



# Kummara Domestic and Family Violence Project

Final  
Report



## *Acknowledgment of Country*

We acknowledged the Traditional Custodians of the land in which the current study took place—the Yuggera, Jagera and Ugarapul people.

We pay our respects to the Elders past, present and emerging.



## *Acknowledgments*

We would like to acknowledge the important contribution of the people who participated in the research project. We appreciate their time and insights that we have drawn on to produce this report.

We hope that the issues raised and recommendations for change will help prevent domestic and family violence and improve the lives of victims, making families and community the safe and nurturing environment that enable children to flourish.

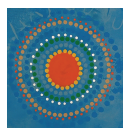
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## *Executive Summary*

First Nations people are reported to experience domestic and family violence (DFV) at higher rates than non-Indigenous Australians. The causes of DFV experienced in First Nations communities in Australia are multi-faceted and include historical and contemporary social determinants resulting from the impact of colonisation and the consequent inter-generational trauma. As these factors are not experienced by non-Indigenous people it follows that preventing DFV and supporting victims of DFV may need a different approach to those developed for the non-Indigenous population.

The present report outlines findings from the research project led by Kummara Limited in partnership with the School of Criminology and Criminal Justice, Griffith University. The research on which the report is based was place-based—focusing specifically on the First Nations community of Ipswich and the Southwest region in Queensland. This was deliberate as the report has the aim of understanding local contextual factors associated with DFV, what services exist and what services are lacking or in need of change in the Ipswich local area. Thus, the research investigated local First Nations people's perspectives on what constitutes DFV, its causes, and what can be done to prevent DFV from occurring and how best to support those affected by DFV. The report concludes that a First Nations Framework of Social and Emotional Wellbeing is helpful in understanding the causes and potential solutions of DFV and the creation of place-based First Nations DFV strategies which are owned and managed by First Nations community organisations are needed to halt the intergenerational transmission of DFV and support victims affected by DFV.

### *Methodology*

Two approaches were used. Firstly, semi-structured one-on-one interviews were conducted with members of the First Nation community. Second a focus group of 6 Elders was conducted. A female First Nations research assistant coordinated the interviews. The interviews used Indigenous methodology, specifically a yarning process in which

the predominant feature was a conversational and relaxed tone that allows for the development of the relationship. The interviews were transcribed and coded for thematic analysis by two researchers.

### *Overview of results*

Participants reported that DFV can take on many forms. In addition to physical, verbal, emotional, mental (psychological), and sexual abuse, controlling behaviours were considered a form of DFV (e.g., inappropriate use of Domestic Violence Orders, control over finances and restricting contact with others). Most participants defined DFV broadly as violence involving multiple combinations of individuals in the immediate and extended family. Intimate partner violence was acknowledged as one form of DFV, but a key message was that violence could occur between any member of the immediate and extended family. For example, violence between grandparents and their adult children and violence perpetrated by teenagers directed towards their parents. DFV was not seen simply as an action perpetrated by an individual on another individual, but more broadly as actions that can involve the immediate and extended family, and other members of the community.

Over half the participants felt DFV in First Nations community is getting worse, although participants also questioned whether this may be due to the issue being talked about more openly than has been the case in the past. There was a unanimous view that more needed to be done to prevent DFV and support those affected by it. Nearly all participants expressed the view that preventing the intergenerational transmission of DFV requires interventions targeting children from a young age. This would include school-based educational programs incorporated into the curriculum that teach all children to have empathy and respect for others and skills in managing emotions. It was also suggested that there be an increase in family-support to prevent DFV occurring which would mean children do not grow up to see DFV as normative. Further, it was emphasised that young First Nations children need to develop a positive cultural identity, have a level



of cultural knowledge and connection to the First Nations community.

The interviews identified a wide range of factors that were seen to be causes of DFV. These included the impact of inter-generational trauma, loss of cultural identity, the daily challenges associated with low income, unemployment, low quality housing and exposure to racism. These were described as sources of chronic stress that lower an individual's threshold for being 'triggered' into anger. This is consistent with the First Nations Framework of Social and Emotional Wellbeing described in the Department of the Prime Minister and Cabinet's 'National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023' (Commonwealth of Australia, 2017). This framework proposes that historical, social and political determinants increase mental health problems and lower wellbeing. In other words, contributing to the creation of the conditions in which DFV is more likely to occur. This pervasive theme is a departure from the mainstream narrative of men's power and control over women. In fact, both male and female participants expressed the view that the dominant mainstream narrative that results in men being referred to programs that focus on developing respect for women and anger management can be damaging. The damage being that the actual causes of the men's actions are not addressed (e.g., trauma history, substance misuse). Further, that programs insisting men take full responsibility for their actions ignore the role women play in the interpersonal dynamic leading to violent actions. This is not to say that men should not take responsibility, but rather that a broader range of interventions are needed to address the broad range of factors associated with DFV. This includes interventions at the individual and family level such as programs to strengthen the cultural identity and cultural role of men and women in First Nations society, interventions that address trauma, mental health issues and substance misuse and greater support for families. At the community level, there was a perceived need for action to address historical and contemporary social determinants of disadvantage that create the conditions in which DFV is more likely to occur.

