

Submission to the Royal Commission into Domestic, Family and Sexual Violence

The Aboriginal Communities and Families Health Research Alliance and the Stronger Futures Centre of Research Excellence

September 2024

This submission has been prepared by Karen Glover, Cathy Leane, Yvonne Clark, Graham Gee and Stephanie Brown on behalf of the **Aboriginal Communities and Families Health Research Alliance** and the **Stronger Futures Centre of Research Excellence**.

The [Aboriginal Communities and Families Health Research Alliance](#) (ACRA) brings together researchers, Aboriginal community members, policymakers and service providers to facilitate community-driven, culturally respectful research to benefit Aboriginal families and communities in South Australia.

The [Stronger Futures Centre of Research Excellence](#) (CRE) is Australia's first national collaborative centre working with Aboriginal and Torres Strait Islander and refugee background communities to break cycles of intergenerational trauma, family violence and social inequity.



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In putting together this submission, we have drawn on findings from Aboriginal-led, community based studies undertaken by teams that are connected to ACRA and the Stronger Futures CRE.

Specifically, we have drawn on findings from:

- The [Aboriginal Families Study](#): a prospective mother and child cohort investigating the health and wellbeing of 344 Aboriginal children and their mothers and other primary caregivers living in urban, regional and remote areas of South Australia. The study is being conducted by the Intergenerational Health Group at Murdoch Children’s Research Institute and the South Australian Health and Medical Research Institute in partnership with the Aboriginal Health Council of South Australia and is funded by the National Health and Medical Research Council.
- The [Corka Bubs, Deadly Mums and Strong Families Study](#): developed in response to findings of the Aboriginal Families Study highlighting stresses experienced by Aboriginal families during pregnancy. The project has co-designed, implemented and evaluated an enhanced antenatal care package to help reduce harms associated with stress during pregnancy. The care package was delivered at Aboriginal antenatal clinics at the Women’s and Children’s Hospital in Adelaide and Lyell McEwin Hospital in Elizabeth Vale.
- A study focusing on [Prevention of Lateral Violence](#): the aim of this project is to co-design, implement and evaluate tools and resources that schools, Aboriginal parents/caregivers and young people can use to prevent or reduce lateral violence occurring in schools and communities.

In framing this submission, we have chosen to focus on the four priority areas outlined in the Issues Paper released by the Commission:

- Prevention
- Early Intervention
- Response
- Healing and Recovery.

We have endeavoured to identify where results from our research may be of interest to the Commission, specifically focusing on the questions posed in the Issues Paper. We address each of these topics and questions below in turn.

For further information, please contact:

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1. Prevention

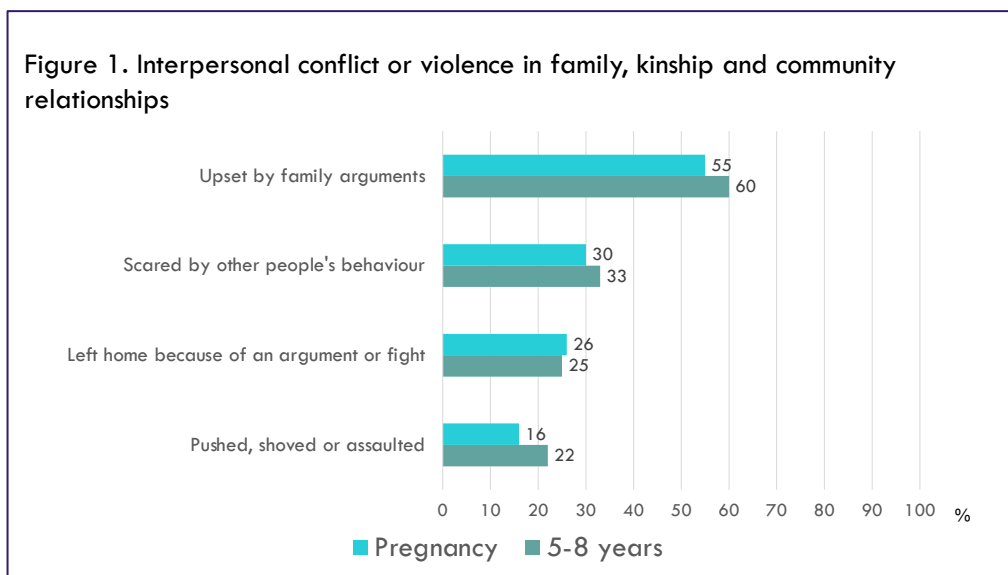
1.1 What are the causes of domestic, family and sexual violence?

