

Honouring Aboriginal and Torres Strait Islander voices in healing family violence

DANA SHEN, ROSIE SCHELLEN & DANIEL MOSS

Aboriginal and Torres Strait Islander peoples should be aware that this resource may contain images or names of people who have passed away.

Key messages

- Strategies to end violence will not work if they are imposed on the community (Tucci, Mitchell, Lindeman, Shilton, & Green, 2017). Therefore, any intervention must be Community led, Community developed, Community driven, strengths-based and hope-driven.
- Taking an intersectional approach when working with Aboriginal and Torres Strait Islander peoples experiencing family violence is essential. This involves recognising gender, colonisation, culture, racism and class as intersecting factors that result in experiences of entrenched gender inequality for Aboriginal and Torres Strait Islander communities (Our Watch, 2018).
- Each Community is unique, with its own norms, practices and healing strategies. Practitioners need to engage locally-based cultural specialists and organisations for guidance and direction in their work with families experiencing family violence.
- There is a need for collective models of healing, where Aboriginal and Torres Strait Islander families experiencing violence are supported and empowered to develop their own healing strategies based on shared experiences and understandings.



Painting by Shirley Young - 'Healing on Country'

- Through prevention and early identification, mainstream service providers play an important role in providing safety for children whose parents experience FDV. This is only possible when they have confidence in asking child-focused, culturally-sensitive questions.

Who is this resource for?

This resource will benefit practitioners in mainstream health, education and social and community services working with Aboriginal and Torres Strait Islander families experiencing family violence.

This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

Visit our web hub today!

**Emerging
minds.
com.au**

Family violence is a major health and wellbeing concern affecting all Australians, and a major cause of child abuse and neglect in Australia. In the Australian Personal Safety Survey, 31.1% of women who had experienced violence by their current partner and 47.6% who had experienced violence by a previous partner reported that children had seen or heard the violence (Australian Bureau of Statistics, 2013). This research shows family violence is not particular to Aboriginal and Torres Strait Islander families in Australia. However, family violence remains the single biggest driver of Aboriginal and Torres Strait Islander child removal, with 88% of First Nations children in care having experienced family violence (Langton et al., 2020; Our Watch, 2018).

Working with Aboriginal and Torres Strait Islander families requires an early identification and prevention lens that supports children and families to live with safety. To achieve this, all practitioners (especially non-Indigenous professionals) need to have an understanding of the many complex drivers of violence – not only gender inequality, but the ongoing impacts of colonisation and racism (Our Watch, 2018).

It is not possible for non-Indigenous practitioners to address these intertwining issues with Aboriginal and Torres Strait Islander families without an understanding of their own white privilege, and how this privilege has contributed to the issues of violence in First Nations communities.

Contemporary research into family violence's coexistence with mental health conditions, drug and alcohol addiction and poverty has led to a significant focus on violence as an outcome of social and economic disadvantage (Our Watch, 2018).

This is certainly not unique to Aboriginal and Torres Strait Islander families. However, it does mean that non-Indigenous practitioners working with Aboriginal and Torres Strait Islander families require strong understandings of the experiences of families who have endured loss of land, home, traditions and family.

“

A detailed and highly localised understanding of what is involved must be embedded in the core values of service providers. Cultural competency requires well-researched and local knowledge of the histories of Aboriginal and Torres Strait Islander people, specifically relating to effects of colonisation and the forced removal of Aboriginal and Torres Strait Islander children.

(LANGTON ET AL., 2020, P. 19)

Non-Indigenous practitioners may worry about making a mistake with Aboriginal and Torres Strait Islander mothers or fathers, imposing their own cultural assumptions, or acting in culturally inappropriate ways. This prevents them from taking opportunities to ask questions about the context of parents' lives, or to provide the support that children, mothers and fathers need to ensure everyone's safety (Emerging Minds, 2019).

There are many ways that organisations can help practitioners overcome this fear and work proactively and in culturally sensitive ways with Aboriginal and Torres Strait Islander parents. These include, but are not limited to:

- providing supervision and training on child-focused ways to identify and respond to presentations of family violence
- providing cultural supervision and mentoring from Aboriginal and Torres Strait Islander staff to support meaningful and confident engagement
- developing robust policies and procedures for staff working with all families, that support the early identification and prevention of children's safety risk from family violence; and
- working collaboratively with local Aboriginal and Torres Strait Islander communities to co-design appropriate and effective responses to families who are affected by violence.

