‘NO SHAME’
THIS WAY FORWARD

CULTURALLY SENSITIVE FAMILY VIOLENCE PRIMARY PREVENTION

Literature Review

2019
Success factors in delivering family violence programs, services and primary prevention strategies in Aboriginal and Torres Strait Islander communities

Family Violence is not part of Our Culture

A message from the Hume Dhelk Dja Action Group
Women’s Health Goulburn North East (WHGNE) was established in July 2000. Previously known as NEWomen, Women’s Health Goulburn North East is the government funded, specialist women’s health service for the Goulburn Valley and North East Victoria.

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Acknowledgements:

We acknowledge the traditional lands upon which this report and facilitators guide were developed and will be used. We pay our respects to elders past and present who have experienced hardship and struggle, to pave the way for future generations to keep the knowledge of our culture strong.

We would like to acknowledge the community elders and leaders who participated in this project and shared their stories. We extend thanks to Uncle Ollie, Aunty Trish, Uncle Chris and Liz Heta. In particular, we thank Judith Ahmat for her work on this project and for condensing it into what will become the Facilitator’s Support Guide for the Hume Region.

This report was a desktop review based on work by Marisa Lo Bartolo and Rachael Duncombe and was compiled by project workers from Women’s Health Goulburn North East (WHGNE). Many of the contributors who worked on this project do not identify as Aboriginal or Torres Strait Islander. An Aboriginal lens was applied to the search and writing of this report, and relevant programs and language were used where possible. Unfortunately due to the evolution of this project, some mistakes may have been made and some reports may have been overlooked in the search. Overall, all attempts to remain respectful, culturally sensitive and academically robust have been made.

We also acknowledge the Project Advisory Group (PAG) which included representatives from WHGNE, Central Hume Primary Care Partnership (CHPCP), Gateway Community Health, Department of Justice and Regulation (DJR), Department of Health and Human Services (DHHS), Lower Hume Primary Care Partnership (LHPCP) and Department of Education and Training (DET).

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Program Background

This work began with the formation of a Project Advisory Group seeking to develop a resource for the Hume region of Victoria. It was understood that there was little to no family violence primary prevention work being facilitated in Aboriginal communities in this area.

This literature review was the first step in identifying a gap in the existing research. This report represents a snap-shot of evidence based interventions to prevent family violence in Aboriginal communities. Due to limited evidence based interventions, a number of programs with promising outcomes with some level of evaluation have also been included. This report will provide a summary of conclusions and recommendations for future work which has contributed to the development of a facilitator’s guide and video resource.

This report can provide a background for practitioners who seek to learn more about culturally sensitive programs, services and primary prevention activities.

This literature review has informed the guide and video which can be a useful resource for workers engaging in culturally sensitive work. It is strongly recommended that the guide and video not be used in isolation from one another.

The aim of this work is to prevent family violence within the Aboriginal community. It is important that before this work can begin, there needs to be a relationship formed that allows for an open and trustworthy conversation to occur. The Making Two Worlds Work resource kit clarifies the terminology that can assist with communicating with a culturally sensitive approach. The Project Advisory Group insists that all work incorporating this guide and video only be facilitated by Aboriginal persons.

The following organisations can be contacted to suggest appropriate community leaders in the facilitation of this work:

- **Rumbalara Aboriginal Co-operative**
  (03) 5820 0000  20 Rumbalara Rd, Mooroopna Victoria 3629

- **Mungabareena Aboriginal Corporation**
  (02) 6024 7599 21 Hovell Street, Wodonga Victoria 3690

- **Central Hume Primary Care Partnership: Aboriginal Community Support Worker**
  (03) 5761 4217

- **Lower Hume Primary Care Partnership: Project Officer**
  – Lower Hume Aboriginal Health & Wellbeing
  (03) 5793 6341
Executive Summary

Family violence is a highly prevalent issue across Australia which disproportionately affects Aboriginal communities. There is demonstrated need for evidence-based primary prevention of violence in Aboriginal communities. There is limited evidence published in public health literature. There is next to no published evidence of programs or interventions which specifically address the determinants of violence in Aboriginal communities. The literature does provide some information regarding suggested approaches and guiding principles around working with Aboriginal communities to reduce family violence.