Intergenerational trauma, family violence and other social inequity impacting the lives of Aboriginal and Torres Strait Islander families need to be understood within the historical and political context in which they have occurred. Colonisation has had and continues to have profound impacts on the lives of Aboriginal and Torres Strait Islander people.

In the Aboriginal Families Study we invited 344 women who had an Aboriginal baby in South Australia between July 2011 and June 2013 to tell us about their experiences during and after pregnancy, and when the study children were around 5-8 years of age (Glover 2024). Two waves of data collection have been undertaken: the first when the children were around 4-10 months of age and the second wave when they were 5-8 years old. In consultations with Aboriginal communities in urban, regional and remote areas of South Australia that preceded the study, family violence was one of a number of social health issues that communities identified as important for us to incorporate as a focus within the study.

Understandings of family violence vary across cultures. Within Aboriginal and Torres Strait Islander communities, family violence is commonly understood to include all family and community relationships, inclusive of violence occurring in families, intimate relationships, extended family networks and communities (Cripps 2023; Commonwealth of Australia 2023).

As there were no Aboriginal-designed measures for asking about family violence available at the time of designing the study, the research team worked with the Aboriginal Governance Group for the study to develop culturally acceptable ways of inquiring about women’s experiences of family violence. A series of questions were developed asking about interpersonal conflict or violence in family, kinship or community contexts. These included: being scared by other people’s behaviour, being upset by family arguments, leaving home because of an argument or fight and being pushed, shoved or assaulted (see Figure 1).



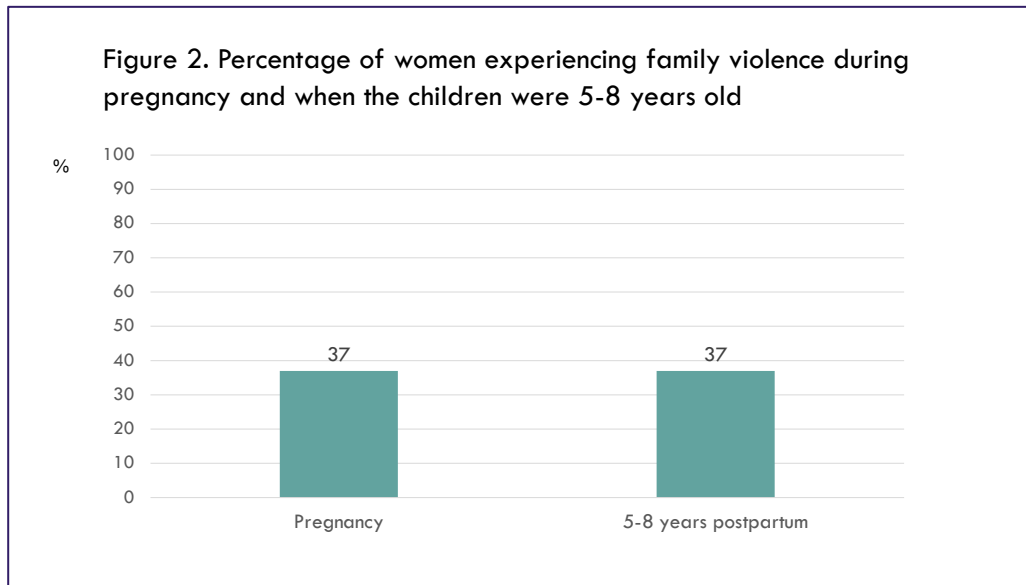
Women who identified that they had had two or more of these experiences (i.e. a pattern of emotionally or physically abusive behaviours) were categorised as experiencing family violence.



