

**Exploring Aboriginal women of the Northern Territory's views and perspectives of family violence support services available following a family violence incident**

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### Candidates Declaration

I certify that this thesis entitled “Exploring Aboriginal women of the Northern Territory’s views and perspectives of family violence support services available following a family violence incident” does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in text.

Cindy Jarvis :   
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Date : 28 June 2018

## **Abstract**

Family violence is identified as a major public health issue, with Aboriginal women at greater risk than non-Aboriginal women. Over 70,000 Australian women sought homelessness services in 2016-2017 due to family violence. This qualitative research explored family violence from the perspective of Aboriginal women in medium term crisis accommodation in the Northern Territory who are likely to have needed to use one or more support services following a family violence incident. From a public health perspective, the aim was to inform service providers so that improvements can be made. Stories from women were used to build up a picture of the support services they perceive as available to them, the perceived relevance and usefulness of these services, their reported utilisation of these services, any barriers to accessing these services, and their perceived gaps in support services.

The stories were collected using face-to-face interviews with six Aboriginal women with the assistance of an Aboriginal Co-Investigator. Each story was analysed to produce a concept map to illustrate recurring needs amongst the participating women and form the basis for thematic analysis. The recurring needs included: a need for: ensuring personal safety; assistance with planning for immediate future; support relating to engagement with children and/or the welfare of their children; and support workers to assist meeting these needs. The women also identified and sought support to manage alcohol and other drug use.

Thematic analysis was then used to describe the nature of these needs and confirm whether needs were being met. It was found that women's needs were met and that of prime importance was that the accommodation available gave women access to somewhere safe and free from violence. Women particularly described the value of skilled support workers who were able identify their needs, assist with navigating the services available in the sector, and coordinate the support women needed to plan for securing public or private housing.

These findings may be important for a small jurisdiction like the Northern Territory with a significant community need but high turnover of staff and limited services and resources. Having a designated coordinator as an approach to support women following a violent incident could be considered as a model for efficient use of

resources and to see women better supported than other models that involve multiple support workers. The research also identified the value of working with Aboriginal women to inform service planning and design.

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## **Abbreviations**

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CAAPS	The Council for Aboriginal Alcohol Program Services Inc.
DAIWS	Darwin Aboriginal and Islander Women's Shelter
FORWAARD	Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties
NAAJA	North Australian Aboriginal Justice Agency
NT	Northern Territory
PHAA	Public Health Association of Australia

## **Chapter 1 – Introduction**

Family violence is a significant population health issue experienced by many individuals, families and communities. Access to family violence support services is critical for the health and social welfare of women who experience family violence. The services that are available need to be effective, responsive and aligned to the needs of women who have experienced family violence, as both individuals and as a vulnerable group within the broader community. The full extent of family violence is not truly known as not all cases are reported. However, the statistics available clearly show that Australian Aboriginal and/or Torres Strait Islander women experience higher rates of family violence than non-Indigenous women and access emergency accommodation frequently. While there is an array of information regarding family violence and the impact it has on those affected, the perspective of women who experience family violence is largely missing. In order to effectively respond to family violence as a population health issue, a greater understanding of this experience is needed.

This research project has been designed to explore family violence from the perspective of Aboriginal women in remote Northern Australia who are likely to have needed to use one or more support services following a family violence incident. It aims to develop an understanding about these services from the perspective of the women who these services are intended to support in order to add to existing knowledge available to support service providers so that they can make evidence based service improvements. This chapter provides an overview of the research topic including background information, the study setting, the significance of the study, and the purpose of the study and research questions. Assumptions of the study, definitions of terms and organisation of the thesis are also included in this chapter.

### **Definitions**

Definitions of violence against women can be described in many ways, and laws across Australian jurisdictions have their own definitions. The United Nations Declaration on the Elimination of Violence against Women in its Article 1 provides, ‘The term violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering

to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.’ (United Nations, 1993). In the context of how family violence is viewed by many Aboriginal people, for the purpose of this research, the definition of family violence is taken from the definition used by the Victorian Indigenous Family Violence Task Force, and is defined as, “An issue focused around 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 Indigenous community workers as well as self-harm, injury and suicide.” (Department for Victorian Communities, 2003, p.125).

The Public Health Association of Australia (PHHA) summarises domestic and family violence as a significant public health issue and a key determinant of women’s and children’s health (PHHA, 2016). The PHHA policy statement states that violence against women is the biggest contributor to premature death in women aged 15-44, and that family violence affects the mental and physical health of victims and can cause long term mental and physical illnesses. Along with being a public health issue, the PHHA acknowledges the impact that colonisation has had on Aboriginal communities and links the current high rates of family violence to this history.

In responding to family violence as a public health issue, the PHHA in its principles, affirms that family violence must be addressed through primary, secondary and tertiary strategies. Primary prevention addresses the determinants of family violence, including gender inequality and challenges harmful gender stereotypes. Secondary prevention focuses on early intervention strategies. Tertiary prevention includes working with victims and the perpetrators of family violence. The strength of this holistic approach is that it addresses family violence across the community as a whole, providing support for victims, education and support for perpetrators, addresses community views of gender and collectively works to bring about change and reduce violence.

Together this information means that for this project family violence is defined as any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment,

economic control, damage to property, social isolation and any behaviour which causes a person to live in fear (Department of Human Services, 2011). For Aboriginal people, the term also recognises the broader impacts of violence on extended families, kinship networks and community relationships (Cripps & Davis, 2012).

### **Indigenous**

The term 'Indigenous' is a collective term used in the Australian context to describe Aboriginal and Torres Strait Islander peoples, acknowledging their status as the first peoples and original custodians of the land. The Concise Oxford Dictionary defines Indigenous as "to be born in a specific place" ('Indigenous', 1990), whereas Cunningham and Stanley (2003, p.352) defines indigenous by "...the experiences shared by a group of people who have inhabited a country for thousands of years, which often contrast with those of other groups of people who reside in the same country for a few hundred years." The second definition accurately describes the situation for Indigenous and non-Indigenous people in Australian.

### **Aboriginal**

The majority of Indigenous people in the Northern Territory identify as Aboriginal people. In line with the Northern Territory Aboriginal Cultural Security Framework (NT Health, 2016) this thesis will use the term Aboriginal throughout when referring to Northern Territorian Indigenous people. The term 'Indigenous' will be used when referring to Aboriginal and Torres Strait Islander people more broadly and/or as it appears in other sources that are referred to/drawn upon for this thesis.

### **The scale of family violence**

Family violence is recognised as a major public health issue today with some authors referring to it as a 'national emergency', 'Australia's Tsunami', and a 'national disgrace' (Cripps and Davis, 2012). The Australian Bureau of Statistics (ABS, 2017) provided data on recorded crime victims that illustrates the scale of family and domestic violence nationally, and for individual States and Territories. Family and domestic violence offences are defined by the Australian Bureau of Statistics (ABS, 2017) as "An offence involving at least two persons who were in a specified family or

domestic relationship at the time of the offence; or where the offence was determined by a police officer to be family and/or domestic violence related as part of their investigation” (no pagination). 2013 statistics (ABS 2013) identify that almost 2 million Australians had experienced partner violence since the age of 15 years, while just over 1 million Australians have experienced physical or sexual violence from another family member (AIHW, 2015).

While family violence occurs across all areas of the community, it is well documented that Aboriginal women are over-represented in family violence data. In 2012–13, hospitalisations for family violence-related assaults reported by female Aboriginal and Torres Strait Islander Australians were 34.2 times the rate for non-Indigenous Australian females. The offences data for 2016 identifies that assaults are three times as common for Aboriginal people in the Northern Territory compared to non-Aboriginal people and that domestic and family violence most commonly includes ‘partner violence’ perpetrated by males against females (ABS 2017).

The 2016 ABS Statistics identify that in the Northern Territory, 82% of family and domestic violence assaults involved violence against women perpetrated by intimate partners. Moreover, the 2012 Personal Safety Data identifies that women are most likely to experience physical violence from a partner or someone they know in their own home. The Australian Institute of Health and Welfare data (AIHW, 2017) confirms that the extent of such assaults can result in hospitalisation, identifying that of the 6500 women who presented to hospital for treatment in 2013-2014, those specified where the assault had occurred, 69% reported that the assaults took place at home. Similarly, assaults were perpetrated by a spouse or domestic partner for almost 60% of women or girls who were hospitalised.

Not surprisingly, domestic and family violence is recognised as a major risk factor for homelessness in Australia (Mitchell, 2011). Since the 1970s, Women’s refuges have played a key role in domestic violence, with the intention to keep women and children safe and provide access to support services that will assist women to continue or restart their lives in a more empowered way (Spinney, 2012).

Domestic and family violence is the most common reason that Indigenous clients seek assistance from specialist homelessness services (AIHW homeless, 2014). Almost

three-quarters (71%) of Indigenous clients of specialist homelessness services in 2008–09 were female. Women accompanied by children represented the most common residents (AIHW, 2011). In 2012-2013, one in 10 Indigenous females (970 per 10,000 population) accessed specialist homelessness services (AIHW 2014). Short term accommodation was the most common need (50%). In addition to basic advice and information services, advocacy and liaison, the majority of these women needed support or assistance in at least one area including material aid/brokerage (38%), transport (37%), meals (33%) and laundry/shower facilities (29%) (AIHW, 2011). The support services available vary widely, as do their clients. They include legal advice and assistance, individual and system advocacy, help-lines, counselling or healing activities, group and individual mentoring (professional and peer-to-peer), community development, transition housing, financial services and training and educational services. Some services have an exclusive focus on women, and provide ‘stand-alone’ family and domestic violence support. Other services include family and domestic violence support alongside, or wrapped into general health or family services. They may provide support services for the whole population, or targeted groups, including specific services dedicated to the needs of Aboriginal women (Holder, Putt & O’Leary, 2015).

Definitions of violence against women can be described in many ways, and laws across the States and Territories have their own definitions. The United Nations Declaration on the Elimination of Violence against Women provides, ‘The term violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.’ (United Nations, 1993). For the purpose of this project, family violence will include a broader view that incorporates physical violence, sexual assault and psychological and emotional abuse (ANROWS, 2014).

### **The study setting**

This study was conducted in a city located in the Top End of the Northern Territory of Australia. There are a number of characteristics of this setting that contribute to the significance of the study. Whilst it is the least populated Australian jurisdiction

(245,048 people in 2017), Aboriginal and Torres Strait Islander people account for approximately one third of the population compared to around three percent nationally, or ten times the proportion of Indigenous people in the entire population (AIHW, 2017). It also has the highest rates of family violence in the country (ABS, 2017).

The 2016 Australian Bureau of Statistics (ABS, 2017) data confirms that in the Northern Territory, 82% of family and domestic violence assaults involved violence against women perpetrated by intimate partners. The Australian Institute of Health and Welfare data (AIHW, 2017) identifies that many of these assaults can result in hospitalisation. Of the 6500 women who presented to hospital for treatment in 2013-2014, of those who specified where the assault had occurred, 69% reported that the assaults took place at home. Similarly, assaults were perpetrated by a spouse or domestic partner for almost 60% of women or girls who were hospitalised (AIHW, 2017). Aboriginal women of the Northern Territory are particularly at risk, with data showing that they are 40 times more likely than their non-Indigenous counterparts to be hospitalised by violent assaults, most often committed by heavily intoxicated partners (Ramamoorthi et al, 2015).

In 2012-2013, one in 10 Indigenous females nationally (970 per 10,000 population) accessed specialist support services through homelessness services (such as women's shelters) (AIHW 2016). Lack of access to support services is one of the factors impacting on the vulnerability of Aboriginal women in the Northern Territory to violent assaults (National Council to Reduce Violence Against Women and Their Children, 2009).

### **Significance of the research**

The numbers above tell part of the story; they identify the prevalence of family violence and some of the health consequences. The broader story of how family violence impacts on the social determinants of health, and is influenced by these determinants has been highlighted. In 2016, when handing down findings of an inquest into the deaths of two women victims of family violence in Alice Springs, the NT Coroner stated "In the Aboriginal communities of the Northern Territory it is literally out of control. As a Local Court Judge I witness it most days. As the Coroner

I see the terrible lives these women endure and their horrifying deaths” (Cavanagh, 2016, pp.1). In her 2016 Thesis, Kerr drew upon Northern Territory Police data from 2009 – 2014 to conclude that almost 75% of Northern Territory Aboriginal women have been the victim of intimate partner violence (Kerr, 2016). These findings leave no doubt that Family violence is a significant population health issue in the Northern Territory with effects that reach across the community.

While there is vast information regarding family violence and the impact it has on those affected, there are gaps where further research is required. The literature review reveals that the majority of research to date has focused on describing the support services available, or articulating their perceived effectiveness from the viewpoint of service providers, rather than from the perspective of support services recipients. Further, empirical evidence relating to family violence in Australia largely focuses on the experiences of non-Indigenous women, and support services available in the large metropolitan population centres of east coast Australia. Aside from an evaluation of the Alice Springs Women’s Shelter (Putt, Holder & Shaw, 2017), there are no studies that focus on the experiences of Aboriginal women in the Northern Territory.

In order to effectively respond to family violence as a population health issue, a greater understanding of the perspective of those who experience these services is needed. The justification for this study is that it aims to contribute to filling this gap. It is critical that support services are relevant, timely and appropriate for women. Moreover, resources allocated to delivering services for victims of family violence are limited and ensuring that the most appropriate services are funded to meet the needs of clients is essential. Translating this research into action is a core intention, with a key outcome of the research being dissemination of information to service providers, and government and non-government policy makers who can use this information to improve outcomes for women experiencing family violence.

### **Purpose of the Study**

The primary research question is: What are the views and perspectives of Aboriginal women in the Northern Territory on family violence support services available following a family violence incident or incidents(s)?

The aim of this project is to explore Aboriginal women's stories about support services following family violence incidents to:

- Develop an understanding about these services from the perspective of the women who these services are intended to support.
- Describe the support services Aboriginal women perceive they require following family violence incidents, the support services they perceive as available to them, their reported utilisation of these services, any perceived barriers to accessing these services, the perceived relevance and usefulness of these services, and the perceived gaps in support services.
- Identify what support services or aspects of support services Aboriginal women think are working well and what they think isn't working well.
- Add to existing knowledge available to support service providers so that they can make evidence based service improvements.

### **Assumptions of the study**

It is anticipated that the findings from the study will provide a deeper understanding of the views of Aboriginal women who have used services following a family violence incident; to understand what works, what doesn't and how services can be improved or redesigned to support these women better. The findings can potentially identify gaps that may exist within current support services. The knowledge gained from these women can better inform policy makers and service providers how family violence is responded to from a service delivery perspective. The research will also add important information to knowledge about conducting research using the theoretical frameworks, recruiting participants, and working with Aboriginal women.

This study acknowledges that Aboriginal and Torres Strait Islander people have experienced racism and acknowledges that research cannot be difference-blind (NHMRC, 2003). To ameliorate potential risks of difference-blind, the research had a senior Aboriginal woman as part of the research team as a Co-Investigator. She is an experienced senior Aboriginal and Torres Strait Islander Health Practitioner who provided oversight to the ethics process and attended all interviews, so the woman

participant was not the only Aboriginal person in the room. She offered Indigenous and local knowledge during the interviews, the appropriate cultural respect to the research participants, and assisted the student researcher to pay particular attention to cultural matters. Although a long-term Darwin resident, her family is from the Tennant Creek region, so this provided some degree of distance from potential and actual participants, an important consideration highlighted in the literature (For example Wendt & Baker, 2010 & 2013).

In order to conduct this research in a way that is culturally respectful, 'yarning' as described by Bessarab and Ng'andu (2010) was used as the interview technique to both establish a relationship with the Aboriginal woman prior to gathering their stories and collect information during the interview.

### **Organisation of the thesis**

The thesis is organised into five chapters including this chapter. Chapter two will present a review of the literature that is related of the study. Chapter three contains the research design, participants' details, the sampling method, study setting and instrumentation. Data analysis, ethical considerations, and limitations of the study design are also included in chapter three. Chapter four contains a discussion of the study's findings. Chapter five discusses the results of the study in relation to other studies. This chapter also presents the conclusions drawn from the study, implications for nursing practice and recommendations for future research. The limitations of the study are also discussed in this final chapter.