Successful primary prevention programs have been implemented in the past but are not without their limitations. It is strongly recommended that future primary prevention programs are designed to include evaluation, particularly in the long term. Successful Aboriginal services and program should also acknowledge historical, cultural and social factors contributing to violence. They should be community driven in development and delivery and use a holistic, trauma-informed and healing focussed approach. Finally and most importantly – they should be facilitated by a culturally competent workforce.
Introduction

The prevalence of family violence within Australia has reached epidemic levels. One in four women over the age of 15 has reported at least one incident of violence caused by a current or former intimate partner. Despite its seriousness and prevalence, family violence is largely preventable by addressing its complex unpinning social conditions. The economic and social burden of family violence has positioned it as the “most urgent law and order emergency... and the most unspeakable crime unfolding across our nation”, (Hon. Daniel Andrews MP, Premier of Victoria) leading to the establishment of the Victorian Royal Commission into Family Violence (RCFV). The Royal Commission made 227 recommendations to better coordinate the response to violence through prevention, support, perpetrator accountability, and evaluation of strategies.

To comprehensively address family violence, it is vital to understand the diverse communities that exist within Australia as the social, political and cultural factors and experiences of family violence are widely varied. This is particularly true for Aboriginal people.

In an Aboriginal context, family violence can be defined as a wide range of acts of violence among a family, including extended family and kinship groups. Aboriginal women are six times more likely to be reported as victims of family violence than non-Aboriginal women. They are also 34 times more likely to be hospitalised and 11 times more likely to be killed as a result of family violence than non-indigenous women. Therefore the prevention of family violence in an Aboriginal setting is a strategic priority and will be the focus of this report.

In order to address the issue of family violence in Aboriginal communities, it is important to develop programs and information on services that are culturally appropriate and sensitive.

The determinants of family violence in Aboriginal communities are varied, interrelated and multifaceted and cannot be addressed in isolation. They include the contemporary ongoing impacts of European colonisation, particularly intergenerational trauma, as well as systemic racism, discrimination and gendered factors.

This review aims to explore current programs and services aimed at addressing family violence in an Aboriginal context. It will draw on the common elements that have been found to create successful programs, services and information. While it is also important to recognise colonisation within Aboriginal communities, the consultation process of this project found that Aboriginal community leaders recommend a strengths-based, rather than deficit-based, approach to programs moving forward. For this reason, consideration of the historical significance of past events in Aboriginal culture and the effects they may have had on family violence prevalence has been made but are not guiding factors in the work in this project.

Despite being identified as a priority community in the Victorian Royal Commission (March 2016), the National Plan to Reduce Violence against Women and their Children, Victorian Free from Violence strategy to prevent violence and the Ending Family Violence Victoria's Plan to Change, there is a lack of evidence for best practice to prevent family violence in Aboriginal communities. Furthermore, the existing projects have been largely unevaluated due to their small scale and lack of resources. The following report aims to synthesise the literature and identify gaps to inform a resource for workers in the Hume region.
Key Terms

**Family Violence**: behaviour perpetrated by one family member to another that is physically, sexually, economically, emotionally abusive, threatening or coercive by exercising power and control and causes the victim to feel fear for their safety or wellbeing[^2]

**Aboriginal Family Violence**: An issue focussed around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological, and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities[^2]

**Intimate Partner Violence**: is one of the most common forms of violence against women and includes sexual, physical and emotional abuse and controlling behaviours by an intimate partner[^14]

**Violence against Women**: defined by the UN as any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women including threats of harm or coercion, in public or private life[^4][^2]

**Primary prevention**: whole of population initiatives that address the primary or underlying drivers of violence[^4][^58]

* Throughout this report these terms may be used interchangeably but we will always be referring to Family Violence.