The more confident and skilled that non-Indigenous practitioners are in engaging with Aboriginal and Torres Strait Islander families, the more likely that mothers and fathers will disclose their concerns about family violence.

Belief and hope

A key ingredient in this work is genuine belief and hope in Aboriginal and Torres Strait Islander communities and families. Whilst there are many complex issues facing Community, including deep trauma, there is also great strength and strong culture.

Working in the Aboriginal and Torres Strait Islander family violence space can be some of the most difficult work practitioners can do. Practitioners need to walk alongside families and communities with complex dynamics, navigating the underlying trauma as they work with families to minimise the risk of harm and create safety.

To truly engage with communities and families in this work, it is important to be able to have hope and belief in the people you are working with and their ability to achieve positive change and safety.

This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

Having said this, it is also important to remain realistic and honest, and to not 'sugar coat' the issues that must be faced by the families involved. Aboriginal and Torres Strait Islander communities have experienced great suffering and trauma due to colonisation and subsequent policies. They understand hardship. They have also experienced social service systems that are unhelpful, offer 'false promises' and are inherently racist. It is important that practitioners make every effort not to replicate this and instead are willing to be compassionate, direct, honest and clear with families.

Whilst these 'hard conversations' are not easy, they are another important ingredient in building relationships and trust with Aboriginal and Torres Strait Islander peoples.

Interested in their own learning

Whilst many Aboriginal and Torres Strait Islander people are willing to share knowledge about their culture and history, it is important for you to take responsibility for your own learning if you want to build a genuine understanding of the complex nature and history of how family violence affects Aboriginal and Torres Strait Islander communities.

Be mindful of developing your knowledge carefully and respectfully. This will not be easy, but if you are respectful and allow yourself to be guided by Aboriginal and Torres Strait Islander people, the mistakes that you will inevitably make will be lessons you can learn from; opportunities to change your practice and build stronger connections with Community.

Non-Indigenous practitioners working with Aboriginal and Torres Strait Islander children and families need to understand the complex nature of family violence and the context in which it occurs. The following is a list of resources developed by Aboriginal and Torres Strait Islander communities responding to family violence.

ANROWS – [Improving family violence legal and support services for Aboriginal and Torres Strait Islander women](#)

ANROWS – [Innovative models in addressing violence against Indigenous women: Final report](#)

Australian Childhood Foundation – [Strengthening community capacity to end violence: A project for NPY Women's Council](#)

Our Watch – [Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children](#)

Tangentyere Council – [The Grow Model of family violence prevention](#)

The Healing Foundation and White Ribbon – [Towards an Aboriginal and Torres Strait Islander violence prevention framework for men and boys](#)

There are many Aboriginal and Torres Strait Islander communities, all with very different opinions and perspectives. It is important to take the time to listen to as many of these perspectives as you can, and to understand and connect with the lived experience of Aboriginal and Torres Strait Islander communities, families and individuals.

Understanding how dispossession and racism effect violence

“

It is not possible to know Aboriginal and Torres Strait Islander people's, or women's, full experience of violence without also knowing non-Aboriginal and Torres Strait Islander people's, or men's, full experience of violence and how these separate experiences inform and shape human behaviours in the whole.

(ATKINSON, 2002, P. 17)

Aboriginal and Torres Strait Islander family and kinship structures are a rich, diverse, intricate web of interconnectedness, knowledge and wisdom that has supported and sustained First Nations families and children for over 60,000 years. Men and women each have their own ceremonies, songs and stories determining roles and responsibilities, including caring for children, Country and law/lore. Each contribution is celebrated, valued and respected: men's creative power, women's role as nurturers. Each is united in their common purposes, the maintenance of their community's Dreamtime Lore (Bell, 2002).

This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

“

‘When we lived in the bush,’ women say, ‘we were not frightened of men, our marriages were safe, there was no sickness, there were no jealous fights, no alcohol, no money and we did not starve. Our children were healthy, our daughters married their husbands, our sons spent years in the bush for business and we were able to enjoy the bounty of our country and to celebrate the continuity and strength of our religious beliefs in rituals which were powerful and renowned for their intricacies.’