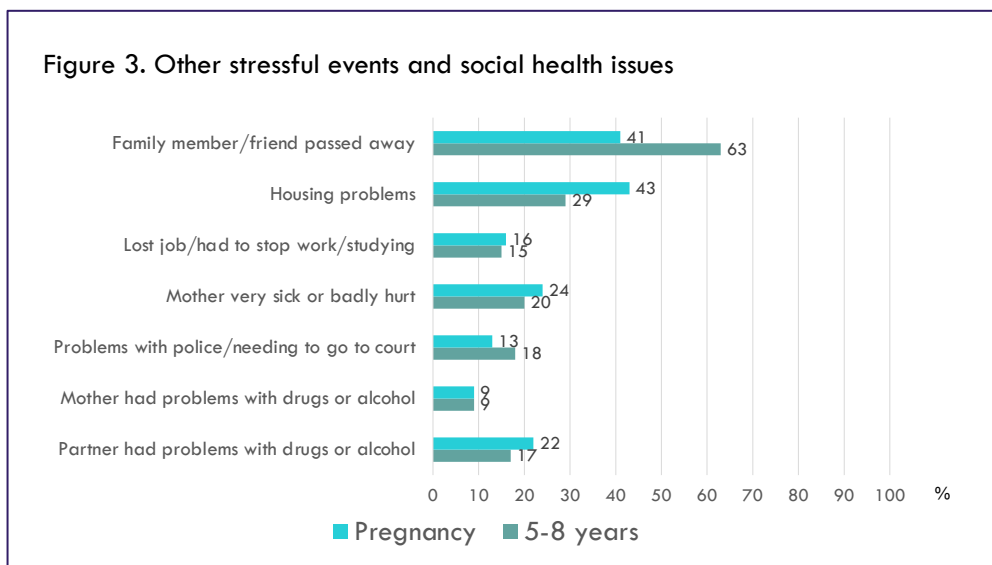
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Applying the conceptualisation of family violence outlined above, around 1 in 3 women in the study told us about experiences of family violence during pregnancy and a similar proportion reported experiences of family violence when the study children were aged 5-8 years of age (See Figure 2).



Women in the study also experienced a range of other stressful events (e.g. family member passing away) and social health issues (e.g. housing problems, needing to go to court, problems with drugs and alcohol) (See Figure 3).



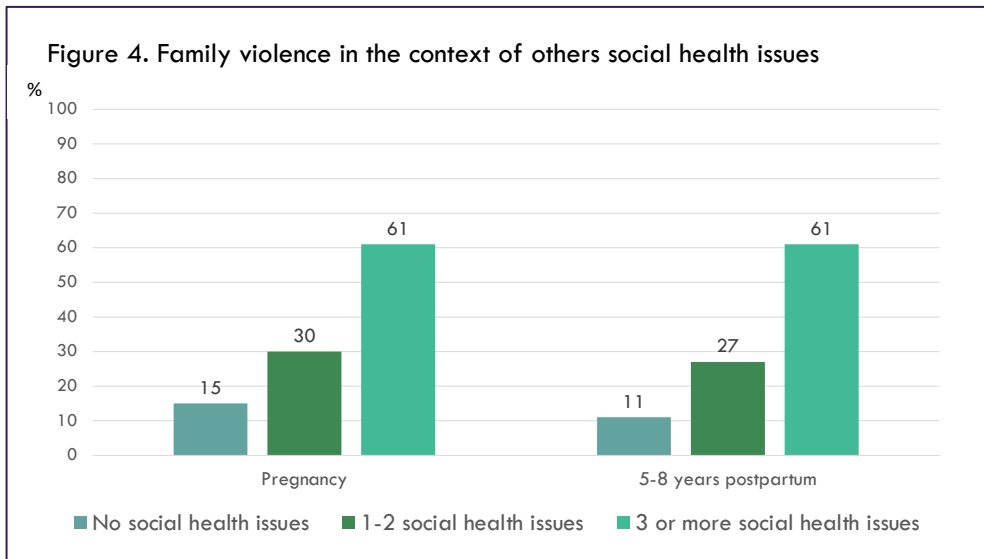
Women who experienced three or more of these issues were markedly more likely to report experiences of family violence during pregnancy and when the study children were aged 5-8 years.