Δ Attempts have been made to remain consistent when discussing Aboriginal persons and communities in this document. The Project Advisory Group has made recommendations that ‘Aboriginal’ is the most widely used term in this region, but some referenced material may have used: Indigenous Australians, ATSI, Aboriginal and Torres Strait Islanders or the name of specific tribe. It is recognised that the Aboriginal community is often referred to in the singular but that it is made up of varied, and often transient people and communities with different backgrounds and experiences.
Method

The research aim is to understand the best practice for primary prevention of family violence in the Aboriginal community to inform a facilitator’s guide for workers in the Hume region.

To understand this, the following supplementary questions were raised:

1. What are the success factors in delivering family violence programs, services and information in Aboriginal communities?
2. What successful, culturally sensitive primary prevention programs have been conducted in Australia, particularly in an Aboriginal context?
3. How can the best practice for culturally sensitive programs be implemented in primary prevention approaches moving forward?

Question 1:

The search terms were selected by examining and extracting key words from the question; family violence, best practice, programs, services, information, Aboriginal. Similar or synonymous phrases were also incorporated in the search. Four databases were used in the search – Proquest, Informit: Family ATSIS, Informit: Humanities and Social Science Collection and Scopus. The following search was conducted on the four databases in February 2016:

- “family violence” OR “violence against women” AND
- “best practice” OR “evidence based” AND
- “program*” OR “service*” OR “information” AND
- “Aborigin*” OR “indigenous Australia*” OR “Torres Strait islander*” OR “culturally sensitive”.

Criteria included English language and a published date within the last ten years. Results were selected if they were peer-reviewed as this was considered a valid and trustworthy source. Abstracts were excluded if articles were not focusing on specifically Aboriginal programs, services or information. The first search with four search phrases gave only 19 abstracts. The search was modified to remove the terms ‘best practice’ and ‘evidence based’ to widen the search, resulting in 159 abstracts. Four pieces of grey literature were also found. A total of 28 articles were considered appropriate for this literature review and were included for further analysis and review.
Question 2:

The search method for this component was less stringent and rigorous because much of the literature has not been published by peer-reviewed journals and exists mostly in grey literature. There was also a time constraint on this body of work.

Therefore, this section of research was comprised of a desktop summary report and basic Google search of the following terms in varied combinations:

- “Aborigin*” OR “indigenous” OR “Aboriginal and Torres Strait islanders” OR “Australia*”
- “respectful relationships” OR “violence prevention OR “parenting programs” OR “education” OR “sexual health”
- “violence against women” OR “family violence” OR “domestic violence” OR “Intimate partner violence”
- “Prevention” OR “programs” OR initiatives.

Criteria included English language but did not limit the date of publication.

Where reports made specific mention to Aboriginals or diverse communities in non-Aboriginal literature, the reference lists of these reports were screened for further review.

Question 3:

To answer this question, the successful elements were identified within the literature found from questions 1 and 2 and recommendations and key outcomes have been discussed in the conclusion of this report.
Results

**Question 1:**

A total of 28 articles were identified that explored the success of programs and services delivering information about family violence in Aboriginal communities. Nineteen of the articles obtained evaluated specified programs and services, detailing elements that made them successful or unsuccessful. The remaining nine examined factors of family violence in Aboriginal communities and recommended particular features that would create successful programs and services more broadly.

Four articles focused on housing, including transitional housing and help to find permanent housing.\(^{15-18}\) Six explored general support for Aboriginal people, including peer support groups and education surrounding family violence.\(^{8, 19-23}\) Four articles discussed legal services and following up family violence situations.\(^{24-27}\) Three raised the importance of healing programs\(^3, 28, 29\) and two discussed the need for quality cultural training.\(^{30, 31}\) Eleven programs focused on helping women exclusively, while the remaining eight focused on both men and women. There were no specific programs focused on men.

