



Family Violence

Kurunna Mwarre “Make My Spirit Inside Me Good”

FAMILY VIOLENCE (AUSTRALIA) – Summary of the literature on programs

Defining the Problem

The general consensus seems to be that domestic violence must be recognised within a social and emotional wellbeing (SEWB) framework which acknowledges that these problems are the result of unresolved grief, loss, trauma, abuse, family violence, removal from family, substance abuse, family breakdown, cultural dislocation, racism, discrimination and/or social disadvantage.

Defining “Domestic Violence”

Often due to the tight-knit nature of Indigenous communities, victims/survivors do not speak up due to the potential consequences of their actions (Cripps, 2007).

How Indigenous people define and explain “domestic violence” must be understood in order to develop appropriate healing pathways (Cripps, 2004). Words commonly used by professionals such as family violence, domestic violence, sexual assault or even rape can intimidate people and prevent them from speaking up (Phillips, 2000).

Cripps’s own research has shown it to be more commonly described as follows: ‘um [pause] well we were arguing’; ‘my husband was acting up’; ‘he was being cheeky’; ‘it was just a little fight’; ‘we were drinking’. Differences in language can also contribute to inaccurate and under-recording of Indigenous experiences (Cripps, 2007).

Defining the Solution

There is overwhelming support for the adoption of a family approach advocated by Indigenous people and which sees community healing as a primary consideration.

Indigenous leadership and control of services by Indigenous organisations and communities is seen as imperative (Burchick et al.; Higgins 2005; SNAICC 2005, NACCHO 2006, Social Health Reference Group, 2004).

Of equal importance is the need to address other underlying issues such as socioeconomic disadvantage, which may require significant injections of additional funding and, therefore, the engagement of the government to some extent (Hudson and McKenzie 2003).

Key Recommendations (Cripps)

1. Any response or intervention must fundamentally involve Indigenous community members in defining the problem and its context. According to Higgins (2010), the key principles of an Indigenous approach to community development are:
 - Community empowerment (local knowledge and cultural appropriateness)
 - Indigenous leadership
 - Trust
 - Flexibility
 - Leverage
 - Sustainability
2. Community diversity and needs must be acknowledged. A one-size fits-all approach does not work. The differing needs of women, men, children and elders must be considered along with demands for immediate safety, healing, perpetrator accountability, education, awareness, and prevention.
3. There is value in strengthening the capacity of existing workforces through accredited specialised training and employment of Indigenous workers, particularly counselors.
4. Where Indigenous workers are unavailable, cultural awareness training should be mandatory for all non-Indigenous workers.
5. If a program is going to be successful both Indigenous and non-Indigenous agencies must commit to working in partnership towards a mutual goal.
6. Holistic approach – break down silo services.
7. Programs should be innovative but based on traditional wisdom.

What doesn't work

- Western based models of intervention that see the separation of victims from perpetrators, and hence the division of families.
- Criminalising violence and institutionalisation.

Successful Programs

These include:

- Indigenous family violence prevention legal services
- Indigenous night patrols
- Indigenous women's refuges
- Indigenous men's groups

The biggest challenge is sustainability once the funding has run out.

Community development approaches to safety and wellbeing of Indigenous children

There is evidence to suggest that the following principles and practices show 'promise' for preventing and responding to the maltreatment of Aboriginal and Torres Strait Islander Children (Higgins, 2010):

- Actions that take into account the historical context and prioritises cultural safety*
- Control of services and responsibility for outcomes resting with Indigenous-managed agencies that provide holistic services, and which are appropriately resourced and supported.
- Providing support for all families when they need it, as well as targeting services for vulnerable families that address the risk factors for child maltreatment, including parental risk factors such as substance misuse, family violence, mental illness, and poor parenting skills.
- Empowering families to make decisions to protect children or create safe places and arrangements for their care.
- Community-level strategies based on social inclusion and situational crime prevention principles.

**The term 'cultural safety' was developed in New Zealand and is based on the assumption that the people most equipped to provide a culturally safe atmosphere are those from the same culture (Williams 1999).*

Includes:

- respect for culture, knowledge, experience and obligations.
- Involves the ability to feel safe expressing one's culture, and feeling listened to

In a study on issues for Indigenous children in out-of-home care (Higgins et al., 2006), the three most important issues for the 16 young people who participated were:

- connection to family
- connection to community
- connection to culture.

