



Artist: Lisa Emmerson (Worimi/Yorta Yorta)

All/Whole of families approaches for
addressing domestic and family violence:
An Aboriginal lens on the Safe &
Together Framework

The ALFIES Project

Final Report | September 2025



Report Artwork

'Healing the waving emotions'

The artwork tells a journey of saltwater healing.

When we look at the ocean and the waters are flat, it makes us feel calm and brings us a sense of peace, when we look at the ocean on a rough day, and see big swell and waves it can make us feel unsettled, because it is harder for us to gather food sources and be closely connected to the waters. However, the ocean never changes, although we choose to separate the waves from the ocean which changes the way we feel about the ocean because our needs are much harder to be met. It is still one ocean and we are not separate from it, only one with it. We become resilient and go and find food sources and comfort in another places, taking care and protecting the country along the way.

Our families and kinship join us on this journey walking up and down the coast walking the dreaming trails, working together, protecting one another, surviving with the country, traveling to each meeting place for support when needed. We do anything and everything to protect our families, bloodlines, this is our lore obligations, just the same as the water lores and songlines. We must not separate ourselves and lose our way with our emotions, we must protect and work together with country for healing.

About the Artist

Lisa Emmerson (Worimi/Yorta Yorta)

Lisa is a Worimi/Yorta Yorta woman, born and raised on Thaua Country in the Yuin Nation. Lisa lives and creates on Djiringanj country in the Yuin Nation. Lisa's inspiration and love for art comes from a very artistic and creative family bloodline. Growing up watching and being taught by her mother, aunties and cousins, the family would gather and come together to paint and craft, this has continued through to Lisa and her children.

Lisa is inspired most when she feels connected with the sacredness of country and living by the water, fishing, diving, swimming and walking the beautiful coastlines. Connecting with country in this way allows for creativity and inspiration and expression in her artwork.

The Research Team

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David Mandel - Consultant to the Research Team, and CEO, Founder & Owner of the Safe & Together™ Institute.

The Aboriginal Expert Group

The Aboriginal Expert Group included the Aboriginal members of the broader research team with support from the Research Project Manager. These were Marlene Lauw, Shawana Andrews and Irene Wardle.

The Research Partners

Leadership and Staff at Katungul Aboriginal Corporation Regional Health and Community Services.
Leadership and Staff at Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation.

Report prepared by Cherie Toivonen and Marlene Lauw with the Research Team, the Aboriginal Expert Group, Waminda, and Katungul¹.

¹ Toivonen, C., Lauw, M., the ALFIES Research Team and Waminda South Coast Women's Health & Welfare Aboriginal Corporation and Katungul Aboriginal Corporation Regional Health & Community Services (2025). *The ALFIES Project Final Report: All/Whole of Families Approaches for Addressing Domestic and Family Violence – An Aboriginal Lens on the Safe & Together Framework*. NSW Ministry of Health.

Statement of Commitment and Acknowledgements

Acknowledgement

The research team acknowledge that individual and collective experiences of trauma, including invasion, colonisation, Stolen Generations, genocide, and assimilation have been, and continue to be, profoundly harmful for Aboriginal people, families and communities. We acknowledge that systems continue to perpetuate violence and abuse leading to social and economic oppression and contribute to complex relationships between domestic and family violence, mental health, drug and alcohol use and child protection.

We also acknowledge the strength, leadership and knowledges of Aboriginal people and communities and the importance of centering Aboriginal-led initiatives and culturally appropriate responses that nurture the spirit, resilience and Cultural identity of Aboriginal families and communities. We are grateful for the work of Aboriginal colleagues in the sector, in particular those working in ACCHOs, whose expertise and leadership in supporting communities and developing Aboriginal-led responses to violence and healing are core.

Statement of commitment to Aboriginal and Torres Strait Islander families and communities

We recognise and acknowledge all Aboriginal Australians for their acts of resistance and continuing strength in their fight against oppression and ongoing impacts of racism and colonisation on a daily basis, whilst holding the energy and commitment to keeping families and communities safe. The ALFIES Project (All/Whole of Families Approaches for addressing domestic and family violence: An Aboriginal lens on the Safe & Together Framework) acknowledges that individual and collective experiences of trauma, including invasion, colonisation, Stolen Generations, genocide, and assimilation, have been and continue to be profoundly harmful. We also acknowledge that systems continue to perpetuate violence and abuse leading to social and economic oppression for Aboriginal people, families, and communities. The ALFIES Project is committed to improving individual and system responses, and recognises the complex relationships between colonisation, trauma and oppression with domestic and family violence, mental health, drug and alcohol use. We have been privileged and honoured to be able to work in this space with Aboriginal colleagues and build on collaborative learning from their extensive wisdom and expertise. We value their guidance on ways of healing that can be mediated by Aboriginal-led initiatives and culturally appropriate services that nurture the spirit, resilience and Cultural identity of Aboriginal families and communities. We also acknowledge that while the Safe & Together™ Model has been developed with consideration of colonisation and racism, it does not consider the specific Australian or NSW experience of colonisation, dispossession and institutional racism, and more work is required to understand how the Safe & Together™ Model intersects with local Aboriginal world views, healing frameworks and principles.

Further acknowledgements

The ALFIES Project was only possible with generous support and funding from the Prevention and Response to Violence Abuse and Neglect Unit, NSW Ministry of Health. Their commitment to leading innovation has been critical in building the best practice evidence base, decolonising traditional Western service responses and research practices, and privileging the expertise, knowledge and wisdom of staff and leaders in local Aboriginal Community Controlled Health Organisations (ACCHOs).

The research team would like to thank the dedicated and enthusiastic staff and leadership at Waminda and Katungul for welcoming us into their organisations and collaborating with us on this project. We are grateful for the expertise and leadership they shared throughout the process. The staff played an integral role in the success of the ALFIES Project. A special thank you to the members of the ALFIES Steering Committee:

- Nattlie Smith - Branch Manager Strategic Insights, National Indigenous Australians Agency and an Independent Representative
- David MacQueen –CEO, Katungul Aboriginal Corporation Regional Health and Community Services
- Lisa Wellington - Chief Executive Leadership Team, Waminda South Coast Women’s Health and Wellbeing Aboriginal Corporation
- John Leha – CEO, AbSec
- William Groombridge – Senior Project Officer, Centre for Aboriginal Health, NSW Ministry of Health
- Joanne Shipp, District Aboriginal Wellbeing and Violence Prevention Coordinator, Aboriginal Family Wellbeing and Violence Prevention Strategy, NSW Health
- Greg Strong – Senior Statewide Educator, Education Centre Against Violence (ECAV), NSW Health
- Dallas Waters - Manager, Aboriginal Portfolio, Education Centre Against Violence (ECAV), NSW Health
- Irene Wardle – Member of the research team and then an Independent Representative
- Lorna McNamara – Director, Prevention and Response to Violence, Abuse and Neglect (PARVAN), NSW Ministry of Health
- Katherine Barnes - Manager Child Protection and Wellbeing, Prevention and Response to Violence, Abuse and Neglect (PARVAN), NSW Ministry of Health
- Isabella Dillon-Savage – Senior Policy Officer, Child Protection and Wellbeing, Prevention and Response to Violence, Abuse and Neglect (PARVAN), NSW Ministry of Health and members of the research team.

The partnership and ongoing collaborative work with both David Mandel and Jackie Wruck from the Safe & Together Institute was at the centre of the project and drove the work. We thank them both for their ongoing commitment, passion and energy throughout the life of the project.

The research team hopes that the project has positively impacted the lives of many families and community members.



Preamble

This report has been developed with care and diligence through a partnership between Waminda, Katungul, the research participants, and the University of Melbourne's Aboriginal-led ALFIES research team. The research partners and team acknowledge that data and information about individual Aboriginal people are inseparable from community and are a vital expression of Cultural identity. Upholding Aboriginal data sovereignty is central to this work. Accordingly, Waminda, Katungul, and the communities they serve are recognised as having:

- Ownership of all data provided to researchers.
- Ownership of all data generated through the collation and analysis of original data.
- Authority and rights over the reporting, dissemination, and publication of research results and findings.

Except as permitted under the Copyright Act 1968, no part of this publication may be reproduced, shared, or communicated without clearly acknowledging the owners and authors of the report. Acknowledgement must include a statement that the intellectual property contained in this report is owned by Waminda, Katungul, and the communities they serve, and by citing the report in full as follows: Toivonen, C., Lauw, M., the ALFIES Research Team and Waminda South Coast Women's Health & Welfare Aboriginal Corporation and Katungul Aboriginal Corporation Regional Health & Community Services (2025). *The ALFIES Project Final Report: All/Whole of Families Approaches for Addressing Domestic and Family Violence – An Aboriginal Lens on the Safe & Together Framework*. NSW Ministry of Health.

The use of language in this report

This report uses language that reflects the gender-based nature of domestic and family violence, and we acknowledge the many and multiple ways that people of different genders, sexualities, abilities, and cultural backgrounds experience violence and abuse. In this report we refer to those who have experienced violence and abuse as the victim/survivor/mother or child victim/survivor. We refer to people choosing to use violence as the person using violence.

We acknowledge that the very nature of experiences at the intersection of domestic and family violence, alcohol and other drugs, and mental health and other intersecting factors means that language is often unable to capture or communicate fully the complexity or realities of people's lived experience.

This report respectfully uses 'Aboriginal', rather than 'Aboriginal and Torres Strait Islander' in the narrative of this document to reflect the NSW context. However, we acknowledge that concepts of cultural safety are fundamental to outcomes for all Aboriginal and Torres Strait Islander Peoples in Australia, and for Indigenous Peoples globally. When citing literature, the terms used in that literature, such as Indigenous, First Nations and Aboriginal and Torres Strait Islander, are used as they appear in the literature cited, which refers to the context of the research/policy cited, and the preferred language of those who participated.

We refer to the participants of the research interchangeably as workers or participants depending on the context. The importance of shared and explicit language is noted throughout this report, and in the interests of working towards this, a comprehensive list of key terms and concepts are included in the Glossary at the end of this report (Appendix 2).

Contents

- Report Artwork 2
- The Research Team 3
- The Aboriginal Expert Group 3
- The Research Partners 3
- Statement of Commitment and Acknowledgements 4
 - Acknowledgement 4
 - Statement of commitment to Aboriginal and Torres Strait Islander families and communities 4
 - Further acknowledgements 5
 - Preamble 6
 - The use of language in this report 6
- Summary of this report 10
 - Project Aims 10
 - Background to the research 10
 - Project methodology 11
 - Research findings 12
 - New and innovative approaches 12
 - Aligning two ways of working - the Safe & Together Model and Aboriginal practices 13
 - Recommendations: messages for government, training organisations and funding bodies 15
 - Introducing the Safe & Together Model to Aboriginal-led organisations 16
 - Recommendations for the Safe & Together Institute 16
- Section One: Introduction and background Aboriginal people’s experiences of domestic and family violence 17
 - The intersection with colonisation, systemic racism, and institutional violence 18
 - Resistance and Aboriginal leadership to address the impacts of colonisation 19
 - Critical components of responses to domestic and family violence for Aboriginal people, families and communities 19
 - The critical role of Aboriginal Community Controlled Health Organisations (ACCHOs) in responding to domestic and family violence 20
 - NSW Health’s commitment to privileging Aboriginal-led initiatives and decolonising systems 22
 - The Safe & Together Model and approach 22
 - Exploring how the Safe & Together Model aligns with Aboriginal practitioner-led practices in domestic and family violence work 23
- Section Two: Research aims, approach and principles 25
 - Rationale 25
 - Aims and objectives 25
 - Principles underpinning the research 26
 - Aboriginal Health and Medical Research Council (AH&MRC) Key Principles 26
 - Cultural Safety 26



Intellectual Property.....	28
Co-design	28
A participatory action research approach	28
Section Three: The co-design research process	30
Creation of the research team	30
Engagement with the Safe & Together Institute	30
Development of the Project Steering Committee	30
An Expression of Interest process to select organisations to participate in the research	31
Consultation, engagement and relationship building with two local Aboriginal Organisations	32
Methodology development.....	33
Ethical Considerations.....	34
Section Four: Undertaking the research with Waminda and Katungul.....	35
Overview of the Aboriginal Community Controlled Health Organisations involved in the research	35
Waminda South Coast Women’s Health and Wellbeing Aboriginal Corporation.....	35
Katungul Aboriginal Corporation Regional Health and Community Services	36
Safe & Together training.....	37
The Yarning Circles	38
Section Five: Key findings from the Yarning Circles.....	41
1. Key challenges and barriers for Aboriginal workers, families and communities in responding to domestic and family violence	41
Working in the context of colonisation: a critical starting point.....	42
Racism, colonisation and gender	43
Positioning of Aboriginal women	44
Positioning of Aboriginal men.....	45
The harms of domestic and family violence compounded by multiple issues.....	46
We are not all afforded the same levels of safety.....	47
2. How do we work with the challenges? Moving to safe spaces for brave conversations about domestic and family violence.....	50
Moving past trauma conversations.....	50
Shifting to brave spaces: talking with men about domestic and family violence.....	50
Safe spaces to hold the conversations with men.....	52
Continuing the strong partnership work with women and children.....	53
Centring Cultural sensitivity and language	53
3. How does the Safe & Together Model align with Aboriginal ways of knowing, being and doing?.....	54
The foundations of the Safe & Together Model and approach	54
Mapping to identify the behaviours of the person using violence and the impact of the pattern of harm on the family	57
Mapping to validate the victim/survivor’s strengths and resilience.....	59
Documentation and Advocacy.....	60



Working with the whole of the family	61
Reducing gender bias and reaffirming parenting as a shared responsibility	62
Working with men as fathers	62
Including children and young people	63
A tool for conversations about domestic and family violence	64
4. Adjusting the delivery of the Safe & Together to support work with ACCHOs	65
5. Considerations for implementing the Safe & Together Model in Aboriginal-led services	66
Section Six: Recommendations	68
Introducing the Safe & Together Model to Aboriginal-led organisations: messages for government, training organisations and funding bodies	68
Recommendations for the Safe & Together Institute	69
References	71
Appendix 1: Ethical Considerations	76
Appendix 2: Glossary	80

Figures

Figure 1: Project Objectives	25
Figure 2: Cultural safety protocols governing the project	27
Figure 3: Principles underpinning the research	29
Figure 4: Project governance and accountability	31
Figure 5: Overview of the Waminda Yarning Circles	39
Figure 6: Overview of the Katungul Yarning Circles	39
Figure 7: Herringbone stitch model with the Yarning Circles	40
Figure 8: The Safe & Together Principles (reproduced with permission)	55
Figure 9: Multiple Pathways to Harm	56
Figure 10: Safe & Together Critical Components (reproduced with permission)	57
Figure 11: Elements of the Cultural Safety Protocols	78

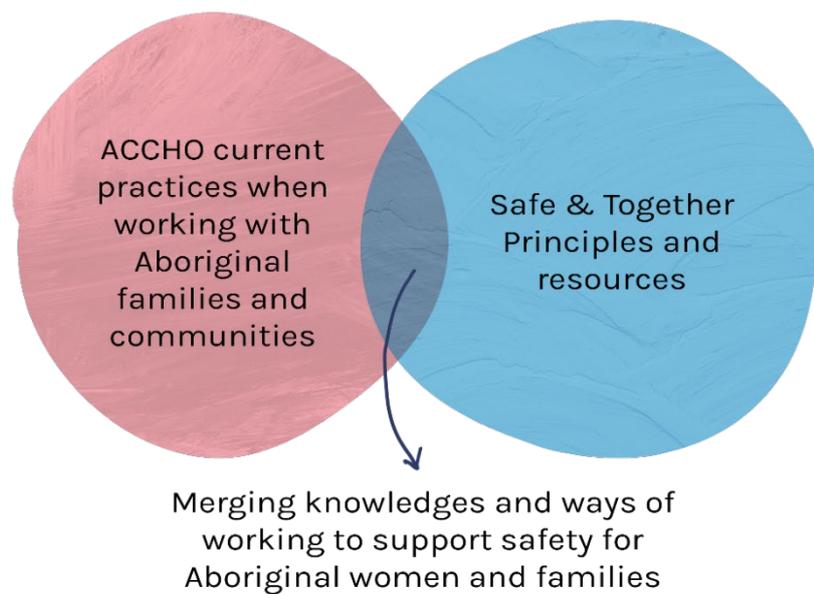




Summary of this report

Project Aims

The All/Whole of Families Approaches for addressing domestic and family violence: An Aboriginal lens on the Safe & Together Framework research project aimed to explore whole/all of family, holistic practices with Aboriginal families when there is domestic and family violence and other intersecting issues (alcohol and other drug use and mental health concerns) using a trauma and violence informed lens. Importantly, the research aimed to move beyond documenting practice at these intersections, towards exploring how the impacts of colonisation, systemic racism, intergenerational trauma, and past and current systemic abuse and neglect, shape the work of Aboriginal Community Controlled Health Organisations (ACCHOs) when responding to domestic and family violence in their local area and within their local community. The project also aimed to examine the Safe & Together Model to assess whether or how it can be used as a model to support the current work of ACCHOs in NSW, in work, using an Aboriginal world view, with families and communities experiencing domestic and family violence.



Background to the research

Section One of this report provides an introduction and background to the research, and covers the following key topics: how domestic and family violence is experienced by Aboriginal people in an environment of colonisation, systemic racism, and institutional violence; how Aboriginal people have used forms of resistance and strong leadership to respond to the impacts of colonisation; and current literature describing critical components of responses to domestic and family violence when working with Aboriginal people, families and communities. This section then highlights the critical role of Health and Aboriginal Community Controlled Health Organisations (ACCHOs) in responding to domestic and family violence, and NSW Health's commitment to privileging Aboriginal-led initiatives and decolonising systems. The Safe and Together Model and approach is outlined.



Project methodology

Sections Two and Three of the report describe the project's objectives and co-design approach. The project was Aboriginal-led, privileging Aboriginal workers' voices and expertise in the research. This expertise and knowledge was foundational in the design and development of each stage—both at the project level and in each local community. The project was underpinned by Cultural Safety protocols and statements to ensure that Cultural safety was at the core of the work and Cultural humility and appropriate practices were prioritised. The approach was based on the Aboriginal Health and Medical Research Council (AH&MRC) *Key Principles* (2023) to ensure safe practices and data sovereignty and protection. Key to all of the work was the development of the relationship between the Aboriginal-led research team, the Aboriginal-led Steering Committee, and the research partners: Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation and Katungul Aboriginal Corporation Regional Health and Community Services.

Each stage of the research was co-designed developmentally. The co-design work was multi-faceted and multi-layered and aimed to ensure that there was a legitimate partnership with communities and workers to unpack the best way to undertake the research. The research development design steps included:

- establishing an Aboriginal-led research team,
- engaging with the Safe & Together Institute,
- establishing an Aboriginal-led Steering Committee,
- developing an Expression of Interest (EOI) application process inviting ACCHOs in NSW to participate in the process,
- selecting the two successful ACCHOs and inviting them to participate in the project as research partners,
- working in partnership with the two ACCHOs to develop a safe and respectful relationship, develop the research approach and questions, and to determine how data would be collected, analysed and reported to ensure data sovereignty, and privilege local governance and expertise and,
- submitting an ethics application to the AH&MRC.

The Safe & Together Institute, in close consultation with the Project Aboriginal Expert Group, developed a bespoke, responsive, and culturally safe training package for Waminda and Katungul. Rather than using a general formula, the Safe & Together content was adapted for the participants in response to the local context. The two-day training was delivered separately in Narooma (Katungul) to 15 participants, and Nowra (Waminda) to 40 participants by a small team made up of Safe and Together Institute staff and members of the Project Aboriginal Expert Group. The foundational concepts and principles of the Safe & Together Model were discussed in the contexts of colonisation, trauma, inter-generational trauma, issues of gender double standards, racism and work at the intersections of family violence, alcohol and other drug use and mental health.

Following the training, the Aboriginal-led research team worked collaboratively with workers at Waminda and Katungul (and their partner organisations) as they trialled the Safe & Together principles and resources alongside their existing practices when supporting families experiencing domestic and family violence. This approach aimed to bring two ways of working together to see where there were similarities and differences, and where new knowledge and practices could be developed and/or embedded. Data intended to explore the research aims was collected through monthly Yarning circles. Each ACCHO identified their preferred approach of moving through the Yarning sessions. Waminda chose Dadirri and Katungul chose Engoori.





Research findings

Working with the impacts of colonisation and racism

Through Yarns with workers, the additional and compounding factors of colonisation for Aboriginal communities were made clear. The Yarns highlighted that a very different approach (in contrast to mainstream health and welfare service provision) was needed when working with local community. Workers in the two participating organisations described how community were faced with: a racist justice system, inappropriate Western-led healthcare systems, an acute lack of other mainstream services (with those available having stringent referral criteria and lack of Cultural safety), and a mother-blaming statutory child protection system demonstrated by high rates of child removal from Aboriginal mothers and families. Workers described how they were often met with resistance and racism from Western oriented and white Government services and organisations. They described how their work outside of their organisation was continuously disregarded or they were seen as the ‘Aboriginal service’ and used as a ‘tick box’ to support families.

Workers also discussed how the impacts of colonisation had resulted in lost knowledge and a misinterpretation of gender roles, particularly around Men and Women’s business. This inflicted significant damage to Aboriginal gendered ways of knowing, being and doing. Workers spoke of Aboriginal men feeling lost and women feeling silenced, as they walk in two worlds and try to make sense of this gender paradox. This was a significant consideration for workers when trying to make sense of, and work with, the complex and multi-faceted nature of domestic and family violence.

New and innovative approaches

In response to these issues, through the Yarns, participants described their current practices and ways of working with families experiencing domestic and family violence. The strong and innovative work of the ACCHOs, which was ground-up, community-led and responsive to local need, provides exemplars of Aboriginal-led responses to domestic and family violence. ACCHOs have been doing this work well for decades and are constantly evolving to respond to new challenges. The practices are holistic, responsive, culturally safe, and culturally appropriate. The ACCHOs responded authentically and flexibly to the needs of their local community, with a focus on local context. Although very different in organisational history, philosophy and the local community they were working for, both organisations who participated in the project held Culture at the centre of their service response with community. Trust, engagement and connection are key.

