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Enhancing Wellbeing, Empowerment, Healing and Leadership

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OVERVIEW

This chapter explores the relevance of Aboriginal perspectives of empowerment, healing and leadership, as strategies to address the social inequality and relative powerlessness of Aboriginal people in contemporary society. These Aboriginal-led strategies are key social determinants that influence Aboriginal health, mental health and social and emotional wellbeing. Programs that facilitate Aboriginal understandings of healing, empowerment, and leadership can redress much of the grief, loss, and trauma experienced by Aboriginal families and communities. The chapter highlights the need for Aboriginal people to have ownership over the issues and the solutions to the devastation brought about from a history of social injustices and disadvantage. Based on the findings from Aboriginal community consultations in the Kimberley, this chapter outlines community-identified strategies to take charge of their lives, strengthen their families and address the unacceptable and devastating rates of suicide in their communities. Importantly, the community proposed solutions are confirmed by the extensive literature and program review undertaken as part of the *Hear Our Voices* project led by Dudgeon.¹

BACKGROUND

There is an extensive body of research and evidence that shows the array of environmental, social, economic, cultural and historical factors influencing and determining Aboriginal SEWB. See, for example, Chapter 1 (Dudgeon and colleagues) and Chapter 6 (Zubrick and colleagues). The damage and trauma inflicted on Aboriginal people by colonisation, including the forcible removal of children from their families and cultural heritage (often into situations of cultural, physical and sexual abuse) and forcible removal of lands and the break-up of societies and families, has had a devastating and lasting impact. The various elements of this have been documented in several chapters in this book—for example, in Chapter 1, Dudgeon and colleagues detail the family breakdown, cultural dislocation, racism, discrimination, social disadvantage and physical health problems; in Chapter 17, Atkinson and colleagues describe the high levels of unresolved grief and loss, trauma and abuse; in Chapter 23, Kripps and Adams examine community and domestic violence; in Chapter 8, Wilkes and colleagues outline the harmful substance use; and in Chapter 10, Heffernan and colleagues describe identity issues and incarceration. Each of the chapters identify strategies to address the respective issues.

The extraordinarily high rates of suicide and other social and emotional wellbeing (SEWB) problems in Aboriginal communities are commonly attributed to a complex set of risk factors and disadvantage shared by other Australians, as well as a broader set of social, economic, historic and cultural determinants that impact on Aboriginal SEWB and mental health—see, for example, Chapter 4 (Gee and colleagues). Serious psychological distress among Aboriginal and

Torres Strait Islander peoples also tends to be correlated with higher exposure to stressful life events including death of family members, serious illness, accidents, incarceration of family members and poor family and community functioning.

Addressing Aboriginal SEWB and mental health is often beyond the capacity of the mainstream health and mental health systems. Even if general practitioners and mental health care providers were geographically accessible to Aboriginal communities (which often they are not), the lack of cultural competence of most service providers creates an additional barrier to effective service provision within a SEWB framework. The *Hear Our Voices* project confirms that, to be effective, programs and services need to be culturally-based and incorporate cultural elements.¹

THE POLICY AND PROGRAM CONTEXT

Much of the Aboriginal mental health plans and suicide prevention policies to date have not implemented strategies to restore SEWB at a community level. Being identified as an ‘at-risk’ group within the wider population has resulted in a number of culturally-specific strategies and programs where only the most vulnerable groups receive short-term support. Multiple short-term projects that reach small numbers will not achieve the critical balance required to restore SEWB across the Aboriginal population. Furthermore, these programs and strategies are often not appropriate or effective for Aboriginal people and communities. The new *Roadmap for National Mental Health Reform 2012–2023* includes a *Taking Action to Tackle Suicide* component and a National Partnership Agreement on Mental Health with the States and Territories. The development of a *Fifth National Mental Health Plan 2014–2019* is being guided by the *Roadmap* and is expected to provide extensive opportunities for Aboriginal input through state and national advisory groups including Aboriginal and Torres Strait Islander Mental Health Advisory Group (ATSIMHAG) which is going combine with suicide prevention. See also Chapter 5 (Zubrick and colleagues) for further discussion on the evolving policy context.