Young people's first response was not 'keep me safe', but the desire to maintain their connections to family, community and culture.

It is also important that Indigenous Australian kinship systems are understood as quite different from the Western concept of a "nuclear family" (Higgins, 2010).

Questions to ask when developing culturally safe services:

1. Does the service have legitimacy and credibility with both governments and Indigenous peoples?
2. Is there 'two-way' accountability to government and to Indigenous people and communities?

3. Is there transparency in all processes?
4. Does the policy or practice reflect or truly represent the diverse range of Indigenous peoples?
5. How are our services currently accessed and by whom?
6. Are we seen to be culturally safe by the users of our service but also by the broader Indigenous community?
7. How might we reform our practices and/or approaches to become 'safe'?
8. What and who might this involve?
9. Why might Indigenous victims of violence not disclose the reality of their experience(s)?
10. What factors might impact on a victim's choice to access services? How might a service accommodate these factors to ensure victims have access?
11. Who are the unsung heroes? How might they be better supported?
12. What is reflective practice and why might it be important to service delivery?

HEALING

Core Characteristics of Indigenous Healing

- Indigenous ownership, design and evaluation of services (Aboriginal and Torres Strait Islander Healing Foundation Development Team, 2009).
- Informed by an Indigenous, not a Western, worldview, and using culturally sensitive screening and assessment tools
- Holistic and multidisciplinary approach – that is addressing mental, physical, emotional and spiritual needs, with a focus on familial and community interconnectedness, as well as connections to the environment and the spiritual realm
- Centrality of culture and spirituality
- Informed by history – cognisant of historical source of trauma rather than individual pathology
- Adopting a positive, strength-based approach that recognizes and promotes the resilience of Indigenous people
- Preventative and therapeutic strategies, as opposed to only reactive
- Commitment to healing – something that takes time rather than an event/endpoint
- Commitment to adaptability, flexibility and innovation
- Approaches that are best suited to the Indigenous context such as narrative therapy, group processes, and combination of Western and traditional practices eg. ngankari

(Catherine Caruana, “Healing Service for Indigenous People”)

DOMESTIC/FAMILY VIOLENCE (INTERNATIONAL)

Global Campaign for Violence Prevention (GCVP)

At the 2011 Fifth Milestones meeting in Cape Town, South Africa, it was agreed that a set of unifying goals and a plan of action had to be established to direct global prevention efforts. The goals are as follows:

- **Increase the priority of evidence-informed violence prevention as a global public health and development issue.**
 1. Intensify communication and advocacy;
 2. Enhance the integration of violence prevention into major global agendas.

- **Build the foundation for violence prevention.**
 1. Develop and strengthen national action plans;
 2. Increase individual and institutional capacity for violence prevention and the delivery of services for victims and perpetrators;
 3. Strengthen data collection and research on violence.

- **Implement violence prevention strategies**
 1. Implement evidence-informed violence prevention strategies, including:
 - Parenting support: promote access to evidence-informed parenting support strategies and resources for high-risk parents;
 - Life skills training: promote access to evidence-informed life- and social skills training strategies for high-risk children and adolescents;
 - Norms: change social and cultural norms that are supportive of violence and strengthen non-violent norms;
 - Alcohol: reduce access to and harmful use of alcohol;
 - Firearms: implement evidence-informed measures to reduce the risk of firearm-related deaths and injuries;
 - Services: promote access to services and resources aimed at mitigating the consequences of violence and reducing its re-occurrence for victims and perpetrators.

Prevention

Evidence shows a strong relationship between levels of violence and potentially modifiable factors such as economic inequality, access to firearms, access to harmful use of alcohol, poor parenting and parental supervision of children.

There is also evidence to suggest that programs that address the underlying causes of domestic violence effectively reduce the rate of new cases.

Criminal Justice and Policing

Recommendations:

- Research supports a professional, well-trained and effective police force and fair and efficient criminal justice system as crucial to preventing violence.
- Fair and consistently enforced sentencing policies, rehabilitation of youth offenders, implementing strategies to enable safer reporting of interpersonal violence and legal protection and support for all citizens also important.
- Important to strengthen collaboration between public health, the criminal justice sector, and the police.