## Overview of recommendations

### *First Nations Framework of Social and Emotional Wellbeing*

Dominant themes to emerge in interviews and the Elders focus group were first, that healing in the First Nations community requires individuals to have a sense of cultural identity, a sense of connection to the First Nations community and some level of cultural knowledge. Second, that DFV can involve multiple members of the immediate and extended family. Third, that DFV is often associated with mental health problems, and substance use that can lower a perpetrators threshold to anger and trigger a strong violent reaction. Fourth, that historical and contemporary social determinants create the conditions in which DFV is more likely to occur.

*Recommendation: It is recommended that DFV in the First Nations community be conceptualised holistically drawing on the First Nations Framework of Social and Emotional Wellbeing. As this is central to all recommendations below the Framework is discussed in detail at the end of the report. This recommendation is consistent with the recent call for a paradigm shift in the understanding of DFV in the First Nations community (Blagg et al., 2018).*

### *Early intervention to prevent inter-generational transmission of DFV*

Early intervention was frequently mentioned as an important component of preventing DFV and ending the inter-generation transmission of DFV. In particular school-based programs that equip Jarjums (children) from an early age with the skills to manage their emotions and respect others. It was stressed that children should have a strong positive sense of cultural identity, belonging to community and the cultural obligations associated with this connection to culture and community. Thus, there was a strong call for Indigenous led programs in schools that are consistent with the First Nations Framework of Social and Emotional Wellbeing.

The importance of early intervention also included calls for more support for families of young children before serious problems emerge. There was a strong

sense that referrals to services when problems in the family escalate to become an issue of child safety or a young person's involvement with the justice system was too late. Intervening early was seen to be essential in ensuring children do not grow up observing and experiencing DFV and internalizing DFV as normative—which was seen to be a major factor in the inter-generational transmission of DFV.

*Recommendation: Fund and promote early intervention services. Conceptualise the location in places that promote connection i.e. in schools and involve community-based family support services, families, and Elders.*

*It is noted that some programs currently operate in schools and family support services. However, these are often time limited and lack integration into the wider community. Existing programs need to be expanded and funded to ensure continuity across the school years. This would ideally involve integrating programs into the curriculum rather than operate as 'third party add ons'.*

#### *First Nations Service Delivery*

The current project found strong support for local 'place-based' solutions. Specifically, there was a strong view that local First Nations community organisations are best placed to provide culturally safe, trustful, and respectful environments that understand Indigenous ways of knowing. Locally based First Nations organisations can develop and maintain strong relationships with the local First Nations community and understand their cultural obligations to the local community.

A point made frequently was that mainstream services funded to address intimate family violence in isolation to other forms of DFV were inadequate to meet the needs of the First Nations community. First Nations support services would have a greater understanding that DFV impacts the whole family, including children and older members of the family and understand that the proximal 'causes' of DFV are exacerbated by social determinants impacting First Nations people. This led to the suggestion that preventing DFV and supporting victims and perpetrators needs to involve a range of services: early intervention programs for children, services

that address intimate partner violence, and family support services that address conflict between parents and children/teenagers and support for grandparents and other extended family members. This represents a significant departure from an ideology in which DFV is seen to be limited to intimate partner violence and driven by power and control of men over women.

There was concern that currently mainstream services that work with intimate partner violence are siloed from family support services and would be more effective if there was an integration of services. The integration of services would allow community-controlled support services to work with the family as a unit and address the complex causes of DFV that include stress and trauma, drug and alcohol misuse and other mental health issues.

#### *Involvement of Elders in community activities*

The involvement of Elders in initiatives to prevent DFV violence and support was a dominant theme that emerged in interviews and Elders focus groups. Elders are holders of cultural knowledge and protocols and are respected in the community. There was concern expressed that the role of Elders in the First Nations community has been diminished and that it is vital that they are provided with opportunities to have a greater presence and influence in the First Nations community. However, concern was also expressed that the demand on Elders is exhausting, and that there isn't sufficient compensation for the time and effort they put into the community. There was a strong view that Elders should not be expected to engage in community activities on a voluntary basis, and that funding should be made available to increase the role of Elders. A greater presence and opportunities to impart knowledge was seen to be a vital component of connecting or re-connecting First Nations individuals and family to community.

*Recommendation: That efforts are made to ensure Elders have a presence and influence in the First Nations community for which they are appropriately compensated financially. This would involve increasing funding for local Elders groups.*

### Register of locally available support services

Participants identified a lack of awareness on the range of services available in the local area, what services they offer, whether they are mainstream or First Nations community-controlled, and how to access them. This was seen as an obstacle to supporting victims of DFV and providing appropriate support to perpetrators.

While there is information available online that provides details on local community-controlled support services—including the specific services they offer and how to access their service—this information is scattered and not always easy to find through search engines.

*Recommendation: That an online register of all local community-controlled support services be maintained that can provide individuals and families with information on what services are available, easy to understand information on what the services offer and how to organise a referral.*

### Community control and coordination of services

First Nations community organisations are well placed to understand and provide support for First Nations clients. First Nations community controlled organisations can support clients in a respectful, trusting and culturally safe environment.

Mainstream services can provide effective services for First Nations people and for some, it was suggested that a mainstream service is preferable as practitioners in First Nations services may have family links with the client. However, what was asked for was the choice. It was beyond the scope of the current study to carry out a service mapping exercise to determine what services are offered by First Nations community-controlled organisations and where gaps exist. This would be helpful to guide the funding of services in the future.