Participants described their strong partnership work with women and children using a strengths-based, women-led, client-centred, culturally safe, and trauma and violence informed approach. Workers from both organisations highlighted the critical importance of building trust and establishing a strong therapeutic alliance with women and children, viewing this as the foundation for all aspects of their work. These relationships were built on a commitment to creating a safe and non-judgmental culturally safe space. Importantly, this involved being sensitive and aware of the historical trauma and intergenerational impacts that many Aboriginal families experienced and bringing that into the current work. Language is key to engagement. Trust and partnering were described as crucial factors in building strong relationships with families and promoting meaningful change.



The new and innovative work with men using violence was also explored in the Yarning Circles. It was important that men were not left behind in the service response. Participants from both organisations emphasised the importance of creating a culturally safe and trusting environment for men to share their experiences and feelings. They highlighted the need for cultural safety and cultural understanding, particularly in relation to gender roles and responsibilities. Strategies critical to this work included: using culturally safe approaches and practices, connecting back to Country and Culture, and supporting Elders and workers through mentorship to become role models for men to think about what it really means to be an Aboriginal man. Key to this was recognising that violence between family members is a Western construct and not linked to traditional Cultural practices or roles. Connecting back to Culture and cultural practices allowed workers to challenge the current violent behaviours of the person using violence.

Aligning two ways of working - the Safe & Together Model and Aboriginal practices

Whilst developing an understanding of ACCHO practices in the area of domestic and family violence, the research also explored the alignment of these practices with the Safe & Together Model. Rather than imposing a practice model from outside Australia that may not work or be appropriate for Aboriginal communities, the Aboriginal-led research team aimed to work collaboratively with workers in the two ACCHOs as they trialed the Safe & Together principles and resources alongside their own practices when supporting families experiencing domestic and family violence. This process highlighted the applicability of the Model to local context. Safe & Together has the advantage of not being a manualised model with the requirement of fidelity, but rather a framework of practices, tools and underpinning principles that can be used and developed in any local context. The approach aimed to bring two ways of working together to see where there were similarities, differences, and where new knowledge and practices could be developed and/or embedded. The findings from the research highlighted the strong alignments between the established practices in ACCHOs and the Model's core principles, critical components and practice tools. These alignments included the following areas of practice:

- *Partnering with victim/survivors.*

Participants, particularly at Waminda, talked about how the second Safe & Together principle of partnering with the victim/survivor, and focusing on her strengths, protective factors and resistance, was powerful and bolstered the work they were already doing. This practice was the strongest alignment between Safe & Together and how participants worked with women and children, using a strengths-based approach and a default position of partnering with the mother. A focus on strength and resilience, highlighting protective actions by the mother to keep the family safe, allowed workers to support women to navigate the system, particularly statutory child protection services, and was helpful in supporting women and children's recovery from violence. Key was reminding workers to affirm that survivors are not to blame for their partner's choices and the impact those choices have on the children. The Model is designed to demonstrate safety through a non-blaming and validating experience for victim/survivors which aligned with the strengths-based approach taken by workers in the ACCHOs. Partnering includes the concept of deep listening that is embedded in the Model and this resonated with workers. This alignment included deep listening to victim/survivors to hear what is important to them and to learn their experiences of the abuse and their strengths, as well as children and young people in the family.



- *Mapping to validate the victim/survivor's strengths and resilience.*

Participants talked about how the Safe & Together mapping tool gave them guidance, structure and confidence to focus on all the things a victim/survivor is able to do in the context of violence and abuse, rather than taking a deficit-based stance and focusing on what she is not doing. Participants described the process as beneficial in allowing them to highlight her protective factors and resilience. The mapping tool was seen by participants as useful for and bolstering the work in: partnering and engaging with the victim/survivor, counselling and healing sessions, documentation, and advocacy. The mapping tool bolstered the work in these areas.

- *Mapping to identify the behaviours of the person using violence and the impact of the pattern of harm on the family.*

Participants described an alignment with Safe & Together around the identification of tactics of coercive control and talking about the behaviour of the person using violence in order to identify the impact on the family. The Safe & Together principle of holding the person using violence to account through mapping their pattern of behaviour was seen as an enhancement to existing practices of workers at the ACCHOs. This could be done by “bringing the person using violence into the room” - not physically, but through gently asking the mother to identify the behaviours and impacts of those behaviours on all family members. Workers described the importance of this practice in ensuring the person using violence was visible.

- *Documentation and Advocacy.*

A further alignment of the Safe & Together Model with the practices of the ACCHOs involved enhancing documentation practices so that case notes, reports, and referrals accurately reflected patterns of harmful behaviour by the person using violence, and the strengths and protective actions of mothers and carers. The enhanced detailed documentation was described as being a powerful tool to advocate for mothers and children, particularly when child protection was involved. The documentation and advocacy work was explicitly linked to the partnering component of the Safe & Together Model.

- *Working with the whole of the family.*

The Safe & Together Model takes a holistic approach to working with families. It aims to identify the behaviours of the person using violence and to intervene to stop those behaviours in order to create safety for the family. This approach aligns with an Aboriginal worldview of ensuring the safety of all family members, working with community, and connecting back to Culture to support safety and healing. Nothing sits separately and all things are connected. Participants described this alignment as being a positive component of the Safe & Together approach.

- *Reducing gender bias and reaffirming parenting as a shared responsibility.*

Participants from both Katungul and Waminda who worked with mothers and children described noticing the higher expectations placed on mothers from systems and the inherent gender bias that not only kept women unsafe but also blamed them for problems with family functioning. Workers talked about asking more questions about the father's involvement in the children's lives. Safe & Together provided the tools and language for workers to explore roles in the family more deeply to uncover who holds the power and who holds the responsibility.



- *Working with men as fathers.*

For those participants who worked with men in the community, a positive feature of the Safe & Together Model was its focus on engaging men as fathers in order to work with them to change their violent behaviours. Participants acknowledged the importance of understanding the behaviours of the person using violence, in the context of their own experiences, addressing the harm caused while also supporting the family's own healing. Important to this approach was supporting men's healing. While this was challenging for some workers, others embraced this core component of Safe & Together and described how they could implement it in practice.

- *Including children and young people.*

Participants saw the value of using the mapping tool to focus on the children and the impact of violence on them. Workers talked broadly about how mapping could be expanded to include children and young people and their caring roles for siblings in the family. They saw the potential for documenting protective factors for younger siblings and how this could be used to re-educate staff in Western child protection services who would traditionally see sibling caring roles as a risk rather than as protective factors for families.

- *A tool for education.*

Workers discussed how staff can play an educational role within community and how education supports their work with families affected by domestic and family violence. Participants at both organisations highlighted that the Safe & Together training had provided valuable learnings that they could take with them to use as educational pieces with the clients and the community. Coupled with Cultural sensitivity and localised knowledge and language, this enabled staff to talk to community about domestic and family violence and the impacts for them as families, whilst at the same time recognising racism, systems abuse and intergenerational trauma.

Recommendations: messages for government, training organisations and funding bodies

Supporting existing structures and the ways ACCHOs currently work is important. Local Aboriginal-controlled organisations are experts in determining the needs of their community and the solutions to existing problems and have established successful ways of undertaking this work. Foundational for any project is a recognition of existing approaches to working with Aboriginal families and communities, developed by ACCHOs, including the importance of connecting to Culture and Country for healing and recovery, creating safe spaces for brave conversations and the important work of Elders and mentors.



Introducing the Safe & Together Model to Aboriginal-led organisations

A number of conditions were identified that need to be met before introducing or implementing the Safe & Together Model to Aboriginal-led organisations. Funders must recognise these conditions in any funding or implementation planning. It was clear from the co-designed and Aboriginal-led process that guided the project, that implementation of the Safe & Together Model in Aboriginal-led organisations must include generous timeframes to allow the work to move at the speed of trust with local communities, workers and services. Aboriginal-led organisations are still working with structural racism and ongoing assimilation pressures, and funders need to take that on board and respond.

A stepped-out process that mirrors the research team's approach to developing relationships and understanding of the local context is essential. This includes factoring in time for engagement, trust building, developing safety and rapport, and developing local Cultural protocols before training and capacity building can begin. A brave and safe space needs to be established before Safe & Together training is introduced. Safety is a big component of the work, and this needs attention at the start of the process. Culturally safe Yarning and discussions about how the Model works with community must be embedded in the process. Safe & Together would benefit from tailoring their training content to each local Aboriginal community and their locally identified needs. A reciprocal and collaborative working partnership between the Safe & Together trainers and the local workers and community should be developed to support implementation of the Model.

Organisational and community readiness is essential. The project highlighted that a basic understanding of domestic and family violence, including understandings of gender bias, coercive control and power and responsibility, is essential for appropriate engagement with the Safe & Together training and model. Organisations wanting to implement the Safe & Together ways of working need to be well resourced and have capacity to embed its principles into their established work practices. Leadership is critical for providing an authorising environment which supports staff to work through and implement new practices. To be beneficial, four stages are critical for any implementation process: 1) preparation / engagement, 2) training, 3) implementation, and 4) evaluation. These four stages must sit closely together to support organisations to effectively implement Safe & Together.

Recommendations for the Safe & Together Institute

The Safe & Together Model has alignments with Aboriginal principles of working in the area of domestic and family violence and these alignments can enhance the work of ACCHOs. However, participants identified four key areas that need a more nuanced response to meet local Aboriginal needs. In discussing the use of Safe & Together in Aboriginal-led services the following elements need to be considered in more depth:

1. Embedding an understanding of inter-generational trauma and more consideration and attention to Culture in the Safe & Together training.
2. Providing more contextual descriptions about working with all family members and the community.
3. Providing more practical detail about how to work with the person using violence in Aboriginal communities.
4. Consideration and adaptation of language to reflect Aboriginal community needs and feedback (for example the use of the word 'perpetrator' in the mapping tool)





Section One: Introduction and background

Aboriginal people's experiences of domestic and family violence

Aboriginal people² experience domestic, family, and sexual violence at disproportionately high rates, compared with non-Aboriginal Australians. Aboriginal people are overrepresented as both victim/survivors of domestic and family violence, and people using violence (Cripps, 2023). For example, Aboriginal people are more likely to be hospitalised for family violence than non-Aboriginal people with First Nations people being hospitalised for family violence at 33 times the rate of non-Aboriginal Australians (AIHW 2024).

National Australian data overwhelmingly reinforces that domestic and family violence is a gendered issue (ABS, 2019; AIHW, 2019). The issue is the same for Aboriginal women (McGlade, 2012; Oscar, 2020 as cited in Andrews et al, 2022). However, Aboriginal women experience domestic and family violence at the intersection of racism and sexism, and the impacts of colonial patriarchy on gender roles (Langton et al. 2020). Aboriginal women are more likely to experience domestic and family violence than any other population group (AIHW, 2018, p. 83) with three in five Aboriginal women having experienced physical or sexual violence by an intimate partner since age 15 compared with 1 in 6 non-Aboriginal women at the hands of men. Aboriginal women experience this violence at the hands of men who are both Aboriginal and non-Aboriginal (Mouzos & Makkai, 2004). Devastatingly, Aboriginal women have consistently experienced higher rates of homicide compared to non-Aboriginal women, with the average rate of homicide being eight times higher than for non-Aboriginal women (AIC, 2022, as cited in Cripps 2023).

Experiencing domestic and family violence can cause significant harm to children and young people (Campo, 2015) and is linked to children's exposure to other Adverse Childhood experiences (ACES). Sadly, the Western response for many Aboriginal families is child removal, with Aboriginal and Torres Strait Islander children being eight times more likely to be referred to child protection services than their non-Aboriginal peers (AIHW, 2019). This can perpetuate cycles of trauma for families who have experienced distress from generations of removal of children from the Stolen Generations onwards (McGlade, 2012).

² A note on terminology: when referring to NSW, the term Aboriginal is used in this document, as preferred by the Aboriginal people who worked on the project. When citing literature, the terms used in that literature, such as Indigenous, First Nations and Aboriginal and Torres Strait Islander, are used as they appear in the literature cited.



The intersection with colonisation, systemic racism, and institutional violence

Colonialism and the resulting government is first and always the origin point of family violence in Aboriginal and Torres Strait Islander communities (Carlson, 2024). Aboriginal people continue to experience the devastating and ongoing impacts of colonisation. The atrocities that Aboriginal peoples faced and endured included: sexual violence, forced removal of children, incarceration in prisons, camps and reserves/missions, physical violence and massacres, forced slavery, colonial violence, violation of Culture and practices including ways of knowing, being and doing, and ultimately, genocide through extermination segregation, and cultural and racial elimination (Healing Foundation et al., 2017). These colonial practices resulted in dispossession, displacement and marginalisation and ongoing intergenerational trauma for families and communities (Atkinson, 2002). The negative legacies of past and current government policies persist for Aboriginal families and communities today and include: child removal, cultural breakdown, family breakdown, structural violence, substance misuse and exposure to violence (Healing Foundation et al., 2017, AIHW, 2025).

For Aboriginal men, a loss of identity and status and changing family and community roles due to colonisation have left many feeling powerless and disenfranchised (Keddie et al., 2021). The power imbalance for these men continues to be felt through colonial structures that lead to unemployment and low wages, over representation in the criminal justice system, and an inherently racist social system (Cripps & Davis, 2012, Bulman & Hayes, 2011).

For Aboriginal women, who also experienced the trauma of colonisation, dispossession of the land and breaking up of their families, the impacts of colonisation with considerations of gender are more nuanced (Kuokkanen, 2017; Langton et al., 2020, as cited in Andrews et al 2022). Fear and distrust of a colonised system create barriers for Aboriginal women attempting to access mainstream services for support with domestic and family violence. For example, it is estimated that 90 per cent of family violence incidents against Aboriginal women are not reported (Anderson et al., 2017; Arney & Westby, 2012; Braybrook, 2015; Cripps & Adams, 2014; Lowitja Institute, 2019; QCFDVR, 2019, as cited in Carlson, 2024). Estimates suggest most cases of sexual abuse of First Nations children are undisclosed (Willis, 2011). Aboriginal women are less likely to be protected by the (largely Anglo-Australian) police system (Keddie et al, 2023) and more likely to subsequently have their children removed by statutory child protection services (SNAICC, 2024).

Current colonial responses that act as barriers for Aboriginal people to seek help and support include: a lack of cultural competency and discriminatory practices across the support sector, misidentification of victim/survivors as perpetrators due to defensive violence, racism and discrimination, victim/survivors not being taken seriously by police, and lack of fair treatment in court and by police (Fiolet et al. 2021, AIHW 2025; Langton et al. 2020; Coumarelos et al. 2024). This results in fear of child removal if disclosing family violence, fear that parental separation will threaten cultural connection and community cohesion, and mistrust of the mainstream white/Western system (Fiolet et al, 2021).



Resistance and Aboriginal leadership to address the impacts of colonisation

It is important to recognise the resistance, resilience, and survival of Aboriginal people in the face of colonisation. This resistance has manifested in many ways, including armed conflict, cultural preservation, and political activism, continuing from the initial settlement to the present day (Australian Human Rights Commission, 2025). Recent demonstrations of strength and resistance include: the land rights movement and self-determination through development of Aboriginal community-controlled health organisations, and through projects such as *Wiyi Yani U Thangani* (Women's Voices) (Australian Human Rights Commission, 2020).

This resistance and leadership of Aboriginal people and communities has resulted in the important recognition of factors such as cultural identity, family and Kinship, Country and caring for Country, knowledge and beliefs, language and self-determination as protective factors for Aboriginal people's health and wellbeing (AIHW, 2023) and critical for any responses to decolonise the current system to better respond to and support Aboriginal people and communities. Key practice and policy responses are starting to build on the resistance work of Aboriginal leaders. Approaches that acknowledge the resilience of Aboriginal people and the richness and strength of Culture and holistic care and models are now in the forefront of service responses to support Aboriginal people and communities (Peeters et al., 2014, Carlson, 2024).



Critical components of responses to domestic and family violence for Aboriginal people, families and communities

The need for Aboriginal-led, self-determined community-based services, with support from government agencies has been identified as a critical component to successful responses to Aboriginal people, families and communities experiencing domestic and family violence (Carlson, 2024). It is also recognised that domestic and family violence 'does not exist in a bubble' (Carlson, 2024, p 23) and responses include the need to address: mental health issues, alcohol and other drug use, parenting and family needs, the needs of children and young people, healing from trauma and intergenerational trauma, legal issues, and housing and homelessness (Arney & Westby, 2012; Cripps, 2007; Gallant et al 2017; Langton, et al, 2020; Olsen & Lovett, 2016) is critical in any approach.

Current literature highlights the necessary components of any response to domestic and family violence for Aboriginal people, families and communities. These are:

- Responses to domestic and family violence when it impacts Aboriginal people should be framed as anti-colonial work that seeks to dismantle the systems of violence introduced by colonisation and shifts power from settler to Aboriginal structures (Blagg et al 2021 as cited in Cullen et al, 2020).
- The approach should be holistic, responding to all family members, as well as kin and community, including those who have experienced violence as well as those choosing to use violence (Carlson, 2024).
- The approach must focus on social and emotional well-being, community connection, and the importance of Culture and Country for healing (Healing Foundation et al., 2017).
- Women must play a key role in determining responses with a focus on addressing the root causes of trauma (Olsen & Lovett, 2016).
- The role of Aboriginal men in responding to violence is critical. This includes through healing programs led by Aboriginal men that aim to support men culturally and spiritually in restoration and reintegration into the community (Richards et al., 2020).



- Elders and community representatives must be a key part of the process (Healing Foundation et al., 2017).
- Programs should be developed, owned and managed by the local community, with identification of needs being driven by local leadership (Healing Foundation, 2016).

Examples of projects which have focused on Aboriginal practice development in the domestic and family violence area include:

- Fathering Challenges, Aboriginal Strand (Andrews et al, 2021; Gallant et al, 2017),
- Cloaked in Strength (Andrews, 2020),
- Waminda's Nabu Aboriginal Family Preservation and Restoration Program (Cullen et al, 2020),
- Safer Families Centre for Research Excellence Aboriginal Leadership Program
- The ANROWS funded project: What works? A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence (Carlson et al., 2024).
- Innovative Models in Addressing Violence Against Indigenous Women Project (Blagg et al, 2018).



The critical role of Aboriginal Community Controlled Health Organisations (ACCHOs) in responding to domestic and family violence

An ACCHO is a community-run primary healthcare service that provides comprehensive, culturally informed care for Aboriginal and Torres Strait Islander people. These services address not only physical health but also the social, emotional, and cultural wellbeing of individuals, families, and communities. ACCHOs focus on supporting their local communities to live healthy and happy lives, by delivering holistic and responsive health and medical care (NACCHO website, 2025). This approach takes into account the Aboriginal world view that health is a 'complex integration and balance of physical, environmental, emotional, social, spiritual and cultural well-being' (Pearson et al., 2020, p.2). This approach is in direct contrast to the mainstream Australian health care system that focuses on the biomedical model of health care (Pearson, 2020). Khoury (2015) claims that ACCHOs as transcend 'the concept of a specialised medical clinic and function as community spaces through which Indigenous people attempt to deal with their immediate health needs and the underlying structural causes that produce very poor health outcomes' (p.472).

ACCHOs have positioned themselves centrally within Aboriginal communities, hold significant community trust and knowledge and are pillars of self-determining processes (Fiolet et al, 2021). Significant work has been undertaken by ACCHOs to develop healing, recovery and behaviour change programs for Aboriginal men and their families where there is family violence (Andrews et al, 2021; Blagg et al, 2018). Practice is also developing for front line workers in Aboriginal organisations to create domestic and family violence practices which are holistic (attending to all family members), culturally safe, which work at the intersections of domestic and family violence, alcohol and other drugs, and mental health with full consideration of the impacts of intergenerational trauma. Integrated models of care that work toward providing a holistic service to families experiencing domestic and family violence aim to strengthen the system's response to a complex problem and its intersecting issues. This work is supported by programs run through the Education Centre Against Violence³, such as the Strong Aboriginal Women's program and Strong Aboriginal Men's Program.

³ The NSW Health Education Centre Against Violence (ECAV) is a statewide unit responsible for workforce development in the specialist areas of prevention and response to violence, abuse and neglect.

Examples of responsive, Aboriginal-led practices are evident at two ACCHOs on the South Coast of NSW, both Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation and Katungul Aboriginal Corporation Regional Health and Community Services. For example, at Katungul, the Walanung Bibaana Program (Heart Sister Program) aims to engage with women within the Women's Healing Centre to embed cultural healing support tools that have a sense of progression, achievement and movement. The work involves cultural reflection, going out on Country for healing, collaborating with Aboriginal elders and sisters to incorporate a possum cloak program and Connecting with Country to learn the fundamentals of yam cultivation. This runs alongside provision of residential accommodation for women and children fleeing domestic and family violence and includes intensive case management, referrals and daily living skills.

Katungul also has many other services that underpin the work of the Women's Healing Centre. These include: clinics that provide GP services, dental services, and specialist services that include mental health (psychiatric and psychology clinic), cardiology, endocrinology, and paediatric clinics. Alongside the clinical services, Katungul run community programs that include alcohol and other drugs and social and emotional wellbeing programs with inspired traditional smoking ceremonies. There are two specialist child and youth workers who provide holistic case management and daily activities (including school drop off and pick-ups, and holiday programming). Core to the work is a focus on trauma informed and strength-based approaches.