Social Determinants

Changing social determinants such as poverty, economic inequality and unemployment, poor governance, and social norms such as those related to gender, ethnicity/race, and class requires action by *multiple sectors*.

PROGRAMS (Indigenous Australia)

The Ngarlu model

A highly regarded, culturally appropriate way of working with Aboriginal people that focuses on 'looking for the *source*' of the problem.

Ngarlu is the Karajarri word for defining the place of the inner spirit. It is located in the stomach and is the centre of our emotions and wellbeing. Ngarlu has been weakened as a result of the process of colonisation. This particular program, therefore, seeks to strengthen ngarlu again.

Through a series of workshops the program tries to get individuals 'to reflect, to look at themselves, and to accept part of the responsibility'. Areas covered include the process of colonisation, how violence is internalised, how violence shows in anger, rage, suicide, or through taking it out on others. It also goes into skin systems to discuss where each person fits and the personal and collective responsibilities that come with this.

The program is facilitated by senior Aboriginal men, for men in prison, with the view that "part of the empowerment process in supporting men to take back responsibility for their behavior requires men to facilitate that process".

Gelganyem Youth and Community Well Being Program

Founded on the idea that wellness may be understood at the personal (individual), group (relational) and collective (societal) level. The non-Aboriginal understanding of wellness tends to ignore the collective. "The key to collective wellness is *social justice*, a quality largely denied Aboriginal people since colonization". Underpinned by the philosophy of "principled practice" – an approach to relationship building with Aboriginal people that locates trust at the heart of any successful long-term engagement process.

This particular model is located in East Kimberley and has been developed and implemented over the last four years as a partnership between the local Aboriginal communities and the University of Notre Dame, Australia in response to high rates of suicide. The overarching goal was to bring the young students of the University of Notre Dame into a relationship with the young people of the community of Oombulgurri so that they can live and learn together in pursuit of positive outcomes. It is a community-owned program, holistic in its approach and receives no government funding. It is based on a multifaceted framework that includes personal, group and collective wellness addressed directly and indirectly.

The non-negotiable foundations for the Program are:

- That it is wholly owned and directed by the community.
- That it is based on unequivocal respect for the cultural and historical rights of the Indigenous people of the region.
- That all materials including photography, film and text are wholly owned by the community and only used with permission.

- That non-Aboriginal participants only undertake activities at the direction and under the guidance of the Community Council on behalf of the community.

The program is process rather than outcome focused around engagement. Students at the University make a written application to participate in the Youth and Community Wellbeing Program. All applicants are interviewed and assessed according to criteria identified by the community. Of significance is the spirit or heart of the applicant as evidenced through their understanding of Indigenous experience, whiteness and Indigenous terms of reference. Successful applicants enrol in a unit for academic credit. They cover the history of colonisation, history of East Kimberley Aboriginal communities, Aboriginal and Torres Strait Islander health inequalities, suicide in Aboriginal communities, principled practice in community engagement, micro-skills for culturally appropriate communication, and self-care. The group is met either by the Community Council or Indigenous representative groups. All activities are negotiated with the Community Council. Up to 15 students travel to two or three communities and it is expected they will participate in the “everyday”.

Overall, the program is about young people recognising the value of their knowledge and experience through having to share it with others where there is genuine interest. In addition to engagement with youth, University staff work with the community leaders to develop scaffolding for the future establishment of other sustainable community support programs and structures. Each trip concludes with a report and plans for ongoing cooperation. Community members often travel to Perth and are hosted to spend time with University staff and students.

Low-cost, high-productivity program. Less than \$60,000 a year for the equivalent of over 900 labour days. Not formally evaluated, just evaluated through “participatory evaluation”: process of reflection.

Seven Phases to Healing

Aims to heal toxic anger, rage and violence, and depression and suicidal thoughts, thereby leading to empowering people who see and find themselves as victims. Developed by the author, Rosemary Wanganeen, who hit rock bottom and found herself at a women’s shelter unable to move forward until she had healed her anger. She had been, herself, a perpetrator of family violence. She needed to know where all this anger came from.