Compared to women who experienced none of the social health issues we asked about, women who experienced 3 or more social health issues were 9 times more likely to experience family violence during pregnancy and 13 times more likely to be experiencing family violence when the study children were 5-8 years old (See Figure 4).



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At wave 2 follow-up, we asked a series of more detailed, culturally adapted questions inquiring about violence involving a current or former partner. Questions were designed to ask about experiences of emotional, physical and financial abuse by a current or former partner in the previous 12 months, with careful pre-testing to assess cultural acceptability and validity. The final measure comprised 18-items, with three sub-scales, that each had excellent reliability. Full details of the development of this 18-item measure – the Aboriginal Women’s Experiences of Partner Violence Scale – are available in a published paper (Glover 2022).

Based on responses to this 18-item measure, almost 2 in 5 women (39%) in the study indicated that they had experienced partner violence in the 12 months prior to follow-up when the study children were aged 5-8 years old:

- 32% experienced emotional violence
- 29% experienced physical violence
- 29% experienced financial abuse.

Most women who shared experiences of partner violence had experienced multiple types of violence, and correspondingly few women reported emotional, physical or financial abuse alone (Glover 2022).

Compared to women who had not experienced partner violence in the previous 12 months, women who had experienced partner violence were more likely to be: living in a single adult household, experiencing financial difficulties and experiencing other social health issues (Brown 2021).

These data draw attention to the fact that women are not necessarily safe when they ‘leave’ a partner who is using violence. In fact, women living in a single adult household appear to be more vulnerable to abuse by a current or former partner than women living in households where other adults are present.

It is critical to recognise that family violence is not part of Aboriginal and Torres Strait Islander culture and that it is happening where connections to culture are being broken down in response to the impacts of colonisation (Atkinson 2002, Cripps 2023). Family violence in Aboriginal and Torres Strait Islander communities cannot be fully understood without considering the interconnections between intergenerational trauma, lateral violence and interpersonal and structural racism (Atkinson 2002, Clark 2016, Cripps 2023). Lateral violence has been described as the way powerless people covertly and overtly direct their dissatisfaction inward, toward each other, toward themselves and toward those less powerful than themselves (Clark 2016). Lateral violence and the experiences of racism that underpin lateral violence in Aboriginal and Torres Strait Islander communities are important considerations in understanding causes of other types of violence experienced by Aboriginal and Torres Strait Islander communities.



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1.2 What works, or will work to prevent family and domestic violence?

Systems level change is needed to address social determinants of health that contribute to intergenerational trauma and increase the risk of DFV within Aboriginal families and communities.

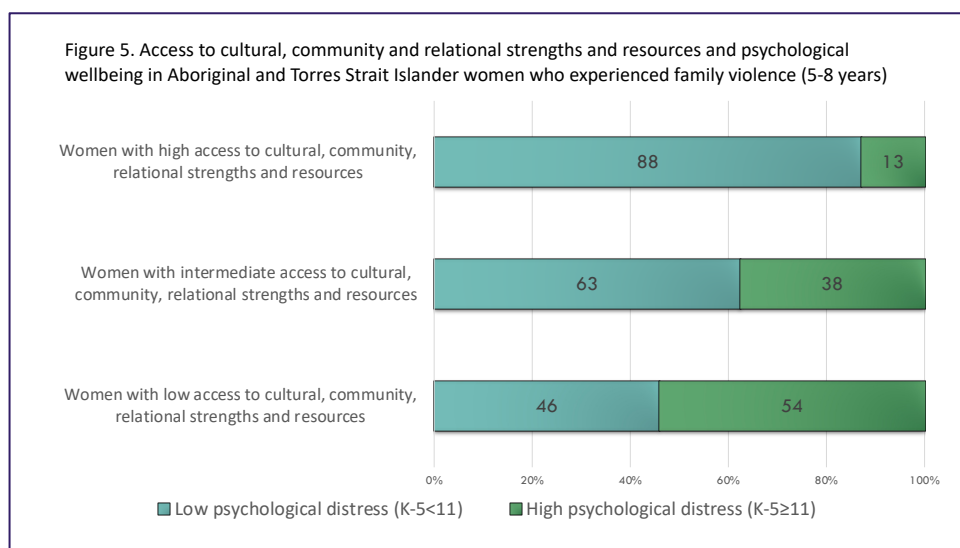
Specifically, holistic approaches are needed to support families experiencing intergenerational trauma and stress. Co-ordinated efforts are needed to improve access to support across multiple domains, including housing, employment, problems with drugs and alcohol, mental health, legal problems and financial difficulties.