Waminda is leading the way in providing holistic, integrated, strengths based culturally safe and informed health and well-being services and programs for Aboriginal women, men and their families across the life cycle. The Waminda Way is clear and strong, privileging Koori women's voices and matriarchal lines. It is grounded in Culture and Aboriginal ways of knowing, being, and doing, it acknowledges and honours those who have paved the way, and those still walking that path, and is a continuation of ceremony, old ways and new ways sharing and teaching Culture and pride. A reclamation, Waminda's Way is led by community, as staff are community and accountable. Connection to country, to Culture and to Elders, supports healing. Essential is honouring truth-telling and the importance of the stories of community. The Waminda Way embodies self-determination, Cultural identity, Cultural diversity, respecting Country, Elders and each other, language, knowledge sharing, protocols, and respect for the ever-evolving nature of change. Waminda has developed a Model of Care representing their approach to service delivery and working with and in community. The Model places women and their Aboriginal families at the centre of everything Waminda does, with programs that wrap around women and families, offering an integrated and coordinated pathway of care, depending on the needs and circumstances of the individuals and their families and focusing on the whole person and their social and emotional wellbeing. This includes challenging perspectives and definitions of domination of hierarchy and governance practices that cause structural power imbalances. For example, integrating a shared and collaborative governance of four First Nations women to lead a position that a Chief Executive Officer (CEO) would normally be in a position of. This brings to life Aboriginal ways of knowing, being and doing with maternal structures of power and shared decision-making processes that existed before the impacts of paternalistic colonisation. Waminda's unique shared leadership model privileges the voices of all employees regardless of the staff positions and cultural background. It models the values of respect, equity and integrity for all staff.

Embedding cultural ways of Aboriginal ways of knowing, being and doing, language is included along with cultural practices. For example, frameworks such as Balaang Healing Framework (Balaang means Woman in English) supports women on their journeys with guiding principles of family, kinship, community, language and Culture, connection to Country and spirituality. These frameworks decolonise practice to minimise harm on Aboriginal families and communities. It is such approaches that underpin how Waminda works with Aboriginal families throughout their service delivery.



Integrating Cultural knowledge of language and respectfully upholding the perspectives of Aboriginal Elders, who have always been the teachers and knowledge holders of lore, kinship, and cultural traditions. Their guidance shapes Waminda’s cultural frameworks and practices, grounded in Aboriginal ways of knowing, being, and doing, as well as the survival and lived experiences of colonisation impacts.



NSW Health’s commitment to privileging Aboriginal-led initiatives and decolonising systems

The Statement of Commitment to Aboriginal children, young people and communities published by the NSW Ministry of Health provides impetus and an authorising environment to undertake the intensive work required to support Aboriginal workers, families and communities in designing and implementing frameworks for practice that are holistic, effective and culturally safe (Ministry of Health, 2022).

NSW Health is committed to supporting the ongoing efforts of Aboriginal people and their communities in reducing the impact of the social determinants of health and the effects of individual and collective trauma legacies to improve the health and wellbeing of Aboriginal families and communities in NSW. NSW Health recognises the significance of family and community to identity and is committed to Aboriginal families being connected and determining their own futures (Ministry of Health, 2022).

Aboriginal people and communities are identified as a priority population under the two reforms: the NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 and the NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework. NSW Health are also guided by two documents that outline how the department should work in genuine partnerships with ACCHOs. These are the: NSW Aboriginal Governance, Shared Decision making and Accountability Framework and the NSW Aboriginal Health Plan.



The Safe & Together Model and approach

The Safe & Together Model was designed to counter several problematic system and service responses that have developed, particularly at the intersection of domestic and family violence and child protection practices (Humphreys & Absler, 2011). The Model is called Safe & Together to emphasise the centrality of partnering with the child’s mother/carer/Kinship carer (or the victim/survivor/non-offending parent) to ensure that every support is provided to keep the mother and child/ren safe and together. The Model includes a suite of tools that support practitioners to respond to and document domestic and family violence, alongside resources to facilitate broader organisational change and develop a ‘shared language’ that supports collaboration across organisations (Humphreys & Healey, 2017; Healey et al., 2018). The Model highlights the importance of an ‘all-of-family’ response to domestic and family violence (Mandel, 2024) and focuses strongly on behaviours, going beyond ‘incidents of violence’ towards a behavioural, pattern-based approach to domestic and family violence. The three key principles of Safe & Together are:

1. Keeping children safe and together with their non-abusive parent.
2. Partnering with the non-abusive parent as the foundation from which children are protected.
3. Keeping the perpetrator visible as the source of risk and harm to children as well as holding them accountable as a parent for their use of violence and coercive control.



The Model counters mother-blaming practices (Humphreys, 2010) while also ensuring that the child's father and other family members remain visible, accountable, and where possible engaged in the response (Mandel, 2024; Humphreys, Healey & Heward-Belle, 2020). Safe & Together also aims to address issues that occur at the intersections of domestic and family violence with other issues of mental health and alcohol and drug use, and to ensure that trauma informed approaches do not lose sight of the domestic and family violence when other complexities are present. The Model, its foundations and concepts are described in more detail in sections four and five of this report.

While originally developed in the US context, the Safe & Together Model was specifically designed to support families and communities who have been subject to systemic racism and other forms of oppression, like colonisation, and who were overrepresented in the child protection system with high rates of child removal (Mandel, 2024). The applicability of the model is unlike others developed overseas in that Safe & Together is not a manualised model that once implemented requires fidelity and monitoring. Rather Safe & Together uses a suite of principles, tools and practices that can be adapted to any local context. This has been seen to work across service sectors (such as alcohol and other drug, mental health and child protection) as well as in local areas (such in a Local Government Area) where services can collaborate together using the Model's shared language and techniques.

These components, which have drawn positive anecdotal responses from Aboriginal workers who have used the model, include:

- The importance of focusing on the person using violence as fathers, which: creates alternative pathways to accountability and engagement beyond the carceral approaches that predominate in mainstream domestic and family violence responses; emphasises the importance of the whole family; and offers a different response to Aboriginal men (Kertesz, Humphreys & Hegarty, 2023, Toivonen et al, 2022a). The model also responds to Aboriginal women experiencing violence from non-Aboriginal men and the additional barriers they face in seeking support.
- A holistic approach to survivors' protective capacities that goes beyond engagement with mainstream services or law enforcement which are often not culturally safe for Aboriginal survivors.
- A critique of the system's differing expectations of mothers and fathers and inherent mother blaming by the mainstream systems.

These elements represent a major departure from mainstream domestic and family violence approaches which are often highly dependent on potentially racist criminal justice responses, and child protection systems with a racist history of removals of Aboriginal children (Olsen & Lovett, 2016).



Exploring how the Safe & Together Model aligns with Aboriginal practitioner-led practices in domestic and family violence work

The ways in which the Safe & Together Model can become culturally safe, culturally capable, and complement or align with holistic practices that are already well developed in Aboriginal Controlled Organisations and Health Organisations, has been a consistent theme in discussions arising from the previous Safe & Together and University of Melbourne partnership projects. Coming into this project, the Safe & Together Institute already had a history expressing and acting upon a commitment to prioritising listening and responding to the Australian specific context and in particular, to Aboriginal communities. In different projects and engagements across Australia, including NSWs, Safe & Together has been working on developing culturally safe training and responses, which was strengthened with the recruitment of an Aboriginal Asia Pacific Regional Manager.

This project provides further opportunities to strengthen the understanding of how the Safe & Together Model intersects with local Aboriginal healing frameworks and principles with a focus on NSW. This provides the context that includes considerations linked to forced removal of children and the Stolen Generations. Through this work Safe & Together aim to deeply listen to the needs of Aboriginal workers and families in NSW and examine how the Model can evolve from its aligned roots to a more culturally safe expression of itself in Australia.

A series of research and practice programs developed between University of Melbourne, the Safe & Together Institute and many other organisations, have contributed to the evidence base and workforce capacity building that underpin the implementation of the Safe & Together Model in Australia: The PATRICIA Project (Humphreys & Healey, 2017); Invisible Practices (Healey et al, 2018) the STACY Project (Healey et al, 2020) and the NSW ESTIE project (Kertesz et al, 2022; Toivonen et al., 2022b). The NSW Ministry of Health funded ESTIE project highlighted both strengths and vulnerabilities in the adaption and implementation of the Safe & Together Model within the NSW Health context. The impacts for the overall ESTIE project were significant. They included:

- An enhanced understanding of the importance of having Aboriginal voices embedded in all the work - documentation, programs, and practice with families.
- Prioritising cultural respect for participants through a spirit of learning and feedback.
- Continued development of the research team's ongoing cultural knowledge.
- Cultural learnings being fed directly back to the Safe & Together Institute. This has further informed their work responding to the specific NSW context and reminding the S&T team that Australian First Nations people are unique and diverse.

Over recent years other projects that highlight the work of Aboriginal workers taking forward the Safe & Together Model include:

- the Victorian Aboriginal Child and Community Agency's (VACCA) hybrid training model,
- Queensland Aboriginal worker's adaptations of the Safe & Together Model to support cultural safety and culturally capable practice (Refocus),
- Western Australia's Stopping Family Violence adaptations of the Model for use with ACCOs (Dream with Us Organisational Guidelines),
- the use of the Safe & Together Model combined with the DV West Domestic and Family Violence Children's Specialist program to keep children safe with their Aboriginal mothers (Toivonen, 2024), and
- extensive work with both QLD Department of Child Safety and WA Department of Communities to support significant cohorts of Safe & Together Model Certified Trainers who identify as Aboriginal.

As this report is released, the Institute is also completing focus groups with Australian Safe & Together Model trained workers to further adapt its CORE curriculum to the Australian context, including Aboriginal and Torres Strait Islander case examples and practice guidance.

The ALFIES project aims to continue exploring the ways in which the Safe & Together Model aligns with Aboriginal-led practices and ways of knowing, being and doing, with considerations of cultural safety, and understandings of the impact of colonisation in an environment of ongoing racism.



Section Two: Research aims, approach and principles

Rationale

The project was designed to build on developments in NSW which respond to domestic and family violence experienced by Aboriginal women, families and communities. It also builds on two projects funded by the NSW Ministry of Health which have explored the issues workers face when alcohol and other drug use and mental health challenges emerge in the context of domestic and family violence.

The NSW Ministry of Health is examining integrated responses to child protection and domestic and family violence across the state, including use of the Safe and Together Model. As such, it is critical to ensure this aligns with Aboriginal-led practice approaches and ways of working that centre cultural safety, embed an Aboriginal world view, and respectfully engage with established Aboriginal holistic practices to keep children and families safe and together. At the same time, it is essential to recognise the impacts of colonisation, embedded racism, intergenerational trauma and systemic abuse. The project explored whether the Safe & Together approach aligns with Aboriginal ways of knowing, being and doing. A detailed description of the Safe & Together Model can be found in Section 4 of this report.

Aims and objectives

The project aimed to deepen understandings of whole of family, holistic practices where there is domestic and family violence and other intersecting issues such as statutory child protection intervention, alcohol and other drug use, mental health concerns, and broader health and housing issues. The approach applied a trauma and violence informed lens including consideration of colonisation impacts, systemic racism, intergenerational trauma and the impacts of past and current systemic abuse and neglect. The project examined the Safe & Together Model to assess whether or how it can be used as a model to support the work of Aboriginal Community Controlled Health Organisations (ACCHOs) in NSW and their workforce, when working with families and communities experiencing domestic and family violence using an Aboriginal world view (Figure 1).



Figure 1: Project Objectives

Rather than imposing an international model from the top that may not work or be appropriate for Aboriginal communities, the Aboriginal-led research team aimed to work collaboratively with workers in two selected ACCHOs in NSW (and their partner organisations) as they trialled the Safe & Together principles and resources alongside their existing practices when supporting families experiencing domestic and family violence. This approach aimed to bring two ways of working together to see where there were similarities, differences, and where new knowledge and practices could be developed and/or embedded.

The project anticipated the following outcomes:

- A greater understanding of whole of family practices when there are intersecting issues of domestic and family violence, mental health, alcohol and other drugs, and child protection issues, to ensure current responses to working with Aboriginal families are appropriate, safe and responsive.
- A sufficient understanding of practices so that Aboriginal ways of knowing, being, and doing can be embedded in future responses addressing domestic and family violence in NSW.
- An exploration of the adaptability of the Safe & Together Model when working with Aboriginal families.
- A clarification of the social and political context of working with domestic and family violence – including systemic abuse, racism, Stolen Generations, and intergenerational trauma and the impact on practice responses.

Principles underpinning the research

Aboriginal Health and Medical Research Council (AH&MRC) Key Principles

The project was Aboriginal-led, privileging Aboriginal workers' voices and expertise in the research. The project was designed and developed with Aboriginal expertise and knowledge at each foundational stage – both at an overarching and a local level. In addition to the six values of Spirit and Integrity, Cultural Continuity, Equity, Reciprocity, Respect and Responsibility (as outlined in the AH&MRC guidelines), the research team were strongly guided by the *NSW Aboriginal Health Ethics Guidelines: Key Principles* (AH&MRC, 2023) and have kept these principles at the heart of each phase of the research project's design and development. These are: Net Benefits for Aboriginal people and communities, Aboriginal community control of the research, Cultural sensitivity, reimbursement of costs, and enhancing Aboriginal skills and knowledge.

Cultural Safety

The project was also underpinned by Cultural Safety protocols and statements to ensure Cultural safety was at the core of the work and Cultural humility and appropriate practices were prioritised. Three protocols were developed. Firstly, a protocol was developed by the research team themselves, guided by the internal Aboriginal Expert Group. Secondly, a protocol was developed by the Project Steering Committee. And thirdly, a protocol was developed with each participating organisation: Waminda and Katungul. There were continued and ongoing discussions with the Safe & Together Institute to ensure Cultural safety was a priority in their staff's engagement with the project and the research participants. Jackie Wruck, the Asia-Pacific Regional Manager for Safe & Together played a key role in highlighting and ensuring Cultural safety throughout the training sessions and was nominated as the key representative to attend the Yarning circles (see methodology section) to ensure that the Safe & Together content and examples were Aboriginal-led and driven.



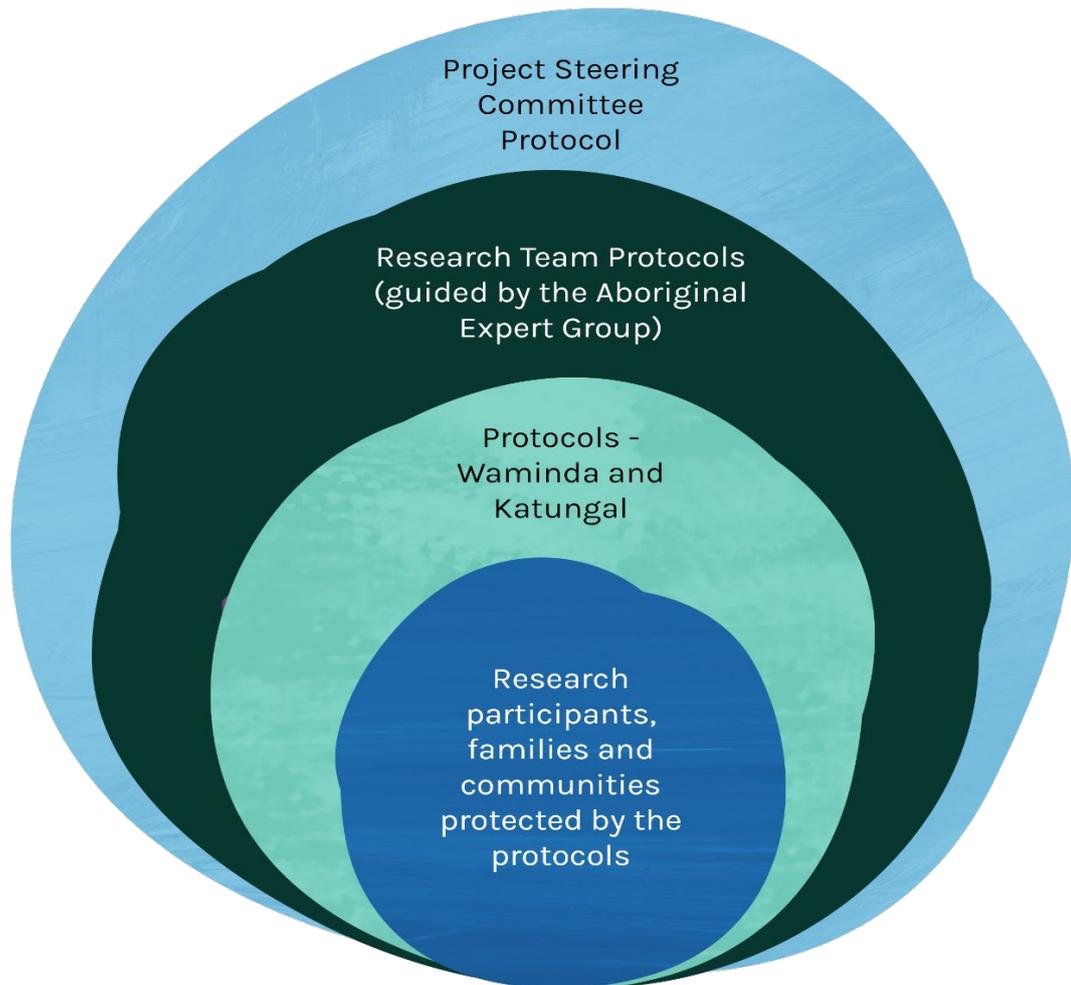


Figure 2: Cultural safety protocols governing the project

Developing the research team’s Cultural Safety Protocol (see Figure 2)

The research team’s Cultural safety protocol was developed collaboratively by the Aboriginal members of the research team (the Aboriginal Expert Group), then presented to the whole ALFIES research team to conclude and endorse. It sets out the roles and responsibilities of all members and participants of the ALFIES project.

The team’s goal was to create a collaborative and inclusive safe process with acknowledgement and respect for Aboriginal Cultural protocols and boundaries, and for the diversity of customs and beliefs across First Nations peoples. The team committed to meetings conducted in a manner that was culturally safe for all participants. The team understood that where we respect the legitimacy of Aboriginal ways of knowing, being and doing business; and integrate these ways into the working group structure through consultation with Aboriginal members, we are committed to Aboriginal self-determination through decision-making and participation.

Intellectual Property

The project held a commitment to ensure that Indigenous Cultural and Intellectual Property (IP) was always discussed and identified with all the partners: the Steering Committee, the ACCHOs, and the research team. The team recognised and identified the IP and background IP from the Safe & Together Institute and consistently re-visited the issues of Aboriginal ownership of data. The protocols to ensure data sovereignty were outlined in the AH&MRC application (see Appendix 1).

Co-design

The project followed the principles of co-design at each developmental stage of the research. The process is outlined in section three below. The co-design work was multi-faceted and multi-layered and the research team partnered with the two Aboriginal Community Controlled Health Organisations (ACCHOs) and the Project Steering Committee. The co-design approach aimed to ensure that there was a legitimate partnership with Communities and workers to unpack the best way to undertake the research. This included development of the research approach and questions, and how data would be collected and analysed, to ensure data sovereignty, and privilege local governance and expertise.

A participatory action research approach

The research used a participatory action research approach. Participatory action research seeks to simultaneously produce knowledge and to implement change through continuous cyclical processes of planning, acting, systematic observation, and reflection (Alston & Bowles, 2003; Craig, 2009). The strength of participatory action research lies in its focus on generating situation improvement to practical problems and its ability to empower workers, by allowing them to engage with and be active participants in both the research (or evaluation) and the subsequent development of new practice.

Participatory Action Research has been widely promoted as an empowering and effective way in working with Indigenous people in achieving better outcomes in health, education, and community building. Community-based Participatory Research, Participatory Action Research and other participatory approaches are recommended by key Indigenous bodies as appropriate approaches within Indigenous research. Although there are differences in frameworks, they share the “underlying goal of collaboration, research equality, and community control” (Drawson et al. 2017 p.6 as cited in Dudgeon, Bray, Darlaston-Jones, & Walker, 2020).

In this project, this involved Aboriginal workers who worked in each ACCHO exploring their practices, services, and the broader systems (Toivonen, et., al, 2022a). As participatory action research is not a methodology but “an orientation to inquiry with an obligation to action” (Groundwater-Smith & Irwin, 2011, p. 58), it can draw on a range of methodological approaches and methods which are designed dependent on local need and capacity.



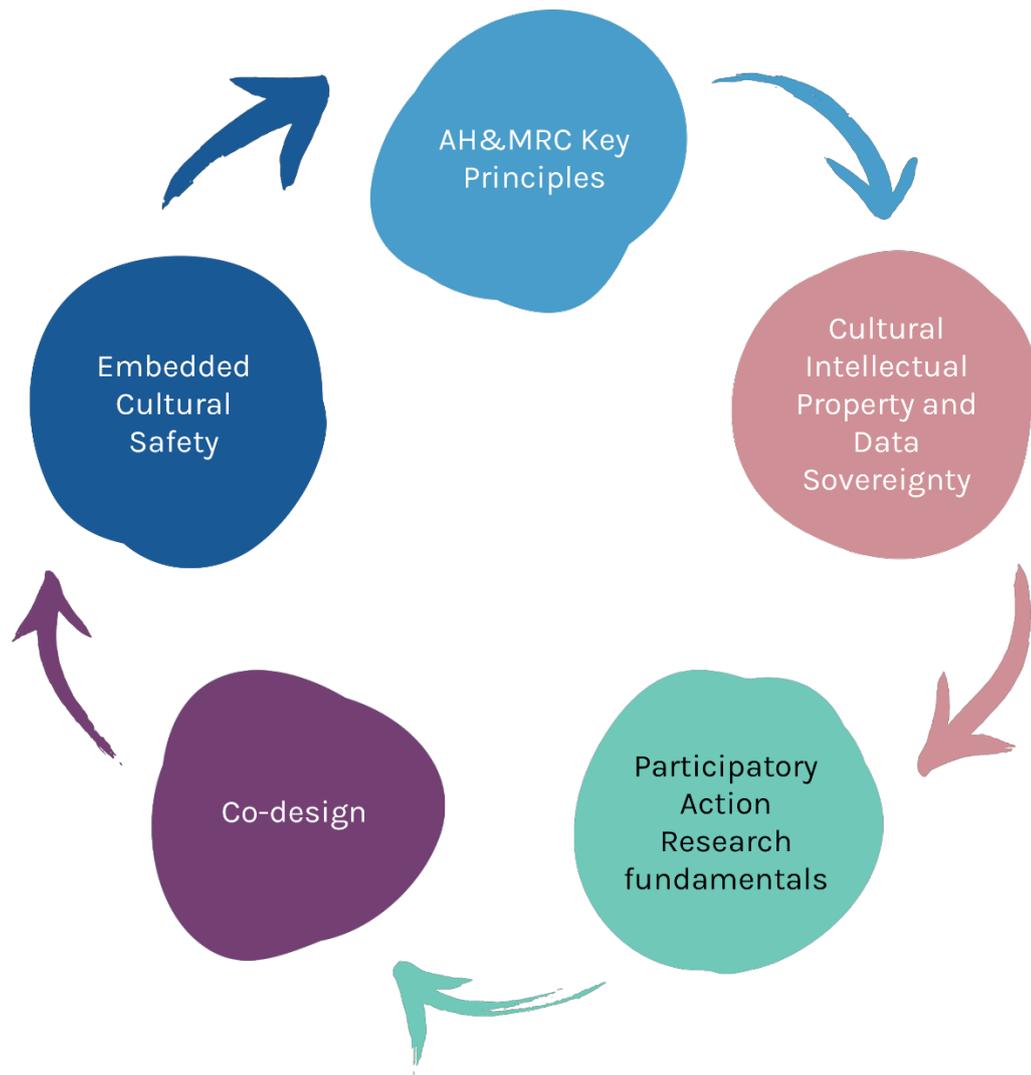


Figure 3 Principles underpinning the research





Section Three: The co-design research process

Creation of the research team

Using a careful and considered approach, the ALFIES research team (listed on page 3) was established. The team met at least fortnightly from the inception of the project, and more often when necessary. A sub-group of the research team consisting of the Aboriginal team members and the project manager met at least weekly in addition to the fortnightly research team meeting to work on the practical elements of the co-design and engagement approach.