Seven Phases:

- Phase One: contemporary adult major grief reaction ie. what western medicine might term a “breakdown: How the hell did I end up like this?
- Phase Two: and suppressed unresolved grief – unpacking of Identifying childhood and adolescent multiple losses childhood loss experiences and find out where grief was stifled and suppressed.
- Phase Three: Identifying Ancestral losses and suppressed unresolved grief. Aboriginal and European physical experiences and emotional legacies.

- Phase Four: Identifying ancient Aboriginal and European grieving ceremonies/activities for physical expression.
- Phase Five: Identifying ancient Aboriginal and European grieving ceremonies/activities for Spiritual expression.
- Phase Six: Contemporary loss and grief healing centres for practical ceremonies/activities – physical expression.
- Phase seven: Contemporary loss and grief healing centres for practical ceremonies/activities – spiritual expression.

The Marumali Journey of Healing Program

Marumali is a Kamilaroi word meaning ‘to heal’ or ‘put back together’. The program was developed by Lorraine Peeters, a member of the stolen generation, and is based on her own healing journey over five years. The Marumali Program provides an overview of the healing journey and how it might unfold, identifies the core issues that need to be addressed at each stage, the risks associated with these issues and how to anticipate and manage the risks throughout the journey to ensure safe passage for the survivor.

It includes a series of workshops for Aboriginal survivors of removal policies and their families (Circle of Healing Program), as well as workshops for Aboriginal and non-Aboriginal counselors and health workers to help them develop the necessary skills to support the needs of members of the Stolen also workshops for Aboriginal and non-Aboriginal counselors and health workers to help them develop the necessary skills to support the needs of member of the Stolen Generation.

Main principles:

- Aims to ‘increase the quality of support available for survivors of removal policies’
- Developed by Aboriginal people, for Aboriginal people
- Grounded in Aboriginal knowledge systems
- Holistic: integrates historical, social, cultural, spiritual factors at individual, family, and community levels.
- Clients must be in control of their own healing journeys
- Survivors are encouraged to control the pace, direction and outcome of their own healing journey.
- Not about recovering from mental illness, but about recovering *culture and identity*.

The Family Wellbeing Program

The *Family wellbeing program* focuses on the empowerment and personal development of Indigenous people through people sharing their stories, discussing relationships, and identifying goals for the future. Workshops are held with both adults and children to highlight the various health and social issues experienced by Indigenous communities and the steps that can be implemented to deal with these issues.

Initially started in 1998 in South Australia by a group from the Stolen Generation, the Apunipima Cape York Health Council in Far North Queensland has modified the program to meet the specific needs of the local communities of Hopevale and Wujal Wujal. An evaluation by the University of

Queensland and James Cook University has established the efficacy of the program. During 2007 the program was incorporated into primary school curriculums.

The Program is run through Four Stages of approximately 32 hours per stage. These can be run as four one- week blocks. A fifth 32-hour Facilitator training stage can also be delivered in one week. This stage, plus supported facilitation experience, leads to full accreditation as a Family Well Being facilitator. Although one week per stage delivery is a frequent method, there are no restrictions on how the 32 hours can be provided. The Program can be delivered flexibly and creatively, aiming to maximise the engagement and strengths of the group and the Facilitator.

Let's Start

- Based on the Ngaripirliga'ajirri intervention program
- 10-week program that provides support for preschool children with emotional and behavioral problems and their families
- Run in a number of communities in the Northern Territory

Red Dust Healing

Red dust healing is a cultural healing program that was originally designed by Tom Powell, and further developed in partnership with Randal Ross. The program was developed for Indigenous men and their families. The goal of the program is to heal and rehabilitate Indigenous offenders and those at risk of offending. The program is designed to examine the intergenerational effects of colonisation on the mental, physical and spiritual wellbeing of Indigenous families. It also encourages individuals to confront and deal with the problems, hurt and anger in their lives. Though written from Indigenous perspectives, *Red dust healing* also accommodates non-Indigenous people.

Red dust healing uses a multifaceted approach covering four main areas:

- healing
- pro-social modelling
- professional development
- cultural awareness.

The program is delivered to groups in two separate sessions per group: the first session allows participants to heal and deal with their own issues; and the second gives them the skills to pass on the information and tools to family members and community. Delivery of the content is facilitated by trainers to a group of participants over several days, with the second round of training completed within a four to six week period after the initial training block. The program has been delivered to groups in both New South Wales and Queensland, and over 1,700 people have been through the program, plus 2,100 through information sessions and workshops.

