You can't pour from an empty cup:

Strengthening our service and systems responses for Aboriginal and Torres Strait Islander children and young people who experience domestic and family violence

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ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

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

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This report addresses work covered in the ANROWS research project RP.20.04 "Service system responses and culturally designed practice frameworks to address the needs of Aboriginal and Torres Strait Islander children exposed to domestic and family violence". Please consult the ANROWS website for more information on this project.

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 partnership 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), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

Contents

Acronyms

AIHW	Australian Institute of Health and Welfare
ATSICCO	Aboriginal and Torres Strait Islander community-controlled organisation
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
DCYJMA	Queensland Government Department of Children, Youth Justice and Multicultural Affairs
DFV	Domestic and family violence
FWS	Family Wellbeing Services
ICPS – ACU	Institute of Child Protection Studies – Australian Catholic University
QATSICPP	Queensland Aboriginal and Torres Strait Islander Child Protection Peak
SNAICC	SNAICC – National Voice for our Children (previously known as the Secretariat of National Aboriginal and Islander Child Care)

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 this has on our children and young people, we explore the concept of DFV to discover how it 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.

Experiencing violence (children and young people)

Our research team have given preference to the language of children and young people "experiencing" violence, as opposed to "witnessing" or being "exposed to" violence, in recognition of the growing evidence that children are not bystanders or witnesses to violence but are impacted by the presence of DFV in their lives and are victims in their own right.

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 for the purpose of the research (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). Note where the broad term "action research" is used in this report, it encompasses participatory action research.

Indigenous cultural and intellectual property

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). The methods used to record 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.

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, p. 8). The five elements of the ATSICPP are prevention, participation, partnership, placement and connection. Drawn from the United States' *Indian Child Welfare Act* (1978), the concept of active effort 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 – National Voice for Our Children, 2019, p. 10).

Executive summary

Background

Aboriginal and Torres Strait Islander children are over-represented in child protection systems nationally. This has been fuelled by a failure to equitably fund effective co-designed solutions to address domestic and family violence (DFV) for Aboriginal and Torres Strait Islander women, children and young people and communities (Higgins, 2010)

Cripps and Davis (2012) found that despite governments embracing the language of community development, attempts to implement a genuinely inclusive and community-driven approach to addressing violence have been ineffective. In fact, both state and federal governments' repeated failure to support community initiatives has been widely criticised (p. 410).

This research seeks to elevate the voices of Aboriginal and Torres Strait Islander communities in leading change, including reframing child protection systems and child wellbeing practice responses from the perspective of our communities.

This research was conducted in eight regional and remote sites in Queensland (Townsville, South West Queensland, Rockhampton, Cairns, Far North Queensland, Torres Strait Islands, Sunshine Coast and Bowen/Mackay/Serena) in partnership with Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs) that are members of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP). Participating ATSICCOs included those with existing funding to provide Family Wellbeing Services (FWS) to support Aboriginal and Torres Strait Islander families and children to prevent or address issues that bring them to the attention of child protection systems.

QATSICPP seeks to ensure that Aboriginal and Torres Strait Islander children are offered the opportunity to create a new storyline for their lives. This is embedded in our existing practice and supervision frameworks.

This research builds on this work by supporting ATSICCOs to create a shared storyline of how to support our children and families to overcome the intergenerational transmission of trauma in our children's lives as a result of experiencing DFV.

Aim and objectives

This research project explores the experiences and needs of Aboriginal and Torres Strait Islander children and young people experiencing DFV who come to the attention of child protection systems in regional and remote contexts in Queensland. The project seeks to determine effective child wellbeing service and system responses and to develop a practice framework for FWS to respond to the impacts of DFV on children and young people.

Our first research report , *New Ways for Our Families* (Morgan et al., 2022), set the context within which the research is being undertaken by highlighting key themes and gaps in the literature. It explored the impacts of DFV, including the lifelong negative outcomes for Aboriginal and Torres Strait Islander children who experience DFV within the participating communities, outlining community researchers' understandings of children and young people's experiences of DFV and some emerging themes to inform development of a practice framework. *New Ways for Our Families* found that the voices of Aboriginal and Torres Strait Islander children who come to the attention of child protection systems due to DFV are generally absent and that their needs for services are rarely responded to adequately.

As a result, this second part of our research aimed to understand how child wellbeing services and systems can better hear from and respond to Aboriginal and Torres Strait Islander children and young people who experience DFV and develop a culturally strong systemic and practice framework within which policymakers and practitioners can respond.

Method

This research project was conducted by and for Aboriginal and Torres Strait Islander people, with a focus on cultural safety and processes that adhere to cultural values and protocols. The project was led by Aboriginal and Torres Strait Islander researchers with support from non-Indigenous researchers.

We used a participatory action research methodology to discover the nature, experience and effects of childhood experiences of DFV and to identify effective, culturally

appropriate and trauma-informed responses to mitigate the risks associated with these experiences.

Five cycles of action research were conducted between March 2021 and March 2022 with Aboriginal and Torres Strait Islander chief investigators, community researchers, ATSICCO practitioners, external stakeholders and select community members (Elders, and Aboriginal and Torres Strait Islander women and young people aged 18 to 25 affected by DFV) across the eight research sites. We gathered input from a total of 202 participants. This report includes data from all research cycles; however, the quotes are predominantly community voice gathered from research conducted with community researchers, ATSICCO practitioners and community members.

QATSICPP conducted the research in partnership with community researchers embedded in FWS, which ensured a culturally safe and supported process and resulted in high participation rates and deep reflection and discussion. Discussions were recorded, transcribed and provided back to participants for verification. The QATSICPP research team used NVivo software to support the analysis of the qualitative data. The collective research team identified key themes emerging from the research. Research leads and community researchers collectively reviewed all material and synthesised the findings. This resulted in the development of a practice framework designed to heal our children impacted by DFV.

Findings

The limitations of the current system

Child protection systems continue to cause harm to Aboriginal and Torres Strait Islander children, young people and families who experience DFV. This includes many women, in particular mothers, who experience a replication of abuse in the processes, practices, and interventions that child protection agencies use when responding to DFV in their lives. This causes fear and trauma, resulting in a compounding of the shame and fear that results from the oppressive experience of DFV and often silences women, children and young people and acts as a barrier to them seeking support.

This research found that experiencing DFV has long-term impacts on Aboriginal and Torres Strait Islander children and young people and that a failure to heal their hurts is carried forward as they become parents. This creates substantial difficulties for parents, including in their parenting and attachment, and can increase the likelihood of interaction with child protection and juvenile justice systems. Unfortunately, we heard that child protection interventions rarely attended to the wounds that Aboriginal and Torres Strait Islander women and men received in childhood as a result of their experiences of DFV.

We recognise that the Queensland Government in 2021, through the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA), sought to improve the capacity of FWS to address DFV through funding a specialist DFV position in some locations. This response, although welcomed, has done little to enable a holistic response to DFV for children and young people in these communities according to the communities that this research occurred in.

Our research found that the current operating context of FWS in regional and remote Queensland excludes Aboriginal and Torres Strait Islander children and young people from decision-making processes by child protection agencies and from accessing services that are funded to support them, such as mental health services. This is often due to poor engagement by child protection and health services, failure to hear children and young people's voices, and a lack of culturally safe services to refer to for support.

What needs to change

Our research found that to develop a culturally strong practice framework to respond to Aboriginal and Torres Strait Islander children who experience DFV and achieve change, the following areas need to be addressed:

- Aboriginal and Torres Strait Islander children and young people have to be at the heart of all decisions and practices.
- Responses to DFV in regional and remote contexts must occur within a culturally strong framework that considers the cultural, spiritual, emotional and physical needs of children and their families.
- Breaking the cycle of DFV in the lives of Aboriginal and Torres Strait Islander children and young people requires education – education for our children and

young people about healthy relationships, and education for our women, men and communities about the impact of DFV on children and young people.

- Responses to DFV in the lives of families living in regional and remote parts of Queensland must acknowledge the significant challenges that have to be overcome to secure women's and children's safety. These challenges include immense poverty, social deprivation and limited access to secure housing or food. These challenges are exacerbated by a service system that has failed over successive generations to provide adequate resources or responses to assist Aboriginal and Torres Strait Islander children and families to heal.
- We must move beyond an incident-response framework dictated by child protection systems and be resourced to build strengths in our community to address DFV in a holistic way.
- Access to support at the right time is vital for Aboriginal and Torres Strait Islander children, young people and families to address DFV. Community researchers in this research often experienced referrals coming in late from child safety service centres – sometimes up to two years after incidents of violence, meaning that children had been left without any support for multiple years, and often the motivation for families to address issues was waning or no longer there.
- Healing is central to change: an understanding of trauma informs us, but healing approaches will transform us, breaking the cycles of trauma in which our children and young people are caught.
- The safety of children and young people is non-negotiable, including the need for safe people, safe places, and safe language to talk about their experiences.

Child protection and social service systems will continue to cause harm unless they:

- **are healing oriented** – recognising their ongoing replication of power and oppression in the lives of Aboriginal and Torres Strait Islander people. To create healing, systems must embody an approach that empowers Aboriginal and Torres Strait Islander communities to drive change, work from culturally strong foundations and shift the power balance. To achieve this, they must move to a system that is designed, developed and led by Aboriginal and Torres Strait Islander peoples.
- **embrace compassion** – child protection and social service systems must move away from regulatory frameworks as the primary means to respond to DFV and look to restorative practices that listen to the experiences of children, young people and their families that will help them overcome their experiences of DFV and enact these solutions.
- **are responsive** – they must be Aboriginal and Torres Strait Islander child- and family-centred and break down barriers to accessing services, including working closely with Aboriginal and Torres Strait Islander communities to develop truly integrated responses.
- **have cultural capacity** – systems must build not just their cultural competence but also an awareness of their place in the dominant culture and how it privileges non-Indigenous thinking over Aboriginal and Torres Strait Islander responses in all their contexts.
- **are rights-focused** – recognising they are duty bearers to Aboriginal and Torres Strait Islander children and young people and hold responsibility under human rights instruments, including the *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations General Assembly, 2007), to provide access to quality social and emotional services to ensure children can overcome negative experiences and go on to thrive.

Conclusion

Communities who participated in this research were clear that they no longer want to be defined by a colonised lens. Most important to them was the opportunity, through this research, to reclaim their own knowledge system to create a framework inclusive of both system and practice responses that is based on their evidence of what will work to halt the intergenerational impact of trauma on the lives of Aboriginal and Torres Strait Islander children and young people caused by DFV.

Our findings build upon and add to a body of existing research that has examined solutions to DFV for Aboriginal and Torres Strait Islander communities which has demonstrated that

> the consequences of violence in Aboriginal families and communities continue to be felt long after the bruises fade. A decade of reports clearly articulates that any response or intervention must fundamentally involve Aboriginal community members in defining the problem and its context, and in setting the parameters for pathways forward. (Cripps & Adams, 2014, p. 413)

Given children and young people most often experience violence within their families and communities, healing parents is a critical first step to healing children. Our research has demonstrated the need for a healing-oriented system that is both parent-focused and child-centred. This recognises both the needs of Aboriginal and Torres Strait Islander children and young people, as well as those primarily responsible for creating safe and strong environments: their parents, their families, and their communities.

Until Aboriginal and Torres Strait Islander children and young people's voices and experiences of DFV are heard loudly and clearly, and are continuously sought by their communities, systems and practitioners, no change will occur to support them to heal from the impacts of DFV on their lives. This research has outlined a means to achieve this through the design of the *Healing our children and young people – A framework to address the impacts of domestic and family violence* (QATSICPP, 2023). The framework seeks to work across all dimensions of safety for Aboriginal and Torres Strait Islander children and young people, including their physical, emotional, social, cultural and spiritual safety, to ensure that they are holistically cared for in their recovery. At the heart of this is the strength of cultural connection and identity.

Implications for policy and practice

The Queensland Government has worked closely in partnership with QATSICPP to establish a network of FWS throughout Queensland. It is one of few Australian jurisdictions to have achieved this and is something for us to be proud of together. This network is a strength. It provides a means through which government can work collectively with QATSICPP to implement the systems and practice changes stemming from this research that are required to break the cycle of intergenerational harm from DFV that keeps our children and young people in a place of pain and suffering.

Child protection responses alone are not creating safety for Aboriginal and Torres Strait Islander children and young people. Although they might provide physical safety, they are not focused on healing children's spirits and often disrupt their cultural connections that are imperative to their wellbeing. Increased investment to equitably resource ATSICCOs to lead change in their communities is essential to redressing these issues.

This includes enabling ATSICCOs to address social and structural inequities that limit women, children and young people from being able to seek safety from DFV. Changes that communities raised include having access to housing, removing age limits for children accessing refuges, and providing brokerage funds to ATSICCOs to support children to access healing and support services that are not available in their communities.

Education and mental health systems require increased cultural competency, training and understanding of DFV in remote and regional Aboriginal and Torres Strait Islander communities to ensure that children are afforded safe people, safe places, and culturally safe practices when they experience DFV in remote and regional contexts.

Implementing improvements to education and mental health service responses to DFV should occur in partnership with Aboriginal and Torres Strait Islander child and family services to enable local, place-based and integrated responses to be supported. A failure of education and health systems to improve Aboriginal and Torres Strait Islander children and young people's access to timely and culturally safe services is an abrogation of their rights.

Child-centred approaches need to be implemented in a concerted effort across all systems (such as health, education, justice and social services), community organisations and Aboriginal and Torres Strait Islander services to ensure that the voices of Aboriginal and Torres Strait Islander children and young people drive the development of appropriate services and practices to assist them in overcoming their

experiences of DFV. This will require a range of organisations such as mental health, family support and child and youth agencies to increase their capacity to engage children and young people in reviewing their practice in an ongoing way.

Directions for future research

Our research has highlighted the need for further engagement with Aboriginal and Torres Strait Islander children and young people on the impact of DFV in their lives, and also the critical solutions to support them to heal. There is a need to engage younger children in developmentally appropriate ways to ensure they too are afforded a voice in their lives and futures.

This research has also highlighted that Aboriginal and Torres Strait Islander children and young people experience violence in multiple areas in their life, including through their experiences of racism. Little is known about how these intersecting experiences impact on children and young people or the types of policy or healing responses that are needed to support them to overcome these experiences. Much greater research is needed in this area to understand this important area of work, including understanding the prevalence of violence in children and young people's lives beyond DFV.

Community researchers have also detailed that experiencing DFV in their families makes Aboriginal and Torres Strait Islander children living in regional and remote contexts vulnerable to other harms such as entering harmful sexual relationships early. These increased vulnerabilities and the impact on the lives of Aboriginal and Torres Strait Islander children and young people also need further investigation to ensure more holistic responses to violence and harm are undertaken in remote and regional communities.

We heard that, overwhelmingly, the victims of DFV in research sites are women and children, and that women care deeply for their men and the hurt that they experience and replicate. Research participants voiced significant concerns for Aboriginal and Torres Strait Islander young men and the extremely limited culturally appropriate services and supports available to them to overcome the impacts of experiencing DFV in their childhoods on their current relationships. There is a need for further research to understand the ways and means to provide support to Aboriginal and Torres Strait Islander young men and boys to support them to heal from their experiences of DFV in culturally strong ways.

Our research also highlights the need for more work with Aboriginal and Torres Strait Islander fathers to support them to overcome violence and play a more significant and holistic role in the lives of their children. The work of the Healing Foundation and Dardi Munwurro (Deloitte Access Economics, 2021), an organisation providing evidence-based healing programs for men, is recognised in this area. Much more needs to be done, however, especially in understanding the intersection of DFV and child protection in the lives of Aboriginal and Torres Strait Islander men.

Introduction

Background

Two gaps that contribute to the ongoing over-representation of Aboriginal and Torres Strait Islander children in child protection systems are a lack of funding for effective solutions to address domestic and family violence (DFV) in Aboriginal and Torres Strait Islander communities, and a failure to resource culturally designed solutions equitably (Higgins, 2010).

This research project addresses these gaps 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 in regional and remote Queensland.

In Queensland, prevention and support services for Aboriginal and Torres Strait Islander families in contact with the child protection system are provided by Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) with funding from the Queensland state government. These services are embedded within a network of Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs). FWS are incorporated organisations governed by community members to ensure communities are in control of designing and delivering child and family support services that meet community need. For many children and families who live in regional and remote Queensland, FWS are one of the few Aboriginal and Torres Strait Islander services available to support them.

Despite the significant numbers of Aboriginal and Torres Strait Islander children in Queensland who come to the attention of the child protection system when DFV is present in their homes (Australian Institute of Health and Welfare [AIHW], 2021), currently Aboriginal and Torres Strait Islander DFV-specific services are funded to work with adults and are largely focused on justice-related responses. There is limited funding available for ATSICCOs to respond to family wellbeing and safety or to work specifically with children and young people experiencing DFV.

Research recognises that Aboriginal and Torres Strait Islander co-designed and community-driven services that are trauma-informed and prioritise healing are critical to creating effective solutions to DFV (SNAICC – National Voice for Our Children, National Family Violence Prevention Legal Services, & National Aboriginal and Torres Strait Islander Legal Services, 2017, as cited in Toivonen & Backhouse, 2018). The response of the Queensland Government Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) to date has been to fund five specialist services within Aboriginal and Torres Strait Islander FWS in sites across Queensland, with a commitment to roll out these services to four more sites in 2022.

While this funding has been welcomed by FWS and has resulted in services seeing an increase in their capacity to respond to DFV, it has not been adequate to meet the overwhelming need that services are experiencing (Abt Associates, 2022). Unfortunately, this type of specialist response also continues to reflect a westernised framework of service delivery. The funding does not sufficiently allow ATSICCOs in regional and remote areas of the state to design culturally appropriate responses that focus on healing, such as employing both female and male specialists. More resourcing and model refinement is required to meet community healing and cultural strengthening needs, such as cultural camps and activities that incorporate Elders as teachers and knowledge holders, and that align with the timing of important cultural and community events that children and young people can participate in (Abt Associates, 2022).

The lack of culturally strong responses and service systems for Aboriginal and Torres Strait Islander children and young people who experience DFV was the primary motivator of this research. We first sought to understand the needs of Aboriginal and Torres Strait Islander children and young people who experience DFV and who come to the attention of child protection systems through FWS in regional and remote contexts in Queensland. We also explored key characteristics of effective service and system responses to develop a practice framework for FWS that responds to the impacts of DFV on children and young people.

Our first research report, *New Ways for Our Families* (Morgan et al., 2022), presents the results of a literature review and the findings from the initial cycles of action research conducted

with Aboriginal and Torres Strait Islander chief investigators, community researchers and practitioners working in eight FWS sites across Queensland.

New Ways for Our Families (Morgan et al., 2022) presents evidence that the experience of DFV in childhood results in negative lifelong outcomes for Aboriginal and Torres Strait Islander children and young people, including increased interactions with the child protection and justice systems. However, we found that the voices of Aboriginal and Torres Strait Islander children and young people who come to the attention of child protection systems due to DFV are generally absent from the literature and are not responded to in the current service context, where funding is provided specifically for adult service users. All sites involved in this research detailed the lack of therapeutic or specialist support available for children and young people, particularly in remote areas.

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. We found as well that developing a practice framework for responding to the impacts of DFV on children and young people must include system changes that support self-determination for ATSICCOs to deliver culturally strong and community-led whole-of-family support that can help children and young people to heal from their experiences of DFV.

Additionally, our first report found that cultural capability across the service system needs to be enhanced, and structural racism needs to be eliminated to reduce the load on existing Aboriginal and Torres Strait Islander services. While work is occurring to strengthen the cultural capability of the DFV workforce in Queensland through state government investment in WorkUp Queensland,[1] there is much more to be done to improve the cultural capability of the overall service sector that Aboriginal and Torres Islander children, young people and families interact with when they experience DFV.

