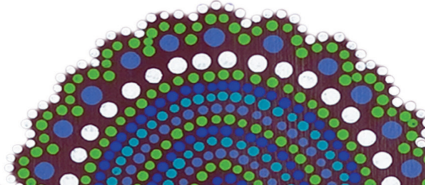
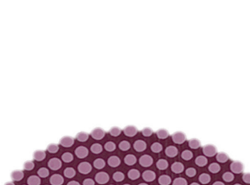
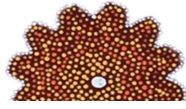


Family Violence: Pathways Forward



Kyllie Cripps and Michael Adams

OVERVIEW

This chapter briefly examines the context in which various types of violence occurs in Aboriginal and Torres Strait Islander families. In particular, it explores how they define and contextualise the violence they or their family members are experiencing. This context is important in determining pathways forward for healing for the victim, the offender, their families and the broader kin network who inevitably feel the ripple effects of such violence. Drawing on the available evidence, several key considerations are presented for the development and implementation of interventions to address this violence in what is often a maze of complexities.

THE CONTEXT

The issue of violence and abuse in Aboriginal communities across Australia, but more specifically the Northern Territory, has been the subject of intense media coverage over the past decade. It is not a new issue. State-commissioned inquiries and government reports since 1999 have consistently reported that the occurrence of violence in Aboriginal communities and among individuals is disproportionately high in comparison to the Australian population as a whole. They have also highlighted that women and children, but also men, are equally the victims of such violence perpetrated by other men and also women.¹⁻⁹ Indeed, the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) confirms that, of the 23.4 per cent of Aboriginal people reporting to be victims of physical violence or threatened violence in the 12 months prior to the survey, men and women had similar levels of victimisation.¹⁰

Mainstream approaches to healing and justice have consistently been identified as problematic and requiring reform. The extent of progress in achieving the reforms recommended in each of the commission reports is discussed in this chapter. While there has been a burgeoning growth in services and programs to address the levels of violence over the past decade from both Aboriginal and mainstream organisations, there still remains a lack of knowledge about their effectiveness in responding to and reducing the violence in the communities in which they operate. This situation arises from a minimal investment in evaluation processes. The lack of formal evaluations does not mean that there has not been change in individuals or that program initiatives and services are not working, often despite immense odds, to tackle the violence within communities. The problem is that they are rarely recognised publicly for their efforts.¹¹

DEFINING VIOLENCE

It is widely recognised that the naming and defining of violence as it occurs within families has constituted one of the most extensive, ongoing and controversial issues in the discourse on familial violence.¹² The communicative choices and discursive practices have, over 40 years, variously defined this problem according to a Western scientific discourse, that has been inconsistent in its use of terms and definitions. In part, this is due to the changing social values in society, but it is also due to differing interpretations from individual to individual, service to service, culture to culture and from one research discipline to another.^{13,14} This problem becomes further entangled when common slippages occur both in the literature and in practice between terms such as family violence and domestic violence, or when such terms are used to cover all types of abuse that occur within families, including sexual assault and/or child abuse and neglect.

For people outside the professions and discourses, namely those experiencing the violence first-hand, it is not surprising that they often lack the knowledge, language and communicative resources to interpret and apply these various definitions to their own experiences. Bagshaw, et al.¹⁵ found in their national study of Australian domestic violence, that many participants had not identified their situations as domestic violence until they read the behaviours and feelings described in posters distributed as part of the study.¹⁵ Cripps¹⁶ found that phrases such as ‘um [pause] well we were arguing’, ‘my husband was acting up’, ‘he was being cheeky’, ‘it was just a little fight’ and ‘we were drinking’ are commonly used by victims, perpetrators and community members to describe the violence taking place in Aboriginal communities.

To the untrained professional, such statements may not cause concern, but to those who have worked in the area for some time and who are familiar with this language, in reality these terms can mean that in fact ‘she was beaten with a 2×4 [piece of wood]’ or ‘she was raped’.^{16(p71-72,154-156)} Words such as family violence, domestic violence, sexual assault or even rape are very rarely used in these contexts because many people find them to be too confronting and fear the consequences should they use them.¹⁷ Victims and their families often use a ‘language of minimisation’¹⁶ when describing instances of violent behaviour as some everyday, innocuous happening. There are several reasons for doing so. Much of it has to do with protecting families from unwanted intrusion, and in many ways dealing with violence is easier using this language of minimisation because it is not confrontational; it does not require action unless the parties choose it; it does not make anyone look bad and it does not aggravate the situation.¹⁶

There is also evidence to suggest that just as ‘violence has become a normal and ordinary part of life’, so too has the language.¹⁸ People have become complacent in not questioning ‘we were arguing’ or ‘it was just a little fight’ and few choose to intervene in situations professionals may consider to be family violence or situations of sexual assault or child abuse and neglect because they are of the opinion that ‘what I might class as abuse, someone else may accept as being ok’.¹⁹ Thus this ambiguity around words and perceptions can inhibit professionals identifying and acting on verbal or non-verbal cues in ways that empower victims to make choices regarding safety for themselves and their loved ones.