Findings from the Aboriginal Families Study highlight the important role of cultural, community and relational strengths and resources in mitigating impacts of intergenerational trauma and family violence. When the study children were 5-8 years of age, Aboriginal and Torres Strait Islander women in the study were invited to complete the Aboriginal Resilience and Recovery Questionnaire (ARRQ). This is an Aboriginal-designed measure that includes a series of statements asking about different kinds of personal, cultural, community and relational experiences (Gee 2023).

In this submission, we have drawn on the cultural, community and relational sub-scale of the ARRQ to examine relationships with women's psychological wellbeing in the context of experiences of family violence and other social health issues.

This sub-scale comprises 21 items, including: *'I feel like I belong in my community'*, *'I feel safe when I am with my family'*, *'I have a safe place to go where I can heal'* and *'There are people in my life that I have close, secure relationships with.'* Each item was scored on a 5-point scale ranging from 1 'not at all' to 5 'a lot'. Scores on the ARRQ community, cultural and relational strengths scale were divided into tertiles representing high, intermediate and low access to cultural, community and relational strengths and resources.

Aboriginal women experiencing violence within family, kinship and community relationships with greater access to cultural, community and relational strengths and resources were more likely to experience positive wellbeing, than women with low access to these resources (see Figure 5.)



Similarly, Aboriginal and Torres Strait Islander women who experienced three or more other social health issues with greater access to cultural, community and relational strengths and resources were more likely to experience positive wellbeing than women with low access to these strengths and resources (see Figure 6).

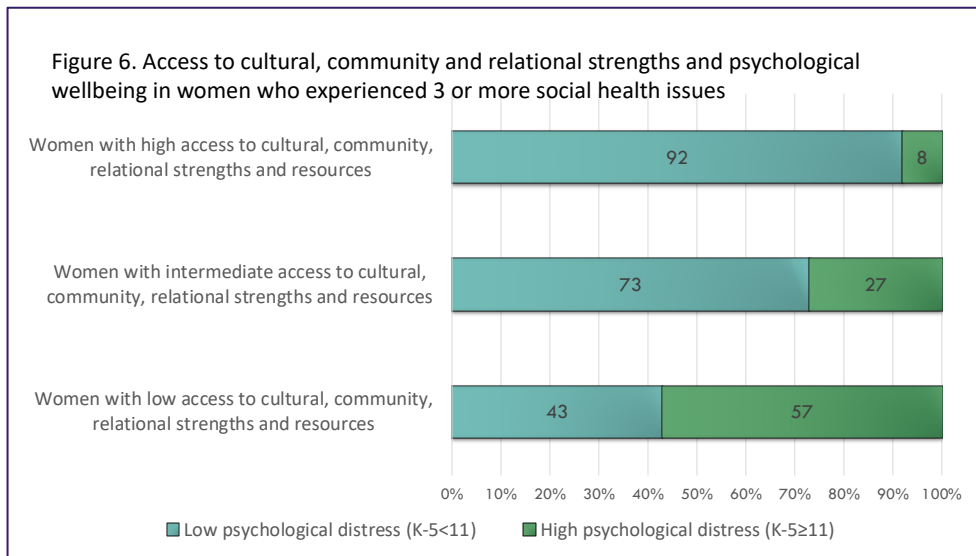


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Conversely, Aboriginal and Torres Strait Islander women experiencing family violence or three or more other social health issues with low access to cultural, community and relational strengths and resources were more likely to experience high psychological distress.