(BELL, 2002, P. 182)

“

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)

This deep intricate social web was torn apart with the arrival of the First Fleet, and over the course of the next 200 years, these roles and responsibilities were left damaged and weak. With the effects of the Stolen Generation, racism and removal from Country, intergenerational trauma has unintentionally been passed down through families. This has in turn led to child removals, disproportionate levels of policing, incarceration, deaths in custody (Herring, Spangaro, Lauw, & McNamara, 2013) and the high rates of family violence experienced by Aboriginal and Torres Strait Islander women, families and children.



Under-reporting by Aboriginal and Torres Strait Islander women is a significant barrier to reducing violence. Aboriginal and Torres Strait Islander women are apprehensive to report family violence to authorities because of their previous experiences, their fear and distrust of services, and their justified concerns around having their children removed by child protection services (Langton et al., 2020).

Non-Indigenous practitioners have a responsibility to resist cultural biases and instant deficit judgements when listening to these stories of dispossession and oppression. Only then can they understand the history and lived experiences of Aboriginal and Torres Strait Islander families experiencing family violence. It is also important to understand that some history can be highly traumatising for Aboriginal and Torres Strait Islander people to recount, and that there is knowledge that may be hard to share or that cannot be shared by individuals for various cultural reasons.

Understanding how family violence presents itself

Violence has its roots in experiences of violation and oppression of Aboriginal and Torres Strait Islander people over generations. It is considered an expression of dislocation and loss. When families and communities experience repeated and ongoing trauma, their capacity to heal is diminished, leaving families in a constant state of hopelessness, survival and crisis, and undermining cultural ways of knowing and showing respect, trust and mutual care for each other.

This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

Parents and grandparents are concerned for their children's exposure to family violence, and the hopes of a community become hard to bear as they face the day-to-day moments when trust, belonging and compassion are undermined by violence. (Tucci et al., 2017)

The desire to end violence in communities is strong. This is seen by the many Aboriginal and Torres Strait Islander organisations, communities and people working tirelessly to rebuild and restore hope for children, and to build families' capacity using the cultural protective factors that keep them strong and connected.

Whilst Emerging Minds' core principle is to connect with specialist Aboriginal and Torres Strait Islander Community-controlled family violence services – which are culturally specific to men's, women's and families' healing – this is not always possible or suitable for everyone. Therefore, it is essential for practitioners working with Aboriginal and Torres Strait Islander families to have a culturally-based practice model and healing informed response. Any work in the context of Aboriginal and Torres Strait Islander family violence needs to be supported through a collective healing framework. This means any intervention strategies developed with Aboriginal and Torres Strait Islander children should adopt a collective, as opposed to individual, wellbeing focus (Adams et al., 2017).

Unfortunately, there have been many barriers to this kind of engagement between Aboriginal and Torres Strait Islander and non-Indigenous practitioners. At times, this story of over-representation and disadvantage shapes problem-centred interactions with Aboriginal and Torres Strait Islander families, where they expect negative consequences from the engagement and where non-Indigenous practitioners feel like change is not possible. It is important that all non-Indigenous practitioners are continually asking themselves how they can get to know Aboriginal and Torres Strait Islander families, and avoid getting caught in a story that is completely problem-centred and which leaves no room for change.

A further trap that can arise in this kind of work is the issue of 'non-engaging families'. Whilst it is certainly the case that families may not want to engage for a range of reasons, including having a distrust of social service systems and organisations, this can also be an outcome of practitioners' inability to know how to engage with families. A reference group member commented:

“

It is important to remind practitioners that people's lives are multi-storied and the first story the workers get isn't the full story. Workers need to dig a little deeper. Don't make assumptions based on the first story, which can often lead [practitioners] to think, 'oh, they're not engaging'.

Wherever possible, practitioners can seek to avoid this by assessing and building upon their own skills and knowledge, or inviting in colleagues who can support them.

Reflective practice

It is also important for practitioners to reflect on 'their place' in this work. Given the specialist nature of this work, it is important for professionals to ask themselves, 'do I bring the right skills, experiences and knowledge to this work?' At times, the answer can be to grow these skills and knowledge or have colleagues walk beside you in this work.