Most States and Territories accept that Aboriginal violence encompasses:

a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Aboriginal community workers as well as self-harm, injury and suicide.^{6(p123)}

Lateral Violence

The term lateral violence has also grown in prominence in Aboriginal communities in recent years. It describes the way people in positions of powerlessness, covertly or overtly direct their

dissatisfaction inward toward each other, toward themselves, and toward those less powerful than themselves. As Langton explains:

those most at risk of lateral violence in its raw physical form are family members and, in the main, ‘the most vulnerable members of the family: old people, women and children. Especially the children’.^{20(p15)}

Lateral violence occurs particularly amongst Aboriginal peoples where its roots lie in colonisation, oppression, intergenerational trauma and ongoing experiences of racism and discrimination. It is the expression of rage and anger, fear and terror that can only be safely vented upon those closest to us when we are being oppressed. Behaviours included under the spectrum of lateral violence range from gossiping, jealousy, bullying, shaming of others, backstabbing, family feuding, organisational conflict, attempts at socially isolating others and extreme situations such as physical violence.^{20,21} By recognising these actions as violence, we can better appreciate that this kind of assault can be as damaging as other forms of violence occurring in Aboriginal communities. This violence can take place alongside other forms of violence and as a consequence can make the context of individual, familial and community experiences with violence all the more complex.

REPORTING VIOLENCE

The accurate recording of data specific to violence is crucial if we are to ensure access to adequate support services in the areas most in need. This relies on individuals reporting their experiences of violence to professionals and service providers who maintain such records. Information from surveys and inquiries suggests a high proportion of violent victimisation is never disclosed. Willis has argued that non-disclosure of violence is as high as 90 per cent against Aboriginal women, and that most cases of child sexual abuse involving Aboriginal children are not disclosed.^{22(p1)} This low disclosure rate is influenced by a victim’s fear of reprisals from the perpetrator, their kinfolk and family, fear of the justice system and evidence of cases before the courts demonstrating that the fears are justifiable with threats, intimidation and further violence being perpetrated against the victim and members of their family as a consequence of their reporting.^{4,7,9(pxiv)}

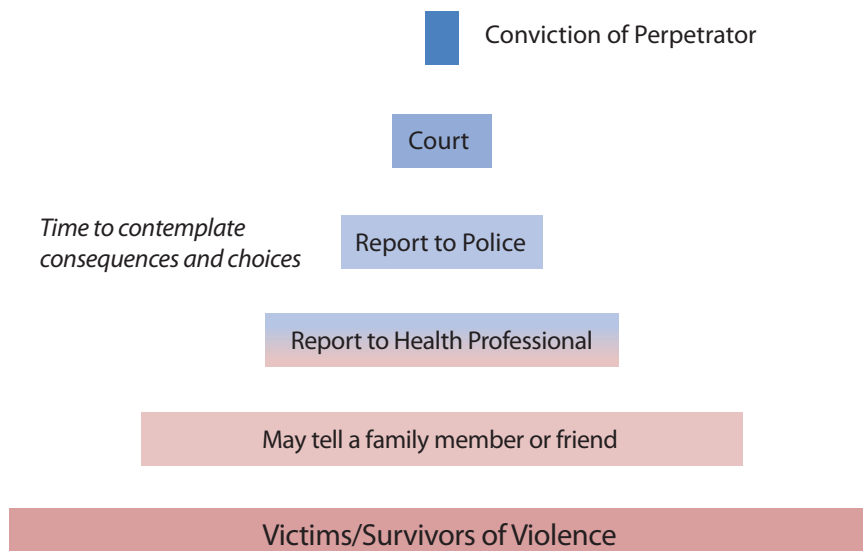
A useful way of understanding the thinking that occurs in the minds of victims in the reporting process, and an idea of how many people report at varying levels, is depicted in Figure 23.1.²³ This diagram illustrates the number of victims/survivors of violence in the bottom bar. While some victims may never go on to tell anyone about their experiences of violence due to feelings of shame, a portion of victims/survivors do go on to report their experience to a family member or friend, depending on the reception they receive from their disclosure and the advice given by the person they disclose to; some of these people will then go on to see a health professional to have treatment for physical injuries and support for psychological injuries, including being tested for pregnancy or sexually transmitted diseases.

Again depending on the reception and information provided by the health professional, a victim/survivor will choose whether they wish to report the incident to police. Additional factors may also play a part in the decision, including any mandatory reporting requirements of the health professional, the extent of the injuries inflicted, and any previous relationships or experiences that the victim/survivor and/or their support persons may have had with the health services, police or the courts. Of those that do report to police, the decision is made by the police as to whether the evidence has enough weight and credibility to go to court. Of the cases that do reach the courts, only a small number result in a conviction, as Figure 23.1 illustrates.

Figure 23.1 provides an insight into the reporting process; it is not prescriptive. Some victims/survivors will choose to go to the police instead of health professionals—it may be that family

members and individual circumstances will influence how a victim/survivor chooses to negotiate the groups identified in Figure 23.1.^{4(p250)} For example, a number of commissioned reports have found that, in the context of child sexual assault, when children have disclosed their experience, some parents and grandparents who have been victims of child sexual assaults themselves were not protecting their children—in some instances the abuse was seen as a normal part of growing up or ‘something you had to go through.’^{5(p51)}

Figure 23.1: Process of Reporting Victimization



Source: Cripps, K (2008)²³

In the NSW *Breaking the Silence* report, the following comment was documented:

A young mum. She said to me, “Well, you know, she should put up with it, you know. I had to put up with it, why can’t she?” Like it’s a rite of passage, like that’s acceptable.^{5(p51)}

Responses such as this demonstrate the power and damage that intergenerational abuse can inflict on present and past generations. It also provides a clear example of how a disclosure of abuse in such circumstances will no doubt close down any further reporting and possibly seeking help on the part of a child victim.

However, it should also be noted that there are many examples of unsung heroes responding appropriately to disclosures of abuse—in particular our sisters, mothers, aunts and grandmothers for women, and for men, our brothers, uncles, fathers, and grandfathers. They are the people who often provide emergency shelter, advice and practical support 24 hours a day, seven days a week. Family members do this work often without any form of formal recognition, support or protection.