We report these findings with both caution and optimism. Our optimism lies in the clear and consistent findings from the Aboriginal Families Study showing that greater access to cultural, community and relational strengths and resources is associated with lower levels of psychological distress. This is true for the cohort as a whole, and for women experiencing a range of social health issues, including family violence.

The findings demonstrate the important role of cultural, community and relational connections in strengthening Aboriginal and Torres Strait Islander families and communities.

For primary care, mental health care and social care sectors, these are critical findings pointing to the need for services to focus not only on the prevention of social determinants of health such as family violence and housing instability, but also on strengthening women’s access to cultural, community and relational resources.

Importantly, the findings point to the potential for Aboriginal-led community programs designed to strengthen access to cultural, community and relational strengths and resources to act as both a preventive strategy and as a pathway to promote healing for women and families impacted by intergenerational trauma and family violence.

There is an urgent need to expand such programs and to develop meaningful change and impact goals that disrupt cycles of intergenerational trauma and family violence by providing pathways for healing at an individual, family and community level.

On a more cautionary note, the importance of Aboriginal and Torres Strait Islander families having greater access to cultural, community and relational strengths and resources in no way obviates the urgent need for systems change to address intergenerational trauma, family violence and other social determinants of health and wellbeing.

We echo others in calling for widespread systems change to address social determinants of health and increase support for Aboriginal and Torres Strait Islander women and families impacted by all forms of family violence and intergenerational trauma (Cripps 2023, AHRC 2024).



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2. Early Identification

2.1.1 What systems (including outside government) may allow early identification of persons at risk of DFV?

Aboriginal families experience lack of cultural safety in mainstream perinatal and early childhood services. There is evidence that the families most in need of support from services are the most likely to experience racism and discrimination in mainstream services (Brown 2019).

Women in the Aboriginal Families study who had experienced partner violence more commonly talked to family and friends (68%) than talked to a health professional (33%) (Glover 2022). The findings showed that:

- more than half had taken children to stay with family or friends (55%)
- just over half had called police (52%)
- just over one in three took out an intervention order (37%)
- just under one in three talked to their local doctor (31%)
- one in four talked to a counsellor or psychologist (27%).

The relatively low use of GP and counselling services suggests women are reluctant to disclose experiences of family violence in these settings. Anecdotally, a major consideration for women is whether if they are open about their experiences of family violence and other social health issues, they will be placing themselves at risk of child protection removing their children from their care.

Systems level change is needed to improve cultural safety in universal health services, including public hospitals, early childhood services, and primary care to enable women to feel safe to raise concerns about their safety/experiences of DFV and to seek help in relation to other social health issues.

The Cora Bubs, Deadly Mums, Strong Families study has trialed a one-stop-shop approach to providing support to Aboriginal women experiencing a range of stresses during pregnancy. While primarily focusing on other kinds of stress, such as drug and alcohol problems, the teams providing care have provided a culturally safe pathway for women to seek support about a range of issues, including family violence. Importantly, the services do not 'screen' for family violence or other social health issues, i.e. women are not directly asked about these issues. By providing a culturally safe environment with Aboriginal workers, the team have found that women 'naturally' bring up issues that are impacting their lives in conversation.



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2.2 What is needed for this information to be used by government?

Fear of intervention by the Child Protection System is a major barrier to disclosure of DFV that plays a significant role in limiting women's access to early intervention and support.

Without systems level change, transfer of information to government will continue to have risks for Aboriginal and Torres Strait Islander women and act as a barrier to women seeking support.

For women who do disclose experiences of family violence and other social health issues, there needs to be an appropriate, safe, trauma responsive and supportive response, not just a notification to child protection.

2.3. What interventions should be considered to manage risk of a person identified as at risk of DFV?

Women taking part in the Aboriginal Families Study identified the following interventions as the most critical to support women experiencing DFV:

- a safe and affordable place to live
- support for women to find employment
- culturally safe places for mothers and children to talk and heal
- support to understand the impact of partner violence
- free or low-cost counselling
- culturally safe places to talk with other Aboriginal women
- services with Aboriginal workers.