All articles examined the importance of cultural sensitivity and appropriateness when developing and delivering family violence programs and services. When discussing cultural appropriateness regarding Aboriginal communities, five major themes arose: historical, cultural and social differences, community driven programs and services, the need for a holistic approach, appropriate workers and training, and evaluation techniques.

**Question 2:**

Of the literature sourced, a number of initiatives are detailed below in this document. Two examples provided demonstrate robust evidence of effectiveness addressing one element of prevention of violence against women (respectful relationships), whilst the others have been published as ‘highly promising’ with some short-term evidence of effectiveness with the target group on associated health and social issues. The latter have been included in this summary report as they have highly promising short-term results with the target group. They have all specifically targeted Aboriginal and Torres Strait Islander communities, families and individuals. The literature presents compelling evidence for any future primary prevention activities in this area to use a community development or community mobilisation approach.

Broadly speaking, these programs can be categorised into the following types of primary prevention programs: awareness raising, education, parenting programs, whole of community or men’s programs.
Discussion

From the literature, it became clear that best-practice primary prevention should consider the historical, cultural and social factors which contribute to violence. It should also be community driven and take a holistic approach. For work to be culturally sensitive, workers should identify with Aboriginal culture and be trained in cultural sensitivity. There have been some primary prevention strategies implemented in Australia which may contribute to best-practice for future program delivery. All of these elements should be considered when developing primary prevention activities in Aboriginal communities in the Hume region.

Historical, Cultural and Social Factors

As a non-Aboriginal person, it is vital to understand the intersections between race and gender, and keep this in mind to appropriately assess a situation. Most of the articles found that an exploration of the historical and contemporary impacts of colonisation on Aboriginal peoples is a key part in understanding family violence in these communities. Colonisation had many negative impacts, including dispossession, loss of land and culture, forced removal of children and breakdown of kinship groups. Contemporary issues that have their roots in colonisation include substance misuse, loss of identity, economic exclusion, suicide, self-harm and high levels of family violence.

Dominant research on family violence has come out of a Western discourse. In the past, family violence services have not taken the large impacts and influences of colonisation into consideration, and simply implement a Western developed service into a culturally different environment. This proves to be unhelpful, as elements of Western family violence may be irrelevant in an Aboriginal context. For example, Western discourse describes men’s violence against women to be largely based on an unequal division of power and expression of this power. However, in an Aboriginal context, men’s violence against women can be understood more as a compensation for a lack of status and self-esteem, generally as a result of the impacts of colonisation.

While it is important to discuss and include the issue of colonisation and its lasting effects in both the training for service delivery and the content of the program, this can introduce new problems in service delivery. Therefore, a holistic, trauma-informed and healing focussed approach should be utilised.

Holistic, Strength-based Approaches

An overwhelming amount of literature focused on a holistic approach when creating programs and services responding to family violence in Aboriginal communities. Holistic approaches take into account the complexity of the situation and are flexible in their nature. A holistic approach provided a variety of practical life skills to participants, the majority of which focused on women. Some examples of these practical skills included financial planning, counselling, crisis support, housing assistance, parenting courses, health advice, and family therapy. If these services were not provided directly as a part of the specific program, information on where to access them was incorporated into the program development. Another important element of holistic programs and services was empowerment through the development of self-esteem, self-confidence, strength and resilience.
Culturally appropriate programs encourage participants to draw strength from identity, culture, community, kinship ties and language groups. A higher sense of empowerment and resilience was related to an increased ability to respond to family violence situations. This fostered a sense of inclusiveness and resulted in a strong supportive group that developed positive relationships and solid support networks.

Holistic approaches recognise the particular social, spiritual and emotional needs of the cultural group, and focus on healing and protective factors. Programs can be particularly strong if they engage with and focus on survivors of ‘abuse and neglect’, to ‘address issues of alcohol and drug misuse, violence, incarceration, self-harm and suicide’ to break the cycle and prevent family violence.