At every step in the process of reporting, the victim/survivor will also be contemplating the consequences of their decisions. The importance of this process should not be underestimated, nor indeed should the amount of time reporting takes. Communities are small, tight-knit places; inevitably everybody knows everybody else and the flow-on effects from an incident of violence can directly and indirectly affect everyone in the community. Victim/survivors of violence are in a precarious position as they negotiate the choices available to them. Professionals engaged with people should not underestimate the complexity and gravity of their clients’ decisions and should be careful not to judge them. The following case study highlights these complexities.

Max, an 11 year-old Aboriginal boy, attends the local Aboriginal Medical Service (AMS) with significant injuries to his arm. It is the first time he has come without his Mum or Dad but his Aunty works at the service. He often comes to visit the service and is comfortable enough with the place and the staff. This time though he appears nervous and withdrawn. John, the health worker, invites him back to a consulting room while they wait for the doctor, and asks 'Do you want me to get your Aunty?' Max answers 'No'. 'What about your Mum or Dad?' He replies 'No'. John then asks him why he's come in today. Max says his arm hurts. John asks as he is examining Max's arm 'How did you hurt your arm mate?' Max discloses that a group of much older boys have really hurt him and it's not just his arm that's hurt. After further questioning by John and the doctor, they discover that Max was held down by his arms and sexually assaulted by the group of boys and that this is not the first time that they have done this to Max or to other kids. John and the doctor tell Max they believe him and that they are really sorry this has happened to him. 'Right now let's fix your arm up and then we need to think about how we tell your parents, we can help you with that—if you want we can tell them. We are also required to tell some other people who can stop those boys from hurting you and those other kids' (a mandatory report to child services). Max is clearly nervous about telling his parents but trusts that John and the doctor will help them understand.

Max's parents are very supportive of him and they are supportive of the AMS making the mandatory reports. They also demand that the police be involved, but this comes at a great cost. The police, after investigating the allegations, arrest and charge the boys who did the assault—the boys are all from well known, powerful Aboriginal families—and as soon as they are arrested, the harassment and intimidation of Max's family to drop the charges begins. It was phone calls at first, then it was the yelling abuse when they were at the shops, then they got their kids to threaten Max and his brothers and sisters at school, then they started going to their house throwing bricks through the windows—it just got so out of hand, it was frightening. The police couldn't do much because those families stuck together said they weren't there, or that they didn't do those things, and they backed each other up.

The effect of the assault and then the harassment on Max have been significant. He stopped talking, he was wetting the bed, he would cover in the corner of the room and Max's parents couldn't get him to move out of that spot. Their other kids were also affected, they didn't want to go to school or leave their parents side. Max's Mum lost her job because she had to be at home all of the time to look after the kids. The family ended up having to move because the families of the boys that hurt Max, they never stopped harassing them.

Study Questions

1. What types of violence have Max and his family experienced? Why is this important?
2. What impact has reporting the sexual assault had on Max?
3. What impact has reporting the assault had on the rest of the family?
4. What supports might have been offered and by what agencies to assist in the reporting process?

Substantiation Rates – child abuse or neglect

The substantiation rate for abuse and neglect of Aboriginal children aged 0–16 years was almost 8 times the rate for other children in 2011–12 (Aboriginal children 41.9 per 1,000 compared with 5.4 per 1,000 for all other children). In terms of rates of substantiations for sexual abuse, Aboriginal children's experiences were substantiated at a rate of 9 per cent compared with 13 per cent for all other children. This lower rate for Aboriginal children should be read with caution as it is likely to be a product of reporting trends (as discussed earlier in this chapter) rather than that the abuse is not happening.²⁴

When reflecting on the last question, this case study identifies that the family is connected and feels safe with the use of the AMS. This would be a valuable resource when identifying and considering the support and wellbeing needs of Max and his family. Further considerations would include:

- Does the AMS have the capacity to attend to the psychological needs of the children and/or adults as they go through this process?
- Are there any safety or conflict of interest issues that may arise that may inhibit Max and his family from accessing the AMS after the disclosure or as the police become involved?
- If the AMS cannot provide direct services, can they facilitate this access through referral mechanisms—for example, to a sexual assault service and/or victim services and then, should the family require it, can the AMS be the safe place initially where the consultations with the third party service take place so that the family feels less intimidated?
- Given that the police are already involved, can they assist the family with safety planning as the situation escalates or is this the domain of victim services?
- When the family makes the decision to move, how can the services involved in their care make the transition to other providers seamless?

The need for child-specific healing services that include a cultural overlay has long been identified as a gap in our current service system. Furthermore, it has been identified that the child-specific services required for Max and also for Kyle in the following case study, are often only available in cities and, given their specialist nature, have long waiting lists. Indigenous organisations such as Yorgum Aboriginal Family Counselling Service located in Western Australia have developed specific programming to address the needs of children who have experienced sexual abuse and/or witnessed other forms of violence. Yorgum's practitioners draw on a range of therapeutic approaches to work with their clients. For young people, they have found sand play therapy and art therapy effective in engaging clients who are having difficulty identifying and expressing their feelings and thoughts verbally. Other techniques they utilise to engage with children and their families include one-on-one counselling, yarning therapy, group work and educational workshops. Yorgum's focus is on a holistic response to the individual and the whole family, recognising that the abuse suffered by the child, just as in Max's example, affects everybody within the family.