Research aim and objectives

The overall aim of this research project is to identify the needs of Aboriginal and Torres Strait Islander children and young people who experience DFV; to determine effective service and system responses that can better hear from and respond to Aboriginal and Torres Strait Islander children and young people who experience DFV; and to develop a culturally strong practice framework that supports these improved practices.

This research, conducted across eight regional and remote sites within Queensland, investigates how services and systems can respond more directly to the needs of Aboriginal and Torres Strait Islander children and young people and their families to mitigate against the risks associated with experiencing DFV. Ultimately, it is hoped that improving service and system responses, and working through a culturally strong and healing-focused framework, will reduce present and future contact with child protection systems, thereby halting intergenerational harm that occurs as a result of responding to DFV through child protection intervention.

This report is the second of two developed as part of the research project, and it follows our first research report, *New Ways for Our Families* (Morgan et al., 2022).

Community research was underway at the time of writing the first report. Therefore, this second report includes in the Findings section evidence gathered in the final cycles of action research with 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.

The second part of our research reported here has aimed to understand how we can better hear and respond to Aboriginal and Torres Strait Islander children and young people who experience DFV. In combination with findings from the first report, this report presents how we developed a best practice framework to respond.

1 See https://www.workupqld.org.au

Some of the questions we sought to answer, which community researchers tailored to fit participant groups, were as follows:

1. How can services ensure cultural safety for Aboriginal and Torres Strait Islander families who are seeking assistance to address the impact of DFV?
2. What are some of the challenges in providing culturally strong support for families who experience DFV?
3. What could healing responses look like for Aboriginal and Torres Strait Islander families who experience DFV? How would these be different to what is provided now?
4. What do we know works or could work to support Aboriginal and Torres Strait Islander children and young people to heal from or overcome DFV? Have you provided (or observed) any positive examples of ways to support children and young people that you'd like to share?
5. Collectively, how can we better support children and young people to embrace safety and experience safety?
6. When relationships become unhealthy, what supports families seeking help? What might prevent or stop families seeking help?
7. What are the most helpful ways that services support families to maintain healthy and safe relationships?
8. What are some of the ways services could help children and young people to heal if violence has occurred within their families?

Towards a new understanding

This research paper outlines how we undertook this journey collectively and identifies the critical themes and processes that have supported us to create a practice framework to address these issues. The Discussion section includes analysis of all evidence gathered from community researchers, stakeholders, community members, women and young people across five cycles of action research. This research project has importantly, in both the methodology and the process, sought to reclaim our Aboriginal and Torres Strait Islander knowledge systems by engaging our communities holistically and drawing on their strength, knowledge and lived experience to design effective strategies.

As recognised in the *Nargneit Birrang – Aboriginal Holistic Healing Framework for Family Violence* (the Nargneit Birrang Framework), "self-determination is critical and evidence at a national and international level highlights that only Aboriginal-led and designed approaches result in sustainable, effective change and outcomes" (Department of Health and Human Services, 2019, p. 14). *Queensland's Framework for Action – Reshaping our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence* (Queensland Government, 2019) also emphasises that reform activities must be co-designed and undertaken in partnership with Aboriginal and Torres Strait Islander peoples and communities to effectively and appropriately address DFV within the context of the experiences of Aboriginal and Torres Strait Islander people.

At all times, the courage of our communities, especially our Elders, women and young people, to dig deep and keep our children's needs and experiences at the forefront has led to rigorous and robust discussions that have been both heartbreaking and heartwarming.

What we have learned is that the impacts of colonisation are not in the past but are felt acutely in the present. Our families and children and young people have continued to suffer and bear the brunt of a child protection systems response that fractures families and blames women and children for the presence of DFV in their lives and, worse still, fails to respond adequately to the breadth of their needs.

Extensive evidence demonstrates that the primary means to address DFV within Aboriginal and Torres Strait Islander communities should be Aboriginal and Torres Strait Islander-led solutions, implemented by Aboriginal and Torres Strait Islander people and organisations (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 Government of Victoria, 2016).

Despite this evidence, for services that are funded by governments, contract management and procurement systems continue to lack cultural authority and integrity,

and enable non-Indigenous contract managers to exercise control over service delivery models, including setting service delivery expectations for Aboriginal and Torres Strait Islander organisations.

This report presents significant findings from our research, including that many of our mothers and fathers who are victims and survivors and perpetrators of violence are also childhood victims and survivors of violence. It highlights that many families find child protection systems replicate their experiences of violence, including using approaches to motivate families to change that are perceived as controlling and manipulating by victims and survivors.

Finally, our research shows how the safety of children and young people is dependent on addressing shame and providing safe people, safe places and a safe language to discuss their experiences of DFV. Ensuring that children and young people can have a voice assists in creating the right responses, beyond a safety plan, to support them overcoming their experiences of DFV. We outline how our evidence has resulted in the identification of key elements and pillars required to drive real and lasting change for Aboriginal and Torres Strait Islander children and young people.

We outline the systemic barriers and complexities that are prohibiting Aboriginal and Torres Strait Islander communities from being able to implement culturally strong frameworks and provide recommendations for systems changes needed to rectify this. Lastly, we provide the context for the development of our practice framework, including how we will operationalise the evidence within an Aboriginal and Torres Strait Islander knowledge system to provide healing for our children and young people.

Methods

Aboriginal and Torres Strait Islander chief investigators from QATSICPP2 worked in partnership with community researchers based in regional and remote contexts across eight sites in Queensland: Townsville, South West Queensland, Rockhampton, Cairns, Far North Queensland, Torres Strait Islands, Sunshine Coast and Bowen/Mackay/Serena. This enabled the research to be conducted by and for Aboriginal and Torres Strait Islander people, with a focus on cultural safety and processes that adhere to cultural values and protocols.

We developed this approach with the intention of co-creating knowledge that honours the unique cultural diversity of each community. At the forefront of our research design was ensuring that Aboriginal and Torres Strait Islander knowledge leads improved service responses to support our families to overcome the impacts of DFV. We hope that our research will result in better policy and program responses and ensure our sector is leading change into the future.

Community researchers maintained their FWS roles while adding the DFV project into their existing workload, at an average of two hours per week over the 12-month project, with funding provided to participating organisations to facilitate this engagement. This ensured community researchers maintained frontline connections to their communities while also growing their research skills and experience. Initially, each participating organisation used funding to engage one existing worker in the project; however, during the project, half of the organisations engaged a second worker to offer a gender balance for community yarning circles. Although some researchers appreciated the project being integrated into their existing role, others reported they would have liked to be more immersed in the project to enable a more relationship-focused style of engagement, particularly with remote communities where English is not a first language.

While the research was led by Aboriginal and Torres Strait Islander researchers, support was provided by non-Indigenous researchers from QATSICPP and the Institute of Child Protection Studies – Australian Catholic University (ICPS – ACU). Similarly, and as with our first report, *New Ways for Our Families* (Morgan et al., 2022), we reference existing literature that prioritises Aboriginal and Torres Strait Islander evidence and research while also incorporating other Australian research relating to the key discussion themes that emerged during our research.

Our research approach included gathering input at the community level and synthesising findings through collective sharing of insights and critical reflections. This was grounded in the wisdom and experience of the research team on how to address Aboriginal and Torres Strait Islander children and young people's experiences of DFV in family support contexts.

Drawing on the characteristics of Aboriginal community-controlled health research outlined by Couzos et al. (2005), the processes we used in our participatory action research:

- considered the benefits and risks to individuals and communities and applied the ethical guidelines of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS; 2020) in design and delivery
- considered the holistic context in which DFV occurs, including the violence of colonisation and ongoing systemic oppression
- enhanced the capacity of ATSICCOs to undertake their own research through financially and operationally supporting workforce development in research skills and services directly managing community participation
- harnessed skills of local community researchers with knowledge of community structures and dynamics
- upheld flexible approaches to data collection to enable researchers to fit context and need
- incorporated regular and collective analysis of findings and shared learnings throughout
- incorporated the views and experiences of all participants in the development of resources and findings.

Application of ethical guidelines

We developed and trained community researchers in our *Research Guide and Protocols* that align with AIATSIS (2020) ethical guidelines to ensure safe processes for meaningful engagement of participants to discuss the nature, experience and impacts of DFV for Aboriginal and Torres Strait Islander children and young people.

2 One chief investigator shifted employment during this project from QATSICPP to a FWS provider.

Figure 1: Action research cycles

We ideally wished to include voices of children and young people; however, we focused on young people aged 18 to 25, as we deemed them less likely to be living full-time among violence or subject to parenting arrangements with perpetrators that may have impacted their ability to safely engage in the research. Within this age group, we spoke to females only, as no young males presented to the participating services during this time for DFV support.

To ensure that adequate support was available for participants who had experienced DFV, participants were only included if they were already engaged in DFV support through FWS in each location or were service providers with access to debriefing and employee assistance programs. Safety assessments, follow-up support and referrals were available to all participants.

The majority of participants were service providers attending action research sessions (yarning circles) on paid work time. Service users and community members were acknowledged for their contributions and were provided with transport support to attend, food during sessions and thank-you gifts, particularly for Elders, in alignment with FWS policies and procedures and local cultural protocols determined by each site.

In alignment with the AIATSIS ethical framework (2020), in terms of reciprocity, accountability and sustainability in particular, our research project includes disseminating research findings with participants and contextualising the learnings and findings from this research in a practice framework for improving service and system responses to address the impacts of DFV on children and young people.

Conducting the research

To conduct the action research, a semi-structured interview method was used in both individual and group contexts, informed by appreciative enquiry and yarning methods, and aligned with AIATSIS (2020) ethical guidelines. This meant that while key questions were formed by the collective research team ahead of each cycle, community researchers adapted questions to each group and often did not ask the questions directly unless the researcher felt the conversation would benefit from being so directed.

Strengths-based and culturally strong ways of engaging that aligned with ethical guidelines were upheld in the following ways:

- Group size was limited to 15 participants (with the exception of Cycle 4 stakeholders).
- The focus was on celebrating strength.
- Participant time and contributions were recognised with food and gifts (gifts being provided for Cycle 5 only).
- Yarns were led by a researcher of the same gender as the group, or in pairs of male and female researchers, as chosen by the participants.
- Yarning circles were opened with an acknowledgement of Country and Traditional Owners and were closed with a check-in on participant wellbeing, with all participants offered support and follow-up contact after the research.

We gathered data from multiple sources, with a total of 202 participants, using a cyclical approach (depicted in Figure 1) that allowed learning and insights from each research cycle to inform the next.

Table 1: Participant engagement across five cycles of action research

	Total participants	Total group yarns	Total individual yarns
Cycle 1: Research leads	13	1	5
Cycle 2: Community researchers	9	1	2
Cycle 3: FWS practitioners	72	9	8
Cycle 4: FWS networks	75	5	0
Cycle 5: Community members	33	6	8
Total	**202**	**22**	**23**

Our first report, *New Ways for Our Families* (Morgan et al., 2022), presented findings from our literature review and our preliminary research conducted with:

- Cycle 1: research leads (conducted in March 2021 with 13 participants)
- Cycle 2: community researchers (conducted in May 2021 with nine participants)
- Cycle 3: Aboriginal and Torres Strait Islander FWS practitioners at three of eight community research sites (this cycle was underway at the time, having commenced in July 2021).

This report builds on the initial data gathered (Morgan et al., 2022) and adds data from:

- Cycle 3: Aboriginal and Torres Strait Islander practitioners at the remaining five community research sites (completed in October 2021 with a total of 72 participants)
- Cycle 4: external networks consisting of other ATSICCOs as well as non-Indigenous organisations working with families affected by DFV (conducted in December 2021 and January 2022 with 75 participants)
- Cycle 5: community members, including both male and female Elders as well as women (including those in the 18- to 25-year age range) who have accessed FWS for support (commenced September 2021 and completed in March 2022 with 33 participants).

Cycle 3 participants were primarily family wellbeing workers; however, this cycle included others employed by participating ATSICCOs, such as housing and health workers.

Community researchers invited existing stakeholder networks and service users to discuss the research topic, and one-page information sheets were created for each of these groups to assist in promoting the research. However, community researchers primarily found verbal promotion of the research to be more appropriate and engaging than the use of written material.

Our participant engagement across cycles, and preferences for group yarns or individual interviews, is reflected in Table 1. Cycles 4 and 5 with stakeholders and community members respectively were impacted by the opening of Queensland borders in December 2021 following COVID-19 border closures and significant rain and flooding events across the state in February 2022. This resulted in difficulties in holding Cycle 4 stakeholder yarns in locations in remote and Far North Queensland, as well as lower numbers of community participants in Cycle 5 than anticipated.

We chose not to record demographic data, such as gender or age, as we wanted to decolonise our research practices and avoid westernised approaches that feel like tick-a-box exercises and dehumanise research participants by turning them into numbers. Of the six group yarns for Cycle 5, one was a group of Elders and the others were groups of women aged 18 and over. Also, in Cycle 5, while specific ages were not recorded, half of the individual participants were identified by community researchers as Elders.

QATSICPP chief investigators facilitated the yarning (action research) sessions for Cycle 1 (research leads) and Cycle 2 (community researchers). Community researchers facilitated Cycles 3 to 5, which in a small number of instances included chief investigator support.

As noted in our first report (Morgan et al., 2022), research questions were developed by the research team as a collective and, although there was slight variation in wording between cycles, the questions for Cycles 1 to 4 focused on identifying both challenges and solutions in supporting families to minimise the impact of DFV on children and young people.

Research questions posed for Cycle 5 (community members) largely focused on identifying solutions and first-hand experiences of what has been or would be useful for enabling children and young people to heal from the impacts of

DFV. Researchers collectively created Cycle 5 research questions to guide conversations in a way that avoided talking about specific personal experiences of DFV but allowed participants to share insights and wisdom to create better ways of responding to DFV that prioritise children and young people's safety and wellbeing. Questions included:

1. What makes a healthy relationship?
2. What are some of the challenges in maintaining a healthy relationship?
3. When relationships become unhealthy, what supports families seeking help? What might prevent or stop families seeking help?
4. What are the most helpful ways that services support families to maintain healthy and safe relationships?
5. What are some of the ways services could help children and young people to heal if violence has occurred within their families?
6. What would you want other women/men/people to know about managing power and control in relationships if they were experiencing this?
7. Are there are any other comments you want to make about how services can better support families that are experiencing violence?

Cycle 5 participants, most of whom were parents and some of whom were grandparents, self-directed their responses as to whether they spoke about their childhood or adulthood experiences of DFV, and many spoke of both.

Community researchers chose the most appropriate engagement approach based on their local context, participant input and operating conditions, with some phone and video call interviews being held due to COVID-19 restrictions in early 2022 that impeded travel.

Though the cessation of face-to-face contact with community members impacted our ability to engage as many young people aged 18 to 25 as community researchers wished to, community researchers always worked to focus conversations on the experiences and needs of children. As a result, as described by a chief investigator, "the reflections [with adult victims and survivors of DFV] allowed the child within to have a voice". Community researchers also paid attention to the many examples of how children responded to DFV, which were discussed in every action research session in this process, with one community researcher noting that "our children's voices are their actions".

Community researchers reported that the participatory action research process both affirmed and grew further their skill sets as researchers, and provided a welcome opportunity for practitioners to conduct the business of research themselves. They also found the methodology to be empowering, healing and reciprocal, with one community researcher stating, "It was a tremendous gift for the participants to allow the community-based researchers to enter their world."

One community researcher described the experience of leading a yarning circle:

> There was this safe united feeling, as well as warmth and compassion for each other. There was also this overwhelming sense of peace and safety in the room, also the presence of relief, and letting go and healing. (Community researcher in Cycle 5 summary notes)

Data collection, verification and analysis

Participants were provided information sheets and consent forms, including by sending written materials in the post prior to phone interviews. Verbal conveyance of information and provision of consent was largely preferred, particularly where participants were multilingual with English being a third or fourth language. Where permission was granted by participants, yarning circles were recorded. On occasion, women who had experienced DFV (Cycle 5) preferred not to be recorded and to have the community researcher summarise findings in writing instead.

Action research sessions were recorded and transcribed using the Otter app on mobile phones and sent to QATSICPP for transcription. Transcripts were presented to community researchers prior to analysis for verifying with participants, with names removed to ensure confidentiality.

The process of verifying transcripts and findings with participants upheld QATSICPP Indigenous cultural and intellectual property protocols. This process also provided an additional opportunity to check participant safety and wellbeing following initial discussions and for participants to add further input and interpretation prior to publishing findings. This process required time and resources to conduct, which is informative for future research modelling. Some community researchers noted there could be benefits in collecting research using a phased approach: meeting first to explain the project, returning later to conduct the research and returning a third time to yarn again for a deeper layer of understanding and reflection on the topic.

Transcripts were uploaded to NVivo (qualitative data analysis software) and coded into themes. Themes were identified by chief investigators after Cycle 1 and were added to in each phase of the action research through collective discussion and identification. From the transcribed discussions, sections of conversation were coded together for context and to reflect the narrative style of data gathering, which meant that one piece of conversation would often have multiple codes relating to the themes raised. For this reason, where quantitative data is included, it is indicative of the number of comments made in relation to themes and does not represent the total number of comments.

A collective narrative to the report was achieved by holding regular research team meetings online to share learnings and gain meaningful interpretation of findings throughout the project. Chief investigators also held specific meetings and writing labs to synthesise discussions in the written reports and framework, with community researchers contributing to drafts through verbal and written input.

At the end of data collection, in March 2022, the research team held an in-person workshop to collectively analyse the findings and group the presenting solutions into key domains that then became elements of our practice framework. ICPS – ACU contributed expert knowledge and advice at the workshop to assist us in developing the framework.

We maintained a collective approach to data analysis and interpretation for robustness, with our internal analysis being complemented by ICPS – ACU research partner input and finally by peer review of our work prior to publishing.

Findings

This section reports findings from all five action research cycles conducted with research leads, community researchers and practitioners, external networks, Elders, women and young people across eight ATSICCOs in Queensland. This section is structured in accordance with our three research areas of inquiry, namely:

- the nature of violence experienced by children and young people
- challenges in supporting families to minimise the impact of DFV on children and young people
- solutions to help children and young people to heal if they have experienced, or are currently experiencing, DFV.

Nature and impacts of DFV experienced by children and young people

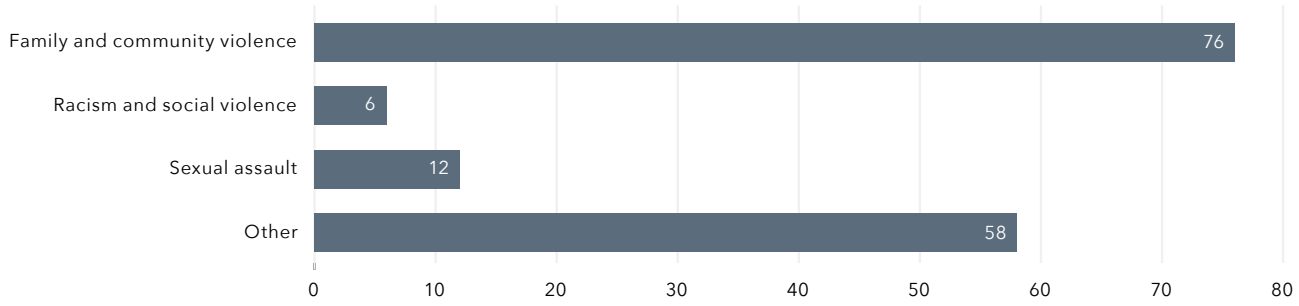
We asked research participants to consider the nature and impacts of DFV experienced by children and young people. Our research focused predominantly on experiences of violence within the family; however, participants in the research also outlined how children experienced violence in other settings in their lives, including racism.

Figure 2 details the number of comments made by action research participants about types of violence children and young people experience in their lives, with family and community being mentioned most often due to this being our primary research focus. However, participants sometimes spoke specifically about sexual assault and racism and social violence. "Other" reflects comments made that did not specify the type of violence but spoke generally to the impacts of experiencing violence. The high number of comments attributed to "other" is indicative of participants speaking about the intersecting nature of a range of types of violence experienced by children and young people and their impacts.

