discover what is working well so far (effective service responses) and what more needs to be done to create a best practice framework (aimed at providing healing and support to children and young people) and the resources required to deliver it.

We commence this report highlighting findings from a literature review (the “Exploration” section) seeking to identify First Nations children’s voices and experiences in relation to DFV, especially where these intersect with child protection systems. This is followed by the “Discovery” section of the report which provides insights from action research cycles into the understanding from First Nations researchers and practitioners of the impacts and challenges of responding to DFV within a family wellbeing context in regional and remote Queensland. It further outlines a foundational understanding of what elements are important solutions to support Aboriginal and Torres Strait Islander children and young people to overcome the impact of their experiences. These elements will be explored further in the next phases of the research.

Methods

This research project is working from an Aboriginal and Torres Strait Islander world view. It is engaging Aboriginal and Torres Strait Islander researchers to lead participatory action research with Aboriginal and Torres Strait Islander practitioners, other DFV service providers and select community members (Elders, women affected by DFV and their children aged 18 and over) to assess service delivery approaches, and identify best practice (i.e. methods or strategies that produce desired results and translate findings into actionable resources). Drawing from this range of perspectives, the research is seeking to generate new knowledge that can be used to create resources that are grounded in practitioners' wisdom and practice experience on how to address children's and young people's exposure to DFV in family support contexts.

As such, the research is informed by an overarching decolonising framework in which Aboriginal and Torres Strait Islander understanding and interpretation reframes Eurocentric assumptions and research methodologies that undermine local knowledge and experiences and preference other wisdom.

When Indigenous people become the researchers and not merely the researched, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, problems are defined differently, people participate on different terms. (Zavala, 2013, p. 19)

This research project is led by First Nations researchers, including Aboriginal and Torres Strait Islander chief investigators from the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) who work in partnership with community researchers at each trial site, with support from non-Indigenous researchers. Community researchers are based in regional and remote contexts across eight sites in Queensland: Rockhampton, Townsville, Mackay/Bowen, Toowoomba, Cairns, the Cape, Torres Strait and the Sunshine Coast.

An Aboriginal and Torres Strait Islander approach to research is used, focusing on cultural safety and enabling processes that incorporate strong adherence to cultural values and protocols including co-creation of knowledge.

One of the most important components of the methodology is the embrace of principles of Indigenous data sovereignty.

United Nations forums on this topic stress that

Indigenous peoples should control [their own] data and that their effective participation in data gathering and research should be ensured. Furthermore, resulting data should be available for use by them in policy articulation, in planning and in monitoring and evaluation efforts. (Kukutai & Taylor, 2016, p. 22)

These principles also enable Aboriginal and Torres Strait organisations to choose partnerships and form alliances with non-Indigenous researchers to support this effort. For this research QATSICPP partnered with researchers from the Institute of Child Protection Studies – Australian Catholic University (ICPS–ACU) who assisted by providing counterpoints of reflection and ensuring that together we can build robust evidence.

We use a participatory action research methodology for this project. We chose this framework because participatory action research is dedicated to equity and is based on the development of grounded community-based analysis and the actualisation of community-based solutions to social justice issues (Dudgeon et al., 2020).

The framework was also chosen because of its recognition for being a highly effective method for engaging Indigenous people and communities in research processes and supporting Aboriginal and Torres Strait Islander knowledge creation that is meaningful, culturally valid and can make substantive changes to the lives of children and young people. Participatory action research,

as a decolonising, or anti-colonial practice, represents an important break from the imperial history of research on and about Indigenous people in Australia who have been subjected to a lengthy, intrusive and racist inspection. (Dudgeon et al., 2020)

This is primarily because participatory action research provides researchers with the tools to recognise and value the views and experiences of all participants. This research provides an opportunity to focus on innovation and adaptation to emergent and complex issues from and by Aboriginal and Torres Strait Islander people.

The approach incorporates the documentation of critical learning and participants' insights that will be used to inform refinement of processes and development of resources, and to support further adoption of DFV responses throughout Queensland Aboriginal and Torres Strait Islander child and family services.

The participatory action research processes are framed within the context of a literature review and ongoing reflective practice by the research team.

Literature review

A rapid review was undertaken which included an exploratory desktop search of published literature on the key areas related to Aboriginal and Torres Strait Islander children's and young people's, and their families', experiences of DFV, especially where these intersected with child protection systems. Service and system responses designed to mitigate the impacts of DFV on Aboriginal and Torres Strait Islander children and young people, families and communities were also included. This search was conducted across grey and peer-reviewed literature. We used a two-stage approach to identify relevant literature. This included:

1. a targeted search strategy – looking at key publications, websites, organisations, service providers, and authors across the areas for review and to include DFV services and their responses focused towards Aboriginal and Torres Strait Islander children and young people
2. search snowballing, to allow for the discovery of information through non-traditional sources. For example, as we identified publications or websites through the initial search methods, we also trawled the reference lists of these publications, as well as organisational websites for other sources relevant to this review.

The review initially explored local literature before rapidly expanding to include global Indigenous experiences of DFV with a focus on research that included the voices of Indigenous children and young people. We privileged Aboriginal and Torres Strait Islander authors and global First Nations authors when searching the literature and these findings are presented in the "Exploration" section of this report.

Action research cycles

Action research cycles are being used for this research project to gather data from multiple sources within a cyclical approach, as depicted in Figure 1.

This report presents the findings gathered from the first three phases of this cycle conducted with:

- Cycle 1: research leads (10 QATSICPP and 3 ICPS – ACU researchers)
- Cycle 2: community researchers (9)
- Cycle 3: some staff groups at community research sites (this cycle was underway at the time of compiling this report and three of the sites are reported here).

Future cycles will be conducted with external stakeholders (Cycle 4), including other community-controlled organisations, non-Indigenous services and community members. Cycle 5 will include Elders, Aboriginal and Torres Strait Islander women, and young people (age 18 years and over).

Key action research questions were developed, and though the questions varied slightly in wording between cycles, the questions addressed the following three research areas:

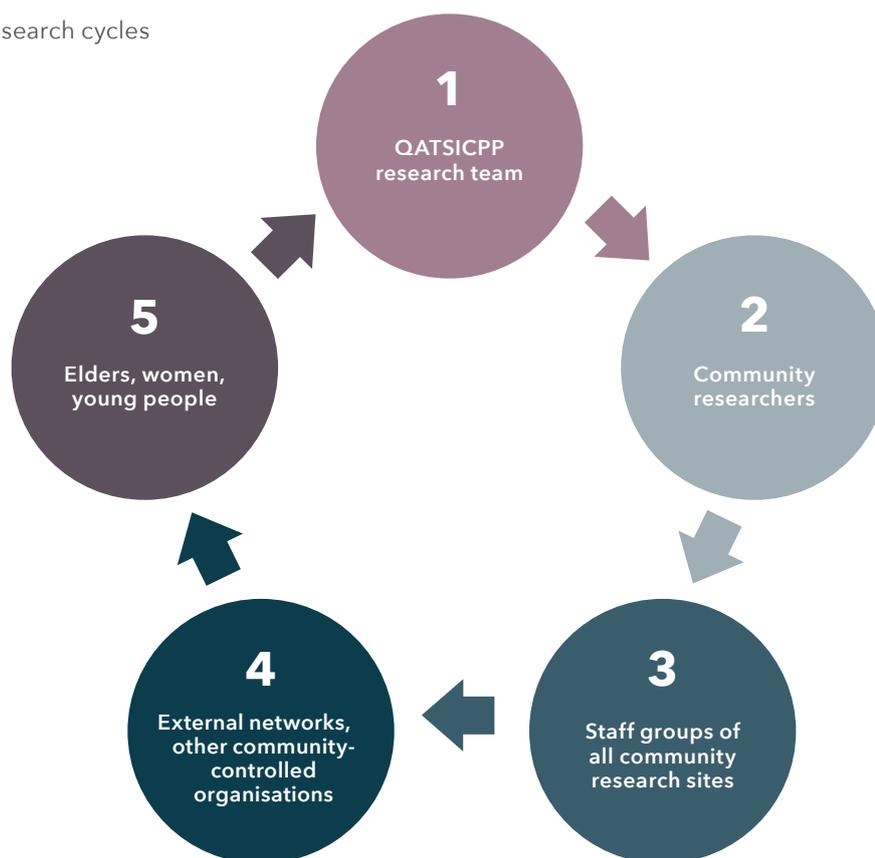
- defining DFV
- identifying challenges in supporting families to minimise the impact of DFV on children and young people
- identifying solutions for minimising the impact of DFV on children and young people.

Questions were refined between each research cycle based on learnings from the previous cycle and researcher input to ensure that they were culturally applicable to participants.

QATSICPP chief investigators facilitated the yarning (action research) sessions for Cycle 1 (research leads) and Cycle 2 (community researchers). Community researchers are facilitating Cycles 3 to 5 with chief investigator support.

To conduct the action research, a semi-structured interview method was used, informed by appreciative enquiry and yarning methods, and aligned with the Australian Institute of Aboriginal and Torres Strait Islander Studies' ethical

Figure 1: Action research cycles



guidelines (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020).

Most action research yarning is conducted in groups of up to 15 participants per site, however in some circumstances individual interviews were undertaken. Community researchers chose the most appropriate approach for their local context.

Action research sessions were recorded using the Otter app on mobile phones and sent to QATSICPP for transcription. Transcripts were then sent back to community researchers prior to analysis for verifying with participants. Verification of transcripts and findings with participants provides a secondary process to ensure participant safety and wellbeing following initial discussions as well as opportunity for further input and interpretation prior to publishing findings.