Engagement with the Safe & Together Institute

Participating in the ALFIES project was part of the Safe & Together Institute's commitment to prioritising listening and responding to the Australian specific context and First Nations communities in Australia. This work aimed to build on the Model's critical components that centre intersectionality and Culture. By partnering with the research team in the ALFIES project, the Institute aimed to build on the Model's basic framework and values to more deeply listen to the needs of Aboriginal workers and families and explore how the Model could evolve to a more culturally safe expression of itself in Australia. Deep discussions about intellectual property, Cultural intellectual property and cultural safety underpinned the development of the project partnership.

Development of the Project Steering Committee

The project's Steering Committee members are listed at the front of this report (page 5). The Steering Committee's Terms of Reference and Cultural Safety Statement were developed between May and September of 2023. Figure 4 provides an overview of the accountability components of the Project. Each layer builds upon the next, with the Aboriginal workforce at the centre; they are foundational. The collaborative relationships build up as the circles move out, with the Steering Committee providing overarching guidance as well as connections to local services. Improved safety and wellbeing of Aboriginal women, men, children, families the underlying reason for the project. Community is also represented through the workers, Aboriginal expert group, ACCHOs and Aboriginal Steering Committee members. Each level of governance and accountability flows back and forth – from workers to Steering Committee members and back again.

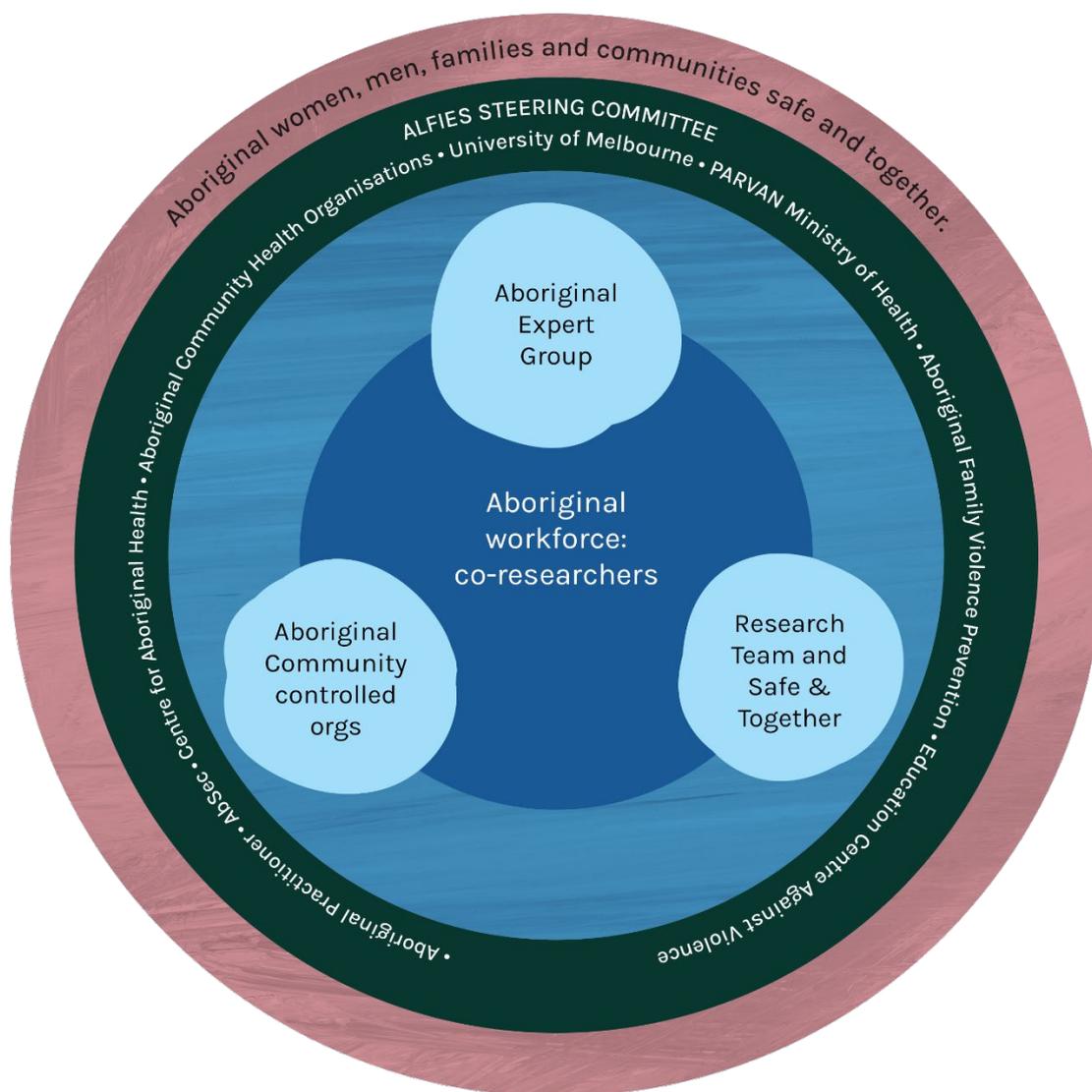


Figure 4: Project governance and accountability

An Expression of Interest process to select organisations to participate in the research

A considered approach to developing the Expression of Interest (EOI) application form was undertaken, which centred advice from the Aboriginal Expert Group, the Steering Committee and the University Research team about building trust and community acceptability early in the process. The EOI document and guidance was developed and disseminated in May-June 2023.

A list of ACCHOs eligible to participate in the project was provided by the Ministry of Health. ACCHOs were individually invited to apply. Follow up phone calls and emails were sent to the ACCHOs and an open information session was held. Two EOIs were received – the first from Waminda South Coast Women’s Health and Wellbeing Aboriginal Corporation and the second from Katungul Aboriginal Corporation Regional Health and Community Services. The applications were assessed against the selection criteria and endorsed by the Steering Committee. The successful organisations were notified in September 2023.

Consultation, engagement and relationship building with two local Aboriginal Organisations

Initial project meetings were held with each organisation. The initial meetings allowed the research team to provide the organisations with information about the project and to learn about how they wanted to move forward with the research. These virtual and in person meetings were critical for developing relationships between the research team, the Safe & Together team and staff at Waminda and Katungul. Key areas that were discussed in these sessions were:

- Setting up safety and support mechanisms
- Developing the Cultural Safety Protocols
- Funding discussions
- Stakeholder mapping (internal and external) to determine who should be involved
- Roles and responsibilities of both the research team and the participating organisations
- Determining local governance and identifying each organisation's key contact
- Co-design of the data collection and initial project plan
- Aboriginal ownership of data, Intellectual Property and Cultural Intellectual Property
- AH&MRC ethics application and the five key principles of the AH&MRC.
- Moving forward with the Safe & Together training.

It was important that the research team engaged with the organisations at *the speed of trust*, being led by the local context and needs. There was ongoing communication and engagement with the organisational key contact throughout late 2023 and early 2024 to refine the local Cultural Safety Protocols, local governance mechanisms, and finalise the co-design of data collection/methodology which would provide the foundation for the ethics application to be submitted to the AH&MRC.

Overview of research co-design stages

- During the first 9 months of the project, the research team were guided by the Aboriginal Expert Group and Project Steering Committee to support the initial engagement with ACCHOs in NSW. All processes including the EOI application process and documents were overseen and endorsed by both the Aboriginal Expert Group and the Project Steering Committee.
- Two ACCHOs submitted an EOI - Katungul and Waminda. After careful consideration by the project's Aboriginal Expert Group and the Steering Committee, both organisations were accepted and endorsed.
- The research team then began an engagement process with each organisation which was overseen by the Project's Aboriginal Expert Group and Steering Committee. This engagement included information sessions, phone calls, and emails and a co-design workshop at each location.
- The research team has worked with the identified ACCHOs to clarify the parameters of the project, develop respectful and culturally safe ways of working together, and co-design approaches to exploring the aims and research questions, specifically for each local organisation.

Methodology development

The Waminda and Katungul management teams nominated staff members from each organisation to participate in the project. Both Waminda and Katungul held initial discussions with staff about participation in the research within their organisations before the submission of the EOI. Participation was further clarified at the co-design workshops held in November and December 2023. Information packs were developed by the research team for the participating organisations so that interested staff could talk with their managers to determine their participation.

Both Waminda and Katungul supported data collection through regular Yarning Circles with the research participants. Yarning was chosen by the organisations as a useful way to collect data because:

- Yarning is much more meaningful and cooperative when stories are shared and validated through Cultural protocols of truth telling. Yarning encourages Aboriginal voices to be heard, valued and acknowledged (Bessarab & Ng'andu, 2010; Mooney et al., 2018).
- Yarning is a key part of Cultural practice and a core part of Aboriginal communication and knowledge sharing. Sitting in circles promotes equality, equity, mutual respect, and active listening. Yarning circles were used for story-telling, sharing Cultural knowledge and truth telling.
- The culturally appropriate Yarning process builds a trust-based relationship between the researchers and the participants and formulates rich quality data (Riley, 2021; Bessarab & Ng'andu, 2010).
- Yarning is a methodological tool that can break down mainstream approaches and 'academic practices' to provide authentic and reliable data (Mooney et al., 2018, p. 2).
- Yarning emphasises the importance of sharing Cultural lived experience and validating participants' voices as the experts of knowing and doing (Moreton-Robinson, 2013; Smith, 1999).
- Supported Yarning allows Cultural safety to emerge, which encourages Cultural space for Aboriginal voices, experiences, and Cultural knowledge to formulate an Aboriginal perspective (Wardle, 2023).

Each ACCHO identified their preferred approach for moving through the Yarning sessions. Waminda chose Dadirri and Katungul chose Engoori.

Ungunmerr-Baumann and colleagues (2022), define Dadirri as a vehicle for research in which deep listening is at the core of the Yarning for participants and supports a traditional healing pathway as part of the Yarn. This healing pathway allows for truth-telling that validates the colonial experiences for participants in the research. For the Aboriginal-led research team, it was essential to ensure that the Waminda participants felt respected throughout their Yarning and that the Dadirri methodology of listening to each other created an equal partnership for the research (Atkinson, 2002).

Engoori offers a guide to facilitating conversations that can reaffirm strengths in communities. It creates safe spaces to challenge assumptions people bring to deficit conversations and turn them into strength conversations to address complex challenges (Gorringe & Spillman., 2011). The Engoori process focuses on: remembering and reconnecting (who we are and what makes me/us strong), re-examining and re-learning (what behaviours or thinking do we need to take forward or leave behind), and recreating and renewing (how we ritualise the behaviours or thinking that we take forward) (Gorringe, S., Ross, J. and Fforde, C., 2011). The researchers held these three components central during the Yarns with Katungul.



As the series of Yarning Circles progressed, it was anticipated that practice development would emerge through iterative cycles of discussion, reflection and analysis. To align with participatory action research, the themes arising from each Yarning Circle provided context and discussion points for the subsequent session.

Ethical Considerations

The co-designed research methodology was approved by the Aboriginal Health and Medical Research Council (AH&MRC) human research ethics committee (2219/24 HREC). There is a long history of research being conducted *on* Aboriginal people rather than actively engaging traditional custodians as valued, genuine contributors of their own knowledge and Cultural practices (Moreton-Robinson, 2013; Smith, 1999) and this project sought to conduct the research respectfully and reciprocally with the organisations. Key to the application was the commitment to the five key AH&MRC principles (AH&MRC, 2023) and having a reciprocal, respectful partnership with the ACCHOs which included providing appropriate funding to remunerate for staff participation time and expertise. A more detailed description of the ethical considerations can be found in Appendix 1.





Section Four: Undertaking the research with Waminda and Katungul

Overview of the Aboriginal Community Controlled Health Organisations involved in the research



Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation

Waminda is a women-led Aboriginal Community Controlled Health Organisation for women and their Aboriginal families, located on the South Coast of NSW and employing over 120 Aboriginal staff. Waminda provides culturally safe and holistic services through quality health and wellbeing initiatives and strengths-based care built around the organisation's model of care and the Balaang Healing Framework. Waminda addresses the social determinants of health while providing a centre of excellence for women's health and is a leader in developing services by and for Aboriginal people. In all spheres Waminda focuses on supporting individuals and families as well as challenging structural barriers to Aboriginal families thriving.

Waminda is an Aboriginal women-led community-controlled health organisation that:

- Is at the forefront of truth telling about Australia's colonial history and leading work on decolonisation to challenge and dismantle colonial systems of oppression and racism to create real change.
- Promotes the social and political determinants of health and engages in purposeful acts of resistance to raise the health, wellbeing and spiritual status of Aboriginal women and their families in South East NSW.
- Returns Aboriginal voices to their rightful place, and ensures Aboriginal people are respected and treated with dignity by all.
- Strives for safe Cultural spaces and equitable access to opportunities and resources to ensure Aboriginal women and families thrive.

Waminda's guiding principles are:

- Recognise and challenge the historical and present-day impacts of trans-generational trauma and colonising practices such as racism on the lives of Aboriginal women and their families.
- Honour the fight and resistance of our ancestors and Elders by continuing in their footsteps.
- Understand that Aboriginal identity, Culture, and self-determination are central to the health and wellbeing of Aboriginal families while walking in two worlds.
- Create culturally grounded safe, healing places, environments and practices that are inclusive, value each woman's contribution, and embrace an atmosphere of sharing and caring.
- Ensure they remain community driven and led by local Aboriginal women from our community.
- Provide a holistic, approach to social and emotional health and wellbeing across the life cycle



- Embed their Model of Care; the Balaang Healing Framework; “Wiyanga Yanaga” - our Cultural Framework; “Yuna Yiliga” -Staff Wellbeing Framework and all related guiding frameworks in everything we do.

Waminda’s services include: health and wellbeing (clinic services, social and emotional wellbeing, and wellbeing Services), maternity (Minga Gudjaga and Birthing on Country), client Support (case management, family preservation & restoration, Balaang Gunyah and Waranj Dhurawarga), Cultural enterprise (social enterprise and Cultural programs, for example the development of Blak Cede Gunyah, a social and cultural enterprise supporting young people) and research.

Waminda submitted an Expression of Interest for the project as they are currently funded for an innovative culturally led Aboriginal family preservation and restoration program (Nabu) and are continually learning and implementing improved approaches to supporting Aboriginal children and their families. Through this work Waminda is working on the inclusion of support for men with a focus on healing and accountability and utilising extended family and Kinship networks for family support where appropriate. The Safe and Together approach mirrors much of what Waminda is already offering in its support for families and they were committed to implementing models that work for their families and contribute to providing the evidence that is needed to ensure these models are funded.

Waminda’s hopes for the project included that:

- The project would contribute to the evidence base of what works for Aboriginal families.
- The research be Aboriginal led and privilege Aboriginal workers’ voices and expertise in the research and this carries through to the funding and delivery of services for Aboriginal people. By us for us as we are the experts.
- The project is firmly embedded in a respectful co-design approach reflecting Aboriginal ways of knowing being and doing.
- The evidence from this project to inform future funding decisions and to influence positive changes in government approaches to funding including prioritising Aboriginal service providers for the delivery of services for Aboriginal people.



Katungul Aboriginal Corporation Regional Health and Community Services

Katungul Aboriginal Corporation Regional Health and Community Services (ACRH&CS) provides health care to the Koori people on the Far South Coast of New South Wales. It was established when Ghuryungan, Markarling House and Narooma Community Centre – three Aboriginal communities – joined forces in 1993. The aim of establishing Katungul Aboriginal Corporation Regional Health and Community Services, a community-controlled organisation, was to support Aboriginal and Torres Strait Islander communities and provide culturally appropriate health care to the Koori people. The service opened in Narooma as a primary health care service. Katungul quickly expanded to meet growing demand, opening clinics in Batemans Bay and Bega. Outreach and specialist programs were also developed to serve surrounding areas and provide Aboriginal-specific health care.

Katungul’s vision is for Aboriginal people to live healthy lives enriched by a strong living Culture, dignity and justice and for Katungul’s work to be recognised as a driving force in achieving this. The

organisation's core purpose is to provide holistic and culturally appropriate wellbeing services for and with Aboriginal communities. Katungul believe that 'Aboriginal health' means not just the physical wellbeing of an individual but also refers to the social, emotional and Cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being, 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.

Katungul's current services include: medical clinics offering a range of services and treatments, Women's Health, Aboriginal Maternal Infant Health Strategies, Dental, Alcohol and other Drug services, Social, Emotional Wellbeing (including: Koori connections, Strong Families, strong communities, Work Development Orders, general counselling, Aboriginal Disability Liaison Officer and other programs), eyes and ears program, and Integrated Team Care.

At the time of the EOI process, Katungul was about to launch their Aboriginal Women's Domestic Violence Refuge based at Bega. Since the start of the project, the Katungul Women's Healing Centre in Bega opened. This centre offers a culturally safe, holistic service for First Nations women facing domestic violence and homelessness. The facility provides accommodation for women and their children by providing support as they escape violence and homelessness. While in this secure environment they have access to a comprehensive range of services, including medical care, mental health support, counselling, Cultural healing and assisting with Centrelink, housing applications, financial matters, legal advice, education and employment opportunities.

Katungul's hopes for the project included that:

- The project would support Katungul's incorporation of Alcohol and Other Drugs, Social and Emotional Wellbeing and Health services into their domestic violence facility, the piloting of a men's behaviour change program and support framework for children and youth who use the facility with their mothers.
- The project would provide expert advice and guidance, production of tools and resources to help with program delivery and be an effective sounding board and reference tool for Katungul services.
- The project would be effective, efficient and proactive in its approach and respect the Cultural protocols of Aboriginal Culture and understand the whole family unit and extended family involvement for effective outcomes.
- The evidence reinforces Aboriginal ways of being and doing in a social sector support framework.

Safe & Together training

The Safe & Together Institute developed a bespoke, responsive, and culturally safe training package for Waminda and Katungul. Rather than using a general formula, David Mandel and Jackie Wruck adapted the Safe & Together content to the needs of participants in the room. This built on the work at Safe & Together led by Jackie Wruck from 2017, about how the model aligns to Aboriginal ways of knowing, being and doing, with a focus on Cultural safety in her work to deepen the value of the Model and to increase its effectiveness with community. Marlene Lauw provided additional facilitation and supported Cultural safety at the training. The two-day training was held separately in Narooma (Katungul) with 15 participants and Nowra (Waminda) with 40 participants. The majority of workers who attended were Aboriginal.

The foundational concepts and principles of the Safe & Together Model were discussed in the contexts of colonisation, trauma, inter-generational trauma, issues of gender double standards, racism and work at the intersections of family violence, alcohol and other drug use and mental health. The



feedback from both organisations was positive and the training experience was powerful. In a follow-up meeting with Katungul, staff asked for additional training. Safe & Together responded positively and developed a second training package that included:

- Multiple Pathways to Harm - linked to assessment of risk and all the ways that perpetrator behaviours affect child and family functioning.
- Documentation - what that looks like now and how it could be different.
- Mapping - using the Safe & Together Perpetrator Pattern Mapping Tool⁴ to create effective case plans.
- Intersections - understanding the complexities of intersections between DFV and mental health or alcohol and other drugs issues.
- Partnering with Victim/survivors.

Safe & Together provided additional resources for 60 staff members at Waminda and 40 staff at Katungul. This allowed sharing of the resources with approximately double the number of staff who attended the training. The resources were sent to the key contact people in each ACCHO for distribution to staff who were interested. They included:

1. Self-paced E-learning: “Foundational E-learning Bundle” - six courses offering 13-15 hours of educational information about the Safe & Together Model, including assessing harm to children, working with men, partnering with survivors and intersections of domestic violence, alcohol and other drug use and mental health issues.
2. Perpetrator Pattern Mapping Tool: for use in implementing the Model in day to day practice – individually, with a team leader or in groups.
3. Friends and Family Ally Guide
4. Choose to Change Toolkit
5. ‘Partnered With a Survivor’ Podcast.

The Yarning Circles

The research team worked closely with Waminda and Katungul to determine the most appropriate way to run the Yarning Circles. Workers at each organisation participated in five Yarning Circles at times and venues that suited the participants best. Each location was assessed for safety, accessibility, technology requirements, and as an appropriate and comfortable environment for Yarning discussions. The research team tailored their response to local need and context which was a dynamic and changing setting across the Yarning Circles period.