*Recommendation: That a service mapping exercise be carried out to identify local services offered by First Nations community-controlled agencies and what gaps exist with the view to funding needed services.*

### Community awareness of DFV and access to services

A theme that emerged was that physical intimate partner violence was only one form of DFV and that other forms of DFV should be acknowledged. For example, violence perpetrated by teenagers towards their parents, control of the younger generation over the older generation. Participants suggested that extending the communities' understanding that DFV extend beyond intimate partner violence is essential in encouraging people acknowledge that they are living in an unsafe situation and that support is available.

*Recommendation: That information is made available at the community level on the various forms of DFV. That this information and the message that support is available be visible in the community (posters, brochures etc. be displayed in public places).*

### Acknowledgment of male victims of DFV

It was noted by nearly all the women interviewed that men are affected by DFV and often suffer silently as the victim with little support available. While it was acknowledged that male victims could be subjected to physical abuse, participants reported that males were more likely to be subjected to emotional or psychological abuse (e.g., women taking out DVO orders as a form of control over men).

Both male and female participants reported that men may feel that they won't be taken seriously if they report being a victim of DFV and consequently don't speak up or seek help. There was concern raised that a mainstream approach that considers DFV to be male power and control over women silences the male voice when they are victimised. There is a need to raise awareness of this issue so that men can acknowledge that they may need support.

Both male and female participants believed that DFV could be triggered by events (often trivial) and that this could be the result of a buildup of stress and trauma that lowers the threshold for violence. Stress and trauma could be related to community level social determinants such as exposure to racism, limited opportunities for work and reliance

of government handouts. The lowered threshold for violence could also be caused by mental health problems, such as anxiety, depression and substance misuse. Importantly, participants reported that many First Nations men have lost confidence and developed a poor self-concept from erosion of their traditional cultural role in First Nations society. There was a widely held view that there is a need for more holistic support services for male victims of DFV to address these issues.

*Recommendation: That support services be funded that provide support for both male victims and male perpetrators of DFV. Additionally, that services are guided by the First Nations Framework of Social and Emotional Wellbeing that provides a more comprehensive understanding of DFV in the First Nations community than the dominant Western models. This recommendation requires increased acknowledgment of First Nations men as victims of DFV which is a component of the call for a 'paradigm shift' in the Blagg et al (2018) report on DFV in First Nations communities.*

#### *Long term Family Support*

Participants who had fled a DFV environment reported that while there is initial support in the way of emergency accommodation which looks after the physical needs of women and children, there is a lack of support addressing the longer term emotional and psychological needs of victims and ongoing support for the family.

A participant mentioned that there was a lack of communication between emergency accommodation staff and staff in agencies that can provide longer-term support. This was attributed to the importance of emergency accommodation staff maintain confidentiality, but the effect for the participant was having to relay her story again.

*Recommendation: That there be a review of the transition from emergency accommodation services to longer term-support, including policies on sharing of information.*

#### *Courts and DVO's*

Participants felt that at times a DVO is not a strong enough deterrent for victims of DFV to feel

safe. It was reported that police officers did not make victims aware of available support services, particularly if it was the first call out regarding a DVO or if they judged the situation to be relatively minor.

*Recommendation: That a review of the effectiveness of DVOs in the local First Nations community be undertaken. This would include the process of responding to DVOs and the severity of the consequences for breaching a DVO.*



## Introduction

### Defining Domestic and Family Violence

Domestic Violence is typically defined as violence between intimate partners (AIHW, 2019). Family violence is broader, referring to violence between family members, including extended family. Definitions of domestic and family violence (DFV) generally include reference to the power and control perpetrator's exercise over their victims. The Council of Australian Governments stated that the term 'Family violence' is preferred by First Nations people because it includes reference to extended family and kinship relationships (COAG, 2011). Yet service responses seem disconnected from First Nations reality with a heavy weighting on services primarily for women escaping DV and less so for those experiencing family violence or as often identified, services for male victims was often missed entirely.

### Family violence in First Nations communities

Domestic and family violence is a well-documented problem in First Nations communities (Blagg, Bluett-Boyd, & Williams, 2015; Fiolet, Tarzia, Hameed, & Hegarty, 2021; Olsen & Lovett, 2016). The Australian Institute of Health and Welfare (2018) reported that Indigenous women are 32 times more likely, and Indigenous men 23 times more likely, to be hospitalised due to DFV than their non-Indigenous counterparts.

Data from the 2014-15 National Aboriginal and Torres Strait Islander Survey found that 2 in 3 (63%) of Indigenous women and 1 in 3 (35%) of Indigenous men who had experienced physical violence reported that the perpetrator of the most recent incident was a family member (Australian Bureau of Statistics, 2016).

A recent report (Australian Institute of Health and Welfare, 2019) found that Indigenous females (aged 15 or over) were 34 times more likely to be hospitalised for family violence than non-Indigenous females. Indigenous males were 27 times more likely to be hospitalised than non-Indigenous males. Indigenous females were hospitalised at a rate of 8 per 1,000 while Indigenous males were hospitalised

at a rate of 3 per 1,000.

A spouse or domestic partner was reported as the perpetrator for hospitalisations of Indigenous females in 62% cases. A family member other than a spouse or domestic partner was more likely to be specified as the perpetrator for Indigenous men who were hospitalised.