Thematic analysis

The QATSICPP research team used NVivo software for analysis of the qualitative data collected. Key themes were identified following Cycle 1 with research leads and have been developed into a codebook to capture and reflect the data collected. The findings presented in this report reflect the key themes identified in the early action research cycles, including Cycle 2 with community researchers and some Cycle 3 participants (colleagues of community researchers). The key themes will be analysed as part of the next stage

of the project to be expanded on and used to support the development of a best practice framework.

Participant wellbeing

Participant wellbeing is at the forefront of this research with significant recognition that many Aboriginal and Torres Strait Islander professionals who participate in the cycles of action research have lived experience of violence.

Community researchers were provided with training in relation to:

- interview techniques
- DFV research recording processes
- participant information and consent forms
- the research guide and participant distress protocols.

To ensure the safety of all participants, protocols and research guides have embedded trauma-informed practices and principles to ensure support is offered at multiple levels throughout the process. This includes monthly reflection meetings for all community researchers with the research team to offer opportunities for debriefing and sharing of experiences, including new knowledge of how to provide the best environment to support safe and inclusive participation.

Community researchers are also teamed with a chief investigator to provide an extra layer of support, advice and debriefing, and co-facilitate action research cycles where requested.

Exploration (literature review)

This section reports the variety of themes identified from exploring existing literature on the impacts of DFV on Aboriginal and Torres Strait Islander children and young people.

Introduction

The purpose of this review was to identify what we know about DFV, service system responses and healing for First Nations children and young people who experience DFV in their lives, and to highlight current gaps in knowledge. We were particularly interested in literature that might detail the experiences of Aboriginal and Torres Strait Islander children and young people who as a result of DFV were coming into contact with child protection systems.

Most importantly, this review enables a reflection on how this knowledge can be further strengthened with the inclusion of children's and young people's voices, experiences and perspectives, including through listening to those working to support Aboriginal and Torres Strait Islander children and young people to heal from DFV.

Overall, we found that despite substantive literature both locally and globally on Indigenous experiences of DFV and how to address these from an Aboriginal and Torres Strait Islander perspective, there is limited knowledge on how Aboriginal and Torres Strait Islander children and young people heal from their experiences and the impacts of DFV.

The following sections detail what was discovered from the search of the literature, presented thematically.

Marginalisation of women

The 2018 Our Watch report (developed by over 18 First Nations leaders in the DFV field), *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*, highlighted the following:

It must be recognised that family violence in Aboriginal communities is gendered – just as it is in the mainstream community. While men can certainly be victims of family violence and their needs must not be overlooked, women

and children represent the largest cohort of victims of violence in Aboriginal and Torres Strait Islander communities. (Our Watch, 2018, p. 19)

DFV has a deep and profound impact on women across all areas of their lives, and it is under-reported and often not disclosed at all. Aboriginal and Torres Strait Islander women have detailed how they have had limited voice since colonisation and have often been rendered invisible. This was emphasised in the recent report *Wiyi Yani U Thangani* by June Oscar, Social Justice Commissioner:

I heard from our women and girls that they are living in a system that does not recognise their basic rights to things like housing, education, health and financial security. This ingrained systems deficit perpetuates cycles of discrimination, poverty and trauma in our communities and further entrenches disadvantage and inequality. Women and girls tell me how these unsafe environments undermine and deny the full realisation of their rights and prevent them from breaking cycles of harm.

Aboriginal and Torres Strait Islander women and girls have been excluded from freely pursuing their own economic, social and cultural development. This exclusion has not only been on the basis of race and gender, but also as a result of economic and employment structures not acknowledging the unique strengths of Aboriginal and Torres Strait Islander women and girls. (Australian Human Rights Commission, 2020)

The report also highlighted how First Nations women and girls across Australia believe that they have inherited the pain and trauma of generations of violence against Aboriginal and Torres Strait Islander people and that this harm continues to manifest and be experienced by women through inequality, discrimination and marginalisation (Australian Human Rights Commission, 2020).

As noted by researchers (Atkinson, 2002; McGlade, 2012), these forms of discrimination and exclusion manifest themselves in an “alarmingly high prevalence of violence against Aboriginal and Torres Strait Islander women who continue to experience higher rates of DFV and more severe forms of such violence as compared to other women” (Our Watch, 2018, p. 22).

This discrimination has significant impacts on help-seeking for Aboriginal and Torres Strait Islander women with children in particular. Numerous papers have outlined how, although Aboriginal and Torres Strait Islander mothers often affected by family violence and poverty have a long history of resilience, they are also hesitant to seek help for the matter due to the fear that they will lose their children, often the part of their life they care most about (Domestic Violence Service Management, 2017b; Langton et al., 2020; Shen et al., 2021). In its review of the New South Wales child protection system, the *Family is Culture: Review Report* (Davis, 2019) found that child protection caseworkers were not always treating Aboriginal mothers who were also victims of violence with compassion or understanding and in some instances were seen to be holding mothers responsible for the violence used against them or experienced by the children due to the male partner's abuse.

In their interviews with Aboriginal women incarcerated in Western Australia, Wilson et al. (2017) discovered that silence about the levels and impact of violence in the lives of the women, as girls and adults, was the dominant experience. The women's experiences also suggested that in some instances, there was reluctance and/or failure by service providers, police, and community and family members to appropriately assist them in incidences involving violence. "Consequently, women were hesitant to disclose violence, turned their backs on formal and informal support structures, or believed the violence was their responsibility to deal with." (Wilson et al., 2017, p. 8)

Anthony (2018) has argued that this treatment of Aboriginal women and children is part of a broader structural racism that is based on settler colonial structures that have been used since colonisation to subjugate Aboriginal and Torres Strait Islander people and render them powerless. In her review of the outcomes of the Royal Commission into Youth Detention and Child Protection in the Northern Territory, Anthony (2018, p. 270) outlined how the powerful structures that were set up to render Aboriginal people invisible, take their land and destroy their control continue today:

Settler-colonial structures penetrate beyond the walls of prisons, child protection institutions and foster homes, impacting all facets of Indigenous livelihoods, especially connection to Country and self-governance of societies and lives.

Researchers have detailed that the "systematic and persistent attack on Indigenous social and kinship structures, cultural practices, language and spirituality", alongside the impacts of structural racism, have been recognised as a key factor in the erosion of Aboriginal and Torres Strait Islander spiritual wellbeing, and a significant contributor to the levels of violence against Aboriginal and Torres Strait Islander women and children (Healing Foundation et al., 2017, p. 7).

Although the marginalisation of Indigenous women – and the impacts of this on their children – is evident in key areas throughout society, this marginalisation is also reflected in the literature through a lack of women's and especially children's voices in research, policy and practice responses to DFV (ACU Institute of Child Protection Studies, 2018).

The impact of DFV on children and young people and their lack of voice in literature

DFV has wide-ranging and tragic impacts on children and young people's lives.

Violence has been found to seriously influence children's health, education, social networks and wellbeing (AIHW, 2019). Exposure to violence and traumatic events has also been demonstrated to have long-lasting effects on children's brains and bodies (Shen et al., 2021).

Violence impacts children's and young people's executive functioning, therefore their capacity to think efficiently, process information and problem-solve is reduced, and as a result, children find it difficult to express their feelings. Violence also impacts on children's capacity for self-regulation and impulse control which can lead to negative interactions with police and justice systems into the future (Atkinson, 2013; Shen et al., 2021). The Queensland Child Death Case Review Committee report for 2013–14 identified DFV as an issue for 71 per cent of cases involving the death of a child with recent involvement with the child protection system (Department of Child Safety, Youth and Women, 2016).

As a result of DFV being a sensitive and traumatic topic to discuss, it is much easier to obtain data from adults than children, therefore, there is little data on the experiences of children and only a small body of research that focuses on children's voices (AIHW, 2019; Domestic Violence Service Management, 2017b). DFV workers have said that children's voices are not routinely heard (Domestic Violence Service Management, 2017b).

As such, most knowledge is based on adult insights into violence, including of those working with children to address DFV. The comparatively small body of knowledge that exists of children's and young people's experiences of violence, and service responses to their experiences of violence, is mostly generated from western understandings and experiences (see ACU Institute of Child Protection Studies, 2018).

Moore et al. (2020) interviewed 11 young people from nine families aged between 12 and 27 years about their experiences of living in families that were affected by violence, including their understanding of safety. Young people reported that they experienced various forms of abuse such as physical abuse, emotional abuse, neglect, sexual abuse and poly-victimisation (Moore et al., 2020).

Young people in the study believed that services were not aware of how family violence affects children or young people. Many young people believed that it was normal to experience violence within families, as they did not see other adults or workers responding to or acknowledging their needs (Moore et al., 2020). Some young people also encountered services that did not understand the causes of their problems, resulting in services responding to young people in unhelpful ways (Moore et al., 2020).

The voices of Aboriginal and Torres Strait Islander children have been highlighted in a study conducted by Doel-Mackaway (2019). This study revealed that Aboriginal and Torres Strait Islander children and young people think they have little say in policymaking despite having a strong desire to participate.

Doel-Mackaway's (2019) findings revealed that Indigenous children and young people have informed views on policymaking, and if given the choice, would make "more

targeted and culturally relevant laws ... for the benefit, not detriment, of Aboriginal peoples" (p. 45).

These children and young people also felt they should have input as they are the rightful owners of the land on which the law is enacted (Doel-Mackaway, 2019). To get children's and young people's input, government representatives should go out to Indigenous communities, be respectful and culturally appropriate, obtain permission from Elders and the community, and meet community members in a safe space (Doel-Mackaway, 2019). Although this study highlights that it is possible to seek the views of Aboriginal and Torres Strait Islander children and young people, little work has been done to seek their insights in relation to DFV (ACU Institute of Child Protection Studies, 2018).

Given this absence, the lack of evidence in current literature on how to support Aboriginal and Torres Strait Islander children and young people to heal from DFV is unsurprising.