The yarns were facilitated by the Chief Investigator/Senior Aboriginal Consultant Marlene Lauw in partnership with Jackie Wruck from the Safe & Together Institute. They were supported by the project lead Cherie Toivonen. Each Yarning Circle started with an Acknowledgement of Country, re-visiting the Cultural safety protocol and issues of confidentiality, and a discussion about recording, data analysis and data sovereignty. Originally the yarns were planned to be virtual due to the distance the research team had to travel. However, both organisations preferred to meet in person. As the research team were led by the two organisations, the Yarning circles were facilitated in person. The Chief Investigator commenced each visit by reviewing the last visit’s Yarns and clarifying with the groups that the discussions and feedback gathered correctly reflected their words and statements.

⁴ The Perpetrator Pattern Mapping Tool is copyright and available to those who have completed the Safe & Together training.

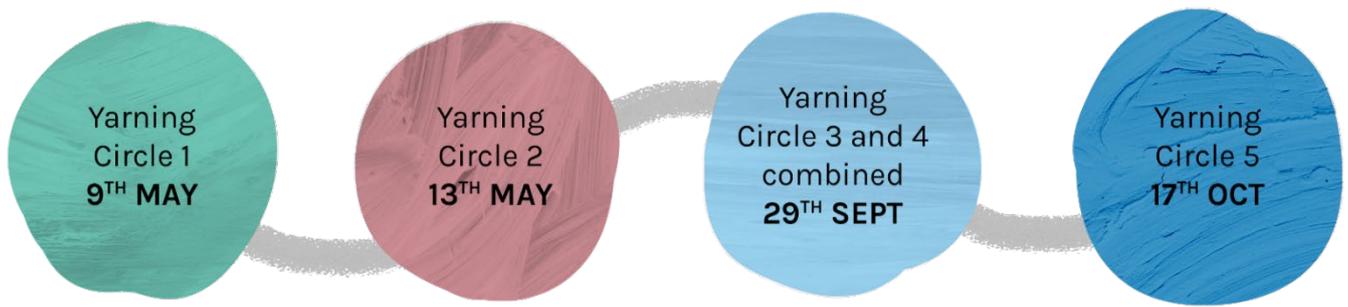


Figure 5: Overview of the Waminda Yarning Circles



Figure 6: Overview of the Katungul Yarning Circles

The researchers were led by the participants in the discussion. However, each Yarn was supported with pre-developed discussion topics to elicit responses to the overarching research aims and questions. These exploratory inquiry areas included:

- General feelings and responses to the Safe & Together Model and training - for example: how does the model fit with place based ways of working with community?
- Discussions about the use of the Perpetrator Pattern Mapping Tool and other Safe & Together resources.
- Discussion of local needs, context and pressing issues for workers and the community.
- Discussions about current ways of working in the local area and with the local community, and what Aboriginal practices and values underpinned the work in each organisation.
- What do Aboriginal Community Controlled Health organisations do differently to mainstream Western services when working with domestic and family violence?
- How does the Safe & Together Model address (or not) systemic abuse, racism, Stolen Generations, intergenerational trauma and the impact on practice responses?
- How does the Safe & Together Model align, complement or run parallel to Aboriginal ways of knowing, being, and doing in each community?
- Which parts of the Safe & Together Model could best be used with clients and community?
- How does the Safe & Together training support the work with men in community?
- Exploration of parts of the Model that might not fit with the work or the client group (community).
- Description of any positive outcomes for participants as workers, and/or the families they work with, as a result of participating in the project.
- Challenges to participation in the project.



It was vital to have the Aboriginal Chief investigator lead when visiting the organisations for several reasons, including fostering trust, ensuring culturally safe and effective approaches, and promoting self-determination. Having Aboriginal leadership also facilitated genuine community engagement, respected Cultural knowledge and supported all the Cultural protocols around fostering Cultural safety and trust. It reduced the mistrust and fear that many Aboriginal organisations have around non-Aboriginal people leading research projects involving community. This also allowed for the non-Aboriginal Project lead to ‘borrow the trust’ of the Aboriginal lead.

Each organisation welcomed the research team with warmth and anticipation and provided their own unique blend of Culture, history, and knowledge, contributing to the rich tapestry of the research. The participants possessed deep connections to their traditional lands, languages, and Cultural practices, which offered valuable insights into the work they do with survivors of domestic and family violence and their families, including men. They were also forthcoming with what they identified as barriers to working with families impacted by violence and how the Safe & Together Model was going to work or not with their communities.

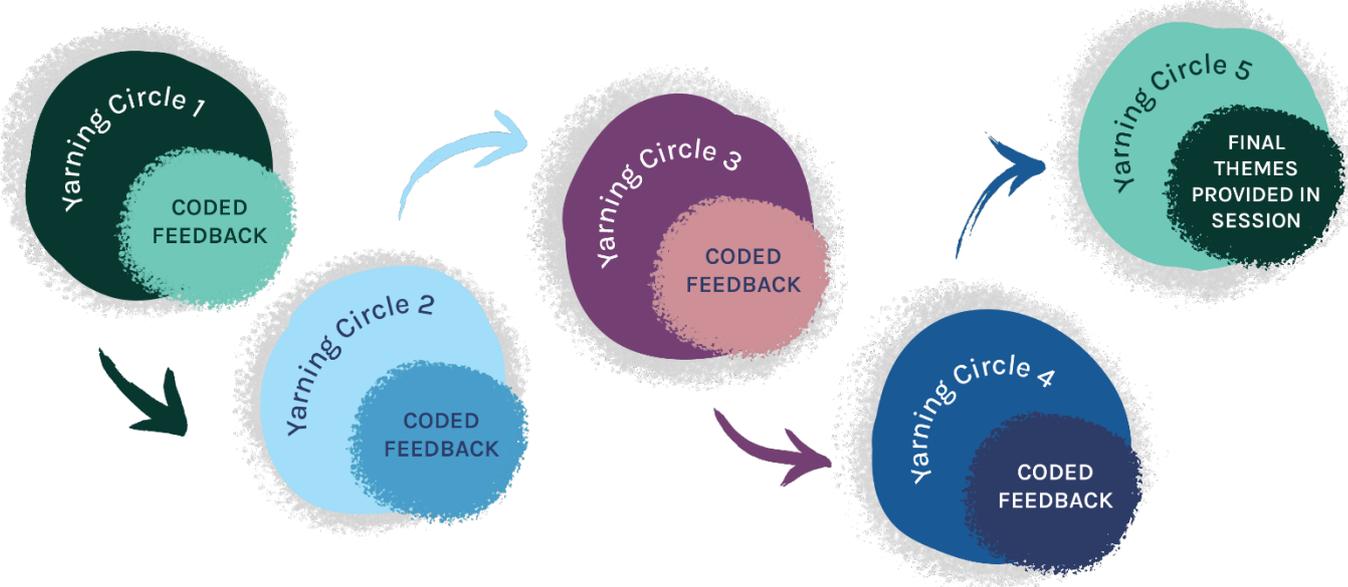


Figure 7: Herringbone stitch model with the Yarning Circles

The Herringbone stitch model (Andrews, 2021, Figure 7) was used to feed back the emerging themes that were developed from each Yarning Circle into the next one. Importantly, as noted earlier, the discussion was summarised and emerging themes identified after each Yarning Circle. These summaries and themes were then presented back to the group in the following Yarn to ensure that the research team had interpreted the data correctly. Participants were given the space and opportunity to comment on the feedback to ensure data integrity and accuracy.

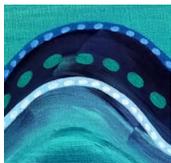
The Yarning Circles were recorded, transcribed and double checked for accuracy by the lead researcher. The transcripts, researcher reflections taken at the sessions, and notes were uploaded into NVIVO and thematically analysed. The analysis process was guided and overseen by the Aboriginal research team members.



Section Five: Key findings from the Yarning Circles

The research team honours and values the breadth and depth of independent and local knowledge held respectively by Waminda and Katungul. It was clear from the outset of the research and throughout the project that these organisations are two very different services, with different historical organisational growth, philosophies, ways of working and programs offered to specific community contexts. However, when Yarning about the challenges faced by each organisation when responding to domestic and family violence and their engagement with the Safe & Together Model, many of the same themes emerged from the two independent Yarning Circles, speaking to some level of common experience and wisdom, despite the distinct identities of each organisation and the communities they work in. To accurately reflect these findings, the themes are written as common themes across the two organisations. Local differences, examples and quotes are identified by organisation throughout the report.

The first part of this Findings Section focuses on the additional and compounding challenges that local Aboriginal Community Controlled Health Organisations navigate every day. It explores how the local context and working in a system that is built on colonisation, ongoing racism and harm to Aboriginal people, impacts but also guides practice with Aboriginal women, men, children and communities. The findings then report how participants believed the Safe & Together Model may be used in local Aboriginal-led services and list the considerations they raised for implementation of the Model.



1. Key challenges and barriers for Aboriginal workers, families and communities in responding to domestic and family violence

Whilst this section focuses on the challenges inherently linked to the impacts of colonisation, with a particular focus on Stolen Generations and the impacts of child removal, it is critical to remember that not all Aboriginal children were raised in white families, rather they stayed with their own families within their own Culture which remains strong today. Often this was in the context of residing on a mission or reserve, but it allowed a strength and connection to Culture that carries on today through strong Elders who are role models in community and form a crucial part of the healing from trauma and intergenerational trauma and the violence introduced and enacted by colonisers.



Working in the context of colonisation: a critical starting point

“ *But that's what we've all been brought up with. We eat, breathe, and sleep it (racism). We all know this, but there's people that are only just starting their journey, who can't understand where we are coming from because they've never experienced the racism. So, it makes it very hard (Participant, Katungul).*

The impacts of colonisation on Aboriginal people in NSW are well documented in current literature and described in Section One of this report. The impacts of colonisation described by participants in the Yarning Circles included: men and women being over-represented in prison; widespread ill-health alongside lack of access to mainstream health services (and lack of trust engaging with them); alcohol and other drug use; mental health concerns; lack of housing stability; and poverty. This made responding to domestic and family violence difficult as staff in the organisations involved in the project were often dealing with presenting crises of homelessness, hunger or lack of basic needs.

“ *The only time you really know about the DV and everything else, like that man has just say a drinking problem. You're not going to know about the DV until he rings you up and says, oh man, can you help me at court....but like, we're working just like straight out, purely in crisis, whether it be stopping us from getting locked up and then the re-offending. The stupid petty charges get put on, like we're the last point. Well, I know with a lot of the males, I'm the last point of call when it's just like absolutely spare. They're not going to come when it's like, well, can you help me stop repeating what I'm doing until it's too late? (Participant, Katungul).*

Workers described significantly high rates of child removal from Aboriginal mothers and families. In addition, unfair and untrue stereotypes of high levels of domestic and family violence in 'Aboriginal families' were described by mainstream services, when in reality, the person using violence was often a white male. This aligns with current research described in section one of this report that a majority of perpetration against Aboriginal women and children is by white men.

“ *But it's really, really sad as well because, you know, Aboriginal men aren't that high overall on the domestic violence offenders, they are around 30 per cent, so 70 per cent are white males and the other 30 per cent are made up of Aboriginal and other Cultures (Participant, Waminda).*

Workers described how they were often met with resistance and racism from Western oriented and white Government services and organisations, who still continue to get the majority of funding to support Aboriginal people rather than Aboriginal-led services (Productivity Commission, 2024). Working in an Aboriginal Community Controlled Health Organisation, participants described how their work outside of their organisation was continuously disregarded or they were seen as the 'Aboriginal service' and used as a 'tick box' to cover a requirement to support families. Further challenges identified were the acute lack of services, stringent referral criteria and lack of Cultural safety in non-Aboriginal services. These dangerous practices often moved into 'systems abuse', particularly when the Department of Communities and Justice (DCJ, i.e. statutory child protection) or the Police were involved:

“ *It makes you think of the impact of that on that young person, as well, you know what I mean? It makes me think of another family where there was a JIRT [Joint Investigation Response Team] investigation, and the girl had to... She was talking to the police officer, and the mum was encouraging her to disclose, and kind of said, "Don't worry, you just speak to the nice*



police officer, and then everything's going to be okay", kind of thing, you know what I mean? Then later on that day, the removal occurred. So, it's like, without that proper planning, you've actually... Because then we ended up working with the family after the restoration, and then there was that real resistance to any police. So, if that little girl in the future wants to reach out, if she is unsafe, you know what I mean? (Participant, Waminda).

Participants reported during the research process that key challenges when working with families to address DFV included systemic abuse from child protection services such as ignoring mothers' or victim/survivors' requests for support, saying they are in the 'too hard basket' and when things become dangerous, removing the children. There is also a lack of support for Kinship carers and to support safety and stability so that children can be restored to their families.

Racism, colonisation and gender

There were ongoing discussions in the Yarning Circles about the gendered roles of Aboriginal men and women, changed expectations for both, traditional roles and how they have shifted, and the impact that colonisation has had on knowledge systems relating to gender. Men's and women's business was explained as a Cultural approach and belief which existed as a Cultural way of knowing, being and doing. This is still the case for many people. However, the colonial impact has resulted in lost knowledge and a misinterpretation of gender roles and how they support shared responsibility and Kinship structures. Western colonial thought and practices have privileged Aboriginal men's positioning and de-valued Aboriginal women's. This has created significant damage to Aboriginal gendered ways of knowing, being and doing. Participants talked about Aboriginal men feeling lost and women feeling unheard as they are required to walk in two worlds and try to make sense of this gender paradox.

Child rearing was an example consistently used to describe the nature of shifting gender expectations and experiences. Across Aboriginal Kinship systems and families, parenting was once shared by both men and women, with each playing their respective roles in active parenting, education, care etc. While this is still practised in some parts of Australia, Western models of family and community have had widespread detrimental impacts on how Aboriginal families are expected to live and therefore how they are able to 'grow up our children'. Western models of 'family' dictate men's and women's roles that do not align with Aboriginal models of Kinship and gendered responsibility and so shift the nature of how gender is understood.

“ There's a lot of forgetfulness when it comes to raising children like it's a whole community thing. It's not just one responsibility on one person. And so that perspective has changed. And especially you know when there's lots of deficits and complexities amongst DV that now it's just my responsibility and I'm lonesome and I have to do this on my own and you know. There's been this paradigm switch (Participant, Katungul).

Violence was never part of Culture or cultural foundations for Aboriginal people. Workers described the 'learnt violence' that has become part of Aboriginal communities and families since colonisation and how that impacts women and children especially.

“ How have they shaped us, especially, for our mob being institutionalised and the horrific violence, abuse and neglect. You've all heard from some uncles, you know how they share the terrible stories, so then they've gone out to be partners, they've gone out to be fathers, they've gone out to their grandfathers. How has what they've learned and experienced, how has that influenced or shaped how many lives around them? I think what you



say, bringing that Culture back in is really important. Not just for our men, for real, for all of us as people, you know. I think our men are lost (Participant, Waminda).

Colonisation has reinforced and privileged male dominance and eroded Indigenous knowledges about gender roles and balance. Both Aboriginal men and women have experienced the impacts of this, particularly through generational institutionalisation and systemic violence and abuse.

“ *And at the Waminda Conference – the way colonisation has changed Aboriginal men to be – like pre-colonisation the matriarch was this woman, how it was led by women...and like misogyny and patriarchal stuff and the way men behave now is completely because of colonisation and that violence and all that comes from colonisation (Participant, Waminda).*

One worker discussed how men's sense of power and control is lost when they are expected to adapt to new societal norms in a colonised country. Roles and structures get confusing and blurred. Power and power imbalances are played out in families.

“ *This all about power. And here we are as Aboriginal men...our whole ancestry and everything, men as in the tribes have the power, not power[ful], but we're all the gatherers, we're all the hunters. We're all the protectors. And all of a sudden that's gone. it's...frustration...it's a big shift and men find it hard to adapt to it (Participant, Katungul).*

Some participants described how walking in two worlds becomes confusing and complex, including white mainstream systemic practices that hold women more accountable than men and responsible for everything that happens in the family. The extremely negative impact of this for women is that when there is domestic and family violence, the service system will blame women for the violence and failure to protect their children. This is dangerous and difficult when statutory child protection agencies are involved and may at times result in children being removed from their mother and family.

“ *I remember when I was working with them. DCJ would not...like you said, they were [in] the too-hard basket. They wouldn't do anything. They were following their processes, and stuff like that. They would just completely ignore the father. He wouldn't attend meetings, home visits, and stuff. He'd take off and leave Mum to just pick up the pieces, but he was the one that was causing harm, the kids' behaviours, bringing substances into the house. You know, who knows what, honestly (Participant, Waminda).*

Positioning of Aboriginal women

Aboriginal women continue to experience the detrimental impacts of colonisation. Loss of Culture and women's cultural practices have had a lasting impact on Aboriginal women, while at the same time their voices were often silenced by the mainstream service system and they experienced ongoing racism. Participants described that women find it difficult to talk about their own trauma, the current violence they are experiencing, and the impact on their children due to systems abuse and institutional racism and fear of removal of their children by the statutory child protection system. The dominant practice of mother-blaming within the current system further silences women and is a barrier to seeking help.

“ *Our women and children are always going to be challenged about something one way or the other. It could be that we can't get her a bed, we can't get her anywhere safe, there's no accommodation, the man finds out where she is, DCJ is on their back riding their backs, then*



you've got the school ringing you up and saying "Well why aren't the kids at school?"; always challenges...and until we get it right with this domestic violence there's always going to be challenges for our women (Participant, Waminda).

At the same time, participants described women as having incredible strength and agency and this was demonstrated particularly through the work being undertaken at Waminda. Participants reported that Waminda programs and the work done by staff was having a significant positive impact on women and children in the community. Workers at Waminda are listening to women and children, authentically and without judgment. This in turn builds the strength and resilience of victim/survivors.

“ *I think that's the unique thing about Waminda too is that wrap around, holistic sort of approach. I got a referral, of a young woman who's just fled a violent relationship and she's early pregnant. So she's got an 11 month old to him but is early pregnant and didn't want to have another baby to this man because he's violent. So, then we could then support her to access like, you know, pregnancy options...and it all gets sorted really quickly and it's like that woman's fully supported and that's important...being able to offer all those things to her. And it's giving them a choice too...And I think it just shows how strong she is to be able to...leave that relationship and make those decisions (Participant, Waminda).*

Positioning of Aboriginal men

Participants spoke of the difficulties experienced by Aboriginal men in establishing positive roles for themselves. Facing racism and stereotyping, loss of Culture and Kinship structures, was difficult for some men, who walked in two worlds and felt unsafe to engage more broadly in society.

“ *Because our Culture is based on respect. When our men are doing these things that are making them become the perpetrator, that they're losing their way from their Culture. There has to, there has to be that reconnect. A lot of our men and our women were raised differently. They were a dying generation. They didn't learn about their Culture and they were brought up with white families that didn't teach them anything about their Culture. Then they were just thrown out into the world and say, well, go and find your mother and that's where you'll get your Culture. It's hard for them to understand their Culture and the importance of their Culture inside them. They know it's there just finding it (Participant, Waminda).*

The role of Aboriginal men in their community is not one dimensional. They have many roles, including family and Kinship responsibilities, community engagement (such as coaching local football), and for workers in this project, they were health, welfare, and social and emotional wellbeing workers. There were particular challenges workers talked about in holding multiple roles, and they recognised that 'wearing a lot of different hats' made domestic and family violence a difficult space to work in. However, these workers were positive role models and kept turning up to do the work no matter how hard it was. They were committed to keep trying different ways of working to achieve change.

“ *Like we are trying to the very best of our ability. We are wearing a lot of different hats at the moment, So I'm trying to wear a million different hats to work for the community (Participant, Waminda).*

One worker spoke of men's business being a process that has been lost and there is no one left in the community to hold men using violence accountable. It is difficult for workers who grew up in the community to do transformative and healing work all on their own. Workers identified that men need a



male figure or someone to look up to, and this could happen through men's groups and men's business and by going back to Culture to simplify lives and strip it back.

“ You need to put the onus back on men to be respectful role models. They need to hold a safe space. It can be as simple as fishing (Participant, Katungul).

Alternatively, at Waminda, there were examples of strong male role models in the community, including the male staff members, who were not afraid to have the hard conversations with men about their use of violence and control.



Case example

A young Aboriginal woman had been a long-term client of ACCHO. She was the primary carer for her children, some of whom had complex medical needs, social and emotional wellbeing challenges, and required disability support. Young women had been engaged previously with ACCHO but had self-referred to a mainstream service seeking additional support for herself and her children. The mainstream service operated under a funding model that limited support to a maximum of one year.

After this period, the family was exited from the program, leaving the mother without continued assistance. During this time, the woman's non-Aboriginal partner breached an Apprehended Violence Order (AVO) and was incarcerated. The incident left the mother solely responsible for the care of her children, compounding her stress and isolation. The mother attempted to seek help from the Department of Communities and Justice (DCJ), acknowledging that her situation had become overwhelming. However, DCJ refused support on the grounds that she did not have an open case. As the mother struggled to manage multiple appointments without transport, some were missed. Reports from the children's school began to surface, citing neglect and conflict among the older siblings. DCJ responded by implying that the mother was incapable of coping without her partner, despite his history of violence. DCJ praised the father saying when he was in the home, kids got to school on time, clothes were clean and they were fed, while disregarding the trauma and harm caused by his violence. This response reflected a systemic bias that weaponised the mother's challenges against her, ignoring the broader context of domestic violence and the structural barriers she faced.

NB. All case examples are de-identified and were developed in consultation with project participants.

The harms of domestic and family violence compounded by multiple issues

Participants in both organisations acknowledged and recognised that domestic and family violence is not simply about individual behaviour, rather it is often linked to broader social factors - the impacts of colonisation, mental health linked to intergenerational trauma, incarceration, poverty, disadvantage, lack of stable housing, illness and health issues, and the use of alcohol and other drugs. Workers described how these factors need to be considered in all approaches to domestic and family violence in their local community, including working at the intersections of alcohol and other drug use and mental health, and considerations of intersectionality⁵.

⁵ Intersectionality refers in this report to people's differential experiences of domestic and family violence and how they are influenced by different forms of oppression including sexism, racism, ableism, homophobia, and other aspects of identity. Taking an intersectional approach means recognising that the barriers to seeking support, and the particular forms of violence that victim/survivors from some groups experience, are not only driven by sexism and gender inequality, but also by other forms of discrimination. This extends to recognising that men who use violence experience different responses from service providers and structural systems based on different constellations of identity.