Comments made by research participants are presented throughout this section, with common impacts for children and young people experiencing DFV being:

- lack of self-esteem
- loss of identity, spirit and connections
- disconnection from family, community and culture due to placement in out-of-home care
- experience of additional violence in the juvenile justice and child protection systems
- growing up with protective instincts and resilience
- higher rates of depression and suicide
- impacts of trauma on the brain, developmental delays and attachment disorders
- bullying at school and other educational impacts, which affect future employment.

Figure 2: Number of comments made by action research participants about the nature of violence experienced by children and young people



Childhoods are affected by DFV

Children and young people's experiences of DFV often influenced their role in the family, with many adults and young participants commenting about losing the chance to just be a child: "Your childhood was stolen. You gotta look after your younger siblings or look after your mum after she just got beat" (Cycle 3 ATSICCO practitioner). Research participants spoke about taking on adult responsibilities; for example, "I got a job when I was 13 … to buy my … and my younger siblings' school supplies" and the need to make things, like shoes, last "from year seven to year 10" (Cycle 5 community member).

There was a sense that those who experience DFV "don't get to do the normal things, like travelling, going on holidays … we didn't get to be kids running around and doing nothing" (Cycle 5 community member). Women who we spoke to identified DFV is an unsafe situation, particularly for teenagers, because "you are looking after a child when you are a child yourself" (Cycle 5 community member). They also recognised the behaviour of adults as being "controlling" and "manipulative" (Cycle 5 community member).

Participants also described their role in the family being impacted by practical matters of whether they were able to find a place of safety away from the abuser. This was often lacking for boys over the age of 12 who are not eligible to shelter with their mother and younger siblings. The dilemma this creates for young boys was explained by a community member: "They often have to be one or the other – either the protector or the assistant to the abuser" (Cycle 5 community member).

Behaviour changes in response to experiencing DFV

Research participants described behavioural changes they noticed in children and young people experiencing DFV or that they experienced themselves during childhood, particularly behaviours that are acted out in educational settings. For example, one community member described a memory from when she was in grade four and

> stepdad ruined all the Christmas presents because he thought we got into them, so going to school [the next] day … I cried… it was my turn to read and I just couldn't. (Cycle 5 community member)

Additionally, children frequently cover up or minimise DFV. This tendency arose in response to invitations for parents to attend school for events or for the daily pick-up and drop-off routine, with one participant describing, "I'd be saying 'Oh yeah, my mum's at work' … I was making excuses all the time for mum" (Cycle 5 community member).

At times children were reported to have "shut down completely" and "stopped talking" after experiencing DFV, with one child, for example, requiring mental health support "to open up his emotional side" (Cycle 5 community member).

Coping strategies used by children and young people experiencing DFV included harming themselves or others: "They do all this threatening behaviour, self-harming, taking drugs, medicating with alcohol or they become perpetrators themselves" (Cycle 3 ATSICCO practitioner).

The impacts from children and young people experiencing DFV were clearly noted across stages of development. Unaddressed trauma carried forward from one developmental stage or age to the next causes "all sorts of problems, like a lack of respect… [and young people who] …isolate themselves" (Cycle 5 community member – Elder). This can then manifest as significant issues in the teenage years, such as young people getting into unhealthy relationships, contracting sexually transmitted infections and having unplanned pregnancies. This, according to one Elder, is young people having a "spirit … [that is] … broken" (Cycle 5 community member – Elder).

A chief investigator summarised many of the points made by other research participants regarding the complex nature of DFV in the lives of children and young people:

> General response being separation and dislocation from family [for a child]. There is a depth and breadth to DFV, complexities, multidimensional ways it impacts children and families is ongoing and changing as children age, family grows. It shapes later behaviour – how you view the world, accommodation of behaviours from family member who is or was using a form of violence – with or without their knowledge. You might live with it on

> a daily basis, and it informs your decision-making. In some cases there is the physical loss of a parent or family member but in other cases it is an ambiguous loss of family, individuals, psychological separation and dislocation where physical presence of a family member still remains. (Cycle 1 research lead)

Children and young people's unaddressed voices and needs

Our research has highlighted that Aboriginal and Torres Strait Islander children and young people are often not included in decision-making about their lives when DFV is present. Queensland's funding for family-led decision-making by ATSICCOs goes some way toward enabling the participation of children and young people. However, informal reviews suggest that funding is not adequate for family-led decision-making to be available in all eligible circumstances (when significant child protection decisions are being made) and often meetings are held during school hours. As a result, despite program intent, children are often not present when decisions are being made about their lives. For practitioners, this made it "hard to work in the best interests of the children", and to uphold children's rights and their input on "how they'd like to see things change" (Cycle 3 ATSICCO practitioner).

We heard how child protection systems and responses often fail to recognise and support children and young people's actions that show us the important ways that they are seeking safety and support: "Our children vote with their feet – they abscond from placement because they want their connection to family, community, and Country" (Cycle 2 community researcher).

Practitioners expressed frustration at the higher level of financial support given to foster carers compared to parents in creating a safe and stable living environment for children, particularly for parents with DFV issues. Housing was identified as a major need for children and young people impacted by DFV that is not being met in the regional and remote contexts in which this research was undertaken.

Community researchers highlighted that cultural decision-making systems, such as local councils, rarely focus on the needs of Aboriginal and Torres Strait Islander children and young people who experience DFV. In some locations, these issues are silenced for fear of upsetting perpetrators of violence who may be family members or Elders, or in positions of power.

Further, in Queensland's most remote locations – such as the Torres Strait outer islands and Far West Queensland – we heard that DFV is not spoken of by women and children due to there being no safe place to seek refuge and no access to counselling support other than national telephone hotlines. These hotlines may not be culturally appropriate or accessible, particularly for children and young people and in circumstances where perpetrators monitor phone use.

Research participants noted that Aboriginal and Torres Strait Islander children and young people were rarely offered culturally safe mental health and wellbeing support. One participant shared: "I'd just lost my dad at age nine … I had no counselling or nothing" (Cycle 5 community member). The impacts of unaddressed trauma are often exacerbated by the instability resulting from DFV and "being thrown from pillar to post … changing schools, changing friends" (Cycle 5 community member).

Service responses to children and young people experiencing DFV primarily focus on immediate safety planning and being free from physical harm without also addressing sustainable safety measures, such as having routine stability and dependable safe people and places to access. As one ATSICCO practitioner described from her own childhood experiences: "You would just get settled and you would have to go again" (Cycle 3 ATSICCO practitioner). This impacted greatly on her self-esteem.

Despairingly, we heard that Aboriginal and Torres Strait Islander children and young people experience significant mental health issues but rarely receive treatment or have access to therapeutic support. The impacts of this gap include a lack of safety across a range of dimensions such as physical, emotional, psychological and relational security. Without enough safety and support, children and young people are unable to start on the pathway to healing.

Domestic and family violence increases vulnerability to further harm

Many research participants outlined that there are limited support services available to Aboriginal and Torres Strait Islander children and young people who live in regional and remote localities and have experienced DFV. As a result, they have increased vulnerability, including to being abused by others and entering relationships with much older partners or unsafe peers, often to seek protection from their family home. Young people who have experienced DFV reportedly "either choose a toxic [relationship] and they don't realise, or they can't create any at all" (Cycle 3 ATSICCO practitioner).

Elders and community members outlined how they saw young people enter unhealthy relationships and at times enter unhealthy sexual relationships "because they are not getting love at home" (Cycle 5 community member). Practitioners similarly described that they saw young people having "unhealthy attractions to people that they shouldn't be attached to" (Cycle 4 ATSICCO practitioner).

Practitioners were concerned that "constantly seeing DFV within their [children and young people's] home … makes them vulnerable to … sexual predators, child sexual abuse" (Cycle 3 ATSICCO practitioner). Practitioners also raised that the nature of DFV being all-consuming means that "parents or carers … forget about teaching children those safe behaviours … safe sex and all that kind of stuff" (Cycle 3 ATSICCO practitioner).

Research participants identified that "we often respond with punitive measures [to violence against children], not healing" (Cycle 1 research lead), which leaves children and young people vulnerable to anxiety and depression and experiencing more abuse.

The lack of safe places outside the home to escape DFV, places where children and young people have a sense of belonging and safe role models, was also seen to funnel them into risk-taking and criminal behaviour. This lack of safe options to escape to when DFV erupts at home is having lifelong impacts, particularly for the large number of children who "start to take crooked pathways … look for the wrong crowd" (Cycle 3 ATSICCO practitioner) and enter juvenile justice as a result. This is exacerbated by the lack of early intervention and healing supports easily accessible in community for children and young people who experience DFV, for example:

> Sometimes criminal behaviour, engaging more in criminal behaviour within the community because it's an unsafe environment at home and … they think they're not wanted or they feel like they're being neglected so they go into community and use that as an outburst, you know, draw on things or you just engage in crime in general. (Cycle 3 ATSICCO practitioner)

Community members in particular were of the view that young people's offending was often not violent in nature, or not necessarily criminal behaviour – rather, they described it as cries for help.

Prevention and early intervention are lacking

Practitioners and stakeholders participating in the research noted the gaps in responding to vulnerable children through prevention and early intervention support that is focused on building strong social and emotional wellbeing, as well as providing safe people and safe places to escape harm. Practitioners were of the view that the few youth workers available in communities were often not able to work in the prevention space, as they are primarily funded to work with young people on youth justice orders.

The research highlighted that children's trauma-based behaviour resulting from DFV was challenging for systems. For example, in the communities in which this research took place, participants said that education systems often responded to behavioural issues for Aboriginal and Torres Strait Islander children and young people via suspension or exclusion including from kindergarten, school and other educational facilities. Participants saw this as a result of a failure to equip educators with knowledge and tools to respond effectively to children's trauma. Not only does this affect educational outcomes, but Aboriginal and Torres Strait Islander children lose vital safety, support and self-esteem that could come from these settings, leaving them more isolated and vulnerable.

While participants welcomed school incentive programs that reward students who attend school every day by taking

them on weekend or afternoon outings, it was recognised that children who attend school part of the week need positive reinforcement as well: "Why not give credit where credit is due?" (Cycle 4 external network) Participants recognised the need to provide acknowledgement and voice to children and young people that "people appreciate them being there [at school]" (Cycle 4 external network), and that this is an important part of encouraging regular school attendance and building self-worth.

Participants also highlighted inadequacies by schools in failing to enquire directly with children, young people and their parents about why they may be experiencing difficulties in school attendance or what might be causing their behaviour at school. As described by an ATSICCO practitioner, a lack of awareness and understanding of underlying causes of behaviour can result in missed opportunities to engage early:

> They're running behind [at school] because someone's got music playing and they're drinking and they've gotta get up and go to school and they can't concentrate and then they get in trouble by the teachers for misbehaviour. The teachers and bless em, but they don't understand. (Cycle 3 ATSICCO practitioner)

Participants voiced a perception of educators in remote and regional areas having a lack of understanding of the lived experiences of children and young people in the communities they live and work in; poor training in recognising and responding to DFV; and limited cultural capability. These factors limit the ability of school staff to recognise the early warning signs of children being impacted by DFV, for example:

> With school and stuff like that, their behaviour and their education, which is really important, if they're going through this sort of stuff at home, and then they're going to school after getting flogged last night. Being expected to turn up and cope with the day, the day's work, it's hard for those little people, they got no one to lean on. They do have in schools' guidance person [counsellor] … but they're not gonnao know that something's wrong, you can't. (Cycle 5 community member – Elder)

Participants described a missed opportunity for educators to engage children and young people and their families about difficulties as soon as they arise and support them to overcome issues. For example, where a child has been absent from school for a lengthy period such as three or four months, regardless of whether the parents have provided a reason, it was felt that schools "have a responsibility" to investigate and confirm the reason provided, such as illness, "because if they're sick there really is trouble, and if they're not sick, other stuff [is] going on. And they should be saying, how can we help them?" (Cycle 3 ATSICCO practitioner).

Research participants reflected on their childhood experiences of schools providing some safety simply by being a place to go to away from home where DFV occurs, but not being able to rely on this safety net consistently: "School … was my safe place… but as a child if you tell them [school counsellors] something you think you can [safely] tell them … they tell others" (Cycle 5 community member).

They also noted the lack of having a replacement option when schools are closed, for example when neither school nor friends are available for support: "What happens on [school] holidays … who do they turn to?" (Cycle 5 community member)

> The approach of some youth justice programs was also found to be lacking in cultural capability and missing the opportunity to address underlying causes of behavioural responses that lead to offending behaviour or to include holistic healing responses for children and young people and their families:
>
> What are youth justice and child safety doing from their government perspective? … They think they know what they're doing for our kids, but they don't have any healing component, they aren't run by Aboriginal and Torres Strait Islander people, so I think that they've got a role to play as well. From what I've witnessed, and don't get me wrong, they've been quite successful with some of the children, but something that I've witnessed in remote communities, it's not that they identify the issue or try to resolve the issue. If anything, they've just left it there and just ignored it. Left it in that taboo basket because that's too hard for us. (Cycle 3 community researcher)

There was also a trend noted by research participants that mandatory reporters, such as schools and health services, were missing opportunities to link families with local family support services, particularly delivered by ATSICCOs:

"People are calling the wrong people" (Cycle 3 ATSICCO practitioner). This practice was seen by practitioners as driving child protection reports up unnecessarily.

The failure of education, health and justice systems to monitor and respond to emerging risks, and to effectively support children and young people who are experiencing DFV, is deeply concerning given that participants recognised the critical role that prevention and early intervention could play in mitigating risks and harm. This lack of early recognition and response contributes to the nature of DFV being hidden, unrecognised and inadequately addressed to the detriment of children's wellbeing now and into their futures.

Impacts of childhood DFV are carried into adulthood

Many participants in this research noticed that DFV has become normalised in their communities, stemming from the violent nature of colonisation, and that this makes it difficult for both mothers and fathers to identify their relationship as violent in nature, let alone the impact it is having on their children.

In one example, a stakeholder described the process of a mother realising the impact of DFV on her children:

> It wasn't until she [the mother] saw that it [DFV] was impacting on the kids' education and their life chances, because they were putting people offsides with this language, that she suddenly realised because she'd normalised the violence towards her. But when she saw it through her children's eyes, and how it might affect her children's futures, that was when the light bulb went on. That was when it started to make sense to her as to why she has to build boundaries about how someone speaks to her, how the children speak to her. (Cycle 4 external network)

Often research participants spoke about the impacts on children's development and their spiritual, relational and emotional wellbeing. An ATSICCO practitioner described her view that from "a child's perspective you feel powerless, in your role … that stuff really plays up on … mental health, the long-term effects for the children, creating relationships" (Cycle 3 ATSICCO practitioner).

There are limited supports to help children work through the impacts of DFV, but there are also minimal services to educate parents on the trauma impacts of their behaviours on their children. There is a need for systemic change to break the cycle of DFV.

A result of not addressing childhood impacts of DFV or their underlying causes is that DFV becomes cyclical and unaddressed trauma becomes generational, which contributes to cumulative trauma carried by families from colonisation. For some participants, they could clearly articulate the impacts of childhood experiences of DFV on relationships later in life, including with their children:

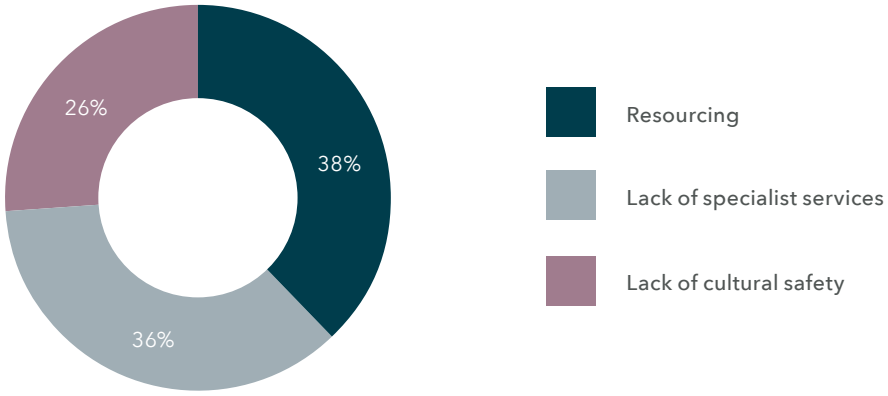
> You get that feeling where like you don't have any love anymore to give because your parents … didn't show love … if you haven't got that affection before, or love, it's really hard to show that love back. (Cycle 5 community member)

Most Aboriginal and Torres Strait Islander women and men who experienced childhood violence identified that they have never had their childhood wounds recognised. Community researchers noted that child protection responses require parents to support their children who experience DFV with little sense of ever having been loved themselves. As one community researcher remarked, "You can't pour from an empty cup" (Cycle 2 community researcher).

Many participants felt that these experiences had contributed to them entering violent relationships as adults as they had never had the opportunity to heal the hurts they experienced. They also said that they carried unhealthy childhood responses into adulthood, such as covering up or making excuses for others. As described by a community member:

> You turn into a nice person and then forgive people and you make excuses for people. Not naive but you can always find excuses "Oh they were drunk", this or that, and become too forgiving … because you minimise … it

Figure 3: Common constraints impacting on DFV service responses for children and young people



> could be worse … then you get angry at yourself because you think, "Why I let that slide?" (Cycle 5 community member)

Participants identified that for many childhood survivors of DFV, the impacts of violence are immediately forgotten or negated once they reach adulthood by the human service systems responding, and it goes unrecognised that perpetrators are "victims as well" (Cycle 3 ATSICCO practitioner). Practitioners felt that victims and survivors of childhood DFV do not receive support to heal and this progresses to a lack of support during their transition to adulthood when "they become 18 and they're an adult … treated in a completely different sense" and as a perpetrator (Cycle 3 ATSICCO practitioner).

When participants experienced DFV in childhood and then experienced DFV as a parent, often child protection services intervened and directed them to undertake courses and attend programs as adult victims and survivors or perpetrators of DFV. However, participants identified that such programs rarely focused on healing the childhood distress they carried.

For many Aboriginal and Torres Strait Islander women participating in our research, it was the first time they reflected in a formal way on their own childhood experiences of DFV. They had learned to numb their feelings and, as they became parents, found there was increasingly less interest in their own story and more focus on the safety of their children. This means that many of our parents and grandparents are carrying high levels of trauma and distress.

Community researchers highlighted how parents need to heal to be able to support their children into the future. Without healing, parents who carry trauma continue to have unmet needs to be loved and experience difficulties in being able to focus as readily on their children's needs as a result. Many community researchers saw this through parents' actions, outlining that at times it is difficult to engage parents about the impact of DFV on their children. They noted that "our parents put up walls, they are still hurting" (Cycle 2 community researcher).

Challenges in supporting families to minimise the impact of DFV on children and young people

We asked research participants about barriers and challenges facing families who are seeking support for children and young people experiencing DFV.

Figure 3 shows the three challenges most referred to by research participants as having a significant impact on providing quality DFV services to support children and young people, including:

- poor resourcing (referred to in 38% of yarns about DFV services for children and young people)
- lack of specialist services (referred to in 36% of yarns)
- lack of cultural safety (referred to in 26%).

In addition to challenges relating to service responses for children and young people who experience DFV, we heard also of challenges relating to the overall DFV service and system environment in which children are often not directly acknowledged or supported except in cases of extreme child protection intervention (removal).

This section first presents the resource and service constraints participants reported in trying to meet children's needs, and then extends to cover the challenges in supporting adult service users to meet the safety and wellbeing needs of themselves and their children, which are largely systemic issues that cannot be addressed at the service level.

Existing services for children and young people experiencing DFV are poorly resourced

We heard that existing DFV services are adult-focused and lack resourcing to address the specific needs of children and young people. Women and young people outlined that despite many of their mothers having sought safety in refuges (also called women's shelters), no one ever asked them as children and young people directly about their own experiences or spoke to them about DFV. Community members commented that they do not remember discussing DFV, even at women's shelters: "Mum would always go into the office, but it [DFV] was never a kid thing" (Cycle 5 community member).