CONTEXTUALISING ABORIGINAL VIOLENCE

It is not necessary to provide pages of graphs to illustrate the increasing incidence of violence in our communities; many working in this field and/or working in Aboriginal communities are already familiar with this material and have been for the past decade. Aboriginal people continue to experience violence (as victims and offenders) at rates that are typically two to five times those experienced by other Australians and this can be much higher in some remote communities.^{22(p1)} Indeed, Mick Dodson stated that 'if Aboriginal people haven't experienced violence personally then we know somebody close to us who has'.²⁵

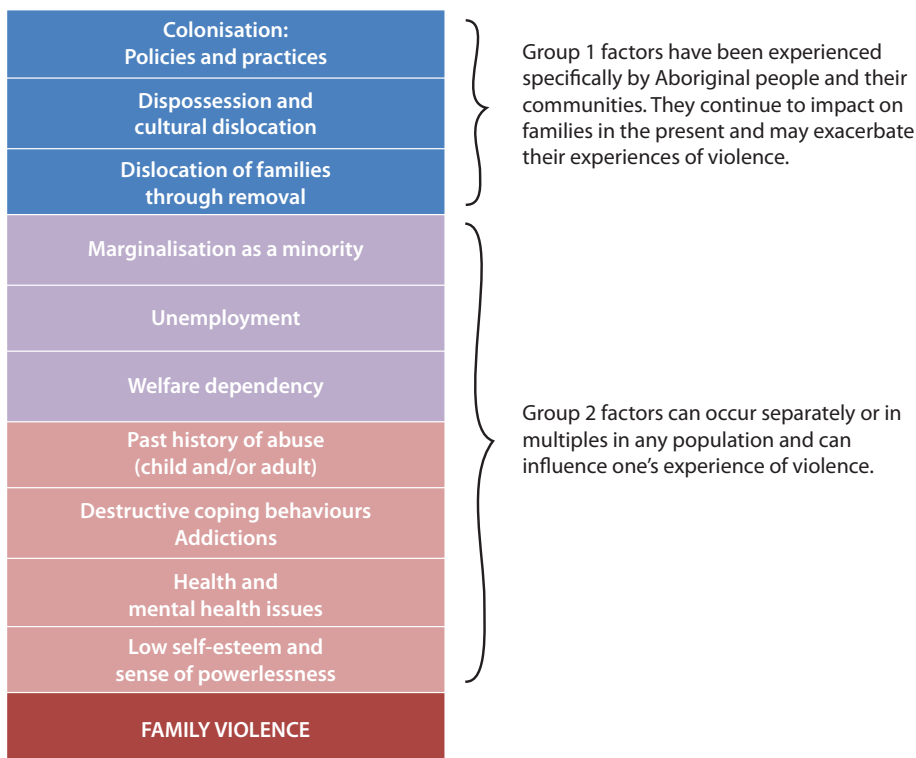
As well as being familiar with the statistics, we are also familiar with the factors contributing to the incidence of violence. Without shifting the blame and dwelling on the past, we understand and acknowledge that the indiscriminate and uncontrolled violence taking place in our communities against our loved one's was never part of our culture or practiced within the family context. As Chapter 17 (Atkinson and colleagues) and Chapter 29 (Peeters and colleagues) describe, the violence experienced today has been significantly influenced by policies and practices of colonisation, in particular the removal of children, and the effects of the violence continue to be felt intergenerationally exacerbating experiences of present violence.²⁶ Against this background we also know that no one factor can be singled out as the cause of the violence and abuse occurring in

our communities; it can often be attributed to many interrelated factors. Figure 23.2, developed by Cripps, illustrates how these factors can accumulate and result in violence.¹⁶

Figure 23.2 is versatile in that any one (or more) of Group 2 factors could be contributing to an incident(s) of violence for any population.²⁷⁻³¹ For many Aboriginal people, however, our experience would tell us that any of the factors in Group 1 could also contribute to current experiences of violence. Analyses of NATSISS in both 2002 and 2008 also demonstrate a relationship between reported victimisation and being removed from one’s natural family.^{10,32}

For Group 2 factors, Weatherburn and Snowball¹⁰ found that the strongest risk factor for being a victim of physical violence was alcohol use. They also found that substance use, lone parent families and financial stress are also significant predictors of victimisation. In addition to these factors, Hayes et al. have found that a history of child abuse increases the risk of post natal depression in Indigenous mothers.³³ Domestic violence is also a significant independent predictor for post natal depression—see Chapter 19 (Marriott and Ferguson-Hill). Further discussion of these social determinants and their more explicit connection with social and emotional wellbeing (SEWB) are provided in Chapter 4 (Gee and colleagues); Chapter 6 (Zubrick and colleagues); Chapter 8 (Wilkes and colleagues); and Chapter 13 (Schultz and Walker and colleagues).

Figure 23.2: Factors Contributing to Family Violence in Aboriginal Communities



Source: Adapted from Cripps^{16(p230)}

Group 2 factors can clearly be caused or compounded by Group 1 factors. The interplay of these factors in individual families’ experiences of violence can at times be exceedingly complex, but to ignore the first group of factors and the role they have played and continue to play in families is tantamount to not understanding the violence as it occurs in Aboriginal communities.^{9,34} Further, working with individuals and families who are living this reality requires careful consideration of how these combined factors impact on their immediate and long-term safety, on their SEWB, and on their ability to engage with service providers.

Case Study **Kyle**

Kyle is a 13 year-old boy attending a Christian school on a remote island Aboriginal community. This school has had a long history in the community with many of the children's parents and grandparents having also attended the school. Their parents are also actively involved in the Church.

Kyle and other boys at the school have been telling their parents that a senior member of the Church has been interfering with them and that they don't want to go to school anymore, at least not while he is there. Kyle's parents do not accept his 'story', they are true believers in everything to do with the Church, there is no way that this senior member would do such a thing, particularly given his status and authority.