This resource was co-designed by:



Ngaanyaljarra
Pijanjatjara
Yankanyitjara
Women's Council



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

At other times it will be important to refer to specialist Aboriginal and Torres Strait Islander domestic and family violence services. In order to do this effectively, practitioners need to do what they can to build partnerships with Aboriginal and Torres Strait Islander Community-controlled organisations to ensure that any referral process is well supported by both services.

In reflecting on this, practitioners, teams and organisations could consider asking themselves the following questions:

1. Do I know enough about the family or community I am working with to do this work? If not, who knows more about this family or community that can support me?
2. Given the people I need to work with, do I have the right 'authority' to do this work? (For example, if a young practitioner has to work with a senior man). If not, who can walk beside me in this work?
3. Do I have enough professional experience, given the complexity of this work? If not, how will I add to this? Who could work beside me that does have the professional experience?
4. Given I am speaking with families that have likely experienced high levels of trauma and hardship in their lives, do I have enough lived experience to genuinely understand these experiences? Whilst I might have lived experience, do I understand what is going on for this family and this community? If not, how can I better understand that?
5. What are the various and diverse skills and experiences we bring as a team to support this family holistically?
6. What does it mean as a service if we are assuming that people are 'non-engaging'? How do we define this as a team and as an organisation? How does this affect the way we support clients? Is there something we need to think about in the way we communicate? Does this stop reflective practice in our provision of support? How do we make our service more engaging?

Children's experiences of family violence

The NPY Women's Council's Strengthening Community Capacity to End Violence project describes how traumatic events impact Aboriginal and Torres Strait Islander children's wellbeing.

Exposure to family violence and traumatic events has long-lasting effects. Children's brains and bodies

are malleable, making trauma faster to manifest and leaving deep tracks of damage. In these circumstances, children's brain and body systems will be harmed, affecting the way they react and relate to others and to their physical environment. (Tucci et al., 2017)

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.

They are also not able to easily influence their feelings when faced with perceived threat or increases in their experience of stress. This impairs the growth and activity of the connecting structures between the left and right hemispheres of the brain.

As a result, children find it difficult to know, name and express their feelings. They can find it difficult to read social cues and respond in social exchanges. Traumatic events increase children and young people's base arousal level such that they live in a constant state of vigilance and heightened alarm. As such, vulnerable children and young people are easily triggered by seemingly minor issues. Their responses are often seen as coming 'out of the blue' or as 'over reactions' to situations.

Traumatic events lock down children and young people's capacity to adapt to change in their environment. They are more likely to use fixed and repetitive behavioural routines in situations where they feel distress and unease. These routines involve movements and actions that feel familiar and comforting to them – even if they are destructive or harmful to others.

These children and young people lack the adaptability and flexibility necessary to respond differently to varying situations and contexts. They have a limited range of coping strategies. Whilst these strategies may have been effective in assisting them to survive in unsafe situations, they are often inappropriate responses in situations where there is an absence of danger.



This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

Understanding how gender effects violence

“

Intersectional feminism is at the core of the grow model approach, recognising that there are several different factors at play that may increase the vulnerability of Aboriginal and Torres Strait Islander women to violence. Intersectional feminism allows us to recognise that multiple systems and structures of oppression and discrimination intersect and reinforce each other. Therefore, any community program focused on the emancipation of women from violence must have an intersectional approach, recognising race, culture, history, gender and class are intersecting factors that result in experiences of entrenched gender inequality.

(TANGENTYERE COUNCIL, 2019, P. 12)

Allowing Aboriginal and Torres Strait Islander mothers to tell their stories

Aboriginal and Torres Strait Islander mothers who have been affected by family violence, childhood trauma and poverty invariably have long histories of resilience, despite significant adversity. A position of curiosity can create space for examples of resilience and connectiveness between mothers and children, as well as the strategies that women have used to protect their children.

Non-Indigenous people who work with Aboriginal and Torres Strait Islander families who experience co-existing violence, mental health issues, poverty and substance use issues may begin to think that change is not possible for this family. This may lead them to work in very directive or punitive ways with Aboriginal and Torres Strait Islander families – for example, they may do a lot of talking to families regarding the need to protect their children. This directive practice style significantly disqualifies the many strategies that an Aboriginal or Torres Strait Islander mother uses to support the safety of her child, because it does not allow her to tell this story.