There are many programs and services that address substance misuse, domestic and child abuse and family violence, and other manifestations of people’s disadvantage and distress. However, the consultations with Kimberley communities and, more recently, those undertaken in nine sites across Australia (as part of the *National Empowerment Program*, both led by Dudgeon (2012, 2013 respectively),² confirm that more programs are required that empower Aboriginal people to heal themselves and take charge. It is evident that communities consulted want to take charge to change their lives and those of their families and communities, by addressing the specific issues impacting on their health—on their own terms and through an Aboriginal understanding of healing and wellbeing.¹ Several chapters in this book confirm that there is substantial evidence to show that lasting trauma suffered collectively by Aboriginal people needs acknowledgement, recognition and healing. At the same time, evidence suggests that it is critical to enable people to move from a ‘victim mentality’ to a strong sense of positive self-esteem and empowerment in order to change their circumstances.

Evidence also shows that an effective way of enhancing Aboriginal peoples’ SEWB is through programs that focus on restoring and building on Aboriginal strengths. Programs need to foster good SEWB by working ‘upstream’, to enable Aboriginal people to enhance and build on their unique sources of strength and resilience linked to their social cohesion and connections to family and kin, country and cultural identities as outlined by Gee and colleagues (Chapter 4). Furthermore, services need to engage with the diversity of cultures and language groups and develop programs to meet local needs rather than simply adapting and delivering models designed for mainstream Australians, or assuming that for Aboriginal people ‘one size fits all’.

The Importance of Hearing Aboriginal Voices

Listening to what Aboriginal people are saying they need is critically important. The *Hear Our Voices* project involved an extensive community consultation process led by a team of highly qualified and experienced researchers and practitioners in Aboriginal community SEWB. The community consultations identified existing gaps in services and supports and the need for programs to address empowerment and wellbeing and build individual and community resilience. The results of this project highlighted the importance of listening to Aboriginal people who themselves identified healing, empowerment and leadership as three critical elements in meeting their needs and aspirations. This was confirmed by the literature, which showed that addressing each of these elements provides some of the most effective and appropriate ways of enhancing the SEWB and ‘suicide proofing’ of Aboriginal individuals, families and communities.³

Identifying the protective factors that enhance the SEWB of Aboriginal communities, as well as those factors that contribute to community distress and suicide, is paramount. It requires an in-depth knowledge of the historic, social, cultural and economic risk factors at play in each community, which are best known and understood by community residents themselves. While external change agents might catalyse action or help create spaces for people to undertake a change process, healing and empowerment can occur only when/if communities create their own momentum, gain their own skills, and advocate for their own changes. To be effective, each language group/nation and/or community needs to be supported to achieve the goal of restoring SEWB at individual, family and community levels through a process of healing and empowerment. There are several examples of positive community change occurring in communities with very promising outcomes and cumulative benefits. See, for example, Chapter 20 (Hayes, D’Antoine and Carter) where communities are working to address harmful alcohol use in pregnancy.

Empowerment

The term empowerment has its roots in the civil rights and women’s movements of the ‘social action ideology’ of the 1960s and the ‘self-help’ ideology of the 1970s.^{4(p7)} In the early use of the term, psychologist Julian Rappaport described the aim of empowerment as ‘to enhance the possibility for people to control their own lives.’^{5(p15)} During the 1980s, empowerment became popularised in community psychology and community development where it was described as a means of effecting change through people, organisations and communities gaining control over their lives.^{6(p380)} Furthermore, empowerment was understood as operating at the level of the individual, the family and the community. The Centre for Aboriginal Studies developed a Bachelor of Applied Science in Community Management and Development on the basis of the theory empowerment, as critical for Aboriginal self-determination and individual, family and community and broader social transformation.⁷