## Chapter 2 - Literature Review

This chapter examines the literature related to family violence that will specifically inform this study. It begins with the grey literature in the form of policy documents relating to tackling family violence, then moves through the literature relating to family violence as a public health issue, and as an issue relating to personal control. The literature revealing that family violence is an issue of complexity within the specific sociocultural context is described. The embedded nature of Aboriginal women's social and emotional wellbeing through which they experience family violence is revealed. Capacity building as a public health strategy is examined as a way to redress power imbalances. The contribution of colonisation to disempowering women is explored. The disconnection between non-Aboriginal and Aboriginal family violence responses and the need instead for cultural safety, respect and culturally appropriate strategies is uncovered. The chapter also considers the family violence support workforce capacity. It concludes by identifying the characteristics of a skilled support workforce, including the need to overcome dominant western discourses that are not helpful for positioning services to best meet the unique needs of Aboriginal women.

### **The policy context**

The National Plan to Reduce Violence against Women and their Children 2010-2022 [*the National Plan*] (Australian Government, 2016) along with the Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028 [*the Territory Plan*] (Northern Territory Government, 2018), together aim to reduce family violence by calling the community as a whole to act.

In its Third Action Plan, the *National Plan* outlines six national priority areas, including:

- National Priority Area 1: Prevention and early intervention
- National Priority Area 2: Aboriginal and Torres Strait Islander women and their children
- National Priority Area 3: Greater support and choice

- National Priority Area 4: Sexual violence
- National Priority Area 5: Responding to children living with violence
- National Priority Area 6: Keeping perpetrators accountable across systems.

(Australian Government, 2016).

The *National Plan* is prefaced by acknowledging the role domestic violence plays in contributing to homelessness. It identifies that 22% of homeless support episodes are due to family violence, with 49% of women with children citing domestic and family violence as their reason for accessing these services. While family violence is not culture or demographic specific, the *National Plan* refers to literature and statistics that show that Aboriginal women are the population group who experience family violence at higher rates than any other group of people. The preface highlights the relationship between overcrowding in remote Indigenous communities and family violence and the fact that disadvantage is one of the factors that contribute to the high incidence of family violence experienced by Indigenous women. The importance of National Priority Area 2: Aboriginal and Torres Strait Islander women and their children, is highlighted. Priority Area 2 identifies key action areas to address family violence in remote and rural areas. These initiatives include the need to establish culturally appropriate support for Aboriginal and Torres Strait Islander women to lead community efforts against violence and to foster the development of community-driven and place-based initiatives that respond to local needs and conditions (Australian Government, Department of Social Services, 2016).

National Priority Area 2 also emphasises that responses for Aboriginal women and their children must recognise the impact of past trauma linked to colonisation, racism and social disadvantage, and the influence these factors have had on perpetuating family violence (Australian Government, Department of Social Services, 2016).

The *National Plan* also acknowledges the role health professionals play in detecting family violence and treating the outcomes of family violence. It recognizes the skills needed to do this and identifies training as an important component of achieving outcomes for women experiencing family violence.

The evidence base for the *National Plan* comes from the literature and consultations with community. The bibliography provides insight into the literature accessed, which on the whole, consists of local and international statistics and reports on family violence. There is little evidence from the perspective of Aboriginal and Torres Strait Islander women. One notable exception is the work of Keel (2004). In this briefing paper for the Australian Centre for the study of Sexual Assault Keel acknowledges her position as a non-Indigenous woman and describes the advice given to her by Aboriginal and Torres Strait Islander workers and colleagues. She describes that their advice was to talk to Indigenous women ‘on the ground’. Keel took up this advice, as well as referring to papers written by Indigenous women authors. The contribution this made to Keel’s paper was a description of the ‘healing’ approach towards family violence that Aboriginal and Torres Strait Islander culture encourages, rather than a punishment approach, which is seen as a non-Indigenous response.

The influence that this paper had on the National Strategy is not overtly evident, with the approach to National Priority Area 2 instead largely drawing upon relevant elements of the Closing the Gap strategy at the time and the 2009 key indicators for overcoming Indigenous disadvantage.

The *National Plan* acknowledges the work of each Australian State and Territory, noting that the Northern Territory, where mandatory reporting of sexual assault had recently been introduced, was leading the country in this area. In turn, the Northern Territory Government Domestic, Family & Sexual Violence Reduction Framework 2018 – 2028 [*the Territory Framework*], acknowledges the strong influence of the *National Plan* on the Territory’s focus on prevention and early intervention, Aboriginal women and their children, and sexual violence. In contrast to the *National Plan*, the *Territory Framework* calls out violence against Aboriginal women front and centre. Up front statistics identify that nine of ten victims of family violence in the Northern Territory are Aboriginal people (Northern Territory Government, 2017). The publication is populated with photographs of Aboriginal women and begins with an acknowledgement of the traditional owners and elders past and present. Extensive consultation with community based and non-government experts produced the vision, seven principles and five priority actions. The five priority actions aim to broadly address family at a micro, meso and macro level by identifying those at risk of

violence. They focus on providing effective interventions; providing appropriate support to those who have experienced violence in order for them to recover and thrive; holding perpetrators to account for their actions and having effective behaviour change interventions to address violent behaviour; and address violence through systemic changes. The latter includes effective legislation and policy and appropriate funding levels to support a strong, sustainable domestic, family and sexual violence service system (Northern Territory Government, 2018).

Despite this strong emphasis on partnerships, long term social and cultural change, challenging racism and shared awareness and understanding of domestic, family and sexual violence, similar to the *National Plan*, the western influence on perpetrator accountability is also evident. The need to have a pathway to address their offending is also described. This is an important observation for this thesis, and the development of the research question around Aboriginal women's perspectives on the support services they require in the context of their own position within family and community and recovery from family violence.

In responding to family violence both plans identify the importance of raising the community's awareness of family violence and how to respond it; increasing the capability of the family violence sector to provide services that address the needs of those who have experienced violence; the need to provide services in a culturally appropriate and respectful way; and protect children who have experienced violence in their homes.

Both plans also include responses from across all sectors. The literature shows the benefits of a holistic approach to family violence that considers the social determinants of health and the role that these factors have in either enabling the violence to continue, for example the added vulnerability women who are homeless have in being exposed the violence; or the flip side that sees women who have safe and adequate housing and how this risk factor can be a protective factor from violence. These plans describe the need for housing assistance, income support, child protection, education, and responses from justice, the legal system and police. They describe this in a way that anticipates a timeline and women accessing different services over a continuum of care. They describe this in a way that anticipates a timeline and women accessing different services over a continuum of care. They also

describe support services that empower women and encourage recovery. This multi-sector approach situates support services for women firmly within a framework of social determinants of health. The significance for this research is how such an approach broadens responses to family violence from just a justice response to also include a public health effort.

### **A public health perspective**

Recognising family violence as a public health issue, not just a law and order issue locates the role of health professionals firmly in the space of responding to family violence from a preventative and health promotion perspective. Health promotion encompasses the influences of the social, economic, behavioral, and environmental and lifestyle etiology, and acknowledges the benefits of addressing the social and physical environments, and individual and community behavior (Egger et al., 2005). By casting the health lens over family violence, a broader view that is consistent with the holistic and collective view that many Aboriginal people resonate with can be considered and applied (Trudgeon, 2002). Casting a health lens also acknowledges the influence of social determinants of health and the link between social status and health. Wilkinson and Marmot's work regarding the 'solid facts' outlines ten areas that emphasise the gradient between social differentials (Wilkinson & Marmot, 2003). In considering the social standing of many Aboriginal people, particular the Aboriginal people who are the focus of this project, applying the lens of the ten solid facts reinforces the need for action in how family violence is managed and the responsibility of the community as a whole to respond and demand change. The ten solid facts include:

- People's social and economic circumstances affect health throughout life, so health policy must be linked to the social and economic determinants of health.
- Stress harms health. Social and psychological circumstances can cause long-term stress.
- The effects of early development last a lifetime. Ensuring that people have a good start in life involves supporting mothers and young children.

- Social exclusion creates misery and costs lives.
- Stress in the workplace increases the risk of disease.
- Job security increases health, wellbeing and job satisfaction.
- Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.
- Individuals turn to alcohol, drugs and tobacco and suffer from their use, but their use is influenced by the wider social setting.
- Healthy food is a political issue.
- Healthy transport means reducing driving and encouraging more walking, cycling, backed up by better public transport.

(Wilkinson & Marmot, 2003).

Viewing family violence as a community issue, not an individual issue helps to remove associated shame and stigma. Framing family violence as a public health issue that is preventable promises to see better outcomes for victims, their personal relationships, their children and communities; and reduce avoidable deaths. The relevance to this research is that little evidence currently exists to demonstrate how Aboriginal women consider the interaction between the social determinants of health and family violence, how this might provide a framework to explain Aboriginal community members' responses to family violence, and whether the perspective of Aboriginal women themselves can inform us about potential public health responses.

Webster (2016) in her research on measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women, provided insight into family violence from a non-Aboriginal perspective, identifying key opportunities to reduce the associated health problems linked to family violence and work to prevent and eliminate them. Webster identified preventative opportunities in reflecting on the violent incident; looking at points in time, when the violence occurred in the relationship; and before the violence occurred. Examining the violent incident in this way enabled the early warning signs to be identified and responded to, including:

recognising and addressing the controlling behaviors; addressing the social determinants that influence relationships, such as poverty, overcrowding and social isolation; providing effective and holistic responses for women who have experienced violence; supporting their recovery from the incident; and addressing the contributing factors to the violence so women do not return to the same situation (Webster, 2016). Responding to family violence at these key times can improve outcomes for women who have experienced family violence and take steps to stop violence from occurring. This thesis endeavors to identify the key support needs of women at a particular point of time in their experience of family violence.

Carson et al. (2007) acknowledges the social stress that overcrowding causes and claims it to be an aggravating factor in physical and mental illness; adding that can also be a contributor to high rates of family violence. The relevance to this research is that addressing family violence from a public health perspective requires tackling the social determinants of health and limiting the opportunities that enable violence to occur.

### **Personal Control**

Whilst the social determinants of health provide a background for this research, the woman and her individual experiences are at the center of support services following a family violence incident. The literature identifies that a key consideration for the individual is personal control. The impact of personal control has different meanings and experiences for both victims and perpetrators. Umberson et al. (1998) explains the role gender can play in the lived experience of personal control. For many women, experience violence from an intimate partner can have a significant effect on their sense of personal control and can further disempower women who already feel a sense of powerlessness within society. Aboriginal women have experienced many layers of disempowerment that extends from the impact of colonisation, a loss of culture and tradition, loss of access to land and ceremony to living in sub-standard conditions, associated with over-crowding and poverty. Experiencing family violence in the context of this broader disempowerment can further exacerbate a woman's feeling a loss of personal control. The experience of personal control can play out differently for men and women. Not to say that all men and all women have the same

experiences, however, for disempowered women who live in a social environment of diminished control, experiencing family violence can further add to their sense of oppression and position of disempowerment, by casting them in the role of a ‘victim’ of family violence. Conversely, for many Aboriginal men who have experienced the trauma of colonisation, and associated removal from land and culture, the need to exert their sense of control may manifest in controlling their partner and initiating family violence. While this sense of control may manifest in violent behavior, it is rooted in a similar lived experience of disempowerment as experienced by many Aboriginal people and marginalised cultures. Umberson et al. (1998) explains the impact the social environment has on the emotional state of an individual, adding how poverty, various stressors including unemployment, can affect an individual’s sense of personal control. This is the lived experience for many Aboriginal people living in the Northern Territory. This research aims to understand how the issues of broader and individual disempowerment and personal control influence the need for support services for women experiencing family violence.

### **Jealousing and payback**

Another consideration in regards to the factors contributing to family violence is the concept of jealousing. In Aboriginal communities jealousing is known as way of testing the loyalty of a partner by excessive flirting with another person (Blagg et al., 2018). Blagg and colleagues used an appreciative methodology to study different models of assessing violence against Aboriginal women. This approach was used as it enabled looking at the positive elements in culture, organisations and communities where the research interacts (Liebling, Price & Elliot, 1999, cited in Blagg et al., 2018). The methodology used by Blagg et al. incorporated Indigenous research methods set out from Indigenous people's lived experiences rather than framing non-Indigenous knowledge about Indigenous people. This methodology is particularly relevant to this project that aims to understand women’s needs better following a family violence incident as Blagg’s research also aimed to capture the experiences and voices of Aboriginal women. Similarly, Blagg et al. honoured the perspectives of senior Aboriginal women who provided guidance and knowledge to their work. Such an approach informed this project, the Co-Investigator is a senior Aboriginal woman who provided guidance and cultural advice, also the Aboriginal women who

participated in the interviews, it was the intent of the research, to place their voices and experiences at the centre of the research.

According to Blagg (2018), jealousy is a way that some Aboriginal people test their relationships. However, this practice also causes stress and at times violence in the relationship. Frost (2014) also reported that jealousy was one of the main causes of interpersonal violence among Central Australian Aboriginal people. In his research, Frost presented several case studies to illustrate the complex interactions between Aboriginal culture and the behavioural responses to those who had been exposed to violence and trauma. Both Blagg and Frost identified that these relationship dynamics and the complexities caused by the layers of stress and anxiety caused by jealousy behaviors are important to be understood and recognised by practitioners working with men and women, victims and perpetrators in the family violence sector.

Frost (2014) outlined the additional risks that Aboriginal women face if family violence is reported. This includes the risk of payback from family or the community if the woman was perceived to be responsible for the incarceration and potentially when the partner returns from prison, if there were rumors of infidelity while he was incarcerated. These interpersonal and community dynamics provide another perspective on the Aboriginal view of keeping the family together while the violent incident is managed within the community and support is also provided to the woman within the community. Not only is there the desire to keep the family together, there is the additional fear of consequences of reporting family violence, as a legacy of past experiences of the 'stolen generation'. The fear created by possible child removal, has allowed family violence to continue, and placed women and children at ongoing risk (Cunnen, 2009).

The desire to manage family violence within the community as a postcolonial response to past experiences makes it challenging in moving forward to ensure women and their children are not put in a position of further harm, while at the same time addressing family violence within an Aboriginal family violence paradigm (Olsen and Lovett, 2016). Olsen and Lovett, in their summary of published literature on Indigenous women and violence, found that solutions to family violence that are developed by Indigenous people are likely to have a holistic approach that incorporate community healing, restoring family cohesion and aim to allow healing for both the

victim and perpetrator (Keel, 2016). This approach is in contrast to many current western interventions that seek to remove the victim from the violent environment and deal with the perpetrator through the judicial system. Olsen and Lovett's findings identify that this approach to family violence is considered unhelpful and considered it to be a failed punitive approach by many Aboriginal people. Frost (2014) supports this view in his findings, indicating that Aboriginal women want the violence to stop however the Western approach of removal from the community and incarceration is putting them at risk when their partner returns.

### **Capacity building**

Olsen & Lovett (2016) identified a lack of capacity building within current Northern Territory Government initiatives relevant to family violence. Capacity building is effective mechanism to bring about change (Nickson et al, 2011). There are vast amounts of literature regarding building community groups to be empowered to bring about change in their own communities, and including community members in consultation, design, delivery and ongoing management of support services. Involving people in both decision making and implementation of support services is useful for building capacity of people living in poverty and sub-standard living conditions despite apparent barriers. However, to do so, their position of powerlessness and inequality needs to be acknowledged in order to reverse negative perceptions such as victim blaming. Building the capacity of Aboriginal communities needs strong political commitment and ongoing investment. According to Arole et al. (Cited in Egger et al., 2005, p. 132) "Through the process of information training, and imparting medical, economic, and social skills, individuals and communities gain in self-esteem and self-confidence, and come to realise that they have the capacity within themselves to determine their own lives." There is little information in the existing literature about Aboriginal women's perceptions of capacity building in relation to their experience. However, one paper by a social worker student describes a relevant capacity building project based on the public health approach of community development (Nickson et al, 2011). While undertaking a field placement, Nickson, a non-Indigenous social worker, worked with Indigenous workers at an Indigenous healing centre in Queensland to develop Indigenous Strength Cards. These cards, that later became known as Yarnabout Conversation and Reflection Cards, were a

culturally relevant adaptation of St Luke's Strength Cards (Deal, 2008), which had been used successfully in non-Indigenous settings as conversation starters amongst women experiencing family violence. In this case, Indigenous and non-Indigenous community stakeholders were encouraged to work together to develop the cards, with a common goal of building understanding about the history and impact of dispossession upon family relationships and using artistic expression as a common language. Of significance to this thesis is the learning that occurred for staff in mainstream support services as they heard about Aboriginal perspectives, and the benefits experienced by the social worker as the project manager (and principal author). In terms of the latter, the social worker/student described the challenges of working cross-culturally, the benefits of reflexive practice, her growing awareness of her own privileged position and how her perceptions altered when learning the perspective of Aboriginal women. She also described the strength of undertaking a project with an Aboriginal colleague with whom she had a pre-existing relationship, and how through this relationship she gained a deeper understanding of the Indigenous concept of health and well-being. Similarly to Nickson's research, a strength of this project was in having a senior Aboriginal woman as a Co-investigator on the project, who generously shared her knowledge and experience in working with Aboriginal women. This was a valuable contribution particularly during the interview process.