Practitioners taking a stance of self-determination characterised by curiosity and respect are more likely to listen to and enquire about the skills, strengths and

know-how that mothers have drawn on in responding to the hardships they have been facing. This practitioner curiosity is possible even where parents are behaving in ways that make their children feel scared or insecure. Once stories of skills, strengths and know-how are available to parents they can be replicated, and a blueprint for safe and nurturing care of children can be developed. These stories can contain rich descriptions of how parents and children have overcome adversity; and practitioners can therefore become interested not only about intergenerational disadvantage, but intergenerational capacity and contribution. Parents can feel less trapped in their current circumstances and less limited in what might be possible for the care and wellbeing of their children.

Allowing Aboriginal and Torres Strait Islander fathers to tell their stories

Stories of hopelessness are particularly accessible for non-Indigenous practitioners in relation to Aboriginal and Torres Strait Islander fathers who use violence, particularly through individualised understandings of their lack of capacity. Individual-deficit explanations for men's violence can reinforce practitioner ambivalence regarding men's ability to address their use of violence. This is particularly relevant where mental illness and/or the use of drugs or alcohol is viewed as an impenetrable barrier to personal responsibility.

Non-Indigenous practitioners who work with fathers through a self-determination lens focus on the assumption that all fathers want safe and respectful relationships with their children. This moves away from an assumption that men who hurt their partners or children are 'violent', 'bad' or 'deviant'.

When Aboriginal and Torres Strait Islander fathers are encouraged to tell their stories, it is most likely that stories of hopefulness or ethics of fairness will be shared. They may tell you about the hopes they have for their children. Once a father is given space to talk about these things, he will be more likely to share with you some of his concerns about his own behaviour. This becomes possible because he can take ownership of his story, rather than have a practitioner lecturing him.

This practitioner curiosity works to reinforce two assumptions. Firstly, it recognises the capability of Aboriginal and Torres Strait Islander fathers to parent in safe and respectful ways. Secondly, it holds men to account for the effects of violence on children and women by focusing on their ability to act in ways that contrast to violence and abuse.

This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

How to work with shame

Given the impact of colonisation and subsequent policies, along with the intergenerational trauma that Aboriginal and Torres Strait Islander families live with, there have been many social and emotional impacts on First Nations peoples. One of these is having a high sensitivity to experiencing shame, being ashamed, or 'shame job'.

“

It's hard to describe what “shame job” means in our communities as it has so many meanings. It is widely used in conversation, often in humorous ways to respond to times when we are singled out, particular when we are complimented. But it can also be connected to deep feelings and experiences of shame, about what has happened to us or what we have lost, or not knowing who we are... places of real hurt.

ABORIGINAL CULTURAL CONSULTANT

Due to this, it is important for practitioners to be highly sensitive to how they support and challenge families in this work, in order to allow the space for feelings and experiences of shame to be shared, in ways that avoid shaming people.

In reflecting on this, practitioners, teams and organisations could consider asking themselves the following questions:

1. How do I feel about this work or what I am hearing from families? Is there anything in my personal experiences or values that could lead me to judge this family?
2. What are my personal experiences of shame? Is there anything I need to be aware of about myself to be at my best with this family?
3. Where I need to have a 'hard conversation', how do I do so in a way that will work to the strengths of this family?
4. How as a team or organisation have we created safe spaces and relationships for individuals and families?

What do non-Indigenous practitioners need to understand to be able to work with families where there is violence?

Relationships and connections are central to any engagement within Aboriginal and Torres Strait Islander communities. A professional and personal commitment to learning and building relationships is the most important and fundamental step in engaging and working respectfully and effectively with Aboriginal and Torres Strait Islander children and families experiencing family violence.

This use of 'expertise' can be an obstacle when it comes to working with Aboriginal and Torres Strait Islander clients. It can reinforce a history of marginalisation and can deny Aboriginal and Torres Strait Islander people the opportunity to tell their stories. Do not come trying to problem-solve their experiences with your own agenda. Aboriginal and Torres Strait Islander families will be deciding if they can trust you with their stories, be inquisitive and curious. If you come looking for outcomes, the opportunity to build the relationship is minimised.