### Causes of Domestic and Family Violence

'Mainstream' explanations for family and domestic violence tend to be driven by the assumption that violence against women is primarily determined by gender inequalities, particularly an imbalance of power between men and women. Blagg et al. (2018) argue that it should not be assumed that Indigenous women would look to gender equality as a sufficient explanation of family violence to inform effective solutions. Rather, understanding Indigenous family violence necessitates exploring causal factors that reflect the unique experiences of Indigenous people. This includes the enduring impacts of colonisation and the historical and contemporary social determinants that are unique to Indigenous peoples. Given that the impact of colonisation on First Nations communities, families and individuals across Australia varies considerably, an understanding of the causes of DFV within First Nations communities needs to be placed-based. This includes local explanations for DFV and the solutions needed in specific locations. The current research is a placed-based study of the understanding of First Nations people in the Ipswich area.

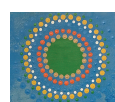
In adopting a view that Indigenous perspectives of DFV may vary from the 'mainstream' views, Blagg et al. (2018) sought to gather the views of both women and men in discussions about family violence. This is in line with Fredericks et al. (2017) who explain how the concept of gender within Indigenous cultures is different from the dominant Western concept. For Indigenous people, males and females have different roles and responsibilities in society, which is integral to development of cultural identity. Thus, the current study also aimed to interview both males and females on their respective

understanding of domestic and family violence.

## Project Design and setting context

Kummara Limited is a recognised community controlled organisation has been providing family support for over 20 years. Services they offer include intensive family support and family wellbeing services for families, for whom domestic and family violence is a significant issue.

This research approach was approved by the Child Safety Youth Justice and Multicultural Affairs South West Region in April 2021. Kummara initially received one off funding for Domestic and Family Violence integration into Family Wellbeing Services as a function of Covid 19 DFV support provided to regions. However, after successive recruitment rounds qualified and experienced staff were not able to be sourced. This experience is credited to the substantial funding provided to Domestic and Family Violence sector along with similar increases in family support service sectors. This has effectively reduced the qualified applicant pool. Kummara's approach in consultation with the South West region was to undergo local research in order to better inform localised DFV understandings, awareness and future courses of actions with stakeholder (client) direction in service provision.



## Methodology

### Procedure

#### Participants

The project involved i) 22 individual interviews of 20 First Nation women and 2 First Nation men, ii) one focus groups consisting of six elders.

Initially, the goal was to recruit 20 individual interviews with 10 female and 10 male participants, however significant difficulty was had in recruiting men to participate in one-on-one interviews. At the beginning of the project six men were initially recruited however when the interview was scheduled to commence two men pulled out for unknown reasons and the another two were unreachable. There were no clear reasons for the low male

recruitment rate. One suggested reason was that men preferred to be in a group environment to discuss their thoughts and opinions and would have preferred to have been interviewed on country. It was also suggested that First Nations men have become disempowered in relation to DFV and may feel their experiences and opinions are not valued.

#### Participant recruitment strategies and consent process

*Individual Participants:* Kummara staff identified individuals who would be willing to participate in interviews. Potential participants were made aware of the study by Kummara staff. They were then provided with contact details of the Research Assistant. The Research Assistant provided the full participant information sheet, answered any questions the participant had and obtained consent. Once consent was obtained participants were given the opportunity to complete either a face-to-face interview or telephone interview for personal comfort, a time and venue for the interview was then arranged.

Participants were also given the choice to nominate a venue for the interview where they felt comfortable being interviewed. Participants were also given the choice to be interviewed by a female or male Research assistant.

*Community Elders Focus Group:* Kummara Family Wellbeing through local service provision have established relationships with the Ipswich Elders. They approached the Ipswich Elders group with information about the study and identified Elders willing to participate. The interested Elders were then contacted by a Research Assistant who provided the full participant information sheet and obtained consent. Once consent was obtained a time and venue for the focus group was arranged.

Elders were consulted as to whether they would prefer mixed male/female focus groups, or separate male and female focus groups. Their preference was for a mixed group.

#### Interview process

The First Nations research assistant first provided an orientation to the interview by placing themselves in relation to country, kin, and their connection to

the current project. Participants were invited to reciprocate.

Semi-structured interviews were conducted by the research assistant(s) to guide one-on-one interviews. A more open approach was taken with small group focus groups. These interviews and focus group used a yarning methodology in which the predominant feature was a conversational and relaxed tone that allows for the development of the relationship (Munns et al., 2018). As Walker, Fredericks, Mills & Anderson (2013) explain, yarning is a conversational process that involves the sharing of stories and the development of knowledge. Collaborative yarning validates those Indigenous knowledge systems and is an important means of hearing Indigenous voices in research (Blagg et al, 2018). The interviews involved listening carefully to the narrative of the participants and asking clarifying questions where required to ensure the meaning attached to the identified theme and response was correct.

#### *Grounding the research as placed-based*

To ensure the process of this research project was aligned with community values and histories and that Indigenous knowledge was given respect and considered in identifying potential issues, an initial discussion and meeting was held with Local Elders and the research team at the Kummara family support service. This allowed an opportunity for the research team to introduce themselves and explain their emotional and cultural investment to the research project.

Ensuring the research was place-based and grounded aligned with Dudgeon's principles for engaging with Indigenous communities. As Dudgeon (2014) states:

- Aboriginal people are best placed to identify the challenges they face along with the solutions
- Aboriginal people recognise cultural strength and identity as the key to SEWB
- Programs should be community owned, culturally, and locally appropriate, ensuring they are based on First Nations people's strengths, and are flexible and respectful of gender.

