

Strengthening Community Capacity to End Violence

A project for NPY Women's Council



© 2017, NPY Women's Council and Australian Childhood Foundation

This document has been produced as a collaboration between the NPY Women's Council and the Australian Childhood Foundation. It contains pre-existing intellectual property of both organisations. It cannot be used for any other purpose other as a practice framework to guide the approach of practitioners employed by NPYWC in its programs and services. It cannot be copied, reproduced or transmitted, in part or in full, without the written permission of the CEO of the NPYWC and the CEO of the Australian Childhood Foundation.

Recommended reference:

Tucci, J., Mitchell, J., Lindeman, M., Shilton, L. and Green, J. (2017). **Strengthening Community Capacity to End Violence: A Project for NPY Women's Council**. NPY Women's Council and Australian Childhood Foundation, Alice Springs.

Acknowledgements

We would like to express our appreciation for the efforts and input from the following people:

- Jill Faulkner and Isabel Pavlich-Miles for initial community consultation work;
- the members of the NPYWC reference group: Sylvia Benson, Ina Scales, Heather Smith, Sasha Kiessling, Martin Toraille, Ray Lewis, Emma Trenorden, Steve Bruce, Melissa Lindeman, Jo Green, Leni Shilton, and in later stages; Louise O'Connor and Angela Lynch.

We would also like to acknowledge the Anangu women, NPYWC remote-based workers, and service providers of Warakurna and Kaltukatjara communities for their support.

Finally, we would like to thank the NPYWC Domestic and Family Violence Service Team who shared their wisdom and insights.

Contents

Preface	7
Document 1: Strengthening Community Capacity to End Violence	9
Document 2: Strengthening Community Capacity to End Violence	12
Introduction	13
Section 1. Our knowledge base.....	14
Section 2. Our principles	14
Section 3. Our actions and strategies.....	14
Section 4. Tools and resources	14
Section 5. The practice framework in action	14
Section 6. Evaluation and monitoring	14
Section 1. Our knowledge base	15
1.1 What is family violence in the community?	15
1.2 Why does violence occur in the community?	15
1.3 What do we need to understand in order to be effective in ending violence in the community?	16
1.3.1 We need to understand how violence occurs in the community and how it is being challenged.	16
1.3.2 We need to recognise how important culture is to people in the community.	17
1.3.3 We need to understand about trauma and healing.	17
1.3.3 We need to understand about narrative approaches to working with community's own efforts to resist and challenge violence.	20
1.3.3 We need to understand how to enhance community resilience.....	21
1.4 How do we integrate all of this knowledge to inform our work?.....	21
Section 2. Our principles.....	24
Section 3. Actions and strategies.....	27
Stage 1. Assessing preparedness.....	28
Stage 2. Creating safety.....	29
Stage 3. Starting the dialogue.	30
Stage 4. Listening deeply	31
Stage 5. Naming the tactics and effects of violence.	31
Stage 6. Witnessing resistance.	32
Stage 7. Amplifying enactments.	32
Stage 8. Telling and re-telling stories of renewal.	33
Stage 9. Collectivising action.....	34
Stage 10. Developing solidarity.	34
Stage 11. Transforming community.	34
Section 4. Tools and resources.....	35
Section 5. The practice framework in action.....	36
Section 6. Evaluation and monitoring.....	44
Section 7. Conclusion	45

Document 3: Strengthening Community Capacity to End Violence	46
Introduction	47
Section 1. Defining the nature of violence within Aboriginal communities.....	48
1.1 How is family violence defined in Aboriginal communities?	48
1.2 What are the explanatory frames used to understand family violence in Aboriginal communities?.....	49
Section 2. Understanding violence from the perspective of those who live and work in the community	51
2.1 Themes from those living in and working in the community.....	51
2.2 Themes from those working for NPYWC and the Australian Childhood Foundation.....	53
Section 3. Identifying evidence based clues that may strengthen community capacity to end violence	54
3.1 Recognising the centrality of culture.....	54
3.2 Narrative and justice based community work	55
3.3 Understanding trauma and healing	59
3.4 Enhancing community resilience	63
Section 4. Drawing out the key messages to inform practice aiming to strengthen community capacity to end violence.	64
4.1 Violence in Aboriginal communities is intrinsically connected to the ongoing harmful effects of past practices of colonisation and current discrimination.....	64
4.2 Violence is both an activity and an experience.....	64
4.3 Violence adds toxic levels of stress to the lives of children, young people and adults.	65
4.4 Stress is mediated through the quality of relationships.....	65
4.5 The effects of toxic stress must be recognised in order for communities to be able to use any strategies which aim to end violence.....	65
4.6 Approaches which aim to build community capacity to end violence must be undertaken by practitioners who are resourced and supported to use contemporary evidence and knowledge.....	65
4.7 Effective strategies to end violence must be based on more than education and consciousness raising	65
4.8 Effective strategies to end violence work alongside communities to identify and amplify individual and collective efforts to address the violence.	66
4.9 Efforts to end violence in a community will be led by individuals or groups who hold a strong intent to galvanise community focus.....	66
4.10 Active collective dialogue with concentric circles of individuals which ultimately cover the whole community is the cornerstone of good practice in addressing community concerns, such as violence.	66
4.11 Supporting the realisation about the nature and extent of the impact of violence on children and young people is likely to be the best point to start dialogue about ending violence in the community.	66
4.12 Strategies which strengthen family relationships and/or build networks of sustainable support are pivotal for change to occur.	67
4.13 Connecting children, young people and adults to their culture is central to all forms of intervention.	67
4.14 Strengths-based models that aim to develop shared narratives of meaning build individual capability and community resilience.	67
4.15 Collaboration within services and between services achieve improved and sustained outcomes in the prevention of abuse and violence.....	68

Section 5. Proposing a model of integration which can underpin the NPYWC approach to its efforts to end family and community violence. 68

Section 6. Conclusion 71

Section 7. References..... 72

Preface

This is a project that is imbued with the spirit and ambitions of many people in the NPY Women's Council (NPYWC). It is fundamentally aimed at preventing family violence in remote communities on the NPY Lands. But it is also more than that. It is a search to describe a practice framework that reflects the ways that NPYWC people (staff, community members, elders) engage with Aboriginal people in the community in acts of reflection, dialogue and resistance to family violence, its effects and its causes.

The project has shifted and changed at points, in the main because what is attempting to be described is the lived experiences of Aboriginal people, their communities and the workers from the NPYWC as they all struggle to address violence. This is not a straightforward task. It is the opposite. It requires a commitment to letting go of wanting everything to be simple.

Thankfully, when we took a wrong turn, the staff at NPYWC were patient and gave us the time to find a way back to a path that was closer to being meaningful and relevant. We had the opportunity to talk to NPYWC staff – mainly from the Domestic and Family Violence (DFV) Team and the Youth Team - all of whom share an enduring commitment to deep and respectful listening of Aboriginal people, starting with the women of the NPY Lands, their families and communities. In other parts of the project, we consulted directly with a number of service providers and community members on the NPY Lands. We were also guided a great deal by some of our colleagues at the Australian Childhood Foundation.

We have taken as our task to bring together the realities of the work undertaken by the NPYWC staff, the views of the community members who provided input and feedback, the views of others who work on the NPY Lands, our own experiences as a practitioner supporting those who have experienced trauma associated with violence and violation, and an understanding of other knowledges that have been identified and written about in fields of community development, social activism, narrative therapy, trauma therapy and violence prevention. This scope of literature stands out as being most relevant to the practice stories that flowed from the discussions we engaged in.

In all of these conversations, themes emerged which were rich in concept, metaphor and purpose. The ideas converged into what we have described as a practice framework – a set of principles, knowledges, actions and outcomes. The desire for this type of document was repeated by almost everyone who we consulted with within the NPYWC organisation. The common goal was identified as acting as a guide to both describe and influence the ways that NPYWC staff worked in the community to reduce violence, and in particular family violence.

It should be noted from the onset that practice frameworks are generally devised so as to be understood and applied easily. A practice framework is a working document that serves to represent and guide the orientation and decision-making of staff in a team or an organisation. For this reason, these types of documents integrate research and theoretical knowledge into the content without a reliance on strict academic referencing.

This report is actually three documents in one. The first is a very short summary of the practice framework that is proposed as the basis for guiding the work of the DFV Team, and related other teams, of NPYWC in their efforts to strengthen community capacity to end violence in the communities of the NPY Lands.

The second is the full description of the proposed practice framework which is summarized in the first document. It aims to integrate culturally strong, community connected and trauma informed principles into a cohesive approach to practice that will be used by NPYWC staff working with people and communities affected by family violence.

The third document contains an analysis of the focused literature review that was completed as the evidence base for the proposed practice framework. It synthesizes this knowledge with a summary of the key themes which emerged from feedback from a small number of people who work and live in the NPY communities, including staff from the NPYWC and Australian Childhood Foundation.

For this reason, it is important to recognise that the first two documents have been written as standalone documents that can be presented/utilised without the literature review and feedback synthesis contained in the third and final document. For this reason, some of the content in the first two documents is a repeat of content in Document 3. This is deliberate. The first two documents present the material in an easier to read user guide that interprets the themes contained in Document 3. The first two documents aim to highlight how this kind of practice can be used to guide the interactions of staff working across NPYWC.

The practice framework that is set out in the following pages contains a strong commitment to resourcing communities to act in ways that build on their own strategies to challenge violence and collectively engage to find safety in their daily lives. Its organising purpose is to support NPYWC workers to undertake their activities in an informed way that co-ordinates with each other and the efforts of everyone in the community.

Joe Tucci and Janise Mitchell
Australian Childhood Foundation

Document 1: Strengthening Community Capacity to End Violence

A Summary of the Practice Framework for the
NPY Women's Council in Preventing Family
and Community Violence

Acts of violence in remote Aboriginal communities are experienced by many individuals. The impacts of violence are also experienced by many individuals.

Whilst violence occurs between people who are not in any form of prior relationships, family violence is specific to that which is experienced within families, intimate relationships, extended families, kinship networks and communities. Applying this understanding in Aboriginal communities, violence and family violence are often one and the same set of experiences. The impacts of such violence not only affect the individuals, but they serve to undermine, harm and destroy the relationships that exist between people in the community.

For Aboriginal people, it is not only the violence of the present that affects them. Their experiences are inextricably connected to the violence of the past. It is violence committed by colonial settlers over generations. It is violence that has led to the deep sorrow of generations of Aboriginal people stolen from their families and country – often disconnected from the embrace of their people and their culture. It continues to reverberate through racist attitudes which still inform community discourses about Aboriginal people in many places.

For many living in the NPY communities, violence has taken over to the point that it feels so overwhelming for individuals that ways to challenge it or address it feel as if they are non-existent. There is a great deal of agreement that violence is traumatising and leads to many other significant problems for children, young people and families.

For these reasons, the NPYWC and the Australian Childhood Foundation have worked together to develop a practice framework that aims to guide NPYWC staff, in particular the Domestic and Family Violence (DFV) Team, to work alongside communities to support sensitively an emerging consciousness about the causes and effects of violence and extend the influence of acts and experiences which oppose it.

The NPYWC practice framework is based on a genuine and deeply held belief that resistance to violence is already occurring by those living and working in the communities of the NPY Lands. It seeks to honour even the smallest actions that people take to keep themselves and others safe in the face of violence.

The key to strengthening community capacity to end violence is the respectful and patient engagement of those living and working in that community in dialogue that seeks to understand the tactics of violence, names its effects in the lives of the individuals who live in the community, and validates the acts of resistance already being enacted in a community. It also integrates the need for resourcing safety, acknowledging and understanding the impact of pain in the lives of Aboriginal people in the present and over generations.

Strategies to end violence will not work if they are imposed in the community. The most effective strategies are those which can amplify, extend and resource acts of resistance to violence that are already being enacted by individuals in the community. Working alongside the community will facilitate dialogue which unearths the changes that communities are already making and indeed wanting to make more of. Such acts of resistance for Aboriginal communities are sourced in their experiences of their culture and its expression in forms of ceremony, origin stories, healing practices, spiritual beliefs and values. It is the strength of connection to these community and cultural qualities that have been identified as pivotal to ending violence in the community.

A community has a range of pre-existing sets of naturally forming groups with shared interests. Effective strategies to end violence will identify and work with each of these groups methodically. The process of engaging these groups starts with being invited. The worker must learn the norms and rules of each group. He/she will need to be prepared to offer some form of resource to that group as a symbol for acknowledging its willingness to open itself up to someone external to it. Beginning with a need in the group, the worker will use a culturally respectful strength-based protocol to engage in dialogue about community resilience, the impact of violence and actions which have been taken to end violence. This collective process of sharing stories of understanding will lead to potential meanings that will be used as starting points for further dialogues with other groups in the community, each following a similar protocol. As concurrent dialogues occur, shared meaning about ways to resist violence can be shared, with permission, across the community.

The NPYWC framework for strengthening community capacity to end violence consists of eleven stages of actions and strategies. It is presented as sequential in nature. But in reality, it is not. In real life in the community, the path to transformation is far from linear. It is more likely to double back on itself and be repeated as different forms of challenge and stress are experienced at times. However, it is important to note that momentum towards transformation cannot skip a step or fast forward. Sustained change occurs when those who live and work in the community keep going – striving towards resolution.



The work of the NPYWC staff, reflected in this practice framework, reflects a strong commitment to resourcing communities to act in ways that build on their own strategies to challenge violence and collectively engage to find safety in their daily lives.

Document 2: Strengthening Community Capacity to End Violence

A Practice Framework for the NPY Women's
Council in Preventing Family and Community
Violence

Introduction

In the opening to her 2009 book – **Trauma Trails, Recreating Song Lines: The Intergenerational Effects of Trauma in Indigenous Australia**, Professor Judy Atkinson defines violence as

“...unjust force, actions or words used, without informed consent, to intimidate or harm; actions that are irreverent or disrespectful of another or others, and that are used, consciously or unconsciously, to obtain power over another or others, causing pain to the whole person (body/mind/soul/spirit)...(p. ii, 2009)”.

She argues that violence is both an activity and an experience. Atkinson uses the word **experience** to

“...acknowledge that a person (including a child) who is violated in an act of violence experiences violence; that a person who commits an act of violence experiences violence; and that a person who sees or hears violence experiences violence ... (p.11, 2009)”.

Using these definitions, acts of violence are experienced by many individuals. The impacts of violence are also experienced by many individuals.

Whilst violence occurs between people who are not in any form of prior relationships, family violence is specific to that which is experienced within families, intimate relationships, extended families, kinship networks and communities. Applying this understanding in the community, violence and family violence is often one and the same set of experiences. The impacts of such violence not only affect the individuals, but they serve to undermine, harm and destroy the relationships that exist between people in the community.

The trauma of violence is remembered with pain and loss. For Aboriginal people, it is not only the violence of the present, but is inextricably connected to the violence of the past. It is violence committed by colonial settlers over generations. It is violence that has led to the deep sorrow of generations of Aboriginal people stolen from their families and country – often disconnected from the embrace of their people and their culture. It continues to reverberate through racist attitudes which still inform community discourses about Aboriginal people in many places.

Violence interrupts the future as well. Parents and grandparents worry for their children who are exposed to violence early in their lives. The hopes of a community can become diluted as they face the day to day moments in which disrespect, abuse and violation are present.

Trust, compassion and belonging are undermined by violence. Relationships become in themselves the sites of tension and distress. In the face of violence, it appears that there is little strength and comfort to be found. The resources available in individuals and in relationships with which violence can be resisted become increasingly difficult to locate. This is how violence takes hold in the community and stays. It replicates itself by rendering invisible and inaudible the actions and words of those in the community who challenge its presence, its arguments and its persuasiveness.

This does not mean that such opposition evaporates. It remains but becomes less available. It requires unearthing, amplifying and collectivising.

Both the NPYWC and Australian Childhood Foundation acknowledge the wisdom of women and others in the community as the basis of strength and capacity, drawn from culture and connection to each other and country, to act in ways that challenge violence. This is a practice framework derived from this ethic. It recognises that just as acts of violence are experienced by many individuals in the community, acts of resistance come to be experienced by many individuals in the community. This framework for practice aims to support NPYWC staff to work alongside communities to support sensitively an emerging consciousness about the causes and effects of violence and extend the influence of acts and experiences which oppose it.

This is a practice framework that connects NPYWC staff with ways of working to the contribution and knowledges of the people with whom they work alongside and those who have attempted similar work before. It is organised in the following sections.

Section 1. Our knowledge base

The knowledge base of a practice framework establishes the scope of ideas which serve as the major influences to the decision making and actions of practitioners who are applying it. Firstly, it sets out the evidence that is used as the rationale to choose the theoretical approaches and/or conceptual models which underpin how practitioners will undertake their role. This evidence is sourced from the literature, as well as any other research undertaken in the formation of the framework, such as consultation with staff, external agencies and service users. Secondly, the knowledge base describes the relevant concepts and understandings that are pivotal in helping practitioners know how to orient themselves in their work, know what to do, and know how to monitor if what they are doing is helpful and effective. Finally, where there are different and distinctive sources of theoretical approaches being adopted, each needs to be combined so that it forms an integration that can be applied by practitioners. In essence, the knowledge base of the practice framework defines the scope of the program logic applied to achieve outcomes of the work undertaken by practitioners in a service.

Section 2. Our principles

The principles of a practice framework guide practitioners to understand the essential characteristics of way of working adopted by a collective group of practitioners or an organisation. Principles reflect the intent and purpose of a chosen way of working. They also help practitioners to operationalise the knowledge base effectively. The practice framework would be impossible to implement if any one of the principles was to be ignored.

Section 3. Our actions and strategies

The actions and strategies of a practice framework define how practitioners undertake their work. They describe the areas of interest and the questions to be used which elicit information to guide the decision making of practitioners. They also describe how forms of intervention (strategies that enable or support change) are implemented in line with the knowledge base and the principles identified in the framework.

Section 4. Tools and resources

The tools included in a practice framework support practitioners to implement the principles, actions and strategies previously described. They provide the practical resources for practitioners to use in their work with individuals and communities.

Section 5. The practice framework in action

This is an illustration of how the practice framework can be applied by NPYWC DFV team. It is based on a number of real experiences. They have been woven together to ensure the confidentiality of those involved. It is written as a narrative being told by a worker who saw the changes unfold in the woman she was supporting over a number of months.

Section 6 . Evaluation and monitoring

Evaluation and monitoring helps practitioners and managers of an organisation understand how effectively the practice framework is being implemented across a suite of programs or the organisation as a whole. It offers tools to be able to track the quality of the service being implemented as well as the nature of the outcomes being achieved by the services. It defines an important way of ensuring quality assurance and the ongoing evolution of the service.

Each section is one part of an integrated approach which has as its objective to guide the decision making of NPYWC staff in the delivery of service activities that address and reduce violence in the community. The effectiveness of the framework in achieving outcomes is evaluated with a strategy in the final section.

The prevention of family violence and/or the reduction of violence in the community locates its origin in the commitments made by the NPWC to work in ways that empower communities to enact locally relevant strategies to address its problems. This deeply held value is at the heart of the NPYWC.

Section 1. Our knowledge base

1.1 What is family violence in the community?

Violence is experienced by those who commit it, are targeted by it and affected by it.

In order to understand how best to describe family violence that occurs in the community, it is important to understand that it can include

- the perpetrator being an individual or a group;
- the victim being an individual or a group;
- the term 'family' which may mean a kinship network of discrete intermarried descent groups and, in many cases, 'family' may constitute an entire community;
- the 'community' being remote, rural or urban;
- its residents living in one location or dispersed, but nevertheless interacting and behaving as a social network; and,
- the acts of violence can continue over a long period of time.

Applying this understanding in the community, violence and family violence is often one and the same set of experiences. The impacts of such violence not only affect the individuals, but they serve to undermine, harm and destroy the relationships that exist between people in the community.

For this reason, throughout this document, the term "violence" is used to mean family violence and other related forms of violence which occurs in the community. It is likely that all forms of violence have at its heart the participation of members of families and family groupings.