### **Social and emotional wellbeing**

There is a vast amount of literature that discusses the broader, holistic view to health and wellbeing that many Aboriginal people align with. The understanding held by many Aboriginal people encapsulates health as more than physical health, but also as wellbeing as it relates to food, water, clean sanitation, housing, electricity, economic independence, land rights, and the option to engage in traditional practices (Germov, 2014). This view is often described in the literature as a holistic view of health. However, this view extends further than the social, cultural, spiritual and physical wellbeing of an individual, to also include the well-being of the whole of the community (Germov 2014). This is a different view to that held by many non-Aboriginal people who see wellness and wellbeing as an individual responsibility, often linked to their own personal happiness. It is important in this research to

acknowledge the differing views and the different lens's from which family violence can be viewed. For the purpose of exploring the provision of support services to women, this research identifies that the service scope, and planning for service design should broaden its scope to considering the broader, holistic understanding of wellbeing and the potential for services to be flexible to meet the needs of all women experiencing family violence.

### **Contributing factors to the under-reporting of family violence**

One of the influencing factors when planning for support service delivery is knowledge about the population needs. Several papers raised the issue of under-reporting of family violence and how it is understood that family violence events are likely to be considerably higher due because the full extent of family violence is not reported. In her research report commissioned by the Queensland Government Violence Prevention Unit (Cunneen, 2009) Cunneen examined the available data relating to domestic violence; conducted interviews with Aboriginal service users and government and non-government family violence support service providers to understand the adequacy of legal responses; and proposed potential models for more effective responses to violence in Indigenous and remote communities. Cunneen outlined that some of the main contributors to not reporting family violence included fear of the perpetrator; family and kinship issues; the nature of Aboriginal family relationships; fear of child removal; lack of support services; lack of police assistance; and empathy for the perpetrator. These factors placed additional stress and fear on victims, causing many women to stay in unsafe and abusive relationships. This is supported by research conducted by Frost (2014) who adds that the long history of violent behaviour experienced by some Aboriginal people and the potential influence of colonisation distract from the appalling current situation. That is, as a global form of victim blaming, these arguments confuse and reduce the urgency of developing a more appropriate response to the problem. The impact of living in an abusive environment is detrimental to women and their children. When undertaking the Yarning Cards project Nickson et al, found that child removal and fear of coming into contact with child protection agencies was a factor in Aboriginal women not accessing mainstream services. Nickson's findings are further expanded upon by the Insights report (ACT Government, 2017), which identifies that the cycle of family

violence, incarceration of the perpetrator and fear of child removal has contributed to a fear of seeking support from services and creating further social isolation for women.

In an analysis of Australian public policy, Jamrozik (2005) proposed that family violence and child abuse has been a vehicle for state departments to focus their investigations and surveillance methods on low socioeconomic areas and welfare recipients. This level of surveillance and control has been labelled as state violence by Aboriginal women (Blagg et al., 2018). As a form of social control, such surveillance has been further entrenched by police and the criminal justice system in the way they respond to violence and abuse. As outlined by Wyn and White (1997) in their seminal text about youth, the criminalisation process reflects the social control mechanism of punishing the most marginalised sections of the community to minimise social unrest and keep attention away from the structural reasons for poverty and unemployment that are responsible for the unrest in the first place. Baum (2008) in her seminal work on primary health care models identified that this view of blaming the victim can no longer be tolerated and that Public health requires a wider perspective that goes beyond the individual and considers the broader population. Importantly, a primary health care or population health approach alone is not necessarily a recipe for success. Instead, the success of a primary health care approach is the recognition of cultural safety as a central element of any strategy (Smith, 2016).

### **Cultural safety**

In her research Spangaro et al. (2016) employed a qualitative configurative analysis methodology using semi-structured interviews with 12 pregnant Aboriginal women in urban and regional New South Wales. The findings raised the importance of cultural safety in creating a safe environment for Aboriginal women to disclose family violence. This paper used a qualitative configurative analysis to map women's pathways to disclosure or non-disclosure about family violence and discussed the need for various types of cultural safety including elements of, borrowed trust, building a relationship first, taking the professional relationship slowly and having other Aboriginal staff around. Their analysis acknowledged the hidden nature of

family violence and emphasised the need for relationship building between health professionals and their clients in order to support an environment of disclosure.

Nickson et al. (2011) also outlined the need to incorporate the views of Aboriginal women in family violence into support services. Their project developing the Yarning cards for the Suncoast Cooloola Outreach Prevention Education (SCOPE) and Nungeena Aboriginal Corporation for Women's Business Inc. uncovered some of the reasons why local Aboriginal women were hesitant to access mainstream support services. The findings were presented at a community forum with the aim to build a greater understanding of culture and service links between Aboriginal and non-Aboriginal organisations. Like others they found that the disconnect between the western understanding of family violence as the abuse of power in intimate partner relationships did not correspond with the view held by many Aboriginal people who see family violence linked with the social context of colonisation, dislocation and poverty (Bennett, 1997; Robertson, 1999, Taylor et al., 2003). In terms of this thesis, the work of both Spangaro et al (2016) and Nickson reinforced that in order for services to be effective, a sound knowledge and understanding of the worldview of family violence as experienced by service recipients must be understood.

### **Disconnection between Western and Aboriginal family violence responses**

Olsen and Lovett (2016) reported on a literature review to document the existing knowledge, practice, and responses to violence against women in Australian Indigenous communities. These authors identified that the mainstream response of encouraging women to remove themselves from violence (their family and/or community) posed a challenge to many Aboriginal women as it is counterproductive to the importance of community healing and supporting family cohesion in Aboriginal culture. This mainstream approach sees women removed and the perpetrator dealt with through the legal system. According to the literature cited by Olsen and Lovett, this approach is at odds with Aboriginal community-led solutions that seek healing for families and communities as a whole. Particularly when many Aboriginal people see family violence linked to a breakdown in culture and kinship connections and therefore, rebuilding these connections should be embedded into any intervention or response (Olsen and Lovett, 2016). This finding is supported by Day et al (2008) who

suggested that non-Aboriginal 'crisis intervention' systems are viewed as part of the problem and not seen as a solution; that Aboriginal people see prisons and police lock-ups as a continuation of the violence cycle. In addition, Blagg's findings (Day et al., 2008) suggested that the zero-tolerance approach based on the increased criminalisation of Aboriginal men may inadvertently intensify the cycle of violence in Aboriginal communities. Research by Blagg et al. (2018) emphasised the view held by many Aboriginal women who want step away from criminalising men, they see this approach further marginalising and alienating men from the change process. Whereas, embracing an Aboriginal family violence approach acknowledges historical factors, including colonisation, dispossession, loss of land, inter-generational trauma, stolen generation and incarceration, and the interplay these contributors have had on the position of Aboriginal people today (Blagg et al. 2018).

In terms of this thesis, Blagg's work highlights again that in order for mainstream support services to be an effective response for Aboriginal women following a family violence incident, these services need to be designed with input from the perspective of Aboriginal people; in this case, respected Aboriginal Elders and persons. Without the input from respected Aboriginal persons, services will remain unfamiliar and disaffected (Blagg et al. 2018), and will continue the process of colonisation.

### **The impacts of colonisation**

The impact of colonisation for Aboriginal people is a constant theme throughout the literature. Colonisation goes far beyond the dispossession of land; the trauma of children being removed and the many devastating injustices served on Aboriginal people both historically and that continue today. Research with Aboriginal women such as that conducted by Cunneen (2009) and Nickson et al, 2016 advocated that the impact of colonization cannot be oversimplified or overlooked, it is unhelpful and disrespectful to do so. It needs to be acknowledged and considered at every point along in the journey to recovery in working with and alongside Aboriginal people in addressing family violence. As outlined by Frost (2014) whether or not the history of violence experienced by many Aboriginal people is attributed to the impact of colonisation, there are arguments that divert from the appalling situation for many Aboriginal people. Frost (2014) suggests a public health response similar to what was

successfully used in Australia in the 1980's in tackling HIV/AIDS, where victims and offenders were provided with an assessment and treatment to change their behaviour. He argued that if HIV/AIDS was approached in a persecutory manner instead of offering treatment and support to change behavior, then the spread of disease would have been significantly worse. In applying this approach to family violence, if intensive treatment and support were provided to perpetrators of violence and support given to address the contributing factors such as poverty, inadequate housing, overcrowding, and other social determinants then there is the potential for significantly better outcomes for all who are effected by the violence.

In addition to acknowledging the impact of colonisation, and how it has influenced community behavior and how this has contributed to violent behavior to women needs to be considered. The legacy of colonisation has shaped the beliefs and social systems of many Aboriginal people, and reshaped the communities in which they live. For many communities this has influenced patterns of family violence across the community. These patterns include exposure to violence within the community, which has contributed to a breakdown in family structures, weakened social behaviors and social isolation (Webster, 2016).

### **Community support**

Access to support services can be a challenge for governments, non-government providers and service recipients. This is particularly difficult in the Northern Territory where many Aboriginal women live in rural and remote areas. The majority of specialist support services, including counselling, legal advice and supported accommodation are located in regional centers and larger remote communities, noting that many rural areas and some larger remote communities do have the infrastructure and services for safe houses, health clinics and police. However this is not consistent across all remote communities, and therefore not available to all who need these services. Wendt et al. (2017) found that many women did not identify geographical isolation as a barrier in accessing services, however found that the social isolation associated with family violence episodes was a significant concern for them. This view was held by some non-Aboriginal women. In contrast Aboriginal women stated their families were a strong support for them which assisted in managing social

isolation. They also commented on feeling socially isolated when seeking personal safety and being away from their family supports during this time (Wendt et al. 2017). Blagg et al. (2018) suggests the need for a paradigm shift in the way mainstream responses intersect with Aboriginal approaches that include a long-term outlook that works with communities to prevent family violence and allow healing to occur. A workforce equipped with these skills is clearly of importance, and for this thesis, likely to be an important component of what is working well for Aboriginal women who access support services.

### **Workforce capacity**

In 2012 Cripps and Davis (2012) conducted an environmental scan of efforts to reduce family violence specific to Indigenous populations in Australia. Their findings identified the demand on mainstream responses working across multiple agencies, with demanding workloads and limited capacity, and how this causes effective communication between agencies to be compromised. In addition, they add that staff may have limited capacity and experience in working with Aboriginal families, and how this can affect the ability of the staff to respond in culturally appropriate ways (Cripps and Davis, 2012). This is further supported by Bent-Goodley (2005, cited in Hovane, 2014) who emphasises the need for culturally competent service delivery that understands the historical context of colonisation, and works from a strong cultural foundation to support best practice principles.

The broader health and family violence workforce also needs to be confident in responding to the needs of women who present with family violence related health needs (Northern Territory Government, 2018). General practitioners are often an important contact point for women who have experienced family violence, as many of these women have poorer mental health and quality of life, leading them to access health care more frequently. Research by Hegarty et al. (2013) in the 'Women's Input into a Trauma-informed systems model of care in Health settings (The WITH Study)' has shown that survivors of sexual violence can experience a range of trauma-related mental health problems, noting that a pre-existing mental illness can also increase women's vulnerability to sexual violence. This cohort are high users of health services and shows a lower uptake of family violence services. For example, women may be

seeking treatment for depression, through medication and counselling instead of accessing specialised family violence services Hegarty et al. (2013).

This researcher found that many women experience different types of abuse during their lifetime, which requires the health workforce to be able to identify these women and tailor their care to the broad spectrum of needs of women who have experienced family violence.

Acknowledging the impact of racism and addressing racism amongst health professionals and institutional racism needs further consideration (Spangaro et al., 2010, Davis and Taylor, 2002). Davis and Taylor (2002) in their narrative account of the support needs of Indigenous families experiencing violence teased this out further raising how the 'invisibility' of Aboriginal women has allowed talking about family violence and addressing the cycle of violence to be ignored. Lloyd (2014) in her research looking at violence related homicides in Central Australia between 2000 and 2008, comments on the culture of minimisation and blindness regarding the nature of family violence in both Aboriginal and non-Aboriginal communities. The papers by Spangaro et al. (2010) who interviewed women during antenatal visits and Davis and Taylor (2002) who supported Aboriginal women who were survivors of family violence, provide a perspective from a nursing and midwifery view. Both papers raised the need for staff to be able to create a safe environment for women in order to disclose family violence and also mentioned the role of advocating for human rights in service provision.

### **Skilled workforce**

Together, the research by Davis & Taylor (2002), Wendt & Baker (2010, 2013), Spangaro et al (2010), and Nickson et al (2011) and the commentary by Cripps & Davis (2012) identified the importance of a skilled support workforce in responding to family violence. In addition, working specifically with Aboriginal women who have experienced family violence requires a workforce that is culturally competent and sensitive to their needs. All women who have experienced family violence require a workforce who can identify risk, provide support, have the difficult conversations as needed including seeking support from police, manage mandatory reporting requirements in a sensitive way, or seeking medical assistance for sexual assault. In

working with Aboriginal women, the workforce needs to be cognisant of the triggers associated with seeking help from the family violence sector and the flow on effect of reporting family violence and potential child removal (Blagg et al., 2018). The fear of involvement from the sector can further isolate women and put them at increased risk of harm. From this work it is apparent that the family violence sector needs to strengthen knowledge and expertise in trauma informed practice, be culturally respectful and work from a platform of cultural competency and security and have a workforce that can build a rapport and create a safe working relationship with the women they work with.

With such needs in mind the Victorian Government has established safety hubs to provide a coordinated response for women who have experienced family violence. The hubs act as a central referral point for women who need support following a family violence incident. They are staffed with specialist family violence workers who are able to identify escalating risks of family violence and can assist with safety plans for victims (Victorian Government, 2017). The role of the family violence specialist is two-fold. They are a resource for the broader community services sector and provide advice, knowledge and leadership and build the capacity of the other services including mental health services, drug and alcohol services, community health services, schools, hospitals and legal services to identify and respond to family violence (Victorian Government, 2017). In working with victims, they are able to navigate the family violence support services sector which can be challenging for someone who is traumatised, not aware of what services are available, and having to make decisions regarding their safety and wellbeing quickly.

In addition to having a skilled and culturally competent workforce, there is a growing view for the need to recognise that 'one-size-does-not-fit all', and that being culturally competent is not the same as designing and delivering services from an Aboriginal cultural perspective. That is, no matter how respectful non-Indigenous people might be, for services to truly have tailored responses specific to the needs of Aboriginal women (Blagg et al., 2018), they need to be designed, informed and ideally staffed by Aboriginal people (Cripps & Davis, 2012). In terms of this thesis, exploring how well-meaning policy and practice in government, non-government, and Aboriginal community controlled sector can be biased by dominant western perspectives despite

good intentions is important in order to improve responses for Aboriginal women who have experienced family violence. Accordingly, the final paper reviewed in this chapter is a critique of the Western Australian (WA) Best Practice Model for the Provision of Programs for Victims of Domestic Violence (DVPU 2000).

In her critique of the WA service Hovane (2014) brought attention to the potential bias of systems developed to support victims of family violence, such as the legal-judicial systems, because they have assumed they know about the needs of Aboriginal women but are embedded in a notion of a homogenous group of 'victims' of family violence. Hovane asserted that this bias has led to tokenistic responses to meeting the needs of Aboriginal victims of family violence; through the implementation of practices based on notions of equality rather than equity, where sameness of responses is equated with fairness of responses. She claimed that this approach has reinforced the invisibility of Aboriginal women and has excluded them from the development of models of service delivery and practice standards for services to Aboriginal people (Hovane, 2007).