#### *Interview questions*

The interview questions asked to stimulate the discussion were:

- What do participants consider constitutes domestic and family violence (DFV)?
- To what extent is DFV a problem in the local area?
- What do participants consider to be the causes of DFV within the First Nation community?
- What do participants consider to be the consequence of DFV within the First Nation community?
- What do participants believe would help stop DFV at the source?
- What do participants suggest we do differently to prevent DFV in our communities and support those affected by DFV (clients view on direction of service provision)?
- What makes a service culturally safe?

## Data analysis

All interviews were recorded and transcribed. Interviews were analysed independently by two members of the research using NVivo software. The two researchers subsequently met to develop a consensus on the most common and important themes.

Thematic analysis was guided by Braune and Clarke (2006). This approach to thematic analysis is a six-phase approach that includes: familiarisation with the data, generating initial codes, searching of themes, reviewing themes, defining and naming themes and finally producing a report.

All transcripts were read and re-read by two researchers to familiarise themselves with the data and jointly generate codes of both latent and semantic themes using an inductive approach. Qualitative software package, NVivo, was used to collate relevant extracts for each code which were later reviewed for internal and external consistency. Codes were grouped into themes and subthemes according to similarities, relationships, and distinctions. Themes were then defined and analysed to create a true representation of the data story with exemplars identified. The data was then analysed to find meaning within the themes and generate the report.



## Results

### What constitutes DFV?

Participants described Domestic and Family Violence as physical, emotional, mental (psychological) and sexual abuse. Mental and emotional abuse included being yelled and sworn at and not feeling safe.

Over half of the participants considered DFV to include controlling behaviour. Examples provided by female participants included control over finances, control over relationships with family and friends and restrictions on the victims' movements (e.g., who they could and couldn't visit, when they could leave the house). Control was described as mental or psychological abuse and could include more minor

forms of control, such as what the victim could or couldn't wear, which was seen as undermining and humiliating.

### Who is involved in DFV?

The majority of participants acknowledged that women were often the victims of physical, sexual and psychological abuse perpetrated by a male partner. However, a common theme was that it is important to acknowledge DFV is perpetrated by both men and women. Female participants often felt strongly that DFV perpetrated by women was not sufficiently acknowledged. This abuse could be both physical and psychological. Two examples of psychological abuse included taking out DV orders when it was clear that a male partner had not perpetrated DV and denying access of a father to his children when the couple were separated.

A theme that emerged from most participants was that family disputes could affect anyone in the family and extended family. For example, a dispute between a mother and father over access to children impacts on relatives (e.g., uncles, aunts, grandparents) who may be refused access to their nieces/nephews/grandchildren. Another example was teenagers being physically and verbally abusive towards other members of the family, including their parents. Further, that grandparents could be the victims of physical and emotional abuse.

Overall, these reflections are a clear message that there needs to be a distinction between intimate partner violence and family violence. That is, DFV in the first Nations community should not be viewed exclusively as something that occurs between partners in a relationship, but an issue that can affect anyone in the extended family. In fact, DFV was described as an issue for the First Nations community more broadly. For example, when a case is reported in the media it reflects poorly on the First Nations community as a whole.

### Is Physical Force ever justified?

When asked whether physical force is ever justified, around a quarter of the participants believed that it can be necessary in self-defense. However, the majority reported that physical violence could never



be condoned.

Several participants addressed the question with reference to corporal punishment—whether it was justified to smack a child. These participants (all mothers) believed that a low level of physical force (e.g., smack on the hand) was justified. Several had attended parenting classes that promoted the use of time out but did not find time out to be effective in managing their children.

### Impact of DFV

The most dominant theme, discussed by nearly all participants, was the impact of DFV on children. This included children directly experiencing physical or emotional abuse or witnessing DFV perpetrated to others. Several participants expressed concern that witnessing violence is traumatising for children and can set the scene for inter-generational transmission of DFV if children grow up to see violence between family members as normative. This was a major discussion point in the Elders focus group.

Most participants reported that DFV was stressful and traumatising for victims and often lead to mental health problems. Further, that the mental health problems resulted in increasing vulnerability to DFV. Several participants reported that the chronic stress of DFV over time could result in a victim perpetrating DFV themselves out of desperation and that if this was reported they were labeled a perpetrator. This applied to both male and female victims of DFV.

Members of the family can be drawn into disputes causing breakdowns in relationships in the extended family. For example, grandparents can be impacted through loss of contact with their grandchildren or women taking out DV orders because they are angry at their partners, not because they were victims of DFV. Such actions can create divisions within families, with disputes between families impacting the wider community.

### Is DFV getting better or worse?

Around half the participants believed DFV was getting worse. Only one participant felt there has been a decrease in DFV in recent years. The remainder of the participants reported that there has

been little change over the years, but that it appeared to be worse because of it being spoken about more publicly. However, this was qualified by several participants who were concerned that while DFV may be talked about more in public forums, but when it occurs it is too often kept private within families.

### Factors Which Contribute to or Increase the Risk of Domestic and Family Violence

#### *Individual Level Determinants*

##### *Mental health issues and emotional dysregulation*

The mental health of perpetrators was a theme that emerged across nearly all interviews. Addiction and misuse of drugs and alcohol were a common theme with 50% of participants identifying misuse as an increased risk factor echoing the view that drugs and alcohol contribute to DFV. Substance misuse and stress, depression, trauma, and other mental health problems were seen to lower a perpetrators threshold to anger and, as a consequence, seemingly trivial issues could trigger a strong violent reaction.

Being subjected to ongoing abuse can lead to the buildup of trauma and stress. Ostracisation can lead to feeling shamed, disempowerment and a sense of disconnected from family and community. It was suggested that an act of violence by an individual in this situation results in that individual being labelled a perpetrator when the trigger was the victimisation from others over time.