Limited culturally appropriate services for DFV

There are few culturally appropriate family violence services available to Aboriginal and Torres Strait Islander people, and those that do exist, such as the healing programs mentioned below, primarily focus on adults and not on the specific needs of children and young people.

Many programs are culturally inappropriate and ineffective because they fail to address the determinants of violence at multiple levels (Carlson et al., 2021). In their review of Indigenous programs aimed at reducing family violence, Cripps and Davis (2012, p. 5) highlighted that the skills and resources required to respond effectively to family violence needed to involve "multiple organisations and professionals working in partnerships towards the multiple goals of healing individuals, families, and communities, breaking the cycles of violence and creating healthier nurturing environments".

Aboriginal and Torres Strait Islander agencies and services have long "emphasised the need for responses to consider

local context, family connections and adopting an approach that supports healing” (Carlson et al., 2021, p. 7).

Blagg et al. (2020) outlined how healing is fundamental to addressing family violence and breaking the cycle of intergenerational trauma. Community members noted that “the trauma, it’s affecting the younger ones ... we need Culture and healing rehabilitation for children” (as quoted in Blagg et al., 2020, p. 6).

Carlson et al. (2021, p. 7) noted that “there are very few family violence programs that are led by Aboriginal women or that focus specifically on Aboriginal women”. They also identified that there is a great need for more data from, evaluation and analysis of Aboriginal and Torres Strait Islander women’s specialist services, as well as consideration of how the needs of women and children who are affected by family violence could be met (Carlson et al., 2021). Davis (2019) outlined, in her review of the child protection system in New South Wales, that DFV was a significant issue impacting families in this cohort, and that early intervention support required a comprehensive understanding of the dynamics of DFV. Despite the prevalence of DFV in the review, Davis noted considerable deficiencies in responses, data collection and understanding of DFV across the continuum of services offered within the child protection system, including the impact of coercive control in families (Davis, 2019).

Many healing programs for Aboriginal and Torres Strait Islander women and men in Australia are undocumented. They are short-lived due to lack of funding and absence of evaluations, preventing them from being shared with other communities who may benefit from using them (Carlson et al., 2021; Cripps & Davis, 2012). The Healing Foundation and colleagues (2017) noted that healing solutions require long-term investment to be effective and the lack of funding is a contributing factor to unsuccessful and discontinued programs.

Aboriginal and Torres Strait Islander people experience additional barriers to service and support similar to people from culturally and linguistically diverse communities, namely language barriers, knowledge regarding laws on violence, distrust of police and government authorities based on past trauma, and dependence on their spouse (Department of

Child Safety, Youth and Women, 2016). In addition, there is a lack of transport in rural and remote communities as well as a lack of cultural services creating barriers to addressing violence (Healing Foundation, 2018b).

Many non-Indigenous practitioners providing services for children have limited cultural capability and often fear imposing their own cultural assumptions and making mistakes in understanding Aboriginal and Torres Strait Islanders’ cultures. This fear prevents them from asking questions and trying to provide support and safety for children (Shen et al., 2021). If non-Indigenous practitioners work with Aboriginal and Torres Strait Islander families, they require strong knowledge regarding the experiences of families who have endured loss of land, home, family and traditions (Shen et al., 2021).

Many Aboriginal and Torres Strait Islander children and young people see a distinction between “white-fella law” and “black-fella law” and view the two as disharmonious. Non-Indigenous law is seen as ignoring or replacing their cultural laws, instead of promoting them (Doel-Mackaway, 2019, p. 41). This demonstrates that when children and young people do not perceive cultural alignment in the practice of services and systems, this will impede the accessibility to services for Aboriginal and Torres Strait Islander children and young people.

Supporting Aboriginal and Torres Strait Islander children to heal

Extensive literature outlines the impact of intergenerational trauma on Aboriginal and Torres Strait Islander children and young people, including how this trauma is transmitted and experienced. However, there is much less evidence available on how to support healing for children and young people.

Although there is a distinct lack of knowledge from the perspectives of Aboriginal and Torres Strait Islander children and young people experiencing DFV on how they heal from these experiences, there is significant literature that provides an understanding of how Aboriginal and Torres Strait Islander peoples, including children, can heal.

Healing refers to gaining and sustaining hope, a sense of identity and belonging, wellbeing, empowerment, control and renewal. Healing is a journey. Healing is not an outcome or a cure but a process: a process that is unique to everyone. It enables individuals, families and communities to gain control over the direction of their lives and reach their full potential. Healing continues throughout a person's lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base (Healing Foundation, 2015).

The Healing Foundation has outlined in its evidence to date that the core elements of healing for Aboriginal and Torres Strait Islander people include the need to reconnect with their culture, restore social networks, strengthen their identity, and support the community through understanding and behaviour change (Carlson et al., 2021).

For Aboriginal and Torres Strait Islander children the centrepiece of healing is safety. The Healing Foundation outlines that safety for Aboriginal and Torres Strait Islander children has a number of dimensions including physical, emotional, social, cultural and spiritual, and that safety is created by family and community (Healing Foundation, 2018a).

For many communities, the weight of oppression of Aboriginal and Torres Strait Islander people over numerous generations has impacted their capacity to heal (Atkinson, 1990; Shen et al., 2021). However, this is countered by a strong desire to end violence and work tirelessly in order to protect their families and children, restoring hope and keeping the community strong and connected with each other (Cripps & Davis, 2012; Shen et al., 2021).

Evidence is now emerging about the many protective factors that support strong social and emotional wellbeing for Aboriginal and Torres Strait Islander children and young people. These are strong cultural identity and belief systems, and strong child-rearing practices and cultural ways of learning (Dudgeon, Milroy et al., 2014). Community leaders have provided a set of eight values that are central to supporting Aboriginal and Torres Strait Islander children and young people to heal from violence, including sexual abuse. These values are safety, respect, empathy, reciprocity, unconditional positive regard for children, truth, empowerment and hope (Healing Foundation, 2018a).

The holistic approach to supporting social and emotional wellbeing is well documented and provides a framework for assisting Aboriginal and Torres Strait Islander children to heal. The seven sources of social and emotional wellbeing are connection to body, mind and emotions, family and kin, community, culture, country, and spirituality and ancestors (Gee et al., 2014). The use of therapeutic work has been demonstrated to help heal the damage caused by toxic stress for children and young people (Shen et al., 2021).

Ultimately, evidence suggests that to enable healing for Aboriginal and Torres Strait Islander families and support them to thrive, programs need to be Aboriginal-led and -designed, and promote healing and wellbeing, cultural strength, connection to culture and resilience, as well as safety (Domestic Violence Service Management, 2017a). Building strong families and proud identities can help young people in successful healing processes. Additionally, establishing safe places for young people, investing in them as our future leaders and improving cultural education are all solutions to improving youth healing processes (Healing Foundation, 2018a).

Emerging research in the field of DFV and children and knowledge translation gaps

Present-day research shows that mental health conditions, drug and alcohol dependence and poverty often coincide with family violence as an outcome of social and economic disadvantage (Our Watch, 2018).

Emerging research has shown that exposure to DFV and traumatic events has long-lasting effects on children's brains and bodies (Atkinson, 2013; Shen et al., 2021). Traumatic stress can result in aggressive behaviour and lead to lower thresholds of activation of the stress management system (Department of Aboriginal and Torres Strait Islander Partnerships, 2017; Dudgeon, Milroy et al., 2014).

These traumatic events shape children's reactions to challenges, and they may react in a way that is more instinct-based and sometimes inappropriate, leading to lifelong problems in

learning, behaviour, and physical and mental health. Due to this, children can find it difficult to express feelings and understand social cues as they live in a constant state of heightened alarm due to past trauma (Shen et al., 2021).

Atkinson (2002) has also reported that many Aboriginal and Torres Strait Islander people who have been labelled criminal and who have committed violent acts against others were themselves violated as children.

To address this, some authors (Healing Foundation, 2013; LaBoucane-Benson et al., 2017) have suggested healing programs developed for First Nations children and young people need a focus on safety; embedding culture, country and community in healing; and trauma-informed practice and strengthening protective factors including cultural identity, life skills and a strong future orientation. In addition, effective healing programs and frameworks are “informed about and understand the impacts of colonisation and intergenerational trauma and grief and should have a proactive rather than reactive focus” (McKendrick et al., 2014 as cited in Carlson et al., 2021, p. 19).

A holistic healing approach to family violence in Aboriginal and Torres Strait Islander communities must have a focus on support for early intervention, prevention and education, and there is “a need to ensure sustainability of service provision and funding” (Carlson et al., 2021, p. 18). Research findings from empowerment research have identified a range of outcomes for First Nations people participating in healing and empowerment programs including improved communication skills; empathy; planning for the future; critical self-reflection; and finding ways to connect with tradition, spirituality and healing. The research identified that the most critically important aspect to empowerment is individual change (Mayo et al., 2009 as cited in Dudgeon, Walker et al., 2014, p. 442).

There is also emerging evidence of the need to provide healing for Indigenous men and boys as central to addressing DFV in Aboriginal and Torres Strait Islander communities. In a 2017 report, the Healing Foundation and White Ribbon Australia identified specific elements that were necessary to support an Aboriginal and Torres Strait Islander violence prevention framework for men and boys. These are:

- men’s leadership of healing for men and boys, to promote safe and respectful family relationships
- spiritual healing
- positive father-figure role-modelling for boys and teaching of lessons that once occurred through traditional ceremony
- connecting boys to core cultural practices as a central factor for creating change in relationships
- combining culture and western therapeutic practices (Healing Foundation et al., 2017).

This evidence also notes that it is most important that in any men’s healing work the safety of women and children and accountability by men for the perpetration of violence remains at the centre.