To complicate the situation further, there are no services on the remote island. The mainland is 200 kilometres away, he has no access to transport, he has no knowledge of where to begin or what service to contact, even if he did the community telephone is damaged and out of order. He cannot trust or speak to other members within the community because most of their sons are in the same situation. He is afraid to report it to the police with the fear of not being believed and the consequences he may receive by reporting such an incident. He has been considering suicide and he knows a few of his mates have been too. One of them was even successful a few weeks back—at least he has now escaped the Church.

Study Questions

1. The above case study demonstrates the power of the first disclosure and how it impacts on future disclosures. Why would Kyle's parents not believe him?
2. What are the potential consequences of this first disclosure for Kyle, his family, his mates, the community, the church? (Think short term, medium term, long term.)
3. How does one get information to this population (e.g. the boys in the first instance, then their parents, the community, the church) on available services and supports? What are the available services and supports?

When reflecting on this case study, consideration of the context is vitally important, both for the parents and the children reporting. Policies and practices of colonisation, dispossession and dislocation from families through removal have, to varying degrees, involved the use of missionaries and Christianity. Indeed, missionaries in some parts of the country offered reprieve and protection from the brutality of colonial occupation of Aboriginal lands. This is also a period in history when assimilationist ideals motivated the political and policy agenda as well as the practice of missionaries.³⁴ Aboriginal parents and grandparents will recall being brought up on the missions and the mission's influence in the formation of their understandings of spirituality, religion, gender roles, and parental roles and responsibilities. Having been indoctrinated with Christian ideals and to then be confronted with the situation in the case study, the first response of family members may well be one of denial, particularly if their own experiences failed to mirror that of their child and also because this disclosure would make them question all of the teachings that they had received from the missionaries and the Church.

The potential consequences of the first disclosure are significant for Kyle who would be feeling further isolated by his family's refusal to accept his story. He is considering reporting to the police but is afraid, and he is considering suicide, as are his mates. The big issue is, how is Kyle's story going to become known to the appropriate authorities so that assistance can be provided? In recent weeks, one of Kyle's mates committed suicide. Consequently:

- what services have come to town as a consequence of that death?
- what questions are being asked in relation to why his mate committed suicide?

- are services receptive to identifying risk factors of sexual abuse and responding to potential disclosures?
- does the scope of the coroner's inquiry include questions about possible sexual abuse? and
- can the unfortunate death of Kyle's mate leverage assistance for Kyle and the other young men affected by abuse at the school in terms of managing the grief of losing their mate but also identifying and understanding the trauma they have suffered individually and collectively as a result of the abuse?

Furthermore, any assistance provided will need to be gender specific, given that the abuse has been directed at males only. Supports also need to be multileveled, as the family and community will, given their community history, struggle to comprehend the violation of trust and grief associated with the loss of the young men who have taken their own lives, the enormity of the investigations, and the influx of outside services that may overwhelm their community. They may also struggle with how to move forward today but more specifically in 6, 12 or 18 months from now, when all the outsiders have left and individuals and communities are dealing with the aftermath.

One means of providing skills and resources within the community to confront the violence now and into the future is through education and awareness campaigns. In Victoria, for example, a number of commercials are on television regarding family violence. These commercials have been developed by community for the community and importantly include respected Elders and community members in the footage delivering the 'strong families strong culture—use your strength wisely' message.

Case Study

Malia

Malia is a 24 year-old single mum of two young children aged two and five. She has recently separated from the children's father. The relationship was fraught from the start. He controlled what clothes she wore, he took all her money, and controlled who she could see and talk to. It was not long into the relationship and he had stopped her from having any contact with her family, she hadn't spoken to them since her oldest child was born, knowing that if she did she would cop a hiding if he found out and he said he would hurt them too. The violence (physical, sexual, emotional, financial) in the last several months had got a whole lot worse, it wasn't just him getting physical with her now, he was also threatening the kids, and several weeks ago the oldest child tried to stop him from hitting her and got a bloody nose as the slap landed on him instead. Malia as a consequence made the choice to leave, she waited for him to go to work, she packed a bag, and she left. Several hours later she called her Mum to ask if she can come home, she needs a safe place to stay. Her mum tells her I've been waiting a long time for you to ring, where are you I will come and get you?

It's now several weeks later, the children's father has found Malia and is threatening her and her family, she knows she isn't safe. She is seeking legal assistance to keep them all safe. But who does she turn to for help, the police? Her family have had really bad experiences with the police, can they be trusted? What about a lawyer? But how do you choose one, let alone how do you pay for it? There are also the issues of how does Malia manage all of the appointments with two little kids in tow? She doesn't have a car, so she relies on public transport. She also has a learning disability so understanding the documents services give her without assistance will be hard. Her Mum works and whilst she is supportive she doesn't want to get involved, she doesn't trust those lawyers and courts 'they've never done our family any good'. But Malia worries if she doesn't get some legal help, the children's father, could seriously hurt her, perhaps kill her and where would that leave the kids. She also knows that he could snatch the kids from her and given his history of violence is worried about what this would mean for the kids and for her?

Study Questions

1. Malia's case study is an all too common scenario in Aboriginal communities. It clearly identifies some of the everyday problems that Aboriginal victims are confronted with as they navigate their experiences of violence. Can you identify the key issues that may inhibit Malia's access to legal assistance?
2. How might these issues be overcome? How can service providers make their services more accessible to people in Malia's circumstances?
3. Are there any other circumstances (e.g. people with physical disabilities, people living in remote regions) that service providers should be considering in terms of making their services more accessible?