## **Conclusion**

In reviewing the literature it is apparent that while there is a vast amount of interest in family violence, the literature and research is predominantly from a non-Aboriginal mainstream view. The literature indicates that while some family violence services may be effective for non-Aboriginal women in an urban setting; we do not know if they are effective or appropriate for Aboriginal women in a remote setting like the Northern Territory, or in a setting where the Aboriginal population is 30% as compared to the 1% elsewhere in Australia. As can be seen throughout this chapter, there is very limited literature available from the perspective of Aboriginal women but from the little that exists, it appears that being safe is not the same for Aboriginal women and non-Aboriginal women. This is particularly concerning given the over-representation of Aboriginal women who have experienced family violence, and the steady increase of violence towards these women. It is clear that family violence responses need to be flexible and diverse to meet the various needs of recipients. They need to be responsive to the factors that contribute to the violence experienced by many Aboriginal women, including the impact of colonisation, dispossession and

what that means for Aboriginal women, the stolen generation and the link to child removal, housing, overcrowding and the vulnerabilities connected to living in these circumstances. Further consideration also needs to be given to translating what is currently known into strategies and service design that will provide the necessary building blocks and steps for Aboriginal women to regain the control of their lives and be able to live in communities free from violence and fear. This, along with the lack of context specific evidence about women's experiences of family violence support services in the Northern Territory is a significant gap in the literature that this study hopes to address. In order for family violence services to be effective, responsive and culturally appropriate, it is essential that the voices of Northern Territory Aboriginal women as recipients of these services is heard.

## Chapter 3 - Methods

This chapter presents a description of the method used in the study. The chapter will discuss the research design, participants and sampling methods, study setting, instrumentation, data analysis and ethical considerations.

### Research design

The research adopted an exploratory case study design. The case study is of Aboriginal women in the Northern Territory who are residing in medium term crisis accommodation, and who have experienced both family violence and support services following a family violence incident. As stated by Luck (2006), "...the case is a single specific phenomenon. Case study research has particular boundaries; therefore, the case is a system that is bounded by time, place, event or activity, and these boundaries can assist in limiting data collection" (p. 104). In this research, the case is bound by the locale of the Northern Territory, the activity of accessing support services following a family violence event, and during the time spent in medium term accommodation. The case is also bound by culture, as it explores the perspectives and views of the Aboriginal women.

The ontology of this approach allows for the construction of multiple views through the lived experiences of the participants; and acknowledges the fluidity of these constructs as they are formed between the researcher and the participants (Creswell, 2013). This feature is a strength of using a case study methodology. In this research, the case study methodology has also been influenced by the work of Robert Stake (Stake, 2005). Stake's constructivist approach provides a guide for structuring the study and allows the flexibility to include ideas as they emerge throughout the data collection, analysis and interpretation process (Boblin et al. 2013). This approach is consistent with the research objective of understanding women's experiences of accessing support services from the perspective of the women.

One of the benefits of case study research is that it enables gaining in-depth knowledge of an individual case, rather than general knowledge about a larger group. As outlined by Liamputtong (2013), a case study allows the researcher to gain a better understanding of the whole story [subject] by focusing on a key element of the story

[part of the subject]. It is the experiences of the Aboriginal women at the particular point in time of being in mid-term crisis accommodation [the part] who will provide insight into support services required following a family violence event [the whole].

This research took the approach that complexities of family relationships and layers of violence cannot be understood solely from police data and statistics (Blagg et al. 2018). Instead, semi-structured interviews with Aboriginal women who have received services following an incident of family violence were used to construct the case by detailing ‘what’ they have experienced and their perceptions of ‘how’ they have experienced it (Creswell, 2013). Data analysis strategies to build this case involved analysing interview transcripts to identify significant statements and themes to form clusters of meaning (Creswell, 2013). This information was used to write up a textual description of the participants’ experiences. Their experiences were reported within the context of each woman’s perceptions of her own experience of support services, what services she used and whether she saw these services as beneficial, building up a picture of the support services overall. This technique is known as a structural description (Creswell, 2013).

### **Theoretical framework**

The theoretical framework used for this study was a transformative worldview. A transformative worldview seeks to address issues of social justice, the power imbalance and marginalisation of those who have experienced family violence and seeks change (Creswell, 2014). Researchers who align with this worldview are critical theorists, feminists, racial minority groups, indigenous and post-colonial peoples (Creswell, 2014). The cohort that this study will research sits well within this worldview as many of the Aboriginal women who have experienced family violence are isolated from mainstream society as a result of their exposure to violence. The complexities of family violence relationships are far reaching and shape and impact every area of the life of the individual who has experienced it.

Through understanding the experience and perspective of those, particularly Aboriginal women, who have experienced family violence using a transformative approach provides a form of research inquiry that can incorporate what is happening on the political agenda regarding family violence and drive the political agenda to

confront the social oppression experienced by these women (Mertens, 2010). The findings from this study can potentially inform future models of service delivery.

Critical race and feminist interpretive frameworks were also used to inform the design. A key objective of critical race theory is to present stories about discrimination from the perspectives of people of color (Creswell, 2013). Creswell adds that this may be achieved through case studies of descriptions, as used in this study. Of particular importance was the inclusion of an Aboriginal Co-Investigator within the team to be involved at every step of the research – from initial design, to analysis, to conclusions. As well as complying with National Health and Medical Research Council (NHMRC) guidelines for research in Aboriginal and Torres Strait Islander communities, the involvement of the Aboriginal Co-Investigator acknowledged the importance of role modelling the messages of critical race theory at every step of the research.

Feminist theory sits within transformative research and for the purpose of this project provides a lens that brings focus to the experiences of Aboriginal women seeking support services. It is their gendered experience that is sought, the experiences of family violence as a woman in society, not just as a person in society. As outlined by Creswell (2013) ideological research aims to correct both the invisibility and distortion of female experience in ways relevant to positively changing women's unequal social position in society and achieving an end to these oppressive social structures. Applying this lens to this research project aimed to emphasise Aboriginal women's views and perspectives on services they receive during a period where they may be marginalised as a result of their experience. As evident in the literature review, it is the voice of Aboriginal women that is often absent in family violence literature, and therefore our understanding of family violence. Placing the views of these women at the center of this project aims to address their struggles, social devaluation and powerlessness (Creswell, 2013). Intersecting critical race and feminist frameworks guides the intention to include Aboriginal women's voices where they have previously been overlooked or not heard. Feminist theory often is assumed as representing a 'white' woman's perspective. Layering this framework with a critical race framework will ensure Aboriginal women are not further marginalised, and instead placed at the center of this research (Hovane, 2014). A

criticism of mainstream feminist models is that the focus can be on one source of the problem, and not acknowledging the influence of multiple causes including, colonisation, structural racism, and class inequality that have framed Aboriginal women's lived experience of violence (Blagg et al., 2018). The approach taken in this project aims to avoid such criticism.

In line with these qualitative methods of inquiry, it is also important to acknowledge the researcher's own contribution to the research through her role as interviewer and constructivist interpreter of the findings. The researcher is a non-Aboriginal woman, a social worker, and familiar with this area with a bias to improving, empowering women experiencing family violence.

### **Sample**

A purposive unique sample was used to seek specific attributes of the participants who had experienced the phenomena of interest (Merriam and Tisdell, 2016). In this case, Aboriginal women who have experienced family violence in the past five years, and were currently residing in medium term crisis accommodation were the selected participants. Medium term accommodation was chosen as the site. The literature identified the high utilisation of such accommodation by people who had experienced family violence, it was a defined time for the case, and as described below, it was a defined place for recruitment purposes. The reason behind specifying a family violence incident in the past five years was that it was likely that women would have accessed support services at this time, and the information they have would be current and the services are likely to be currently operating. Noting that time constraints were a limitation of the project, women over the age of 18 years were purposely sought. Being over the age of 18, they would be able to provide consent to participate themselves, whereas if they were below 18 years of age, consent from a third party would need to be sought and could potentially cause a delay to the project. Together these criteria meant that the final criteria for the purposive sample was: Aboriginal women who were over the age of 18 years of age who have received support services following a family violence incident in the past five years, and are currently residing in the Darwin area.

## **Recruitment**

Locating Aboriginal women for the study was challenging. Trying to find women who were willing to tell of their experiences of a difficult time that was likely to be quite recent was difficult, compounded by trying to gain access to these women by liaising with the service providers. Three sites were approached and were chosen as they were established services in, they provided a range of supports; had good links to other support services in the sector, and they provide a range of crisis and medium-term accommodation. Only two services agreed to participate. In both cases, the service providers were strong advocates for their women's privacy and acted as gatekeepers to accessing the women in their service as research participants. It took several months of liaising with the service providers to locate the women for the project. While the project was time limited, the length of time needed to plan, submit and approve the ethics application made it difficult to estimate when data collection would occur. For this reason, when the service providers were initially approached to see whether they were interested in supporting the project and become a participation site, the research team was unable to give them an accurate timeframe for the data collection. This made it difficult to recruit women for the project, as by the time the project was ready for data collection many of the women who the participation sites had identified as being suitable for the project had moved on from the service.

Following agreement by the service management team to participate and ethical clearance, posters were placed at each site inviting eligible women to volunteer to participate in an interview. The posters included the contact information of the student researcher; information regarding the on-site information session outlining the purpose of the project, and what was required from participants. An education session was also delivered to support staff, outlining details of recruitment and information about the project consistent with the information sheet. Their support was critical to the project. Women who were interested in participating were provided a participant information sheet from site staff, but with site staff clear, and making it clear to women that they had no role in the project or relationship with the researchers beyond assisting with providing access to women to invite voluntary participation.

The poster and information sheets were in English, using plain language. Women who did not read English were not excluded from the project. All information was

provided verbally and by enlisting the assistance of the Aboriginal Co-Investigator to contextualise information into everyday terms provisions were made for women who did not read. The information contained in the consent form was able to be read to women and witnessed by the Aboriginal Co-Investigator as needed.

Once the posters and information regarding the project had been circulated around the three sites for a couple of weeks the sites were contacted again to see whether there were any interested participants. At the end of this process, six participants were located from the one service. The participants varied in age and were all from different communities.

All participation in the project was voluntary. At each stage of recruitment, information sessions, outlined in the information sheet and at the time of interviews, the participants were advised that they were able to withdraw their participation and reminded that their participation was in no way linked to the services they received from the recruitment sites. That is, participating or not participating did not change what they were offered, or the services provided. Participants were also advised that they will not be identifiable in the data, or be able to be identified in any of the publications arising from the research.

### **Semi-structured interviews**

Data was gathered using interviews to collect stories from women about their use of support services. All interviews were conducted with both the student researcher and the Aboriginal Co-Investigator present, each interacting with the woman as guided by the Aboriginal Co-Investigator. The interviews were conducted on-site at the crisis accommodation. At the end of the information sessions, the women were given the option of having the interview held at another location in case they needed distance between the support service and what they may say about the service. However all participants chose to have the interview on-site. The interviewer used a semi-structured approach, following an interview guide (Appendix 2). The interview guide provided the framework for the researchers to ask questions and gather information from participant women. The questions focused on asking about the support services women perceived as available to them, the perceived relevance and usefulness of these services, the woman's reported utilisation of these services, any barriers to

accessing these services, and any perceived gaps in support services. In order to conduct this research in a way that is culturally respectful, ‘yarning’ as described by Bessarab and Ng’andu (2010) was used as the interview technique. Yarning was not only used to collect information during the research interview, but also to establish a relationship with the Aboriginal woman prior to gathering their stories.

“Yarning in a semi-structured interview will take the form of an informal and relaxed discussion through which both the researcher and participant journey together visiting places and topics of interest relevant to the research study. Yarning is a process that requires the researcher to develop and build a relationship that is accountable to Indigenous people participating in the research” (Bessarab and Ng’andu, 2010, p. 38).

The student researcher also shared some of her own community and family connections, acknowledging her position in dominant western society and using reflexivity during the interview to engage in the active listening method of Daddiri. The Aboriginal Co-Investigator shared her kinship connections and experience as a health care worker, mother, and support person to women who had experienced family violence. This method was recommended by West et al. (2012) and described by Atkinson (2002), as “a process of listening, reflecting, observing the feelings and actions, reflecting and learning, and in the cyclic process, re-listening at deeper and deeper levels of understanding and knowledge-building” (p. 19).

## **Participation**

Information sessions and morning tea was provided at the site for potential participants who had been encouraged to attend by staff. The information sessions and interviews were conducted over two visits, except for the first interview. Women were offered the option of a support person to accompany them to the interview. After the information session, and signing the consent forms, three women continued to interact with the researchers in a group discussion, sharing their experiences with the Co-Investigator and student researcher. This occurred organically and worked as an ‘icebreaker’ for the some of the women in the group who appeared shy and to need a little more time to build a rapport and feel comfortable to share their experiences. Although the planned methodology was to conduct individual interviews only, the interview approach used at the site was fluid and adapted to the women who were

staying at this accommodation service. Despite being advised that Aboriginal women preferred to discuss family violence individually, and younger women remaining silent in deference to the voices of older women, at the request of the potential participants, a group interview was conducted as the first interview for this research. Within the group was a strong older woman who had used a variety of support services and shared her experiences of these services. She was very generous with her knowledge and rather than discourage younger women's contributions, this leadership established a congenial sharing environment that worked well for the following interviews.

Following consent to participate, the remaining three volunteer respondents attended a thirty minute semi-structured individual interview at a meeting room on the premises of the shelter immediately after the initial information session. Childcare options were considered and available for the participants. However none of the women had children with them at the time, nor did any of these women request attendance by a support person. Upon completion of the interview, participants were given a \$20 supermarket voucher, as a measure of respect for the time they volunteered.

As described above, the Co-Investigator, a senior Aboriginal and Torres Strait Islander Health Practitioner was present throughout the interviews, this ensured the woman participant was not the only Aboriginal person in the room. The Co-Investigator provided the appropriate cultural respect to the research participants, and assisted the student researcher to pay particular attention to cultural matters. She also contributed Aboriginal and local knowledge during the interview. Although the Co-Investigator was a long term resident of the town where the accommodation was located, her family is from a region 1000km away, so this provided some degree of personal distance from potential and actual participants, an important consideration highlighted in the literature (For example Wendt & Baker, 2010 & 2013).

Importantly, the interviews did not involve discussion about the family violence episode itself. All information provided both prior to and during the interview included information about the appropriate mechanism for such disclosures and identified that should the woman make such a disclosure during the interview, then the interviewees may be obligated to act under Northern Territory Mandatory Reporting requirements. Women were also advised that it was unlikely that they

would experience any distress during the interview, but that if this occurred, counselling services were available free of charge. Similarly, both the student and Aboriginal Co-Investigator had pre-planned access to counselling following any interview should they be distressed by any content or disclosures during the interview.

### **Data collection**

The interview guide for data collection was developed in consultation with a nine member Expert Reference Group. The Expert Reference Group included Aboriginal and non-Aboriginal women. Five members were Aboriginal women from a group who provided cultural safety and Aboriginal and Torres Strait Islander workforce advice to the local public health service. They were contacted by the student researcher's supervisor and volunteered to provide advice. Three of the non-Aboriginal members of the Expert Reference Group were women working in public and non-government organisations providing policy and operational advice to services supporting Aboriginal women experiencing family violence. The remaining two women were experienced academic researchers, one Aboriginal and one non-Aboriginal.

### **Privacy and confidentiality**

The identity of participants was protected from being known by staff at the participant sites. Staff were not present at the information sessions so although they may have seen the woman attending, they did not know who volunteered.

Data was de-identified, but re-identifiable during data analysis. Each interview participant was allocated an identifier; for example, woman 1, woman 2 etc. enabling both anonymity and the capacity for the researcher to re-identify the data in order to present at a follow-up meeting with the woman should this be possible. The women's identifying information, data and data coding were stored separately during data analysis, protecting her privacy and ensuring anonymity. Use of codes only once data was analysed ensured the women remained unidentifiable in this thesis, and for any future publications. The identifying information was destroyed when analysis was complete.

Information recorded on paper was transcribed and stored on a password protected computer, and the original destroyed. All data including password protected USB, hard copy notes, transcripts was held in a locked cabinet at the student researcher's private residence. Data analysis and the write up occurred at the student researcher's private residence on a private computer that was password protected or on a password protected laptop at the student's work or the supervisor's office, where access was limited by electronic pass keys. Following completion of the thesis, all data will be transferred to the Master of Public Health password protected thesis repository at the University and destroyed five years from the date of any publication, which is based on that data, or for a minimum of 12 months after completion of the project.

### **Consent and withdrawing consent**

Written consent to participate was sought and obtained from all women participants. Prior to consent, all potential and actual participating women were given an overview of the project outlining the purpose of the project, why her views are being sought, what will happen with the information she has provided and what the project may be used for and by whom. This information was provided in the group information session, individually when consent was obtained, and again at the beginning of each interview. Flip charts (see below) were included in the information provision process, and the Aboriginal Co-Investigator attended at all times.

Eligible women had the option to participate or not, and their participation or non-participation did not affect service provision from the participating recruitment site or any other support services. Women did not need to give any reason for their decision not to participate. Participants could withdraw their involvement in the project at any time. There was no consequence to withdrawal. Although some participants in the information session decided not to participate in the research, all women giving consent to participate, completed the interviews. None of the interview participants withdrew from the project.