Often comments from participants spoke of both the lack of resourcing for child and youth workers in places of safety and the lack of ability to address trauma as it is experienced as a result: "Who are [children and young people] debriefing and unpacking this trauma situation [with]?" (Cycle 3 ATSICCO practitioner).

In addition to child-specific resources being required, a key challenge identified was restrictive service models that limit access to supports in a timely way and are not based on children's actual needs. This restriction included lack of funding to provide ongoing support, and a lack of funding for after-hours responses. As one research lead identified: "We are not able to respond during crisis, weekends are very unsafe" (Cycle 1 research lead).

Poor resourcing also impacted child protection workers, with community members recognising that "they [child protection] don't have the resources to jump in to help the kids with what they are saying" in regard to decisions on where to live and with whom, which they noted resulted in "young people running away and couch surfing" (Cycle 5 community member).

The importance of resourcing a range of options for children and young people impacted by DFV was stressed. Participants said that time away from family and in a safe place were memorable highlights in their childhood but they felt as adults that these opportunities are rare for children and are not provided or funded consistently. An example shared by an ATSICCO practitioner was

> going on police camps [with] Police and Citizens Youth Clubs or police liaison officers … it kind of gave you a sense [that you] can get one week out of six months where I'm going to be safe. (Cycle 3 ATISCCO practitioner)

Cultural camps were important, but we heard that they are generally resourced through community donations and fundraising in absence of specified funding, which cannot be relied upon.

Lack of specialist services for children and young people

The research highlighted how often regional and remote communities do not have access to Aboriginal and Torres Strait Islander counselling, youth services led by ATSICCOs, or regular cultural activities to address children and young people's social and emotional wellbeing. Service needs across all stages of development need to be targeted, for example the 18- to 25-year-old age group:

> There's no counselling that's fit for our youth in the community … there's a youth group there … but no counseling for our youth that are over 18 you know, youth is considered from young kids to 25. They're still in that youth group. So, yeah, and our program just cut off at 17. (Cycle 4 external network)

Participants noted at best having a general psychologist to refer to, who may visit the community in person intermittently in the best of circumstances, but who "may or may not have knowledge or experience about sexual assault or DFV" (Cycle 1 research lead). They noted also there is not generally the expertise in remote communities "to know how to deal with sexuality" or "the ongoing behavioural issues that they [children and young people] display after they experienced domestic violence, especially in their social life" (Cycle 1 research lead).

Unfortunately, many communities that led our research do not have safe spaces and activities to engage in outside of sport for their children and young people, particularly "for kids 13 to 16" (Cycle 4 external network).

The gaps in specialist services that participants noted ranged from healing and Aboriginal and Torres Strait Islander-designed responses to professional expertise across mental health, sexuality and sexual health, and the alcohol and other drugs sectors, as well as psychologists and social workers. As one community researcher described: "We can't rely on professional services because we haven't got any" (Cycle 2 community researcher). As a workaround, practitioners focused on asking "How can we empower the parents, for them to work with the children for the healing?" (Cycle 3 ATSICCO practitioner).

Lack of cultural safety in service and system responses

Research participants frequently raised the complexities that regional and remote Queensland communities face in trying to provide culturally safe and supportive services for Aboriginal and Torres Strait Islander women and children experiencing DFV. These included the complexity of getting families to acknowledge the violence occurring in their homes, noting that this was preventing healing and having negative impacts on their children because

> if the parents can't acknowledge [DFV] … then the children think it's a normal thing of everyday life … then that transgenerational trauma comes back into it and the cycle … continues on. (Cycle 3 ATSICCO practitioner)

Participants felt that the lack of Aboriginal and Torres Strait Islander services was making it difficult for them to provide support to families and long waiting lists meant that often it felt like they were "failing families straightaway" (Cycle 3 ATSICCO practitioner). Delays meant families may be less

> willing to engage because they feel like they've had to wait all their lives … now having to wait … when they're feeling down and out … they feel like they've just been washed away again, put to the side in the too hard basket. (Cycle 3 ATSICCO practitioner)

Participants talked about how they also felt that of the services currently funded, many were ill-equipped to provide the support needed, including limited cultural competency with ineffective models of counselling, and little understanding of the context and impacts of intergenerational trauma. This limited the effectiveness of services available to children and young people seeking help, with many participants highlighting that "there's not enough Indigenous-only safe places or health help lines" (Cycle 4 external network).

An Elder believed that if there were more Aboriginal and Torres Strait Islander services, children and young people "would feel nice and more comfortable in knocking on that door" (Cycle 5 community member – Elder). Ultimately, participants wanted to "be looking after our own people and our own children because it's proven. It's a proven substance it works, and you know, our way" (Cycle 4 external network – Elder).

Community researchers highlighted how the eligibility criteria in a lot of services prevented many Aboriginal and Torres Strait Islander children and young people who have experienced DFV from getting a service. This includes child protection systems not resourcing brokerage or funding for a service.

This was often a result of a service system that prioritised the immediate safety of Aboriginal and Torres Strait Islander children and young people over healing, or imposed models of support that did not reflect children and young people's actual needs, including cultural needs. Participants outlined how this often impacted children and young people seeking support, with some choosing not to as a result: "Regularly young boys do not – they actually struggle to reach out. They struggle because there's a fear there for them themselves and what that might mean" (Cycle 4 external network).

Service models affect children and young people's access to safety

In the experience of community researchers, the lack of specialist services for children and young people was often exacerbated by referral criteria where DFV services refused to support young people presenting without a female adult because they were under 18 years of age. Even when young mothers had children themselves, they still needed parental permission to seek support for DFV. In this research, we did not hear of any DFV shelters or refuges in Queensland that provide young fathers with a place of safety.

As shown in the examples below, our research highlighted that women often found the options available to them were not fit for need and included restrictions that were having an adverse effect on their ability to seek safety. This was seen to force some women back into places of harm, increasing the risk of child protection interventions in their lives that were harsher as a result, with participants outlining instances such as the following:

> I've heard the women say "I can't go in there [women's shelter] because they won't have me because I've been there too many times". How? Is there a thing that says you can't go back more than three times? (Cycle 4 external network)

Restrictions also included reluctance of some services to take women who may have used the service previously and were not seen to be compliant or responsive. This left women in distress and with limited choice: "They go back to the place where the perpetrator is, and more domestic violence, and the … hope goes down the drain" (Cycle 4 external network).

Participants also highlighted that siloed service delivery models that restricted access for certain issues or length of service for participants were creating much distress and limiting the ability of women, children and young people to seek support. These responses included a criticism of services that were doing what was required to get their funding but not working collaboratively, just

> ticking the box and using their KPIs [key performance indicators] … but who's the one who suffers the most? Our mob, our people, our families, our children but very mostly children. (Cycle 4 external network)

Siloed responses also meant that women and children who were already exhausted by the impacts of DFV had to seek support from multiple services with limited coordination or integration:

> We are so siloed in terms of you go here to do some counselling, you go here for some safety upgrades [to the house such as window locks or cameras] and they might be in the same service. But then if you want to relocate, then you've got to go to housing. Then if you want to sort out your financial stuff, you're on your own at the bank. Then you've got to go to the police for other stuff. There's no consolidating. We're funding in a model that's just not how families need to be supported. There's no recovery really, spaces. (Cycle 4 external network)

Silence and shame

Women and children in our research also outlined how the power of shame silenced them and resulted in them not talking with people about their experiences of violence:

> There was five of us and two in the middle of myself, my sister and the other three boys. We used to get really pissed off when the boys would open their mouth. "Shut your mouth don't tell anyone our business." We hated that. Just because, like, just don't open your big mouth – no one needs to know our [personal family] business. (Cycle 3 ATSICCO practitioner)

Children safeguard their privacy, often driven by a fear of removal, but also a desire to "make things normal" (Cycle 5 community member). There was a sense of shame and needing to hide "what was going on behind closed doors", including taking on adult tasks: "We ironed our own clothes, made our own lunch" (Cycle 5 community member). Women also described that as children they "composed ourselves at school, to say that I was from a normal family" (Cycle 5 community member).

Managing silence and shame was also highlighted by a group of ATSICCO practitioners who used the analogy of carrying a basket that collects your life story – both the good things and the bad. They spoke of the burden of carrying shame and hiding secrets in your basket:

> That's one of the biggest impacts and challenges as well, is stigma. From our stigma we have our basket; and in that basket is stuff we're not supposed to be talking about. But now we want to pull the DFV out [of the basket] because that's not part of our culture, our lore. We want it out into the open, into the fresh air. But I think the stigma is an impact and the challenge is bringing it out of that basket and bringing it into the light. (Cycle 3 ATSICCO practitioner)

The generational code of silence in relation to DFV was noted by practitioners as a huge barrier to having conversations with families about DFV. They highlighted that "bringing

up DFV is hard … especially when it's generational … it's always been pushed under the table" (Cycle 3 ATSICCO practitioner).

Many women outlined during our research how little they were asked by Child Safety about their experiences of violence and how their family's fear of removal by child protection departments served to silence them further.

> Children experience not being safe, child abuse, feeling uncertainty. Sometimes not knowing who they can talk to and would they be in trouble if they did speak out about their family violence experiences. (Cycle 5 community member – Elder)

Children and young people often feared that admitting there is a problem "due to the more repercussions they might be facing for speaking out" (Cycle 3 ATSICCO practitioner).

Our research also outlined how Aboriginal and Torres Strait Islander children and young people are silenced by many people around them, including professionals, family members and educators, as they do not know how to respond, or may fear the anger and distress that young people feel:

> One thing that I find safe … is being able to be who I am, to this day, I wanted a stage where I want to be angry, but no I can't – while not being able to be who I am. I want to be mutually respected, be valued as an individual. (Cycle 5 community member)

The lack of a skilled response system around Aboriginal and Torres Strait Islander children and young people experiencing DFV reinforced shame and resulted in increased isolation:

> I can only speak from what I've seen and what I've grown up with … you kind of created your own space, you navigated yourself around harm. You weren't allowed to speak about it, definitely. You'd be shamed if you did. (Cycle 3 ATSICCO practitioner)

Community researchers highlighted how many families also feel immense shame at having child protection agencies involved in their lives and that "it's often silent in the wider family" and "parents don't tell the wider family due to shame" (Cycle 1 research lead). This means that "children then get isolated from trusted people who might be able to help them" (Cycle 1 research lead). Shame was a self-perpetuating cycle, preventing many families from overcoming the impacts of DFV due to the depression, isolation and overwhelming negativity that shame brought to their lives.

Fear and trauma

Women reported feeling immense pressure around determining how to respond to DFV in their lives and found that negative consequences could arise from any of the available options. This included the risk for women of having children removed by Child Safety, husbands jailed, and having to separate siblings and live apart from their older male children if seeking refuge in a women's shelter. This pressure is often layered on top of a newfound realisation that their relationship dynamic is considered violent:

> Half the time they aren't even aware when they are in it [DFV], and when they're in it they're frightened because they don't know what to do because of all the consequences that's gonna follow. (Cycle 3 ATISCCO practitioner)

An ATSICCO practitioner noted "there's a lot of restrictions on the mother to stay in the relationship" (Cycle 3 ATSICCO practitioner) due to financial pressures as well as in terms of keeping their sons with them as a result of age restrictions for males at women's shelters.

Many of the women who were mothers and grandmothers in this research spoke about the way that they experienced more trauma because of child protection interventions in their lives. Many explained that their DFV experiences were compounded by feeling "like in a domestic and family violence relationship with Child Safety – they have all the power and control" (Cycle 5 community member). Women felt that many of the tactics that were utilised to manipulate them and get them to act in certain ways in their violent relationships, including forgoing any of their own hopes and dreams, were replicated in their interactions with child protection systems:

> I only got a couple weeks to myself with bubby. And then after that they [Child Safety] just kept coming in every week. And that was it. They didn't give me a chance or nothing, and I still haven't had a chance to actually be a

> mum. Instead of being a mum, mum for a bit and then have to go work on doing stuff for Child Safety. It's unfair for the kid and me. (Cycle 5 community member)

Our research participants discussed a common occurrence that "Child Safety move the goalposts all the time" (Cycle 5 community member). This phrase refers to the experience of families often achieving a case plan goal, only to find a new required task emerges in its place, which was seen as a form of entrapment. One community member also identified that Child Safety engagement extends beyond what she considered to be reasonable and lacks transparency:

> They say, "Your behaviours are why we are still here". What behaviour do I have? I'm not on anything, not doing anything bad … I have done what you want me to do. (Cycle 5 community member)

Community members described feeling like power and control tactics were used by Child Safety as per the following example:

> I'm only doing anger management to learn how to manage it. So at least when something comes up, we know how to manage it … I was doing it for fun because it was on [offer] … just improving yourself. And they just think that it's a problem, that I've got anger issues. They try to put something on you hey, make you stay longer. (Cycle 5 community member)

A Cycle 4 member of a DFV stakeholder network similarly described a common practice of Child Safety using "coercive safety rather than listening to what the person needs and partnering with them" (Cycle 4 external network). The term "coercive safety" describes coercive control tactics used by Child Safety to require parents to act in accordance with what Child Safety deems to be necessary in relation to child safety matters, rather than upholding a strengths-based and partnership approach that honours parental skills and rights.

Although overwhelmingly participants acknowledged the importance of listening to and prioritising the needs of children and young people in the context of DFV, some felt the needs of their children were weaponised against them by child protection workers. Some community members reported feeling "harassment" from Child Safety "when they constantly say to you 'do it for the kids'" and felt it "suggests you are a bad parent … that you are not a good mum" (Cycle 5 community members). This approach commonly used by child protection workers misses the opportunity to show compassion and build a relationship with parents, which tapped into parents' experiences of shame or distress and made them feel inadequate as parents:

> I don't like having systems that use your kids against you … it's not always about the kids. What about me, I'm the one that's doing all the hard work … That's not going to motivate me, it's gone put me down even more, saying you're just using the kids to go do something … It's condescending. (Cycle 5 community member)

Many women felt that there was no accountability of the child protection system to them, and definitely no equality:

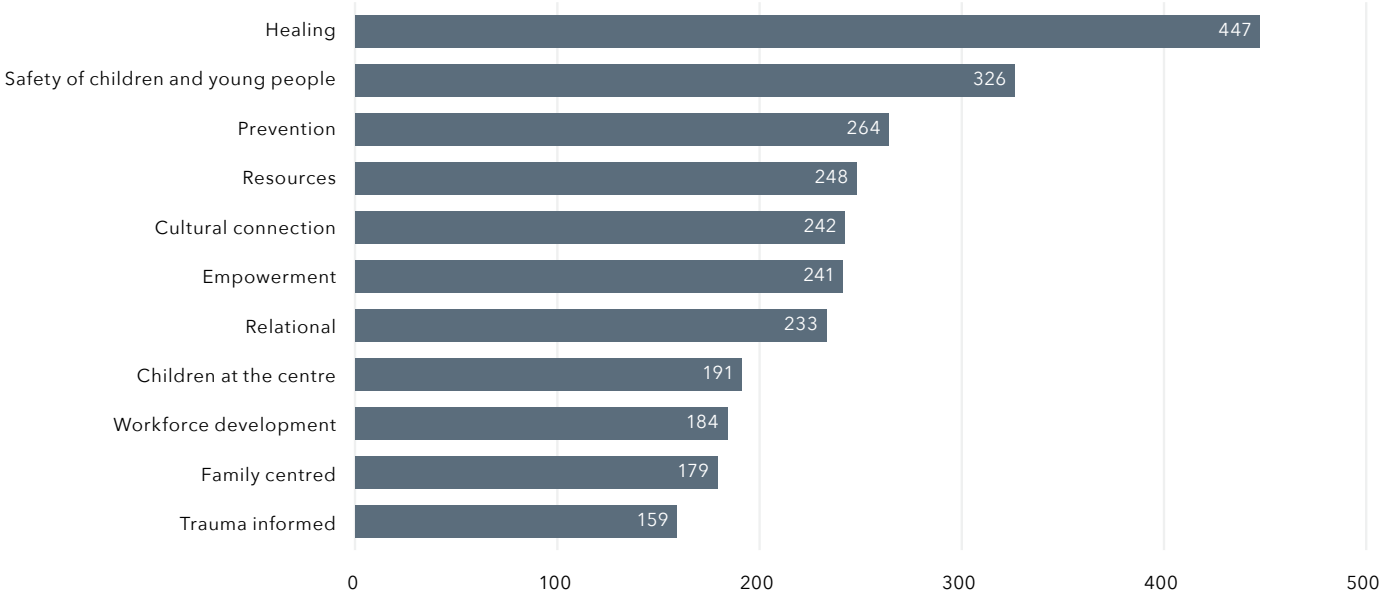
> They should be respecting us as parents, they should treat us equally … they go the earth softly, they creep up on you. And then they pan out. And then drop everything on you and make you feel like you're a bad mother or father or whatever. (Cycle 5 community member)

This mirrored many of the women's experiences with perpetrators of violence in their own relationships, where women feel they are to blame by both the perpetrator and the child protection system. Women felt that perpetrators were not held to account within child protection responses that focus on the actions that a protective parent must demonstrate to keep children safe without also addressing perpetrator behaviour.

Many of the women felt that they had to shoulder the responsibility of working to address the violence but were not supported to attain their own personal goals and not assisted in any way to achieve personal outcomes. The tendency to use a deficit lens rather than a strengths-based approach and to work with the protective parent and not the whole family unit resulted in judgements about perpetrator behaviour, such as "'he's unpredictable or he's this and that, criminal history. He's unstable, he's not able to be a parent'" (Cycle 5 community member).

Participants felt child protection assessments considered only their written case history without assessing other evidence.

Figure 4: Key solutions for improving the safety of children and young people impacted by DFV



Participants described this as not being strengths-based:

> [Child Safety] never seen [the father] with the child. You never see him in a happy place with the child … You're not giving [him] a chance to be a parent. (Cycle 5 community member)

Female participants described that child protection practices made them feel alienated and invisible as victims: "They don't ask you who you are what you do for a living … your hobbies … get to know you, they do not know you from a bar of soap" (Cycle 5 community member).

Ongoing experiences of child protection interventions that lead to removal result in our families feeling fearful and vulnerable to engage with any type of support, and ultimately limit opportunities to address the impacts of DFV on children and young people.

Women's decisions on how and where to seek safety often involve a need to consider their entire family unit and experiences from previous generations. Often engagement with Child Safety was likened to "living under the Act". This refers to the government-implemented protection acts from 1897 onwards that gave government powers to control the lives of Aboriginal and Torres Strait Islander people, including removal from lands, forced labour and stolen wages, and loss of language and cultural knowledge and practices.

Women expressed fear for themselves and for their perpetrators in the way DFV is currently responded to with punitive measures. These measures place them at risk of further harm, particularly in terms of the over-policing and high rates of deaths in custody for Aboriginal and Torres Strait Islander men:

> When there's DV they take that man, lock him up … while he in jail there he getting more tempered up and more tempered up and when he come out he want to get that woman again once they go to jail family get worried for them too. Worry they hang themselves. (Cycle 4 external network)

Our research participants expressed a desire for a collective and strengths-based response that includes working with men and strengthening their role in the family and community, rather than placing them in prison where underlying causes of behaviour are rarely addressed.

Solutions to improve the safety of children and young people impacted by DFV

Large portions of each yarning session were dedicated to discussing solutions for improving the safety of children and young people impacted by DFV. Figure 4 shows responses to this topic area, with a tally of the number of times each solution type was mentioned across all five cycles of action research. Note that some comments mentioned several solutions and were cross-coded to more than one solution subtheme.

Focus on healing

Healing was raised frequently and in the context of other themes relating to solutions, such as having the resources to provide healing programs, keeping children at the centre of healing responses when working with adult family members,

and developing workforce skills in relation to healing and trauma-informed care.