Individual Empowerment

Some of the literature on individual empowerment describes it in terms of a range of essential elements or set of beliefs and attitudes identified with becoming or being empowered. These elements include self-worth, hope, choice, autonomy, identity and efficacy, improved perceptions of self-worth, empathy and perceived ability to help others, the ability to analyse problems, a belief in one’s ability to exert control over life circumstances, and a sense of coherence about one’s place in the world.⁸⁻¹⁰ Authors also talk of particular skills and knowledge required for people to act ‘empowered’, including emotional control, and reflective, analytic, communication and decision-making skills.^{11, 12} Where studies talk of empowerment outcomes having been achieved, the focus is on some element of change or transformation having taken place. Often it is where people have a sense of greater choice in their decision-making and behaviour.^{9, 13, 14}

Group/Community Empowerment

Group empowerment can include stronger social networks and community participation in organisational decision-making, perceptions of support, community connectedness and the ability to reach consensus on goal-oriented strategies. Community empowerment has also been described as a process that progresses along a dynamic continuum: individual empowerment; small groups; community organisation; partnerships; and political action.⁹

From a community development perspective, empowerment strategies are understood as a means for disadvantaged communities to challenge social injustice by uncovering the mechanisms of control, the institutional or structural barriers, the cultural norms and social biases. In doing so, people are able to challenge internalised oppression and develop new representations of reality.⁴ It is these understandings that suggest why the concept of empowerment is seen by Aboriginal people and others as an effective and appropriate healing strategy, specifically as a means of redressing the damage and trauma experienced from a history of social injustices.

ABORIGINAL PERSPECTIVES ON EMPOWERMENT, HEALING AND LEADERSHIP

Discussions about Aboriginal healing and empowerment are relatively recent in the literature. Yet some important research suggests that they are an effective and appropriate means for Aboriginal people to redress the damage and trauma experienced from a history of social injustices. While there are many definitions of health and healing, there is a general acceptance that the concept of healing for Aboriginal people is itself specific to the experiences of Aboriginal people and differs considerably from many Western worldviews of healing as individual treatment modes.

National consultations undertaken by the Aboriginal and Torres Strait Islander Healing Foundation in *Voices from the Campfires* (2009), found that Aboriginal participants saw healing as a spiritual journey that requires initiatives to assist in the recovery from trauma and addiction, and reconnection to the family, community and culture.¹⁰ Similarly, in the consultations for *Hear Our Voices*, people spoke of healing as:

A spiritual understanding of self, identity, love, belonging, family, security, hurt, heartache, good times, laughter and our connection to land. Having hope and finding acceptance based on love and respect, of understanding ourselves, our supports and being able to tell “our” stories. Becoming empowered is how we can start to deal with the pain and grief and then help others and our community.^{1(p69)}

Of importance to this concept of healing is the way it is understood—as both an individual’s personal journey and that of the collective, and one involving regaining agency and control.

Linking Individual and Collective Empowerment

The links between the individual and the collective cannot be easily separated within Aboriginal healing programs. In fact, we suggest that one of the main reasons why so many mainstream programs fail, stems from a lack of understanding about the interdependence of individual and collective goals for Aboriginal people and individual change and healing as concerned with simultaneously healing one’s self and community.¹⁵ Hunter et al.,¹⁶ concluded from their study of the *Yarrabah Family Life Promotion Program* in the Yarrabah community, Queensland, that the focus on healing the community as opposed to the individual was the key to the success of the program in addressing high rates of suicide.

The authors suggested that mainstream responses to suicide, which focused on the individual, were largely ineffective and the Yarrabah community eventually came to focus more strongly on interventions that addressed community level risk factors.^{16(p65)} They noted that the two main advantages of focusing on the community, rather than the individual, were that it:

- acknowledges and addresses the true underlying causes of self-harming behaviour in Aboriginal communities; and
- provides a conceptual and practical framework that accommodates the involvement of ordinary community members in a way that the individual risk focused approach does not.^{16(p64)}

The Family Wellbeing Program

Other authors and programs consider the role of the family as central to the individual's healing journey and the basis for healthy and empowered communities. Research on the *Family Wellbeing Program* in the *Empowerment Research Program* (ERP), at James Cook University in Queensland, identifies the focus on individual and family and their community as essential, but not necessarily operating in unison.¹⁷ The program's original architects acknowledged the central role kinship and family plays in Aboriginal people's lives, and designed a program that facilitated stronger family relationships with a focus on improved communication and less conflict. The ERP involved a two-staged process focusing:

- firstly, on an individual's personal empowerment and growth; and
- secondly, on community development processes to assist groups to collectively address community issues and bring about change together.