### **Reimbursement for participation**

As mentioned above, participants were given a \$20 supermarket voucher redeemable for groceries (excluding alcohol) as a measure of respect for the time they gave to the

project. This strategy was informed and supported by the wisdom of the Aboriginal Co-Investigator and members of the Expert Reference Group. The value of the voucher was not considered high enough to form an inducement to participate in the project

Consideration was given for reimbursement of the costs of transportation (public transport or taxi fees) should this be required. However, all participants chose to participate in the interviews on-site.

### **English as a second language**

Based on the known demographics of the potential participant population it was anticipated that English would be a second language for the majority of participants. The researchers did not have access to resources to engage an interpreter. To overcome this, all information was provided to participants in both oral and written form.

The written information (Participation information sheet (Appendix 4) and Consent form (Appendix 5) were provided in simple English (Grade level 7&8), and language that acknowledged the social, cultural and geographical context of the participant. The written information was developed with advice from the Expert Reference Group and piloted with a number of Aboriginal people who are colleagues to one or more of the researcher's, who were not potential participants, but who were familiar with the context of family violence. The written information follows the following principles used in health promotion materials and expertise gained through other research conducted by members of the research team:

- Alternatives for complex words, abbreviations, and acronyms were used
- Abstract language was avoided
- Varied sentence length was used to make the material interesting, sentences were kept to between 10-15 words
- A personal voice was used to help engage readers

- Where appropriate, bulleted lists were used instead of blocks of text to make information more readable
- Active rather than passive voice was used.
- Terms were used consistently rather than interchanging similar words
- Sentences were framed in a positive rather than negative manner

The information was tested using the open source Text Statistics project on-line tool that uses 5 different reading assessment formulas (<https://readable.io/>).

A pictorial 'flip chart' (Appendix 6) was developed to enhance potential participant's understanding of the research, however the researcher assessed during the interviews that the women were engaged, that other methods were working, and did not use the tool.

The verbal information sessions were based on the information contained within the participant information sheet. The consent form was read out to each participant by the Aboriginal Co-Investigator, explaining again any element that the potential participant was unclear about. The consent was witnessed by one of the researchers to verify that the woman's signature represented their full understanding. The researchers were confident that the multiple verbal explanations ensured that the women who were unable to read, or reluctant to identify that this was the case were not excluded from either participating in the study, or providing informed consent. Women who did not speak conversational English were excluded from the study, but were not among either participants in the information session, or potential volunteers.

## **Analysis**

Analysis began during the interviews with the women, when the student researcher mapped out what support experiences were identified by each woman. These individual support experiences maps were created during the interview to capture each woman's support experience as a visual tool, and be able to verify the authenticity of the researcher's interpretation through immediate validation by the women. Based on previous research (Wendt & Baker, 2013) it was anticipated that although women were given the option to review the fully developed concept maps and the researcher's

analysis at a later date, it was unlikely that the women would take up this offer. The information from the individual maps was compiled into a table to provide a snapshot of how many women had similar experiences, and what service type was utilised by the women.

After the interviews the recordings were transcribed verbatim, they were read and re-read and incorporated into the concept maps created during the interviews to describe each woman's experience of support services. The broad themes arising across the interviews emerged, and were coded into working themes for deeper analysis. Deeper analysis further developed and refined themes across all concept maps for all of the participants.

The key themes were further explored and described by incorporating verbatim quotes from the interviews that captured the voices and experiences of the women. These verbatim quotes were used in the results discussion to capture the women's voices and ensure that their experiences were shared to truly depict the women's experiences of support services.

The concept maps and thematic analyses were reviewed by the Co-Investigator and student researcher's supervisor.

### **Validity and Reliability**

Validity refers to whether the methods used to collect information produce data that truly reflects an exploration of the concept or phenomenon under investigation. Reliability refers to the accuracy of the data generated by the researcher (LoBiondo-Wood & Haber, 2001).

Validity of the interview questions was achieved through developing the questions from the literature, refining through advice from the Expert Reference Group, and piloting amongst colleagues experienced in working in this area. Feedback confirmed that the questions were valid for exploring Aboriginal women's perceptions of support services. Greater validity and reliability could have been achieved by piloting amongst a similar group. However, as described in the literature, this vulnerable group is difficult to access and the researchers did not want to reduce the potential pool by involving them in the pilot and excluding them from participation in the research.

Reliability/accuracy of the data generated by the researcher was first confirmed by developing the concept maps during the interview and verifying immediately with the woman that information had been captured and interpreted correctly. The subsequent process of reviewing the concept map, and the verbatim transcripts multiple times and thematic coding by both the researcher and the Co-Investigator who attended all interviews together provided additional reliability. Further rigor was added by the research supervisor also reviewing and challenging each theme. Including verbatim quotes to support the constructed themes provided another layer of reliability that the coding reflected the interview content.

Involving research participants in knowledge development is a key quality of research guided by feminist and critical race theory. Unfortunately, while this option was available for the initial concept maps, the follow-up opportunity that was offered was not taken up by any of the participants and there was no further engagement with the researcher beyond initial data collection.

Whilst it is acknowledged that the analysis represents the researcher's constructed interpretation of women's responses to the interview questions, and that there is no ultimate 'truth', in line with qualitative research methods, other ways of ensuring the legitimacy of the findings include pragmatic validity, process validity, and political-ethical validity (Aitken, 2009).

In terms of pragmatic validity, this research achieved what it set out to do, it applied a consistent approach to analysing the data, and presented data in a way that invoked an immediate feeling of authenticity. In terms of process validity, data collection and analysis was: clearly articulated; reflected systematic decision making processes that can be mapped across the research process; consistent with the theoretical framework chosen; sensitive to the complexities of gathering, recording and presenting data when English was not the first language of the participants; and organised in such a way that there is a clear distinction between the data and its interpretation. In terms of political-ethical validity, this research incorporated an openness and transparency relating to the position of the researcher in the generation of knowledge; fostered an understanding of the historical, social and economic situations that intersect with interactions between Aboriginal and non-Aboriginal people in the context of colonisation; acknowledges dominant discourses and the complexity and fluidity of

cultural understandings; openly acknowledged and clearly incorporated the voice of the research participants, and openly acknowledged the partiality of the researcher's understanding.

### **Ethics**

Ethics applications were submitted and approved by the Human Research Ethics Committee of the Northern Territory and the Aboriginal Ethics Sub-Committee.

There were many ethical considerations to this research, not the least of which was the balance between risk and benefit to participation. The intention was to use this research to improve support services for Aboriginal women experiencing family violence and residing in medium term crisis accommodation, with an explicit recognition and commitment to respect, justice and beneficence for participants, including their cultural values and cultural principles described within this submission and summarised below:

### ***Vulnerability***

All women who have experienced family violence belong to a vulnerable population who are at risk of re-experiencing trauma, as well as experiencing social, health, and economic vulnerability. The researchers acknowledged that Aboriginal women, who were the intended participants in this project have the added vulnerability of a history of colonisation, and experiences of greater levels of background trauma, and social, health, and economic disadvantage compared to their non-Aboriginal counterparts.

The research design attempted to limit this vulnerability by recruiting women from accommodation where they have a level of safety, and have had some distance between the family violence event in order to achieve some social, health and economic recovery. The researchers worked in collaboration with the support services who provide this accommodation to women, and who have both gained the respect of the potential participants and have a stated commitment to improving the services they provide. The support services were very specific about the sites where volunteers were sought to minimise the vulnerability of the women.

Measures were taken to balance the woman's trust of the service they are using, while at the same time in recognition of the dependant relationship between the service and the woman, taking a number of steps to distance the service from the research so that there was no possibility of actual or perceived coercion to participate, or consequences from not participating.

The exclusion criteria limited the vulnerability, but did not compromise the applicability of the results, or place a high burden on a specific group.

### ***Power relationships***

It was the intent of the research that the women were placed at the centre of the research and empowered to choose to participate (or not) throughout the process. Each woman could determine how she initially contacted the researchers; how she was known to the researchers and how she could preserve her anonymity (choosing a name and contact details for follow-up) should she choose to do so. Consideration was also given to the location of the interviews, whether on-site or at a location away from the site. At the same time we took care not to provide information to the woman in a way that reveals her participation in the research to family member(s) who may react negatively to her participation.

### ***Trauma***

The project aimed to minimise the likelihood of women experiencing trauma by participating in this research by focussing on the support services available following a family violence event. The research process provided participants with an overview of the project, and was transparent with participants stating verbally and through written materials during recruitment and data collection that the researchers did not want to know about the family violence event itself. However, at the same time, the researchers respect that women may experience trauma by not sharing this knowledge, or by the knowledge they do share, and had processes in place to facilitate telling this story, and counselling outside the research setting. All researchers were experienced in these procedures. Women were free to withdraw at any time throughout the research process.

### *Culture*

Semi-structured interviews are a method that incorporates a way of researching that is promoted by Aboriginal researchers knowledgeable in the way that Aboriginal people can contribute sensitive data. One of the researchers was an Aboriginal woman, and together with the Expert Reference Group consideration was given to the requirements of the NHMRC Values and Ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Health Research (2003).

### *Beneficence*

The benefit of the research is the understanding of Aboriginal women's views and perspectives of the support services available following a family violence incident – information that is currently limited in the form of empirical research. Without this information, support services are using evidence that is based on research largely generated from non-Aboriginal service providers, and a small number of women who utilise services as participants. The women who participate are rarely Aboriginal women, so not only is there little known about support services from the views and perspectives of women as service users, there is even less known about the views and perspectives of Aboriginal women who require support services following a family violence event. At the same time, statistics show that Aboriginal women are at great risk of family violence and therefore of great need for support services that meet their specific needs. Therefore, elements of beneficence in this research include an increased awareness of the experiences of Aboriginal women using support services; assisting organisations to understand this information and capacity building through the research and research Expert Reference Group; and the potential benefits to Aboriginal women clients of these services.

The researchers complied with the National Statement on Ethical Conduct in Human Research (2007) during the project. The Statement was used to inform the selection criteria for recruitment to the project; ensuring voluntary participation, any potential risks to the participants and researchers were considered and mitigated for, and the participants were provided appropriate support throughout the interview process. The women were able to withdraw their participation at any time throughout the project.

### **Project governance**

The work was guided by an Expert Reference Group incorporating representation from senior local Aboriginal women who were also representatives from the NT Department of Health and Menzies School of Health Research. The Expert Reference Group were consulted during the course of the research to discuss methodology, the recruitment of participants; ensuring people involved were empowered to participate, the ethics process and requirements, the preliminary findings, and the presentation of the final report.

### **Summary**

This chapter has outlined the method, participants and setting for this study of Aboriginal women's perceptions of support services following a family violence event. An interview schedule was developed based on the literature and consultation with an Expert Reference Group. Interviews were carried out by the student researcher and an Aboriginal Co-Investigator, recorded and transcribed following voluntary consent by participants recruited from a single medium term crisis accommodation facility. Data was analysed in two steps, guided by a theoretical framework that acknowledged the unique position of Aboriginal women within society and the context of family violence, and the researcher's own positionality. Data collection and analysis was conducted in accordance with the NHMRC Ethical guidelines and approval by the Northern Territory Department of Health and Menzies School of Health Research Human Research Ethics Committee. The following chapter will discuss the study findings.

## **Chapter 4 - Results**

### **Overview**

This chapter presents the findings of this study. It reports on six interviews with women who were living in crisis to medium term accommodation after experiencing family violence. The findings are presented in two sections. The first section provides a description of the characteristics of the study sample and maps the support experiences that each woman reported during the interview. The support map was created during the interview to provide a shared visual representation of each woman's experience, and then refined again during analysis of the transcripts for presentation in this chapter. The second section reports on the main themes that arose during the interviews relating to what the women perceive as the relevance and usefulness of services, and what is perceived as working well. This section also reports on the themes that arose during the interview relating to what women thought was not working well or is a perceived gap in service.

### **Characteristics and support experiences of the participants**

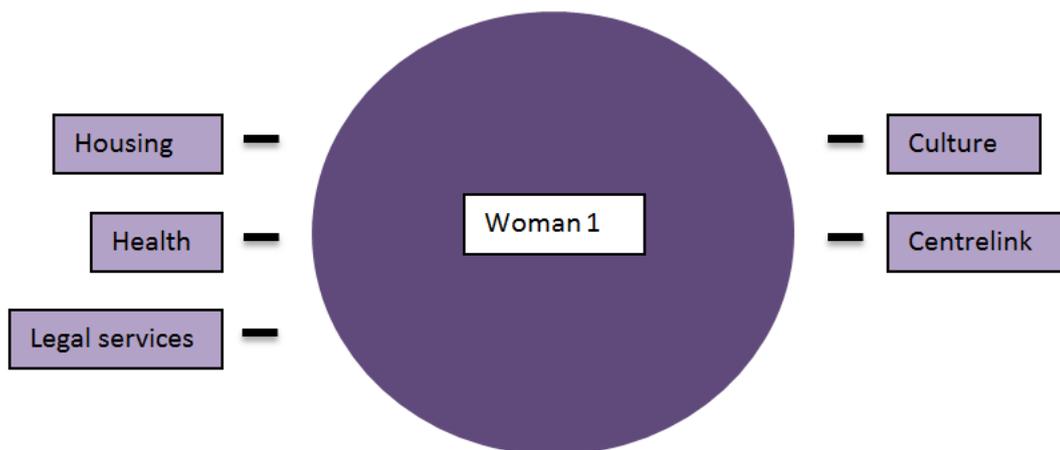
Six women aged between approximately 25 and 50 years, staying in medium term accommodation volunteered to participate in face-to-face interviews. They were all recruited from one site, a not-for-profit non-government organisation specifically catering for Aboriginal and/or Torres Strait Islander women. Of these women, three normally lived in an urban location, and three were from remote communities. One had spent time in prison, and two had partners serving time in jail. Five women had children, and none of them were normally living together. Five women had spent time in similar supported accommodation in the past.

### **Individual mapping**

Woman 1 (W1) was staying at the shelter following a recent family violence incident that she reported as an assault by a family member. In her words she had previously been 'living rough' in the city area and was now staying at the shelter short-term while receiving medical attention for the injury sustained during the family violence incident. She had received assistance to prepare an application for government

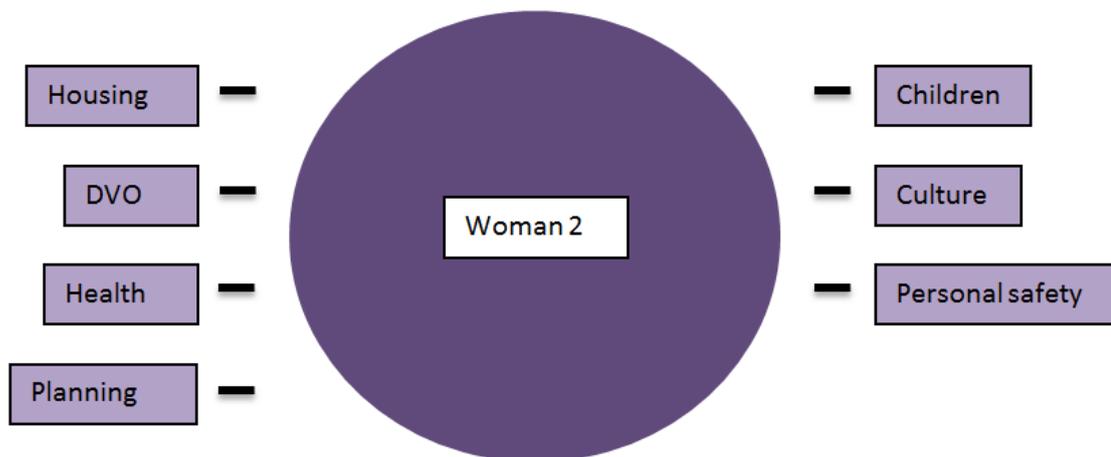
housing from the resident case manager and had an upcoming court date. She was planning to seek assistance for this appearance from the Aboriginal legal service, identifying a preference for support provided by Aboriginal people. She had previously contacted Centrelink to ‘sort out’ her payments.

*Fig. 1 – Support experiences map Woman 1*



Woman 2 (W2) was moving away from her community to “live without violence” and get away from what she described as “family troubles”. She was staying at the accommodation while looking for a private residence. She had voluntarily placed her children with family some time ago. She had previously applied successfully for a Domestic Violence Order (DVO) and was planning to find work in the future. She reported routinely accessing a combination of western and bush medicine to meet her health needs.