It was also identified that the internal buildup of negative emotions in First Nations people can be due to external social determinants at the community level, such as exposure to racism and stereotyping, financial stress, difficulty finding employment, poor quality housing etc.

It was highlighted that many First Nations people are not equipped with strategies to identify and manage their emotions appropriately and that there needs to be more support in helping individuals regulate their emotional state—how to release the buildup of emotions without it affecting others.

##### *Jealousy and Control*

Jealousy and the need for control was identified by

several participants as a causative factor in *Dr v.* A jealous partner can put restrictions on the other partner, limiting who they see and contact. An issue raised was that a controlling partner can limit access to phone and internet making it difficult for a victim to seek support.

### *Family Level Determinants*

#### *Child rearing*

Several participants discussed how differences of opinion in child rearing can lead to arguments and potentially trigger incidents of DFV. Most participants were aware services for families were available in the local area, but a common theme was that too often referrals were not made until issues in the family had escalated to require child safety involvement. It was suggested that families be offered parenting support when their children are young before problems emerge through early intervention programs. It was suggested that these may operate through pre-schools or primary schools—which would require a commitment from Education Queensland.

#### *Family disputes*

A common theme was that arguments between members of the family can escalate when other members of the family get involved. These disputes can lead to ongoing resentment and can extend to the extended family. Two sides of the family can have a falling out, often with the children in the middle of the dispute.

Mixed marriages (e.g., a First Nations person marrying a non-Indigenous partner) were seen as problematic when members of the non-Indigenous side of the extended family hold racist attitudes. This can be particularly problematic when a First Nations parent's attempts to develop a sense of cultural identity and pride in the child's First Nations heritage.

### *Historical Determinants*

#### *Transgenerational Trauma*

Over half of the participants identified that transgenerational trauma is a major causative factor of DFV for First Nations communities.

many participants identified that they handled their relationships along with their parenting style based on their upbringing. Many participants reflected on their childhood and their parents' childhood, with knowledge that with the breakdown of cultural traditions and practices due to government strategies harmony among family and community was disturbed.

### *Community Level Social Determinants*

#### *Awareness of and Access to Services*

A number of participants reported being aware they could access Centrelink to speak with a support worker if they were in need of DFV support. However, they expressed concern that the need to schedule an appointment time meant the help may come too late. The majority of participants who reported having had the need for support in the past had been unaware of how to get support and consequently remained in the DFV environment.

Both male and female participants reported that male victims were unaware what support is available for men and that men experienced many barriers when trying to access support or help. These barriers include a lack of services and gendered stereotypes. A man, for example, who might admit to having perpetrated DFV in response to prolonged provocation, would be perceived by services as a perpetrator while their experience of victimisation was ignored. It was suggested this was particularly the case for mainstream support services that view DFV as primarily an issue of male power and control of women. It was suggested that support services avoid the labels of 'perpetrator' and 'victim' and focus on understanding the circumstances of specific incidents and accept that an individual might be both a victim and a perpetrator and have complex needs that are not met by male perpetrator behaviour change programs.

It was also reported that the capacity to search for and locate help and support was reduced when a controlling partner limited access to phone and internet.

## Are Support Services available and are they effective?

### *Coordination of Services*

A theme that emerged was that responses to DFV involve multiple agencies—the police, court system, the justice and child protection systems, counselling support services etc. Both victims and perpetrators of DFV may be engaged in multiple agencies that do not communicate well together. In fact, due to issues of confidentiality, it may be policy that an agency does not provide information about an individual or family to another agency. While the need for confidentiality was acknowledged, concern was expressed that at times the lack of communication between agencies was problematic.

### *Service providers in the local area*

Several participants reported having seen or heard advertisement for specific services, but were apprehensive about making contact with the service as they did not know who they would be speaking with or what would happen if they did make contact. Several participants reported that they only became aware of services after their initial experience of DFV—that too often a first instance of DFV is not taken sufficiently seriously by the police. This is particularly the case if there are no obvious signs of physical damage to the victim. Several participants suggested victims be given information on what support is available in the local area routinely whatever the perceived seriousness of a specific incident.

It was also suggested that information about services be made more easily accessible. One female participant said that if she were to leave her husband today, she would have no idea where could go for help. While agencies generally have websites explaining what their service offers and how to access them, an older participant commented that older people may have difficulty using the internet to obtain this information.

### *Emergency Accommodation*

Emergency accommodation was frequently described as a fearful and stress-inducing experience for participants who had used this

service. For example, the process of how to keep your place in the accommodation setting and food deliveries was described as unsettling and confusing the first time a victim needed emergency accommodation. The role and responsibilities of workers was not clearly communicated, which created fear among the participants who had used emergency accommodation. Several participants reported feeling alone after accessing emergency accommodation due to policies that do not allow emergency accommodation workers to provide ongoing support or guidance.

### *DV Orders*

Participants who had needed to take out a DV Order were aware of how to apply for a one. However limited trust was felt towards the process. Participants were of the view that a DV order provides limited protection to victims and is not a strong enough deterrent to prevent perpetrators gaining access to victims. Consequently, placing a DV order did not create the sense of safety a DV is supposed to offer.

It was reported from several participants (both male and female) that it is significantly harder for a male victim to place a DV order on a female. This was attributed to men having more difficulty being believed that their experiences were legitimate as grounds for a DV order, further contributing to the disempowerment of this group of men.