1.2 Why does violence occur in the community?

Violence has its roots in experiences of the violation and oppression of Aboriginal people over generations. It is considered an expression of dislocation and loss for Aboriginal people. Colonisation has undermined cultural ways of knowing and showing respect, trust, and mutual care. It has damaged, but not destroyed, Aboriginal people's experience of interdependence and the importance of connections that individuals have to family, community and country. Efforts to integrate the impacts of the past with the understanding and addressing of the present needs and challenges facing Aboriginal children, families and communities must, at its core, have an understanding of the consequences of intergenerational trauma.

It also needs to resist simple explanatory frameworks in preference for more complex forms of analysis that acknowledge the ways that multiple and different forms of oppression (for example, gendered violence that was used to promote and consolidate the purposes of colonization) combine cumulatively to disqualify the entitlements and rights of Aboriginal women in particular. Listening and learning about how these separate threads of subjugation continue to reverberate in the lives of Aboriginal women even today is an essential starting point for resourcing communities to resist and challenge violence in their day to day lives.

1.3 What do we need to understand in order to be effective in ending violence in the community?

1.3.1 We need to understand how violence occurs in the community and how it is being challenged.

It is essential that we listen to the people who live and work in the community about their experiences of violence. When we talked to them, we found out about the following themes.

- Violence is an expression of dislocation and loss for Aboriginal people.
- Colonisation has undermined cultural ways of knowing and showing respect, trust, and mutual care. It has damaged, but not destroyed, Aboriginal people's experience of interdependence and the importance of connections that individuals have to family, community and country.
- It is also critical to develop and hold complex frameworks of understanding that acknowledge the intersection between colonial and gendered acts of violence and oppression which continue to shape the experiences of Aboriginal people in communities.
- Violence has taken over families and communities to the point that it feels so overwhelming for individuals that ways to challenge it or address it feel as if they are non-existent.
- Traditional ways to resolve conflict are no longer available to families, which often prolongs tension between people and leads to an escalation into violence.
- There are individuals and groups in the community who really want violence to end.
- There is a great deal of agreement that violence affects children and young people significantly. This unanimous view has led to an increasing degree of concern and worry for children and young people. There is a strong desire to end violence in the community particularly for the sake of children and young people.
- The power to name violence, its causes and its effects is important in supporting a community's commitment and capacity to address violence. Communities will come together around words and ideas that hold meanings about safety and protection when they are relevant to them.
- Acknowledging and tracing the lines of trauma, past and present, is a significant consideration for understanding the ways in which violence emerges, continues and affects the lives of individuals, families and communities. There is always the need to appreciate how much trauma and loss shapes the everyday experience of Aboriginal people.
- Meaningful actions to address violence in the community will come as individuals realise the ways in which they are already prioritising safety in the face of violence. This knowledge will give them hope that change is already occurring. It will also open the possibility to enlist others into their own efforts. This will lead to collective action that will influence individual behaviour.
- Every community has leaders who are able to show that violence can be stopped.
- NPYWC staff have an important role in opening up and supporting conversations with different groups of people in the community about safety, protection and care. These are slow and sensitive dialogues which only come to explore the topic of violence from experiences of strength, courage and a shared sense of purpose.
- Symbolism is important to help communities see that attitudes and behaviour which condone violence can and are changing.
- The voices of women, men, children and young people are all important in addressing violence.
- Violence in the community is a problem that can be changed.

1.3.2 We need to recognise how important culture is to people in the community.

Culture is at the very core of the experience of living for Aboriginal people. It defines identity, beliefs and values, forms of communication and the ways in which relationships are formed and maintained.

Family is the cornerstone of Aboriginal culture. It is the set of relationships which transcend through the lifespan of Aboriginal people, giving birth to identity, knowledge, role and ultimately, social meaning.

With respect to preventing and/or reducing violence in remote communities, all evidence points to the need to recognise that for any program to be effective, it must be grounded in the resources that emanate from cultural ways of living and relating. In addition, given the richness of Aboriginal culture, it is essential that Aboriginal people participate fully in the development and implementation of practices of change. They hold the knowledge of culture, the ways it is to be interpreted, the ways it is to be accessed and how it might be brought to bear on problems that are experienced by individuals and families and across communities.

1.3.3 We need to understand about trauma and healing.

The impacts of the past reverberate into the present for Aboriginal people. Efforts to integrate the consequences of the past with the understanding and addressing of the present needs and challenges facing Aboriginal children, families and communities must, at its core, have an understanding of the impacts of intergenerational trauma.

‘Intergenerational trauma’ or ‘Collective Trauma’ is defined as the repeated experiencing and remembering of destructive events in the mind and body of an individual or the life of a community and is passed from one generation to the other. Where trauma is left unresolved, people react by feeling shame and internalising responsibility for what has happened to them when clearly they have experienced the oppression and violation from others. In more severe and sustained cases, whole communities can begin to feel that pain and its consequences in very real ways and ongoing ways.

We need to understand that this legacy has led to the experience of high levels and sustained trauma and stress for Aboriginal people in Australia. Frequent and ongoing stress events in early life can have a damaging effect on the developing brain of a child and alter the functioning of important bodily systems. This type of stress can be particularly harmful to mental health and social and emotional wellbeing in childhood, with negative consequences for wellbeing throughout life.

The effects of stress and racism, and the related ongoing effects of colonisation, have created a burden that extends across generations of Aboriginal families.

For this reason, when we work with Aboriginal people, we need to have knowledge about how stress affects and shapes responses to violence in the community. Recent research about the neurobiology of relationships, gives us many insights into how stress can be understood and integrated into practices supporting children, young people, adults and their communities. In this section, there is a focus on understanding how stress affects the development of children and young people. However, it is also relevant to adults.

Stress is the psychological and physiological residue that is left from heightened exposure to disruptive experiences for individuals in their relationships and environments. Stress is best described as four tier model of different types as follows:

Positive stress results from challenging experiences that are short lived. Children may encounter positive stress when they attend a new school, meet new people, undertake a medical procedure or have to learn a new skill. This type of stress causes minor physiological changes. With the support of caring adults, children can learn how to manage and overcome positive stress. This type of stress is considered normal and coping with it is essential to development.

Tolerable stress refers to challenging experiences that are more intense but still relatively short-lived. Examples include the death of a loved one, a natural disaster, a frightening accident, and family disruptions such as separation or divorce. If a child or young person has the support of at least one

caring adult, tolerable stress can usually be overcome. In many instances, tolerable stress can become positive stress and benefit the child developmentally. However, if children and young people lack adequate support, tolerable stress can have a detrimental impact and lead to long term negative health effects.

High impact stress results from intense adverse experiences that may be sustained over a long period of time. Children are unable to effectively manage this type of stress by themselves. As a result, the stress response system is activated for an extensive time. This can lead to permanent changes in the development of the brain. The negative effects of high impact stress can be reduced with the support of caring adults. Appropriate support and intervention can help in returning the stress response system back to its normal baseline. High impact stress can result from any of the following experiences:

- exposure to parents/carers with alcohol and drug problems;
- exposure to parents/carers with mental health issues;
- exposure to parents/carers in high and prolonged conflict;
- experiences of migration and seeking asylum;
- ongoing exposure to community violence;
- dislocation from cultural and community heritage;
- disengagement from school or employment;
- experiences of instability associated with homelessness; and,
- ongoing exposure to social and economic disadvantage

Toxic stress results from intense experiences that target the child directly and carry with them intentional messages of intimidation, fear, shame and abuse of power. It is overwhelming of the child's internal psychological, emotional, relational and physiological resources. It too can be sustained over a period of time. However, the intensity with which it occurs can also mean that a brief or one-off experience of it can significantly affect a child and young person. Examples of toxic stress are child sexual abuse, physical abuse and bullying. As a result, children and young people's physiological systems remain activated without relief. It causes sustained disintegrative effects in both the structure of the brain and communication between the body and brain. The destructive effects of toxic stress can be reduced by co-ordinated and deliberate interaction between young people and a network of supportive and trained adults. Often, therapeutic and individually tailored support plans are imperative in reconfiguring the child or young person's ongoing response to future developmental challenges.

Toxic stress results from significantly adverse and pervasive experiences for children and young people, including

- child abuse;
- chronic neglect;
- family violence;
- rejection or bullying by peers; and,
- racial discrimination and/or harassment.

Because the brains and bodies of children and young people are so malleable, high impact stress and toxic stress are faster to manifest. They leave deeper tracks of damage. In these circumstances, children's brain and body systems will be harmed, affecting the way they react and relate to others and their physical environment.

High impact and toxic stress reduces the capacity of the thinking part of children's brain to shape the way they react to challenges in their environment. As a result, children and young people appear to behave instinctively and sometimes inappropriately, without knowing why. They are also not able to easily influence their feelings when faced with perceived threat or increases in their experience of stress.

It impairs the growth and activity of the connecting structures between the left and right hemispheres of the brain. As a result, children find it difficult to know, name and express their feelings. They can find it difficult to read social cues and respond in social exchanges. It increases children and young people's base arousal level such that they live in a constant state of vigilance and heightened alarm. As such, vulnerable children and young people are easily triggered by seemingly minor issues. Their responses are often seen as 'out of the blue' or 'over reactions' to situations.

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

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

Children and young people affected by high impact stress and toxic stress find it difficult to make meaning from their experiences. They have few or no effective internal maps to guide their actions. As a result, they react rather than respond.

Their beliefs about themselves are determined by the very people who violate them. They hold onto ideas about relationships which are not helpful to them in their communication with peers and other adults like teachers. They can find it difficult to see adults as supportive. They are cautious about being hurt and are more likely to stay closed to the development of new connections or relationships.

They do not easily understand or engage with consequential learning. Their brains are so over-activated that they are able to take in very little and not learn new information easily. In particular, their memory systems continue to remain under stress. They fail to consolidate new learning. Their working memory for even the easiest set of instructions can be severely compromised.

Children and young people affected by high impact stress and toxic stress experience the present with little reference to their past, even though their behaviour, feelings and physiology are affected by their experiences of violation. They do not have access to the qualities that make them who they are. They have a transient sense of their own identity. Their future is without plans or a sense of possibility.

Through shaping and reshaping the relationships and day to day interactions, intervention offers children and young people opportunities to heal some of the damage caused by such experiences of high impact stress and toxic stress. In order to achieve these important moments of repair, the approach to therapeutic work needs to be informed and supported by practice orientation that prioritises the needs of children and young people and gently and carefully responds to these needs.

There is wide agreement that the best approach is a combined approach – a western approach and a traditional cultural approach with a significant focus on understanding the intersection between western and traditional understandings of trauma and well-being. Indeed, the NPYWC Ngangkari (traditional Healers) team believe that collaboration and mutual respect between western health and human services and ngangkari lead to the best outcomes for Anangu. They say western and Anangu practitioners have different but equally valuable skills and knowledge and both are needed to address the significant problems Anangu face.

Healing through trauma-informed, cultural approaches addresses the whole health and wellbeing of Aboriginal and Torres Strait Islander children and young people, not only to their social and emotional wellbeing, but in building the capacity of families and communities to respond to children's needs, and to raise children and young people healthy and strong in culture. Stemming from the Aboriginal holistic approach to health and wellbeing, such an approach recognises the individual's interrelated physical, emotional, spiritual, and cultural health and wellbeing, including their connection to their land, family and community.

Thus healing approaches must be targeted at the individual, family and community level. Highlighting the need for community-based approaches to healing, It is important to allow people collectively to tell and to make sense of their own stories, thereby allowing them to become experts of their stories and lives. It is also critical that there community-based approaches are implemented which ideally include a combination of individual engagement in therapeutic activities and group involvement in the community events that promote well-being. This holistic approach also recognises the role of the whole community – including how the issues and difficulties facing the community affect individuals, and how the individual has an impact on the rest of their community.

1.3.3 We need to understand about narrative approaches to working with community's own efforts to resist and challenge violence.

There are a number of models of practice that reflect a commitment to working with individuals, families and communities in ways that support their own efforts to resist and challenge the pervasiveness of violence itself and its effects. At the forefront of contemporary approaches are those that find its traditions in the postmodern constructs of power and oppression, such as Narrative Therapy (White and Epston, 1990; Epston and White, 1992) and Justice-based Community Work (Reynolds, 2010).

“No-one is a passive recipient of trauma. People always take steps in endeavoring to prevent the trauma they are subject to, and, when preventing this trauma is clearly impossible, they take steps to try and modify it in some way or modify its effects on their lives. These steps contribute to the preservation of, and are founded upon, what people hold precious. Even in the face of overwhelming trauma, people take steps to try to protect and preserve what they give value to... (p.28, White, 2006)”.

Drawing on his collaborative work with David Epston, Michael White articulated an approach to working therapeutically with communities that sought to honour even the smallest actions that people take to keep themselves and others safe in the face of violence. White sought to deeply listen for the two stories of people's experiences of violence – the story of trauma and the story of struggle to hold onto conviction, belief, hope and value. As people reconnect with the story that preserved them, their family and their community, they come to see themselves with intent and power, rather than at the mercy of violence (White, 2006).

At its core, this narrative and justice based way of working with individuals, families and communities adopts a critical lens for understanding the genesis of individually experienced problems. It locates the experiences of individuals in the histories and continued practices of oppression that construct identities which perpetuate the use and abuse of power by those who have it over those who do not. The focus of this approach is to uncover the layers of language and entrenched beliefs that normalise pathology, victimhood and blaming.

Practitioners using this approach work alongside those they seek to support. They work to engage individuals, groups and communities in critical and sensitive dialogue which makes visible the pervasive social and historical stories that limit the definitions of what is deemed as true and untrue, real and not real, worthy and not worthy.

Finding a shared language to negotiate how meaning is prescribed to experience is an important element of working effectively with people in the community. It is critical to find the language in the community that helps to shape the meaning of interactions which connect and disconnect people from each other, form the underpinning of respect and disrespect and explain how violence is used, resisted and experienced.

The aim is to find and engage with moments of affinity or interpersonal experiences of connection that transform the lives of people in the community and the workers themselves. It recognises that different forms of oppression exist in the lives of people and that such difference creates opportunities for people to be united in collective practices of resistance. A sense of solidarity arises from experiences of community-making dialogue resourced by workers and the community together.

1.3.3 We need to understand how to enhance community resilience.

There has been growing interest in reconceptualising resilience so that it can be applied relevantly to Aboriginal communities. Instead of it being understood as how easily an individual can bounce back from adversity, resilience is now seen as a dynamic process of adjustment, adaptation and transformation of communities in response to challenges and demands.

In particular, research points to the influence on the level of community resilience of

‘...stories of identity and transformation at a personal and collective levels. The idea that resilience might reside in the ways we have of narrating our lives...making sense of their own predicaments and mapping possibilities for adaptation and a positive vision of the identity and future prospects by drawing on collective history, myths and sacred teachings. At the same time, these collective forms of narratives serve not only to help people make sense of their experience and construct a valued identity but also ensure the continuity and vitality of a community or a people...(p. 86, Kirmayer et al, 2011)’.

In other words, strategies which aim to strengthen resilience focus on finding shared meaning across different members of a community about what has helped that community to survive and attempt to hold onto its values, beliefs, rituals and relationships often in the face of overwhelming forces that have sought to destroy them. The modality used is collective dialogue, or yarning. Its purpose is to unearth symbolic and historical practices that have maintained people’s connection to their cultural heritage. It is this common quality that is viewed as being the most significant factor in moving a community along a continuum from oppression to resistance to resilience.

1.4 How do we integrate all of this knowledge to inform our work?

Drawing on the key messages from the literature review presented in the previous section, a conceptual model of practice is put forward as the conclusion to the first part of this document.

The conceptual model is presented in Diagram 1. It integrates the contemporary literature about stress with the evidence highlighting the ways in which cycles of family and community violence emerge and are maintained over time. It points to the pervasive, chronic and cumulative impact of such violence on individuals and communities. Stress is the common substrate for all forms of relationships affected by interpersonal violence. Toxic forms of stress (child abuse, family violence, neglect) and high impact forms of stress (housing instability, mental health problems, substance abuse, high conflict relationships, family breakdown, bullying, racism, discrimination) compromise the functioning of important biological systems and lead to severe limitations in the adaptive capacity of individuals and communities.

The first circle highlights that interpersonal conflict and violence and its associated consequences (fear, sorrow, loss, shame, disconnection, helplessness) result in and are a result of toxic and high impacts forms of stress experienced by individuals. The longer individuals remain in conditions of such toxic and high impact stress, the more likely it is that they will not be able to break away from these circumstances. The longer the community experiences the cycle of violence, the harder it is for such violence to be challenged and changed. This cycle has chronic negative impacts on health and well-being of everyone in the community. For Aboriginal people, the emergence of violence and its impacts are inextricably linked to the past and present effects of colonisation, dispossession and ongoing racism.

The second circle represents the practice framework that is proposed for the NPYWC teams to adopt in their efforts to strengthen community capacity to end violence. As the previous analysis has highlighted, the key to collective action is the respectful and patient engagement of the community in dialogue that seeks to understand the tactics of violence, names its effects in the lives of the individuals who live in the community, and validates the acts of resistance already being enacted in a community. It also integrates the need for resourcing safety, acknowledging and understanding the impact of pain in the lives of Aboriginal people in the present and over generations.

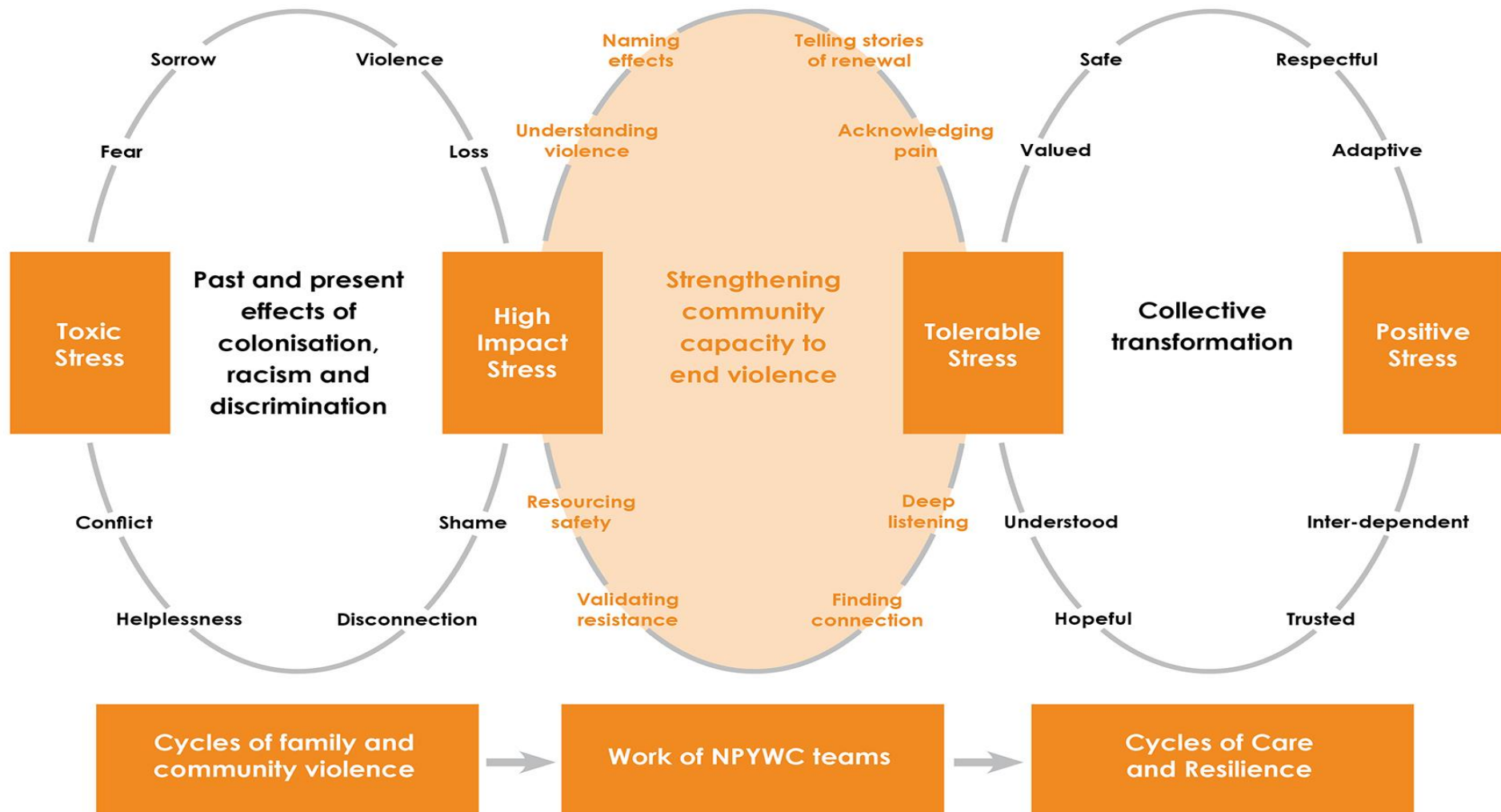
Finally, it is embedded in practices which listen deeply to the experiences of those in the community highlighting the resourcing stories available in culture and enabling the expression of alternative communal narratives of renewal and hope.