*Fig. 2 – Support experiences map Woman 2*



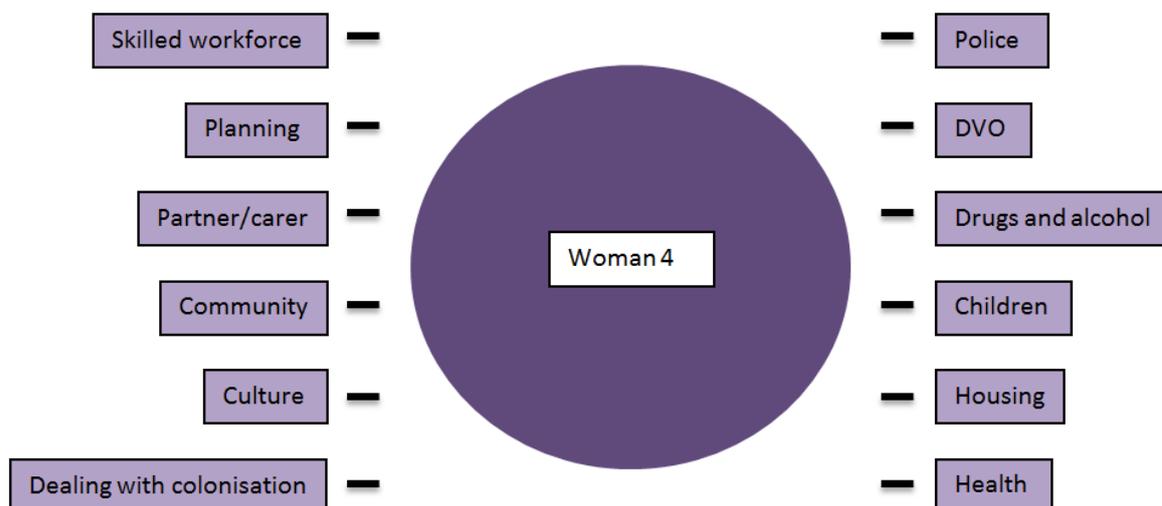
Woman 3 (W3) was staying at the research site while waiting on assistance from her interstate family to relocate into private housing closer to her children. Her children were voluntarily placed with non-family many years ago. She had accessed support services before when in prison and knew how access the services she needed. She is currently paying off a Centrelink debt, would like to get a job and plans to budget her money in the future to prevent spending money on alcohol.

*Fig. 3 – Support experiences map Woman 3*



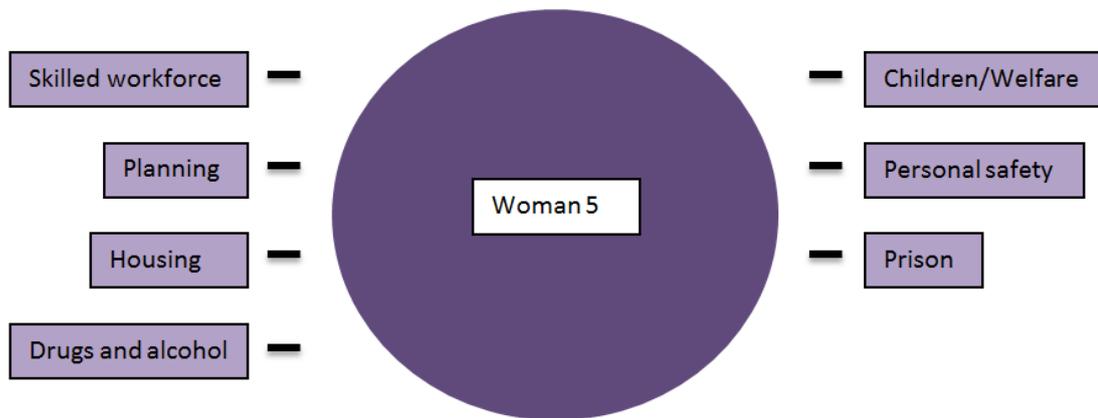
Woman 4 (W4) was a traditional owner in her home community and staying at the participating site following a family violence incident with her partner. She had needed and received assistance from the case manager in preparing an application to live in government housing with her partner. The recent family violence incident included her partner, who was her carer and support person, providing support with medical appointments and management of her medications. Her support needs included interacting with Police, dealing with the impact of colonisation, and dealing with health issues. Planning for the future, getting a job, culturally safe care, maintaining her connection with community, and the welfare of her children and grandchildren were all important needs expressed by this participant.

*Fig. 4 – Support experiences map Woman 4*



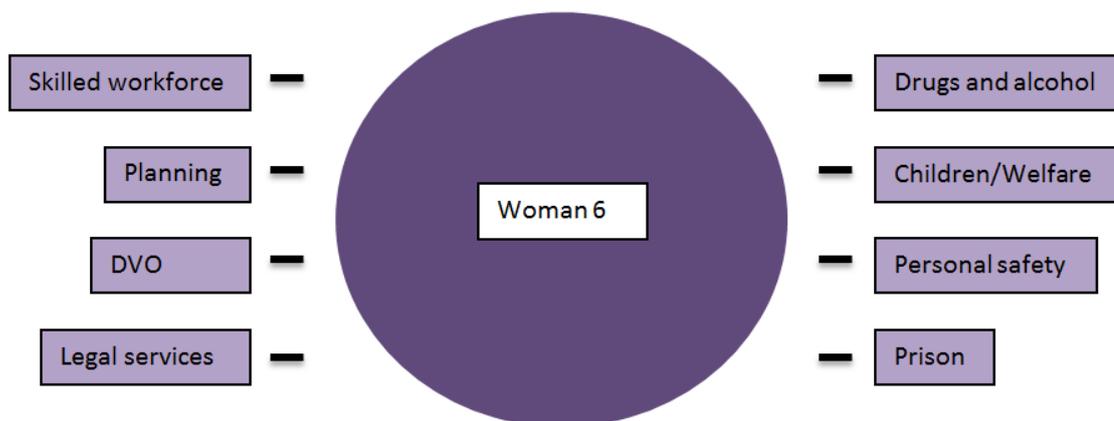
Woman 5 (W5) was staying at the participating site, she did not say why she had come to the shelter, only that she liked having somewhere with no violence. She had received assistance to apply for government housing from the case manager to meet her need to move into the city, away from the violence within her remote community. Her children were voluntarily placed in the care of someone else some time ago and she spoke of wanting to have one of her children come to live with her once she had secured her own house. This participant also spoke about needing to plan for the future including seeking assistance from an alcohol withdrawal service when ready.

*Fig. 5 – Support experiences map Woman 5*



Woman 6 (W6) had come to the city specifically to start drug and alcohol rehabilitation. She was unable to get a place in the program and was returning home; where she plans to continue to try to get accepted into a service. This participant had been working with welfare to have her youngest child returned to live with her. She spoke of the assistance she had received from the case manager who had tried to facilitate contact with her children by telephone, unfortunately no one was available. She was unhappy with the family her youngest child is placed with and plans to get legal assistance to have her child placed with another family. Following the last family violence incident, a DVO was sought, and her partner is currently in prison.

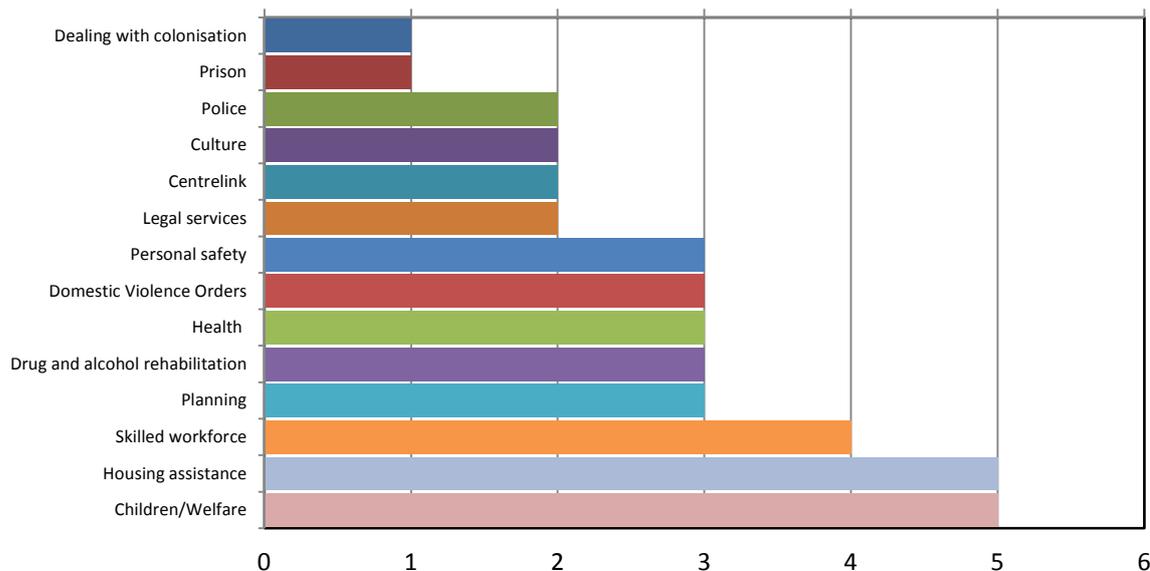
*Fig. 6 – Support experiences map Woman 6*



## Service utilisation

The service experience mapping illustrates the uptake of services by this small group of women.

### Support service experiences as identified by participants



## Key themes

The service experience mapping illustrates recurring needs amongst the participating women, with five out of six women identifying their need for assistance with planning for the future, securing public or private housing and support relating to engagement with children and/or the welfare of their children. Four of the six women identified a need to ensure personal safety and sought support to manage alcohol and other drug misuse. A similar number described the effectiveness and value of having skilled support workers. These key experiences formed the foundation for the thematic analysis, and are described below from the perspective of the participating women. The importance of culture and the need for culturally embedded services was both a theme in its own right, and was threaded through the woman's descriptions of whether services were meeting or not meeting their needs, and is explored below.

### **Personal safety**

Immediate safety following a family violence incident was an issue faced by all of the women. Not all of the women had experienced family violence before, so for some of the women they had never been to a crisis shelter before, and for others they had been to many of the shelters across the Darwin region on many occasions.

*“I just want to live in a clean house and without violence for myself.”(Woman 2).*

*“...I have single life is more better than having violence. That’s why I love my single life. No man can tell me what to do.”(Woman 3).*

*“it was just only being there for that reason for domestic violence reasons and being safe.”(Woman 4).*

Apart from the woman who commented on feeling secure in the accommodation at the research site, the other participants did not comment about the adequacy of support services to ensure personal safety.

### **Planning post crisis accommodation**

Five of the six women raised the importance of having a plan in place once they leave the crisis accommodation (Woman 2, Woman 3, Woman 4, Woman 5, and Woman 6). Several of the women spoke highly of the case worker, commenting on the benefits they received by having practical assistance in preparing housing application for when they leave the shelter, along with assistance with medical appointments and whatever practical assistance could be provided. They said she was a good listener and that she helped them out.

Some of the women stated their need for assistance at this time was high, to complete housing applications, attend medical appointments, sort out Centrelink payments, and try to personally manage the trauma they have experienced.

*“Over the past years I’ve been through violence for 10 years and I’ve been in shelters like this but I never had help when I came out just back on the street doing the same thing.” (Woman 4).*

*“Today now like this place here I can see there is help.”(Woman 4).*

*“Like I said, us women coming in to somewhere like here we need something when we get out, from dry out, come out with a plan. To me, say if I had been in rehab I would like to have a plan when I come out, some work, something to do, instead of going back drinking to where you started, those sort of things we need.” (Woman 4).*

One of the criticisms of support services that came from the interviews was the lack of planning or no planning when the women were leaving a shelter. Some women planned to stay single when they left the shelter and some of the women planned to return to their partners.

*“...that’s the only thing not helpful is us getting out, yer not having a plan, to me that’s true.” (Woman 4).*

## **Housing**

Adequate and safe housing was a strong theme amongst five of the six women (Woman 1 – Woman 5). Two of the women (Woman 2, Woman 6) specifically spoke about feeling safe at the participating site, with one commenting that,

*‘[I] just want to be safe .... [My] expectations are low, [I] didn’t expect those other things’ (Woman 2).*

None of the women had their own place to return to. Some of the women were living on the streets, beach or parks in the city and surrounding area; in town temporarily and planning to return to their community; or were staying with family in overcrowded housing.

*“...it’s mainly just finding somewhere safe and safe housing.”(Woman 2).*

All of the women who were seeking housing spoke of how they appreciated the assistance of the case manager in helping to coordinate the documentation needed for their housing application. Some women contextualized this importance of this

assistance by identifying the role of housing in terms of influencing other aspects of their life.

*“Some people got no house that’s why they bored and thinking about grog.”(Woman 2).*

### **Caring for children**

Five women spoke about their responsibility for caring for children, sharing some common experiences about what they thought was best for their children. Of the four participating women who had children and one of the women cared for her grandchildren, none had their children currently with them (Woman 2, Woman 3, Woman 4, Woman 5 and Woman 6). One of the women was currently working with child protection to have her children returned to her care; this was dependent on her completing drug and alcohol rehabilitation.

Three women had voluntarily removed their children from their care, some time ago, with the view that it was better to remove their children from their current environment to a ‘better’ place (Woman 2, Woman 3, and Woman 5). The women who had done this were comfortable with their decision, and saw it as giving their children a better future. They did not report negative experiences of the support services that facilitated this care.

*“Yeah, they settled, with that old girl. I trust her. She’s a good old lady.”  
(Woman 3).*

*“Yeah, I’m happy for her to look after my kids.”(Woman 3).*

*“Now they all right, they got house. Yeah, so I don’t want them back, I need them to stay with her.”(Woman 3).*

Only one woman had current involvement with welfare in relation to caring for her children. She had come to Darwin to access drug and alcohol rehabilitation, and was working with welfare to have her child returned to her care. She was not happy with the current placement of her child, in a non-family placement, and spoke of seeking legal advice to have the child placed with another family.

*“...I wanted my kids to go to family. When I go back I’m gonna tell my lawyer that I want him to go to another foster carer.”(Woman 6).*

### **Drug and alcohol rehabilitation**

The overuse of alcohol and drugs was an issue for many of the women (Woman 3, Woman 4, Woman 5 and Woman 6). One of the women was in Darwin specifically to attend a rehabilitation program, she was unable to get in to any of the programs available in Darwin, further planning and assistance was needed and that opportunity to address her substance issue was lost due to unavailability. This was a gap in service in one sense, and a response to this gap in another. That is, even though the support system had failed to address the woman’s need for assistance with substance misuse, the support service providing accommodation was essential for providing a safe place for her to live.

Three other women raised how they would like to address their substance use issues. For the small cohort of women, drug and alcohol misuse was one of the main issues faced by them. These women did not comment on the adequacy of current support in this area.

*“Work yeah, just to forget about drinking.”(Woman 3).*

*“Cause I just spend my money on grog.”(Woman 3).*

### **Skilled workforce**

The participating site where the interviews were conducted had an experienced social worker as the case manager and sole worker at the accommodation. During the interviews the participating women commented on the impact the social worker had on their positive experience of the service. One of the research questions asks specifically what kinds of things make a service good to use, four of the women spoke highly of the assistance they had from the case manager (Woman 3 – Woman 6). She had helped the women with housing applications, medical appointments, and was a ‘good listener’ for them.

*“She’s been great, helping me.”(Woman 3).*

*“the truth is Dominic is very helpful and she speaks about those things, she listens to the women, what the women needs. She’s that kind of person, I would like to work with her that’s my thing. I’m sick and tired of this, going in and just coming out back on the same thing, getting charged for no reason.”(Woman 4).*

*“Someday it is going to stop but we need help. Somebody to listen and make sure we are doing that program.”(Woman 4).*

One of the women had previously spent time in prison. She spoke of the assistance she received at this time, assistance with housing, getting her driver’s licence and Centrelink payments.

*“Um yeah, legal service when I was in prison they help me for my housing and my license.”(Woman 3).*

### **The importance of culture**

While recognising the skill of the workers, women also described the importance of the support workforce being culturally safe and culturally responsive.

Other women had ideas on how the community could better manage support for family violence.

*“need helpful kind lady like here on community” (Woman 2).*

*“that’s what I want for my community because the people we have running the show for many years and they have no ideas, I try to tell them to ask us we have fresh ideas, we want the best for our kids, cause they’re going to run this place...but its best to talk, that’ll make them stop, make them think [about family violence] (Woman 4).*

### **Dealing with colonisation**

Linked to the theme of the importance of culture was recognising and dealing with the impact of colonisation and how this has changed the community and the ability of

Aboriginal people to support their own people experiencing family violence. One participant who held a senior role in her community spoke about this issue:

*“...so that’s all got to stop, and they are trying their best to get healthy and get other people to help and I’m saying hang on we are the owner of this community we let you live here, you let us run the community our way, not your way, cos your way is not working, we’ve had enough.”*  
(Woman 4).