“ I feel like the complexity of issues within our Aboriginal women within their family units have been very, very complex. And a lot of our women are within the legal system. Which also I guess a lot of our women have been institutionalised in terms of incarceration. And so that adds an extra layer I think. The DV is one thing, but it's having this other stuff. Dealing with that as well has been somewhat challenging for them for their children and also for us as workers to deal with. It's been really, really difficult (Participant, Katungul).

Alongside trying to survive the competing and compounding factors connected to domestic and family violence, Aboriginal women, children and families also faced consistent problems with systems which were at times being exploited by the person using violence as a weapon of abuse.

We are not all afforded the same levels of safety

- **Unpacking what it means to be safe**

There is an inherent and evidenced lack of safety for Aboriginal people living in Australia. This plays out daily for Aboriginal communities living within colonial systems. Common to the experience is fear of speaking up, being hypervigilant about how to engage with government and mainstream systems and lack of policing of community safety. Workers provided numerous examples of how this played out for the community in their local area. These examples included: Aboriginal women being blamed by systems such as court and DCJ for failing to protect their children from a white man's violence; Aboriginal people not wanting to engage in the mainstream health system due to past traumatic experiences (including having family members who were part of the Stolen Generation; fear of engaging with Police; and Aboriginal women being incarcerated at high rates.

“ We were talking earlier, was it last week? About how it's all the other systems, like the mainstream systems that are unsafe. Like the risk to making things worse for families (Participant, Waminda).

“ And look, they will tell you because they don't always tell the police everything which is understandable. When the police go to the houses, they just say what they have to - bare minimum. Then we can ring up days later and then they'll give us a whole different story (Participant, Katungul).

It was clear through the yarns that the current service system in NSW is not safe for Aboriginal people and doesn't meet the needs of Aboriginal people. Most notably was engagement with the child protection system and the lack of Cultural safety and punitive responses to mothers seeking help.

- **Safety and Gender**

When working with domestic and family violence, the relationship between racist structural violence, gendered violence and safety must be identified and responded to. The question of safety sits across the dimensions of Culture and gender. In both cases women are held responsible for ensuring their own safety by systems and colonial societal expectations. Aboriginal women are often failed by racist mainstream systems and simultaneously not afforded the understanding they need from their communities when they are victims of gendered violence. This means they fall between the gaps unnoticed, as do their children, experiencing double injustice. Aboriginal women have the very real threat of their kids being taken away by statutory child protection if they disclose that they have been



subjected to violence. They are often silenced - fearing to speak in case they are seen to be breaking up the family or responsible for the incarceration of their partner. Participants highlighted that when it comes to Aboriginal woman fighting against the violence and lack of safety and support, the state doesn't adhere to its legal norms, and they are met with a racist response. This is evident in the legal and child protection systems when there are cases of domestic and family violence.

“ *Participant 1: Because as soon as you go to Court with a black woman standing there against this white man that, yeah, he assaulted the hell out of her, they'll look at that man and say "Oh, he'll be right, he can go home", black man mate locked up straight away.*

Facilitator: Mm, so there's a bias.

Participant 1: Yes. And it's the same with DCJ, DCJ will protect that white man.

Participant 2: ...and take the children from the mum.

Participant 1: ...and put the shit on the black woman (Waminda).

Workers also talked about women being silenced about the violence in community. Women not being heard was described as a current barrier to accessing support for their safety. It was identified that women did not talk about their own trauma or feel safe to name the violent behaviours. One of the reasons for this was they did not want to be disrespectful to Elders and other members of the community. In addition, their fear of police and mainstream services comes from the very real community fear of child removal and incarceration of men with the threat of death in custody. At other times it is the violence and coercive control of the woman's partner that silences her.

“ *There's been times where there's been some great work and some great progression, but then it goes stale and it's when the male's back on the scene in the background. And so that coercive control. Yeah. And all of a sudden my work, and it's from a distance. And in the background, there's notifications happening with DCJ and its tough (Participant Waminda).*

For Aboriginal men, the question of safety is how to engage with Western systems where white men are dominant in their power. Aboriginal men's experience of racism creates a lack of safety through fear of arrest, police harassment, and unsafe working environments. Where is it safe to have open conversations about violence and past experiences linked to their current trauma? This context creates barriers for men getting help for their use of violence. Fear and lack of safety make it difficult to navigate discussions about the links between violence and past traumatic experiences, without them seeing past injustices as an excuse for the domestic and family violence, or professionals making racist assumptions about violence in Aboriginal communities.

- ***Promoting safety as a component of Culture***

One of the difficulties workers faced was being asked to prioritise Culture or their relationship with the client over the safety of women and children who were experiencing domestic and family violence. Prioritising Culture over safety can be a false dichotomy and workers found that the concept of cultural safety or what is deemed 'culturally appropriate' was sometimes used to deflect efforts to challenge violent behaviour. This is where Culture and gender meet and workers should be equipped to understand how intersectional work can be helpful.





Facilitator: The other thing is that you don't want to put Culture over safety ever.

Participant: That is a really big statement that.....because you'll be surprised who people who may think Culture first then safety. Yes, that's right....That's right, "That's not culturally appropriate", well okay, that's not right what they're doing to the kids.

Facilitator: Neither was living like that, that was not our Culture...

Participant: No, that's right, we weren't brought up like that. (Katungul).

Similarly, differentiating trauma and Culture was an ongoing theme, but one which workers found challenging to do in their practice. Supporting them to help their clients reconnect with Aboriginal Cultural values and ways of being and doing is a foundational part of the work, particularly as it restores equality of women and promotes their safety as a feature of Culture. The separation of Culture and safety is a symptom of colonial trauma so understanding violence and addressing it necessarily requires a multipronged approach. A lot is asked of workers who engage with families who experience family violence. Their work must be supported by and connected to broader community initiatives that promote gender equality as a value of Aboriginal Culture.



Our Culture is behaviour. And it's our behaviour as a person it's not within our Culture to behave like this. Like, this is not our ways of being and doing So, when we're acknowledging behaviour (of the person using violence), the behaviour within our Culture has been lost (Participant, Katungul).

- ***Worker safety and well-being***

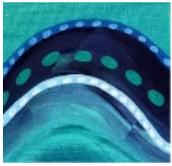
There were a number of issues raised by the participants related to their safety and wellbeing. Participants discussed threats to worker safety and the heavy workload and demand placed on them due to high levels of need and lack of resourcing for much needed Aboriginal-led responsive services that are tailored to the local community. Some participants described how it is difficult to grow up, live, and work in your local community when you have many connections, close family members, Kinship and community who become your clients as you work in a local health service.

Workers wore 'many hats' which meant many things to community and family. There was no clocking off after hours and the work was interconnected with workers' personal lives.



The thing I really feel for the men is a bit like (Male worker) said, you know, these are the fellas I've grown up with, played footy all my life with, know their partners, grown – and then all of a sudden I've got to be this big (authority figure)– like it's hard to transition, you know, the mob will call you. (Participant, Katungul).





2. How do we work with the challenges? Moving to safe spaces for brave conversations about domestic and family violence

The challenges identified by the two organisations were key in how the participating ACCHOs have developed their responses to working with domestic and family violence. The following part of the findings section describes how the organisations are implementing their own solutions to these challenges. The later part of this section on findings moves into how the Safe & Together Model and approach can support the work to address the challenges.

Moving past trauma conversations

Through both the Safe & Together training and the Yarning Circles, the facilitators explored and modelled a safe space to discuss differing views, encouraged brave conversations where participants were free to press for change and push the conversation to its limits with truth-telling as the priority. It was acknowledged that some participants did feel uncomfortable in this new space, whereas others were not afraid to have these conversations and were role models.

Often when domestic and family violence is discussed, workers and community can ‘get stuck’ talking about past personal trauma and inter-generational trauma. Although this is critical to understanding the drivers and conditions for domestic and family violence, it may stop conversations about how to move forward to address the behaviours of the person using violence and control in order to improve safety for victim/survivors and their children. The yarns supported research participants to think about moving beyond discussions that centre trauma impacts as an excuse for male violence towards women to naming and documenting the behaviours of the person using violence to hold them accountable. Acknowledging trauma as the context for current behavioural choice is important, but should not ultimately overshadow the focus on behaviour change. This is consistent with one of the key principles of the Safe & Together Model.

“ I was thinking about what that looks like when working with the family and trying to identify the perpetrator’s behaviour. So, if there’s extended family or family in community, most often, there’s that traumatisation. It’s easy to focus on the trauma of things rather than the behaviour. So, what that would look like? And I think that would be probably a barrier with a result of we’re not being heard. So how can we shift that to: “Yes, you are being heard. We hear what you’re saying, but we’re not going to focus on the narrative of the situation, but more so on how behaviours affect, you know, your daughter and the children”. Yep, not how that happened to get here, which is most often what our families do. And so it’s easy as workers to get caught up in that narrative of the wheres, the whys, the whats and the hows (Participant. Katungul).

Shifting to brave spaces: talking with men about domestic and family violence

Rather than a focus on Cultural safety and the impact of trauma and intergenerational trauma becoming the key focus of discussions for workers when trying to work with families and communities experiencing domestic and family violence, or a headline that can’t be unpacked to work out the specifics around current understandings of domestic and family violence, a move forward would be to reclassify these conversations as a ‘brave space’ with the aim of avoiding the impulse to shut down conversations because they are constructed as unsafe or Culturally unsafe.



It needs to be acknowledged that this may be a very big and difficult transition for some organisations and workers. It is a new idea, and workers need to have the hard yarns to develop a new way of working with Aboriginal men. Waminda are leading the way with this work. The male participants from both organisations emphasised the importance of creating a culturally safe and trusting environment for men to share their experiences and feelings. They highlighted the need for Cultural safety and Cultural understanding, particularly in relation to gender roles and responsibilities. They also stressed the importance of building trust through relationships and communication, and how this creates an opportunity for discussions about DV not being a part of Culture. An essential component of this approach is core and foundational education about domestic and family violence.

“ *That's a big part of the men's behaviour program, isn't it, that they're watching is around connecting back to Culture. Like men who have been disconnected from Culture and then use violence and all of that. Like tapping back and getting men back into Culture. Back to what it meant to be a First Nations man (Participant, Waminda).*

Critical to this approach is the nurturing and facilitation of strong role models and Elders in the community to take charge of supporting and holding these conversations. In parallel with the revitalisation of men's groups and traditional men's business and activities, connecting back to Culture and Country to 'fill the cup', and creating a space for 'men who feel lost', is foundational for this approach. Brave yarns can allow the space for discussions that focus on respecting women and children, recognising that the current disrespect came with colonisation and is the responsibility of those who perpetrated this disrespect, and naming and identifying behaviours that impact women and children. These may help men in the important task of moving move beyond the violence.

“ *I'll be honest, I'll be working with mainly the perpetrators, like the, the men in our community. And I think the direct language used of like why and how and like that would be difficult for me. But I think in more, in an indirect conversation about putting it back to "how do you think your kids feel?" or "how do you think they think of you?", do you know what I mean? Like, within, within their kids instead of like, "why did you ... like bash your wife last week?" or ... and more in a group setting as well (Participant, Katungul).*

“ *On the back of that, they are also encouraging to utilise us as black fellas, because that's, even, that's new. It's one thing having males working within the service. We have, you know, brother boys, you know, they're non-indigenous workers. But now we have black fellas in the space. So, we're also making sure that they're accountable as well and making sure they follow processes as well. We work with black fella families (Participant, Waminda).*

Safe spaces to hold the conversations with men

“ It is just so hard for brothers to come up and actually be comfortable, open up and feel safe in a space (Participant, Waminda). ”

The participants emphasised the importance of community support for men's well-being, particularly in addressing issues related to domestic and family violence. The Aboriginal male participants highlighted the need for safe and trusted spaces for men to open up and share their experiences. The spaces need to be culturally safe where men could drop in and feel comfortable, free from judgment – to come together, support each other, and talk about their struggles. It is about being present with each other and connecting back to Culture and traditional ways of knowing being and doing in a trusting environment.

“ We've got to walk this together (Participant, Waminda) ”

Workers from both Katungul and Waminda also stressed the role of community in promoting healthy male identities and a sense of belonging to encourage positive changes in behaviours. This emphasis on trust and developing a trusting relationship was seen as essential when working with Aboriginal men who have used violence.

“ When you are dodging you're not learning nothing. I'm not learning nothing. ...it's not about me just coming here and teaching you brother. It's about you teaching me as well. ...it's about us developing a relationship. So, at the end of the day, women and children are going to benefit the most (Participant, Waminda). ”

Workers discussed the importance of role modelling positive behaviours for men in the community to promote positive change. They emphasised the need for respectful relationships and a collaborative approach to engage men to be part of the solution to the domestic and family violence crisis with a focus on behaviour change. The discussions highlighted the importance of understanding and acknowledging the Cultural roles of men in their communities.

“ Well, hopefully through spending time with me. His actions are going to speak louder than words at home. And she's going to notice change. But that's all. It's not always the case. Especially when it comes to brothers that aren't ready, you know? And it's just like, bro, we're doing this today. And it's like, I can't, that's okay. You know? Is there a reason for that? You know? I mean, why you can't, because, you know, we've got to walk this together and it's just like, oh, I'm not up to it because of such and such... You are going to see a side of yourself that you probably thought that you never have because of your learned behaviours through your life, that's all, you know (Participant, Waminda). ”

The following example highlighted a situation when the uncle of the person using violence took action to make sure the victim/survivor was kept safe.

“ So there was a lot of arguing and she felt that he was escalating, but he never actually, she said that he didn't hurt, hit or visibly hurt her, but she still didn't feel safe. So she left and then we were all like, “oh no and how are we going to help her and what do we do and what about where is he?” And [during] all of this there was no DCJ report cause there was no police involvement. So but anyway, a few days later she said it's okay. His uncle came up from the boat ”



or somewhere else, picked him up and took him away. And it's almost like we didn't have to do anything because it was still, it was dealt with like in the family and in the community already. And she's now engaging really well, cause he's gone away to reflect. And I think his uncle who yeah, his family will bring to life (Participant, Waminda).

Continuing the strong partnership work with women and children

The participants described their current strong practices of aligning with women and children, being guided and led by their wellbeing and safety needs and supporting them on their journey away from violence. Workers from both organisations emphasised the importance of building trust with women and children experiencing domestic and family violence as the foundation of all of the work.

“ *You've got to know that person and build that trust. I think that's the most important thing above everything (Participant, Waminda).*

This approach echoes one of the three main principles of the Safe & Together Model, which emphasises the need for a strong therapeutic alliance between workers and families and describes this work as partnering with the mother/carer/Kinship carer. This principle resonated deeply with Waminda's current practices and was underpinning the work at the new Healing Centre at Katungul. Trust and partnering was described as a crucial factor in building strong relationships with families and promoting meaningful change.

Participants recognised that establishing trust required time, effort, and a commitment to creating a safe and non-judgmental culturally safe space. This involved being culturally sensitive and aware of the historical trauma and intergenerational impacts that many Aboriginal families experienced. Participants noted that prioritising an environment where trust was created allowed women and children to feel comfortable sharing their stories to support healing and recovery.

“ *Yeah, I was just, I was just listening to her story. That's, you know, I just wanted to build that trust up because I thought like in my life, it affected me too. I was like, Oh my goodness, that is a lot to go through, and that was probably just like the tip of it all, you know. So yeah, I was just waiting to develop that over time and hopefully talk about it again (Participant, Katungul).*

“ *So I'm with the counselling team, so I work with women. And then again it also comes down to, so I work with the women like sharing a space, having a safe space for them to have conversation. They share what they want to share within that room. And then that's inclusive of just them little things that also come in conversations as well. But also in saying that you can only offer suggestions for supports that are in place that she can then take home to her partner (Participant, Waminda).*

Centring Cultural sensitivity and language

Participants from both Waminda and Katungul identified Cultural sensitivity, humility and safety as critical when working with families affected by domestic and family violence. They emphasised the need for culturally safe and respectful approaches, taking into consideration the issues arising at the intersections of domestic and family violence, mental health and alcohol and other drug issues, intersectionality and the negative impacts on Aboriginal families. Key to this approach was the importance of attention to language. Workers described culturally appropriate language and terminology as a powerful tool in building trust and promoting understanding. They noted that “using



words that women are going to understand more” is essential in building a strong therapeutic alliance. Another participant highlighted the importance of avoiding language that may be perceived as offensive or inappropriate. Participants emphasised the need to respect the language and Culture of the local community they worked within. This further extended into the practice and importance of knowing how to question and listen to Aboriginal people in unique settings. This approach acknowledged the diversity of Aboriginal Cultures and languages and recognised the need to be sensitive to differences.



3. How does the Safe & Together Model align with Aboriginal ways of knowing, being and doing?

One of the key aims of the research was to explore how the Safe & Together Model aligned with, or complemented, the work of the ACCHOs in the area of domestic and family violence. The findings above describe how ACCHOs are already working to overcome challenges in this area of work. This section describes how the Safe & Together ways of working can contribute to addressing the challenges.

“ And especially Koori services, but yeah, it (S&T) would work but because it’s new and it’s fresh. It’s a new way of looking at things. Things have changed within the domestic violence system anyway, you know, there’s things added and there’s things taken away, but yeah, definitely I think it could work really well (Participant, Waminda).

The foundations of the Safe & Together Model and approach

The Safe & Together™ Model (the Model) aims to support work with families where there are complex, intersecting issues, through the provision of a helpful language and practice tools to support collaborative practices. The Model does not require fidelity and so can be adapted to local context and needs. The Model highlights an ‘all-of-family’ response which stresses the importance of addressing the needs, support and/or accountability of each family member (Mandel, 2024). The Model promotes the visibility of men as fathers and focuses attention on supporting children and their mothers/carers/Kinship carers. The Model represents one of the most consistent approaches to working with survivors and those using violence from a parenting perspective, which is often a tension in white dominated systems that often hold mothers/carers responsible for the impacts of domestic and family violence on children and family functioning. A feminist perspective and Intersectionality are also critical to the response.

The Safe & Together Model sets out three basic principles (Figure 8) and key critical components (Figure 9), creating a framework with a shared language that can support collaboration across different organisations and service sectors engaged in responding to families living with domestic and family violence. The Principles are:

1. Keeping children safe and together with their non-abusive parent (usually their mother or carers).
2. Partnering with the non-abusive parent or carer(s) as the foundation from which children are protected.
3. Keeping the person using violence visible as the source of risk and harm to children and families, engaging or intervening and holding them accountable through collaborative working across programs and services and mapping and documenting patterns of behaviour.



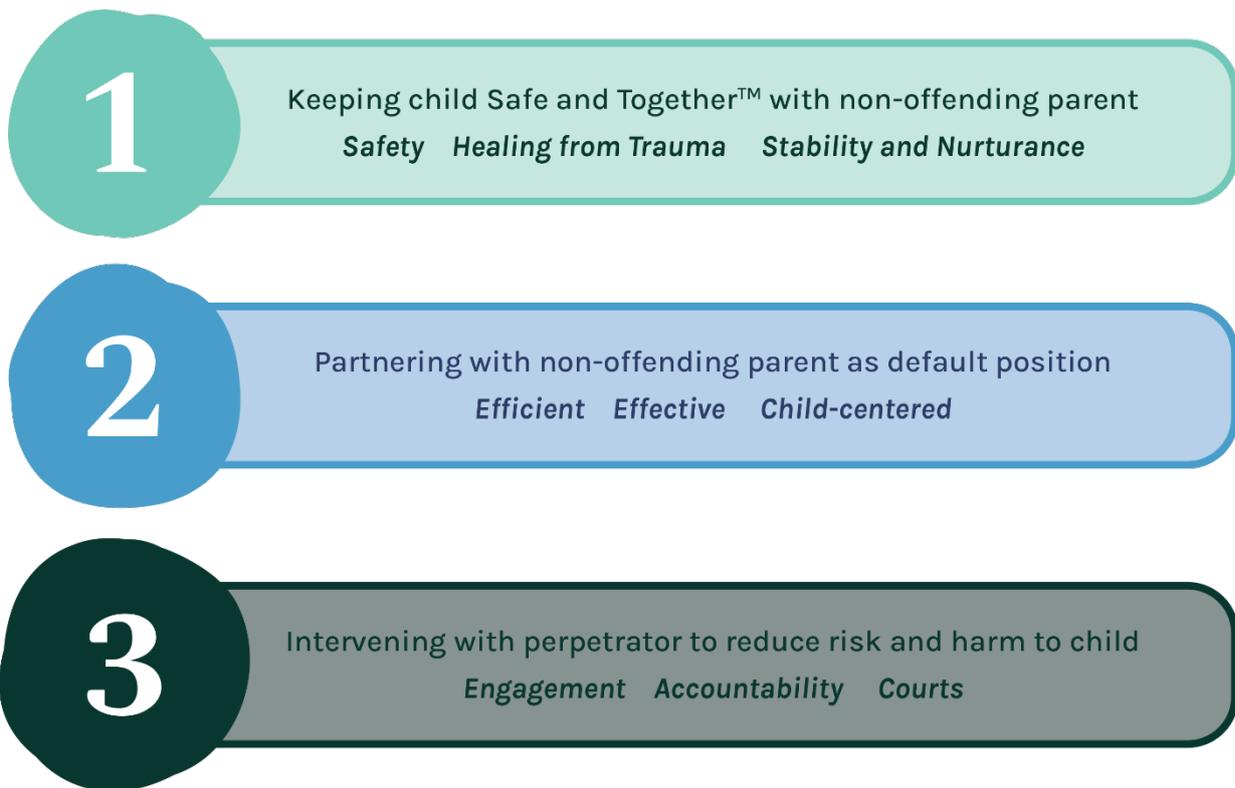


Figure 8: The Safe & Together Principles (reproduced with permission)

While the *Principles* provide the foundations for the conceptual model, the *Critical Components* (Figure 10) provide more detailed guidance for workers. The first step is always to understand (and document) the pattern of coercive control used by the person using violence and actions taken to harm the child/ren. This allows workers to map patterns of behaviour that impact the whole family rather than single incidents of violence. Using this lens bolsters an understanding of power and control and how this impacts the family. This approach helps to identify the role intersectionality can play in coercive control – for example, how structural racism can be leveraged by a non-Aboriginal perpetrator. Alongside this step, the next critical component focuses on the non-offending parent (usually the mother/carer/Kinship carer) and the actions they have used to protect both themselves and their children.