The aim of such intervention is to reduce the levels of stress experienced by individuals within the community and the community as a whole to tolerable or positive levels. In the absence of toxic and high impact stress on a routine basis, individuals and communities experience relief and begin to engage in other actions which further reinforce and promote health and well-being.

The third and final circle in the diagram represents the outcomes of the work undertaken by the NYPWC teams using the proposed framework. Through their collaborative action, workers promote qualities in the community that collectively transform cycles of violence into cycles of care and resilience. Family and community based activities are held which highlight the re-emergence of a range of adaptive and respectful dimensions of daily community life that continue to build momentum so that it is sustained over time.

Violence itself is banished from community leaving safety, respect and hope in its place.

Diagram 1. Conceptual model of practice for NPYWC approach to strengthening capacity to end violence in the community



Section 2. Our principles

We work alongside communities to identify and amplify individual and collective efforts to end violence.

Strategies to end violence will not work if they are imposed in the community. The most effective strategies are those which can amplify, extend and resource acts of resistance to violence that are already being enacted by individuals in the community. Working alongside the community will facilitate dialogue which unearths the changes that communities are already making and indeed wanting to make more of. Such acts of resistance for Aboriginal communities are sourced in their experiences of their culture and its expression in forms of ceremony, origin stories, healing practices, spiritual beliefs and values. It is the strength of connection to these community and cultural qualities that have been identified as pivotal in consolidating community resilience.

We believe that efforts to end violence in a community will be led by individuals or groups who hold a strong intent to galvanise a collective focus.

Ending violence in the community will occur when it is supported and championed by an individual and/or group who will act to lead the change. These are community advocates who are interspersed in the community itself. They are from the community and are positioned as leaders. There must be specific strategies aimed at building their capacity, confidence and skills to influence the hearts and minds of the community. These individuals and/or groups should receive direct support from services in order so that they can galvanise the community to take stands against the tactics of violence.

We believe that violence adds toxic levels of stress to the lives of children, young people and adults.

Stress is the common feature of all experiences of interpersonal violence. Toxic and high impact levels of stress have significant effects on functioning of individuals. They change brain structure and activity. They make it increasingly difficult for individuals to learn and adapt to new environments and challenges. Such stress is pervasive and cumulative. It limits the capacity of children, young people and adults to form and maintain positive networks of relationships that are based on trust and understanding. The longer that children, young people and adults are exposed to high impact and toxic levels of stress, the more entrenched are their behavioural routines aiming to avoid its effects. These patterns of functioning become increasingly difficult to change with time.

We believe that the effects of toxic stress must be recognised in order for communities to be able to engage in strategies which aim to end violence.

It is clear that often even engaging in the topic of violence will activate arousal systems in individuals and communities who have experience violence previously. In these states, it is less likely for individuals to be able to examine the topic, consider its impact and seek to implement changes aimed at addressing violence. As such, the explicit creation of emotional, physical and cultural comfort and security is a prerequisite prior to any form of collective dialogue.

We believe in the importance of creating emotional, physical and culturally strong and secure places and relationships in all our work with Aboriginal communities.

Safety is critical to transformation. Culturally, relationally and personally safe spaces are paramount during the difficult process of healing and change. According to Judy Atkinson (2002), these are places to reclaim history, find fragmented and lost stories, and talk about a painful past. It must be devoid of physical harm to property, oneself and others. When in a culturally safe place a person can commit and participate in the making of behavioural rules, and can identify things from their culture or worldview that can act as resources to resisting forms of violation.

We understand that safety is also co-created in relationships. We help establish safety with community by

- letting people know that we are committed to keeping everyone safe from violence and we will always act to stop violence if it is occurring or at risk of occurring;
- being respectful in our interactions at all times;
- being informed about and abiding by their cultural norms and expectations;
- conveying a sense of collaborative effort;
- supporting them to keep their environment predictable and consistent; and,
- spending consistent time in the community.

We understand enough about the effects of toxic and high impact stress that we can tailor our communication with people in the community in ways that acknowledge and takes into account how their experiences of violence influences their responses to our work.

We will always work towards co-creating collaborative agreements, creating opportunities to maintain dignity, being prepared to learn from the people in the community, and building coalitions of allies that are sustained over time.

We believe that active collective dialogue with and by community is the way to work to end violence.

A community has a range of pre-existing sets of naturally forming groups with shared interests. Effective strategies to end violence will identify and work with each of these groups methodically. The process of engaging these groups starts with being invited. The worker must learn the norms and rules of each group. He/she will need to be prepared to offer some form of resource to that group as a symbol for acknowledging its willingness to open itself up to someone external to it. Beginning with a need in the group, the worker will use a culturally respectful strength-based protocol to engage in dialogue about community resilience, the impact of violence and actions which have been taken to end violence. This collective process of sharing stories of understanding will lead to potential meanings that will be used as starting points for further dialogues with other groups in the community, each following a similar protocol. As concurrent dialogues occur, shared meaning about ways to resist violence can be shared, with permission, across the community.

We believe that focusing on the impact of violence on children and young people is likely to be the best point to start dialogue about ending violence in the community.

Coming to realise the extent to which violence can affect the development and functioning of children and young people is often a powerful motivator for adults to want to take action to end violence. This is supported in emerging literature about programs that support men who engage in violence to address their violence.

We believe in using strengths-based models that aim to enhance individual capability and community resilience.

Strengths-based models of intervention have been shown to be replicable and effective in supporting adults experiencing disadvantage to change. A strengths-based approach offers enables people to take control of their lives in meaningful and sustainable ways. Its aims are to

- empower people to take a lead in their own care process;
- work in collaborative ways on mutually agreed upon goals;
- draw on the personal resources of motivation and hope; and,
- create sustainable change through learning and experiential growth.

A strengths approach is a specific method of working with and resolving areas of concern experienced by individuals. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive resources available to individuals (or what may need to be added) as the basis for addressing the challenges resulting from the problems. Specifically, a strengths-based model

- seeks to understand and support the important variables contributing to individual and family/community capability;
- provides a common language that does not further disadvantage people by ascribing them as causes to the problems they experience;
- works to ensure that strategies are driven by the community;
- engages distressed people with respect and understanding;
- perceives capacity building as a dynamic process that evolves over a life time;
- affirms the reparative potential in people; and,
- aims to enhance strengths as opposed to deficits.

Importantly, culture is central to how strengths in individuals and communities are resourced.

We believe that all of our work should strengthen family relationships and/or build networks of sustainable support.

Family relationships represent a significant source of support for children, young people and adults. In the formative years, families provide young people with experiences of interdependence as the precursor to independence. It allows young people the opportunity to adapt to increasingly challenging task associated with caring for themselves and engaging in their community on their own. Interventions are effective when they include a component aimed at strengthening family relationships, helping them to be sources of comfort, understanding and models of interpersonal resolution.

We believe in the importance of collaboration with each other and other services.

The most effective responses occur when workers take responsibility to sustainably build coalitions of mutual respect with others who live and work in communities. We work to establish trust, transparency and accountability as important qualities of networks of practitioners who are working together to support community. We co-ordinate our effort so resources are applied efficiently and effectively. We will approach our work with others by respecting differences in approach to enable networks to hold their unique relationships in the community but not jeopardise the overall outcomes being achieved collectively.

We believe that cycles of violence will end when they are replaced by cycles of mutual care, respect and resilience.

We understand that violence is likely to come to an end when people in the community feel valued by each other, their needs understood and met and they feel trusting and trustworthy. The inter-dependence of family and community life is respected and celebrated. Relationships are experienced as harmonious. Conflict can be addressed without it escalating to violence. Stress is experienced positively and tolerable. In these circumstances, individuals and the community as a whole are more adaptive and hopeful. There is a sense of the future that it is building. Its sense of humour is available and actively experienced.

Section 3. Actions and strategies

The NPYWC framework for strengthening community capacity to end violence consists of eleven stages of actions and strategies. It is presented as sequential in nature. But in reality, it is not. In real life in the community, the path to transformation is far from linear. It is more likely to double back on itself and be repeated as different forms of challenge and stress are experienced at times. However, it is important to note that momentum towards transformation cannot skip a step or fast forward. Sustained change occurs when those who live and work in the community keep going – striving towards resolution.

The eleven stages are presented in Diagram Two. Each of the stages is explained in more detail in the content that follows the diagram.

Diagram 2. Strengthening community capacity to end violence



Stage 1. Assessing preparedness.

The first stage is to evaluate the community's preparedness to end violence. It is based on practitioners creating positive sets of relationships with people across community over time. It is widely acknowledged that practitioners need to work together with Aboriginal families and communities. A partnership approach will reflect a respect for Aboriginal self-determination and be responsive to community needs and aspirations. It is important to recognise that individuals and families, Aboriginal co-workers and other Aboriginal people are equal 'experts' in the strategies designed to end violence in the community. Developing an effective partnership takes time, trust and personal relationships. For most Aboriginal people, **who** you are is more important than **what** you are. Non-indigenous practitioners employed by NPYWC are committed to working in collaboration with Aboriginal Community Workers and other cultural consultants, who will advise about cultural matters, provide guidance in appropriate behaviour, and mediate between the practitioner and the family/community.

Assessing preparedness is an informal process of consultation and gathering stories which start broadly and become more specific with time. Using a strength-based approach, workers focus their interest in talking to different members of the community about what has helped them individually, as families and as a community to face and withstand challenges or difficulties in a broad sense.

In these discussions, practitioners help to identify challenges which were resolved positively and adopted by the community as a whole. Specifically, practitioners are seeking to understand the following:

- How was the challenge first identified by the community? Who was involved? How did the conversations first start?
- What attempts to address the challenge have been tried?
- How were the solutions to the challenges generated? Were any of the solutions already occurring even before the challenge was identified as requiring action?
- How easy or difficult was it to mobilise the community to work together to make change happen?
- How easy or difficult was it for the solutions to be applied? Who helped drive the change in the community? Why were those people involved?
- How aware was the community that solutions were being tried? How did the community come to know about the solutions that were being tried?
- What helped to keep the solutions going?
- What words, expressions or sayings did the community use to describe how they met the challenges and survived? Were there any traditional stories that were told by members of the community that supported the community through the challenge or difficulty?
- Was there any knowledge from culture that was used to help support the change for the community?
- Has that specific challenge or difficulty returned for the community? If it has, what has been done this time around to address it?
- What did individuals learn about themselves in relation to the way they tackled that challenge? What did the community learn about itself in the way it addressed the challenge? What part of the solution could be used again for a different type of problem?
- What part of the solution was connected to culture? Were there any rituals, ceremonies, traditional practices that helped to formulate and implement the solutions to this challenge? If there were, how important were these elements to the effectiveness of the solutions?

The answers to these questions help the practitioner understand the strengths inherent in the community to identify, design solutions, work together and be effective in achieving and maintaining change. As far as possible, strategies that have worked in the past from the community's perspective for other challenges or difficulties should form the basis for developing strategies which address violence specifically.

Importantly, practitioners should also inform themselves about the level of violence that is experienced in the community. This includes identifying

- the frequency of the different types of violence that is committed;
- who is committing the violence;
- who are the targets of the violence; and,
- the conditions in which the violence emerges.

Information should also be gathered about the quality of the service response to violence from police and other services in the community. This is critical in understanding the extent to which safety in the community can be ensured at the initial stage of this work.

This is all intelligence that can be used by practitioners to plan the next stage strategies aimed at ending violence.

Stage 2. Creating safety.

In addition to the overall partnership orientation of practitioners at NPYWC, creating safety is an essential platform to forms of practice which have at their core the prevention of interpersonal violence in the community.

Ending violence in the community starts with practices that take into account how such violence, over time from multiple sources, has affected the capacity of the relationships within communities to address its consequences. This is an important consideration as it acknowledges the following concerns that will need to be addressed through the implementation of careful and planned activity in the subsequent stages of this process.

- The patterns of behaviour associated with the trauma of past violence will be triggered again in individuals in response to cues in relationships which have led to the violence occurring in the first place. These are cycles of helplessness that individuals and/or community will not feel can easily be interrupted.
- Whilst many topics can be raised in the community to discuss, those related to violence have in themselves references of loss, pain, and tension which are likely to be re-experienced by individuals in their relationships in an ongoing way. Their ability to remain cognitively capable to logically work through these issues will be limited.
- Discussion about violence will activate arousal systems in children, adults and the whole of the community. These heightened states may in themselves trigger subsequent rounds of violent behaviour.
- Different people in the community will have different reactions to past effects of violence related trauma. Those who are able to tolerate their reactions will need to be supported to engage others in relationships that help mediate the emotional and psychological impacts of discussing strategies to end violence. Establishing or supporting groups with ways of understanding the impact of trauma will provide a sustainable base for the additional layered strategies that will be required to end violence.
- Practitioners who work across communities in different roles will need ongoing opportunities to learn about and use frameworks that use continuums of stress to understand the needs of children, young people, families and the community as a whole.
- The signs of the impact of trauma on children and young people are highly visible in small communities. Ending violence and attending to the needs of those young people affected by violence forms a natural starting point for beginning dialogue about resisting and challenging the potency of violence in the lives of the community as a whole.

Safety is negotiated in the relationship between practitioners and individuals and groups in the community. The orientation of the practitioner to the conversations they have and the questions they ask should preface permission on minute by minute basis. There should be an onus on understanding and working with different ways of understanding and learning styles of individuals. It should take into account that experiences of past violence or other stressors (for example, exposure to drug, alcohol

and other substance abuse) can affect the ways that individuals are able to consider new information and engage in reflection. Practitioners are responsible for not asking questions that seek detail about the violence. In general, practitioners will use the following guidelines to create safety for all future stages:

- Introduce yourself and where you are from;
- Introduce conversations and their purpose and seek input into which topics can be included and excluded;
- be prepared to discuss your own experiences of topics to facilitate the experience of the conversation being a shared activity;
- leave space for silence;
- ask permission of the individual again before a topic is explored;
- be mindful of your gender and the gender of the individuals/group with whom you are engaging;
- allow time for conversation to be led by the individual or group; and,
- think about stories and metaphors that the individual or group is used to using and explore these metaphors in the way you frame questions and hold curiosity.

Finally, it is important to consider the physical setting in which dialogue is to occur. Engage individuals and the community to identify places in which a dialogue about violence will not contaminate the primary use of the space. The place itself should be culturally safe, and available for individuals or specific groups to talk about violence without the threat of repercussion.

Stage 3. Starting the dialogue.

Children and young people hold a special position in the heart of a community. There is general agreement that their well-being and protection is critical for people in the community. For this reason, a good place to start the dialogue about violence in the community is to gradually focus on the developmental needs of children.

The first part of this dialogue aims to mobilise the focus and motivation of individuals or groups in the community to consider the consequences of violence for children and the community as a whole, if violence is not addressed.

The dialogue can take the form of conversations about the development of the brains of children, how they grow and learn, and how they react to stress. There are metaphors about the brain which can be used to explore the needs of children. One example is to talk about the brain as a tree which requires solid roots in order for it to be healthy. The roots are the early experiences that children are exposed to. If children are exposed to high impact or toxic levels of stress, the roots of the tree will be shallow and not strong. Then the whole of the tree is unsteady.

These conversations in the first instance should target people with responsibility to care for children in the community, such as mothers, aunts and grandmothers. These are the individuals who are heavily invested in the children's development and often express concern for their care.

The metaphor of the brain and the tree can be extended to adults and the community as a whole.

This opening dialogue does not have an educational aim. Its primary purpose is to make dialogues about violence accessible to the community. The aim of the practitioner is to minimise reactions of shame and promote the strengths associated with a collective commitment to caring for the community's children.

In this dialogue, opportunities will open up to hear about what individuals and the community as a whole do already to protect children and young people from violence. These are critical acts of resistance which are relationally focused around the needs of children. In this stage, these small stories of challenging violence should be noted for future acknowledgement. The language used by individuals to describe their experiences is essential to note.

Stage 4. Listening deeply.

As the dialogue builds, the practitioner becomes engaged in what has been called “deep listening” or “double listening”. This is the process whereby the practitioner attends to both the story of the violence and its impact in the lives of the community and to the stories of courage, challenge, defiance and opposition to violence that are inevitably present during the course of violence.

Practitioners sensitively hear and validate the experiences that individuals want to share about their experience. They also attend to the steps that people engage in to modify, reduce, or protect themselves and their loved ones from the violence or the effects of that violence. This process of deep listening by the practitioner offers their attuned interpersonal resources to the individual or group with whom they are in dialogue to support their arousal regulation. It acknowledges their pain and provides the individual or group in the community with the experience that they are not alone in wanting to put a stop to violence. This joining is the first step in building coalitions of commitment to work together towards a common goal.

Stage 5. Naming the tactics and effects of violence.

Throughout this process, individuals and groups will describe their experiences of violence. They may not do this directly as it may be too painful. They may talk about stories of other people, other communities rather than their own. They may elicit descriptions about past experiences of abuse and violation in their community committed by outsiders to that community. They may use metaphors which are drawn from their culture and/or the country on which they stand. These are conversations that practitioners will hear and participate in.

The practitioner’s orientation in this phase is to listen and explore the effects of violence in the lives of the community. The sorts of questions that a practitioner would be interested in are:

- Who has been most affected by violence in the community?
- Who in the community has used violence? How has being violent changed them?
- How did violence shape trust in the community?
- How did violence influence the way that people are cared for?
- How did violence affect who people could talk to or not talk to?
- What do people think was lost in the community because of violence?

Simultaneously, practitioners are also interested in conversations that identify the strategies used by violence to take hold in the community and the extent to which such violence has come to be viewed as normal. It should be clearly noted that this conversation is not aimed at diffusing responsibility for violence. Those who commit violence should be held accountable in law and by the community. Accountability is a significant element of the next stage of this process in relation to witnessing resistance. In this phase, drawing out the way that violence is accounted for by the community has as its purpose the development of understanding about the causes of violence at a local level. It is an attempt at holding dialogue which reduces the shame that is inherent in families when violence is attributed to their own failures. It connects violence with historical and present forms of oppression which contribute to other problems which can escalate to violence. For example, consuming excessive alcohol as a means, unconsciously or consciously, to respond to the internal pain of having lost connection to country or family.

Questions that practitioners can pursue in naming the tactics of violence include:

- How has violence achieved its goals?
- How does violence stay once it has arrived in the community? Does it use secrecy? Or threats?
- How does violence convince people to use it?
- When are people in the community most susceptible to violence?
- How does violence react when it is challenged? Is there any kind of payback if violence feels threatened?
- How has culture been overlooked for violence to be allowed to take hold in the community?

Stage 6. Witnessing resistance.

By naming the tactics of violence in the community, the opportunity is opened up to consider how individuals and/or groups have stood up to it. This dialogue enables the start of the community beginning to be aware of its own power to change attitudes and behavior that support violence. The focus is on finding example of actions that the community has already implemented – regardless of whether they have worked or not. It is the meaning that the community attributes to the effort in resisting violence which is the outcome of this phase.

The orientation of practitioners in this stage is not celebratory or overly positive as acts of resistance are identified by individuals and/or groups. This is a temptation which needs to be resisted. Instead practitioners focus on creating rich descriptions of these acts of resistance, slowly and patiently – never overtaking or overemphasising the value that is placed on them by the individual and/or group. In this way, the individual and/or group are able to explore how the resistance was organised, resourced and experienced. The richer the detail, the more likely the individual and/or group will feel that they own their actions and experience them as part of their intentions and ambitions they hold for their families and community.