In recognition of the difficulty that many Indigenous women have in accessing legal services, the Australian government has, since 2002–03, funded Indigenous Family Violence Prevention Legal Services (FVPLS). Nationally there are now 29 services in largely rural and remote locations, importantly addressing the needs of victims of family violence. They provide culturally appropriate and holistic assistance to people in Malia's circumstances. They offer legal services, information, counselling, referral and practical support. They may also undertake preventative initiatives, such as community education and awareness programs. Information about the location of services in each state are available online.

It should also be noted that, unlike Malia, there will be other victims of violence who will not want to engage with the legal system but will want and need some form of assistance and support to move forward with their lives. There are many programs available that are targeting this population of women and their families. For example, Mudgin-Gal Aboriginal Women's Corporation runs a Healthy Family Circle program based in Sydney. It operates through a range of workshops, activities and informal exchanges, such as lunchtime yarns, and provides women and their children with skills that enable them to identify healthier, safer options for themselves and their children.

Whilst the focus of this case study has been on the immediate safety needs of Malia and her children, we should not forget the needs of her partner. He clearly has a history of violence towards Malia but should this history prevent him from having contact with his children? What services are available to address his needs? This would involve engaging in what may be challenging conversations involving the following questions:

- Why do Aboriginal men choose to take a course of violent action in response to a situation?
- Where does this violent response come from?
- How and why have these choices and actions become patterns of behaviour for men engaging in family violence?
- What is the impact of this behaviour on children and the relationships that they then have with their parents?
- What impact does this type of behaviour have on Aboriginal cultural security—not just the impact on individuals or families but for the collective, including how we maintain and practice our cultural values in light of what has been a 'normalisation' of violence in some families?

This involves carefully considering how values of men can be re-adjusted to ensure permanent change in their choices in behaviours to bring safety to women and children. The area of Aboriginal men's programs responding to the needs of men has grown significantly over the past decade yet, substantively, the number of services available to address men's needs are considerably less than that available for women.

Many men speak of their anger as being related to colonisation.³⁵ We don't dispute this but rather make the point that colonisation through its policies and practices, including dispossession and dislocation (in particular of families through removal), are 'better understood

as one of the many contexts that constrain the control which people experience in their lives, and limits their personal choices when they are placed under psychological stress.^{35(p30-31)} This situation has been well recognised by Aboriginal men in the Inteyerrkwe Statement, July 2008, when men from around Australia gathered to

acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunties, to our nieces and to our sisters. We also acknowledge that we need the love and support of our Aboriginal women to help us move forward.^{36(p1)}

The men have then, and since, worked

to develop strategies to ensure our future roles as husbands, grandfathers, fathers, uncles, nephews, brothers, grandsons and sons in caring for children in a safe family environment.^{36(p1)}

This requires men working through their trauma related issues, and also involves providing them with skills that enable better decision making in times of stress so that violence is not seen as an option. Men's ways of managing their trauma are too often, as Maggie White³⁷ explains, seen as 'bad' or sometimes 'mad', but rarely as 'sad'. Men are quickly seen as perpetrators but rarely as victims. Their ways of coping tend to bring them into contact with the justice system and it is here that they get their first court ordered behavioural change-type program, whether this occurs whilst incarcerated or whilst on some form of bail or community based order. Evaluations of these types of programs have had mixed results depending on the structure of the group (all Aboriginal or mixed), the Aboriginality of the facilitators, the length of the program, and the extent to which the program incorporates a cultural overlay recognising the significance of historical and present day circumstances, impacting upon and meditating men's understandings and representations of their masculinity and their anger³⁸—see also Chapter 30 (Hovane and colleagues).

An international Indigenous-specific behaviour program that has been evaluated with demonstrated success is the Ke Ala Lokahi program conducted in Hawaii between 2000 and 2005. The program provided a culturally based intervention for Native Hawaiian perpetrators of family violence. The intervention was intended to build skills and increase knowledge of Native Hawaiian cultural values, beliefs and traditions. Participants attended 24 two hour weekly sessions with a final two day session held at a cultural site. Participants also had a case manager who maintained contact with probation services and provided individual counselling, advocacy, support and referrals for the men. In a formal evaluation of the program, both victims and perpetrators reported positive outcomes in knowledge about themselves and their relationships by participating in the program. Recidivism rates however, were still quite high at 36 per cent for those who had completed 80 per cent or more of the program. These rates were similar to rates for men in the standard intervention.^{39(p3,6)}

A similar Australian-based program is *Red Dust Healing*. This program encourages men to examine their own experiences of being hurt before then examining what it is to be doing the hurting. It asks men as part of the healing journey to feel the emotions as they begin to get to know themselves, where they have come from and begin to envisage how they would like their futures to be. *Red Dust Healing*, like the Ke Ala Lokahi program, is designed to build men's self-esteem, self-confidence, and self-respect through focussed work on identity, responsibilities and relationships to enable men to make better choices for themselves and their families that breaks the cycle of violence. It includes an individual case management plan with appropriate referrals to relevant services. The case management plan is also supported by a mentor system that can assist and enhance completion of individual case plans. This program is not reliant on only court, ordered participants, it has been working with other population groups and has been

expanding to meet the needs of Aboriginal men and male youth. See Chapter 27 (Powell and colleagues) for a comprehensive discussion of the *Red Dust Healing* program.

As highlighted earlier, alcohol and substance misuse is a significant contributing factor to the incidence of violence in Aboriginal communities. For those who recognise that they have a problem, trying to access alcohol or substance rehabilitation is difficult. These people face long waiting lists, and services are often far away from their family and home. Programs such as Ke Ala Lokahi and *Red Dust Healing* will work with the men and referral agencies in an attempt to fast track placements, but this is reliant on such programs having good relationships and partnerships with services to facilitate better access for their male clients. Chapter 8 (Wilkes and colleagues) covers harmful substance use; Chapter 26 (Casey) discusses the *Strong Spirit Strong Mind* model.