Aboriginal and Torres Strait Islander male leaders who have conducted DFV research have stated that violence against women and children is not consistent with Aboriginal culture and that any man who uses cultural practice to excuse child abuse or family violence is “not practicing within the bounds of our traditional principles” (Adams, 2006; Bulman & Hayes 2011).

There remains, however, a gap in knowledge of suitable and appropriate methods (e.g. child-focused and culturally sensitive methods for practitioners working with Indigenous children and young people experiencing DFV) and how these can be translated into culturally appropriate service system responses and culturally designed practice frameworks to address the needs of Aboriginal and Torres Strait Islander children experiencing DFV.

Discovery

This section reports findings from initial rounds of action research cycles conducted with research leads, community researchers and practitioners working across eight Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs) in Queensland.

Domestic and family violence: Our children, our understanding

As part of the action research, participants were asked to explore their own understanding of the impacts of DFV in the lives of children and young people. This process identified that DFV in Aboriginal and Torres Strait Islander contexts was experienced in different ways with variances noted in different parts of Queensland, including between rural and remote and urban contexts and the Torres Strait Islands.

Participants expressed deep concern that for Aboriginal and Torres Strait Islander children and young people DFV was normalised in their communities.

Multiple participants used the following descriptions (which have been summarised by the research team) when discussing their experiences of DFV and how it is understood in their communities:

- silent and unobserved
- bigger problem than most people know and in many ways that people do not often understand
- it is silent killer in our communities
- largely without a voice for the victim, especially children
- transgenerational
- the impact of colonisation was brutalisation to our people and that learnt behaviour we have adopted
 - black history looks at how Australia was formed, it was formed in a violent context, our men and women were subject to abject violence
 - tradition and culture were decimated, our men were warriors – they were not perpetrators
 - drugs and alcohol was introduced, it was not part of our society

- a lot of healing needs to happen. Colonisation formed the basis of conflict, violence was used as a weapon to subjugate us
- the learnt behaviour from our past, the violence, this means people do not know how to deal with conflict in a healthy way
- our children are present in our communities where many of these issues are endemic, our children who are subject to violence are males and females, they grow up to have their own relationships, how do we understand what they need to do this safely.

There were many unifying concepts regarding DFV identified throughout the action research by community researchers and practitioners to date, including the following:

- A holistic understanding of the impacts of DFV on the whole family is required, and we need to understand how violence affects the social and emotional wellbeing of the mother, father, children and extended family to create intergenerational change.
- Many of our community members only think of DFV in the context of physical abuse and there has been limited education and understanding in our communities to broaden their understanding. There is often limited understanding of coercive control but the impact of this is widely seen including through the use of control in the court system.
- DFV needs to be understood in the context of intergenerational trauma and the inability, due to limited funding and resourcing, for many Aboriginal and Torres Strait Islander people to participate in healing. The limited opportunity to overcome the impacts of intergenerational trauma and consequential behaviours that result from this are contributing to Aboriginal and Torres Strait Islander children being removed from their families.
- Aboriginal and Torres Strait Islander children are raised in a wide family and community context: a lot of the support for children and young people is provided by extended family and Elders within community who are central to supporting the family through difficult times. Strengthening and drawing on this network is critical for our children.
- DFV is not part of Aboriginal and Torres Strait Islander cultures.

As explained by one researcher:

If we go back to cultural way of living and lore – this type of behaviour [DFV] did not exist; when marriage lines were distinct the man would go to the woman's family and live there for some time to show he would care for the woman and children safely. (Cycle 1 research lead)

Many participants in the research were especially concerned about how Aboriginal and Torres Strait Islander children and young people bear the brunt of the impacts of violence in communities.

DFV was the main reason that children under the age of three were coming into care when reviews were recently undertaken by DCYJMA (anecdotally reported by a research lead). Children were spending years, and at times their entire childhoods, in OOHC, and were not receiving any therapeutic or healing support to process their experiences.

Our action research shows that children and young people experience the normalisation of violence at a young age, using violence in the playground to solve fights. Many of our young people experience violence early in their relationships, and those who perpetrate DFV are being charged and entering youth justice systems as a result. The example provided below explains the normalisation of unhealthy relationships and the impact on young people's earliest relationships:

And also, it's going to keep going unless we put a line in the sand. I think that's what's impacting I guess on some of the families and our children is that they're learning that, if they see their parents, or their family member or a friend see it then they actually normalise it, then, which they think that it's okay to, to use that kind of behavior to a partner ... We've got a 13-year-old child that's really being affected by domestic violence from her 16-year-old partner, which is, you know, it's not really good at all. (Cycle 2 community researcher)

This example also highlights the complexity of what FWS are responding to in regard to the experiences of children and young people. They require sophisticated safety planning and engagement skills to respond and ensure appropriate supports are in place to address safety and other concerns for young people.

Community researchers discussed a concerning trend in which many young people who are at risk of DFV or who are experiencing it in regional and remote communities are often too frightened to seek support or reach out because they fear the consequences for their family and backlash from their community.

With our young people at risk of domestic and family violence, or who are experiencing it, is that often they are too frightened or scared to get that support or reach out, because the consequences within extended family in community. (Cycle 2 community researcher)

The repercussions of experiencing DFV are directly related to high levels of incarceration and the limited options available to young people to escape violence in their community, with many forced to leave their community when they disclose. For many this cost is too high.

Many communities also outlined how Aboriginal and Torres Strait Islander children experiencing DFV struggle to maintain themselves in education systems, often experiencing problems with their anger and their inability to express themselves, leading to negative experiences in school settings including expulsion.

Early warning signs and coping mechanisms witnessed by practitioners were described:

You could have a happy child but as soon as when maybe something like that [DFV] happen, you're dealing with a kid want to isolate himself or, you know, just tend to not get himself involved in anything, even school things or in the community. When you want to go out and just himself shut up. Some kids do that in social, emotional wellbeing way. (Cycle 3 ATSIcco practitioner)

Another practitioner talked about the flow-on effects of DFV on children:

Kids get labelled, the naughty kids, and things like that not considering their home life or their past trauma. They're just labelled, and they'll end up abusing or something like that, just be told they're bad. Not thinking, like not considering, where they come from or what they've learned in their parents. (Cycle 3 ATSIcco practitioner)

Most importantly, it was noted that Aboriginal and Torres Strait Islander children not only experience violence in their homes, but also experience the violence (and racism) that comes from living in society as an Aboriginal and Torres Strait Islander person.

I think it's an extremely important point, because I think we often think about violence only visits children's lives within the context of their family, but not in the context of their lived experience every day, in terms of education systems, or even when they're just out with their mates or their friends in social contexts. So, the impacts of racism and the impacts of, you know, the lack of reconciliation, our country has actually focused on are really important factors. (Cycle 2 community researcher)

Challenges to creating change

Several challenges have been identified through the action research cycles to date in relation to providing support for children and young people who are experiencing DFV.

A common theme was the lack of specialist DFV programs that primarily focus on working with Aboriginal and Torres Strait Islander children and young people. Impediments to providing direct support to children and young people include inadequate funding and not having the ability to be flexible in service delivery models due to contractual restrictions placed by funding bodies.

Findings from action research cycles have consistently highlighted the lack of specialist support available in regional and remote Queensland to refer Aboriginal and Torres Strait Islander children or families to that is culturally safe and relevant. One research lead outlined how in their region support services currently focus on adults and there is a lack of service delivery targeting children and young people: "There is a plethora of service responses but targeting different things, all adult focused."

This leaves many Aboriginal and Torres Strait Islander workers within child and family organisations as the only supports that are available to families, children and young people.

There's no real support out there ... [We've] had to create

a new framework ... to be able to support young people. How can we do that across the state? How can we make it more innovative, and community-based for each other? (Cycle 2 community researcher)

One of the greatest challenges identified in the provision of support for children and young people is that current programs and frameworks do not take into consideration the vast impacts of intergenerational trauma on Aboriginal and Torres Strait Islander individuals, families and communities since colonisation and continue to respond from a westernised individual response rather than holistically.

Community researchers highlighted how public and community services often respond to incidents, with a primary focus on engaging victims separately to the perpetrators and placing the onus of responsibility for children's safety solely with the victim.

Current system has an expectation for mum to turn it all around in short-term order (address her own childhood trauma, intergenerational trauma, substance use, mental health, etc. within a short timeframe – it's unrealistic). (Cycle 1 research lead)

Such responses do not often engage long enough, and with adequate skills, to address long-standing root causes particular to Aboriginal and Torres Strait Islander families, or with family-centred responses that work with the family as a unit to change and remain safe together.

A lot of our support at the moment is provided by maybe removing the mother out of the situation, rather than, you know, supporting the family as a unit and then the men go and they do their, you know, DV perpetrator training or support work. And you'd like to see that more holistic as a family unit and seeing where that support can come in. (Cycle 2 community researcher)

The limited response offered through crisis intervention means that loss, grief and the impacts of trauma were identified as too often being overlooked in how they intersect with DFV in the lives of families.

The problem is the problem, not the person. So, it's that dealing with that probably looking at more education

around preventing it to happen. Because all them social issues are just factors, are contributing factors. Looking at the root of the problem because one family that I've experienced with DV and when I started to unpack it was grief and loss. (Cycle 3 ATSI CCP practitioner)

Participants identified that the full range of service systems a child engages with across their childhood and beyond need to be equipped to respond to DFV with a standardised, integrated response, and timely information sharing.

Need to bring all of the system together – health, housing, education, child safety, justice – all in one framework. People have been engaged in multiple systems before it gets to child safety. (Cycle 1 research lead)

Service and systems changes identified included the need to understand that families may experience renewed vulnerability at transition points in their life and require ongoing support to live safely. This is explained by a research lead: “Need a collective response from all systems; also need response across the life course throughout all transition periods.”