An important component of this stage is to identify if and how those have used violence were held accountable for their actions.

Questions that practitioners can pursue in witnessing resistance include:

- Were there any times when someone in the community acted to oppose violence? What actions did they take? How did they know that it was the right way to go about it?
- Were there times when a group of people in the community stood against violence? How did they come together in the first place to do that? What did they do together that they could not have done on their own as individuals?
- What did anyone do to make sure that the person who had used violence knew they had hurt someone else in the community? What was it like for them if someone called in the police? What was it like for the family if someone called in the police? What was it like for the rest of the community if the police had to charge a person for using violence in the community?
- What does culture say about standing up to violence? What stories have been told in the community about how violence was not allowed to win?
- When people were standing against violence, what were they standing up for? What did they notice they were promoting about the way that people should treat each other?
- What was found in the community again that had been lost as a result of violence taking over?
- How did respect become part of the community again? How did trust become part of the community again?
- How have people been able to make sure people have been protected from someone who has been hurt by someone using violence? How has safety been present in the face of violence?
- What did you learn about yourself when you took action to oppose violence? What did the community learn about itself when it stood up against violence?

Stage 7. Amplifying enactments.

In this stage, the rich descriptions of actions that people in the community had taken to resist violence are amplified to support others in the community to find out about that opposition to violence had already begun to take hold and how it had originated in the community. This is a sensitive process that must take into account the family and community dynamics to ensure that conflict between people is inadvertently promoted.

The practitioner in this stage is oriented towards an active dialogue which supports the individual and/or group in considering the views of others who they know in the community. This is not yet an exercise in engaging those others in a real conversation. It is a rehearsal for what will happen in proceeding stages. It is also a conversation which seeks to extend recognition of the acts of resistance in a way that the individual and/or group feels the effects of the acknowledgement without exposing them yet to the potential for criticism or negative attention.

In this stage, practitioners are interested in the following kinds of questions:

- Who else in the community may have noticed the steps you took to stand up to violence? How might they have come to know about it?
- If I asked them to tell me what they thought about the actions you took, what would they say? What would they say were the qualities in you that enable you to act in the way that you did? What would they know about you that would have left them not being surprised that you took this action?
- Who might have predicted that you would have taken the sort of action that you did to oppose violence? Who would have known that you were capable of doing that ever since you were a child? What would they have seen in you back then that would have made them think that way?
- Who do you think would join you in the community in taking action like you did? What do you have in common that would tell you that they would support you for what you did?
- Who might change their mind about what you are capable of achieving if they knew you had acted in the way that you have against violence?
- Who would be the most proud of what you did?

Stage 8. Telling and re-telling stories of renewal.

In this phase, the practitioner continues the dialogue with the individual and/or group by re-telling them the story that has come to be told about the way violence came to the community, how it affected people and how it was opposed and challenged. This re-telling provides the opportunity for the individual and/or group who have participated in the process so far to hear the story in its entirety from the position of audience. This change in perspective allows another layer of dialogue aimed at reflecting on themselves as actors in their own narrative of resistance. This process helps to consolidate the narrative as purposeful and valid.

As they re-tell the story, practitioners can also check to see if there are other elements that have been omitted or needing to be strengthened. The act of participation from multiple perspectives facilitates the take up of the story in an embodied and meaningful way. Practitioners can ask the following questions to support this level of reflection:

- What was the experience of hearing the story from start to end for you?
- What are the things you like about yourself when you hear that story?
- Where in your body did you feel any reactions to what was happening in the story? How do those qualities that were identified in the story about you feel like when you hear them being described?
- Did the person that was you in the story feel like it was you? How do you know that?
- If other people in the community heard that story, what do you think their reaction would be? What would they say to you? Would they be more likely or less likely to join you in standing up to violence if you asked them after they heard that story?
- What parts of that story is still going?
- How much of that story was similar to stories that you have heard told in the community?
- What parts of that story are connected to the way that culture influences your way of living?
- How important were relationships to you in that story? What do these relationships mean to you still?

Stage 9. Collectivising action.

It is at this point, the practitioner needs to assess whether the individual and/or group feels safe to extend their dialogue to others in the community. This is the period in which the practitioner supports the development of coalitions of support in the community who may take the lead from individual or small group resistance and allow its effects to spread across the community. Coalitions of support form in concentric circles of relationships around the individual or group who has already been engaging in the dialogue of change to this point. The safest starting point is those with whom the individual or group has an affinity or a pre-existing relationship of support. Practitioners need to consider how information is communicated so as to map out the people who may be resourced to join a collective movement aimed at implementing community wide actions of resistance to violence. At this point, practitioners and the individual/group that have been in dialogue together initiate processes to recruit others in the community into their plans. Informal and formal leaders of a community should be considered as possible sources of support and direct engagement.

This is a process of small group discussion with an effort being made into connecting the stories of the original individual and/or group with other stories of opposition to violence that others in the community can tell. The practitioner does not lead these conversations or try to push an agenda. Instead, the individuals and/or groups in the community engage with each other through shared opportunities to meet informally and/or informally. These processes lead to the momentum for change being driven from the community itself, taking with it its own lessons about what has been effective in its history and in recent times in convincing violence to leave.

Practitioners should consider at this stage how shared meaning is generated between members of the community by considering the following questions:

- What stories are common amongst people in the community about how violence has been challenged or opposed?
- What do the people who have stood up to violence share in relation to their qualities or relationships?
- What common goals have been used by people in the community to oppose violence?
- How do people know that their actions have worked?
- What are the qualities of relationships that have emerged as violence has started to leave the community?
- What has entered the community in a positive way to take the place of violence as it has left?

Combining stories of individual resistance into a collection of stories of community defiance and resilience is the outcome of this stage.

Stage 10. Developing solidarity.

In this stage, the community is mobilised to take collective action against violence. Here the practitioner seeks out community symbols or metaphors that can be enacted that highlight the solidarity of the community in its shared intention to end violence. It can take the form of a community project that depicts a celebration of safety or community activity that engages in cultural stories about respect and care. This symbolic action serves as reminder about the story of community coming together to prioritise the protection of all of its members from violence. If the symbolism is powerful enough, it can also be shared with other communities as signs of hope that violence can be defeated when people acted in concerted and collaborative ways with a shared commitment.

Stage 11. Transforming community.

In this final phase, practitioners continue to support the community's ongoing transformation. The process of deep listening continues in order to source stories that contribute to community resilience. The focus should be in particular on whole of community qualities of trust, hope, respect and care. Telling and retelling these stories at an individual, group and community level resource the transformation of community in a sustained way. It is also important that these narratives are integrated where appropriate with traditional cultural stories of healing.

Section 4. Tools and resources

There are a number of tools and resources that are available for practitioners to use. The tools are aides to the process. They include:

- FLIP CHART – What are they thinking?
- FLIP CHART – What are you thinking?
- Tjulpa and Wulpa – Two Children, Two Paths
- Young Women and Young Men Bush Camps run by the NPYWC Youth Team
- Life Story Board (<http://vidaview.ca/>)
- Our Right to Be Protected from Violence – UNICEF Activities for Learning and Taking Action for Children and Young People
(<http://www.unicef.org/violencestudy/pdf/Our%20Right%20to%20be%20Protected%20from%20Violence.pdf>)
- Safe and Secure – A trauma informed practice guide for understanding and responding to children and young people affected by family violence
(<http://www.childhoodtrauma.org.au/sitecore/content/ACF/Home/For-Professionals/Resources>)

A range of new tools will need to be developed to support the implementation of this practice approach.

Section 5. The practice framework in action

This is an illustration of how the practice framework can be applied by NPYWC DFV team. It is based on a number of real experiences. They have been woven together to ensure the confidentiality of those involved. It is written as a narrative being told by a worker who saw the changes unfold in the woman she was supporting over a number of months. The questions interspersed throughout the story reflect the kind of inquiry suggested by the practice framework as outlined in Section 3 – Actions and Strategies. They are examples only.

It is suggested that the narrative is read the whole way through in its entirety. Then, the reader should go back and explore how the questions map to the stages identified in the practice framework and the commentary that accompanies each stage. The note in the introduction of Section 3 is highlighted in this example. Clearly, the stages are not sequential or so discrete. Often one conversation can hold a number of stages simultaneously. And there is repetition of stages. This is the very nature of change itself.

The words in bold and italics represent some of the reflections and experiences of the worker in her interactions with Shirley. The text that is in italics only reflects Shirley's perspective of the interaction and discussions over time.

Narrative	Stage	Commentary
<p><i>I had met Shirley off and on for more than a year. She would speak to me quietly away from other people. She would often not finish her train of thought when we talked. It was as if she was interrupted by a more powerful thought that distracted her. She wanted to talk about some of the children in the community she felt concerned about. She wanted me to check out if they were safe. She wanted to make sure that no-one was hurting them. Amongst her family, Shirley was known for the way she looked out for children. She didn't have any of her own. But children seemed to know how to find her when they needed something that would help them feel stronger.</i></p> <p><i>How did you become a person that knows how to look out for children like you do?</i></p> <p><i>Shirley told me that her mum had tried to make sure she was looked after when she was little. Her mum just sort of knew how to do that. She was very gentle with her and her two older sisters. She knew that children like it when you are gentle and soft with them.</i></p>	<p>Stage 2 - Creating safety</p> <p>Stage 3 – Starting the dialogue</p>	<p>There is an appreciation of the possibility that Shirley's experiences of her own childhood contain some painful experiences. The worker does not push to start conversations that are too personal or delving too deeply into her past.</p> <p>They share together their commitment to the safety of children. This joint experience establishes a dialogue that opens up the possibility of strengths based reflection for Shirley.</p> <p>The theme of gentleness is a resource that Shirley knows well. Its meaning is explored slowly. It is acknowledged as embedded in Shirley's lived experiences. It has a history that is sourced in the messages Shirley received from her mother and which she continues to appreciate in herself now.</p>
<p><i>Whenever we saw each other, we talked about one of the children in the community. Each time, she told me a little bit more about how gentleness and kindness were part of what she had treasured in her mum. And how she missed it since her mum had passed away.</i></p>	<p>Stage 4 - Listening deeply</p> <p>Stage 6 - Witnessing resistance</p>	<p>These ongoing opportunities to engage in dialogue traced the origins of gentleness and kindness in Shirley's relationships.</p> <p>Each time, a little more was discovered about the ways that gentleness and kindness became so influential for Shirley. The worker did not push Shirley.</p>

		<p>She explored how gentleness supported her to look out for children, especially when children were in danger.</p> <p>These conversations laid down the foundation for what was to follow – making it easier for Shirley to trust the worker. It also supported Shirley to experience her relationship with the worker as a source of comfort in the face of the distress that was to accompany the potential for violence from her husband.</p>
<p><i>About three months ago, I noticed a change that made me feel concerned about Shirley. She was not well. She was run down and had a really bad cough. She told me she had not been able to sleep for more than a week. She was worried. She was worried that her husband was coming back home after being away for a month. He had gone to visit his family in another community. She was sick with worry.</i></p> <p><i>She told me that when she was sick, her sisters would help her out. They brought her food. They made sure she was not drinking too much. They slept in her house with her. They told her stories about when they were all younger. It made her feel like she could straight up a little bit stronger because they were there.</i></p>	<p>Stage 4 - Listening deeply</p> <p>Stage 6 - Witnessing resistance</p>	<p>Violence was finding its way into Shirley's life with the imminent return of her husband. Shirley's worry and sickness represented how violence affected her. The response that Shirley experienced was the way her body, mind and spirit was reacting to the trauma of the past and present.</p> <p>The strategies well known to her sisters to look out for Shirley are clear acts of resistance. These acts are given voice in a dialogue that mean a lot to Shirley about sisters standing up together.</p>

<p><i>How did your sisters come to know so well what you need when you are sick?</i></p> <p><i>Shirley did not answer me. She nodded. And she coughed. And she held her head. It was not hard to tell that her head felt heavy. It sort of made her crouch over trying to hold it up.</i></p> <p><i>How did so much worry come into your life that it has made you feel so sick?</i></p> <p><i>Shirley had known worry since she was little. Her dad had frightened the girls all the time. He shouted. He drank. He threw bottles. He pushed and hurt their mother. She remembered her mum crying. She remembered her mum drinking.</i></p> <p><i>She also remembered her mum arguing with her aunts. Shirley told her aunts that the fighting was not her fault but the aunts kept telling her that she was the one who was causing all the trouble. They said Shirley needed to stop stealing his drink. She needed to stop making him become so angry. She had to stop drinking first. Everyone knew that when men drink they punch. They couldn't help themselves.</i></p> <p><i>Shirley remembered that her mum had given up after a while. She had tried to convince these aunts to take her side. But she couldn't do it. They believed what they believed. Her mum cried. She felt alone. She felt like no one stood up for her. Shirley's sisters were older than her. They looked after her when she was little and mum cried. They made sure she had food. They stayed with her at night. They brushed her hair. They washed her when she was sick. They just knew. Sisters held you up straight.</i></p>	<p>Stage 5 - Naming the tactics and effects of violence</p>	<p>The first question was pre-emptive. Shirley was not ready to talk about what insights violence had offered them as sisters.</p> <p>Instead, she responded with more detail about how painful the experience of violence had been for her mum and the three girls. This probably allowed Shirley to feel validated for how she was feeling now in response to the threat that her husband's return posed to her.</p> <p>This dialogue opened up the opportunity to explore the tactics of violence in turning sisters against each other through blame and the legitimising of men's violent behaviour.</p> <p>Violence turned sisters against each other and made her mum feel alone. Violence took away the chance for her mum to feel like she could be supported and connected with her sisters. Her mum had given up – losing a sense of herself and what was important about being sisters.</p>
---	--	---

<p><i>So when you are sick, your sisters know that they have to stand close to you. How have the three of you been able to keep doing this for each other for all of these years?</i></p> <p><i>Shirley told me that their mum had told the three of them that men being violent was not a woman's fault. She told them that sisters should not criticise each other. They should be able to rely on each other. Shirley knew that she had been so upset that her own sisters had sided with their dad and not with her. She didn't want her daughters to be like that when they grew up. Her mum had taught them the truth about violence.</i></p>	<p>Stage 4 - Listening deeply</p> <p>Stage 6 - Witnessing resistance</p> <p>Stage 7 – Amplifying enactments</p>	<p>Here Shirley is more prepared to reflect on how the three sisters had chosen to not follow her mother's experience of her family. Instead, they were now enacting an important intention for their own lives which had come directly from lessons taught to them from their mum. They were resisting violence by being true to the gentleness and hopes of their own mother.</p>
<p><i>If your mum could see you and your sisters now, what would she think?</i></p> <p><i>She would think that we listened to her. She would see us three be good sisters. Brave. Stand up for each other.</i></p> <p><i>How have the three of you been able to keep doing that for each other?</i></p> <p><i>You know my sisters. They do that for other women too. They don't like it when other women blame women for a man's violence. They go around and make sure that people don't agree with a husband being violent. My friends have gone to see them sometimes. They know what to say. They know that our mum was right.</i></p>	<p>Stage 7 – Amplifying enactments</p> <p>Stage 8 – Telling and re-telling stories of renewal</p>	<p>Shirley's resistance is affirmed. Her sisters' actions to challenge the views of those in the community who believed that men's violence can be excused is validated.</p> <p>The reflection served as an amplification of the three sisters' actions of opposition to violence. Shirley experienced her own mother's sense of pride in them – a sense of pride that was ongoing.</p> <p>The story of the three sisters' commitment to each other and their mother's strength now resonates into relationships that the sisters have with other women in the community who are facing violence.</p>

<p>How many people have they helped out?</p> <p><i>Maybe 20. Maybe a bit more.</i></p> <p>Have you helped other women?</p> <p><i>I don't like it when I hear other women talking behind the back of a woman who is being hurt by her husband. I tell them to stop. I tell them to talk about something else. My friends help me sometimes too. We sit down and we talk. We sit in a circle and laugh. Those women can make a big laugh. We talk about how we are being convinced that it is just normal for a man to punch a woman if he's drunk. That's rubbish. I don't believe that. Even if you had too much to drink, you don't have to be crazy. You don't have to hurt someone else. You don't have to punch the woman. It doesn't matter what that woman said or did.</i></p>	<p>Stage 6 - Witnessing resistance</p> <p>Stage 7 – Amplifying enactments</p> <p>Stage 10 – Developing solidarity</p>	<p>The story of Shirley's actions reverberate with other women. She engages in collective reflection with her friends, who support her and in turn feel supported. They share a sense of purpose in challenging the ways that men's violence is minimised and their responsibility for their actions transferred to women.</p> <p>The solidarity they experience in this collective praxis has energy to it. It offers them resources to continue with their effort to oppose violence.</p>
<p>Is this still what your mum taught you? Or have you found more out about how violence works as you have grown older?</p> <p><i>My husband has been violent to me. He has punched me in the face. He has screamed at me. He has hurt my head. He has made it sore. That's when I worry. I worry when my head gets sore and heavy.</i></p> <p><i>He won't listen to me. He doesn't even see when the grog and the violence takes control of him. He can't stop.</i></p> <p><i>My sisters are close to me. They come to my house. He doesn't hit me when they are there. He doesn't want them to see how violent he can be. My sisters do that. They go to women's houses and sit with them. They give them food. They talk about when they were all kids.</i></p> <p><i>It helps.</i></p>	<p>Stage 7 – Amplifying enactments</p> <p>Stage 8 – Telling and re-telling stories of renewal</p> <p>Stage 11 – Transforming community</p>	<p>Shirley has had experiences that parallel the experiences of her mum. But Shirley can recognise that it is her relationship with her sisters that makes all the difference.</p> <p>They are protective. They challenge violence by not letting it control them. By doing it together, they are stronger than violence can ever hope to be.</p> <p>They share this strength with other women. They help each other. They offer protection physically and symbolically.</p> <p>These stories of holding vigils of safety are examples of collective action. They have the potential to influence the community more broadly.</p>

<p><i>The other day I asked them to come with me to my friend's house because her husband was drinking too much. We sat there. We went out in the front yard. We sat together. We didn't say much. That husband walked away. He knew he was not welcome there. Not until he was sober.</i></p> <p><i>Sitting next to each other is important to you and your sisters. How does it make you be safer?</i></p> <p><i>We hold each other up straight. Violence drags you down. It makes you feel like you are going to fall over. It makes you feel heavy. If someone stands next to you, you don't feel so heavy. They are holding you up.</i></p>		<p>Shirley's story is full of metaphor that resonates with her own story and the narratives of so many others in the community. Standing side by side is a powerful form of language that has inherent resources as they spread amongst others in her community.</p>
<p><i>I like that idea Shirley. You hold each other up. You hold each other so you feel lighter, less heavy. Violence tries to push you down when you are on your own. But it can't win when you have someone else standing by you. Is that sort of what you are saying?</i></p> <p><i>It is like that. You have to get out from under violence. It is too heavy. If someone is there, you can do it. If you are on your own, you just get sick.</i></p> <p><i>When you and your sisters talk about how you are in your community, what is that you see in yourselves?</i></p> <p><i>We know that sisters make a difference. We are all sisters. We are not alone if we find a way to be with each other. We don't have to fight with other women. We have to keep strong together.</i></p> <p><i>I knew this about my sisters from when they were little. They listened to mum. They listened. We all do it for her. We do it for each other now too. My sister is coming tonight. She is bringing her kids. She is going to tell them a story about when we were little. They love that.</i></p>	<p>Stage 8 – Telling and re-telling stories of renewal</p>	<p>The question embeds the actions of resistance in the everyday. It is Shirley doing what she believes. It is her sisters following the lessons taught to them by their mother. It is the shared views held by Shirley and her friends who know that those who are violent are responsible for how they behave.</p> <p>Telling and re-telling these stories show how commonplace resistance already is in Shirley's life. It is not a change that Shirley has to make. It is part of who Shirley is and always has been.</p> <p>This story is not just Shirley's but her sisters as well. They know it and have lived it. They recognise its potency. This dialogue offers opportunities to really experience its value not just to them, their families, but the whole of the community.</p>

<p>Three months ago, you felt sick. Are you feeling sick now?</p> <p><i>I still feel sick. My husband has come back. He drank and drank. My sisters came for two weeks. Every night, they just sat next to me on the couch. We decided that's what we would do. We didn't have to talk.</i></p> <p><i>He gave up and has gone again.</i></p> <p><i>My head is not so sore anymore.</i></p>	<p>Stage 6 - Witnessing resistance</p> <p>Stage 7 – Amplifying enactments</p>	<p>Shirley goes over it again. These acts of resistance are not mere words. They are real. They are repeated. They protect her and make sure she is cared for when she needs it the most.</p> <p>It is sisters looking out for sisters. Violence has not been able to turn these sisters against each other. They are winning – violence is not.</p>
<p>Shirley was not holding her head in her hands.</p> <p>You and your sisters stopped the violence this time. How did you do that?</p> <p><i>You do it together. We make it hard for him to punch. We show up and sit down.</i></p> <p><i>We went across to my friend's house again last night. We sat there too. Her husband didn't like it. We just sat and talked until he decided to go and visit his friend. We will do it again, She doesn't have to ask us. We will just go and see if she needs us.</i></p> <p><i>I had noticed that Shirley was not so bent over in the past few weeks. Her cough has stopped. She had been sleeping better. Getting out from under violence. Being close enough to help someone stand up straight in the face of being weighed down.</i></p> <p><i>Getting out from under violence.</i></p>	<p>Stage 8 – Telling and re-telling stories of renewal</p> <p>Stage 9 – Collectivising action</p> <p>Stage 10 – Developing solidarity</p> <p>Stage 11 – Transforming community</p>	<p>Shirley and her sisters are bringing other women into their sisterhood. They have found a shared way to offer protection.</p> <p>They are committed to this way of living now. They are wanting to make it change the lives of the women and children.</p> <p>Shirley's early conversations with the worker make even more sense. Children are part of who Shirley wants to keep safe. In so doing, the part on Shirley that she holds her mum in has a chance to protect the little Shirley that feels scared still in the face of violence. Shirley is proud for herself and for what her mother has enabled her and her sisters to achieve.</p> <p>The effects of resistance are real. The worker can notice that Shirley is different. She is not sick. She is not weighed down. Shirley made it clear to herself how the story of opposition to violence was a long held quality of her life. She was now ready to pass it onto other women, just like her mum and her sisters had done for her.</p>

Section 6. Evaluation and monitoring

As with all initiatives or programs where change is desired, it is critical to evaluate both the progress towards and the effectiveness of the strategies implemented to achieve that change.