It was identified in two interviews that female perpetrators can sometimes use DV orders as a means of control over men.

### *Support Workers*

It was noted that majority of support workers are female and that more male support workers along with an openness and ability to work with males is needed for male victims of DFV. It was also noted that there is a high turnover of support workers in services. Participants acknowledged that it is difficult work, but from their perspective, it was unhelpful and upsetting being allocated a new support worker as it is necessary to re-tell their story each time.



## Recommendations

### First Nations Framework of Social and Emotional Wellbeing

Consistent with mainstream definitions of DFV, the present study found evidence that the First Nations people interviewed considered DFV to involve the exertion of power and control of one person over another. However, there was a clear message that intimate partner violence should be distinguished from family violence and acknowledged as only one form of DFV. Most participants considered DFV to include a broad range of actions—including physical, emotional, mental (psychological) and sexual abuse—that could be carried out by and impact a broad range of people including children, members of the immediate and extended family and other even other members of the community.

The implication for practice is that mainstream approaches to DFV that focus on intimate partner violence with an emphasis on power and control of men over women is limited. A more holistic approach would acknowledge family violence perpetrated by and impacting members of the immediate and extended family. It would acknowledge that DFV is perpetrated and impacts children, teenagers, and adults including old people.

From a First Nations perspective, DFV is often associated with mental health problems, and substance misuse that can lower a perpetrators threshold to anger and trigger a strong violent reaction. Further, historical and contemporary social and determinants create the conditions in which DFV is more likely to occur.

*Recommendation: It is recommended that DFV in the First Nations community be conceptualised holistically drawing on the First Nations Framework of Social and Emotional Wellbeing. As this is central to all recommendations below the Framework is discussed in detail at the end of the report. This recommendation is consistent with the recent call for a paradigm shift in the understanding of DFV in the First Nations community (Blagg et al., 2018).*

### Early intervention to prevent inter-generational transmission of DFV

One of the most dominant themes across interviews and the Elders focus group was the impact of DFV on children. Most of the participants were particularly concerned about the impact of DFV on children, including direct experience or witnessing others being abused. These discussions blurred the distinction between what is generally considered DFV and child protection.

Participant's felt a strong need for awareness and support programs to be implemented in primary and secondary schools. However, there was a view that school-based programs targeting First Nations children should be integrated into the broader First Nations community. This could be achieved by having First Nations support services deliver programs, involving the child's family and having Elders and other respected community members participate in the programs. Providing children with a positive experience of First Nations culture and connection with the wider community (e.g., Elders) would provide positive experiences for children who live in environments in which DFV is experienced and internalized as a normal part of life.

It was suggested that in addition to developing pride, knowledge and connection to their First Nations community and culture, that these programs aim to teach strategies to help children manage their emotions and develop empathy for others. This would include content that helps children know when they have been respected and how to show respect for others.

*Recommendation: Fund and promote early intervention services. Locate these services in schools and involve community-based family support services, families, and Elders.*

*It is noted that programs currently operate in schools and family support services. However, these are often time limited and lack integration into the wider community. Existing programs need to be expanded and funded to ensure continuity across the school years. This would ideally involve integrating programs into the curriculum rather than operate as 'third party add ons'.*

## Involvement of Elders in community activities

The involvement of Elders in initiatives to prevent DFV violence and support was a dominant theme that emerged in interviews and Elders focus groups. Elders are holders of cultural knowledge and protocols and are respected in the community. There was concern expressed that the role of Elders in the First Nations community has been diminished and that it is vital that they are provided with opportunities to have a greater presence and influence in the First Nations community. However, concern was also expressed that the demand on Elders is exhausting, and that there isn't sufficient compensation for the time and effort they put into the community. There was a strong view that Elders should not be expected to engage in community activities on a voluntary basis, and that funding should be made available to increase the role of Elders. A greater presence and opportunities to impart knowledge was seen to be a vital component of connecting or re-connecting First Nations individuals and family to community.

*Recommendation: That efforts are made to ensure Elders have a presence and influence in the First Nations community for which they are appropriately compensated financially. This would involve increasing funding for local Elders groups.*

## Community control and coordination of services

First Nations community organisations are well placed to understand and provide support for First Nations clients. First Nations community controlled organisations can support clients in a respectful, trusting and culturally safe environment.

Mainstream services can provide effective services for First Nations people and for some, it was suggested that a mainstream service is preferable as practitioners in First Nations services may have family links with the client. However, what was asked for was the choice. It was beyond the scope of the current study to carry out a service mapping exercise to determine what services are offered by First Nations community-controlled organisations and where gaps exist. This would be helpful to guide the funding of services in the future.

*Recommendation: That a service mapping exercise be carried out to identify local services offered by First Nations community-controlled agencies and what gaps exist with the view to funding needed services.*

## Register of locally available support services

Participants identified a lack of awareness on the range of services available in the local area, what services they offer, whether they are mainstream or First Nations community-controlled, and how to access them. This was seen as an obstacle to supporting victims of DFV and providing appropriate support to perpetrators.

While there is information available online that provides details on local community-controlled support services—including the specific services they offer and how to access their service—this information is scattered and not always easy to find through search engines.