Program participants support each other to collectively address problems they face, with the problem-solving skills individuals acquire, then having a ripple effect, as people start working together to affect change at the level of the family and the community.¹⁷

Holistic approaches are another important aspect of Aboriginal perspectives on healing. McEwan and Tsey (2009) state that the essence of holism as it is used in Aboriginal Australian health discourse, refers to 'the interconnectedness of life's dimensions.'^{18(p14)} The interconnectedness of cultural domains and their relationship to health and SEWB is further developed by Gee and colleagues in Chapter 4. This sense of interconnectedness also describes Aboriginal conceptions of healing, empowerment and leadership understood as part of one continuum. Programs designed to foster empowerment are increasingly recognised as an effective way that Aboriginal people can begin the healing journey and, by becoming empowered, are then able to lead and assist others in their own healing.

Strengths-based Approaches

One important aspect to the effectiveness of healing, empowerment and leadership as a strategy, is its fit with a strengths-based approach to addressing health and mental health issues. This approach focuses on Aboriginal peoples' inherent strengths; it involves working in partnership with Aboriginal people rather than using a 'top down' approach; and assumes that Aboriginal people are best placed to identify the issues in their community and the ways to address them.¹⁸

¹⁹ In the literature, many authors describe empowerment as a process of healing that involves Aboriginal people coming to terms with past and present situations and dealing with the pain. They describe healing through empowerment as a process of 'decolonisation' and redressing the ongoing inequality experienced by Aboriginal people and communities (see Wanganeen, Chapter 28).^{13, 20-22}

Those who promote the concept of empowerment are especially critical of programs and strategies that assume Aboriginal people and communities lack the tools or ability to address their own issues. Many are critical that health professionals and policy makers continue to assume that best practice health interventions with Aboriginal people depend entirely on 'the ingenuity, expertise and generosity of the outsider.'¹⁹ This has led to repeated mistakes in 'fixing up' problems for Aboriginal peoples rather than 'harnessing and supporting those strengths from within'.¹⁹

Empowerment Research Program

The extensive research findings from the ERP have identified a range of outcomes for Aboriginal people participating in dedicated healing and empowerment programs (such as the Family Wellbeing Programs), including:

- improved communication skills with loved ones, including family, particularly with children;
- empathy, especially thinking about how other members of the family or community might feel;
- establishing a vision for the future and recognising personal potential—for example, formulating career or educational goals;
- thinking more about fundamental values such as trust, courage, hope and honesty and their influence in our lives;
- seeing ways of connecting with the past and tradition, finding new forms for expressing spirituality and new pathways for healing; and
- an ability to critically reflect on oneself and one's life journey.^{23(p2)}

The research identified that the most critically important aspect to empowerment is individual change. This change starts with individuals clarifying and/or redefining their values and norms regarding right and wrong behaviour. This enables them to create boundaries and to be able to say 'no' to people, an ability which was identified as critically important in facilitating the process of changes for oneself. According to Tsey, as participants went through this process of personal transformation, they built up their self-esteem and self-confidence, and were able to create safer and happier home environments for themselves and their families.^{24(p17)}

EMPOWERMENT TO ADDRESS RISK FACTORS FOR COMMUNITY DISTRESS AND SUICIDE

As discussed earlier, the high rates and increased risks of suicide among Aboriginal people are largely due to historical factors that have removed or actively suppressed people's self-determination and resiliency leading to chronic feelings of helplessness and hopelessness at an individual and community level.^{16, 24} Empowerment and healing strategies enable Aboriginal people to:

- establish more equitable power relations;
- have greater control over their life;
- take responsibility for their situation;
- become strong culturally and spiritually; and
- become connected to their culture and community.

Several chapters in this book confirm that such empowerment and healing strategies are effective in addressing suicide risk factors, Silburn and colleagues (Chapter 9), including harmful substance use, Casey (Chapter 26).