One of the aims of the Corcha Bubs, Deadly Mums, Strong Families study has been to trial a co-designed, trauma responsive and safe approach to support women experiencing a variety of stresses during pregnancy. The program has put priority on making it safe for women to come forward and put in place a number of safeguards so that women are able to access legal advice if needed, as well as other supports, such as support with drug and alcohol problems and general counselling.



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3. Response

3.1 What are the elements of best practice in a health response?

From our research involving Aboriginal and Torres Strait Islander women in South Australia and other studies involving Aboriginal and Torres Strait Islander people in Victoria, key elements of a best practice health response to family violence are:

- Co-designed with involvement of Aboriginal communities and workforce
- Trauma informed and culturally safe
- Holistic and where possible providing access to a range of services via a central hub located near to where people live
- Underpinned by Aboriginal understandings of social and emotional wellbeing and healing and recovery from trauma
- Inclusive of approaches to support all members of the family.

The Prevention of Lateral Violence project has highlighted the importance of empowerment, autonomy and self-determination of Aboriginal and Torres Strait Islander people in our own decision-making processes. Lateral empowerment is proposed as a strategy to decrease incidents of lateral violence, which is understood as encompassing other forms of violence, including family violence (Newton, 2016).

A recent scoping review identified the following elements of service delivery as critical to lateral empowerment of Aboriginal young people (Clark, 2024):

1. Community Informed Treatment Approaches
 - Encompassing community, culture, spirituality, emotional and physical wellbeing.
2. Cultural Identity and Resilience
 - Cultural knowledge
 - Gender specific cultural knowledge and practices
 - Traditional cultural practices: song, dance, medicinal harvest
- 3 Family wellbeing
 - Strengthening family connections
 - Modelling positive cultural experiences
 - Lived experience mentors
- 4 Technology and Support
 - Facilitate healing and cultural connection, self-determination and empowerment
 - Expression of lateral violence and lateral empowerment
 - Digital story telling
- 5 Suicide Prevention
 - Community developed, culturally embedded.



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4. Recovery and Healing

4.1 Acknowledging that every victim-survivor will have different needs depending on their personal circumstances, are there universal needs that will arise for all victim-survivors?

Women participating in the Aboriginal Families Study identified the following issues as the most critical for women and children experiencing DFV:

- a safe and affordable place to live
- support for women to find employment
- culturally safe places for mothers and children to talk and heal
- access to services that employ Aboriginal workers.

4.2 What are the best practice approaches to supporting a victim-survivor to recover from trauma and the mental, physical, emotional and economic impacts of violence?

Support for women and families experiencing DFV needs to be co-ordinated across housing, employment, drug and alcohol services, legal services, primary health care and mental health care.

At a practical level, there is a need for:

- safe and affordable housing
- more co-ordinated care pathways for women and children experiencing family violence and related social health issues
- stronger links between health services and community, housing and legal services to facilitate culturally safe and timely referral and follow-up
- training for health professionals to facilitate co-ordinated, culturally sensitive responses to family violence matched to the needs of individual families and communities
- greater access to culturally safe, trauma responsive 1:1 and group sessions drawing on therapeutic and cultural healing modalities supporting women and children to heal
- longer session times, over longer periods of time to enable women and children to heal at their own pace
- expansion of multi-disciplinary teams to include Aboriginal workforce and allied health professionals, in order to tailor care appropriately in different cultural and community contexts.

As noted above, evidence from the Aboriginal Families Study shows that Aboriginal-led community programs designed to strengthen access to cultural, community and relational strengths and resources have the potential to promote healing for women and families impacted by intergenerational trauma and family violence.

Current responses to family violence in South Australia are primarily focused on crisis response. Women and children experiencing family violence have limited avenues to seek support beyond this immediate level of support from the police, legal system and health services. There is an urgent need for longer term therapeutic and healing pathways, beyond what can be accessed via GP Mental Health Care Plans.

We strongly support the establishment of regional Healing Centres for Aboriginal and Torres Strait Islander people in South Australia to provide longer term supported pathways for healing and recovery from intergenerational trauma and family violence. This will be critical to break cycles of intergenerational trauma, family violence and social inequity and should be seen as both a healing and recovery initiative and a preventative measure.



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