Within the context of this practice framework it will be essential to collaborate with community to develop agreed outcomes against which the practice framework can be measured.

Any attempts at evaluation must recognise that

- change within the context of family and community violence must be viewed within the long term, with the development of indicators at key points that suggest there is progress in the desired direction;
- change is rarely a linear process;
- efforts to change require a sustained commitment and patience from all key parties;
- efforts towards change must be set at the pace which the community is able to tolerate; and,
- there may be competing definitions as to what constitutes change or success and these must be declared at the outset with mutually agreed indicators developed.

Section 7. Conclusion

The practice framework described in this document contains a strong commitment to resourcing individuals, families and communities to act in ways that support their own strategies to challenge the effects and causes of violence in their lives. It is sourced in the view that such transformation is found in the strength of the established and emerging relationships of care and support around them. It is also based in a genuine and strong belief that resistance to violence is already occurring by those living and working in the communities of the NPY Lands.

Document 3: Strengthening Community Capacity to End Violence

A synthesis of key messages from the literature and stakeholder feedback that informs the practice by the NPY Women's Council in preventing family and community violence

Introduction

In the opening to her 2009 book – **Trauma Trails, Recreating Song Lines: The Intergenerational Effects of Trauma in Indigenous Australia**, Professor Judy Atkinson defines violence as

“...unjust force, actions or words used, without informed consent, to intimidate or harm; actions that are irreverent or disrespectful of another or others, and that are used, consciously or unconsciously, to obtain power over another or others, causing pain to the whole person (body/mind/soul/spirit)...(p. ii, 2009)”.

She argues that violence is both an activity and an experience. Atkinson uses the word **experience** to

“...acknowledge that a person (including a child) who is violated in an act of violence experiences violence; that a person who commits an act of violence experiences violence; and that a person who sees or hears violence experiences violence ... (p.11, 2009)”.

Using these definitions, acts of violence are experienced by many individuals. The impacts of violence are also experienced by many individuals.

Whilst violence occurs between people who are not in any form of prior relationships, family violence is specific to that which is experienced within families, intimate relationships, extended families, kinship networks and communities. Applying this understanding in remote Aboriginal communities, violence and family violence is often one and the same set of experiences. The impacts of such violence not only affect the individuals, but they serve to undermine, harm and destroy the relationships that exist between people in the community.

The trauma of violence is remembered with pain and loss. For Aboriginal people, it is not only the violence of the present, but it is inextricably connected to the violence of the past – that committed by colonisers over generations. It is violence that has led to the deep sorrow of generations of Aboriginal people stolen from their families and country – often disconnected from the embrace of their people and their culture. It continues to reverberate through racist attitudes which still inform community discourses about Aboriginal people in many places.

Violence interrupts the future as well. Parents and grandparents worry for their children who are exposed to violence early in their lives. The hopes of a community can become diluted as they face the day to day moments in which disrespect, abuse and violation are present.

Trust, compassion and belonging are undermined by violence. Relationships become in themselves the sites of tension and distress. In the face of violence, it appears that there is little strength and comfort to be found. The resources available in individuals and in relationships with which violence can be resisted become increasingly difficult to locate. This is how violence takes hold in the community and stays. It replicates itself by rendering invisible and inaudible the actions and words of those in the community who challenge its presence, its arguments and its persuasiveness.

This does not mean that such opposition evaporates. It remains but becomes less available. It requires unearthing, amplifying and collectivising.

Both the NPYWC and Australian Childhood Foundation acknowledge the wisdom of women and others in the community as the basis of strength and capacity, drawn from culture and connection to each other and country, to act in ways that challenge violence. This is a practice framework derived from this ethic. It recognises that just as acts of violence are experienced by many individuals in the community, acts of resistance come to be experienced by many individuals in the community. This framework for practice aims to support NPYWC staff to work alongside community to support sensitively an emerging consciousness about the causes and effects of violence and extend the influence of acts and experiences which oppose it.

This review of the literature aims to connect the aims of the NPYWC to end violence in the community that are grounded in evidence suggesting their efficacy in achieving this outcome.

The review has been selective in its focus. It is oriented to considering the types of activities that are within the scope of the DFV Team, and other related teams of the NPYWC programs. In this review, not only has the published literature been considered, the knowledge derived from the consultation and discussions with NPYWC staff and community representatives have also been included.

The review is organised according to the following structure:

- Section 1. Defining the nature of violence within Aboriginal communities.
- Section 2. Understanding how violence is believed to have emerged and resisted on community by those who live and work in the community.
- Section 3. Examining the literature for evidence based clues to how best strengthen community capacity to end violence.
- Section 4. Identifying the key messages that can inform practice aiming to strengthen community capacity to end violence.
- Section 5. Proposing a model of integration which can underpin the NPYWC approach to its efforts to end family and community violence.

The outcome of this review provides the knowledge base that will then underpin the proposed Practice Framework.

Section 1. Defining the nature of violence within Aboriginal communities.

1.1 How is family violence defined in Aboriginal communities?

Family violence appears to be the term most commonly used to identify violence experienced in Aboriginal communities as it includes a broad range of marital and kinship relationships in which violence may occur. In the Victorian Government's *Indigenous Family Violence Primary Prevention Framework*, family violence involves

"...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...(p.9)".

Similarly, the National Council's Plan for Australia to Reduce Violence against Women and their Children 2010-2022 acknowledges that Aboriginal and Torres Strait Islander peoples prefer the term 'family violence' which provides greater flexibility for describing "... the matrix of aggressive behaviours that centre around family relationships" (Memmot et. al., 2001). The Plan suggests that family violence in Aboriginal and Torres Strait Islander communities may include:

- the perpetrator being an individual or a group;
- the victim being an individual or a group;
- the term 'family' which may mean a kinship network of discrete intermarried descent groups and, in many cases, 'family' may constitute an entire community;
- the 'community' being remote, rural or urban;
- its residents living in one location or dispersed, but nevertheless interacting and behaving as a social network; and/or,
- the acts of violence continue over a long period of time.

1.2 What are the explanatory frames used to understand family violence in Aboriginal communities?

Olsen and Lovett (2016) have undertaken an extensive review of the literature about what is the existing knowledge, practice and responses to violence against women in Australian Aboriginal communities. They argue that there is general agreement that violence in Aboriginal communities

“...can only be understood and addressed in the context of the historical impacts of colonisation and contemporary political, social and economic issues affecting Indigenous Australians....in particular, historical and ongoing contemporary disadvantage and marginalisation arising from separation of families and the large scale removal of Indigenous people into institutions...(p.14)”.

They also make the point that there is tension between the mainstream concepts of family violence resulting from gendered power dynamics (as described in the analysis undertaken by Our Watch for example) and the broader historical viewpoint of family violence within the context of Aboriginal communities. They draw the conclusion that subscribing only to the dominant gendered analysis framework is grounded in Western feminism and

“...too narrow to encompass the embedded nature of family violence in colonisation, loss of culture and poverty...(p.14)”.

Olsen and Lovell argue that the breakdown of culture and kinship practices is a major cause of family violence in Aboriginal communities including experiences of disconnection from cultural roots, the detrimental intergenerational impacts resulting from the stolen generation, changes in the social roles of women and men and stress arising from financial and structural disadvantage. There is ample evidence that the legacy of trauma arising from colonisation, dispossession of land and forced removal of children can be seen as

“...causal factor for range of other social, economic, psychological and emotional issues that themselves are situational factors contributing to violence....(Special Taskforce on Domestic and Family Violence in Queensland, 2015, p.120...”.

According to Hovane (2015), there is a need to define a shared explanatory framework for family violence which occurs in Aboriginal communities. Her proposal - the Tjallara-Hovane Family Violence Theory - uses the idea of distal and proximal factors to describe the onset, development and maintenance of family violence in Aboriginal communities. It is summarised in the table below.

Distal Factors
Onset
<ul style="list-style-type: none">• Colonisation which profoundly undermined existing Law and culture and social structures which ensured the social and emotional well-being of all people• Imposition of Anglo-patriarchal values, norms, beliefs and practices which undermined existing gender relations and roles• Patriarchal violence through the relentless sexual exploitation of Aboriginal and Torres Strait Islander women and children since colonisation• Massacres and violent dispossession of land which undermined the spiritual basis of Aboriginal and Torres Strait Islander life, inextricably linked to Law• A rapid decline in the population including significant senior people (e.g., Law People) undermined observance and transmission of Law and culture, its beliefs, social customs, rituals and ceremonies• Practices and rules regarding traditional social supports, and family and kinship responsibilities came under intense pressure and were compromised

Development
<ul style="list-style-type: none"> • Normalisation of generalised unstructured interpersonal violence • Normalisation of patriarchal violence • Intergenerational trauma • Misuse of power by more powerful others • Absence of behavioural rules and boundaries previously available in Law and culture • Adverse changes in family structures, roles, obligations and responsibilities, and gender relations
Maintenance
<ul style="list-style-type: none"> • Oppression, racism and systemic discrimination • Unresolved intergenerational trauma • Poverty and social disadvantage • Lateral violence
Proximal Factors
Onset
<ul style="list-style-type: none"> • Intergenerational trauma including dislocation and/or disconnection with country, family, culture and identity • Compromised: <ul style="list-style-type: none"> - understanding of and observance of Law and culture - cultural practices including those associated with family functioning including family breakdown, parenting and general interpersonal relationships - early socialisation and developmental experiences, and exposure to adverse family and community environments in which violence and abuse is normalised
Development
<ul style="list-style-type: none"> • Intergenerational trauma • Internalised oppression • Misuse of power by more powerful others • Compromised: <ul style="list-style-type: none"> - attachment - biological/physiological - cognitive/psychological - emotional - behavioural and - interpersonal functioning • Normalisation of violent and abusive behaviours, and unhealthy boundaries
Maintenance
<ul style="list-style-type: none"> • Ongoing oppression, racism and systemic discrimination including devaluing of Law and culture's critical role in addressing family violence effectively • Internalised oppression • Lateral violence • Unresolved intergenerational trauma • Fear of repercussions • Shame • Misuse of power by more powerful others • Family breakdown • Overcrowding • Financial stress including unemployment, underemployment, loss of employment • Substance use

More recently, the application of concepts of intersectionality have shaped a more complex and fine grained accounts of how different forms of oppression (gender, race, economic) effect the lives of women (Maddison and Partridge, 2014; Brassard et al, 2015; Stubbs, 2015; Burnette, 2016). It has supported the move away from static and individualistic concepts of inequality to recognise

“...forms of inequality that are routed through one another, and which cannot be untangled to reveal a single cause (Grabham et al, 2009, p.1)”.

Maddison and Partridge (2014) have argued that it is too simplistic to attempt to understand the difficulties encountered by Aboriginal women to leave violent partners only through a gendered analysis. Instead, they highlight as an example, the need to contextualise more simplified beliefs to take into consideration that

“...in the face of a colonial history that saw families broken apart, children stolen and husbands and wives kept apart by government policy, leaving a family relationship – even in the context of violence – was not necessarily seen by Indigenous women as a safe option. Seeking legal redress against violence was also problematic because the criminal justice system was seen as the apparatus of state violence...(p.34)”.

They concluded that violence against indigenous women should be understood as occurring at

*“...the intersection of patriarchal dominance, reflected in men’s power and control over women, **and** the dynamics of colonisation, in which one race and culture is dominated by another. Both types of domination punish Indigenous women, facilitating multiple forms of intertwined violence that cannot be separated out without simplifying the nature of Indigenous women’s experiences...(p. 35)”.*

Intersectionality offers the possibility of deeper explanations of violence in Aboriginal communities that can remain invisible without more complex analysis. For example, colonial oppression of Aboriginal communities was advanced through the use of sexual violence against women and the imposition of European gender relations onto the beliefs of Aboriginal people. Its effect was the internalisation of the patriarchal values of the colonisers by Aboriginal men. So much so, that Berhendt (2000) identified what she argued was the production of “transferred misogyny” through which Aboriginal men were

‘...quick to learn that exploitation of black women was acceptable and quick to forget the status Aboriginal women held in their own communities...(p.364)”.

This framework for understanding offers pivotal resources to any effort to prevent violence in Aboriginal communities. It challenges those with this ambition to resist simple interpretations. It also requiring them to find the balance between grounded knowledge of individual experience with the knowledge of critiques from the literature about the causes of violence for Aboriginal people in the community, and in particular Aboriginal women.

The term “violence” is used throughout this document to mean family violence and other related forms of violence which occurs in the community. It is likely, according to the analysis above, that all forms of violence have at its heart the participation of members of families and family groupings.

Section 2. Understanding violence from the perspective of those who live and work in the community.

As part of the process of forming this practice framework, there have been a series of consultations with NPYWC staff, staff from the Australian Childhood Foundation, service providers in the community, and community members.

2.1 Themes from those living in and working in the community.

Feedback was sought from a small number of people living and working on two remote communities at Warukuna and Docker River. A summary of the key themes from these consultations is presented here.

Theme 1. Currently, the prevention of family violence focuses on ensuring that there is an effective system for ensuring safety for victims.

Service providers in Warukuna were unified in their understanding of what constituted an effective system of responding to family violence. The provision of an integrated service response team was seen as pivotal. Co-location of workers assists the ability of services to build capacity into system responses. Integral services include the Police, Courts, Child Protection and the NPYWC DFV workers. It was also identified that predictable presence of services was important.

Theme 2. Family violence should be understood as the result of Aboriginal people's dislocation from traditional practices of resolution.

There are examples of entire families including grandmothers becoming involved in violence against each other. Such inter- and intra-familial conflict may have begun with a fight between grandchildren but then evolved to include broader family networks. There was an explanation offered that suggested that increasingly, families have lost touch with traditional structured ways of resolving such conflict. As a result, the conflict continues, escalating to violence and has no way of coming to an end.

It should be noted that whilst this theme has relevance for those who have experienced its potency, the insights from the literature on intersectionality would suggest that it is but one description of the effects of colonial and other form of oppression which need to be sensitively and carefully considered.

Theme 3. The impact of family violence on children is often invisible.

Many of the women consulted during this process viewed family violence as having its most impact on children and young people in the community. However, they noted that the needs of children are often invisible to the adults when violence occurs in the community.

Theme 4. The school can be a hub for keeping children safe and engaging the community to stop family violence.

Warukuna has 55 children on the school roll with an average attendance of 37 children per day from kindergarten through to Year 11. The school is viewed as a "safe" place for children with the teachers speaking strongly about responding to children through an approach that understands their behaviour. Tents and couches are in classrooms to support children who might need to withdraw from time to time. They privilege routine and fairness to provide a container for the children and have built strong relationships with community families. Many of the teachers have been at the school for a significant period of time which has contributed to an air of stability in the school. The teachers believe that approximately 10% of the children are responding to traumatic events in their world. There was a unified request for training for the teachers that would support them to notice earlier when children and young people may becoming dysregulated and how to respond more effectively to children's experiences of trauma and other forms of high impact stress.

Theme 6. Violence appears to be normalised from an early age.

One of the biggest challenges identified by community members is the need to challenge what appear to have become "normalised" understandings that violence is acceptable and the idea that "if you love someone you hit them". Women in the community believed that boys, in particular, were growing up without respect for women.

Theme 7. Respect is the way to overcome violence.

Strengthening respectful relationships across the community was identified as a priority for combatting violence. Communities needed to trace the history of respect through beliefs about mutual obligations of "give and take" within relationships, in particular those defined through marriage.

Theme 8. Drugs, alcohol and other substance abuse problems are part of why violence occurs.

Drugs, alcohol and other substance abuse were seen as making violence possible. When people were affected by alcohol, drugs or other substances, they were more likely to act violently to each other and also could not so easily be stopped. It was also noted that the behaviour of children and young people were being affected by the harm caused by substance abuse of their parents.

2.2 Themes from those working for NPYWC and the Australian Childhood Foundation.

There were a number of important themes which emerged from these discussions. These themes provide the rationale for choosing the theoretical approaches and/or conceptual models which underpin how practitioners will undertake their role. The themes are summarised here as follows.

- Violence is an expression of dislocation and loss for Aboriginal people.
- Colonisation has undermined cultural ways of knowing and showing respect, trust, and mutual care. It has damaged, but not destroyed, Aboriginal people's experience of interdependence and the importance of connections that individuals have to family, community and country.
- It is important to understand that the violence used by White settlers as part of their colonial oppression was also gendered in nature. Sexual violence was used to subjugate women. It was used to subjugate Aboriginal women by dislocating them from their traditional roles in relationships and their community. In doing so, it reflected the patriarchal systems that were inherent in European social structures.
- Violence has taken over families and communities to the point that it feels so overwhelming for individuals that ways to challenge it or address it feel as if they are non-existent.
- Traditional ways to resolve conflict are no longer available to families, which often prolongs tension between people and leads to an escalation into violence.
- There are individuals and groups in the community who really want violence to end.
- There is a great deal of agreement that violence affects children and young people significantly. This unanimous view has led to an increasing concern and worry for children and young people. There is a strong desire to end violence in the community particularly for the sake of children and young people.
- The power to name violence, its causes and its effects is important in supporting a community's commitment and capacity to address violence. Communities will come together around words and ideas that hold meanings about safety and protection when they are relevant to them.
- Acknowledging and tracing the lines of trauma, past and present, is a significant consideration for understanding the ways in which violence emerges, continues and affects the lives of individuals, families and communities. There is always the need to appreciate how much trauma and loss shapes the everyday experience of Aboriginal people.
- Meaningful actions to address violence in the community will come as individuals realise the ways in which they are already prioritising safety in the face of violence. This knowledge will give them hope that change is already occurring. It will also open the possibility to enlist others into their own efforts. This will lead to collective action that will influence individual behaviour.
- Every community has leaders who are able to show that violence can be stopped.

- NPYWC staff have an important role in opening up and supporting conversations with different groups of people in the community about safety, protection and care. These are slow and sensitive dialogues which only come to explore the topic of violence from experiences of strength, courage and a shared sense of purpose.
- Symbolism is important to help communities see that attitudes and behaviour which condone violence can and are changing.
- The voices of women, men, children and young people are all important in addressing violence.
- Violence in the community is a problem that can be changed.