There was particular frustration at how limited information sharing and integration of systems was impacting on developing responses, as articulated by a research lead: “Electronic systems, information needs to come together across service systems.” This is compounded by a lack of specialist practitioners who can work with children and young people. Although participants identified that there is a highly capable workforce, workers may be lacking in the confidence to speak directly with children and young people and to know what support to provide them.

Current government funding models often provide for only one DFV specialist to be embedded in Aboriginal and Torres Strait Islander child and family services. The current response is grossly insufficient, as described in this example provided by a researcher:

Referrals of families with long history of sexual abuse in family and then the child becomes a perpetrator and dealt with by a service that is not a specialist DFV service. (Cycle 1 research lead)

In most circumstances, if a practitioner is identified as the specialist DFV worker, there is an expectation that not only must they cover a large geographical area and provide professional services to children, families and young people, but they should also be the support person for their team to discuss any cases that involve DFV. Given the magnitude of DFV impacts within most cases that child and family services support, this places enormous pressure on these practitioners.

Many professionals that are working within this complex field every day face the difficulty of addressing violence within a service funding framework that often time-limits their interventions, lacks cultural understanding, and provides limited resources for the organisation to develop the long-term healing work required to create change. All sites are responding to multiple levels of loss, grief, trauma and sorrow in their communities that increase their cultural load. For many this was isolating and disempowering:

You know, we have had 200 years of suppression that has created domestic and family violence for our mob, yet we get these funded positions for 12 months, you know, and expected to make inroads and you know fix domestic and family violence with what we've got. So, it can be frustrating. (Cycle 2 community researcher)

While women and girls are overwhelmingly the majority of victims it was recognised by participants that many Aboriginal and Torres Strait Islander young boys have been victims of DFV in childhood and that for many the first time that they receive any response to their experiences of DFV is when they are recognised as perpetrators of violence. Community researchers felt that this was a result of limited culturally appropriate methodologies or service responses to assist men and boys to break the cycle of violence over generations.

Participants reported that, in their experience, Aboriginal and Torres Strait Islander boys were often overlooked in needing specialist support to overcome their experiences of violence. Their aggressive and obstructive behaviour, which may be a result of these experiences, was more likely to be met with police and justice responses rather than support services that assist healing.

One researcher highlighted the common results from current responses that leave the child's or young person's underlying trauma unresolved:

Yes, need some responsibility taken, but the response makes decisions for life and never reviewed. No trigger points to ask how the decision is going for the child, how is their level of trauma? Behaviour may improve but not addressing underlying trauma, wait until next punitive response when behaviour escalates again – it doesn't just go away, it stays there and help is needed long-term for the rest of their life, different life stages – changing from primary to high school, leaving school, becoming adults, parents, etc. (Cycle 1 research lead)

These experiences are reflective of research undertaken by the Healing Foundation and White Ribbon in 2017 that detailed the impact on Aboriginal and Torres Strait Islander men of foundational and cultural violence resulting in cumulative trauma over generations, with these impacts evidenced in the present by DFV.

... a link between colonisation, past government practices, and the breakdown of cultural knowledge systems in Aboriginal and Torres Strait Islander communities. This has caused trauma and pain that remains unresolved for our men. Contemporary social pressures and domestic overcrowding are fueling this, weakening their spirits, harming their choices and opportunities, and hurting their families and communities. (Healing Foundation et al., 2017b)

Many participants identified the importance of having male practitioners who can work alongside Aboriginal and Torres Strait Islander boys and young men to create pathways to change. This includes the need to support young men to overcome their experiences of violence and to be assisted to understand how to form strong and healthy relationships based on respect, reconnecting them with cultural systems and practices that establish strong cultural norms that require them to demonstrate acceptable behaviours focused on creating safe family environments.

Researchers have highlighted that since colonisation Indigenous women's lives have been marked by violence including intergenerational trauma caused by historical and

ongoing colonial violence. This has included the removal of children under government welfare policies along with racism, loss of culture and social and economic exclusion. This shapes community life and has implications for how Aboriginal and Torres Strait Islander women and girls experience gendered violence (Atkinson, 1990; Meyer & Stambe, 2021).

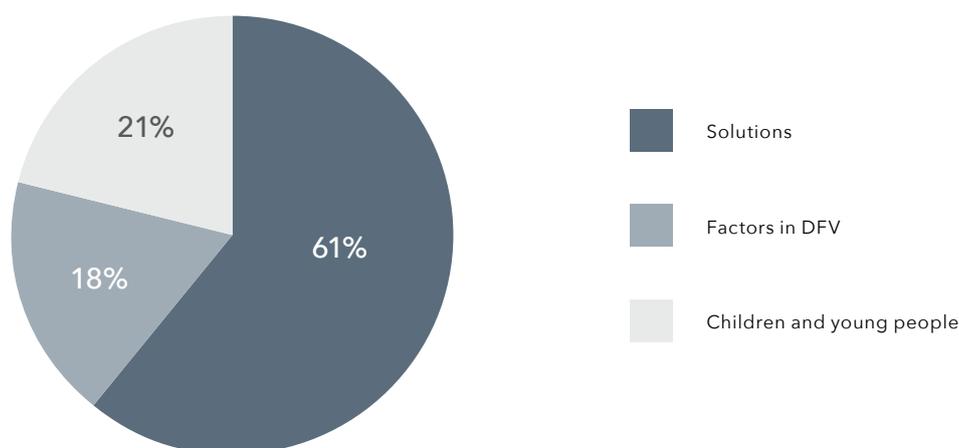
In our research, young women's experiences of violence were also seen to shape their expectations in their maturing relationships, with many community researchers highlighting that young women often did not know what healthy relationships were. As one community researcher explained: "They don't know what it takes to create or what a real healthy relationship with respect looks like."

Young women were highly vulnerable if they entered into controlling and violent relationships at a young age. This made them more likely to come to the attention of child protection services when they became mothers, adding to the burden of distress they experienced.

Unfortunately, participants noted this often resulted in young women disproportionately being held responsible for the impacts of DFV on their children's lives by child protection services, increasing their victimisation and distress. Community researchers also highlighted how the lack of education about coercive control and the gendered nature of violence within communities meant that many young women were left without broader community support to escape violence due to a lack of understanding in their kinship network. The complexity of limited understanding of DFV by whole communities is outlined in the following example shared by a participant, referring to a case of a young couple who recently had a baby, where the male partner abuses the young mum and his family know about it but don't want anyone to talk about it and create problems:

I got a case I'm working on now...and [the young mum's] got no support, no family in that town, but she can't get out away from that [his] family. So you know, how do you sort of reach this young person and provide safety? (Cycle 3 ATSI CPP practitioner)

Given these unique contexts of violence experienced by First Nations women, researchers have outlined that a woman-

Figure 2: Focus areas for Cycle 1 and 2 action research

centred approach to program design, including healing, must form the basis of interventions and strategies. It is critical to involve women in defining the problem from their perspective as the basis for all responses (Blagg et al., 2015; Cripps & Davis, 2012).

The impacts on the community were also addressed by researchers:

Whole communities continue to be shamed due to number of kids going into care – result of entrenched nature of DFV that everyone is struggling to address. (Cycle 1 research lead)

Deficit-based assessment and the stereotypes that are used to assess our families comes from an understanding of us as violent people no understanding of colonisation. (Cycle 1 research lead)

Many participants noted the complexity of addressing violence when living between two worlds and the barriers this often posed for families in seeking help. Most of the child and family services in Queensland are provided by Aboriginal and Torres Strait Islander medical services, and the service personnel are mandatory reporters of suspected child abuse. This has meant that many families in communities are not even seeking support for medical issues for fear of being reported to child protection services. For Aboriginal and Torres Strait Islander staff in these services the complexity of wanting to provide support but being mandated to report was both a challenge and seen as a significant barrier to getting early intervention supports to families, leaving many children and young people isolated and struggling alone.

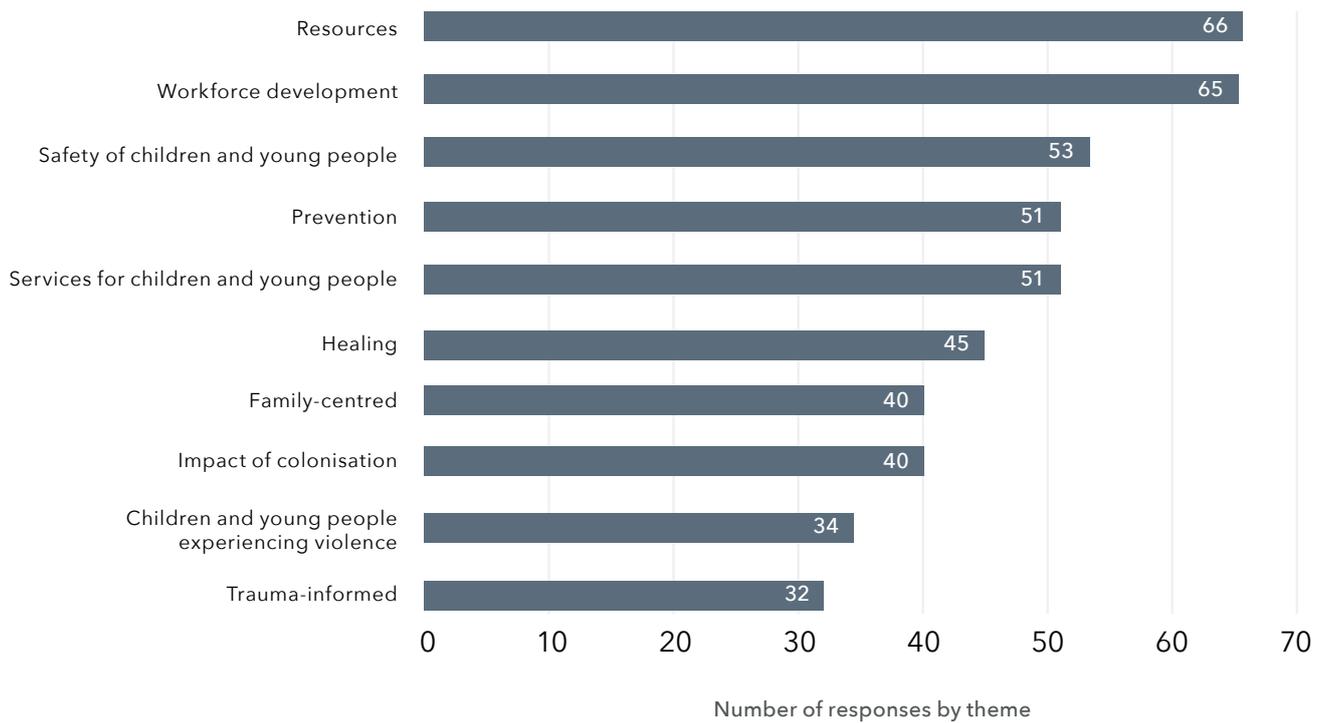
To date there has been limited focus or reflection on the development of opportunities for Aboriginal and Torres