The Model specifically calls for an understanding of the different expectations of men and women as parents, and inherent gender bias from the system. This allows workers to explore how higher expectations of women as parents often makes their protective efforts invisible – for example, how they are working to repair or compensate for the harm to the children through their parenting. This framework for detailing how harms to children are linked back to the behaviours of the person using violence, allows workers to document all of the protective factors the mother/carer/Kinship carer is using to keep the family safe. This actively involves moving away from mother-blaming towards a partnership between worker and adult victim/survivor (see Figure 10 *Multiple pathways to harm*).

Multiple Pathways to Harm

Perpetrator's Pattern

- Coercive control toward adult survivor
- Actions taken to harm children

Children's Trauma & Safety

- Victim of physical abuse
- Seeing, hearing or learning about the violence

Effects on Partner's Parenting

- Depression, PTSD, anxiety, substance abuse
- Loss of authority
- Energy goes to addressing perpetrator
- Interference with day to day routine and basic care

Effects on Family Ecology

- Loss of income
- Housing instability
- Loss of contact with extended family
- Educational and social disruptions

Harm to Child

- Behavioural, Emotional, Social, Educational
- Developmental
- Physical Injury

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Figure 9: Multiple Pathways to Harm

The Safe & Together Model supports culturally safe work by offering a pathway to value protective efforts that don't engage mainstream services, recognising that that Aboriginal people often experience these services as unsafe. For example, the approach encourages workers to see a mother's protective behaviours more holistically than just calling the police or staying in a refuge and allows workers to document those protective strengths. The Model aims to support better systems and professionals to not measure a mother by white mainstream victim/survivor help seeking such as calling the police, when an Aboriginal woman may have a very real fear of police. The same applies to child protection. For Aboriginal women in particular this can be a double jeopardy – when it is not safe to call the police but they are then being blamed by child protection for not calling the police. The Model aims to identify this context and highlight the dilemma in advocacy work. The Model also values the role of fathers in the functioning of the family, which is important to many Aboriginal communities, and often ignored by mainstream services.

The *Critical Components* recognise that domestic and family violence rarely occurs alone but often intersects with mental health issues and alcohol and other drug use, either for the victim/survivor or the person using violence. This is often referred to as 'the intersections with domestic and family violence'. The Model allows for assessment of patterns, for example, how the person using violence's abuse intersects with a victim/survivor's recovery efforts or how his own patterns of control and violence may change with his sobriety or alcohol and other drug use. Intersectionality and the recognition of the increased vulnerability of both adult and child victim/survivors when structural power imbalances are present, raise further complexities for practice and are recognised by the

model. This is particularly important and relevant for Aboriginal workers, families and communities as it acknowledges privilege and power, racism, systems abuse, the impacts of colonisation, intergenerational trauma and marginalisation. For example, the Model’s analysis of coercive control can highlight and identify the pattern of the person using violence’s and how they might be leveraging inherently racist systems to continue or perpetuate the abuse.



Figure 10: Safe & Together Critical Components (reproduced with permission)

Mapping to identify the behaviours of the person using violence and the impact of the pattern of harm on the family

Participants described an alignment with Safe & Together around the identification of tactics of coercive control and talking about the behaviour of the person using violence in order to identify the impact on the family and respond to both adult and child victim/survivors. A positive aspect of the Safe & Together principle of holding the person using violence to account through mapping their pattern of behaviour was seen as an enhancement to the existing practices of workers at the ACCHOs. This can be done by ‘bringing the person using violence into the room’, not physically but through gently asking the mother to identify these behaviours and their impacts on the whole family. Workers described the importance of this practice in ensuring the person using violence was visible to services.



The Safe & Together Perpetrator Pattern Mapping Tool worked for staff from both ACCHOs even considering their developmental differences in terms of domestic and family violence practices. With the recent opening of the Katungul Women's Healing Centre at the same time as the ALFIES project starting, Katungul staff saw the mapping as a valuable tool to support their work with women:

“ *Having those little yarns when we get the opportunity. I mean, it comes with a lot of, you know, mental health issues and stuff like that. But just when we have the opportunity to have those yarns about the perpetrator and their behaviour and their responsibility, you know, within that family unit, I've noticed that. At the beginning I wasn't so familiar. And it has taken me a little bit to, I guess start pedalling in changing the language. But not actually suppressing that terminology, either on his behaviour within the family and how that's affected the children (Participant, Katungul).*

“ *I had one assessment yesterday. And so I really honed in. We did the Domestic Violence Safety and Assessment Tool (DVSAT). And within that DVSAT, I drew out questions about his behaviour. And so it actually took the pressure off the female. And it opened up a can of worms, or a window of opportunity. To actually speak about him and how much he needs help. And so it actually changed the dynamic of conversation. She come in and she went from, I guess, there was a lot of anxiety around what that looked like asking those questions - one. But too, it kind of released pressure off her. That OK. It's actually safe to talk about, to talk about his behaviour and how that's affected the child. Even in utero, we had conversation about that because she wasn't aware. So it was like providing education for her as well. It wasn't just focusing on the deficit of the situation (Participant, Katungul).*

For Waminda staff, who already have a strongly developed service response to domestic and family violence in their community and have been working in this area for many years, mapping the behaviours of the person using violence to show the harm being done to the family aligned with their current practices. The more detailed mapping of behaviours, and the impacts of those behaviours, allowed workers to identify where the harm came from by shifting the language from feelings experienced by the woman or victim/survivor to the actual behaviours of the person using violence. In this way, the Model created pathways for new understandings and conversations which are more relational and contextual compared with individualised, pathologised, Western approaches to mental health using a Western bio-medical health model. Workers across the organisation, including counsellors, intake and assessment workers, midwives, and family support workers described how this practice supported their work.

“ *I think like with my role in intake I feel like there's been a lot of difference in the way that I speak to the women in regards to having them identify patterns, and like realising the control that is going on. So being able to bring those conversations up there that makes them think more into it (Participant, Waminda).*

The male workers at Waminda, working with men in the community, talked about how mapping abusive patterns of behaviour aligns with the work they currently do in healing and supporting families. They emphasised the importance of involving the person using violence in addressing the domestic and family violence, acknowledging their motivations, needs, and behaviours to highlight the impact on their families. The workers talked about the need for a safe space for sharing, gentle questioning, and non-judgmental listening to understand the context of the person using violence to develop a comprehensive response.



“ So we call back and go, righto, this, there's no progression here. We map out what's been happening, map out the changes, the influences, the positives and negatives, and we look at maybe someone else, it's probably best to manage or take over. Because right now this is not happening for whatever reason. So it is important that we do that (Participant, Waminda).

Mapping to validate the victim/survivor's strengths and resilience

Participants, particularly at Waminda, talked about how partnering with the victim/survivor and documenting her strengths, protective factors and resistance was incredibly helpful and bolstered the work they were already doing. This practice was the strongest alignment with Safe & Together - working with women and children using a strengths-based approach and a default position to partner with the mother. Workers talked about being able to focus on all the things a woman is able to do, rather than taking a deficit-based stance and focusing on what she is not doing. This process highlighted her protective factors and resilience. Workers recognised that a mother's small acts of protection and resilience are significant and important in keeping children and other family members safe. The mapping of protective strengths encouraged workers to bring these factors to the forefront to support women to navigate the service system, particularly statutory child protection services.

“ And it really stuck with me from the very first session we did, just about... I mean, we do work from a strengths space, but when working with Mum to just focus more on the little things that she has been able to achieve, and make that the forefront of what you're reporting, rather than what she hasn't been able to achieve. And it was good just to have that, I don't know, reconfirmed with me, because you do sometimes... In the midst of how busy it is, you do slip away from that, and you tend to start to think, "Oh, she's not doing this, and she's not doing that" and it's good to sort of come back and just reset. That was from our first session, so I always think about that (Participant, Waminda).

Participants discussed how identifying and mapping the women's strengths had a positive impact on their clients, leaving them feeling validated and supported. The tools gave workers the confidence to ask each woman how the violence was impacting her and her children, in a meaningful, non-judgmental and non-blaming way.



Case example

A worker at Waminda used a simplified version of the mapping tool to document their client's protective factors, resilience and strength in the face of ongoing and severe domestic and family violence. This was in direct contrast to other mainstream services, such as her lawyer and the justice system, telling her she was wrong, and the violence was all her fault. The use of the mapping tool was validating and changed the story for the client. The discussion emerging from the mapping tool exercise was used to combat the self-blame she had always held from the dominant mother-blaming story.

NB. All case examples are de-identified and were developed in consultation with project participants.

Many mothers had felt guilt about the impact of the domestic and family violence on their children and families and blamed themselves for not leaving the violence. Participants talked about how the mapping can help with healing, by going back through the story and identifying all of the protective work the mother had been doing to help keep her children safe and supported. The tool was seen as a 'healing tool'.

“ *It helps the person we are supporting and gives them strength – it will definitely strengthen people (Participant, Waminda).*

Participants described how the mapping tool could be used in counselling sessions with women to further support healing. Workers' current practice when their client was the victim/survivor was to follow the lead of the client/woman in their discussions. Workers reported that their conversations or yarns were becoming guided by closer attention to where women felt responsible for the impacts of domestic and family violence, and to the systemic mother-blaming she experienced. They spoke of how using the mapping tool to identify strengths and recognising where the blame for the violence rested (with the person using violence), supported the mother to move past guilt and begin healing.

“ *I think it would work to that as well. If you are working with a woman who is a survivor and not in that relationship anymore, to go back and do the mapping with her - this is where you were, this is what happened. Because I've got one person in mind that I think she's not in a really great case at all. She always talks back to her violent past and I think she well has an opportunity to do something like this that would really help her heal.... The woman has always carried that blame. Well, you stayed with him. You've done this... I mean, I carry guilt. Guilt for a long time. It's hard to let go of (Participant, Waminda).*

Documentation and Advocacy

A further alignment of the Safe & Together Model with the practices of the ACCHOs was enhancing documentation practices so that case notes, reports, and referrals accurately reflected both patterns of harmful behaviour by the person using violence, and the strengths and protective actions of mothers and carers. Some workers saw it as a 're-set' to stop and think about all of the positive steps and actions taken by the victim/survivor to keep her family safe. When it is hard to see what is going on, the mapping and documentation processes made things clearer for participants.

“ *Yeah, definitely. When I do find out like specific information like type of abuse, I definitely document the whole thing specifically. Because it just made me realise how important like the details actually are because it could be that that person can use on someone else if they're in sort the same context, like same area, like, you know. So I mean it's all very time consuming though, like documenting everything, is what I've realised. But also it has been helpful with my practice cause then I can go back and be like, oh well that's specifically what happened (Participant Katungul).*

“ *I think my massive big change has been my documentation. So you know, if a woman comes through and they're disclosing DV, whether it's family violence or partner violence, I think I really now go into like what the woman does beforehand and after. That's the positive side of it - so that it's not just such a negative note that you're reading (Participant, Waminda).*

The enhanced detailed documentation was described as being a powerful tool to advocate for mothers and children, particularly when child protection was involved. For example, staff at Waminda spoke about the ongoing negative experiences they have had when advocating for their clients when engaging with the statutory child protection system. The enhanced documentation allowed them to support the mother/carer and highlight where the harm was coming from (usually the person using violence).

“ Yes. Also too, like I sort of also use it. So I've got Mum, got Dad, and I also use it a bit with the DCJ side of things as well, because DCJ's presence and their thoughts and expectations and blame often creates their case plan. Then I have to go in with Mum's side and say, well, this is actually not right (Participant, Waminda).



Case example

A mother had been blamed⁶ by DCJ statutory child protection for the violence she experienced at the hands of a white man. The staff at Waminda recognised this and documented in detail the harms caused by the person using violence on the whole of the family. They also acknowledged and documented the mother's strengths and resilience in their mapping. In this way, the staff were able to challenge the deficit-based and racist view of the Aboriginal mother held by the statutory child protection service

NB. All case examples are de-identified and were developed in consultation with project participants.

“ I think if I'm right, we had to kind of just like get all that rich context around everything that's going on, so that we could then close it, and then give the information to DCJ, so they could see the pattern of what was going on. Because we'd got to know the family, we'd learnt that pattern, and then we shared that information. But I guess the question for me is what accountability measures did they put in place for the dad, to respond to his violence? (Participant, Waminda).

Working with the whole of the family

The Safe & Together Model takes a holistic approach to work with families. It aims to identify the behaviours of the person using violence and to intervene to stop those behaviours in order to create safety for the family. All approaches are victim/survivor-led and guided, with the ultimate outcome of keeping women, children and families safe. This approach aligns with an Aboriginal worldview of ensuring safety of all family members and working with community and Culture to support safety and healing. Nothing sits separately and all things are connected.

Participants described this alignment as being a positive component of the Safe & Together approach. It was seen as important to be able to work collaboratively with the whole family. This included involving children and teenagers in the process and the importance of the role of men in the process. This paralleled with the importance of focusing on what women can do, encouraging women to stand up for themselves, and recognising their rights as a parent and as a woman.

⁶ NSW law includes a specific "failure to protect" offense, targeting those who, while having the power to act, fail to protect a child from known risks of abuse. Women experiencing domestic and family violence are often blamed by DCJ as failing to protect their children but they have no power to act due to the behaviour of the person using violence.

“ Well, I work very closely with (worker) and we've sort of had conversations following the training around what was helpful and what might be a challenge. I think we all work in similar ways. I think a big part is cause we do in the counselling program only work with women, but at times we work with males if they're under 16. So, they're not parents yet mostly. So, I think since doing this training, it really opened my eyes and made me just bring to the forefront of my mind to keep them in view. That really stuck with me that them just, yeah, you guys speaking about always keeping them in view even though they're not, we don't see them. But it's around parenting as well. Like if they're feeling like it's all their responsibility, just asking more questions around what his, if he's in the home or even if he's not yeah, what his responsibility is. And it's changed a lot of conversations. It's changed the direction of a lot of conversations that I've had with women. So, it's been really beneficial to use that in that way (Participant, Waminda).

Some examples of how this worked practically were through mapping the multiple pathways to harm, and through the use of team parenting plans, rather than safety plans that placed the responsibility for navigating risk and safety with the victim/survivor. Workers spoke about this being particularly useful to strongly identify and make visible the impacts on children. They saw that this tool could be expanded to include siblings and young people when they were the users of violence. Workers described practices changing to questions around parenting and this has changed the direction of conversations with the women.

“ I work with the whole family. I would say that for me it does work because if the partner or the ex-partner is in and out or if they're actively involved, then I can have that as a guide. I think if I wasn't working with whole family at, like, if I was only working with mum it would be pretty much a one-sided mapping (Participant, Waminda).

Reducing gender bias and reaffirming parenting as a shared responsibility

Participants from both ACCHOs who worked with mothers and children described noticing the higher expectations placed on mothers from systems, and the inherent gender bias that kept women unsafe but also blamed them for problems with family functioning. Workers talked about asking more questions about the father's involvement in the children's lives. Safe & Together provided the tools and language to check in and explore roles in the family more deeply, to uncover who holds the power and who holds all of the responsibility.

“ From this one, most recently I'd say I've got a mum who her children are in out-of-home care currently and she's been feeling a lot of self blame that she's doing everything and that the children are not having a relationship with their father cause he's not bothered to do a single thing since they were removed. He hasn't seen them. And so she's been taking that onto herself. So I've been having those conversations around changing that, like he has a shared responsibility even though you aren't together and even though the children aren't with you. You're both parenting in one way or another. And that relationship for him is different. And it's just sort of trying to shift that (Participant, Waminda).

Working with men as fathers

For those participants who worked with men in the community, one of the most powerful yet confronting aspects of the Safe & Together Model was its focus on engaging men as fathers in order to challenge and change their violent behaviours. Workers described how difficult this work can be — sitting with men who use violence and making them face the reality that their actions not only harm



their partners, but deeply shape how their children experience safety, love, and fatherhood. Men were asked to consider how their children see them when they harm their mothers, and how this behaviour defines them in the eyes of their children. Participants acknowledged the importance of understanding the patterns and drivers of men's violent behaviours within the broader context of their lives, while still keeping the focus firmly on accountability, repair, and healing for families. This was especially challenging for workers who were not accustomed to engaging men directly, or who felt they did not have the capacity or safety to enter those 'brave spaces' and hold such hard conversations. Others, however, leaned into this core component of the Safe & Together approach, recognising both the risks and the transformative possibilities it carried. The issue of collusion with men using violence was unpacked in depth. Workers discussed the fine balance between not minimising or sugar-coating the harm caused, while still working with men to take responsibility and change their behaviour.

Waminda staff reflected on how Safe & Together tools supported them to bring men into conversations about domestic and family violence in a way that did not let them deflect or excuse their actions. Framing the use of violence as a parenting choice — a key concept of the model — helped men to see their behaviour in terms of the direct impact it had on their children's wellbeing and their identity as Aboriginal men and fathers. Staff also emphasised that none of this work could happen without first building trust, developing connections, and holding a safe space to enable these difficult conversations.

“ *Me and brother, you know, are really, really passionate about actually having our own space so men can drop in there and they can be safe there. And then through that safety and that trust and stuff like that, we can implement stuff that we've actually learned from training. (Participant, Waminda).* ”

The male staff at Waminda described how this would work by also highlighting the importance of bringing Culture and Kinship into the discussions.

“ *I'm guided a lot through that. So I'm not a father, so I know my roles as a, through Kinship as an uncle to these kids and stuff like that. But as a father, I'm learning from the fathers. And I'm also learning from my role models who are fathers. So I lean on my brothers who are fathers who've got obviously their life story as well. And if they're open enough to share that with me so I can come out and do the work with the dads culturally and all that, I can help the fathers, you know what I mean? Like engage more with Culture. Which you know, if you are walking that Cultural path and trying to get them to do that. But also the struggles of being a dad. I've got to just know my place and just go, bro, you know what I mean? This guy's - I'm asking for advice here of my peers and going - bro, this brother's struggling with his parenting. You know, how do I navigate this? You know what I mean? Because I haven't, I can only do it. I can only fill it as a Kinship role. But you know, there's still paternal hold, you know, there's still, you know, you are the real, you are the dad. Like, you are the dad. I can only guide you through a Kinship system. But you actually are the dad (Participant, Waminda).* ”

Including children and young people

Participants could see the value of using the mapping tool to focus on the children and the impact of violence on them. Workers talked more broadly about how this work could be expanded to include children and young people and their caring roles for siblings in the family. They saw the potential for documenting protective factors for younger siblings and how this could be used to re-educate staff in Western child protection services who would traditionally see this as a risk factor rather than protective factors for families. Workers at Waminda discussed that in practice these factors could be



added to the mother's mapping and documentation, but it was very important that children and the 'voices of youth' were taken into consideration and highlighted in any response-particularly in Aboriginal communities.

“ *Participant 2: I think that'd give the child a space to – like because then if it's done all together that'd give the child a space to maybe feel a bit more supported in what they're saying, especially if the father uses violence. Instead of being scared. But yeah, thinking about what (worker) just said and what you said earlier Aunty Marlene, is using the mapping tool, and even with siblings like it'd be interesting to use it in a family where there's multiple children and then put it all together. Because different children might – they'll have a different experience, and even, I don't know – I'm thinking about older children, maybe like teenagers, and their response and maybe they're using violence or something like that, but a younger sibling would be seeing that too and seeing the patterns.*

Facilitator: Yes, the patterns and the difference in the responsibility older children hold (Waminda).

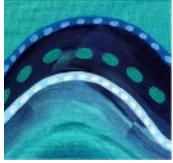
A tool for conversations about domestic and family violence

Participants discussed how domestic and family violence takes many forms, including emotional, psychological, and financial abuse. The yarns emphasised the importance of addressing all of these forms to provide effective support. Workers discussed how staff can play an educational role within community and how education through conversations does support their work with families affected by domestic and family violence. Participants at both organisations highlighted the valuable learnings provided by the Safe & Together training that they could take with them to use as conversational pieces with their clients and the community. Coupled with Cultural sensitivity and localised knowledge and language, this provided staff with the capacity to talk to community about domestic and family violence and the impacts for them as families, whilst at the same time recognising racism, systems abuse and intergenerational trauma.

“ *Participant 1: I found myself in a session the other day with a young woman who's a teenager and just remembering to keep, I think I said this last time, but keep him in view and ask about him. She said she spoke about a boyfriend and I think before this training I would've maybe not asked too much if she didn't - if I wasn't led by her - to speak about him more. I sort of was thinking more about how I can ask about him and just like what impact, just gentle questions. What impact does he have on your life? Does he add value? With young women, because I think that maybe like 15-18 that age, maybe they don't get asked these questions that adults would, but they're moving into that and they're living that. That's something that I thought about the other day.*

Participant 2: It's terrific. They go away and think about your questions. They'll go away and go, wow. She asked me - I never thought about that.

Participant 1: Because they do have a huge impact on everyone, but especially when they're young and trying new things and things, it's huge impact (Waminda).



4. Adjusting the delivery of the Safe & Together to support work with ACCHOs

“ If it is shaped for our community it will work (Participant, Waminda).

Although there were many alignments with Safe & Together for workers in ACCHOs, participants identified five key areas that need a more nuanced response to meet local Aboriginal needs. These are outlined below.