Although some women (Woman 1, Woman 4, Woman 6) spoke of positive interactions with police who initiated DVOs on their behalf or transported them to the hospital or crisis accommodation, concerns were also raised about their use of authority and lack of respect for Aboriginal culture.

One woman spoke about her interactions with police, and how they differed from when she was in Darwin to when she was at her community.

*“Gotta straighten the coppers out. They should be listening to people who own the land; they should be listening to us..... There’s a lot of racism with the cops.”*(Woman 4).

There were two women who talked about the importance of culture and passing their culture on to the next generation (Woman 1, Woman 4). Interestingly, the women who raised culture had differing contexts for the importance. One raised the need to impart culture on to the younger generation and saw the breakdown in her community attributed to a loss of culture and linked to the impact of colonisation.

*“Business ceremony, Aboriginal ceremony is there to teach young boys, young men to grow up and respect, not allowed to swear or answer back. Young girls, women’s business, women teach them to cook, to clean, so when they marry they know how to cook and clean, that’s what it’s all about. That is what ceremony is for, for teaching the kids respect, it’s not like that these days.”*(Woman 4).

*“...we want to respect our culture in the proper way, make sure our generation knows about it, teaching them how it’s supposed to be.”(Woman 4).*

The other woman raised culture within the context of the obligations associated with cultural responsibilities, and the need for her partner to attend a funeral. Culture for these women was very important and plays a significant role in how they go about their lives.

### **Police and domestic violence orders**

While all the women were accessing crisis accommodation as a result of a family violence incident only three women had a current domestic violence order in place. None of the women sought the orders independently; police took all of the orders out. Two of the women had recent interactions with police, police brought one of the women to the shelter and the other said she was,

*“...tired of getting charged for no reason”(Woman 4).*

She spoke of police intervention as interfering in her relationship, claiming,

*“...the coppers are trying to tear us apart.” (Woman 4).*

She also felt that there was a lot of racism from police within the community. This was contributed to what she was saying about feeling that the community was being run by non-community members and they were not listening to the traditional owners of the land.

### **Summary**

This chapter has explored Aboriginal women’s stories to articulate the perspective of the women who have used support services following a family violence incident. It has described the experiences of these women from their perspective, and identified key themes that were shared by a number of the women and demonstrate strengths and gaps of the services they engaged with. The next chapter will explore these findings in light of what is already known about family violence support services and consider the implications of these findings.



## Chapter 5 - Discussion

This chapter presents the discussion of this study. It expands on the findings from the interviews conducted with the women while staying at medium term accommodation and discusses how the information gained from the interviews relates to the both the research questions (new knowledge) and the identified literature (existing knowledge) relating to family violence. The section includes areas that arose as potential areas for future research and potential gaps of knowledge as a result of what the women have told us. It concludes with a section for future considerations, where what has been learnt from this project can be implemented into future action and allowing the voices of these women to inform the direction of policy and service design for support services in the future.

### Aim of the project

The primary research question is: What are the views and perspectives of Aboriginal women in the Northern Territory on family violence support services available following a family violence incident or incident(s)?

The aim is to explore Aboriginal women's stories about support services following family violence incidents to:

- Describe the support services Aboriginal women perceive they require following family violence incidents, the support services they perceive are available to them, their reported utilisation of these services, and the perceived gaps in support services.
- Develop an understanding about these services from the perspective of the women who these services are intended to support.
- Identify what support services or aspects of support services Aboriginal women think are working well and what they think isn't working well.
- Add to existing knowledge available to support service providers so they can make evidence based improvements.

The interviews enabled discussion regarding what the participating Aboriginal women thought of family violence services, what services they used and what they found helpful in their recovery. The answers to the research questions based on the women's responses are presented under each of the themes.

Ensuring personal safety was one of the main themes expressed by all of the women and a key priority. The level of trauma experienced by the women following the violent incident influenced their capacity to see past their current situation and their ability to plan for the future. Based on the literature and the National and Northern Territory family violence strategies, family violence appeared to occur along a continuum, with women accessing services as needed based on where they were in their personal journey. For example, mainstream services assume that a woman who has recently experienced family violence for the first time may have different needs and priorities to a woman who has experienced it before and has an understanding of the system and what support services are available. Support services are generally constructed along a continuum that addresses immediate risk and the safety of a victim, then provides safe accommodation, and may also provide legal services, counselling, parenting support or other such support services. For the women participating in this research, this assumption did not hold true, similar to the cases made by Olsen & Lovett (2016) and Blagg et al. (2018) that a mainstream approach was at odds with how many Aboriginal women experience support services over time.

The most important support need was practical assistance and 'help'. From the perspectives of the women, practical assistance meant they were able to plan for the future once they left the shelter, with the practical assistance and support of the case manager. The case manager at the shelter was an experienced social worker and able to identify the needs of the women and provide appropriate support and assistance. The women spoke highly of the assistance they received from the case manager. During the interview, each participating woman was asked what they thought was helpful from the service and was there anything not available that they thought would be helpful. The women did not identify any service gaps for the current service they were accessing. However, a criticism of support services in general was the lack of planning for them when they left the service. This was identified by some of the women in regards to when they had previously tried to access services including crisis accommodation, and drug and alcohol rehabilitation. They also reported a lack of planning for the future when they were leaving a service.

### **Key themes**

The six interviews were analysed to see what key themes emerged from the information given. There were similarities in experiences for some of the women and a broad range of issues emerged. Regardless of how many times they had accessed support services, their personal safety was still the overwhelming concern.

### ***Personal safety***

When asking the women what support services they required following family violence incidents, their immediate safety was an issue identified by all of the women. Not all of the women had experienced family violence before, so for some of the women they had never been to a crisis shelter before, and for others they had been to many of the shelters across the city area on many occasions. This was an important finding from this project, as it provided some comparison of their experiences of crisis accommodation generally, and explain what aspects of a service made it a good service for them at their time of need. All women expressed the need to be away from the setting where they had experienced violence, and safety regardless of how many times it was needed, consisted of being in a location where their security was guaranteed. The women confirmed that the service they were currently attending did meet this need and importantly the current design of the crisis accommodation that considered security as a priority was appropriate for these Aboriginal women. This finding is consistent with the emphasis of the National and Territory family violence strategies and with existing research in this field (Wendt et al. 2017; Blagg et al. 2018.) For this thesis, it is also important feedback for the service providers.

In asking the women what services were available to them, they all knew where to access crisis accommodation in order to maintain their personal security. Whether brought to the service by police or having used the service or a similar service previously, they all knew where to go and how to access safe, immediate accommodation.

### ***Housing***

Adequate and safe housing was a priority amongst five of the six women, along with practical assistance from the case manager in coordinating the housing applications. None of the women had their own place to return to; some of the women were living rough in the Darwin area; in town temporarily and planning to return to their community; or were staying with family in an overcrowded housing. This finding was consistent with national figures that identify family violence as a leading cause for women becoming homeless and requiring homeless services (AIHW 2016). Inadequate housing and homelessness or 'living rough' cause social stress and are a recognised contributor to family violence (Carson et al., 2007). The living conditions many Aboriginal people are living far from adequate, the associated public health implications that flow from inadequate housing such as increased infectious disease, poor sanitation, social disruption and emotional stress.

For the women in this project, homelessness and overcrowding placed them at risk and exposure to violence. One of the women was 'living rough' when she was assaulted, and

unable to access appropriate medical treatment until the following day as she had no transport to get to the hospital or telephone to call for help. She had sustained a broken arm in the attack. The women spoke of wanting to live somewhere that was 'clean' and 'without violence', returning to live somewhere free from violence was a common theme amongst the women. Another felt that not having somewhere to live was a contributor to people drinking, she explains this with, "Some people got no house that's why they [are] bored and thinking about grog."

Overcrowding is prevalent in many remote Aboriginal communities, with almost 20 percent of households overcrowded compared to only 4 percent in non-remote areas. In some remote communities the number of people per household has been reported to be up to 33 people (Carson et al., 2007). Overcrowding places additional burden on the housing infrastructure and creates the environment for the spread of disease, financial stress, increased burden on individuals to share food and money and supports humpugging, and enables greater opportunity for sexual assault. The associated stressors related to poor living conditions place individuals and communities under additional stress which can perpetuate the cycle of poor mental and physical health.

The findings of this research support the need for addressing women's needs for adequate housing at a local, community and political level to improve a range of health and wellbeing outcomes. From a public health perspective, housing, whether poor or adequate, has a significant impact on health and is a key social determinant of health (Carson et al., 2007).

In terms of support services, this research reveals a tension between the challenges of improving health, tackling some of the living conditions that contribute to family violence, and the type of accommodation that will meet the needs of the women in the longer term. For example, women also express the need to return to their partner or community; women also expressed different priorities about returning to their family or community. This perspective is at odds with the National and Northern Territory family violence strategies, where separating women from the perpetrators of violence, and ensuring that appropriate punishments are enforced are priority objectives.

### ***Health***

Health and access to health care was a central theme raised by the women. One of the women had sustained a broken arm from the assault that led her to the shelter, she had ongoing medical appointments to attend and was linked with an Aboriginal Community Controlled Health Service for pain management. Another of the women was accessing medical treatment

from the same service to manage recent changes to her medications. Two of the women were taking medication to manage their mental health. One of the women used a combination of bush medicine and western medicine, in her own words she said she got it “Out in the bush and in the sand.” In gaining an understanding of what the women viewed as necessary for their health, their immediate health needs were prioritised. The women all shared their knowledge of where they went to access medical treatment for their physical health whether from the hospital or a local Aboriginal Community Controlled Health Service. So from their perspective, their needs for health care as a service provider were met.

When asked whether they had accessed or had been referred to any counselling to support their emotional and mental health, not one of the women had accessed these services. Providing social and emotional wellbeing support for women who have experienced family violence may be a service gap, with their immediate needs being prioritised and possibly their social and emotional needs being overlooked. Egger et al. (2005) acknowledges the impact of stress on an individual’s social and emotional wellbeing and the harm that stress has on health more generally. At the time of the interviews they were not accessing specialist health care that may assist them in managing the stressful events that led to them coming to the shelter. Improving access to a range of health care including health screening, preventative health care, sexual health checks, oral health, nutrition and mental health checks could be an area for further research.

Viewing family violence as a public health issue that is far-reaching, affecting the individual, their family and social structures, and the broader community, takes the focus of responsibility off the individual and places it at the macro level, at a community level. The benefit of taking a holistic, eco-systemic view is that it considers what is happening at all levels and all spheres of influence that surround the person and/or issue. It acknowledges that individuals are empowered to make decisions for their own life, however also acknowledges there are influences out of their control, that are beyond the individual’s personal choice that influence outcomes (Wilkinson & Marmot, 2003). Applying this lens to the women in this study, acknowledges the woman’s experience and views (micro); and recognises what is happening within their social structures. For example, many of the women spoke of wanted to get away from their families and communities in order to get away from the violence (meso); this view includes what is happening more broadly at a community/societal level regarding family violence. For example, mandatory reporting of family violence as a legislative response to violence has meant that reporting violence can place Aboriginal women at risk of payback for reporting the violence, as outlined by Frost (2014) that Aboriginal women want the violence to stop however many of them are then put at risk of payback when their partner

returns. For the women in this study, two of them planned to return to their partners in the future.

A strength of viewing family violence within an eco-systemic framework is that it acknowledges all of the factors that contribute to and enable family violence, and steps away from victim blaming.

### **Drug and alcohol rehabilitation**

The overuse of alcohol and drugs was an issue for many of the women. One of the women was in town specifically to attend a rehabilitation program and three other women raised how they would like to address their substance issues. The experience of family violence can have a significant impact on an individual's sense of personal control (Umberson et al., 1998). This trauma has also been linked to depression, substance abuse, suicide, and a loss of self-esteem for these women. This view can be attributed to a loss of personal control, and alcohol misuse is a way of coping whether consciously or subconsciously; overlapped with inadequate housing, meaningful employment, poverty and many of the lacking social determinants needed to live a meaningful life.

The Northern Territory has been labelled the 'capital of alcoholism', with alcohol consumption per person over the age of 14 years of age at 15.1 litres per year, which is one and a half times higher than the Australian average (Ramamoorthi et al., 2014). This is understood to be significantly higher in remote Aboriginal communities. The associated violence and harm linked to risky use of alcohol has seen Aboriginal people over-represented in hospital attendances in the Northern Territory. Aboriginal people make up 60 percent of facial fractures in the Northern Territory, while representing 32 percent of the population. An estimated 89 percent of these injuries were as a result of interpersonal violence (Ramamoorthi et al., 2014).

The harmful use of alcohol is an issue faced by many people, Aboriginal and non-Aboriginal in the Northern Territory. Sadly the effects of this are far-reaching. In addressing the side effects of the harmful and excessive use of alcohol, support services need to coordinate the services they provide to assist people wanting to address their alcohol use. As seen with one of the women in this study, although she had travelled to attend drug and alcohol rehabilitation, she was unable to attend due to a lack of availability. This thesis highlights the need for considered planning for people accessing these services, particularly when they are likely to be managing the effects of their substance use. Factors that need to be considered are

family responsibilities, childcare, leave from employment, travel and social and emotional support.

## **Children**

Five of the six women at the shelter have children; none of the women has their children in their care. One of the women was currently working with child protection to have her children returned to her care, this was dependent on her completing drug and alcohol rehabilitation. She was unable to get in to any of the programs available in the city, further planning and assistance was needed and that opportunity to address her substance issue was lost due to unavailability.

Three women had voluntarily removed their children from their care, some time ago, with the view that it was better to remove their children from their current environment to a 'better' place. The women who had done this were comfortable with their decision, and saw it as giving their children a better future. As a western researcher and social worker, acceptance of this decision was challenging, in that they had no view of having their children back in their care and saw removing their children from their homes, family life and community as the best option for their children. One of the women gave her children to a family who moved to Queensland, where the children attended school and she said had a better life. The relocation of her children made regular contact with them and visiting them difficult. This is quite a different view to that held by non-Aboriginal women, and western based interpretations of the perpetuation of trauma experienced by Aboriginal mothers relating to the stolen generation (Cunnen, 2009; Jamrozik, 2005; Webster, 2016).

## ***Welfare (Child Protection)***

The under reporting of family violence and child protection concerns is well documented, resulting in many Aboriginal women reluctant to use mainstream services for fear of raising the attention of child protection agencies or fear of child removal (Nickson et al. 2010). This concern was not highlighted in this research. Instead, the need to understand how women have identified separation as a strategy, but require support for maintaining ongoing relationships with their children arose during the interviews. The need for respect for these choices was a clear message from this research, and that any judgement of parenting may influence access to family violence support was an important finding. Many of the family support and family violence support services are wholly or partially funded by the Northern Territory Government through Territory Families. Child protection also sits within this agency. The mandatory reporting of family violence to police will often coincide with

mandatory reporting to child protection if children are present during the violent incident. For child protection agencies like in the Northern Territory who provide a range of services from tertiary interventions to primary/universal support and education, this is a challenge. In providing support services, they need to be able to allay the fear of child removal while creating a therapeutic relationship with the woman and family to manage the best interests of the child within a community focussed model. This requires skilled and sensitive practitioners who are able to build rapport with the women and engage their families where appropriate, while still meeting their statutory requirements. An openness and transparency is also required when working with families and is particularly a concern for many Aboriginal people who have been directly or indirectly linked to stolen generations.

Given the complex nature of relationships with children revealed by the interviews for this thesis, family support services for Aboriginal women would benefit from significant input from Aboriginal Elders and respected people who can contribute to the service design and ensure cultural safety for service recipients. The inclusion of elders and respected persons could be considered in planning and interventions by service providers (Blagg et al. 2018).

### **Planning post crisis accommodation**

All of the women raised the importance of having a plan in place once they leave the crisis accommodation. The women all spoke so highly of the case worker, commenting on the benefits they received by having practical assistance in preparing housing application for when they leave the shelter, along with assistance with medical appointments and whatever practical assistance could be provided. They said she was a good listener and that she helped them out. The need for practical support may be attributed to the women developing a 'learned helplessness' (Umberson et al., 1998), where as a result of being repeatedly exposed to family violence, the women are unable to predict the outcome of their own behaviour. This is caused by the unpredictability of how their behaviour is received from a violent partner, whether their behaviour will calm or exacerbate a situation, leading to a reduced sense of control over their physical safety.