Strait Islander children and young people to learn about healthy relationships. Some participants have suggested that there are opportunities for education around healthy relationships to start in the early years of schooling rather than to be delivered as a one-off session.

Towards a best practice framework

To date, in the action research cycles completed with research leads and community researchers (cycles 1 and 2), research questions focused on children and young people's experiences of DFV, factors relating to DFV and solutions. The most common topic discussed was solutions that will support children and young people who have experienced DFV to heal and recover (61%). This was followed by children's and young people's experiences of DFV (21%) and factors relating to DFV (18%). Cycle 3 is underway, but not yet complete, and so is not included in this data.

Analysis from cycles 1 and 2 revealed the top 10 themes that researchers and practitioners discussed, with the top three being resources, workforce development, and the safety of children and young people.

Figure 3: Top 10 themes identified in action research cycles 1 and 2

Participants were asked to identify what is needed for healing and for children and young people experiencing DFV to be safe. The solutions identified by researchers and practitioners focused on practice models with some preliminary discussion on service system changes that would support enhanced outcomes for children, young people and families.

A wide range of elements were recommended by participants for inclusion in a best practice framework for FWS in Queensland to respond to the complexities of DFV, including the following:

- accountability
- cultural connection
- empowerment
- family-centred
- healing
- participation
- partnerships
- prevention (including education and information)
- relational
- resources
- safety of children and young people
- scope of framework (best practice framework)
- trauma-informed
- workforce development (including supervision, training and vicarious trauma).

The focus on workforce development and a need for resources reflects the context of many of the Aboriginal and Torres Strait Islander child and family service personnel participating in the research who are working in regional and remote localities.

Many sites identified the limited training and professional development opportunities available for Aboriginal and Torres Strait Islander family support workers on how to talk to children and young people and address violence. Limited specialist referral points were discussed as a significant impediment in providing support to children and young people within the context of their family and community: “Workers are unsure how to best ask the questions and best support our children and young people and families, as a whole, in working with them.” (Cycle 2 community researcher)

Funding constraints were not limited to training and professional development but extended also to the ability to travel where needed and provide a diverse workforce to match community requirements:

Workers in remote and regional contexts are dealing with complex family and cultural relationships. What level of support are we provided when Child Safety does not increase supervision and training levels, costs of getting anywhere for support (especially remote areas like Torres Strait Islands), worker may not be able to work with most people in their community (especially on small islands) – there is a desire to employ someone from community but then that means service isn’t available to entire community,

an “out of community” worker is more effective in that case, it’s very complex. (Cycle 1 research lead)

Limited funding was seen to constrain staff and create fear of making a difficult situation worse when they felt they did not have the skills or resources to effectively support a child and their family:

There is a fear for how to support but fear of leaving person in worse position than when first engaging if support isn’t done well or ends abruptly when issue isn’t over [because of funding constraints]. (Cycle 1 research lead)

The significant cultural load and limited support that Aboriginal and Torres Strait Islander family support practitioners are experiencing in remote and regional contexts heightens the impacts of vicarious trauma, further impacting on the service that can be offered to children and families overcoming violence. These impacts include high staff turnover and harm to worker social and emotional wellbeing.

Throughout the research to date all eight sites have recognised that some of the critical systemic solutions will need to focus on “good supervision support, training and development of Aboriginal and Torres Strait Islander workforce”, as summarised by a research lead.

The complexities of working in a way that incorporates cultural lore and westernised systems and law was explained by a cycle 3 participant who works in the community-controlled sector:

We need to be skilled, need to understand, or look at newer ways of working. We look at probably the cultural aspect of how we can work better, the Indigenous ways of working, because we’re not only dealing with, you know, the problem. It’s also up against the government services too, they have their own guidelines, they have their own laws, too, that we need to work under. So, we have to be more creative, it puts pressure on you as the worker to be more creative, to work like a zigzag way around these obstacles to try and incorporate lore and law, how you incorporate them together to make these particular units. (Cycle 3 ATSIICO practitioner)

Community researchers have also highlighted the need to place a greater emphasis on ensuring a broader community approach to tackling violence is used for Aboriginal and Torres Strait Islander children and young people:

For us to be able to service our clients properly and in a safe manner, you know, we have to be able to have the full toolkit, and not just for one organisation, but across the board if we all want to tackle this thing properly. (Cycle 2 community researcher)

This includes increasing culturally effective training for DFV specialists so that children and young people have services and holistic help and support. Limitations were recognised by a community researcher: “Referred to general psychologist, who may or may not have knowledge or experience about sexual assault or DFV; it’s never a key funded area through the department.”

One of the critical areas of development is a focus on growing the services and supports offered to Aboriginal and Torres Strait Islander children and young people. All sites have detailed the lack of any available therapeutic or specialist support for children and young people. They have also outlined the structural racism that exists in many systems, including health and justice services, as being an impediment to children and young people getting the right services that are culturally safe to access.

Most participants, however, believed that this gap was best filled through embedding therapeutic healing circles and work within Aboriginal and Torres Strait Islander children and family agencies as they were best placed to engage and “to have the conversations about the discussion on the use of violence and what the impact is on our families” (Cycle 1 research lead).

The two most important factors identified in the formation of a best practice framework to better support Aboriginal and Torres Strait Islander children and young people who experience violence was empowerment and the power of cultural connection to heal: “Connection to culture is an important ingredient within the healing journey but the nature of violence and traditional statutory responses are about removal and separation.” (Cycle 1 research lead)

It was recognised across sites that one of the greatest impacts of DFV was to silence victims, especially the voice of children and young people. Therefore, one of the most important factors in supporting children and young people in breaking the cycle of violence is to empower them to have a greater voice.

Participants spoke also about the importance of doing safety planning with children and young people directly. A community researcher explained, “They can actually undertake their own safety measures for themselves” and a research lead echoed this with “Our children need to know they can take action”.

For many families, the intergenerational cycles and impacts of colonisation have led to disconnection and distress. Combined with a continuous cycle of child removal in their families’ history, these leave many families and communities trapped in a life of violence.

Not knowing family, who they are, where they are going and what they are going to do on leaving care at 18, deep embedded sense of all attention having been focused on fighting, arguing, not knowing, existence has always been violence, discord, disconnect so still feeling directionless and aimless, “I’ll just keep wandering, don’t know what I’m looking for or where I’m going, just gonna wander and see what happens, my life and me is just violence, I’m the product of violence”. (Cycle 1 research lead)

Unfortunately, these intergenerational impacts are rarely understood by the child protection system and young Aboriginal and Torres Strait Islander parents are not seen as victims of abuse but as negligent parents, who are not supported, yet continue to have their children removed.

Current response for young mum [age 15] to have child removed instead of supported as victim of violence and supporting mum and baby to be safe together; separated out mum as negligent parent and not victim. (Cycle 1 research lead)

The clear solution identified by participants was for community-led approaches that wrap around Aboriginal and Torres Strait Islander children, young people and their families and lead them back to safety within a strong and culturally connected system.

Given the collective nature of caregiving and raising children within Aboriginal and Torres Strait Islander communities, it was recognised that ultimately the solution required family-centred approaches, where whole families were supported to address violence. This is envisioned by a researcher as follows:

How would it be different to what we do now, hopefully it gets to that point where we can have the holistic family healing, not just having the perpetrator doing his work, you know, that that’s valuable too having his, oh sorry, the perpetrator’s, work on his own, but then, and the mum and the kids, usually, that’s how it usually pans out, is that she’s working with them. But there’s hardly any space or any time for them to work all together, you know, so that they, as a family unit, can become a family unit again. (Cycle 2 community researcher)

Another community researcher described a family-centred approach to DFV as:

Strong family unit, bringing the aunties, uncles and grandparents to ensure children are safe – more extended family stepping in and talk to the issue... we look at impact of DV and how that impacts the family as a whole. (Cycle 2 community researcher)

Participants identified that the intergenerational impacts of colonisation have caused fracture and distress across communities including violence, and that these impacts could only be addressed through healing across generations.

Many services supporting families who have suffered intergenerational harm identified the brutal nature of colonisation, including the impacts of institutional sexual abuse, which had damaged kinship systems and the relational family structures in families – generally a source of strength for Aboriginal and Torres Strait Islander communities.