*Recommendation: That an online register of all local community-controlled support services be maintained that can provide individuals and families with information on what services are available, easy to understand information on what the services offer and how to organise a referral.*

## Community awareness of DFV and access to services

A theme that emerged was that physical intimate partner violence was only one form of DFV and that other forms of DFV should be acknowledged. For example, violence perpetrated by teenagers towards their parents, control of the younger generation over the older generation. Participants suggested that extending the communities' understanding that DFV extend beyond intimate partner violence is essential in encouraging people acknowledge that they are living in an unsafe situation and that support is available.

*Recommendation: That information is made available at the community level on the various forms of DFV. That this information and the message that support is available be visible in the community (posters, brochures etc. be displayed in public places).*

## Acknowledgment of male victims of DFV

It was noted by nearly all the women interviewed that men are affected by DFV and often suffer silently as the victim with little support available. While it was acknowledged that male victims could be subjected to physical abuse, participants reported that males were more likely to be subjected to emotional or psychological abuse (e.g., women taking out DVO orders as a form of control over men).

Both male and female participants reported that men may feel that they won't be taken seriously if they report being a victim of DFV and consequently don't speak up or seek help. There was concern raised that a mainstream approach that considers DFV to be male power and control over women silences the male voice when they are victimised. There is a need to raise awareness of this issue so that men can acknowledge that they may need support.

Both male and female participants believed that DFV could be triggered by events (often trivial) and that this could be the result of a buildup of stress and trauma that lowers the threshold for violence. Stress and trauma could be related to community level social determinants such as exposure to racism, limited opportunities for work and reliance of government handouts. The lowered threshold for violence could also be caused by mental health problems, such as anxiety, depression and substance misuse. Importantly, participants reported that many First Nations men have lost confidence and developed a poor self-concept from erosion of their traditional cultural role in First Nations society. There was a widely held view that there is a need for more holistic support services for male victims of DFV to address these issues.

*Recommendation: That support services be funded that provide support for both male victims and male perpetrators of DFV. Additionally, that services are guided by the First Nations Framework of Social and Emotional Wellbeing that provides a more comprehensive understanding of DFV in the First Nations community than the dominant Western models. This recommendation requires increased acknowledgment of First Nations men as victims of DFV which is a component of the call for a*

*paradigm shift' in the Blagg et al (2018) report on DFV in First Nations communities.*

## Long term Family Support

Participants who had fled a DFV environment reported that while there is initial support in the way of emergency accommodation which looks after the physical needs of women and children, there is a lack of support addressing the longer term emotional and psychological needs of victims and ongoing support for the family.

A participant mentioned that there was a lack of communication between emergency accommodation staff and staff in agencies that can provide longer-term support. This was attributed to the importance of emergency accommodation staff maintain confidentiality, but the effect for the participant was having to relay her story again.

*Recommendation: That there be a review of the transition from emergency accommodation services to longer term-support, including policies on sharing of information.*

## Courts and DVO's

Participants felt that at times a DVO is not a strong enough deterrent for victims of DFV to feel safe. It was reported that police officers did not make victims aware of available support services, particularly if it was the first call out regarding a DVO or if they judged the situation to be relatively minor.

*Recommendation: That a review of the effectiveness of DVOs in the local First Nations community be undertaken. This would include the process of responding to DVOs and the severity of the consequences for breaching a DVO.*

## *First Nations Framework of Social and Emotional Wellbeing*

A key message of the study was that mental health problems (including substance misuse) and low levels of wellbeing were seen as causally related to DFV. Further, that the root of these problems lies in the unique historical and social determinants facing the First Nations community. This perspective contrasts with the dominant mainstream narrative that DFV primarily involves male power and control over women. It is, however, consistent with a recent report on violence against Indigenous women that called for a paradigm shift in the way family violence policy and practice is structured in relation to the First Nations community (Blagg et al., 2018).

The Blagg et al (2018) report highlighted that the attempts of the white legal system to deter, punish, and reform Indigenous men fails to address the historical and ongoing impact of colonisation, structural racism, and class inequality. These impacts on the mental health and wellbeing of First Nations people is integral to the First Nations Framework of Social and Emotional Wellbeing endorsed by the Commonwealth Government (Commonwealth of Australia, 2017). Specifically, the framework describes how mental health problems and lowered wellbeing are impacted by disconnection to seven domains: connection to the body, connection to mind and emotions, connection to family and kinship, connection to community, connection to culture, connection to Country, and connection to spirituality. Further, that the disconnection to these seven domains can be a consequence of exposure to historical, social and political determinants. For these reasons we suggest that the First Nations Framework of Social and Emotional Wellbeing be centered to guide the development of policy and practice in relation to DFV in the First Nations community.

Historical determinants include the inter-generational trauma and the disconnection from language, lore and law as a consequence of colonisation that has an ongoing impact on First Nations people. Social determinants include the local community influences and the dynamic changes occurring at the community-level. For example, the availability of services, awareness of how to access

them, the availability, affordability and quality of housing, employment opportunities, systemic racism and so on, that impact individuals and their families.

Political determinants include the policies and procedures of the health, welfare and justice systems and how the various systems interact. This includes, for example, that different government departments fund specific services for specific purposes that creates silos, which creates the situation in which for individuals and families would need to access numerous services to get their multiple needs met.

Mainstream government departments lack cultural accountability to the First Nations community. Developing trusting and respectful relationships through regular engagement with the First Nations community would help to facilitate a level of cultural accountability. In practice this would involve regular meetings between the government departments and First Nations Elders and respected First Nations community members (including managers of First Nations support services). This engagement would provide a forum in which the First Nations community can provide feedback on how services fail to meet the needs of the First Nations community and potential solutions.



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