A stakeholder noted that too often services are not "actually listening to the children and responding and being seen to act where those children consent" (Cycle 4 external network).

Participants recognised that to support children to heal, all of the systems (such as health, education, housing and justice) that interface with their lives need to work together in a coordinated way to ensure that they can support healing and safety for children. This coincides with practitioners being "skilled to actually recognise what [young people's] actions and words are saying to be able to help and [determine] what you'll do next" (Cycle 3 ATSICCO practitioner).

Our participants also identified that for many families and communities where DFV is present, there is also deep trauma across generations: "Children who were taken from their families do not know their identity. This cycle continues from our Stolen Generations" (Cycle 2 community researcher).

The importance of healing past and current trauma across generations was raised and explained by an experienced ATSICCO practitioner:

> Sometimes the parents themselves be carrying intergenerational trauma. So the healing will start from inside the home itself. You have to put that support mechanism in place. Elders now were some of the parents, a couple of generations ago, that were still wrapped up in all this as well. If we haven't healed who's going to be the generation that heals? And who's going to do the healing? If you're missing out on the community Elders, who is going to do the healing? How do we do that with the breakdown of the cultural respect and responsibility, structure? (Cycle 3 ATSICCO practitioner)

Participants stressed the importance of healing to "revive as an Aboriginal and Torres Strait Islander group, to really inform our way forward to … heal ourselves and our children" (Cycle 4 external network).

Participants emphasised how being on Country was important for children and young people to "be able to heal properly and learn and just to appreciate that [DFV has] not always been the normal in our lives" (Cycle 3 ATISCCO practitioner).

Participants recognised that having healing groups for children and young people would give a voice to their experience and enable them to receive help. It would also allow them to be spiritually and emotionally renewed, reducing their isolation and providing critical opportunities for them to connect and feel empowered:

> We would see a lot of change; we would see changes in our children's behaviour in the way that they present themselves. Yeah, our children would come back feeling really refreshed. And, and knowing that they're not alone, there is help out there for everyone. (Cycle 3 ATSICCO practitioner)

Strengthen cultural connections and practices

Throughout our research, Aboriginal and Torres Strait Islander communities recognised the power of culture and Country to heal and support recovery to "let [young people] heal themselves and have strong role models around them" (Cycle 3 ATSICCO practitioner). Aboriginal and Torres Strait Islander communities participating in this research were clear about the importance of cultural identity, Country and spirituality being central to the healing and safety of children, as described by an Elder:

> Getting them back out on country and healing and just being involved in in their cultural upbringing and having a bit of freedom out bush with other families or theirs. That would help and start changing the line of progression. (Cycle 5 community member – Elder)

Participants in our research who had delivered programs "on Country and sharing culture" outlined how being on Country "heals them [young people] spiritually" and provides young people with "a culturally safe space where they can talk to us about anything" (Cycle 2 community researcher).

Practitioners noted the difference of delivering programs "out bush on Country, they [young males] tend to let everything out. I think that start of a process, of a healing process, for our boys" (Cycle 3 ATSICCO practitioner). On-Country programs provide "male role models for the young guys, you

know, that can tell them like it's [DFV] not normal" (Cycle 3 ATSICCO practitioner).

Research participants suggested "we need our own model … the cultural model is far more effective than what we might be doing at the moment" (Cycle 3 ATSICCO practitioner). This was explained further:

> If we truly go back to our kinship responsibilities (aunty, uncle, father, mother, grandparents) in its purest form it actually eradicates violence because as I know, as I've come to understand my own culture through my grandparents and forefathers, there was no real violence in terms of the traditional ways. There was no violence because there was *lore* and order. It was 1 per cent of the activity in a village, in a community, in Aboriginal society was elements of breaches in terms of protocol and violence that occurred. There was *lore* that actually stopped violence from happening. So I think as a culture we need to revisit that. What are some of those gems that we need to hang on to? (Cycle 4 external network)

Education is essential to prevention

Prevention was the solution referred to third most. Participants stressed the importance of educating whole communities and workforces to recognise and respond to DFV.

Research participants highlighted that children and young people need broad education programs from young ages, starting with "how we teach children … about 'my body belongs to me'" and moving toward teaching about healthy relationships in primary school (Cycle 3 ATSICCO practitioner). Key messages and education programs should start "in preschool and just keep following them" (Cycle 3 ATSICCO practitioner) – children and young people – throughout childhood, teaching them what a healthy relationship looks like, what is safe and unsafe, and who to go to if feeling scared or hurt to break the cycle of DFV continuing into the next generation.

Participants recognised that "it's a broader conversation than just our DV services" (Cycle 4 external network). Teachers can frame key messages on healthy relationships in a non-targeted way: "Our cycle can start to change … if we can teach our teachers and students about healthy relationships and what they look like and how they should be" (Cycle 4 external network).

Community-level education with consistent messaging is required: "If we're teaching our little boys right from the start what it means to be a man … I think that needs to be role-modelled in the home as well" (Cycle 3 ATSICCO practitioner).

The links between education and improving the safety of children and young people were dominant in discussions by research participants:

> I think education again, educating children of what is safe, who is safe and making people approachable. I think is a big point. Making sure that even kids know that about consent and confidentiality and that sort of thing as well and just trying to provide a safe space for children to even voice, how they're feeling or what's going on at home or whatever that looks like. (Cycle 4 external network)

Participants noted that education on healthy relationships needs to be widespread across community through a variety of means, including television advertisements and child-friendly language and imagery: "We did quite well, introducing what stranger danger was … but we've not ever really been able to catch this [DFV]… from a cultural point of view" (Cycle 3 ATSICCO practitioner).

Participants clearly outlined that the "community needs to have education … to understand what [DFV] is – physical, mental, psychological, where did it come from" and "to go back to address and acknowledge trauma" (Cycle 3 ATSICCO practitioner).

Women and Elders in our research recognised that the ability of the whole community to recognise and respond to DFV is necessary to enable children and young people to speak up about DFV, because currently "their father, mother or siblings don't talk, they keep it a secret because that's how they were taught, to just be silent" (Cycle 3 ATSICCO practitioner). Whole-of-community education also has the potential to address "silent witnesses" by educating community that you can anonymously phone police to respond to DFV "for two

reasons: one, cops could come there and stop the violence, and two, the perpetrator will think twice because he knows that it isn't clear, someone's watching" (Cycle 3 ATSICCO practitioner).

Particularly in remote communities, participants felt community education should include information about mandatory reporting and processes for seeking help so children and young people "know that it's okay to talk about [DFV]" without the threat that "DOCS [Child Safety] will take you away" (Cycle 5 community member). In addition to information about privacy and confidentiality when accessing services such as women's shelters, participants identified a need to educate women on where they can seek support without child protection intervention – for example, knowing that "intensive support [can be offered] before they get the courage enough to go into the woman shelter" and for there to be "a buffer zone between the people, the shelter and child safety" (Cycle 4 external network).

Participants saw whole-of-community education as critical to heal and restore community leadership in the safety of children and young people: "Community can support itself once it gets the tools and knowledge … once you've got the knowledge of this stuff, heals" (Cycle 3 ATSICCO practitioner). It was also noted that educating the whole of the community to recognise and respond to DFV increased safety for children and young people in all arenas of life: at home, in school, in community and in services.

Community-wide education can also be beneficial for the safety of workers providing the services, as described by this women's shelter worker:

> The other family members they blame it all on us. Think we're reporting to [Child Safety] but they got to look at where they're [women staying at the shelter] coming from – they've gone to police and hospital and school [mandatory reporters]. (Cycle 4 external network)

The benefits of broad education programs were mentioned across all cycles of action research and observations demonstrated the importance of children and young people's safety being everyone's role:

> Everyone in a child's life or a family's life, [needs] some sort of understanding and knowledge and education on [DFV] to be able to assist that little bit … if we're all working on the same page and have some form of education around what domestic violence is and how people can be supported then it will be beneficial for all children. (Cycle 4 external network)

Targeted resourcing to respond to children experiencing DFV

Our research sought to identify the needs across each research site for increasing safety for children and young people experiencing DFV. Resourcing was the fourth-most-mentioned theme regarding improving the safety of children and young people impacted by DFV. We found that communities require better resourcing to support families to have time on Country practicing culture and to enable community responsibility for providing safe spaces which put the safety of children and young people at the centre.

Targeting resourcing to enhance community ability to respond and provide safety for children and young people experiencing DFV would empower children and young people

> to be themselves, not feel worried, feel like they can have a voice, feel like they can express themselves and know who they can go to if they ever are feeling unsafe. (Cycle 3 ATSICCO practitioner)

It is also essential for programs for children and young people to be delivered in partnership with community and cultural leaders, as well as skilled practitioners, who collectively maintain a trauma-informed healing approach. This requires "finding the right practitioners, the right people with the right purpose moving forward. Not having their own agenda" (Cycle 3 ATSICCO practitioner).

Participants recognised the need for educators to be better resourced and trained due to their proximity to children and young people impacted by DFV and the timeliness of their engagement with them:

> It's upskilling people that are always involved in their life [teachers and Child Safety] … it's extra funding to have the ability [to] roll out programs that allow education in schools. (Cycle 4 external network)

Place-based responses to amplify cultural authority and leadership

Participants emphasised the importance of place-based solutions, particularly for areas such as the Torres Strait where some island communities have no island police or Queensland Police Service present. In one remote community, women spoke about the need for leadership to come from those in positions of oversight of all community matters, not only to elevate the awareness of DFV, but also to coordinate prevention and response due to the nature of services working in silos and on fly-in fly-out arrangements:

> Honestly, I think it should be the community, like Council, to start identifying it [DFV] and supporting the community people and families in it because Council are our leading figures in every community. If Council don't pave the way, then our mob are just gonna live the same way they're living. I'm not saying Council's responsible, but Council should stand up and say "Listen, yes we do have DFV in our community. How can our community work on prevention?" (Cycle 5 community member)

Aboriginal and Torres Strait Islander communities are based on strong kinship structures that extend beyond the nuclear family structure in western society. Therefore, "it's identifying that support within the family" is imperative for children and young people to have stronger safety networks within their families and communities: "to speak to the kids when they're feeling down or talk to them about the domestic and family violence and support them" (Cycle 3 ATSICCO practitioner).

Practitioners spoke of the tension between encouraging women who experience DFV, as primary clients of FWS, to engage their wider support networks of kin and community when their survival has hinged on remaining silent and they struggled with shame.

Participants believed that strengthening family and community members through education about DFV and how to respond as the first point of intervention when children are experiencing DFV would enhance safety for all. It was suggested by one community member that providing Elders and men with a sense of purpose and connection to their cultural role could provide opportunities for role-modelling and address unhealthy responses to DFV such as silence: "There's a lot of men out there looking forward to helping young boys, teach them how to make spears, boomerangs, shield" (Cycle 5 community member).

Safe people and places to seek support

Research participants spoke about the need to create a range of safe places that children and young people can access, where they can talk and get the support they need, particularly in places they already go. An Elder raised concerns that:

> back in the day … there was a lot more Murri faces in the school, like teacher aides, as far as I'm aware now there's not too many … who have they got to go to? (Cycle 5 community member – Elder)

Elders raised a desire for "the Education Department to try to employ more community people, grandmas, mums, dads, uncles, whoever, so that these kids do have a safe person" (Cycle 5 community member – Elder).

Participants noted that supportive people and places include informal safe spaces that children and young people access:

> not necessarily services … because they're fearful of the family breaking up [and being taken] away … it's really identifying someone, in the family or community, that hasn't got that authority figure. (Cycle 3 ATSICCO practitioner)

Practitioners identified the possibility of

> establishing different houses in the community with the sign: a safe house. So, if anything happens, [children and young people] know that they can go to that home and they're going to be safe. (Cycle 3 ATSICCO practitioner)

Participants recognised that some "families if they don't want alcohol or drugs they've got a sign there" (Cycle 3 ATSICCO practitioner); however, they also recognised that communities could be better supported to implement innovative responses to DFV.

Community-led initiatives were seen as an additional measure, including having services specifically for children and young people "to go after hours … where kids can actually stay overnight … instead of walking the streets" (Cycle 3 ATSICCO practitioner).

Empower children and young people

Participants in our action research highlighted the importance of safety planning when assisting children and young people who are experiencing DFV. For example, a research lead emphasised the importance of "good safety planning for children – our children need to know they can take action" (Cycle 1 research lead).

The protective behaviours that children and young people already display need to be acknowledged, and children and young people need to be equipped with strategies and actions that they can take that provide them with agency. For example, as one researcher noted, "our children's voices are their actions – they are often showing us how to make them safe, what they know to be safe – we just need to pay attention" (Cycle 2 community researcher).

The importance of creating safety plans with children, independent from adults, was identified. Sometimes "children are overlooked unintentionally by [adults]" due to the fight-or-flight response to DFV that results in children fleeing and hiding. This coincides with adults being "too busy worrying about themselves", genuinely fearing for their lives in many cases, to also have the ability to focus on the child's needs (Cycle 3 ATSICCO practitioner).

Safety planning was dependent not only on the identification of key actions children and young people can take, but also the identification of the key people they can talk to. For example:

> It's also good if we have a young person and someone who they identify that they feel safe with, like it may be grandma or auntie, or an uncle or a big brother or sister. (Cycle 3 ATSICCO practitioner)

Strengthen entire families and communities

Participants discussed the need to engage the whole family to identify ways they could collectively improve and sustain healthier relationships for the safety of children and young people. This included connecting families with community life and events:

> Learning, we all know learning and teaching our piccaninny to go straighter. They go down and they go up. It starts at their house. Their foundation. The parents – when you talk of their piccaninny, they're no good too. They go down, the parents are down. So that learning starts at home. You only can support. Support, but the parents need to be involved in community with their piccaninny. (Cycle 3 ATSICCO practitioner)

Participants felt that

> if young people see their parents on board that same journey … it would be … better having the whole unit being supported … not just mum and the kids but also mum and dad. (Cycle 3 ATSICCO practitioner)

The importance of using a strengths-based approach was emphasised by an ATSICCO practitioner: "Helping them heal, you know the whole family around relationship, the building of positive family and community relationships" (Cycle 3 ATSICCO practitioner).

Working with the whole family places children and young people at the centre of the response instead of having to "choose sides of which family they go to or participate in" (Cycle 3 ATSICCO practitioner). Keeping families together and assisting mothers and fathers to understand the impacts of DFV on their children and young people was considered important to getting parents to commit "to work together for the betterment of this child" (Cycle 3 ATSICCO practitioner).

Participants believed that creating safer environments for children and young people requires reinstatement of accountability mechanisms, especially for perpetrators of violence, that enable cultural values and lore to be at the

forefront of community responses and increase community authority to address violence:

> For us, talking about, get the community together to get involved. I just thought about when you have those programs for the boys or girls, you know, it revived that. So, it will be to have the mums and dads in the program with the child. So, when they finish the program, that girl will have that mum there and the boy will have that dad there. When he says what can happen after everything, these services, what's gonna happen for these kids. When you have services tap into the local community, get the parents involved with it, that's where they can now go continue to empower the youth, beginning with their children. (Cycle 3 ATSICCO practitioner)

Workforce development

Participants in this research identified the importance of recognising that Aboriginal and Torres Strait Islander workers had embedded in their practice cultural ways of knowing and being that were innate and often hard to define. This highlights the need to continue to build strength in local community workforces because it is critical that professionals working with children have a strong cultural lens, not just a western lens that may be acquired in their training. They can make strong cultural connections for children through their own cultural knowledge and understandings, which are central to healing.

Practitioners who participated in this research identified that the workforce would benefit from increased knowledge and skills in:

- knowing how to talk to children and young people about DFV
- hearing the voices of children and young people
- upskilling staff in a range of approaches and skills areas (e.g. phone counselling)
- increasing training in "soft" skills (engaging, interacting, connecting, respectful relationships).

Without workforce development support, such as training and supervision, many participants felt that children and young people were further silenced as they did not have access to skilled workers to talk to who are resourced and knowledgeable about how to respond in the right ways. An ATSICCO practitioner described the impact a lack of good engagement skills could have on children and young people:

> We'll go in as workers … not actually listening to that young person on their story, which is a really important thing that we need to do. So I guess the more that we listen, yeah. What do we ask? (Cycle 3 ATSICCO practitioner)

Finding culturally appropriate counselling services can be a positive influence in terms of enabling Aboriginal and Torres Strait Islander children, young people and families to unpack their story. An Aboriginal woman participating in our research commented that it took three to four years for her to unpack her story, but she had found the support very healing for her. However, she expressed that women need to be open to the process. She also spoke about how well-trained and culturally appropriate counsellors were vital for Aboriginal and Torres Strait Islander people to engage in counselling.

Some improvements reported by participants following FWS workforce development included increased cultural responses and opportunities for children and young people to be heard in all discussions with mothers and fathers. Most importantly, children and young people had been offered more opportunities to heal.

However, this research has also recognised the need for an increased specialist mental health workforce to respond to Aboriginal and Torres Strait Islander children and young people.

Systems responses

In discussing solutions to address the impacts of DFV on children and young people, practitioners and service providers identified that focusing on improving practice alone is not sufficient, but that system responses must also be addressed. One stakeholder stated: "Our service system needs a significant overhaul in terms of how we handle [DFV]" (Cycle 4 external network).

Improving funding for the Aboriginal and Torres Strait Islander community-controlled sector was recognised as

important for addressing underlying causes of DFV and developing community-led models that can make generational difference:

> [ATSICCOs are] woefully underfunded and will never be funded to the level we need to be if they continue with same funded model. We are funded to maintain the status quo and not to make changes. You feel like you are never going to make a difference – you do with individuals but not overall in terms of the system; it's like treading water. (Cycle 4 external network)

In the current system, "police come in and take the kid and mother from that house. That's trauma for that child" (Cycle 3 ATSICCO practitioner). Current responses were seen to "protect but … the problem is not being dealt with" (Cycle 3 ATSICCO practitioner). Participants identified a need to shift from removing children and women from their place of residence, and at times their communities and support networks, rather than dealing with the cause of the DFV.

Ways to break the cycle of violence and rebuild from intergenerational trauma were discussed with participants. Participants noted changes that need to occur at the systems level – particularly, for child protection services to work with fathers who have "traumas and need some healing" (Cycle 3 ATSICCO practitioner), instead of only working with mothers and children. Solutions for new approaches to creating safety for children and young people experiencing DFV require systems-level change and investment in place-based responses:

> Is there a safe place for [a father] to go to look for help, a healing centre, or I don't know, but there's some things that needs to – the way things are being done – looked at how long has that been going on for? (Cycle 3 ATSICCO practitioner)

Celebrating examples of strength and resilience

What has been most compelling in this research is how it has highlighted the strength and resilience of Aboriginal and Torres Strait Islander families. Many women and young people who participated in this research did so for the purpose of wanting real change for children in the future, with one Elder saying her motivation came from feeling "I'm gonna be killed, that why I got away. I was looking at my two children, [thinking] they're gonna be growing up and having children of their own" (Cycle 5 community member – Elder).

Many Elders and stakeholders shared their own stories of survival and healing to ensure children and young people were provided this strength into the future: "Now I got two beautiful grandchildren in my life and I want to teach them what violence is all about" (Cycle 5 community member).

Women celebrated each other's strengths and recognised that there is more than one way to safely respond to DFV:

> There's both ways … she escaped it. She took off. She wasn't gonna take it no more. That's one strong woman. And then you got … she went straight to the police and that is another strong woman. (Cycle 5 community member)

Discussion

The aim of this research was to identify the needs of Aboriginal and Torres Strait Islander children and young people in contact with child protection systems through FWS in regional and remote contexts in Queensland who are experiencing DFV. The project also sought to determine effective service and system responses and to develop a best practice framework for FWS to respond to the impacts of DFV on children and young people.

This discussion highlights the critical ongoing work that human services systems, such as child protection, mental health, police and education, must do to ensure more effective and culturally appropriate responses to Aboriginal and Torres Strait Islander children who experience DFV are actioned. A failure to do so is transgressing their rights to live safely in their families and communities and be afforded the conditions associated with strong social and emotional wellbeing.