Addressing the impacts of colonisation requires a strong focus on rebuilding kinship systems and family relationships to overcome intergenerational trauma, supporting the importance of DFV responses being embedded within child and family services that are community controlled. ATSICCO practitioners highlighted the potential for community-led responses to strengthen communities to address violence in their families:

When you talk about the kinship structures and to reconnect, it's about the community coming together to support that person, when you talk about men's group and that sort of stuff. (Cycle 3 ATSICCO practitioner)

We know from our children and young people that the strength of their cultural identity comes from their family, and when their family is strong this results in strong identity and personal confidence for the future (Healing Foundation, 2017, p. 18).

One ATSICCO practitioner spoke to the gap in services for supporting men from a healing and cultural framework:

We have support services, for our women our children, shelters for women or children, but for perpetrators there is nothing for them. We need really good strong community men in our community, especially within that space of, you know, playing that role, taking up that cultural role within a family with a man ... If you have someone work with him who can identify who he is where he's come from. Then him can overcome these obstacles, because, in actual fact, he's overwhelmed, there's a whole lot of social issues that's impacting him, layer upon layer, so that spirit where he did, or he sleep, he can't stand up as a man and provide for family that belong to him. Or stand up as a daddy and show his sons how to hunt, things like that. So that cultural aspect needs to be restored to help them. (Cycle 3 ATSICCO practitioner)

One of the primary solutions therefore is based on the recognition that culture is a crucial factor in the provision of healing for children and young people.

As Aboriginal and Torres Strait Islander organisation, we think, but we'd like to come up with ways to heal our young people. And that's this connecting back to culture, I think, is a big one I know with myself; I take young people away on country ... I'm a traditional owner here so you know, I utilise my connections and connecting these young people back to culture and on who they are and where they come from, and you know, where their connection lies. (Cycle 2 community researcher)

Participants noted that surrounding Aboriginal and Torres Strait Islander children with cultural values, systems and

traditions supports them to connect to the strength of their identity and spirituality, providing a strong cultural compass to guide them for their lifetime.

To achieve this there is a significant need to address the impacts of intergenerational trauma. Models that support communities to address intergenerational trauma holistically were seen as central to supporting Aboriginal and Torres Strait Islander children and young people who experience and witness violence as they provide pathways to change.

We talk about our values and our culture, and yet this happening – bringing community awareness to this and how it doesn't fit, it needs to stop, it isn't our values or culture. (Cycle 2 community researcher)

Most participants across all eight sites wanted young people to be able to identify healthy relationships, to understand how to create them and to have an opportunity to explore what safety was for them now and into the future. This desire was shared by a community researcher:

I'd like to see that we've got strong, resilient, flourishing, and, you know, young people who can identify, you know, healthy relationships and start investing and empowering them to continue to want ongoing. (Cycle 2 community researcher)

The key focus was on breaking the cycle of violence for young people and implementing strategies to raise community awareness and understanding of DFV in order to prevent young people from being left with the legacy of trauma and recreating violence in their current and future relationships, as well as increase opportunities to grow strong and proud in themselves and their community. This includes helping children and young people to safely express their feelings, such as learning how to process their anger to support healthy interactions with others into the future.

I guess we just want to see our young people, you know, breaking that cycle. A holistic approach and be able to not witness or be a victim of domestic and family violence. (Cycle 2 community researcher)

To break the cycle of violence, participants identified that Aboriginal and Torres Strait Islander children and young

people need to be provided with opportunities to heal from their experiences of witnessing or being a victim of violence, including in their minds, bodies and spirits; their families need to be supported to address DFV in holistic and culturally strong ways that use the power of cultural lore and values to support changed behaviour; and communities require supported and resourced staff within Aboriginal and Torres Strait Islander child and family services to provide these responses.

To support the above, participants identified a need for systems change within government procurement and contracting arrangements to child and family community-controlled services that would support increased self-determination and enable design of place-based and healing responses for Aboriginal and Torres Strait Islander children and young people. This should also recognise that Aboriginal and Torres Strait Islander services are best able to provide DFV services within a holistic child and family framework and need to be resourced effectively to meet the growing need to address DFV and to support their staff to manage the impacts of vicarious trauma.

Lastly, findings from the action research cycles indicated that the lack of cultural capability and structural racism in the broader system, especially within mental health (including child and youth mental health), drug and alcohol rehabilitation and justice services, is negatively impacting on the ability of Aboriginal and Torres Strait Islander child and family practitioners to have a referral network that can assist children, young people and families to address underlying trauma impacts effectively. As a result, this increases the load on Aboriginal and Torres Strait Islander services.

Discussion

The research to date has highlighted that despite the prevalence of DFV in many Aboriginal and Torres Strait Islander children's and young people's lives, there has been extremely limited focus on creating the right responses to not only support healing for children and young people but also to interrupt the intergenerational transmission of trauma in their lives.

The causes of DFV in First Nations communities are well documented, with researchers highlighting how the impacts of colonisation, exploitation, entrenched poverty, institutional racism, forced removal of children and intergenerational trauma have all contributed to the high rates of DFV Aboriginal and Torres Strait Islander women experience (Atkinson, 1990, 2002; Blagg et al., 2018; Cripps & Davis, 2012; McGlade, 2012):

The kind of violence experienced in Aboriginal and Torres Strait Islander communities, researchers suggest, is resolutely post-colonial, in the sense that it was set in train by the “founding violence” of colonialism and has reverberated through Indigenous families and communities since. (Blagg et al., 2015 p. 9)

Unfortunately, for many First Nations children and young people the primary response to DFV continues to be to remove them from their families and communities to OOHC or, worse, allow them to “fail” their way into juvenile justice responses.

These impacts result in children and young people bearing unjust outcomes for the perpetration of DFV in their lives as they consequently must leave their family and community, causing additional trauma and distress. This often entrenches the grief, loss and guilt their families feel and that contributed to the cycle of violence in the first place (Bamblett et al., 2010).

Despite the overrepresentation of Aboriginal and Torres Strait Islander children in OOHC, often because of DFV (AIHW, 2021a), child protection systems have been found wanting in their ability to provide appropriate support services for children and young people living with DFV. This is another form of a violation of children's rights and a form of systemic neglect, and can have long-term implications that are cross-generational.

Little empirical research exists to demonstrate it but there is strong anecdotal evidence from practitioners working in the field that past child protection involvement is a significant driver of future (intergenerational) contact with the statutory system. Davis (2019) highlighted this impact within the child protection system in New South Wales during her review of the system.

Davis's (2019) research highlights that a child safety reform agenda alone cannot address the impact of DFV for Aboriginal and Torres Strait Islander children. Despite child protection interventions in Aboriginal and Torres Strait Islander families' lives, the latest data from the AIHW indicates that over the last decade there has been a fifty per cent increase in the substantiation of Aboriginal and Torres Strait Islander children for emotional abuse within Queensland (AIHW, 2017, 2021a).

This is highlighted in recent research by ICPS – ACU that found, in a systematic review of child protection cases involving DFV in sample regions in Queensland, there was extremely limited understanding of how to provide child-centred practice for child protection cases that involved DFV:

Although it was expected that there may have been referrals to child-centred services such as supported playgroups, childcare, or other therapeutic services to address trauma or other needs of children and young people, this did not appear to be a strong theme from the practitioners we spoke to about cases from the 2015–16 period that were within scope. When asked specifically about referrals to support services for children and young people they made (as opposed to provision of supports for their parent/s), many CSOs [Child Safety Officers] found it difficult to provide an answer. Typically, they came back to the services offered to the parents and discussed how the parents accessing the services supported the needs of the children or young people in their care. Several CSOs appeared to find it difficult to identify referrals to meet the direct needs of the child or young person as distinct to those of their parents/carers. (Cahill et al., 2020, p. 24)

This research also highlighted that there was a lack of specialist service providers for children and young people in many of the locations which took part in the study. Although most child protection workers could identify available services,

these were not typically designed explicitly for children and young people. Of the predominantly adult-focused services that were available, most had long wait lists or were in towns requiring significant travel (with many of the parents unable to source transport; Cahill et al., 2020).

Despite the limited funding and support for programs and responses, Aboriginal and Torres Strait Islander communities in Queensland involved in this research have been driving responses to support children, families and communities to address DFV. Practitioners are using a family-centred response, harnessing the power of culture and country to heal and strengthen the supports around children and young people. This includes a strong focus on ensuring that there is increased education for women and men about the varying forms of DFV, including coercive control.

However, limitations on funding and specialist resources and the overwhelming distress in communities are hampering the efforts of Aboriginal and Torres Strait Islander FWS practitioners to address the impacts of intergenerational trauma that are widely seen to be one of the greatest drivers of the rates of DFV.

Under international law conventions, including the United Nations Declaration on the Rights of Indigenous Peoples and the United Nations Convention on the Rights of the Child, Australia has a responsibility to uphold the rights of Aboriginal and Torres Strait Islander children and young people to live with their family and community and to be safe from violence (United Nations General Assembly, 1989, 2007).

The National Children's Commissioner's *Children's Rights Report 2019* highlighted to the United Nations that there was a lack of resourcing and ability to track government expenditure for Aboriginal and Torres Strait Islander children and young people specifically, and that this impacted on their rights being upheld. In its concluding observations, the report recommended that the Australian Government implement tracking systems to monitor the efficient use of resources to meet investment in supporting the realisation of children's rights. This was recommended especially with the view to addressing the disparities in indicators related to Aboriginal and Torres Strait Islander children (Australian Human Rights Commission, 2019).

The continued underfunding of responses to support Aboriginal and Torres Strait Islander children and young people to be afforded culturally relevant and safe services to overcome the impact of violence on their lives and live safely is a violation of their rights. The emerging evidence from our study indicates that in the three years since the National Children's Commissioner's report was tabled, very little has changed to address the funding disparity. Given the prevalence of DFV in the lives of First Nations children, the proportional increase of resources and culturally effective responses is urgently required to be actioned by state and federal governments. This is especially true in remote and regional parts of the country where many children reside.