For those wishing to build stronger family relationships, having worked on their own individual issues, services that bring the families together to foster the relationship and to build strategies to prevent future abuses are inconsistent particularly in rural and remote areas. This is where holistic programs that engage all family members, as was described in the example of Yorgum Aboriginal Family Counselling Service earlier in this chapter, are essential. Also in the child protection arena, the focus has been on children and their mothers on the basis that the mothers are the primary carers. Not a lot of effort has been invested in maintaining connections with Aboriginal fathers and their children, particularly if the father is aggressive or appears disinterested in child protection proceedings.⁴⁰ The immediate, medium and long term impact of this affects all parties, not just the men but also the children in terms of identity formation, cultural and kinship connections, and grief and loss for a relationship denied. These impacts are discussed further in Chapter 28 (Wanganen).

REPORT RECOMMENDATIONS ON APPROPRIATE INTERVENTIONS

Returning to the plethora of reports commissioned by federal and state governments to address the violence in Aboriginal communities. The recommendations in these reports provide specific information on pathways forward for better service delivery and accessibility for Aboriginal victims of violence.

A comprehensive analysis of the major government reports over the past decade by Cripps identifies several recurring themes. These include:

- recognition of community diversity and needs, and the need to facilitate community choice in response to problems;
- a strong focus on strengthening the capacity of the existing workforce through accredited specialised training and the employment of Aboriginal workers, particularly counsellors;
- mandatory cultural awareness training for all non-Aboriginal workers; and
- the differing needs of women, men, children and Elders must be considered along with the demands for immediate safety, healing, perpetrator accountability, education and awareness, and prevention.⁴¹

This is not an easy task. It demands that the 'silos' service providers/government agencies so often work in, be broken down in the best interests of clients. Yet, this fundamental shift continues to be the biggest barrier to addressing violence and meeting the needs of all those affected by it. Evaluations and audit reports of progress since the initial state inquiries in this area have found that, whilst governments embrace the language of 'community development' and 'capacity building', attempts to implement a genuinely inclusive, community driven approach to addressing violence have been far from effective. Indeed, their repeated failure to support and promote the development of community initiatives have been widely criticised.^{42,43} Governments have also been criticised for their lack of leadership in providing processes which

could support funded organisations to breakdown silos, recognising that working in partnership with other organisations in the best interests of clients, comes at a cost and is resource intensive. This is not factored in to existing funding agreements.⁴⁴

Services recognise that the experience of violence and its aftermath can require the input of several agencies, working together to minimise the re-traumatisation of individuals and families from repeatedly having to tell their stories to every service provider they encounter. An interdisciplinary, case management approach involving all agencies in regular case meetings would be highly beneficial to the client and their families and has been consistently recommended by the many state reports into Aboriginal family violence, child abuse and sexual assault, but this standard has not been implemented in all regions or sectors working in the area of Aboriginal violence⁴⁻⁹—see Chapter 13 (Schultz and Walker and colleagues).

CONSIDERING DISABILITY AND THE NEED FOR CASE MANAGEMENT

The following case study provides a clear example of where ‘silos’ inhibit the access of victims of violence, particularly those with comorbidities.

Case Study **Georgia**

Georgia is a deaf Aboriginal woman fleeing a family violence situation with her children. She has in the past used a local disability service for a range of issues as they have staff who understand her signing. She turns up at that service today asking for help. The usual person she works with is on leave and she sees someone new. They immediately identify her as being Aboriginal and when she tells them why she is visiting them today they say ‘hey that’s really not something we deal with, you’re Aboriginal, you should go to Aboriginal service down the road they can help you’. Georgia and the kids leave and go to the Aboriginal service. She is somewhat reluctant to go largely because her partner’s sister works there and it might get back to him that she is wanting to leave. She goes into the service, nobody there knows how to sign so she has to write everything down. When she finally gets her story out, the person she’s talking to says ‘sorry we don’t do family violence you will have to go to the shelter’, and then they tell her where the shelter is. Georgia gets up again and with the kids, they walk another 45 minutes to the shelter. Just like the last service, they don’t have someone who understands sign either so she writes down her story again, hoping this time it won’t be for nothing that they will be able to help her. They say ‘sorry love, we don’t have the disability access you need, nor the beds for the kids, you will have to go to the disability service’. She has spent all day trying to get help, she knows she’s going to be in strife if she hasn’t found a place to stay soon, or if she isn’t home before her partner with dinner on the table. She’s been to all these services and no one was prepared to help her, so she goes home, it’s all too hard. At least she knows what to expect from him.

Study Questions

1. What should Georgia have reasonably expected from the services?
2. What are the risks for Georgia and the children in going home?
3. Do any of the agencies involved have a duty of care to provide her with information and assistance?
4. Are there any reasons why the agencies would not want to work with this woman? Are these reasons justifiable?

Practical measures for assisting victims involve services working in partnership with the relevant sectors to facilitate better access for clients presenting with these issues. In such situations, one agency would be required to take the lead in arranging services to support and assist the client, prioritising safety in the first instance. This would not require the client to do the initial contacts

as was expected in Georgia's case. The agencies would already have a partnership agreement between them that would dictate how referrals between the agencies were to be managed which would necessitate forward planning and training of all staff involved. This hopefully will prevent inconsistent advice being given to clients. It would also identify any gaps in service delivery for particular groups (e.g. disabilities, mentally ill, substance affected) and allow the service sectors to consider how these groups in violent situations could be adequately supported.