Our research highlights the communities' belief that for change to occur, there is a need to have strong, culturally informed programs that focus on healing to support Aboriginal and Torres Strait Islander children and young people to overcome DFV. To achieve this, the research has outlined the components of a healing framework to enable communities and governments to invest in culturally strong solutions to achieve change.

Child protection systems are experienced as oppressive

In our research, participants were overwhelmingly consistent in outlining how oppressive and distressing they find their interactions with child protection systems. Unfortunately for many participants, the intervention of child protection services re-traumatises both families and communities, causing many to feel powerless.

The overarching narrative from our research is one of frustration at a system that continues to have a large focus on the immediate safety of children alone. This often results in child protection agencies forcing parents to undertake parenting courses or anger management as the primary means to respond to DFV, failing to understand the depth of intergenerational trauma present and the need for more complex and interconnected responses, including a focus on healing children and young people, their parents, and their families.

These reactive responses have resulted in large gaps in service delivery. Furthermore, this research found that child protection systems have responded to the intergenerational outcomes of trauma – such as DFV – through mostly a western lens, including by increasing surveillance and intervention in Aboriginal and Torres Strait Islander families' lives where there is evidence of DFV. This response often fails to firstly recognise Aboriginal and Torres Strait Islander women and men as childhood survivors of DFV before labelling them as victims or perpetrators of abuse.

Many of the women who participated in this research outlined how they felt that their trauma was triggered by child protection practitioners often using tactics, designed to motivate them to address safety concerns for children, that they felt replicated manipulative practices of their violent relationships. This resulted in them feeling disempowered and fearful of their interactions with child protection workers.

Cripps and Habibis (2019) have highlighted how efforts to date to improve community safety for Aboriginal and Torres Strait Islander women have mostly taken the form of criminal justice and child protection responses rather than measures addressing the needs of women and children in situations of violence to stay safely together (p. 13). Community researchers involved in this research reported having experienced high rates of children being separated from parents, culture and community due to the presence of DFV in their families. This separation and dislocation are the consequences of limited acknowledgement in policy and practices of the causes of DFV in regional and remote communities and the role of services as agents of intergenerational trauma in the lives of Aboriginal and Torres Strait Islander families.

The research has also highlighted that there is little recognition of the replication of power and oppression in the approach of modern child protection systems in responding to DFV. This is causing significant harm to Aboriginal and Torres Strait Islander families and workers in regional and remote communities.

For many families and communities, the cycle of violence has been difficult to break but it has been made more impossible by the continuing cycles of trauma that result from the removal of Aboriginal and Torres Islander children from their families and communities. In her study on oppression and domination in child protection systems in Australia, Braithwaite (2021) outlined how child protection agencies have become more risk averse due to adverse media, increased scrutiny and public outcry because of child deaths. This in turn has led to "child protection agencies become increasingly risk averse, introducing tighter control in policies and practice guides with the hope of preventing things from going wrong" (Braithwaite, 2021, p. 50).

Community researchers highlighted how this "tighter control" resulted in them feeling powerless in meeting the needs of the children and young people and their families in their communities. They noted that despite FWS being designed to be "universal" (in meeting the needs of families in their local area) rather than targeted at high-risk vulnerable families, the child protection system drove the agenda and narrative of what their services should do, how they should work, and what they should focus on.

Concerningly, community researchers outlined how funding contracts and restrictions, including referral criteria, were directing their practice and preventing them in responding to their community in the culturally effective ways they wanted to. Many felt that practices that they know were critical in remote and regional contexts where they worked, including healing families and rebuilding community structures to hold perpetrators of violence to account, were not supported by the funding bodies:

> In our community five years ago, our work was 20 per cent case management and 80 per cent education and community development, as our DCYJMA funding has grown now our work is 80 per cent case management and only 20 per cent education and community development because our funding dictates our practice. (Cycle 2 community researcher)

The impact of referral practices was further evidenced in the ways FWS referrals were generated to services, with participants saying that Child Safety staff often drive the narrative of what they want addressed in relation to DFV, not the children and young people or families. Herrenkohl et al. (2015) found similar limitations in their research on current child welfare systems and opportunities to move beyond current practices in designing a responsive public health approach for vulnerable children and families.

Braithwaite and Hamilton have argued that risk assessment processes that have resulted from child protection systems' reactivity place a spotlight on many parents, including those who are victims or perpetrators of DFV, and that as a result "these groups once identified as high risk acquire the stigma of being bad parents, stigma that extends to those that are sympathetic to them" (Hamilton et al., 2020 as cited in Braithwaite, 2021, p. 60). This certainly continues to be the experience of the women, young people, community members, stakeholders and community researchers who have participated in this research.

With a longstanding history of child protection systems removing children and child protection risk assessment processes that include identifying as Aboriginal or Torres Strait Islander as a risk, the availability of timely, culturally safe support is crucial to addressing the needs of children and young people experiencing DFV and healing from past injustices.

The impacts of intergenerational trauma are not well understood

The oppression that is experienced by women, children and young people, and Aboriginal and Torres Strait Islander organisations in child protection systems is a direct result of the impacts of intergenerational trauma.

Colonisation has resulted in over 200 years of oppression for Aboriginal and Torres Strait Islander communities. Despite ongoing recognition of Aboriginal and Torres Strait Islander people's rights and the importance of self-determination to wellbeing, there remain in place "culturally inappropriate impositions and policy arrangements" (Bamblett & Lewis, 2007, p. 44).

Historically, much research has detailed how Aboriginal and Torres Strait Islander people have experienced violence since colonisation. Aboriginal and Torres Strait Islander people were removed from Country then placed on missions or reserves where people were not used to living with each other, causing conflict among the groups. Their lives were regulated and many violent means, such as beating, incarceration, humiliation and punishment, were used to control them from acting outside of the rules (Atkinson, 2002; Bamblett & Lewis, 2007; Wilson et al., 2017).

The impacts of the violence of colonisation continue to be felt today, particularly in the form of intergenerational cycles of violence evident in many communities. As a result, Aboriginal and Torres Strait Islander people are more likely to experience violence and to experience DFV in their relationships, and more likely to have mental health issues (including drug and alcohol issues). Aboriginal and Torres Strait Islander women are more likely to experience hospitalisation as a result of violence, and these are all signs of the vast impacts of intergenerational trauma (Aboriginal Family Legal Service Southern Queensland, 2020; Cripps & Davis, 2012; Our Watch, 2018).

Atkinson (2002) outlined substantive impacts of the violence of colonisation and its compounding effects in Aboriginal and Torres Strait Islander communities across Australia. Despite this, very little has changed in the ensuing two decades in policy responses within child protection systems to take these effects into account. Child protection systems continue to blame and shame Aboriginal and Torres Strait Islander parents as the problem:

> In colonised societies there have been multiple layers of both acute and overt acts of violence, and chronic and covert conditions of control have been established. These separately are traumatic and oppressive. Collectively, and compounding over generations, the pain may become internalised into abusive and self-abusive behaviours, often within families and discrete communities. The rage is not only turned inwards, but cascades down the generations, growing more complex over time. (Atkinson, 2002, p. 80)

In her review of child protection systems in New South Wales, *Family is Culture*, Davis (2019) described how, despite intergenerational trauma being noted by child protection agencies as a root cause of Aboriginal children being removed, these agencies rarely understood how they could respond in way that would promote healing and address this trauma. Davis found:

> Currently, law, practice and policy does not address this trauma. This is arguably because the history set out in this chapter is not well known. To say that the root cause of the trauma is colonisation is one thing. To fully understand the history of that colonisation and the phases described … is another. In Australia, intergenerational trauma is generally misunderstood. This trauma manifests itself in behaviours that are regularly viewed as a reason to remove children, and not restore those children once they have been removed. (Davis, 2019, p. 21)

We found that many times Aboriginal and Torres Strait Islander people will tell child protection workers what they want to hear to get them out of the home. We heard stories about parents who are giving up and waiting for their children to be taken. They know they have done the wrong thing but do not believe they have a chance in keeping their children because they do not understand the system or how to work effectively with it. This barrier and sense of hopelessness was heard throughout all five cycles of action research. Practitioners were frustrated that they could see where our mothers are losing the fight for their children.

Our research therefore highlights that for effective change to occur, child protection systems themselves have to embody a healing approach. This is more than just a trauma-informed approach, where trauma might be understood as the reason for behaviours. Instead, it requires child protection systems to enable Aboriginal and Torres Strait Islander families to be provided a safe space that is empowering and conducive to them sharing their story in safe ways, shifts the power imbalance, and works with Aboriginal and Torres Strait Islander organisations to drive change.

Davis (2019) found that many in the child welfare sector in New South Wales believed that:

> Recognition of this erosion of community and familial capacity should be considered in reform efforts. Rather than being judgmental about parenting practices (which

> is repeatedly common in the reviewed case file notes), caseworkers must recognise that many Aboriginal parents who are in contact with the child protection system have had their parenting abilities adversely affected by intergenerational trauma and its compounding effects. For example, they may not have had safe and stable homes themselves because their parents may not have had safe and stable homes. (Davis, 2019, p. 21)

The voices of our communities captured in this research continue to assert that colonialism is not in the past but "is an ongoing structure of domination, which privileges some groups and disenfranchises and oppresses others" (Tangentyere Council, 2019, p. 12). The Tangentyere Council's "Grow Model" of family violence primary prevention outlines that this process can only be changed by acknowledging ongoing colonisation, and valuing Aboriginal culture and knowledge as the means to transform dominant power relationships (Tangentyere Council, 2019).

Community researchers outlined that overall investment in their solutions and the needs of children and young people was lacking. Governments continue to offer Aboriginal and Torres Strait Islander agencies participating in this research only short-term funding to meet families' complex needs. These agencies believe that ongoing investment is required to meet the long-term recovery needs of families. This was frustrating for communities when they had seen governments throughout the response to COVID-19 "change tack and change direction and apply enormous amount of investment and capacity to a significant problem" (Cycle 4 external network).

In Queensland, we are entering a critical stage in policy development with the third action plan of the *Our Way Strategy* (Queensland Government, 2018) and *Breaking Cycles 2023–25* currently in development. The state government is also a signatory to the *National Agreement on Closing the Gap* (Commonwealth of Australia, 2020) that has committed not only to a target for reduction in the over-representation of Aboriginal and Torres Strait Islander children in child protection systems, but also to significant changes in enabling self-determination and transformative relationships with governments.

Significant systemic changes are required to achieve the outcomes articulated the *Our Way Strategy* and *Closing the Gap*. Both documents commit to reducing over-representation of Aboriginal and Torres Strait Islander children in the child protection system: the *Our Way Strategy* aims to eradicate disproportionate over-representation by 2037, while *Closing the Gap* aims to reduce the rate of over-representation by 45 per cent by 2031. These changes will need to include substantive shifts to draw on the expertise, knowledge and solutions that are evident in Aboriginal and Torres Strait Islander communities and trust in ATSICCOs to drive change.

Child protection agencies can no longer pay lip-service to ATSICCOs in reports and in meetings while failing to action the solutions they propose. Nor can they wait for non-Indigenous or international experts or evaluators to propose the same solutions to give value or credibility to community solutions. To do this continues to fail to uphold self-determination and respect for the voices of Aboriginal and Torres Strait Islander peoples that is inherent in the *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations General Assembly, 2007) and the *Child Protection Act 1999* (Qld).

Failure to honour Aboriginal and Torres Strait Islander knowledge and solutions is not a new issue. Foley (2003) highlighted in his work on Indigenous standpoint theory that scientific discourse in Australia since 1788 has been based on racial superiority. Non-Indigenous Australians have decided what knowledge is legitimate, resulting in Indigenous knowledge being seen as inferior. He outlines how Indigenous participation in knowledge creation is still placed in the construct of race, and academic institutions have struggled to embrace Indigenous means of collecting knowledge.

There are significant barriers to Aboriginal and Torres Strait Islander children and young people receiving help

Our research has highlighted that Aboriginal and Torres Strait Islander children and young people who experience DFV and live in remote and regional contexts in Queensland are

rarely, if ever, afforded culturally safe support to overcome the impacts of violence. This is having lifelong impacts.

We heard that Aboriginal and Torres Strait Islander children and young people had experienced severe impacts of DFV, including some children having been rendered mute as well as experiencing mental health struggles, cognition issues, inconsistent attendance and poor behaviour at school, that all appeared to be exacerbated by the barriers that they face in seeking help.

These impacts are consistent with evidence in several research studies. A literature review on the impact of DFV on children conducted by Taylor (2019) for the Queensland Centre for Domestic and Family Violence Research highlighted that continued experiences of DFV increased the risk of developmental impacts for children.

The findings in this research highlight the fact that many Aboriginal and Torres Strait Islander childhood survivors of violence had never asked for or sought help, which is consistent with research from Corrie and Moore (2021). In their "AMPLIFY" study, where they sought to understand the gaps in service and system responses for young people who experienced violence in their families or intimate relationships, they found:

> Young people are unlikely to present asking for support for family violence. A lot of this was driven by a lack of awareness by young people that what they were experiencing was family violence. This was also driven by young people feeling apprehensive reporting to Child Protection for fear of the potential consequences. (Corrie & Moore, 2021, p. 6)

This correlates with outcomes from the Melbourne City Mission study on the impact of DFV on young people: Corrie and Moore (2021) found that young people who experience DFV were more likely to experience school avoidance, health issues and mental illness, and were more likely to at times use violence or run away from home, couch surf or stay at friends to avoid violence.

For Aboriginal and Torres Strait Islander children and young people this also means that services need to be available that can provide help. Community researchers outlined that this required people who were trained in how to speak with children, including using more child-friendly approaches, such as art therapy or use of song, that might create greater means for children and young people to communicate.

Eligibility criteria to receive a service was also a major barrier, with some young people unable to self-refer or seek support without parental permission. This was particularly concerning given that young people may be silenced as a result of DFV and left to shoulder the burden if the perpetrating parent does not grant permission. In this research, we also heard of cases where young people who were 17 years of age and parents of young children living in violent relationships were denied mental health services without having parental consent. This was seen to not only violate their privacy rights, but also impact on their safety.

One of the greatest barriers for children and young people to get help was the lack of services available, with many services having long waiting lists. Some of the services participating in this research detailed how children and young people in their community had to wait 12 months to access therapeutic support. Mental health services were described to be in some sites non-existent and often culturally unsafe. Westerman (2010) found that many Aboriginal children and young people, despite elevated need, rarely received adequate mental health services. In their research, Cripps and Davis (2014) highlighted that "child-specific healing services that include a cultural overlay has long been identified as a gap in our current service system" (p. 404). They noted that these types of services are only ever available in cities and not in the regional and remote contexts where children and young people need them.

The failure for many children to be afforded culturally appropriate mental health support was of great concern to community researchers. Increased timely and affordable access for children to social and emotional wellbeing support was seen as critical for some Aboriginal and Torres Strait Islander children and young people to overcome the severe impacts of DFV that sometimes resulted in significant depression, anxiety and self-harm. This is consistent with research that reported that the lack of culturally appropriate mental health services for Aboriginal and Torres Strait Islander children

living in remote and isolated communities is a barrier to accessing and engaging in services (Cassells et al., 2014 as cited in Orr et al., 2022, p. 54).

Recent research by Orr et al. (2022, p.12) into the mental health service use of children who have experienced DFV found that the average age of this experience by children was 6.5 years, but mental health service contact did not occur on average until children were 12.5 years of age. This is deeply distressing and symptomatic of significant system failure. Children who experience trauma, including DFV, are more likely to need urgent mental health service access than those who have had no trauma experiences (Marshall et al., 2020 as cited in Orr et al., 2022). Early access to mental health services is therefore important for children as it can reduce the long-term impact of mental illness (Orr et al., 2022).

Negative mental health impacts are also highlighted by Shen et al. (2021) in their Emerging Minds resource on healing family violence for Aboriginal and Torres Strait Islander peoples. In the resource they outlined:

> Traumatic events reduce the capacity of the thinking part of children's brains to shape the way they react to challenges in their environment. As a result, children and young people appear to behave instinctively and sometimes inappropriately, without knowing why. (Shen et al., 2021, p. 6)

A failure to provide Aboriginal and Torres Strait Islander children and young people who have experienced DFV with the right supports, services and resources to overcome their hurts is an abrogation of their rights. It is not the responsibility of Aboriginal and Torres Strait Islander communities alone to ensure that children and young people are at the centre of their responses, but also that of governments and service systems.

The continued failure to adequately resource and design a responsive system for Aboriginal and Torres Strait Islander children and families to overcome the impacts of DFV means that they continue to experience amplified trauma. It also consigns children and young people to further systemic interventions, including child protection and justice responses, as they themselves become parents. In real terms, participants in this research felt often that children and young people were not supported to achieve positive change and that they were often "just left in a mess in the corner and nothing gets done and it never changes" (Cycle 4 external network).

In 2009 the Australian Government formally endorsed the 2007 *United Nations Declaration on the Rights of Indigenous Peoples*, which outlines a set of principles and a framework that requires all states to provide accessible, quality healthcare to Indigenous peoples and to respect and promote Indigenous health systems. Walker et al. (2014) highlighted that as a result the rights-based approach to the provision of services to Indigenous peoples underpinning Article 24.2, including that "individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health" and that "states shall take the necessary steps with a view to achieving progressively the full realisation of this right" was a duty of the state (United Nations General Assembly 2007, as cited in Walker et al., 2014, p. 197). However, they noted that a failure of mental health systems to provide culturally safe practice for Aboriginal and Torres Strait Islander people since this time was an erosion of this right.

Safety for children and young people is dependent on family and community safety

Our research has continued to highlight how Aboriginal and Torres Strait Islander children and young people's safety is enabled by living in safe families and safe communities. Families' ability to create safety for their children and seek support is also impacted by their communities' attitudes to violence and DFV literacy, including how local communities respond to violence. This is especially important in regional and remote areas of Queensland, where services may not be in the community all the time.

Callaghan et al. (2017) also found in their research with children who had experienced DFV that risk of what might happen, how people might respond or the outcomes of more serious interventions in the lives of children worked to silence them for speaking up, noting:

> The risks associated with speaking out may make it more likely that children and young people will maintain

> a silence that protects family secrets, and that makes disclosure and self-expression more challenging. (p. 3376)

For Aboriginal and Torres Strait Islander children to be able to speak up, we need to build the capability of parents and communities to face their own history of trauma and DFV to create safe spaces for conversations with their children and young people.

Research participants highlighted that these issues were further compounded by the poor understanding of DFV in many Aboriginal and Torres Strait Islander communities, especially the understanding of the impact on children and young people. Our research outlines the significant link between increasing community education and understanding of DFV and increasing the safety of children and young people. This is consistent with findings from the Royal Commission into Institutional Responses to Child Sexual Abuse: one of the most common barriers to disclosing child sexual abuse was shame or embarrassment, and "these feelings can overwhelm a victim and have a silencing effect that can last for many years or decades" (Commonwealth of Australia, 2017, p. 23).

Community researchers also outlined how if people in positions of power within a community do not want to talk about violence, or may be perpetrators of abuse, no one might want to "rock the boat" due to their dominance in the community. This highlights how community dynamics can affect people's willingness to call out behaviours or challenges they see in their community, potentially leaving many women in remote areas vulnerable and unsafe when raising issues of violence.

Community researchers, therefore, detailed how important it was to continuously talk about DFV and to educate the community about what violence is to counter the powerful forces that want to silence this discussion. Community researchers spoke about how these actions continue to strengthen the voice of women and children in the community, helping them to feel strong when services were not in the community.