Community researchers have identified that the impacts of intergenerational trauma, including those from institutional child sexual abuse, are far reaching and impact negatively on kinship relationships and relationships across generations, causing fracture and violence in the present. This is consistent with research on Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts which found:

The emotional trauma created by the forcible removal of Aboriginal and Torres Strait Islander children resounds through the generations of Indigenous families and is often inherited by subsequent generations in "complex and sometimes heightened ways". (Human Rights and Equal Opportunity Commission, 1997 as cited in Anderson et al., 2017, p. 21)

The effort to address these complex intersections of trauma and violence is further challenged by the cultural load that the Aboriginal and Torres Strait Islander workforce is carrying. There is limited training and development to work within this complexity, as well as limited recognition of and support for the levels of loss, grief and distress that are routinely responded to individually and collectively.

Evidence on the critical elements of healing and trauma recovery have been reinforced by our research and provide a significant pathway forward that includes family-centred approaches, using cultural knowledge and wisdom to reinforce strong values and principles to address violence. For our children to thrive we need to build a strong cultural identity and connection and focus on creating safety outside of child

Figure 4: Four pillars of trauma recovery

Source: Healing Foundation, 2018a, p. 17.

protection responses, including access to safe people, places, families and communities.

The Healing Foundation highlights four key pillars of trauma recovery: safety, identity, trauma awareness and reconnection (Healing Foundation, 2018a) that are critical to Aboriginal and Torres Strait Islander healing. These elements are represented in Figure 4.

Our research reinforces the importance of these four pillars being embedded in the design of new practice frameworks and system responses for Aboriginal and Torres Strait Islander children and young people who have witnessed and experienced DFV. This includes ensuring that systemic responses are trauma-informed, provide the right conditions to enable Aboriginal and Torres Strait Islander child and family services to exercise self-determination, and support the efforts of services to build culturally based responses rather than hinder them through control mechanisms such as contracting measures or service specifications.

Our research also highlights that the implementation of the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), to the level of active efforts, is critical to ensuring effective solutions for our children and young people. This includes emphasising the importance of connection, partnership and prevention as central to driving changed futures for Aboriginal and Torres Strait Islander children and young people.

Strengths and limitations

One of the major strengths highlighted in this research is not only the commitment of First Nations practitioners to create change, but the overwhelming cultural strengths, knowledge and wisdom evident in our community-led organisations and our Aboriginal and Torres Strait Islander communities. These will be the cornerstone to developing a best practice framework for Aboriginal and Torres Strait Islander children and young people that, as indicated throughout this paper, participants believe will lead to improved lives for our children.

The research has also drawn on the strength of understanding how to implement the elements of the ATSICPP as well as their application across the lives of Aboriginal and Torres Strait Islander children. This is especially true of the elements of participation and partnership with Aboriginal and Torres Strait Islander researchers, stakeholders, and families and young people at the centre of the design and development of effective strategies to address DFV.

While many Aboriginal and Torres Strait Islander young people are not considered adults until up to the age of 25, our research will only be able to interview young people 18 years and upwards, leaving a gap in the voices of younger children and young people.

However, many of the young people who will be interviewed in this research are siblings and relatives of younger aged children and we anticipate that in the discussion they will

outline the impacts of violence across their family including reflecting on their own childhood experiences.

Our intention with the development of the best practice framework is to ensure that children's and young people's voices are embedded as the core principle and action and as a result the voices of Aboriginal and Torres Strait Islander children and young people and their thoughts and views on safety will frame all responses moving forward.

This research is also being conducted in regional and remote sites within Queensland that have their own unique context and history. It is recognised that this is both a strength and limitation of the resources and findings that may result from the work, including its applicability within urban contexts and nationally. However, it is the intent of the research team to ensure that practice resources that may result from the research are as widely applicable as possible.

Although Torres Strait Islander community researchers and community members are involved in this research, it is recognised that there is significant cultural diversity and differences across the Torres Strait. More may need to be done into the future to ensure the framework remains relevant to the multiple contexts it will apply to in this region.

Directions for future research

Our review of literature identified a significant gap in knowledge about appropriate and culturally sensitive methods for practitioners working with Aboriginal and Torres Strait Islander children and young people experiencing DFV.

The focus of this research project going forward is to work with multiple stakeholders, including women and young people, to gather their insights and wisdom on how best to fill this gap and create the right service systems and practice to create healing pathways for Aboriginal and Torres Strait Islander children and young people.

This will include a key focus on children's and young people's safety as we challenge ourselves as a community of researchers throughout the process to understand what this looks like

for our children and young people and how we can support them to embrace and experience safety.

Ultimately, this will lead us to develop a best practice framework to guide all future work on supporting Aboriginal and Torres Strait Islander children and young people to overcome the impacts of DFV. This will be led *by* our families and communities *for* our families and communities, ensuring that we are embedding best practice in the development of program design as highlighted in the evidence.

The emerging findings from our research also indicate that there are significant difficulties with system responses to Aboriginal and Torres Strait Islander children and their families who face child protection responses as result of DFV. The need to explore systemic enablers and barriers is critical to ensuring that the best practice framework can be implemented effectively. This includes identifying how the voices of children and families are included at critical points such as case review meetings and case planning and ensuring that these processes happen in timely and consistent ways. Our evidence has also identified that community-led approaches that "wrap around" Aboriginal and Torres Strait Islander children, young people and their families and lead them back to safety within a strong and culturally connected system are vital. The next steps in our research will be to identify the system-level factors that enable this to be actioned at a local level as well as the barriers to ensuring change is supported.

Implications for policy and practice

Emerging findings from this project point to implications for policy and practice that will be further explored in the next stage of the research project.

Aboriginal and Torres Strait Islander children and young people, while bearing the brunt of the impacts of DFV, have had limited focus in policy responses to support their healing outside of a primary focus on safety and protection.

The 1997 *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* recommended that a new

framework based on self-determination of the wellbeing of Indigenous children and young people be realised. The inquiry report called for, among other things, the eventual transfer of responsibility for children's safety and wellbeing to Indigenous peoples (Recommendation 43; Human Rights and Equal Opportunity Commission, 1997).

Our research indicates that this policy approach is still relevant to realising substantive change for Aboriginal and Torres Strait Islander children and young people and their families experiencing DFV.

The voices of Aboriginal and Torres Strait Islander children and young people who have had contact with the child protection system due to DFV are generally absent in the literature and in practice. This means that what safety looks like for children and young people is decided by the adults around them, with little opportunity for Aboriginal and Torres Strait Islander children and young people to have input into the types of services that would support them to process or heal from their experiences.

To date our evidence reinforces that the critical elements of healing and trauma recovery provide a significant pathway to explore in creation of a best practice framework.

These elements include family-centred approaches; using cultural knowledge and wisdom to reinforce strong values and principles to address violence, including building a strong cultural identity and connection; and a focus on creating safety for our children including access to safe people, places, families, and communities for them to thrive. This safety must also create spaces for their views and opinions to be heard and incorporated into service system responses and program development.

Our action research has highlighted the significant intergenerational nature of trauma transmission for Aboriginal and Torres Strait Islander children and young people experiencing DFV and this is resulting in increased negative lifelong outcomes, including increased interactions with the child protection and juvenile justice systems.

Current responses to address impacts of DFV for First Nations children and young people are inadequately resourced and overly reliant on child protection responses, and as result are causing greater harm and distress. Removal of these children and young people from their families and communities as a primary response to create safety is a violation of fundamental human rights.

Conclusion

Aboriginal and Torres Strait Islander children and young people have often been rendered invisible within research on DFV. Ethical and safety issues in interviewing children who may still be living in situations of DFV; complexities of getting permission from parents, carers or child protection authorities for this to occur; and concerns about triggering young people's distress have all been impediments to inclusion of Aboriginal and Torres Strait Islander children's and young people's voices in research. This is reflective also of the broader marginalisation of Aboriginal and Torres Strait Islander people within research and evidence creation over time.

Empowering Aboriginal and Torres Strait Islander young people, women and practitioners to drive solutions is at the heart of this research.

Our evidence suggests that child protection responses to DFV to ensure the safety of Aboriginal and Torres Strait Islander children have had the perverse impact of increasing levels of intergenerational trauma. In the remote and regional contexts of the research, there are very few culturally safe and competent specialist services and support systems to refer Aboriginal and Torres Strait Islander children to.

Our research is demonstrating that the most important solution to increasing Aboriginal and Torres Strait Islander children's and young people's access to healing support to overcome the impacts of DFV is to invest in culturally designed family- and child-centric responses. Given that most ways that First Nations children and young people experience violence is within their family context, it is vitally important that systems and services that are designed to respond to children and young people who experience violence focus on addressing and changing families' understanding, knowledge and actions to stop violence in their homes.

Therefore, it is important that responses are Aboriginal- and Torres Strait Islander-led (designed, delivered, evaluated) and support holistic family healing from DFV to create safe and culturally strong contexts for children and young people to grow.

Exploring the elements of trauma, healing, safety and how to embed this child-focused work within a best practice, family-centred framework will form the next part of our research. The system enablers of and barriers to implementing the best practice framework will also be explored to provide critical policy advice to support change.

Given the evidence highlights the intergenerational nature of trauma transmission for Aboriginal and Torres Strait Islander children and young people, a failure to act now and provide resources to implement change will not enable successive governments to meet the targets to reduce the overrepresentation of Aboriginal and Torres Strait Islander children and young people in the OOHC and youth justice systems. Instead, it will mean that the worrying trend outlined in the Productivity Commission report (2021b) of continued growth of Aboriginal and Torres Strait Islander children in OOHC and youth justice will continue unabated.

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