These themes point to the beliefs and ways of thinking in the community about how violence – and family violence in particular - has not only emerged and continues, but also how it is often resisted and challenged by those with the intent to create safety for individuals, families and their community.

These themes also provided the starting point with which to interrogate the formal literature for evidence about conceptual models that can be considered relevant and forms of practice that have been demonstrated to lead to outcomes in the reduction of violence in remote communities with Aboriginal peoples. This is the literature that is examined in the next section and is organised according to the following themes:

- change that occurs through recognising the centrality of culture in the lives of Aboriginal people;
- change that occurs using ideas from narrative and justice based community work;
- change that occurs which is informed by understanding trauma and healing; and,
- change that occurs by enhancing community resilience.

Section 3. Identifying evidence based clues that may strengthen community capacity to end violence

3.1 Recognising the centrality of culture

Culture is at the very core of the experience of living for Aboriginal people. As described by Morseua-Diop (2013), culture defines identity, beliefs and values, forms of communication and the ways in which relationships are formed and maintained. She argued that

“...the concepts of mental health, wholeness and wellbeing is embedded in once connection to land, homeland, sea, sky, winds, stars and the wider universe...(p.123)”.

Similarly, culture and community are integral to the way in which Aboriginal health is not only conceptualised as the physical well-being of an individual but refers to the social, emotional and spiritual well-being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well-being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life (Department of Health and Ageing, 2003).

Family is the cornerstone of Aboriginal culture. It is the set of relationships which transcend through the lifespan of Aboriginal people, giving birth to identity, knowledge, role and ultimately, social meaning.

For many Aboriginal families and communities, engaging in traditional cultural practices and reclaiming a sense of cultural identity is the key to alleviating Aboriginal disadvantage and regaining their rightful place in broader Australian society. In this sense, Aboriginal culture is strength, and acts as a protective force for children and families (Aboriginal Affairs Victoria, 2008; Department of the Prime Minister and Cabinet, 2012; SNAICC, 2012, 2013, 2015; Victorian Aboriginal Child Care Agency, 2013).

With respect to preventing and/or reducing violence in remote communities, all evidence points to the need to recognise that for any intervention to be effective, it must be grounded in the resources that emanate from cultural ways of living and relating. In addition, given the richness of Aboriginal culture, it is essential that Aboriginal people participate fully in the development and implementation of practices of change. They hold the knowledge of culture, the ways it is to be interpreted, the ways it is to be accessed and how it might be brought to bear on problems that are experienced by individuals and families and across communities.

There is no doubt that this belief permeates the practice of all the programs delivered by the NPYWC.

3.2 Narrative and justice based community work

There are a number of models of practice that reflect a commitment to working with individuals, families and communities in ways that support their own efforts to resist and challenge the pervasiveness of violence itself and its effects. At the forefront of contemporary approaches are those that find its traditions in the postmodern constructs of power and oppression, such as Narrative Therapy (White and Epston, 1990; Epston and White, 1992) and Justice-based Community Work (Reynolds, 2010).

“No-one is a passive recipient of trauma. People always take steps in endeavoring to prevent the trauma they are subject to, and, when preventing this trauma is clearly impossible, they take steps to try and modify it in some way or modify its effects on their lives. These steps contribute to the preservation of, and are founded upon, what people hold precious. Even in the face of overwhelming trauma, people take steps to try to protect and preserve what they give value to... (p.28, White, 2006)”.

Drawing on his collaborative work with David Epston, Michael White articulated an approach to working therapeutically with communities that sought to honour even the smallest actions that people take to keep themselves and others safe in the face of violence. White sought to deeply listen for the two stories of people’s experiences of violence – the story of trauma and the story of struggle to hold onto conviction, belief, hope and value. As people reconnect with the story that preserved them, their family and their community, they come to see themselves with intent and power, rather than at the mercy of violence (White, 2006).

This is an approach that is also mirrored in the works of Vikki Reynolds (2010), Johnella Bird (2004), the Just Therapy Centre (2004) and sourced in the early writings of Freire (1972), Foucault (1972, 1977), Gergen (1985, 1991) and Laing (1967) amongst others.

For example, Freire (1972), argues that the oppressed cannot be liberated by education because education has been used as an instrument of oppression as

“...an act of depositing knowledge, in which the students are the depositories and the teacher is the depositor...(p.45, Freire, 1972)”.

Education in this sense is not as much of an act of empowerment as it is purported to be. Instead it serves to change the consciousness of the oppressed so that they come to accept their position as deviant, incompetent and sources of difficulty for the rest of society who are defined as good, organised and just. The helper cannot dominate the helped according to Freire (1972). Authentic help occurs when

“...all who are involved help each other mutually, growing together in the common effort to understand the reality which they seek to transform...(p.8, Freire, 1972)”.

At its core, this narrative and justice based pedagogical way of working with individuals, families and communities adopts a critical lens for understanding the genesis of individually experienced problems. It locates the experiences of individuals in the histories and continued practices of oppression that construct identities which perpetuate the use and abuse of power by those who have it over those

who do not. The focus of this approach is to uncover the layers of language and entrenched beliefs that normalise pathology, victimhood and blaming.

Practitioners using this approach work alongside those they seek to support. They do not seek to empower them as empowerment itself mirrors the actions of the privileged in their self-defined efforts to help those in need. In contrast, practitioners work to engage individuals, groups and communities in critical and sensitive dialogue which makes visible the pervasive social and historical discourses that limit the definitions of what is deemed as true and untrue, real and not real, worthy and not worthy. Freire defines such processes as a form of praxis – liberating through reflective conversations and consideration.

The practice elements which emanate from a narrative approach include:

- **Externalising conversations:** These are conversations that involve talking about problems as problems rather than people as problems. It decouples the pathology from the person, and re-locates the source of the problem to the social and historical contexts that have led to the problem being experienced. The outcomes of such externalising processes, according to White (1988):
 - decrease conflict between people over who is responsible for the problem;
 - reduce the sense of failure people have in response to not having solved the problem;
 - unite people against the problem rather than against each other;
 - open the way for people to reclaim their lives from problems; and,
 - liberate people to view the problem in new ways.
- **Deconstructing dominant narratives to co-develop alternative stories:** As individuals engage in externalising conversations, they become more aware of the strategies used by discourses of power to align their identities with the problems they experience. These dominant narratives hide the actions and intentions that individuals take to not succumb to the totalising effects of the social conditions which lead to the problems in the first place. They gradually access this differentiated story about themselves, which opens them up to experience themselves as separate to those practices of oppression. An alternative story, one that has always been there, takes over as preferred way of living.
- **Outside witnessing:** White (1999) used outsider witnessing processes in the form of reflecting teams to underscore the significance of an individual's emerging alternative narrative. The reflecting team or groups of community members supported and inquired about the ways in which an individual was able to maintain a commitment their ambitions for their life in the face of their experiences of the problem. This enabled acts of resistance to be amplified and experienced as more resonant and congruent in the life of the individual.

The work of Vikki Reynolds (2010) represents a contemporary re-imagining of these concepts into a framework that moves community work from identifying and connecting to acts of personal resistance to working with communities in practices of collective solidarity.

For Reynolds, her “Doing Justice” framework revolves around engaging in dialogue as a transformative practice with communities. It involves the following six guiding principles:

- **Centering ethics:** It is important for community workers to actively adopt ethical positions that are consistent with their own lived experiences and connect with the lived experiences of the people they work with. As part of this ethical stance, workers accept the task to actively change the real conditions of people's lives created by the historical and current discourses of power rather than helping them to adjust to oppression.
- **Doing solidarity:** Solidarity is part of and derived from the interconnectedness of the struggles towards achieving social justice and the outcomes that are possible from the collective experiences of strength, hope and sustainability. It is based on finding and engaging with moments of affinity or interpersonal experiences of connection that transform the lives of people in the community and the workers themselves. It recognises that different forms of oppression exist in the lives of people and that such difference creates opportunities for people to be united in

collective practices of resistance. Solidarity arises from experiences of community-making dialogue resourced by workers and the community together.

- **Addressing power:** There are multiple practices with which Reynolds addresses power, including witnessing resistance, examining the influence of discourses, and addressing identities made possible by power. They all recognise that acts of resistance are spontaneous and occur in the moment that oppression occurs. It requires complex analysis of the themes associated with abuse and violation.
- **Fostering collective sustainability:** These are practices which connect workers together, maintaining a commitment to hope and change. It avoids cynicism and builds sustainability of efforts amongst community workers within an organisation and between workers from a range of organisations. It also connects workers with the optimism that their communities that are often diminished because of experiences of violence and oppression.
- **Critically engaging with language:** This principle highlights centrality of language in shaping and re-shaping the scope of the dialogue. Community workers listen deeply to the language of their community, highlighting phrases, specific constructs, metaphors as the basis of transformative dialogue. It also recognises that language also include the many forms that communities communicate what is important to them, including song, music, art, dance and other forms of performances. It is the symbolism of the relatedness that is the vehicle through which change is resourced and experienced.
- **Structuring safety:** Safety is co-created in relationships. It is a prerequisite for community work based on practices of solidarity. It includes co-creating collaborative agreements, creating opportunities to maintain dignity, being prepared to learn from the people in the community, and building coalitions of allies that are sustained over time.

These narrative and justice based models of community work have been argued as particularly relevant for working with Aboriginal people. For example, Bessarab and Crawford (2013) have maintained that the most significant source of oppression has been the ongoing and traumatising effects of colonisation.

“...in the conflict between competing worldviews, as happened with the colonisation of Australia, a dominant power can cause harrowing corrosion of the culture that it has subjugated...(p.95)”.

Bacon (2013) paralleled the narrative approach to practice with the intrinsic story telling traditions of Aboriginal people. She highlighted how facilitating conversations with Aboriginal people about the stories of themselves, their family and their community re-engaged them with their cultural heritage. It opened up the topic of how their culture had acted as strengths to resist the oppressions of colonisation. It also invited reflection on the relationships which have resourced them to survive in the face of such loss, trauma and grief.

Finding a shared language to negotiate how meaning is prescribed to experience is an important element of working effectively with Aboriginal people. It is critical to find the language in the community that helps to shape the meaning of interactions which connect and disconnect people from each other, form the underpinning of respect and disrespect and explain how violence is used, resisted and experienced.

There are a number of vibrant examples within the NPYWC organisation that showcases many of the principles identified in these approaches.

The Uti Kulintjaku Project (Togni, in Press) has been led by senior Anungu women in an innovative process aiming to strengthen understandings of mental health between Aboriginal and non-Aboriginal health professionals with the long term aims of increasing help seeking by Aboriginal people living in the community and strengthening the cultural competency of health services. It has resulted in the development of common language about mental health concepts that has made it more possible for discussions about these topics to be supported in remote communities.

The work of the Youth Team at the NPYWC is an example of emerging practice framework that showcases many of the principles identified in these approaches. In their flagship initiative which has been running now for almost a decade, the Youth Team have been using an integrated education/consciousness raising strategy with young people to address important topics associated with their health and wellbeing.

Using a participatory model of engagement, NPYWC Youth Team (YT) members hold preliminary workshops with young people and other key elders in the community to identify and prioritise issues of community concerns affecting the well-being of the young people in the community. Using established relationships with adult leaders and/or community elders, YT workers collaboratively plan to run a bush camp with a group of young people from community. The planning involves

- jointly researching the topic and how it is given meaning in the community;
- developing a shared language that reflects preferred cultural ways for understanding and responding to questions and issues which may arise in relation to the topic from young people;
- setting guidelines for communication and behaviour on camp;
- mapping out the schedule of activities for the camp; and,
- addressing the logistical needs of the camp.

The YT workers believe that it is essential that community elders and/or adult leaders from the community help run the camp. If they are not available, the camp does not proceed. This arises from the absolute conviction in ensuring the cultural and community relevance of any work undertaken in the community.

This whole process can take up to three months in the lead up to the camp which lasts for up to a week.

The camp itself is a celebration of both contemporary and traditional community life. It involves young people engaging in collective practices which reflect symbolic and real experiences of relationships, culture and communal activity. Food and fun are integrated throughout the camp. There are built in opportunities for young people to discuss the topic in language and with the support of the YT workers and the elders/community leaders. YT workers frequently use simple graphic tools or videos (FLIP CHART TOOL – What are they thinking? and Comic Books) to prompt discussion and generate individual and group reflection.

Examples of topics that have been covered are:

- Drug taking
- Alcohol
- Pornography
- Relationships
- Suicide
- Depression.

A new (FLIP CHART TOOL – What are they thinking?) resource is currently being developed by the YT which will cover the following issues, amongst a range of others:

- Risky behaviours
- Consent
- Jealousy
- Social media
- Contraception
- Peer pressure
- Gender and homosexuality
- Help seeking behaviour
- Violence.

Whilst not articulated formally, there is an implicit theory of change which underpins this form of practice. It is resonant with the organisation's inherent valuing of deliberate and considered dialogue with women elders from the communities on the NPY Lands. It is a form of praxis that embeds the language of a topic and its resolutions into the every day experience of young people.

It familiarises them with all the dimensions of the issue and ties it to messages from their elders and other leaders in their community – giving resourced alternative narratives the opportunity to shape and influence their behaviour. These conversations are given momentum to continue even when the YT are not present in the community.

Significantly, when it works well, at least one champion within the group of young people emerges to take a stand against problematic sides of the topic. This champion quietly helps to normalise the resistance and further influence young people to act in meaningfully positive and helpful ways.

Finally, through the involvement of the elders and/or community leaders, relationships with young people are strengthened. It reinforces to the young people the value of seeking out help when required. These renewed relational experiences help the whole of the community stay attuned to the changing needs of the young people. They connect the young people with the adults, recommit each other to respectful interactions founded in the cultural norms of the local community itself and provide the basis for the community to acknowledge its role in resourcing the healthy development of young people.

This NPYWC YT framework for practice has many strengths that can be used as the basis for ways of enhancing community capacity to end violence. Its existence in the fabric of NPYWC highlights its applicability across the organisation's diverse suite of programs and offers the platform for a co-ordinated effort to address and transform the cycles of violence which occur in the community.

3.3 Understanding trauma and healing

The wellbeing of Aboriginal populations cannot be fully understood without an appreciation of the events and processes that followed Australia's colonisation. Aboriginal health is a product of a history of dispossession, exclusion, discrimination, marginalisation and inequality in various forms. Racism has affected a high proportion of Aboriginal people in contemporary Australia. It has created a lack of trust between Aboriginal and non-Aboriginal people and impeded the process of healing and reconciliation (Paradies et al., 2008).

These legacies are implicated in the unique stress profile of Aboriginal people. Stress is highly prevalent across the spectrum of Aboriginal society today, irrespective of socio-economic status (Silburn et al. 2006). The stresses faced by Aboriginal children commonly include serious events such as the death or incarceration of a close family member (Milroy, 2008). Frequent and ongoing stress events in early life can have a damaging effect on the developing brain of a child and alter the functioning of important bodily systems. This type of stress can be particularly harmful to mental health and social and emotional wellbeing in childhood (Zubrick et al., 2004), with negative consequences for wellbeing throughout life (McEwen, 2006).

The effects of stress and racism, and the related ongoing effects of colonisation, have created a burden that extends across generations of Aboriginal families.

In their recent analysis, Tucci and Mitchell (In Press) have argued that it is not enough to be trauma informed in delivering services aimed at healing experiences of abuse. Effective interventions must ensure that trauma knowledge is embedded into the theories of change underpinning principles and modalities. Instead of using the construct of trauma (which at one level for Aboriginal people has served to reinforce their identities as victims or perpetrators of violence), they prefer to integrate the concept of stress into practice because it shows how change is possible even in the face of overwhelming experiences which affect the brain and bodies of children, young people and adults in a community.

For them then, stress is the psychological and physiological residue that is left from heightened exposure to disruptive experiences for individuals in their relationships and environments. Drawing on the work of Middlebrooks and Audage (2008), Tucci and Mitchell proposed an expanded four tier model of stress that they have applied, in the first instance, to the experiences of children and young people. However, they note that it also relevant to adults.

Positive stress results from challenging experiences that are short lived. Children may encounter positive stress when they attend a new school, meet new people, undertake a medical procedure or have to learn a new skill. This type of stress causes minor physiological changes. With the support of caring adults, children can learn how to manage and overcome positive stress. This type of stress is considered normal and coping with it is essential to development.

Tolerable stress refers to challenging experiences that are more intense but still relatively short-lived. Examples include the death of a loved one, a natural disaster, a frightening accident, and family disruptions such as separation or divorce. If a child or young person has the support of at least one caring adult, tolerable stress can usually be overcome. In many instances, tolerable stress can become positive stress and benefit the child developmentally. However, if children and young people lack adequate support, tolerable stress can have a detrimental impact and lead to long term negative health effects.

High impact stress results from intense adverse experiences that may be sustained over a long period of time. Children are unable to effectively manage this type of stress by themselves. As a result, the stress response system is activated for an extensive time. This can lead to permanent changes in the development of the brain. The negative effects of high impact stress can be reduced with the support of caring adults. Appropriate support and intervention can help in returning the stress response system back to its normal baseline. High impact stress can result from any of the following experiences:

- exposure to parents/carers with alcohol and drug problems;
- exposure to parents/carers with mental health issues;
- exposure to parents/carers in high and prolonged conflict;
- experiences of migration and seeking asylum;
- ongoing exposure to community violence;
- dislocation from cultural and community heritage;
- disengagement from school or employment;
- experiences of instability associated with homelessness; and,
- ongoing exposure to social and economic disadvantage

Toxic stress results from intense experiences that target the child directly and carry with them intentional messages of intimidation, fear, shame and abuse of power. It is overwhelming of the child's internal psychological, emotional, relational and physiological resources. It too can be sustained over a period of time. However, the intensity with which it occurs can also mean that a brief or one-off experience of it can significantly affect a child and young person. Examples of toxic stress are child sexual abuse, physical abuse and bullying. As a result, children and young people's physiological systems remain activated without relief. It causes sustained disintegrative effects in both the structure of the brain and communication between the body and brain. The destructive effects of toxic stress can be reduced by co-ordinated and deliberate interaction between young people and a network of supportive and trained adults. Often, therapeutic and individually tailored support plans are imperative in reconfiguring the child or young person's ongoing response to future developmental challenges.

Toxic stress results from significantly adverse and pervasive experiences for children and young people, including

- child abuse;
- chronic neglect;
- family violence;
- rejection or bullying by peers; and,
- racial discrimination and/or harassment.

Because the brains and bodies of children and young people are so malleable, high impact stress and toxic stress are faster to manifest. They leave deeper tracks of damage. In these circumstances, children's brain and body systems will be harmed, affecting the way they react and relate to others and their physical environment. The following summary has been adapted from Tucci and Mitchell (2015).

High impact and toxic stress reduces the capacity of the thinking part of children's brain to shape the way they react to challenges in their environment. As a result, children and young people appear to behave instinctively and sometimes inappropriately, without knowing why. They are also not able to easily influence their feelings when faced with perceived threat or increases in their experience of stress (Schwarz and Perry, 1994; De Bellis et al., 1999a; Perry, 2001, 2002, 2006; Glaser, 2000; Schore, 2001, 2002, 2003; Schore and Schore, 2008; Southwick, Rasmussen, Barron and Arnseten, 2005; Gunnar and Quevedo, 2007).

It impairs the growth and activity of the connecting structures between the left and right hemispheres of the brain. As a result, children find it difficult to know, name and express their feelings. They can find it difficult to read social cues and respond in social exchanges. It increases children and young people's base arousal level such that they live in a constant state of vigilance and heightened alarm. As such, vulnerable children and young people are easily triggered by seemingly minor issues. Their responses are often seen as 'out of the blue' or 'over reactions' to situations (Van der Kolk, 2003a; Solomon and Heide, 2005; Gunnar and Quevedo, 2007).

High impact stress and toxic stress lock down children and young people's capacity to adapt to change in their environment. They are more likely to use fixed and repetitive behavioural routines in situations where they feel distress and unease. These routines involve movements and actions that feel familiar and comforting to them - even if they are destructive or harmful to others (De Bellis et al., 1999a; De Bellis, 2001; Perry, 2001; Nemeroff, 2004; DeMarni Cromer, Stevens, DePrince and Pears, 2006).