Consistently talking about DFV and supporting women to challenge the status quo was seen as imperative for creating increased safety for children and young people. Community researchers spoke about the building momentum in talking about DFV and the support being built in communities to address DFV. Leaders who are in denial will become more ostracised as this voice becomes larger. Most importantly, community researchers highlighted the central role that their organisations play in knowing about these powerful silencing mechanisms and building a strategic alliance to address them. As one researcher from Cycle 2 said, "We cannot bury our head in the sand anymore." This is consistent with Kennedy's (1991) ground-breaking work on educating health workers in responding to community issues of child sexual assault and the effects of DFV on children. She highlighted how important breaking silence was for Aboriginal and Torres Strait Islander children, stating:

> As long as the veil of silence and denial remains over this area, the opportunities for children to suffer without help remain as well as services available to the rest of Australian society will not be adapted and made accessible for Aboriginal communities. (Kennedy, 1991, p. 16)

In the development of the *Doing Good Business* resource to support researchers in hearing the voice of Aboriginal and Torres Strait Islander children and young people who experience DFV (ACU Institute of Child Protection Studies, 2018), the participants involved in the development of the resources stated that

> "courageous conversations" are required to discuss violence and remain optimistic about the capacity of families and communities to keep children safe. It is important that the best interests of Aboriginal and Torres Strait Islander children remain central in these conversations and that children are also given an opportunity to participate. (p. 9)

This same theme was reflected in our research: "We need tools to work with kids, to hear their voices. Children should be seen as primary victims of DFV". (Cycle 4 external network) Community researchers also highlighted that to give children real voice in regional and remote communities we may need to consider innovations such as having child advocates visit communities to support them in having voice. This recognises that fear of police and child protection services is often instilled in children due to past experiences of their families and communities. We should be seeking to overcome these

barriers to powerful forces that silence children and young people's voices in every form we can.

In the *Doing Good Business* resource, the ACU Institute of Child Protection Studies (2018) highlighted that the people who provide safety for children and young people in communities are Elders and grandparents. Their findings furthermore spoke to the findings from community that it is important to locate other champions of safety within communities. The participants in their study outlined how women are often "our backbone, our strength in our community, in our cultures" (ACU Institute of Child Protection Studies, 2018, p. 30). They acknowledged that the identification of champions of safety can take time but that these people play an important role within Aboriginal and Torres Strait Islander communities.

Addressing DFV is critical to supporting children and young people's physical, cultural and spiritual safety

Our children's cultural identity exists in their families and communities. It is at the heart of their wellbeing and important to sustaining the cultural continuity that is essential to them to building strong futures.

Anderson et al. (2017) argued that the increasing recognition worldwide that positive connection to one's culture also helps children to develop their identity; fosters positive self-esteem, emotional strength, and resilience; and increases the number of secure attachments around the child. In their work in Canada, Chandler and Lalonde (2008) found that the degree of cultural continuity maintained by different Aboriginal groups has been identified as a protective factor against youth suicides, which are highest in those groups without strong cultural practices.

However, one of the most negative impacts of colonisation has been the dismissal and negation of cultural processes and systems that have been broken by laws, policies and practices. This has diminished their importance in community life, and "it is therefore critical work is undertaken at the community level to strengthen or re-establish cultural processes and systems and reconnect people to culture" (Healing Foundation, 2018, p. 13).

Participants in this research repeatedly outlined how the levels of trauma that result in DFV are often underestimated and misunderstood. They outlined the complex interaction between social and economic deprivation, and spoke of mothers and fathers as childhood survivors of DFV who have never been given the opportunity to heal, and the overwhelming interactions they have with child protection and other service systems in their life as creating a perfect storm of despair and distress that was resulting in DFV. This is commensurate with the experience detailed in the *Victorian Indigenous Family Violence Task Force Final Report*:

> The trauma experienced by victims of family violence cuts across many generations – from children to youth to parents, grandparents, uncles, aunts and Elders. The experience of people who were part of the Stolen Generation confirms that trans-generational trauma is a reality for many Indigenous people who still bear the scars of what happened to them. (Victorian Indigenous Family Violence Task Force, 2003, p. 199)

Although there have been several resources and services put in place to reduce DFV within Aboriginal and Torres Strait Islander communities, many of these priorities have focused on a crisis response model. This response applies pressure for the separation of families, and pressure on the women as victims to take on the sole responsibility for their child's safety and wellbeing (Davis, 2019). There is no specialised DFV counselling for children in the remote and regional contexts in Queensland that this research took place in, and no ability to provide counselling for the whole family.

DFV services in Queensland are therefore primarily involved in removing the perpetrators from the victims with little to no healing support provided to men to assist them to overcome violence or be accountable for it. Many Aboriginal and Torres Strait Islander men in remote and regional areas are ending up in prison because of violence, but this does not provide opportunities to change or understand their impact on their children and often they return to fathering with limited opportunities for healing.

Community researchers were often despairing that despite knowing that many of the men who were perpetrators of violence in their communities had suffered abuse and experienced DFV as children, there was nowhere for them to go – no safe places that they could be removed to, to heal, and no programs that they could enter to overcome their trauma and understand how this might link to their violence. This was particularly distressing for young men who often did not have mentors or support in the community to safely address their past experiences. These issues were highlighted in the White Ribbon publication, *Towards an Aboriginal and Torres Strait Islander Violence Prevention Framework for Men and Boys*, that strongly advocated any violence prevention strategy for men and boys to be "adequately resourced; implemented in a safe accessible place; prioritise safety for women, children and men; and be supported by trauma informed therapeutic programs" (Healing Foundation, 2017, p. 4).

Women also were often not able to access long-term healing support in their community. They had to leave to obtain support in a larger regional centre that often had long waiting lists and lack of transport and support to attend, which made this impossible to attain.

Participants in this research felt that family-centred approaches to healing were critical. This included the need for women to have their own healing approaches and to be strengthened and supported to be respected and empowered, and for men's healing work to occur that aimed to break the cycle of intergenerational trauma and disrupt the patterns of behaviour that can result in DFV.

Programs that could support Aboriginal men and young men to identify their emotions, strengths and responsibilities by using traditional Aboriginal healing practices such as those run by Dardi Munwurro in Victoria (Deloitte Access Economics, 2021) were highly valued.

This approach was recognised by the Victorian Indigenous Family Violence Task Force (2003) in its final report:

> Responses to family violence need to build on the strengths of Indigenous families and communities and encompass Indigenous concepts of social, emotional, cultural and spiritual wellbeing. This involves recognition of how past practices, including dispossession, assimilation and separation of families continues to negatively impact on the present and the development of an approach that addresses this legacy and seeks to heal individuals, families and communities. (p. 11)

Children experience violence in multiple forms leaving them vulnerable to harm

One of the significant outcomes of our research is that Aboriginal and Torres Strait Islander children are experiencing violence in numerous areas of their life including school, sporting arenas and the community. This is often a result of both bullying and racism. Many of the community researchers detailed how they themselves experience racism as a violent act. Therefore, researchers spoke about how they found it difficult to have conversations with children and young people about respectful relationships and not being violent in a relationship when they had to witness the same children tolerating experiences of violence due to racism and bullying by others.

Many communities outlined how schools were ill-equipped to deal with bullying and had poor education about who children and young people could talk to if they had problems. Community researchers felt that they should not have to prepare Aboriginal and Torres Strait Islander children to face the racism inherent in the world and that there needed be greater accountability in all areas of our society, including education in how to address racism effectively.

Community researchers felt that if violence in any form was normalised in communities, then we were creating cultures that were detrimental to children and young people. This also left children vulnerable to entering unhealthy relationships early and having fewer places to go to seek support or safety. Some young people were staying in harmful situations, leaving them vulnerable to other forms of abuse.

This vulnerability is consistent with broader research on the frequent co-occurrence of DFV with other forms of child maltreatment and broader interpersonal violence, which

has highlighted that there are significant negative impacts as a result of experiencing multiple forms of victimisation in childhood, including the likelihood of experiencing a range of negative outcomes in early adulthood (Price-Robertson et al., 2013).

Community researchers highlighted that to address DFV, accountability for adults' actions had to be the cornerstone of all responses. However, they believed that there was a lack of consistency in relation to how violence, such as racism, was addressed for children and young people in many communities, with service systems grappling with how to address this effectively.

The South Australian Commissioner for Children and Young People, in her report *More than a Game* (2022), highlighted that "children and young people in South Australia reported diverse experiences of bullying and discrimination in sporting environments, ranging from subtle exclusion to overt harassment" (p. 24). One of the main recommendations of the report was for sports associations to get up-to-date training and instruction on how to create safe environments for children, including addressing discrimination (Commissioner for Children and Young People, South Australia, 2022).

Little has been detailed on how these intersecting forms of violence might impact on Aboriginal and Torres Strait Islander children who experience both DFV and other forms of violence, and how they affect their long-term mental health and wellbeing. This highlights the need for future research to fully understand not only the impact of intersecting forms of violence, but the multiplicity of responses needed to address these experiences of violence in Aboriginal and Torres Strait Islander children and young people's lives.

Solutions

This section brings together the solutions outlined in the findings and builds a comprehensive strategy that highlights the ways and means for policymakers and practitioners to best implement the solutions identified by participants in this research and improve the safety of Aboriginal and Torres Strait Islander children and young people.

Compassionate responses are central to driving change

Our research has highlighted how little compassion is currently evident for many Aboriginal and Torres Strait Islander mothers and fathers who come to the attention of child protection systems because of DFV. Given one of the major findings of this research details how many mothers and fathers are childhood survivors of DFV, it is confounding how limited the options are for services to support families to heal.

The intergenerational nature of DFV requires many more nuanced approaches to overcome its impacts and prevent it continuing. Mothers and fathers as victims and perpetrators are also often childhood survivors of DFV. Anger management or parenting programs alone will not overcome the deep-seated wounds carried by our families.

As Braithwaite (2021) pointed out in her study on institutional oppression in child protection systems:

> Addressing an entrenched sensibility of domination and control requires a regulatory refit of a special kind. The problem is relational and requires change in how people talk to, listen to, and plan with each other. Fundamental to success is people being able to empathize with each other and that means knowing what it is like to walk in the shoes of the other. (p. 17)

Community researchers have outlined that the limited cultural capacity of child protection staff continues to make women responsible for violence, with limited voice for women and ATSICCOs in advocating for the right cultural responses.

Given the levels of trauma highlighted in this research, models of intensive family support and healing are required that enable Aboriginal and Torres Strait Islander services to provide holistic services to men, women and children. To enable this to be resourced, governments need to acknowledge that Aboriginal and Torres Strait Islander community organisations are deeply committed to the safety of their children and young people and best placed to care for them.

Braithwaite (2021) highlighted that to overcome systems of oppression "a revised regulatory design from policy through practice would privilege community-led problem solving

in everything but the most serious of circumstances" (p. 18). The need for this type of approach has been repeatedly highlighted in our research, with many communities outlining how much more effective the solutions to DFV would be if Aboriginal and Torres Strait Islander organisations were empowered to drive change.

Systems need to increase responsiveness to children and young people who experience DFV

The research highlights that for services to increase their responsiveness to women, children and young people, they must ensure greater cultural capability of staff; support staff to understand and recognise DFV, and how to respond safely; eliminate eligibility criteria that can prevent accessibility; and act collaboratively to increase opportunities for timely and effective service delivery.

Our research has reinforced what has already been outlined in research regarding investigations into service gaps for victims and survivors (Cahill et al., 2019): women often reach out to seek assistance early when they are worried that violence will ensue, only to hit service eligibility blocks and be left with no assistance. Practitioners are exasperated with this and instead want healing-oriented responses that focus on "listening, responding and being seen to act where children are concerned" (Cycle 4 external network).

Other service gaps identified have highlighted the problems of getting young boys aged 12 and over to be accommodated with their mothers in refuges. Many communities involved in this research continued to identify this as an issue, leaving many mothers with the difficult decision between entering a refuge without their older sons, leaving them in a violent home, or remaining in the violent home themselves to protect their boys. In many communities, culturally, young men have played a strong role in supporting their mothers and siblings if a perpetrating parent has left, making this choice even more complex and distressing.

Both the *Healing in Practice* resource (SNAICC – National Voice for Our Children, 2012) and the *Nargneit Birrang Framework* (Department of Health and Human Services, 2019) recognise the importance of services being funded to deliver flexible responses based on the needs of the children, young people, families and communities. Both resources highlight the importance of prioritising funding for Aboriginal and Torres Strait Islander communities and organisations to develop and design services that would work best for their communities. Such funding models need to be long-term and have evaluation embedded throughout the life cycle of the program.

Addressing fear that prevents help-seeking

Many Aboriginal and Torres Strait Islander women and young people in this research spoke about fear of child protection intervention as a fundamental barrier to them in seeking help for DFV.

This is a real fear in the remote and regional contexts in which this research took place, as many communities have seen several of their children removed and they have not been returned. Other communities had experienced that a lack of communication among health staff and support services could undo very well-developed safety plans around DFV concerns, through failures to pass on information and ill-informed staff calling in child protection responses unnecessarily. Young mothers could also experience fear in asking for help due to the interference and impact of multiple family members becoming involved in their lives.

In some communities, women were frightened to access a women's shelter when they experienced violence because they were worried about shelter workers notifying the child protection department. Community researchers outlined how important it was for human services systems to address these fears, not just through changes in their practice but through providing more information for women to ensure they understood the support that would be offered, and that they would be assisted to create safe solutions to ensure a child protection response would not be necessary.

To achieve increased safety for women and children, community researchers identified that human services in

remote and regional locations also needed to increase their collaborative work to enable women to put protective measures in place for their children and seek support and help early.

Collaboration and integration

To achieve improved collaboration with Aboriginal and Torres Strait Islander women, children and young people, every human services system needs to ensure that its staff are adequately DFV informed, including knowing how to act in culturally safe ways, and are equipped with skills in working collaboratively to support early referral pathways and opportunities for early intervention.

The call for responsive and integrated system approaches is not new. This need has been highlighted in multiple reports (Department of Aboriginal and Torres Strait Islander Policy and Development, & Robertson, 1999; Department of Health and Human Services, 2019; Special Taskforce on Domestic and Family Violence in Queensland, & Bryce, 2016). Our research highlights how we need to consistently rethink approaches and evolve and respond to community need, because if we don't, our systems and services can become redundant for the people who need them the most.

Cripps (2020) detailed how an alternative approach to criminal justice responses has been advocated for by Indigenous groups, emphasising a holistic response that supports victims, holds offenders accountable through engagement with men's groups and behaviour change programs, and is also focused on the healing of families and communities in the aftermath of DFV. It is near impossible to break the cycle of intergenerational trauma without addressing the underlying causes and providing healing.

Increased cultural capability is required across non-Indigenous services

The Productivity Commission's (2020) inquiry into mental health found that mental healthcare is designed primarily for people from non-Indigenous communities and that despite significant effort, the mental health system has not been able to improve outcomes for Aboriginal and Torres Strait Islander people. The inquiry found that supporting the social and emotional development of Aboriginal and Torres Strait Islander children can contribute to better mental health outcomes into adulthood.

As has been detailed in our findings, the ability of Aboriginal and Torres Strait Islander children to access the right supports at the right time has been critical in creating pathways to healing and strong wellbeing for children.

Enabling this response requires mental health services and first point of contact DFV services to be compassionate, engaged and have improved cultural capability. But this has to be done in collaboration with local Aboriginal and Torres Strait Islander leadership to ensure that cultural capability is not a static process and that it is consistently accountable to the local cultural authority. Community researchers outlined that this required services therefore not to just use a trauma-informed lens but a cultural lens, without which services cannot be culturally safe for Aboriginal and Torres Strait Islander children and young people to access.

Education systems also required enhanced understanding of how to respond to Aboriginal and Torres Strait Islander children and young people who are experiencing DFV. Instead of focusing on their behaviour, it is essential for children's safety that education systems have an increased understanding of what might be driving the behaviour and that they respond compassionately. Community researchers also highlighted how important the teaching and modelling of respectful and healthy relationships was in schools to provide children and young people with a positive framework for their future relationships.

As highlighted in the findings section, women, young people and stakeholders raised the importance of systems being able to provide safety for young people. In remote and regional contexts where this research took place, this included the education systems increasing their understanding of the important role they play in providing safety for children who experience DFV.

Participants noted that it is critical to increase the number of local Aboriginal and Torres Strait Islander people employed in schools who are respected by the children and young people. The participants placed a strong emphasis on the

importance of educational settings providing opportunities for children and young people to enhance their knowledge of safety and safe relationships. In her research on the role of schools in responding to DFV, Lloyd (2018) found that to increase the supports schools offer to children living with domestic violence, staff need "information about services, signposting to external agencies" and good training about "ensuring student safety and knowing what to do next following disclosure" (p. 6). She also detailed that prevention programs in schools were most effective when promoted through whole-of-school policies and practices rather than just through a single program or individual teachers' initiatives (Lloyd, 2018).

As outlined by Bamblett and Lewis (2007), there are two essential components in building cultural capacity to be better able to engage Indigenous community members: "both building cultural competence, but also building an awareness of dominant culture and how it privileges the non-Indigenous against the Indigenous" (p. 50).

Westerman (2010) has also outlined how little focus there has been on developing a culturally competent mental health workforce due to the primary focus being on the development of a health service delivery framework. She argued that this has had an enormous impact, including universities being unable to train practitioners in an evidence-based, culturally competent model, and no benchmarks for organisations to identify cultural competence of their non-Indigenous workforces (Westermann, 2010).

Consistent with the views of our participants, Westerman (2010) advocated for the use of cultural consultants to increase access to mental health services for Aboriginal youth as standard practice. This would increase both Aboriginal and Torres Strait Islander young people's access to early intervention services as well as increase the mental health literacy of Aboriginal and Torres Strait Islander community workers.

According to the *Nargneit Birrang Framework,* to facilitate healing for Aboriginal and Torres Strait Islander women and children, it is imperative to have culturally responsive practices that are strengths-based and respectful:

> When services are culturally unsafe, communities identify their experiences as being dismissed and feel defeated. They feel vulnerable, experience shame and find it stressful to deal with multiple service agencies. These issues and gaps must be addressed and eliminated for healing to occur. (Department of Health and Human Services, 2019, p. 16)

This highlights the important work of initiatives such as WorkUp Queensland in building the cultural capability of the DFV sector across the state as well as the need to expand this work beyond DFV services alone.

Child-centred practice is at the heart of change

The power of child-centred practice is reinforced throughout the research, with participants highlighting the power of listening and responding to the needs of Aboriginal and Torres Strait Islander children and young people in timely and effective ways. While simple, we often heard that this doesn't happen in practice.

Similarly, young people from the Australian Capital Territory who were interviewed to inform the *Now You Have Heard Us, What Will You Do?* report identified that one of the critical elements of listening to young people was having workers who were genuine, and cared about and stuck with them, including the importance of workers with a warm heart as significant to supporting help seeking for young people (ACT Government, 2021).

When Aboriginal and Torres Strait Islander children and young people can talk and have a person genuinely listen to them, it allows them an opportunity to build trust, feel respected and most importantly feel believed. Children and young people are then open to support and those providing that support can reinforce their strengths (SNAICC – National Voice for Our Children, 2012, p. 18). This is consistent with studies that have demonstrated "that when practitioners are able to keep a child's interests, needs and wishes at the forefront of their practice better outcomes ensue" (Moore, 2021, p. 2).

Ultimately what participants recognised was a need to move towards child-centred practice (Moore, 2021). This means

> giving priority to the needs and welfare of the child, promoting their right to participate in the process of assessment and decision-making that consume professional time and energy. It involves listening to children, building relationships with them, spending time to respond to their questions and enabling them to express their views. It is about seeing the world through their eyes, understanding what their day-to-day lived experience is really like. In complex situations in which the safety of the child may be compromised due to the problems of their parents, it means supporting the family whilst never losing sight of the needs and rights of the child. (Moore, 2021, p. 2)

Child-centred approaches also need to be embedded in adult services that respond to DFV, such as refuges, courts, mental health and police to ensure Aboriginal and Torres Strait Islander children and young people's need for safety and support is front of mind. Alcohol and drug rehabilitation services were not highlighted in our responses. However, there was significant recognition in other research about the need for these services to respond in family-centred ways that enable parents receiving treatment for addiction issues to support their children's safety (Cahill et al., 2019).