The International Literature on Importance of Cultural Continuity and Suicide Prevention

The importance of a strong sense of self and cultural renewal to a person's SEWB is the central tenet of the extensive research of Canadian psychologists Michael Chandler and Christopher Lalonde on the devastating effects of Aboriginal people's cultural loss and disempowerment.²⁵ Using community level data from over 10 years, they examined why some Aboriginal communities had suicide rates 800 times the national average, while others experienced little or no suicide.³ They developed measures of 'cultural stability' that took into account communities' efforts to self-govern and preserve and regenerate their cultures by pursuing land claims, managing social services, and investing in cultural activities.²⁵

The authors compared suicide rates in communities defined as more culturally stable or enacting more to preserve and regenerate their cultures, with rates in communities where there was less cultural stability, if any. They found a range of poor outcomes including high rates of suicide, especially among Aboriginal youth, in communities where there was a lack of cultural preservation, stability and, in effect, empowerment. One of the key findings was the importance of fostering a secure sense of personal and cultural identity as a necessary protective factor against the threat of self-harm. As the authors state ‘without some sense of personal (not to mention cultural) continuity, it would appear, life is easily cheapened, and the possibility of suicide becomes a live option.’^{3(p70)}

Links Between Family Relationships and Youth Suicide

Others have found that family relationships and the quality of those relationships, especially between parents and young people, are a critical aspect to the role of empowerment strategies in addressing suicide, particularly youth suicide. The ERP identified a close correlation between quality parenting and young people’s SEWB, which is a major factor in youth suicide.²⁴ The quality of the relationships children and adolescents had with those people who were in positions of influence in their lives was found to be an important factor determining their resilience and coping capabilities. Thus, programs such as the *Family Wellbeing Program* that focus on improving people’s parenting skills and enhancing the family’s ability to support and nurture young people, are increasingly recognised as an effective suicide prevention strategy.^{26(p511)}

COMMUNITY LEADERSHIP AND GOVERNANCE

Good community leadership and governance is also well recognised as a primary element in successful communities, while failures in community governance have been associated with catastrophic social dysfunction. For all Aboriginal peoples, including women, empowerment and leadership is critical in the development of positive SEWB for individuals and the community.

The Aboriginal concept of leadership encompasses traditional cultural values and experiences, and cultural knowledge, laws, kinship systems, and extended family relations. The literature shows that the qualities of strong Aboriginal leaders mirror those listed as arising from an effective empowerment and healing program. These include: respect for culture, self-awareness and confidence, integrity and wisdom, good negotiation skills, enthusiasm and inspiration, good communication skills and a sense of humour and adaptability.²⁷ The ability to cultivate leadership skills is a central aspect to Aboriginal people’s empowerment and healing journey because it means they are able to positively influence their families and communities. In doing so, they can provide supportive networks to each other to maintain and strengthen their empowerment and contribute to community wellbeing and shared values. This is especially critical in terms of the role of women.

THE IMPORTANCE OF HEARING ABORIGINAL PERSPECTIVES

In the community consultations for the *Hear Our Voices* project, there was an overwhelming consensus that Aboriginal people want the necessary and appropriate tools and support to change their lives. The findings were echoed in the program and literature review.

Across the three communities in the Kimberley (Halls Creek, Beagle Bay, Broome), people spoke of needing to ‘build self first’, ‘make ourselves strong’ and to focus on ‘rebuilding family’. Participants said that they ‘wanted to learn how to talk to one another again’, ‘to share and care for one another’ and to ‘praise those who do good things for themselves and their communities.’

There was a high level of concern and sense of urgency regarding the need to focus on young people who 'have lost their sense of connection to, and respect for, their culture, their family and themselves.' The consultations also confirmed the need to ensure individual and community readiness in order to commence any type of healing and empowerment program. It was frequently stated by community participants that those in most need of such a course, especially young people, would, for a range of reasons including lack of sense of self-esteem, shame, poor literacy and other barriers, be unable or unwilling to participate.