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

Children and young people affected by high impact stress and toxic stress find it difficult to make meaning from their experiences. They have few or no effective internal maps to guide their actions. As a result, they react rather than respond (Trickett, 1998; Bronson, 2000; Schore, 2001; Krause, Mendelson and Lynch, 2003; Schore, 2003; Lieberman and Van Horn, 2004).

Their beliefs about themselves are determined by the very people who violate them. They hold onto ideas about relationships which are not helpful to them in their communication with peers and other adults like teachers. They can find it difficult to see adults as supportive. They are cautious about being hurt and are more likely to stay closed to the development of new connections or relationships (Siegel, 1999, 2009).

They do not easily understand or engage with consequential learning. Their brains are so over-activated that they are able to take in very little and not learn new information easily. In particular, their memory systems continue to remain under stress. They fail to consolidate new learning. Their working memory for even the easiest set of instructions can be severely compromised (Porges, 2009; Schore and Schore, 2009; Ramachandran, 2011).

Children and young people affected by high impact stress and toxic stress experience the present with little reference to their past, even though their behaviour, feelings and physiology are affected by their experiences of violation. They do not have access to the qualities that make them who they are. They have a transient sense of their own identity. Their future is without plans or a sense of possibility (Schore and Schore, 2009)

Through shaping and reshaping the relationships and day to day interactions, intervention offers children and young people opportunities to heal some of the damage caused by such experiences of high impact stress and toxic stress. In order to achieve these important moments of repair, the approach to therapeutic work needs to be informed and supported by practice orientation that prioritises the needs of children and young people and gently and carefully responds to these needs.

The Aboriginal and Torres Strait Islander Healing Foundation has argued for a wider shift in perceptions around trauma and healing, noting the critical need for the integration of cultural and trauma-informed healing approaches. Many have proposed the need for cultural healing, and 'cultural intervention' alongside reclaiming history and therapeutic interventions as the three central pillars of healing (Aboriginal and Torres Strait Healing Foundation, 2008, 2009).

There is wide agreement that the best approach is a combined approach – a western approach and a traditional cultural approach with a significant focus on understanding the intersection between western and traditional understandings of trauma and well-being (Aboriginal and Torres Strait Healing Foundation, 2008; McCoy 2008). Indeed the NPYWC Ngangkari (traditional Healers) team believe that collaboration and mutual respect between western health and human services and ngangkari lead to the best outcomes for Anangu. They say western and Anangu practitioners have different but equally valuable skills and knowledge and both are needed to address the significant problems Anangu face.

Healing through trauma-informed, cultural approaches addresses the whole health and wellbeing of Aboriginal and Torres Strait Islander children and young people, not only to their social and emotional wellbeing, but in building the capacity of families and communities to respond to children's needs, and to raise children and young people healthy and strong in culture. Stemming from the Aboriginal holistic approach to health and wellbeing, such an approach recognises the individual's interrelated physical, emotional, spiritual, and cultural health and wellbeing, including their connection to their land, family and community.

Thus healing approaches must be targeted at the individual, family and community level. Highlighting the need for community-based approaches to healing, Atkinson (2002) stressed 'the importance of allowing people collectively to tell and to make sense of their own stories' thereby allowing them to become experts of their stories and lives. Feeney (2009) also supports the need for community-based approaches noting that 'healing projects should ideally include a combination of individual engagement in therapeutic activities and group involvement in the community events that promote well-being. This holistic approach also recognises the role of the whole community – including how the issues and difficulties facing the community affect individuals, and how the individual has an impact on the rest of their community.

In their review of the literature, SNAICC (2012, 2015) suggested the following principal elements of promising healing practices and models:

- Safety/safe spaces - Safety is critical to healing. Culturally, relationally and personally safe spaces are paramount during the difficult process of healing; a place to reclaim history, find fragmented and lost stories, and talk about a painful past; a place devoid of physical harm to property, oneself and others (Atkinson, 2002). When in a culturally safe place a person can commit and participate in the making of behavioural rules, and can identify things from their culture or worldview (Atkinson, 2002). Many Aboriginal and Torres Strait Islander people have experienced unsafe places lacking in lore, family and community structure; or where discriminatory laws have been imposed (Atkinson, 2002).
- Ownership - Aboriginal and Torres Strait Islander ownership of healing initiatives is critical. Programs for Aboriginal and Torres Strait Islander people should ultimately be developed and delivered by and/or with Aboriginal and Torres Strait Islander people.
- Holistic and relational worldview - Programs must utilise Aboriginal and Torres Strait Islander holistic definitions and worldviews (Aboriginal and Torres Strait Islander Healing Foundation, 2009). Programs must focus on the entire family rather than the individual alone and align with Aboriginal and Torres Strait Islander views of the family (Feeney, 2009).

Ending violence in the community starts with practices that take into account how such violence, over time from multiple sources, has affected the capacity of the relationships within the community to address its consequences. This is an important consideration as it acknowledges the following concerns that will need to be addressed through the implementation of careful and planned program activity.

- The patterns of behaviour associated with the trauma of past violence will be triggered again in response to cues in relationships which have led to the violence occurring in the first place. These are cycles of helplessness that individuals and/or community will not feel can easily be interrupted.
- Whilst many topics can be raised in the community to discuss, those related to violence have in themselves references of loss, pain, and tension which are likely to be re-experienced by individuals in their relationships in an ongoing way. Their ability to remain cognitively capable to logically work through these issues will be limited.
- Discussion about violence will activate arousal systems in children, adults and the whole of the community. These heightened states may in themselves trigger subsequent rounds of violent behaviour.
- Different people in the community will have different reactions to past effects of violence related trauma. Those who are able to tolerate their reactions will need to be supported to engage others in relationships that help mediate the emotional and psychological impacts of discussing strategies to end violence. Establishing or supporting groups with ways of understanding the impact of trauma will provide a sustainable base for the additional layered strategies that will be required to end violence.
- Practitioners who work across communities in different roles will need ongoing opportunities to learn about and use frameworks that use continuums of stress to understand the needs of children, young people, families and the community as a whole.
- The signs of the impact of trauma on children and young people are highly visible in small communities. Ending violence and attending to the needs of those young people affected by violence forms a natural starting point for beginning dialogue about resisting and challenging the potency of violence in the lives of the community as a whole.

3.4 Enhancing community resilience

In the past five years, there has been growing interest in reconceptualising resilience so that it can be applied relevantly to Aboriginal communities. Amongst others, Kirmayer et al (2011) from McGill University in Canada has argued for this reworking of the traditional construct of resilience because it arises from the metaphor which suggests it is

“...the ability to return to an original state after being stressed, perturbed or otherwise bent out of shape. The implication is that, for a resilient system, the perturbation leaves no lasting change. This interpretation of resilience is too static and ahistorical to capture the nature of human adaptation and development across the lifespan. In biological systems, resilience usually does not involve simply springing back to a previous state but is a dynamic process of adjustment, adaptation and transformation in response to challenges and demands. In adapting, the organism also usually changes its own environment....(p.85)”.

In addition, the resilience literature has tended to frame it as an individual characteristic or trait. Instead, the authors argue for resilience as a dynamic process which integrates personal, family and community factors into social processes that shape the capacity of whole of communities to experience resilience. In particular, their research points to the contribution to such resilience of

‘...stories of identity and transformation at a personal and collective levels. The idea that resilience might reside in the ways we have of narrating our lives...making sense of their own predicaments and mapping possibilities for adaptation and a positive vision of the identity and future prospects by drawing on collective history, myths and sacred teachings. At the same time, these collective forms of narratives serve not only to help people make sense of their experience and construct a valued identity but also ensure the continuity and vitality of a community or a people...(p. 86)’.

The Roots of Resilience Project at McGill University has devised a standard protocol for involving Aboriginal people in identifying and amplifying stories of family and community resilience.

Its focus is on finding shared meaning across different members of a community about what has helped that community to survive and attempt to hold onto its values, beliefs, rituals and relationships often in the face of overwhelming forces that have sought to destroy them. The modality used is collective dialogue, or yarning (Bacon, 2013). Its purpose is to unearth symbolic and historical practices that have maintained people’s connection to their cultural heritage. It is this common quality that is viewed as being the most significant factor in moving a community along a continuum from oppression to resistance to resilience.

This sort of approach has become the basis for strengthening Aboriginal community wellbeing in New South Wales (Batten and Stanford, 2012), programs aimed at reducing alcohol and drug dependency in Aboriginal communities (Dell et al, 2011; Bacon, 2013) and randomised controlled trial of community led interventions to prevent family violence in Aboriginal communities in Canada (Anderson et al, 2010).

The emerging research base associated with community constructs of resilience will move it towards a form of promising evidence based practice at some point in the future.

Section 4. Drawing out the key messages to inform practice aiming to strengthen community capacity to end violence.

Each of the key messages in this section have been specifically constructed to act as the rationale for the proposal of a conceptual map for practice that aims to strengthen community capacity to end violence.

4.1 Violence in Aboriginal communities is intrinsically connected to the ongoing harmful effects of past practices of colonisation and current discrimination.

Violence has its roots in experiences of the violation and oppression of Aboriginal people over generations. It is considered an expression of dislocation and loss for Aboriginal people. Colonisation has undermined cultural ways of knowing and showing respect, trust, and mutual care. It has damaged, but not destroyed, Aboriginal people’s experience of interdependence and the importance of connections that individuals have to family, community and country. Efforts to integrate the impacts of the past with the understanding and addressing of the present needs and challenges facing Aboriginal children, families and communities must, at its core, have an understanding of the consequences of intergenerational trauma.

It is also critical to develop and hold complex frameworks of understanding that acknowledge the intersection between colonial and gendered acts of violence and oppression which continue to shape the experiences of Aboriginal people in communities.

4.2 Violence is both an activity and an experience.

Violence is experienced by those who commit it, are targeted by it and affected by it. In addition, given the complex kinship and family structures that exist in Aboriginal communities, the construct of family violence is limiting in its scope. Family and community violence is a more accurate definition. Taking both of these strands together, it is important that whole of community strategies are put in place to end violence in remote communities.

4.3 Violence adds toxic levels of stress to the lives of children, young people and adults.

Stress is the common feature of all experiences of interpersonal violence. Toxic and high impact levels of stress have significant effects on functioning of individuals. They change brain structure and activity. They make it increasingly difficult for individuals to learn and adapt to new environments and challenges. Such stress is pervasive and cumulative. It limits the capacity of children, young people and adults to form and maintain positive networks of relationships that are based on trust and understanding. The longer that children, young people and adults are exposed to high impact and toxic levels of stress, the more entrenched are their behavioural routines aiming to avoid its effects. These patterns of functioning become increasingly difficult to change with time.

4.4 Stress is mediated through the quality of relationships.

Stress results in heightened arousal which in turn has ongoing negative consequences for the brain-body systems of individuals. The arousal mechanisms of the brain-body are primarily mediated through the experience of interactions with supporting and caring relationships. Attentive and compassionate responses to signs of stress in children, young people and adults, reduce the physiological effects of high arousal releasing cortical resources that can be then employed to analyse, problem solve and manage stressful situations in the short and long term. Relationships which are attuned to and then help to meet the needs of the stressed individual provide interpersonal templates that can be used to re-shape arousal based behavior over time. It enables young people, in particular, to develop capabilities that will enable them to manage future challenges less reactively and more effectively.

4.5 The effects of toxic stress must be recognised in order for communities to be able to use any strategies which aim to end violence.

It is clear that often even engaging in the topic of violence will activate arousal systems in individuals and communities who have experience violence previously. In these states, it is less likely for individuals to be able to examine the topic, consider its impact and seek to implement changes aimed at addressing violence. As such, the explicit creation of emotional, physical and cultural comfort and security is a prerequisite prior to any form of collective dialogue.

4.6 Approaches which aim to build community capacity to end violence must be undertaken by practitioners who are resourced and supported to use contemporary evidence and knowledge.

The emerging knowledge base associated with the neurobiology of interpersonal violence and trauma has significantly changed the ways in which individuals are supported, looked after and protected. It is recognised that maintaining and applying a contemporary knowledge base is critical in working alongside individuals who have been affected by or committed violence. In addition, it is essential that this knowledge is integrated into the fabric of practice frameworks so that workers access a unified way of thinking and acting in the community that is shared within an organisation and between organisations providing services into one community.

4.7 Effective strategies to end violence must be based on more than education and consciousness raising.

The theory of change in relation to ending family and community violence must move beyond creating awareness and educating individuals about the risks, dangers and signs of violence. It must contain actions which deliberately move the community towards actively resisting the tactics of violence in that community, challenging the ways in which such violence is maintained and creating opportunities for real change to be experienced, communicated and reinforced over time. It must also include awareness raising and education of the risks, dangers and signs of violence in a step by step guided approach. For example, a set of questions for workers to consider that build on basic knowledge towards more complex analysis of family violence. There must be a logic which connects outcomes with the strategies to be employed. These outcomes are community-wide and will require the

formation of coalitions of individuals in concentric networks each connected to the other and committed to the objective of ending violence, establishing safety and creating adaptive cycles of care and respect.

4.8 Effective strategies to end violence work alongside communities to identify and amplify individual and collective efforts to address the violence.

Strategies to end violence will not work if they are imposed in the community. The most effective strategies are those which can amplify, extend and resource acts of resistance to violence that are already being enacted by individuals in the community. Working alongside the community will facilitate dialogue which unearths the changes that communities are already making and indeed wanting to make more of. Such acts of resistance for Aboriginal communities are sourced in their experiences of their culture and its expression in forms of ceremony, origin stories, healing practices, spiritual beliefs and values. It is the strength of connection to these community and cultural qualities that have been identified as pivotal in consolidating community resilience.

4.9 Efforts to end violence in a community will be led by individuals or groups who hold a strong intent to galvanise community focus.

Ending violence in the community will occur when it is supported and championed by an individual and/or group who will act to lead the change. These are community advocates who are interspersed in the community itself. They are from the community and are positioned as leaders/influencers. There must be specific strategies aimed at building their capacity, confidence and skills to influence the hearts and minds of the community. These individuals and/or groups should receive direct support from services in order so that they can galvanise the community to take stands against the tactics of violence.

4.10 Active collective dialogue with concentric circles of individuals which ultimately cover the whole community is the cornerstone of good practice in addressing community concerns, such as violence.

A community has a range of pre-existing sets of naturally forming groups with shared interests. Effective strategies to end violence will identify and work with each of these groups methodically. The process of engaging these groups starts with being invited. The worker must learn the norms and rules of each group. He/she will need to be prepared to offer some form of resource to that group as a symbol for acknowledging its willingness to open itself up to someone external to it. Beginning with a need in the group, the worker will use a culturally respectful strength-based protocol to engage in dialogue about community resilience, the impact of violence and actions which have been taken to end violence. This collective process of sharing stories of understanding will lead to potential meanings that will be used as starting points for further dialogues with other groups in the community, each following a similar protocol. As concurrent dialogues occur, shared meaning about ways to resist violence can be shared, with permission, across the community. This praxis in action is a key benchmark in effective models of ending violence using the narrative, justice based methods described in the literature.

4.11 Supporting the realisation about the nature and extent of the impact of violence on children and young people is likely to be the best point to start dialogue about ending violence in the community.

The observation has repeatedly been made throughout this project that coming to realise the extent to which violence can affect the development and functioning of children and young people is often a powerful motivator for adults to want to take action to end violence. This is supported in emerging literature about programs that support men who engage in violence to address their violence.

4.12 Strategies which strengthen family relationships and/or build networks of sustainable support are pivotal for change to occur.

Family relationships represent a significant source of support for children, young people and adults. In the formative years, families provide young people with experiences of interdependence as the precursor to independence. It allows young people the opportunity to adapt to increasingly challenging task associated with caring for themselves and engaging in their community on their own. Interventions are effective when they include a component aimed at strengthening family relationships, helping them to be sources of comfort, understanding and models of interpersonal resolution.

4.13 Connecting children, young people and adults to their culture is central to all forms of intervention.

Strengthening people's connection to their culture and heritage has been demonstrated to promote health and well-being. For Aboriginal people, their connection to their culture has the potential to ameliorate the negative consequences of trauma, violation and discrimination. Culture is a set of beliefs and values that can act as resources to explain and enhance a sense of belonging to a community that cares for you and is willing to reach out to help you. Practice which is deeply embedded in cultural frames of living is not optional when working with Aboriginal people, in particular in the community.

4.14 Strengths-based models that aim to develop shared narratives of meaning build individual capability and community resilience.

Strengths-based models of intervention have been shown to be replicable and effective in supporting adults experiencing disadvantage to change. A strengths-based approach enables people to take control of their lives in meaningful and sustainable ways. Its aims are to

- empower people to take a lead in their own care process;
- work in collaborative ways on mutually agreed upon goals;
- draw on the personal resources of motivation and hope; and,
- create sustainable change through learning and experiential growth.

A strengths approach is a specific method of working with and resolving areas of concern experienced by individuals. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive resources available to individuals (or what may need to be added) as the basis for addressing the challenges resulting from the problems. Specifically, a strengths-based model

- seeks to understand and support the important variables contributing to individual and family/community capability;
- provides a common language that does not further disadvantage people by ascribing them as causes to the problems they experience;
- works to ensure that intervention strategies are client driven and relationship focused;
- engages distressed people with respect and understanding;
- perceives capacity building as a dynamic process that evolves over a life time;
- affirms the reparative potential in people; and,
- aims to enhance strengths as opposed to deficits.

4.15 Collaboration within services and between services achieve improved and sustained outcomes in the prevention of abuse and violence.

There is a strong evidence base arguing for greater collaboration within services and between services to achieve best practice outcomes for vulnerable children, young people and adults. Tucci and Mitchell (In Press) have argued that collaboration is only the starting point for effective intervention for children, young people and adults who have experienced trauma. The most effective responses occur when practitioners take responsibility to build sustainable coalitions of mutual respect with others in order to ensure that their needs are met consistently across the contexts in which they live, learn and play in the community.

Section 5. Proposing a model of integration which can underpin the NPYWC approach to its efforts to end family and community violence.

Drawing on the key messages from the literature review presented in the previous section, a conceptual model of practice is put forward as the conclusion to the first part of this document.

The conceptual model is presented in Diagram 1. It integrates the contemporary literature about stress with the evidence highlighting the ways in which cycles of family and community violence emerge and are maintained over time. It points to the pervasive, chronic and cumulative impact of such violence on individuals and communities. Stress is the common substrate for all forms of relationships affected by interpersonal violence. Toxic forms of stress (child abuse, family violence, neglect) and high impact forms of stress (housing instability, mental health problems, substance abuse, high conflict relationships, family breakdown, bullying, racism, discrimination) compromise the functioning of important biological systems and lead to severe limitations in the adaptive capacity of individuals and communities.

The first circle highlights that interpersonal conflict and violence and its associated consequences (fear, sorrow, loss, shame, disconnection, helplessness) result in and are a result of toxic and high impacts forms of stress experienced by individuals. The longer individuals remain in conditions of such toxic and high impact stress, the more likely it is that they will not be able to break away from these circumstances. The longer the community experiences the cycle of violence, the harder it is for such violence to be challenged and changed. This cycle has chronic negative impacts on health and well-being of everyone in the community. For Aboriginal people, the emergence of violence and its impacts are inextricably linked to the past and present effects of colonisation, dispossession and ongoing racism.