These child-centred approaches were a cornerstone of the *National Framework for Protecting Australia's Children 2009–2020*, which recognised the need to

> build the capacity of adult-focused services (e.g., family violence, alcohol and other drug, mental health, and homelessness services) to be sensitive to the needs of children, and more generally to the ways in which children and families are often implicated in parents' "personal" problems. (Hunter & Price-Robertson, 2014, p. 13)

The National Framework aimed to strengthen both the capacity of practitioners to support their adult clients to meet the needs of children and the collaboration between adult-focused and child-focused services (Hunter & Price-Robertson, 2014). The "Child Aware" initiative contained in the National Framework was designed to build on previous work to increase early intervention services for children and young people and to make sure that their needs were not forgotten or neglected by services where their mothers and fathers may be seeking help.

This is consistent with current research on child-centred practice. Winkworth and McArthur (2006, p. 19) identified four key elements that guide child-centred child protection practice, including

> the importance of intervening early, of responding to issues in a timely manner, in providing children and young people opportunities to participate in decision-making, of working in developmentally appropriate ways to meet children's growth needs and working in collaboration to galvanise formal and informal networks.

Delivering change – A new practice framework for healing our children and young people

This research has highlighted that our communities have the strengths, motivation and desire to respond to the challenges that have been identified in this research project and provide real solutions to improve the lives of children. What they require is the resourcing and the respect to drive these responses. Despite a lack of resources, FWS have done the best they can to work within this framework, but they are limited in what they can do by funding and structured (inflexible) guidelines.

Our findings highlight that to overcome the impacts of DFV, we need to not only have a holistic healing response that looks at therapeutic responses for children and young people, but also the opportunity to be supported and assisted to build support, connections and pathways to a future that extends beyond professionals and immediate family members.

This requires systems to honour Aboriginal and Torres Strait Islander knowledge and work to embed this within approaches. The importance of this has been outlined in the Healing Foundation's (2019) *A Theory of Change for Healing,* which identifies three domains necessary to achieve demonstrable healing outcomes:

- quality healing programs and initiatives led by communities and developed to address the local impacts of trauma
- healing networks, champions and organisations to promote healing at a national and community level, including trauma awareness and the importance of truth telling

- a supportive policy environment where policymakers and influencers understand and advocate the benefits of Aboriginal and Torres Strait Islander healing and its long-term nature.

Although many communities have developed and delivered healing programs with the limited resources available, they continue to be met by a policy environment that has not shifted to appreciate the overwhelming need for new approaches to meet the challenges regional and remote communities face. Only responses led by Aboriginal and Torres Strait Islander communities with funding provided to ATSICCOs are likely to succeed in addressing the trauma that contributes to high levels of violence in the communities involved in this research. This is consistent with evidence in the *National Agreement on Closing the Gap* and highlighted in priority reform two – building the community-controlled sector – which acknowledges "that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, and achieve better results" (Commonwealth of Australia, 2020, p. 43).

The *Nargneit Birrang Framework* (Department of Health and Human Services, 2019) outlined how important holistic healing was to creating change:

> Holistic healing in Aboriginal communities adopts a perspective that combines both cultural determinants and social determinants of health, wellbeing and safety, and acknowledges and incorporates the historical trauma present for many Aboriginal people. (p. 31)

Research by Blagg et al. (2020) on the role of law and culture in preventing and healing from DFV demonstrated the need for community-owned and place-based Aboriginal and Torres Strait Islander individuals and organisations to be at the forefront of addressing family violence in Aboriginal and Torres Strait Islander communities. This approach also recognises, as detailed in our research, that many Aboriginal and Torres Strait Islander women and men who have experienced childhood violence have never had the opportunity to heal their childhood wounds, which impacts on their ability to meet the needs of their children and young people.

As described by the Healing Foundation (2015), healing is

> not an outcome or a cure but a process; a process that is unique to each individual. 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. (p. 1)

Cox et al. (2009) have highlighted that

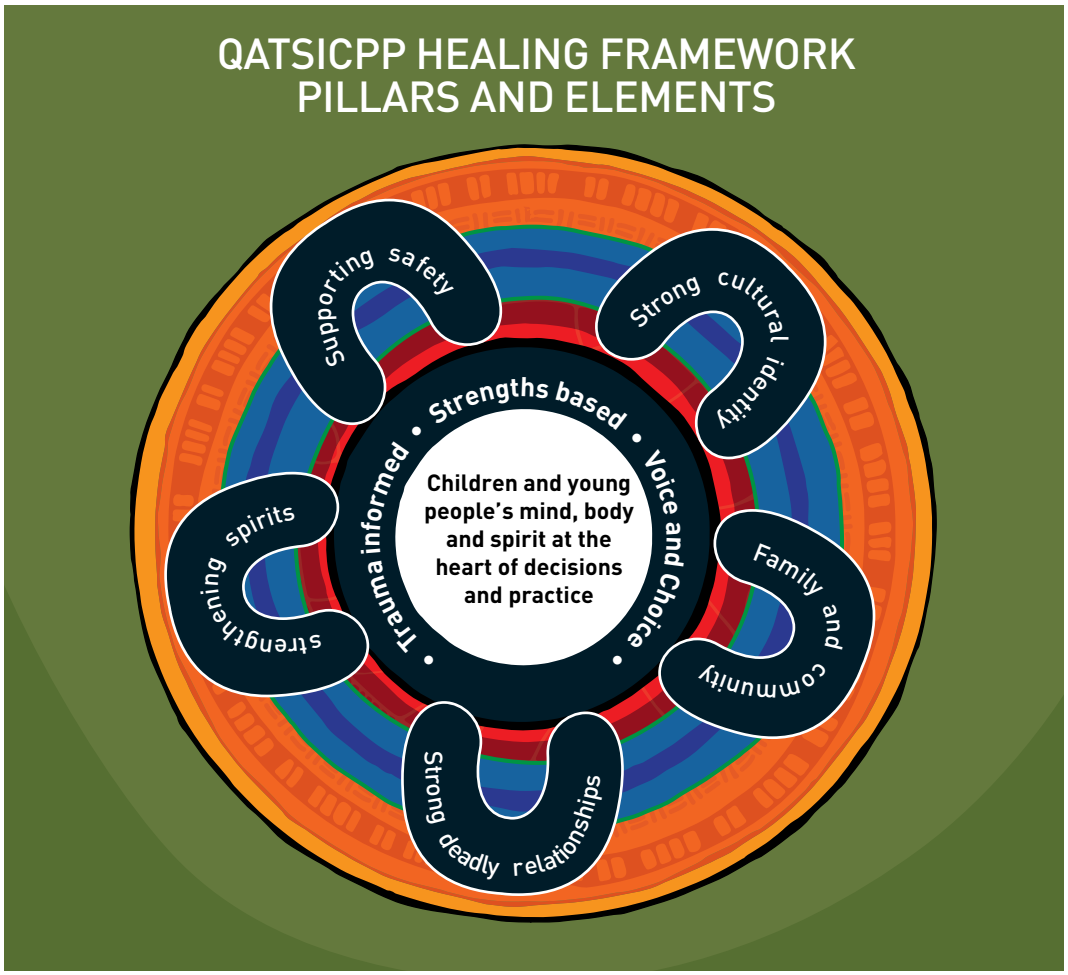
> to heal, a person must be able to come to a place that is safe and allows them to deal with the pain of the past, process this and begin their healing journey. If people don't heal, they will not be able to change their behaviours and will continue to be victims and perpetrators of violence. Aboriginal people must be able to govern their own path of healing, to deal with past injustices, such as colonisation and its effects, to move into a future which will sustain their livelihood and foster a just society. (p. 151)

This research has enabled community researchers to develop a new practice framework to address issues of DFV for Aboriginal and Torres Strait Islander children and young people who intersect with child protection systems focused on healing. The *Healing our children and young people framework* (QATSICPP, 2023; see Appendix A) identifies the important elements that will support breaking the cycles of intergenerational trauma for children and young people who experience DFV.

The *Healing our children and young people framework* (QATSICPP, 2023) places our children and young people back at the centre of their communities and wraps around them the cultural care required to support them on their journey to positive futures. It gives voice to their experience of DFV; holds their cultural, spiritual, physical and emotional safety as paramount; works to give back to them their heritage; and recognises that for children to heal, they must also live within strong families and communities. It is not focused on the past, but on creating a new way forward, one that is filled with hope and ambition.

Most importantly, the evidence that underpins the elements of the *Healing our children and young people framework*

Figure 5: Summary of the *Healing our children and young people framework*



(QATSICPP, 2023*)* comes from the knowledge and wisdom of our Elders, women, men, children and young people.

This is different to many other frameworks designed to provide guidance and advice to child protection practitioners. Researchers have found that many child protection frameworks have seldom sought stakeholder views, especially the views of children (Finan et al., 2018, p. 16). The pillars identified in our *Healing our children and young people framework* have embedded Aboriginal and Torres Strait Islander ways of knowing, being and doing, and they challenge the westernised system of response that often separates our children's futures from their families and communities.

Figure 5 is a summary of the *Healing our children and young people framework* (QATSICPP, 2023) designed address the impacts of DFV. The framework is organised into interconnecting pillars that work collectively to support Aboriginal and Torres Strait Islander children and families to thrive. The framework also recognises that for our children to grow, they must be in healthy and happy families and communities, and as such, much work must also be directed to strengthen our families intergenerationally to create harmonious places for our children to be.

Ultimately, as our research has outlined, safety of Aboriginal and Torres Strait Islander children and young people is paramount. To enable their safety, children and young people need safe places, safe people and access to the means to create their own safety actions and plans. As a result, our *Healing our children and young people framework* (QATSICPP, 2023) has safety embedded as a central pillar.

However, our research has also demonstrated that safety as the centrepiece of healing must encompass multiple dimensions, including, as outlined by the Healing Foundation, "physical, emotional, social, cultural and spiritual safety" (2018, p. 18). Our framework also seeks to ensure that all these dimensions are attended to for Aboriginal and Torres Strait Islander children and young people. Unfortunately, child protection practice often only responds to the limited dimensions of physical and emotional safety for children and young people experiencing DFV.

Our framework is informed by evidence about trauma and supports both a compassionate and empowering approach that is strengths based. This is driven from a deep understanding of the resilience, courage and strength evident in our families' histories. This means that we should never approach supporting

families with a deficit lens and model of support – instead, we must identify the strengths and build from there.

The *Healing our children and young people framework* (QATSICPP, 2023) also moves from an individual, reactive, incident-focused practice that child protection agencies generally utilise when responding to DFV in children's lives to a restorative focus, recognising that healing is both restorative and preventive in nature. In their review of international models for Indigenous child protection, Cunneen and Libesman (2002) highlighted the importance of this approach:

> Australian and international reviews and reports into the delivery of child welfare services to Indigenous communities have found that conventional individualistic responses to child protection do not substantially improve conditions for Indigenous communities and families and that a more holistic and community-based response is required. (p. 1)

Ultimately, the *Healing our children and young people framework* (QATSICPP, 2023) recognises that the deep wounds that Aboriginal and Torres Strait Islander children experience because of DFV require a significant healing response.

The framework helps communities in partnership with the DFV service system and government agencies to build a child-centred response that not only addresses DFV but also builds children and young people's social and emotional wellbeing. This means that the elements are designed to:

- strengthen Aboriginal and Torres Strait Islander children and young people's cultural identity
- build and establish networks of safety and support
- provide education on how to have strong relationships to build pathways for children's futures
- strengthen their spirits, ensuring that issues of concern are addressed early and supportively
- address the impacts of DFV in their families and communities to ensure children have access to safety in the places they live
- ensure that children and young people have access to activities that bring them joy.

This is consistent with evidence detailed in the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* on how a focus on social and emotional wellbeing is intrinsic to supporting good mental health:

> Social and emotional wellbeing is the foundation for Aboriginal and Torres Strait Islander physical and mental health. It results from a network of relationships between the individual, their family, and their kin and community. A positive sense of social and emotional wellbeing is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives. (Commonwealth of Australia, 2013, p. 21)

The *Healing our children and young people framework* (QATSICPP, 2023) is focused on ensuring that integrated service delivery models are developed to enable children to experience access to safety and support across the environments that they live, learn, and play in. This is critical for creating change. The importance of integrated responses is outlined in the *Queensland Domestic and Family Violence Prevention Strategy 2016–2026*, which details that integrated services are a core component of the strategy to ensure the safety of and support for victims and survivors of violence. It recognises that

> integrated services provide culturally appropriate wrap around services to help victims and their families escape violence, access or maintain stable and safe housing, help victims rebuild and empower their lives and support survivors to become independent and not return to violence. (Queensland Government, 2016, p. 17)

Our framework works as an organising framework delivered through exploring critical questions that will be needed to develop the response system for children. It will support embedding a place-based response through harnessing the cultural wisdom of the place it will be implemented within.

The framework recognises the strengths of communities and provides reflective questions across every action to ensure the voices of Aboriginal and Torres Strait Islander children and young people are at the heart of all decision-making. It seeks to establish a facilitating environment by challenging education, health, child protection and other human service systems to ensure that they are creating the right processes,

policies and practice to provide Aboriginal and Torres Strait Islander children with a pathway to healing.

Limitations

Despite our own recognition of the importance of including children and young people's voices in research about them and our own substantive efforts to engage Aboriginal and Torres Strait Islander young people in this research, the lack of representation of children under 18 years as participants in this research is a significant limitation. Unfortunately, the outbreak of COVID-19 in regional and remote communities of Queensland, following the opening of the border at the time of this cycle of action research, made the inclusion of children and young people in this research more complex than many communities had hoped for.

As a result, a less diverse group of Aboriginal and Torres Strait Islander young people's voices were included in the research than was intended. Community researchers also noted that in future they would like to have more time to work on an ethics application that would allow them to engage younger age groups in the research, in developmentally appropriate ways, to increase the voice of children and young people in both their communities and research. This would ensure we had a fuller picture of the developmental impacts of DFV in the lives of Aboriginal and Torres Strait Islander children and young people and strengthen our responses both systemically and within our practice framework. This is something that QATSICPP has committed to for future research studies.

Community researchers were also aware that they could not always engage the whole area that their organisation may cover due to the breadth of their region and the time and effort it would have taken to engage multiple communities. This was further exacerbated by the fact that not every community has coverage from FWS; therefore, in future research, more work needs to occur to ensure the voices of these communities are included.

During reflections on the process of the research, community researchers raised that they would have liked some more time to engage with communities in remote contexts, noting that multiple visits to these communities were required to build relationships, explain the research and gain consent to be able to proceed when participants did not have English as their first language. More time to undertake this work would have increased the number of community members that could have been engaged in the research, including giving voice to some members of the community who at times might be silent. It was noted that the time frames for this research project may have been underestimated in these contexts and in future more time to undertake this type of research process in remote contexts would be highly valuable.

In the research we heard from many Aboriginal and Torres Strait Islander men, in a number of communities, about the impacts of DFV in their lives as children, their struggles to address violence in their adult lives and their desire to participate in healing processes to address violence in their families and communities. However, as this was not the primary focus of this research, we have not been able to fully reflect the experience of men within every community where the research was undertaken.

We have also not been able to fully explore the complexities of men's experiences in the context of this report given its focus on Aboriginal and Torres Strait Islander children and young people's experience of violence and intersection with child protection systems. QATSICPP will look to give further expression to this voice in future research, to enable us to design effective systems of response for Aboriginal and Torres Strait Islander men and boys who experience and use violence. This is an area of focus that seems to be wholly lacking across the eight sites in which this research was undertaken.

Strengths

This research was conducted by community researchers, embedded in their communities, who were able to provide culturally safe environments for the research to take place in. This enabled many participants in the action research to give voice to their experiences, understandings and insights in deep and reflective ways. This included being able to allow the child within themselves to have voice. Without these researchers, we would not have been able to provide the rich information and analysis that is evident in this report.

Community researchers also drew on the cultural wisdom and authority in their communities in their analysis and refinement of the outcomes from this research, which ensured that it truly reflected an Aboriginal and Torres Strait Islander world view.

Community researchers reflected on what a tremendous gift it has been to walk this journey with participants throughout the research, with many organisations noting they had learned a lot more about how to support children, young people and their families to heal from the experience of DFV as a result of participants sharing their stories.

The resilience, courage and strength of our Aboriginal and Torres Strait Islander children, young people and families has been noted throughout this research. The effort that they have gone to to create and support safety in their families, both as children and as adults, was motivating for the research team to continue this research and drive change, despite the many challenges that it presented.

Our non-Indigenous research partners supported us in culturally safe ways to increase our research capacity and were a strength in enabling the research process to unfold, while providing valuable technical advice, analysis and support during the process. This built the confidence of the team and a desire for QATSICPP to conduct and drive more research through a collective process in the future.

Conclusion

This report outlines how Aboriginal and Torres Strait Islander children, young people and families continue to have limited access to the right supports, polices and processes that enable them to address and heal from their experiences of DFV. This results in continued interaction with child protection agencies that cause more distress and harm through the removal of children from their families.

Successive governments have failed to invest in a system that is right for our children despite DFV and its impacts being a serious issue which needs a comprehensive response. What has been missing is any serious attempt to enable Aboriginal and Torres Strait Islander community organisations to design a system for them and by them.

From 2015 to 2020 in Queensland we have seen the numbers of Aboriginal and Torres Strait Islander children on child protection orders rise from 41.6 per cent to 43.7 per cent (AIHW, 2021). This increase highlights how urgent the need is to change the status quo and do something different if governments are serious about eliminating the over-representation of Aboriginal and Torres Strait Islander children in child protection systems.

This report outlines a number of ways for human services systems to address this over-representation by responding more effectively to DFV in the following ways:

- Support Aboriginal and Torres Strait Islander communities to lead change for their children and young people, enabling them to work in holistic ways to address DFV.
- Increase their responsivity by increasing the cultural capability of their staff and their ability to respond to DFV in culturally strong ways.
- Work to fully understand not only the impact of intergenerational trauma, but how to support healing in their practice and policy to prevent systems from continuing to cause harm through their behaviours. This includes acting more from a place of compassion than oppression.
- Increase accessibility, including by addressing barriers and improving resourcing for Aboriginal and Torres Strait Islander children and young people to obtain quality social and emotional wellbeing support to assist them to overcome their experiences of DFV.
- Recognise that they are duty bearers and that Aboriginal and Torres Strait Islander children and young people, no matter where they reside, have the right to quality services to support them to thrive. A failure to acknowledge and address issues that prevent this access transgresses children's rights.

Given the majority of children and young people who experience violence experience it within their own families and communities, healing parents is a critical step to healing our children. Our research has demonstrated the need for a child-centred, community healing-oriented system – one that recognises the needs of Aboriginal and Torres Strait Islander children and young people, but also the needs of those primarily responsible for creating safe and strong environments: their parents, families and communities.

This research has ensured that Aboriginal and Torres Strait Islander researchers have come up with our own conclusions, because we have conducted the research and undertaken its interpretation. The process by which this research has been conducted honours our data sovereignty and why this work has been so important. No one but us – Aboriginal and Torres Strait Islander people, communities and organisations – can address the impacts of DFV in our communities.

That is why this research has been so vital: it is really an expression of self-determination. The *Healing our children and young people framework* (QATSICPP, 2023) that has been developed from this research aims to support Aboriginal and Torres Strait Islander children who experience DFV to overcome the impacts of DFV and is a creation of new evidence.

This research represents the establishment of a framework to support children and young people's safety and outlines clearly that systems must move to embed healing approaches, including through shifting power and resources to the

Aboriginal and Torres Strait Islander community sector, to achieve this.

What we require to action this is long-term, sustainable resourcing that recognises the real impact of intergenerational trauma. We need a commitment to long-term change processes to ensure we can break the cycle of trauma in the lives of Aboriginal and Torres Strait Islander children.

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APPENDIX A

Practice framework: Healing our children and young people

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AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children