The consultations and literature also confirmed that no single developmental approach or healing, empowerment and leadership program will be relevant across all communities. Rather, people wanted flexible, visual and hands-on courses or programs that are able to support:

- different levels of capacity;
- stages of readiness for healing and change;
- different individual needs;
- different priorities of the local community;
- culturally based programs that go back to country and use the knowledge of the Elders; and
- employment and training for local people, including a mentorship program.

The project findings recommended that to be effective any empowerment, healing and leadership program needed to include the following components:

- Goal setting;
- Self development (self-esteem, confidence building, positive attitudes, motivation);
- Anger and conflict management skills;
- Communication and relationships skills;
- Addressing the use of alcohol and drugs;
- Building resilience;
- Support and mentorship training; and
- Building cultural identity.

The importance accorded flexibility, community support, the use of local settings, and recognition of the importance of local knowledge, align with the key findings from the international and Australian literature around the effectiveness of empowerment, healing and leadership programs. Other factors identified within much of this literature include:

- community members owning and defining their problems and designing the solutions;
- ensuring the role of Elders;
- program structures ensuring sustainability and ongoing support;
- trusting, respectful partnerships between Aboriginal community members and external resource people, agencies and providers;
- adequate resources within and outside the community;
- a holistic approach and a focus on the individual and the broader social environment—the family, community, workplace and broader society;
- the use of the Aboriginal survival experiences of course facilitators and students as the main learning resource; and
- a focus on teaching analytical skills (to assess elements or domains of life).

Aboriginal Healing, Empowerment and Leadership Programs

Similarly, analysis of some significant Aboriginal healing, empowerment and leadership programs confirms that no single approach or program can be made applicable across all communities. See Chapter 27 for an in-depth discussion of one such program—*Red Dust Healing*.

The support and engagement of community throughout the design, implementation and evaluation of programs, and the development of any related materials, is another critical factor in the effectiveness of programs. People need to have a sense of ownership over the issues and the solutions and, ultimately, to be both effective and empowering. One of the critical elements to an effective program is the readiness of individuals and communities to take on such a journey. People need to be given options and pathways that meet both where they are in the healing journey and their own preferences and capacity. Thus, programs need to be flexible and suitable for people with poor health, drug or alcohol addiction, a history of suffering or perpetrating abuse, and at varying levels of denial, grief and poverty.

CONCLUSION

It is widely acknowledged that factors leading to high rates of psychological distress and Aboriginal suicide are largely outside the capacity of the mainstream mental health system to address. Prevention strategies, which promote strong, resilient communities and focus on restoring SEWB, are lacking in many Aboriginal communities. Yet it is precisely these strategies which Aboriginal people have continually identified as what they need and want in order to heal themselves and their communities. Such strategies are in accord with *Ways Forward* principles of practice (page xxiv) that inform the programs and practices within this book.

Through an extensive literature and program review and community consultation process, the *Hear Our Voices* project identifies that programs that seek to facilitate healing, empowerment, and leadership are critical to improve Aboriginal SEWB. Such programs can be instrumental in resourcing Aboriginal people to further develop their understanding of the underlying causes of their poor SEWB and to determine what needs to happen to tackle those issues. The project found that the holistic approach to the role of the individual, family and community in these programs, along with the use of mentoring and a focus on redressing grief and loss, restoring family relationships, enhancing parenting roles and communication and leadership skills, offer real potential for restoring a community's SEWB and addressing rates of suicide, especially youth suicide.¹

As such, these programs offer an effective, strengths-based approach to addressing the alarming rates of suicide in many Aboriginal communities. They are also a means of supporting people to be in a position where they are capable of taking on further training leading to employment and leadership positions; and facilitating community empowerment and responsibility leading to better governance, safety and leadership within these communities.

The main aim of this Consultation Project was to develop a dedicated new Aboriginal-led empowerment, healing and leadership program in the Kimberley that could be flexible enough to meet local circumstances while upholding some of the best practices understood in research. Knowledge was gained through extensive community consultations in Broome, Halls Creek and Beagle Bay in the Kimberley, as well as a national review of literature and programs concerning empowerment, leadership and healing. The findings from the consultations, and the program and literature review were reported in a publication *Hear Our Voices*.¹

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