One of the criticisms of support services was the lack of planning or no planning when leaving a service, including crisis accommodation, prison and short-term accommodation. The women stated their need for assistance at this time, to complete housing applications, attend medical appointments, sort out Centrelink payments, and try to personally manage the trauma they have experienced. This is an important finding of this research and considering the ongoing needs of the woman is something that could be incorporated in the support

services models to enhance women's recovery, and perhaps assist with reducing ongoing trauma (Wendt et al. 2017; Blagg et al. (2018).

### **The importance of culture**

There were two women who talked about the importance of culture and passing their culture on to the next generation. Interestingly, the women who raised culture had differing contexts for the importance. One raised the need to impart culture on to the younger generation and saw the breakdown in her community attributed to a loss of culture and linked to the impact of colonisation. Her comments were that children were too cheeky, with swearing and not respecting older people, along with a general disappointment in how her community had deteriorated over time with the influences of colonisation. The other woman raised culture within the context of the obligations associated with cultural responsibilities, and the need for her partner to attend a funeral. Culture for these women was very important and it plays a significant role in how they go about their lives. These findings reinforce the importance of culturally safe and respectful support services (Nickson et al, 2011; Smith, 2016; Spangaro et al. 2016).

### **Dealing with colonisation**

One of the strong women within the group talked about the impact of colonisation and how this has changed the community; employment coming from outside the community, little community consultation and decisions are made for the community without the input from traditional owners. She has the desire to be a leader within the community and is passionate about how the community is run, what the future of the community will be like for future generations, and felt strongly that Aboriginal people need to be a part of the decision-making process. The potential for support services to incorporate capacity building principles to work alongside Aboriginal people and work together in the consultation, design, delivery and ongoing management and therefore also build the capacity of the community to determine their own lives (Arole et al., cited in Egger et al., 2005) is highlighted by this finding.

These findings emphasise that acknowledging the trauma incurred by Aboriginal people in the past needs to be built into how services are delivered, how staff are trained and interact with Aboriginal people as service recipients. As outlined by Blagg et al. (2018), "The mistrust of mainstream organisations runs deep. From an Indigenous perspective, mainstream organisations maintain the colonial matrix of power and have devastated Aboriginal families and communities, removed children, and destroyed family life." However this is the position

we are in and our history cannot be changed. How we move on from here and work together will directly affect how family violence is managed in the future.

### **Skilled workforce**

The Women's Shelter where the interviews were conducted had an experienced social worker as the case manager and sole worker of the shelter. The case manager provided practical assistance, for example, she assisting the women who were seeking public housing with their housing application and gathering of documentation to support their application; she assisted with providing transport for medical appointments; and linked the women with any additional services they needed. Several of the women spoke very highly of the support they had received from the case manager and when asked what they felt was working well with the services, the case manager was an aspect of the service they felt was working well. This finding supports the need for a competent and skilled workforce who can provide support, practical assistance and navigate the available support services within the sector as discussed elsewhere in the literature (Putt et al. 2017). Wendt (2010) raises one of the strengths of the Sturt Street Family Violence Partnership Program, was the workers were able to engage with families in a flexible and organic way; having competent staff creates an inviting and supportive environment for women that enables trust and rapport to be built. The findings of this research support the value that this adds to the experiences of Aboriginal women, as seen from the perspective of Aboriginal women.

The findings from this research also confirm that in order for women to recover from violence and associated trauma they need to have their immediate safety needs met and also their therapeutic needs met. In an environment of limited services and funding, this thesis found that only the immediate safety needs of women are being met. None of the women participating in this research had accessed counselling, and it appeared this had not been a consideration they perceived was needed for themselves. This finding is not surprising given the women's expressed priority to find safe accommodation or medical treatment. However, having skilled staff such as social workers or psychologists who are trained in identifying trauma and have the skills to provide an appropriate therapeutic response can aid the recovery for these women by guiding the way to these services. As shown by Germov (2014), working with people on collective problems has the benefits of building self-esteem, self-efficacy, social support and empowerment. Providing the necessary therapeutic intervention and working with women on their 'plan' once they leave the service is a recommendation arising from this thesis to assist the women in building their confidence to manage their issues over the long-term.

Gaining and building a specialist workforce in the Northern Territory has been a challenge, as seen in the recruitment drive following Northern Territory Government Board of Inquiry into the Child Protection System (2010), where there was a significant investment in trying to source experienced child protection workers. Recommendation 12.1 outlines the need to invest in ongoing training for qualified, culturally aware and competent staff who can identify risk factors (Northern Territory Government, 2010). This research confirmed that having experienced support staff is critical for the recovery of women who have experience family violence, where potential risks can be identified early, and appropriate referrals can be made and linkages to relevant services. As outlined by the Victorian Government (2017) having staff who are able to respond in a time of crisis is essential. In addition, a skilled workforce is able to build the capacity and upskill the current workforce, and build the capacity and capability of the sector. The benefits of investing in the current family violence workforce is multi-faceted, with benefits for the women using the services who will receive a quality, accessible and equitable service; and building the capacity and capability of the sector. Given the varied needs across such a small cohort of participants (only six), this research supports such a multi-faceted approach.

The Victorian Government have established family violence support and safety hubs as a way to make support services more accessible for women and families to access. The hubs are staffed with specialist practitioners who are able to navigate across the family violence sector and make connections across services including mental health services, community health services, hospitals, schools, legal services and child protection services. Again, this research suggests that providing a coordinated approach for women can assist in supporting and aiding Aboriginal women's recovery from family violence. This research showed that women's priority when in medium term crisis accommodation was accommodation, despite their identified need for other services when their perceptions and experiences were explored. Siloed services would make it difficult for these women to access services and navigate what they need to meet their immediate and long-term needs (ACT Government, 2017), and greater integration in the Northern Territory is therefore recommended. In this respect there is potential to implement a safety hubs model across the Northern Territory, creating specialist family violence practitioner positions based in the Top End and Central Australia who are able to provide a central access point for women, assist in navigating available services within the sector and make appropriate referrals for women. Based on the findings of this research that emphasised the need for skilled workers, these positions could also have a role in providing education and training for support staff, creating a career pathway for case workers and family support workers to further develop their skills and expertise.

## **Prison and legal services**

The women spoke of prison from the context of having a partner or family member currently in prison and from their experience of being in prison. One of the women spoke of the practical assistance she had received in prison, including assistance with securing housing when she left prison, support with arranging payment for a Centrelink debt, and help in gaining her driver's licence. The importance of practical assistance was a main theme raised by many of the women. The literature emphasises the juxtaposition of a mainstream perspective where the perpetrator is removed, police are contacted or intervene, a DVO is sought, and often this is the end of the relationship, compared to the Aboriginal view of addressing family violence in a holistic way that is managed within the community (For example, Keel 2004, Frost, 2014; Olsen and Lovett, 2016). While all the women interviewed were accessing crisis accommodation as a result of a family violence incident only three women had a current domestic violence order in place. None of the women sought the orders independently; all of the orders were taken out by police. The effectiveness of DVO's and whether the women felt they provided protection from their partners would be a good topic for further research in the future.

Blagg et al. (2018) acknowledges there is a fundamental disconnect between what Aboriginal people want and what white people think is best for them, adding the importance of accepting that re-uniting families is what most Aboriginal people want. Cunneen (cited in Blagg et al., 2018) states, "Arrest and imprisonment do not deter Indigenous men." The stigma and shame associated with prison for non-Aboriginal people has lost its impact and been normalised for many Aboriginal people. The perspective of Aboriginal women supporting this view found during the interviews is an important finding from this thesis. Given the focus on punishment in the National and Northern Territory family violence strategies, a challenge for government and policy makers is therefore to address family violence in a constructive way that can keep families intact while addressing the offending behaviour.

Given the high level nature of this recommendation and the important practical and policy implications of findings from this thesis, it is important to consider the limitations of this research.

## **Limitations of the project**

There were a number of limitations to this project that should be acknowledged and these are discussed below.

### ***Challenges of engagement***

Gaining the support from family violence services and the sector was challenging. Services are very busy and work in a dynamic, challenging environment and do not have the capacity to take on external work. All of the services who were approached supported the research in principle. However, given the nature of their work, some of the services were unable to support the project with locating participants. There was a perception amongst the sector that there was a vast amount of research regarding Aboriginal people, this may be a misconception. As found throughout this project, there was limited empirical material available regarding the views and perspectives of Aboriginal women regarding family violence support services.

The length of time from first making contact with the service providers until conducting information sessions and interviews was several months. This also made it difficult to try to continue to keep the service providers motivated to participate in the project, without being able to give them a timeframe of when the interviews would be set, and for them to be able to find participants who may be available.

### ***Small cohort***

As it was difficult to engage services and locate volunteer participants, the cohort for the project was small: only six participants. The project had aimed to interview around ten women. However, with the time constraints of the project after conducting two information sessions and interviewing six participants with significant repetition of themes within the concept maps, it was decided that there was enough information to progress to data analysis. Whilst a case study method does not rely on large numbers, it is important to acknowledge that the perspectives of these women only contributed limited information. The time taken to establish a rapport meant that there was only a small amount of data to analyse, but at the same time, given the nature of women's stay at the accommodation it was not possible to meet with them a second or third time. To gain a more comprehensive understanding of Aboriginal women's perspectives it is therefore recommended that future case study research be conducted over a significant length of time so that it can incorporate more women participants.

### ***Length of time for the ethics process***

The ethics process was a time consuming part of the project. Managing the unknown timeframes of readiness for submission and final approval made it difficult to keep sites informed. If services knew more accurate timeframes were and when their support would be

needed, there is a possibility that more participants may have been available. This is difficult as so much detailed information is needed to go into the ethics submission, so making contact early is needed so that can be written into the submission.

While the ethics process was a valuable learning opportunity as a student, it also could be perceived as a barrier to conducting qualitative research with vulnerable Aboriginal women. The challenges of gaining ethics approval in working with vulnerable groups was feedback provided by the family violence sector more generally. The knowledge gained through this project can also contribute to sound ethical practice by other researchers, and so contribute to streamlining the process and enhanced engagement with the sector.

### ***Interview questions***

The interview questions (Appendix 2) were prepared to provide a framework for the interviews and to ensure there was consistency across the interviews. While there was some flexibility with the interview questions as the interviews were semi-structured interviews, the questions assumed that the women had a greater knowledge of what services were available to them and that the women had accessed the range of services available.

The interview questions were:

- I understand you have used some family violence support, can you tell me about what services you have used?
- When did you use this service?
- Was the service referred to you? By whom?
- Did you ask for the service? Can you tell me why you chose this service?
- What part of the service did you like? Can you tell me more about this, what it was that you liked?
- What else would have helped you at this time? Was this offered to you by anyone?
- Was there anything about this service that you didn't like? Can you tell me about this? The service will not be named in our research and we will not be telling them directly what you have told us
- What kind of things makes a service good to use?
- Have you used them more than once?

- If you didn't use a service again, why was this?
- What else would you like to share about the services you have used?

Although the intent was for the interview questions to be semi-structured, they were not the best fit for the interviews. For example, none of the women had accessed counselling, so questions regarding referral pathways were not relevant, as with interview question 3 and 4. The interview questions were used as a general guide throughout the interviews to ensure consistency across the interviews as a whole. Allowing the women to speak of their experiences in a less structured organic way encouraged deeper sharing of their individual experiences and views of the support services they had used. The types of services that were accessed were predominantly for immediate crisis support, such as crisis accommodation and medical treatment. This is important feedback for future research.

### ***Omitting observations as a data collection technique***

The data collections for the project did not include observations. There were some important interactions while engaging the service that would have benefitted the project. The sense of pride from the staff in knowing they provide an important service, where Aboriginal women know they can find safety and support; and their views on the cycle of family violence where they have seen women come to the service as children and now as adults bringing their own children. Their views of family violence and how the sector responds to Aboriginal women would have added another layer and perspective that would have enriched the project. Also, their views as to why family violence has continued across the generations for these women and has not been eliminated, would add an interesting perspective that had not been considered.

## **Strengths of the project**

### ***The Research Team***

The Co-Investigator is a relative and also a colleague, having worked in the same government department since 2009. She has extensive local knowledge and a long working career in public health, she brought to the project another view from as an Aboriginal person with a lived understanding of the issues and a perspective as a health professional. Throughout the planning and ethics submission, Esther-Rose provided input to the process and advice to ensure the project was mindful of the necessary cultural sensitivities in working with this cohort. Having a senior Aboriginal woman as a Co-Investigator was a strength of the project. Her ability to quickly build a rapport, break down communication barriers and make

meaningful connections with the women assisted in creating a sharing environment. The informal 'yarning' method used assisting in relationship building with the women, along with ensuring sufficient time was given to the interview process. Building a rapport and establishing a connection with the women was vital to create before the interviews commenced.

The Principal Researcher/Supervisor was a former line manager within the Department of Health. She worked tirelessly and showed a high level of commitment to the project, this support was of great assistance throughout the project; always keeping a focus on the end picture of how this research could contribute to improving outcomes for Aboriginal women and support change from a policy and service design perspective. Having a Supervisor who could navigate the research process and had the networks, and willingness to share them to make things happen for the project was an immense strength to this project.

### ***Engagement with the service and the women***

The aim of the research was to better understand the views and perspectives of Aboriginal women who have accessed family violence support services following a family violence incident. The six women who were interviewed were all from different communities, of different ages and at different stages of their lives. They were very generous with the information they shared and their willingness to share their experiences was a strength of the research. Their openness enabled their 'voices' to be captured and placed at the front and centre of the research. Their sharing showcased their perspectives, it was what they wanted to say, and described what they wanted to happen for them in the future. There was a level of openness and sharing that provided a rich understanding of their experience.

### ***Limited time frame***

The time frame for the project was both a strength and limitation. Due to the time constraints of needing to complete the research as a master's project, a case study methodology was chosen. Phenomenology was initially considered as the methodology however after considering the depth needed it was not pursued. In deciding on a case study, it was an excellent fit for the time available to do the research and provided the opportunity for a deep, rich analysis of the information and championed the information shared from the participants.

## **Conclusion**

This research achieved its aim, it has described the support services for Aboriginal women who have experienced family violence from their perspective. Importantly, this perspective

was unique and did not necessarily align with the current models for support services, local and national strategies, and added new knowledge to the researchers existing understanding of Aboriginal women's needs. Participating women identified that the services met their needs with respect to their immediate requirement for safe accommodation and personal safety. They identified the positive contribution that an experienced case manager can make to their recovery which is an important take home message from this research. On the other hand, they identified that follow up services could be improved, suggesting there is a need for better integration of services.

The Aboriginal women who participated in this research all came from different communities and had a unique story as to how they ended up at the shelter. They were very generous in sharing their stories and what they found helpful at this time, with key themes including having somewhere safe to go that was free from violence, having skilled staff that could support them at this time and provide practical assistance and help plan for when they left the shelter. These women showed immense resilience in being able to plan and look to the future and desire for a life without violence. Aboriginal women have a strong voice when asked and know what works for them and they know what they want, in responding to family violence, the community needs to first listen to these voices. These women are the experts in their own lives, they know what they need and they know what is and what isn't working in their communities. It is clear from this study that investing time to develop a rapport with women using the service and encouraging their opinions/perspectives much can be learnt. A misassumption may be that because of their traumatised experience that the women are voiceless about everything, however this was not the case in this study.

In the short-term, this research found that women who have experienced family violence need practical support. Establishing safety hubs where women can access the support they need and be referred to support services specific to their needs would assist them in navigating a complex and siloed family support sector. In addition, having skilled practitioners at these safety hubs, who can identify risk and make appropriate referrals will see women commence their road to recovery from family violence. For small jurisdiction like the Northern Territory, a hub could be established in the Top End and Central Australia, and make referrals to support services available within each region.

It is well recognised that Aboriginal women experience family violence at a higher rate than any other community group. Therefore, it makes sense that there are a proportion of family violence support services within the sector that are specialised to meet the needs of these women. This study and previous research has shown that having a one size fits all approach is

not effectively meeting the needs of these women. The views of Aboriginal women must be incorporated into how services are designed and implemented to maximise the effectiveness of family violence support services in responding to women.

Framing family violence as a public health issue, a community issue, that requires a community response, shares the responsibility of family violence across the community. In working to create safe communities and see family violence reduce, the social determinants of health need to be addressed. A holistic approach is needed to address the contributing factors that enable the violence to continue, such as adequate housing, access to health care and employment. Family violence is preventable, as a community we need to stand for nothing less than a community free from violence.

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