- 1. Embedding an understanding of inter-generational trauma and more consideration and attention to Culture in the Safe & Together training.*

Participants saw this working in two ways: it will acknowledge the important role of Culture in the work that ACCHOs are already doing, and it will illuminate the importance of Culture to other government and Western/white services who may not prioritise culture in their service responses. This enhancement will build on the nuanced and targeted training and capacity building through the Yarning Circles that Jackie Wruck developed for the ACCHOs in the project, with her particular attention to Culture in the NSW context.
- 2. Providing more contextual descriptions about working with the whole of family and the community in an Aboriginal context for ACCHOs who will undertake the training.*

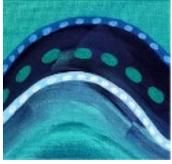
This should include the roles of Kinship and siblings in families and how the Model can include and work with them (for example: how siblings care for each other, how children and young people’s voices can be heard). The Model needs more work on engaging, assessing, and documenting other members in the family — extended and community.
- 3. Providing more practical detail about how to work with the person using violence.*

Situations where participants sought more detailed exploration in this area from the Model were: when the person using violence is not the core client of the service, how to bring the invisible father ‘into the room’, and mapping a situation where more than one person uses violence.
- 4. Consideration and adaptation of language to reflect Aboriginal community needs and feedback.*

This includes the use of the word ‘perpetrator’ in the mapping tool (participants preferred the language of ‘the person using violence’ and the need to use localised language that women and children can understand. As one participant noted: ‘Use their words’ when engaging women in the community.
- 5. Consideration of the local Aboriginal workforce, thinking about each organisation’s capacity and capability, when exploring the implementation of the Safe & Together Model in local areas.*

The project highlighted that it is important to recognise and understand the impacts of lateral violence and issues of worker safety for those who live and work in their local community and wear a number of hats/have a number of roles in the community.





5. Considerations for implementing the Safe & Together Model in Aboriginal-led services

1. *Engagement, developing trust, co-design and implementation must proceed at the speed of trust with local workers and the community.*

It was clear from the co-designed and Aboriginal-led process guiding the project, that implementation of the Safe & Together Model in Aboriginal-led organisations must include generous timeframes to allow the work to move at the speed of trust with local communities, workers and services. Aboriginal-led organisations are still working with structural racism and ongoing assimilation pressures, and funding bodies supporting co-designed Aboriginal-led projects must take that on board and respond.

Building trust and connection takes time and this needs to be factored into any implementation or roll-out process. A stepped-out process that mirrors the research team's approach to developing relationships and understanding of the local context is essential. This includes factoring in time for: engagement, trust building, developing safety and rapport, and developing local Cultural protocols before training and capacity building can begin. Importantly, taking the time and effort to arrange meetings at times and locations that are appropriate and convenient to all stakeholders supports these processes, as well as flexibility to respond to local issues and events that occur (for example: Sorry Business, other local events, school calendars etc). It is critical that community are respected as the experts in their local area.

“ *And I think that if we get it around our own head that this is not going to happen overnight. It's not going to happen, like as quickly as we'd like it to. And, but we set ourselves you know, practical milestones that we're able to look at what we've achieved at any one point and feel good about that point, and then move on to the next (Participant, Katungul).*

2. *Safe & Together would benefit from tailoring their training content to each local Aboriginal community and their locally identified needs.*

A reciprocal and collaborative working partnership between the Safe & Together trainers and the local workers and community should be developed to support implementation of the Model. The Safe & Together facilitator for this project spent time and thought in developing her responses and content for both Katungul and Waminda for each Yarning Circle. This thought and responsiveness and really listening to the participants ensured ongoing learning, respect and a partnership approach to the work.

“ *Every model should be always kept alive. And what is it, living, the model should be always living, you know what I mean? And that's what I liked about the training as well too. When we met you, it was understood from the start, have a look at this, but we are open to hear what you think about this. We're not just here to deliver training. We are here to learn as well. You know? And that relationship straight away. It's not, oh, we're this mob, we deliver this, you take away. And we don't change this here. It's like, it was good to hear that. If you suggest something, we will take that away and yarn about that, because that's something that we can also put it in our training (Participant, Waminda).*



3. *Safe and Together training and capacity building must have a Cultural lens.*

This includes a shift to use locally responsive language. Participants engaged well with the Safe & Together trainer who used examples from her own experiences being an Aboriginal woman, mother, worker and trainer. This highlighted the critical need for training to be delivered by an Aboriginal facilitator. Both the Safe & Together trainer and the Aboriginal facilitator from the research team engaged participants in the Yarning Circles in a mentoring capacity rather than a didactic training/capacity building modality. The way the training and capacity building is delivered in each local area should be discussed with local communities before any implementation to ensure it is appropriate and meets their needs. It is important that a longer and slower process is factored into timeframes with Yarning at the core as the learning progresses.

“ *I think because you've got speakers like Aunt (Jackie Wruck) that speak, it's lived. This is lived experience. This is not nothing that you learn at Uni. And, you know, Aunt's got no, like, doesn't come down and flash her credentials and stuff like that. Yeah. This is having Aboriginal woman come down and share lived experiences, you know. And for us as men, we need to hear that from our, from our aunties and from our Aboriginal women, you know, because that allows us to better understand.. It's the walking in Two Worlds stuff. And you don't get that at a mainstream conference, you know what I mean? Like, or you don't get that at a mainstream training (Participant, Waminda).*

4. *Understanding of the importance of safe spaces to allow brave conversations should be built in as part of early capacity and trust building.*

A brave space needs to be established before Safe & Together training is introduced. Safety is a big component of the work and this needs attention at the start of the process. Culturally safe Yarning and discussions about how the Model works with community must be embedded in the process.

“ *Aboriginal Facilitator: And the process of being involved in this project?*
Participant: It has been very beneficial. We have loved the yarns and learnt a lot. (Katungul).

5. *Organisation, worker and community readiness.*

The project highlighted that a basic understanding of domestic and family violence, including understandings of gender bias, coercive control and power and responsibility, and relevant practice skills, are a pre-requisite for appropriate engagement with the Safe & Together training and Model. Workers need to be skilled and knowledgeable about domestic and family violence and be supported to undertake work in this area of practice. Organisations wanting to implement the Safe & Together ways of working need to be well resourced and have capacity to embed them into their established work practices. The role of leadership is also critical in providing an authorising environment and supporting staff to work through and implement new practices.

To be beneficial, four stages are critical for any implementation process: Preparation, training, implementation, and evaluation. These four stages must sit closely together to support organisations to effectively implement Safe & Together.





Section Six: Recommendations

This research project aimed to explore whole/all of family, holistic practices with Aboriginal families when there are domestic and family violence and other intersecting issues (alcohol and other drug use and mental health concerns) using a trauma and violence informed lens. Importantly, the research aimed to move beyond documenting practice at these intersections to explore how the impacts of colonisation, systemic racism, intergenerational trauma, and past and current systemic abuse and neglect, shapes the work of Aboriginal Community Controlled Health Organisations (ACCHOs) when responding to domestic and family violence in their local area and with their local community. The project also aimed to examine the Safe & Together Model to assess whether or how it can be used as a model to support the current work of ACCHOs in NSW and their workforce, when working with families and communities experiencing domestic and family violence using Aboriginal-led approaches, centering an Aboriginal world view. The research findings indicate that there are some alignments between the Safe & Together Model and current practices of workers in ACCHOs and some areas where important cultural factors require further consideration to achieve successful implementation. The following recommendations need to be considered before the implementation of Safe & Together in ACCHOs.

Introducing the Safe & Together Model to Aboriginal-led organisations: messages for government, training organisations and funding bodies

- Supporting existing structures and the ways ACCHOs are currently working is important. Local Aboriginal-controlled organisations are experts in determining the needs of their community and the solutions to existing problems and have established successful ways of undertaking this work.
- A recognition of existing approaches to working with Aboriginal families and communities, developed by ACCHOs, including the importance of connecting to Culture and Country for healing and recovery, creating safe spaces for brave conversations and the important work of Elders and mentors is foundational.
- A timely and considered process for Safe & Together training and capacity building is required for effective introduction or implementation of the approach and Model. Funding provided both to ACCHOs and Safe & Together trainers to support each step in the process is therefore critical. The steps included in this process are:
 1. Understanding an organisation's readiness to undertake the Safe & Together training and subsequent Yarning circles to embed practice is essential. Components of readiness include:
 - staff and organisational capacity and capability, and
 - pre-requisite knowledge of understanding, identifying and responding to domestic and family violence and gender issues.



2. Engagement and co-design of the training delivery modality (including local language and examples used), is an essential step in the process, proceeding at the speed of trust with local workers and the community.
 3. Establishing safety (cultural and gendered) and developing relevant protocols between the Safe & Together trainers and the organisation's Aboriginal leadership and family violence workers is essential, particularly to ensure time and space for brave conversations.
 4. Training in itself is not enough. Yarning circles to support implementation in practice and to support workers in their practice is critical. An Aboriginal facilitator or imperfect ally⁷ who knows the community should be employed to support these Yarns.
- Local understanding and practices are integral to any Safe & Together training delivered in an Aboriginal community.
 - An Aboriginal Safe & Together certified trainer with local understanding will best be able to deliver training that bridges local knowledge and practice with Safe & Together material.
 - In circumstances where the Safe & Together certified trainer is not Aboriginal, it is mandatory that an Aboriginal co-facilitator delivers the training in partnership with the certified trainer to ensure attention and support for cultural safety.
 - Engaging men as workers and leaders is key. Aboriginal male workers' healing and recovery work may be needed before engaging with the Safe & Together content. Participation in ECAV's Strong Aboriginal Men's Program can be helpful for this healing work.
 - Gender is an important consideration. Having both men and women in positions within the ACCHO to work with all members of the family in a holistic way promotes effective ways of working with both victim/survivors and the person using violence that consider gender roles and responsibilities.

Recommendations for the Safe & Together Institute

- The Safe & Together Model has many alignments with Aboriginal principles of working in the area of domestic and family violence, as outlined in Section 5 (p.41 onwards). These include: partnering with victim/survivors through deep listening, mapping to identify the behaviours of the person using violence, mapping the protective strengths of victim/survivors, using documentation to support families through advocacy, working with the whole family (children, women, men and extended family), working with men as fathers, and the mapping as a tool for conversations with families about domestic and family violence. These alignments can enhance the work of ACCHOs.
- Despite the alignments, a more nuanced consideration of a number of key issues is required to meet local Aboriginal community needs. Following the development of engagement and safety protocols, a number of areas emerge for further consideration. These include:
 1. Adapting language to reflect Aboriginal community place-based context, local language and Culture.

⁷ The role and capabilities of an imperfect ally is described in the document: *Waminda Code of Conduct Agreement – Imperfect Allies*.



2. Understanding the inter-generational trauma for both men and women and gauging whether embedded early healing work prior to S&T training and capacity building is needed.
3. Incorporating more contextual detail and examples into the Safe & Together training material to make the content more relevant for Aboriginal workers.
4. Recognising that working with cumulative disadvantage (poverty, substance use, mental health, trauma and racism) will be a particular focus for training and capacity building and may need to be tailored to the different Aboriginal communities and organisations involved.
5. Providing more practical detail and guidance about how to work with the person using violence and potentially focusing on this work in follow up Yarning circles with workers.
6. Consideration of the organisation's Aboriginal workforce (including their understanding and knowledge of domestic and family violence); the demands on them individually and collectively in generally resource-poor communities; and organisational priorities, noting the difficulty for such services in shifting from re-active to pro-active/prevention models.





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Appendix 1: Ethical Considerations

These considerations respond to the Key Principles set out by the AH&MRC for Research with Aboriginal communities.

Key Principle 1: Net benefits for Aboriginal people and communities

From the literature review and through discussions with the Project Steering Committee, the Aboriginal Expert Group and the co-design workshops with Waminda and Katungul, it was clear that a significant part of the staff workload at ACCHOs was with adults, children and families experiencing domestic and family violence at the intersections of mental health concerns, alcohol and other drug use and engagement with the child protection system. Healing from the impacts of domestic and family violence within the context of racism, systems abuse and inter-generational trauma was identified as a priority by both Katungul and Waminda participants.

Both Waminda and Katungul were interested in supporting their staff to participate in the research. This included attending the Safe & Together training and putting the Model into practice alongside their own models of healing and all-of-family approaches. Both organisations believed that using this approach with their clients and community would be beneficial and bring additional ways of supporting families. It was anticipated that there would be enhanced outcomes for the families.

The benefits for the participating organisations, as described in the participant information statement, included:

- Free access to training and resources to use to determine if they align with or enhance current practices.
- Reflective practice groups through the Yarning Circles.
- Enhanced responses to families and communities when there are issues of domestic and family violence, mental health, alcohol and other drug and child protection.
- Creation of new knowledge and outputs that have an Aboriginal world view embedded, that will be used by NSW Health ensure that future policy and planning is appropriate for Aboriginal families and communities.
- Development of an output that will support the work of partner organisations.

Specifically related to the Safe & Together training, workers could expect:

- Validation of current practices.
- Professional development about interviewing, assessments, case plans and documentation in cases relating to domestic and family violence.
- Increased confidence in working with the person who uses violence.
- Exploration of working with victim/survivors.
- Listening to children's voices and creating safety for them in the home by including safe kin.

Key Principle 2: Aboriginal community control of the research

As described in earlier sections of this report, Aboriginal community control was built into all aspects of the proposed research including research design, ownership of data, data interpretation and publication of research findings. Both Katungul and Waminda, were involved as partners in the research. Specifically, oversight of the project at the local level included:

Waminda	Katungul
<ul style="list-style-type: none"> • Waminda’s Research Committee • Waminda’s Cultural Committee • The Project Steering Committee • The Research Team’s Aboriginal Expert Group. 	<ul style="list-style-type: none"> • The Katungul Board • Local Community Elders • The Project Steering Committee • The Research Team’s Aboriginal Expert Group.

Key Principle 3: Cultural sensitivity

Initially the overarching Project Steering Committee developed a Cultural Safety Protocol to provide guidance across the whole of the project. Both organisations then developed Cultural Safety Statements with the Research Team that guided engagement, all interactions and how the research would be conducted. The Cultural safety protocols guided the Yarning Circles. The key components of the protocols included:

- Respect (to create a collective Culturally safe care agreement) for all meetings, consultations and trainings. Everyone in the room had an opportunity to be heard with regard given to their experience, knowledge and expertise. Challenging issues and complex conversations were often navigated with an opportunity for all ideas and thoughts to be expressed and valued.
- Aboriginal methods and ways of being, knowing and doing were incorporated. For example: Dadirri - deep listening - was used in the meetings/discussions to ensure that we truly listened to each other.
- The use of language is important with Cultural safety and respect as core.
- With a yarn or discussion – the groups agreed to discuss the topic and not make it personal, to address the issue not the person.
- Decolonisation of practices.
- Data sovereignty and respect of Cultural Property and Cultural Intellectual Property.
- The importance of confidentiality.





Figure 11: Elements of the Cultural Safety Protocols

Key Principle 4: Reimbursement of costs

Each organisation was expected to support the project. These expectations included: Negotiating the terms of the project including project governance, data ownership and sovereignty and communication; co-designing the elements of the project; supporting the establishment of project governance; supporting the submission of an ethics application to the Aboriginal Health and Medical Research Council of NSW (AH&MRC), attending the initial Safe & Together training; implementing the S&T learnings into practice at the ACCHO and discussing this with the researchers.

To ensure there was no financial burden as a result of participating in the project, adequate funds were provided to both Katungul and Waminda to cover staff costs. Each organisation determined how the funds would be provided and allocated according to their respective needs.

Key Principle 5: Enhancing Aboriginal skills and knowledge

Skills, knowledge and wisdom were shared among the research team members with a collaborative and collective learning and work approach. It was hoped that Aboriginal skills and knowledge would be enhanced in the project through: building the capacity of the Aboriginal Research Team staff to participate in and lead research projects, and building the capacity of staff in ACCHOs to publish and disseminate research findings. Training, professional development and capacity building was



embedded in the research for participants by attending training and building enhanced practices through reflective Yarning Circles. Resources and ongoing connection to members of the research team and Safe & Together facilitator enhanced this process.

Consideration of risk

Although the risks were seen as minimal for participants in this project, any type of research involves potential demands on workers' time, and issues of confidentiality and sensitivity, particularly where the organisations work very closely with their community and are based in regional geographic areas. The research team identified four possible risks:

1. There was a potential risk for some participants to feel that their professional credibility could be questioned when participants discussed contrasting approaches to working with domestic and family violence using different models and ways of knowing, being and doing.
2. There was a possibility that issues of confidentiality could arise when discussing work practices in the Yarning Circles. For example, a participant may have described their practice with a client whom another participant may know of - either professionally or personally.
3. Some of the content regarding experiences of clients, their families and communities was potentially distressing to participants.
4. Conflicting priorities around client needs and demands were possible.

To mitigate these risks, participants of the Yarning Circles agreed to adhere to principles of confidentiality, cooperation and mutual respect, in order to facilitate an environment which was safe to discuss challenging professional practices and relationships. In addition, debriefing and feedback loops were built into successive meetings between participants and the researchers as the Yarning Circles progressed. Participants had the contact details of the research team and the ethics committee should they wish to raise any issues. Due attention was given to sensitive Yarning Circle discussions as they arose, particularly as to whether or how they should be made public or not. Participants were well supported in their workplaces with access to EAPS and clinical and Cultural supervision.





Appendix 2: Glossary

All-of-family approach

The all-of-family approach is a holistic approach to working with each family member in the context of their family, extended family, community, and Kinship groups, as well as collaboratively across services and sectors. It is underpinned by feminist theories that attend to the intersections of drivers of domestic and family violence (DFV) including sexism, racism, colonisation, ableism, homophobia, and other forms of oppression. All-of-family approaches recognise the potential safety risks in working with the family as a unit and allow for separate work with each family member where this is more appropriate.

Cultural safety

“Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.” (PARVAN, 2022, p.14).

Domestic and family violence (DFV)

Domestic and family violence is defined as any behaviour in an intimate or family relationship that is violent, threatening, coercive or controlling, and causes a person to live in fear. It is usually manifested as part of a pattern of controlling or coercive behaviour. An intimate relationship refers to people who are (or have been) in an intimate partnership, whether or not the relationship involves or has involved a sexual relationship: i.e., married or engaged to be married, separated, divorced, de facto partners (whether of the same or different sex), couples promised to each other under Cultural or religious tradition, and couples who are dating.

A family relationship has a broader definition and includes people who are related to one another through blood, marriage or de facto partnerships, adoption and fostering relationships, or sibling and extended family relationships. It includes the full range of Kinship ties in Aboriginal and Torres Strait Islander communities, extended family relationships. It also includes family within communities of people with diverse sexualities, gender identities or intersex variations. People living in the same house, people living in the same residential care facility and people reliant on care may also experience domestic or family violence if their relationship exhibits dynamics of coercive and abusive behaviours.

Drivers of violence

The drivers of violence are associated with gender inequality and are the most consistent predictors of violence against women. These drivers include: condoning violence against women; men’s control of decision-making and limits to women’s independence; rigid gender roles and identities; and male peer relations that emphasise aggression and disrespect towards women.

A public health model is prevention focused, targeting key risk and social factors including the drivers of violence at a population level through a cross-disciplinary and multi-agency approach.

Expectations of men as fathers

Expectations of men as fathers are highlighted as a way of counteracting gender double-standards in parenting. Fathers should be held equally accountable as mothers in their capacity for parenting, particularly in exploring the impact on the children and on family functioning of fathers' parenting choice to use domestic and family violence.

Gender, Gender inequality and Gender bias

Although people with diverse sexualities, gender identities and intersex variations experience domestic and family violence, international and Australian research consistently identifies gender as the biggest risk factor for intimate partner violence. Gender inequality is the social condition that underpins gender as the most common risk factor where women are predominantly the victims and men the perpetrators of domestic and family violence. It is a social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity. It often results from, or has historical roots in, laws or policies formally constraining the rights and opportunities of women and is reinforced and maintained through more informal mechanisms. These include, for example, social norms such as the belief that women are best suited to care for children, practices such as differences in childrearing practices for boys and girls, and structures such as pay differences between men and women.

Intergenerational trauma

A form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations. In Australia, intergenerational trauma particularly affects the children, grandchildren and future generations of the Stolen Generations (Healing Foundation, 2016).

Institutional/systemic racism

Systemic racism is deeply embedded in legislative frameworks, government practices, and societal norms. This form of racism manifests in policies and practices that perpetuate unfair treatment and disadvantage towards First Nations peoples. The consequences include adverse impacts on mental and physical health, economic disadvantage, and social exclusion (Australian Human Rights Commission, 2025).

Intersectionality

Intersectionality refers in this report to people's different experiences of domestic and family violence and how they are influenced by forms of oppression such as sexism, racism, ableism, homophobia, and other aspects of identity. Taking an intersectional approach means recognising that the barriers to seeking support, and the particular forms of violence that victim/survivors from some groups experience, are not only driven by sexism and gender inequality, but also by other forms of discrimination. This extends to recognising that men who perpetrate violence experience different responses from service providers and structural systems based on different constellations of identity.



Intersections

Intersections refers to the complex relationship between domestic and family violence and parental issues of mental health and/or alcohol and other drug use, as experienced by families (often in the context of child protection concerns). This relationship may take different forms, including where one issue shapes or exacerbates the other or, where an issue is used or exploited by the perpetrator for the purposes of coercive control. It can also refer to the complex relationship between the perpetrator's own pattern of abusive behaviour and their own alcohol and other drug use and/or mental health issues.

Person using violence

The term 'perpetrator' is used consistently in research literature and in Australia's domestic and family violence policy and legislative environment. The term is used to reinforce the serious nature of violence in intimate or familial relationships. This project uses the term 'person using violence' to refer to men, fathers or those who use violence and coercive control toward their family and community as we recognise that it is preferable to separate 'the offending person' from their 'behaviours'.

Victim/survivor

The term 'victim' is most commonly used in public, legal and criminological discourse to describe people who have experienced violence, while 'victim/survivor' and 'survivor' are used to reflect the process of victimisation and the work survivors do to rebuild their lives after violence. Current literature also increasingly recognises and refers to children as 'victim/survivors' or 'survivors' of violence, rather than as 'witnesses'. This project recognises that domestic and family violence is a gendered crime. The project uses the terms 'woman'/'survivor'/'victim/survivor'/'non-offending parent'/'carer'/Kinship carer to reflect those who have experienced harm from domestic and family violence and the offending parent/family member as the person who uses violence.