The above case study provided the opportunity for the reader to contemplate how current service systems respond to particular groups with comorbidities. It is also important at this juncture to consider current and future service systems and their ability to provide a continuity of care. Federal and state government reports into Aboriginal violence and abuse have consistently called for long term funding for services that can meet the needs of victims over a life course, recognising that violence has long term effects. The following case study provides an insight into this situation.

CONTINUITY OF CARE

The current service system is crisis driven, and planning for the long term and for the life course has been limited. The following case highlights the need for a continuity of care model.

Case Study

Mikaylah

Mikaylah is a six year-old girl who has been sexual assaulted by a member of her extended family. The assault is discovered by her mum as she is getting her ready for a bath. What will Mikaylah need from a service system over her life course? Tonight she will need assistance from medical services, they will make mandatory reports to child protection and the police will also become involved.

Study Questions

1. What will Mikaylah and her family need six to twelve months from now as the matter proceeds through court?
2. What will Mikaylah need three to four years from now when she starts to hit puberty?
3. What will Mikaylah need several years later in her teenage years when she gets her first boyfriend and she is considering intimacy for the first time?
4. What about when Mikaylah's thinking about getting married—are any issues likely to arise at this time?
5. There is a growing evidence base that women with histories of sexual abuse are confronted with specific issues when they are pregnant. How might this affect Mikaylah when she becomes pregnant with her first child?
6. What kind of issues will Mikaylah be confronted with should other members of her family experience a sexual assault e.g. cousin, sister, brother, daughter?

It is clear from the above case study that Mikaylah will need services designed to prevent her from being re-traumatised every time she needs to retell and relive her story when she re-enters the system to deal with 'normal' life events. We are yet to reach this level of funding commitment and, whilst this is significant for 'newer' 'pilot' services which will inevitably be dictated by crisis responses and short term government contracts, for the older more established services where a commitment of funding is more assured, a consideration of Mikaylah in the cultural context that this chapter and this book more broadly provides is important in bridging the divide between crisis responses and genuine healing and support for victims and their broader kin network affected by the violence.

CONCLUSION

The consequences of violence in Aboriginal families and communities continue to be felt long after the bruises fade. The practical response to the problem means thinking about the complexities highlighted in the case studies in this chapter. A decade of reports clearly articulates that any response or intervention must fundamentally involve Aboriginal community members in defining the problem and its context, and in setting the parameters for pathways forward.

To move forward demands drawing on the wealth of knowledge and experience that many Aboriginal and non-Aboriginal community members and professionals already have from working with communities and families. It also requires a commitment to working in partnership with other agencies, towards the mutual goal of healing individuals, families and communities, to breaking the cycle of violence and creating safer, healthier, nurturing environments for our children.

Taking the time to know what is happening locally in terms of the extent of the problem, the current services available, and community members' access to such services is required, along with developing relationships for better service delivery with a variety of key players including other services, Aboriginal organisations, Elders, and most importantly the unsung heroes described earlier.

And finally, moving forward must also involve reflective practice. This can begin with the big picture with questions such as:

- Where have we been?
- Where do we need to go, including how do we challenge our value systems as a society to ensure that the voice of victims of violence are heard and acted on?

Then to the more specific questions of:

- How are our services currently accessed and by whom?
- Are we seen to be culturally 'safe' by the users of our service but also by the broader Aboriginal community?
- How might we reform our practices and/or approaches to become 'safe'? What and who might this involve? (See Chapter 12, Walker and colleagues, where issues of cultural competence are addressed in some detail.)
- Are we meeting the needs of clients with comorbidities? If we aren't, how can we?
- As a service, how do we move past the crisis and plan for a longer term response? What and who will this involve?

The survival of Aboriginal families means nothing less than the survival of Aboriginal peoples and cultures. Failure to provide the support needed to address the problem of violence in our communities jeopardises our very existence. Our children represent the future. The decisions they make will carry Aboriginal peoples into the next generation. Therefore, navigating pathways forward in what is often a maze of complexity is essential to our combined futures.

REFLECTIVE EXERCISES

1. Why might Aboriginal victims of violence not disclose the reality of their experience(s)?
2. What factors might impact on a victim's choice to access services? How might a service accommodate these factors to ensure victims and others affected by the violence have access? Who might the others be?
3. Who are the unsung heroes? How might they be better supported?
4. What is reflective practice and why might it be important to service delivery?

RESOURCES

Yorgum Aboriginal Family Counselling Service

Information about Yorgum's Aboriginal-specific, community-based, counselling and referral services are available from:

<http://www.yorgum.com.au/home>.

Family Violence Commercials – Victoria

Television commercials delivering the 'strong families strong culture—use your strength wisely' message can be viewed at:

<http://www.youtube.com/watch?v=JlyKwh9yOyY> ;

<http://www.youtube.com/watch?v=bM8A7BMEScE> ;

<http://www.youtube.com/watch?v=okoLytSmOZU>.

Family Violence Prevention Legal Services (FVPLS)

Information about the location of FVPLS providers in your state are available from:

<http://www.ag.gov.au/LegalSystem/IndigenousLaw/Indigenousjusticepolicy/Documents/Family%20Violence%20Prevention%20Legal%20Services%20providers.pdf>.

Healthy Family Circle Program

More information about the Healthy Family Circle program is available from:

<http://www.snaicc.org.au/projects/dsp-default.cfm?loadref=83>.

The Healthy Family Circle is one of a few programs showcased in the resource *HEALING IN PRACTICE: Promising Practices in Healing Programs for Aboriginal and Torres Strait Islander Children and Families*, available from:

http://www.snaicc.org.au/_uploads/rsfil/02926.pdf.

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