Aboriginal and Torres Strait Islander people will want to know you as a person. The kinds of things they may be considering about you are:

1. Is this someone who will respect me and the experiences I bring?
2. Is this someone who will advocate and support me without judgment?
3. Is this someone who values my contribution to this relationship?



This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.

Listen more than you speak. Be genuine about taking the time to hear the story.

Learn about the family you are working with – their hopes, beliefs and values. These learnings will be your connection points.

Consider the following:

1. What does it mean in your work to know that business takes a back seat to the relationship?
2. What are the conditions and behaviours needed for effective relationship-building with Aboriginal and Torres Strait Islander peoples?
3. How can you explore connection points? Do not be shy; it might be as simple as, 'I like your shoes! Where did you get them?'
4. How did you let this person know you heard their story and what is important to them?
5. Have you clarified what you heard during the conversation by repeating it back and checking in?

Practical supports

Families experiencing family violence invariably present with complex needs. As a practitioner, you need to be curious and find out what the immediate priority is for the family. Parents cannot work on more complex strategies if they are in crisis and needing basic supports. Practical supports such as accommodation, financial or educational support will be a priority and provide stability and security for the family. This process will support the building of trust in the relationship and a foundation for the more complex conversations later.

It can look different – be creative.

Introduce creative ways of working. An example might be joining an art group or participating in local events or activities. This will provide an opportunity to build relationships and get to know your families and what is important to them. It will give families the chance to celebrate and be themselves; to connect with each other in a collective healing model. Seemingly incidental things can be incredibly powerful; providing a safe space for laughter, yarning and sharing stories is a non-invasive way to start the conversations and find out who the parent or child is as a person and what their strengths are. Remember, **it is the relationship that matters.**

Acknowledgement from Artist, Shirley Young:

I would like to acknowledge my daughter and her amazing courage, heart and spirit to enter a journey of healing in which she has taught me so very much. I acknowledge my beloved Nukunu family, those past, present and those who are emerging and yet to come. I acknowledge my Father whose love for me will never end, I walk this journey to honour Him.

References

- Adams, M., Bani, G., Blagg, H., Bullman, J., Higgins, D., Hodges, B., & Wenitong, M. (2017). [*Towards an Aboriginal and Torres Strait Islander violence prevention framework for men and boys*](#). North Sydney: The Healing Foundation, White Ribbon Australia.
- Atkinson, J. (2002). *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia*. North Melbourne: Spinifex Press.
- Australian Bureau of Statistics (2013). [*Personal Safety*](#), Australia, 2012. Table 28. Canberra: ABS.
- Bell, D. (2002). *Daughters of the Dreaming*. North Melbourne: Spinifex Press.
- Emerging Minds: National Workforce Centre for Child Mental Health. (2019). [*Listening to the voices of Aboriginal and Torres Strait Islander and Torres Strait Islander families and children: Celebrating the wins, facing the challenges*](#). Adelaide: Emerging Minds.
- Herring, S., Spangaro, J., Lauw, M., & McNamara, L.. (2013). The intersection of trauma, racism, and cultural competence in effective work with Aboriginal and Torres Strait Islander people: Waiting for trust. *Australian Social Work* 66, (1), 104-17.
- Langton, M., Smith, K., Eastman, T., O'Neill, L., Cheesman, E., & Rose, M. (2020). [*Improving family violence legal and support services for Aboriginal and Torres Strait Islander women*](#) (Research report, 25/2020). Sydney: ANROWS.
- Our Watch. (2018). [*Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*](#). Melbourne: Our Watch.
- Tangentyere Council. (2019). [*The Grow Model of family violence primary prevention*](#). Alice Springs: Tangentyere Council.
- Tucci, J., Mitchell, J., Lindeman, M., Shilton, L., & Green, J. (2017). [*Strengthening community capacity to end violence: A project for NPY Women's Council*](#). Alice Springs: NPY Women's Council and Australian Childhood Foundation.

This resource was co-designed by:



The National Workforce Centre for Child Mental Health (NWC) is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

The Centre would like to acknowledge the valuable contribution Aboriginal and Torres Strait Islander practitioners and organisations have provided in the development of this resource. A special thanks goes to the reference group organisations.

The Centre would also like to recognise the Aboriginal and Torres Strait Islander National Consultancy Group Members, and the dedicated professionals who inform our work for the wellbeing of Aboriginal and Torres Strait Islander children and families.