The Alice Springs integrated response to family violence project.

This project is part of the Alice Springs transformation plan, is a pilot project run to reduce family violence and help make homes, families and communities in Alice Springs safer. The project aims to teach young people about respectful relationships and introduce a new Family safety framework that allows agencies to work together to make women safer, and give coordinated support to women and children at risk of violence. It will also provide additional support services

at court to prioritise family safety, increase offender accountability and promote behaviour change among offenders.

The Alice Springs integrated response to family violence project is managed by the Department of Children and Families (DCF) and the Department of Justice (DoJ), Northern Territory (NT). It was developed in consultation with local service providers and other stakeholders. The pilot will link government and local non-government agencies together, including the Alice Springs Women's Shelter, National Association of Prevention of Child Abuse and Neglect (NAPCAN), Tangentyere Council, Central Australia Aboriginal Congress, local legal services and the NPY Women's Council.

(Information from Australian Indigenous Health Bulletin; Abstract adapted from the Northern Territory Youth Affairs Network)

Aboriginal Family and Community Healing

The Family and community healing program aims to develop effective responses to family violence in the Central Eastern/Western metropolitan region of Adelaide. The focus of the program is on early intervention and capacity building for Aboriginal families, family and community healing, aiming to equip people with the skills for effective communication and conflict resolution. It comprises a complex and dynamic set of group activities for Aboriginal women, men and youth. Capacity building in mainstream agencies and services is also addressed so that issues of family violence could be tackled within the broader community context.

Strengths of the Program include an evidence-based design, holistic approach, clinical focus, committed staff, inter-sectoral linkages, peer support, mentoring, and Aboriginal cultural focus.

We Al-Li (Woppaburra term for fire and water)

- devised by Professor Judy Atkinson at Gnibi, the College of Indigenous Australian Peoples (Southern Cross University, NSW)
- community based train-the-trainer program
- incorporates Indigenous cultural practices and therapeutic skills to assist recovery from trauma such as sexual assault, family violence, childhood trauma, substance abuse and other addictions.
- “By using traditional ceremonies of healing at sites of cultural significance, the program combines experiential and cognitive learning practices, reflection and emotional release to allow for the expression of anger and sorrow within a safe and supportive context.”

Yorgum Aboriginal Family Counselling Service (Nyoongar word for red-flowering gum tree known for its healing properties)

- Aboriginal community-controlled family counseling service supporting the Aboriginal communities of metropolitan Perth and parts of southwest Western Australia.
- Provides specialist counseling to Aboriginal children who have experienced sexual abuse or witnessed family violence; family violence counseling; community education and development; Link-Up services; support for local Aboriginal grandmothers' groups.
- Therapeutic approaches include sand play therapy (particularly with children); art therapy (adults and children); yarning therapy; one-on-one counseling; group work and education workshops.

- Holistic, culturally embedded approach: whole person/whole-of-circumstances approach; whole-of-family approach; whole-of-community approach

Indigenous Family and Child Support Service (IFACSS), Brisbane Qld

A partnership across a range of agencies that aims to build their capacity and to support a coordinated service for parents, families and communities to ensure the safety and wellbeing of children and young people.

www.atsichsbrisbane.org.au

Lakidjeka Aboriginal Child Specialist Advice and Support Service, Victorian Aboriginal Child Care Agency (VACCA)

This service works cooperatively with the state child protection department to develop ways of keeping children safely with their families or helping them to be reunited. Staff members are consulted about all statutory child protection notifications concerning Indigenous children and young people in Victoria.

FAMILY SUPPORT PROGRAMS

Indigenous Group Triple P (Positive Parenting Program)

Indigenous health and child health workers conduct the parenting group training and support in community settings.

Family decision-making models of responding to abuse/neglect

Since 2002, the program, which was developed in partnership with the Victorian Department of Human Services and Rumbalara Aboriginal co-operative, has allowed Aboriginal workers to play a primary role in coordinating a conferencing process with Aboriginal families. An evaluation of the pilot program showed positive results. The role of Aboriginal communities in decision-making has subsequently been enhanced and formalised in Victoria's child protection legislation (Harris 2008).

This resource and further information about Creating A Safe Supportive Environment is available to download at www.casse.org.au/resources.

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