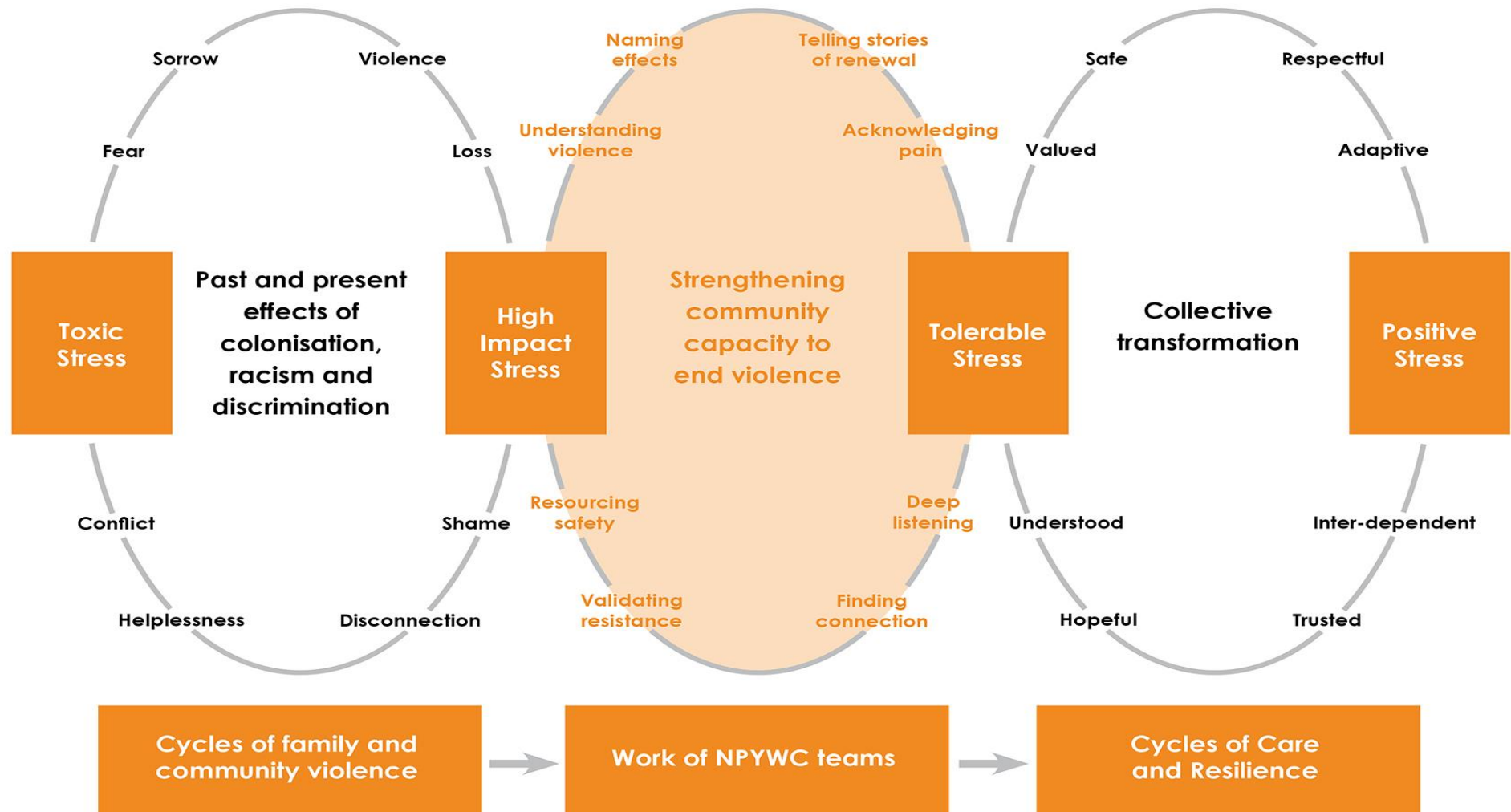
The second circle represents the practice framework that is proposed for the NPYWC teams to adopt in their efforts to strengthen community capacity to end violence. As the previous analysis has highlighted, the key to collective action is the respectful and patient engagement of the community in action dialogue that seeks to understand the tactics of violence, names its effects in the lives of the individuals who live in the community, and validates the acts of resistance already being enacted in a community. It also integrates the need for resourcing safety, acknowledging and understanding the impact of pain in the lives of Aboriginal people in the present and over generations. Finally, it is embedded in practices which listen deeply to the experiences of those in the community highlighting the resourcing stories available in culture and enabling the expression of alternative communal narratives of renewal and hope.

The aim of such intervention is to reduce the levels of stress experienced by individuals within the community and the community as a whole to tolerable or positive levels. In the absence of toxic and high impact stress on a routine basis, individuals and communities experience relief and begin to engage in other actions which further reinforce and promote health and well-being.

The third and final circle in the diagram represents the outcomes of the work undertaken by the NYPWC teams using the proposed framework. Through their collaborative action, workers promote qualities in the community that collectively transform cycles of violence into cycles of care and resilience. Family and community based activities are held which highlight the re-emergence of a range of adaptive and respectful dimensions of daily community life that continue to build momentum so that it is sustained over time.

Violence itself is banished from the community leaving safety, respect and hope in its place.

Diagram 1. Conceptual model of practice for NPYWC approach to strengthening capacity to end violence in the community



(c) 2016 Australian Childhood Foundation

Section 6. Conclusion

In this document, the key messages from the literature and feedback from some of those living and working in the community, including NPYWC and Australian Childhood Foundation staff, have been synthesised together into a conceptual map for practice that can be adopted by the NPYWC team as part of its strategy to strengthen community capacity to end violence.

This map has formed the basis for defining in more detail a practice framework that will guide the everyday interactions and actions by NPYWC staff working in the DFV Team in their work. This practice framework has been elucidated in Document 1 and 2.

It should be noted again that practice frameworks are generally devised so as to be understood and applied easily. A practice framework is a working document that serves to represent and guide the orientation and decision-making of staff in a team or an organisation. As such, these types of documents integrate research and theoretical knowledge into the content without a reliance on strict academic referencing.

Similarly, it is important to recognise that the first two documents have been written as standalone documents that can be presented/utilised without the literature review and feedback synthesis contained in the third and final document. For this reason, some of the content in the first two documents are a repeat of content in Document 3. This is deliberate. The first two documents present the material in an easier to read user guide that interprets the themes contained in Document 3. The first two documents aim to highlight how this kind of practice can be used to guide the interactions of staff working across NPYWC.

The outcome of this project contains a strong commitment to resourcing individuals, families and communities to act in ways that support their own strategies to challenge the effects and causes of violence in their lives. It is sourced in the view that such transformation is found in the strength of the established and emerging relationships of care and support around them. It is also based in a genuine and strong belief that resistance to violence is already occurring by those living and working in the communities of the NPY Lands.

Section 7. References

- Aboriginal Affairs Victoria (2008). Strong Culture, Strong Peoples, Strong Families: Towards a Safer Future for Indigenous Families and Communities. Victorian Government, Melbourne.
- Aboriginal and Torres Strait Islander Healing Foundation (2008). Healing for Our Stolen Generations: Sharing our Stories. ATSIHF, Canberra
- Aboriginal and Torres Strait Islander Healing Foundation (2009). Voices from the Campfires: Establishing the Aboriginal and Torres Strait Islander Healing Foundation, ATSIHF, Canberra.
- Aboriginal and Torres Strait Islander Healing Foundation (2012). Our Healing, Our Stories. ATSIHF, Canberra.
- Anderson, K.D., Baxter-Jones, A.D., Faulkner, R.A., Muhajarine, N., Henry, C.J. and Chad, K.E., (2010). Assessment of total and central adiposity in Canadian Aboriginal children and their Caucasian peers. International Journal of Pediatric Obesity, 5, 342-350.
- Atkinson, J. (2002). Trauma Trails: The Transgenerational Effects of Trauma in Indigenous Australia, Spinifex Press, North Melbourne.
- Bacon, V. (2013). Yarning and listening: yarning and learning through stories. In Bennett, B, Green, S., Gilbert, S. and Bessarab, D. (Eds.), Our Voices: Aboriginal and Torres Strait Islander Social Work, Palgrave MacMillan, South Yarra, p136-165.
- Batten, B. and Stanford, K. (2012). Strengthening Aboriginal Community Wellbeing. Cosmopolitan Civil Societies Journal, 4, 54-77.
- Behrendt, L. (2000). Consent in a (neo) colonial society: Aboriginal women as sexual and legal 'Other'. Australian Feminist Studies, 15, 353-367.
- Bessarab D., and Crawford F. (2013). Trauma, grief and loss: the vulnerability of Aboriginal families in the child protection system. In Bennett, B, Green, S., Gilbert, S. and Bessarab, D. (Eds.), Our Voices: Aboriginal and Torres Strait Islander Social Work, Palgrave MacMillan, South Yarra, p93-113.
- Bird, J. (2004). The Talk that Sings – Therapy in a New Linguistic Key, Edge Press, New Zealand.
- Brassard, R., Montminy, L., Bergeron, A. and Sosa-Sanches, I. (2015). Application of intersectional analysis to data on domestic violence against Aboriginal women living in remote communities in the province of Quebec, Aboriginal Policy Studies, 4, 3-23.
- Bronson, M.B. (2000). Self-regulation in Early Childhood. New York: The Guilford Press.
- Burnette, C. (2016). Historical oppression and indigenous families: Uncovering risk factors for indigenous families touched by violence. Family Relations: Interdisciplinary Journal of Applied Family Studies, 65, 354-368.
- De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. Development and Psychopathology, 13: 539-64.
- Department of Health and Ageing. (2003). A National Aboriginal Health Strategy 1989, National Aboriginal and Islander Health Organisation, Canberra.
- Department of Human Services. (2012). Indigenous Family Violence Prevention Framework, Victorian Government, Melbourne.

- Department of Prime Minister and Cabinet. (2012). Culture and Closing the Gap, Office for the Arts, Australian Government, Canberra.
- Dell, C., Seguin, M., Hopkins, C., Tempier, R., Mehl-Madrona, L., Dell, D., Duncan, R. and Mosier, K. (2011). From Benzos to Berries: Treatment offered at Aboriginal Youth solvent abuse treatment centres relays the importance of culture. Canadian Journal of Psychiatry, 56, 75-83.
- DeMarni Cromer, L., Stevens, C., DePrince, A.P. and Pears, K. (2006). The relationship between executive attention and dissociation. Journal of Trauma and Dissociation, 7, 135-153.
- Epston, D. and White, M. (1992). Experience, Contradiction, Narrative and Imagination, Dulwich Centre, Adelaide.
- Feeney, M. (2009). Reclaiming the Spirit of Well Being: Promising healing practices for Aboriginal and Torres Strait Islander people. The Stolen Generations Alliance, Canberra.
- Foucault, M. (1972). The Archaeology of Knowledge. Tavistock Publications, London.
- Foucault, M. (1977). Discipline and Punish: The Birth of the Prison. Penguin Books, London.
- Friere, P. (1972). Pedagogy of the Oppressed, Penguin Books, London.
- Gergen, K.R. (1985). The social constructionist movement in modern psychology, American Psychologist, 40, 266-73.
- Gergen, K.R. (1991). The Saturated Self. Basic Books, New York.
- Glaser, D. (2000). Child abuse and neglect and the brain - A review. Journal of Child Psychology and Psychiatry, 41, 97-116.
- Grabham, E., Cooper, D., Krishnadas, J. and Herman, D. (2009). Introduction In E. Grabham, D. Cooper, J. Krishnadas and D. Herman, (Eds.) Intersectionality and Beyond: Law, Power and the Politics of Location. Routledge, London, p. 1-17.
- Gunnar, M. and Quevedo, K. (2007). The neurobiology of stress and development. Annual Review of Psychology, 58, 145-173.
- Hovane, V. (2015). Improving outcomes through a shared understanding of family violence in Aboriginal communities: Towards an Aboriginal theory of family violence, InPsych: The Bulletin of the Australian Psychological Society, 37, p.18-19.
- Kirmayer, L., Dandeneau, S., Marshall, E., Phillips, M. and Williamson K. (2011). Rethinking resilience from indigenous perspectives. Canadian Journal of Psychiatry, 56, 84-91.
- Krause, E. D., Mendelson, T. and Lynch, T. R. (2003). Childhood emotional invalidation and adult psychological distress: the mediating role of emotional inhibition. Child Abuse and Neglect, 27, 199-213.
- Laing, R. D. (1967). The Politics of Experience. Penguin, London.
- Lieberman, A. F. (2004). Traumatic stress and quality of attachment: Reality and internalization in disorders infant mental health. Infant Mental Health Journal, 25, 336-351.
- Maddison, S. and Partridge, E. (2014). Agonism and intersectionality: Indigenous women, violence and feminist collective identity, Research in Social Movements, Conflicts and Change, 37, 27-52.
- McEwen, B. (2006). Protective and damaging effects of stress mediators: central role of the brain, Dialogues in Clinical Neuroscience, 8(4), 367-381.

- McCoy, B. (2008). Holding men: kanyirninpa and the health of Aboriginal men. Aboriginal Studies Press, Canberra.
- Memmot, P., Stacy, R., Chambers, C. and Keys, C. (2001). Violence in Indigenous Communities, Crime Prevention Branch, Commonwealth Attorney-General's Department, Canberra.
- Middlebrooks, J.S., Audage, N.C. (2007). The Effects of Childhood Stress on Health Across the Lifespan. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta.
- Milroy, H. (2008). Children Are Our Future: Understanding the needs of Aboriginal children and their families in Infants of Parents with Mental Illness: Developmental, Clinical, Cultural and Personal Perspectives, Australian Academic Press , Bowen Hill, Qld.
- Morseu-Diop, N. (2013). Indigenous yarning modalities: An insider's perspective on respectful engagement with Torres Strait Islander clients. In Bennett, B, Green, S., Gilbert, S. and Bessarab, D. (Eds.), Our Voices: Aboriginal and Torres Strait Islander Social Work, Palgrave MacMillan, South Yarra, p114-135.
- Nemeroff, C. (2004). Neurobiological consequences of childhood trauma. Journal of Clinical Psychiatry, 65: 18-28.
- Olsen, A., & Lovett, R. (2016). Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper. ANROWS.
- Our Watch (2015). Change the story: A shared framework for the primary prevention of violence against women and their children in Australia. Our Watch, Melbourne.
- Paradies, Y.C. (2006). Beyond black and white: essentialism, hybridity and Indigeneity, Journal of Sociology, 42, 355-67.
- Perry, B. D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky and E. P. Benedek (Eds.), Textbook of Child and Adolescent Forensic Psychiatry (pp. 221-238). Washington, DC: American Psychiatric Press.
- Perry, B. (2002). The Vortex of Violence: How Children Adapt and Survive in a Violent World. Houston, Texas: Child Trauma Academy.
- Perry, B. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children – The neurosequential model of therapeutics. In N. Webb (Ed.), Working with Traumatized Youth in Child Welfare (pp. 27- 52). New York: The Guilford Press.
- Porges, S. (2009). Reciprocal influences between the body and brain in the perception and expression of affect: A polyvagal perspective. In D. Fosha, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.27-55). W.W. Norton and Company, New York.
- Ramachandran, V.S. (2011). The Tell-Tale Brain. William Heinemann, London.
- Reynolds, V. (2010). Doing Justice as a Path to Sustainability in Community Work. <http://www.taosinstitute.net/Websites/taos/Images/PhDProgramsCompletedDissertations/ReynoldsPhDDissertationFeb2210>, Downloaded 10 October 2016.
- Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation and infant mental health. Infant Mental Health Journal, 22, 201-269.
- Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. Australian and New Zealand Journal of Psychiatry, 36, 9-30.

- Schore, A.N. (2003). Early relational trauma, disorganised attachment, and the development of a predisposition to violence. In M. F. Solomon, and D. J. Siegel (Eds.), Healing Trauma: Attachment, Mind, Body and Brain, 107-67. New York: W.W. Norton and Company.
- Schore, J. and Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. Clinical Social Work Journal, 36, 9 -20.
- Schore, A. N. (2009). Right brain affect regulation: An essential mechanism of development, trauma, dissociation, and Psychotherapy. In D. Fosha, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.112-144). W.W. Norton and Company, New York.
- Schwarz, E., and Perry, B. D. (1994). The post traumatic response in children and adolescents. Psychiatric Clinics of North America, 17, 311-26.
- Siegel, D.J. (1999). The Developing Mind. Guilford Press, New York.
- Siegel, D.J. (2009). Emotion as integration: A possible answer to the question, What is emotion? In D. Fosha, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.145-172). W.W. Norton and Company, New York.
- Silburn S., Zubrick, S., De Majo, J., Shepherd, C., Griffin, J., Mitrou, F., Dalby, R., Hayward, C. and Pearson, G. (2006). The Western Australian Aboriginal child health survey: strengthening the capacity of Aboriginal children, families and communities. Curtin University of Technology and Telethon Institute for Child Health Research, Perth.
- SNAICC (2012). Coming Together: The journey towards effective integrated services for Aboriginal and Torres Strait Islander children and families, SNAICC, Melbourne.
- SNAICC (2013). Aboriginal and Torres Strait Islander Children's Cultural Needs. SNAICC, Melbourne.
- SNAICC (2015). Pathways to Safety and Wellbeing for Aboriginal and Torres Strait Islander Children. SNAICC, Melbourne.
- Social Health Reference Group 2004, Social and Emotional Wellbeing Framework — A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004-2009), Commonwealth Department of Health and Ageing, Canberra..
- Southwick, S., Rassmusson, A., Barron, J. and Arnsten, A. (2005). Neurobiological and neurocognitive alteration in PTSD: A focus on Norepinephrin, Serotonin and the HPA Axis. In J. Vasterling and C. Brewin (Eds.), Neuropsychology of PTSD: Biological, Cognitive and Clinical Perspectives, 27-58. New York: The Guilford Press.
- Special Task Force on Domestic Violence in Queensland (2015). Domestic and Family Violence Prevention Strategy 2016–2026. Queensland Government, Brisbane.
- Stubbs, J. (2015). Gendered violence, intersectionalities and resisting gender neutrality. Onati Socio-legal Series, 5, 1433-1451.
- Togni, S.J. (In Press). The UK Kulintjaku Project: The path to clear thinking. An evaluation of an innovative, Aboriginal-led approach to developing bi-cultural understanding of mental health and well-being. Australian Psychologist.
- Tucci, J. and Mitchell, J. (In Press). Rethinking prevention and early intervention in child protection. Australian Childhood Foundation, Melbourne.
- Tucci, J. and Mitchell, J. (In Press). Understanding the neuroscience of parenting and attachment, Australian Childhood Foundation, Melbourne.

- Tucci, J. and Mitchell, J. (In Press). Defining trauma and toxic stress. Australian Childhood Foundation, Melbourne
- Tucci, J. and Mitchell, J. (2015). The collective endeavour of interpreting neuroscience—A collection of Australian based trauma informed research and practice. Children Australia, 40, 165-166.
- Tucci, J. and Mitchell, J. (2015). Consilience in Action: Lessons from an International Childhood Trauma Conference. Children Australia, 40, 93-94.
- Tucci, J. and Mitchell, J. (2015). Safe and Secure - A trauma informed practice guide for understanding and responding to children and young people affected by family violence. Australian Childhood Foundation, Melbourne
- Tucci, J. and Mitchell, J. (2013). Collaboration is the key to practice in supporting traumatized children and their families. Australian Childhood Foundation, Melbourne.
- Van der Kolk, B. A. (2003a). The neurobiology of childhood trauma and abuse. Child and Adolescent Psychiatric Clinics of North America, 12, 293-317.
- Van der Kolk, B. A. (2003b). Post-traumatic stress disorder and the nature of trauma. In M. F. Solomon and D. J. Siegel (Eds.), Healing Trauma: Attachment, Mind, Body and Brain (pp. 168-195). New York: W.W. Norton and Company.
- Victorian Aboriginal Child Care Agency (VACCA). (2008). Aboriginal Cultural Competence Framework. VACCA, Melbourne.
- VACCA (2013). Protecting Victoria's Vulnerable Children - Response to the Inquiry by the Victorian Aboriginal Child Care Agency. VACCA, Melbourne.
- White, M. and Epston, D. (1990). Narrative means to Therapeutic Ends. New York: Norton.
- White, M. (1999). Reflecting team work as definitional ceremony revisited, Gecko – A Journal of Deconstruction and Narrative Ideas in Therapeutic Practice, 2, 55-82.
- White, M. (2006). Working with people who are suffering the consequences of multiple trauma: A narrative perspective. In Denborough, D., Trauma: Narrative Responses to Traumatic Experience, Dulwich Centre Publications, p. 25-86.
- Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, T., Eades, S., D'Antonio, H., Read, A., Ishiguchi, P. and Doyle, S. (2004). The Western Australian Aboriginal child health survey: The health of Aboriginal children and young people, Telethon Institute for Child Health Research, Perth.