Community Driven

There was an overall consensus in the literature that programs and services driven by the relevant community were more successful. Among the 19 articles that detailed a specific program, 11 described fully Aboriginal led programs and the remaining eight were in partnership with an Aboriginal organisation. The benefits of these structures when developing and delivering programs were numerous. A crucial benefit was the creation of a culturally safe space for participants. One program emphasised the culturally safe space visually, through the use of flags, significant locations, and art. By communities knowing each other, a sense of trust can develop, building on past relationships and support networks. Past Western initiatives that were imposed upon Aboriginal communities created a history of mistrust and therefore services were not accessible. Programs and services that are community driven give communities a sense of ownership and control. Having a voice in the development and delivery of programs and services allows community members to distinguish their biggest concerns and identify issues most relevant to them. This also enables communities to develop solutions on their terms, rather than prescribing to a generalised framework. In developing solutions, a community driven program or service can incorporate traditional teachings and healing methods into programs, making it relevant to participants and connecting solutions to culture. If Aboriginal communities do not have relevant organisations that can solely implement family violence programs or services, partnering with a mainstream organisation is the next best thing. Working with mainstream organisations enables a framework to be modified to suit the needs of the particular community. Having community driven services and programs while dealing with relevant issues simultaneously builds and strengthens the community functioning, which in turn will benefit the community as a whole.
Culturally Competent Workforce

Mixed results were found regarding training of workers and the cultural backgrounds of those who were delivering programs and services in Aboriginal communities. A consistent theme in the literature indicated that staff would be more suited to deliver services if they identified as Aboriginal and/or Torres Strait Islander.\(^8, 15, 21, 25, 32\) Where this occurred in the literature, recruiting culturally competent non-Aboriginal workers was proposed as a solution. The overall consensus on non-Aboriginal workers was that it was acceptable if they had sufficient cultural training, specifically on cultural sensitivity and appropriateness.\(^18, 20, 21\) One study stated that non-Aboriginal workers may be more appropriate in some situations, as they are not a part of the community, and would have limited knowledge of participants or victims, giving a greater sense of anonymity to service users.\(^18\) The issues that arose with non-Aboriginal workers were that participants would be suspicious of workers and fear being looked down on, drawing on the negative effects of colonial history.\(^21, 32\) Many articles suggested collaboration between Aboriginal and non-Aboriginal workers to learn from one another and create a cohesive team.\(^25, 29, 35\)

Programs with Prevention Elements:

Though the findings of this search were limited, several types of programs emerged within the literature.

**Men’s Programs**

Family violence is a largely gendered issue as the predominance of violence is perpetrated by men toward their female intimate partners.\(^6\) Effective primary prevention recognises violence as a product of gender inequity and societal gender norms. The majority of men’s programs in existence operate in relation to behaviour change (perpetrator programs) while primary prevention activities in this area remain scarce. There is some evidence to suggest that prevention activities targeting men and boys indicate a promising practice. These include respectful relationships, bystander strategies, community development, infant and parenting programs and social marketing to raise awareness of the issue. The Strong Aboriginal Men (SAM) program aimed to empower communities by educating male workers and community members. The program involved workshops facilitated by Aboriginal educators which addressed contributing elements in family violence such as attitudes, social norms and male peer cultures. Finally, men were given autonomy to brainstorm further preventative actions within their own community.\(^38\)

**Awareness Raising**

These programs work to prevent violence against women by addressing attitudes, behaviours and social norms that support, excuse or contribute to gender based violence. The effectiveness of awareness raising as a strategy for primary prevention has had limited evaluation. Where they have been implemented, there is evidence that they work especially when implemented alongside other strategies such as direct participation programs.\(^19\) One such program is the *NO MORE* Campaign. *NO MORE* originates from polarised views of violence against women in Aboriginal communities and aims to reduce family violence by engaging men in sports. It has evolved into a program working with around 100 sporting clubs, including the NFL Parramatta Eels and the Northern Territory Football League. The program is known for symbolically linking arms before sporting matches and for the development of domestic violence action plans.\(^40\)
**Education and Workforce Development**

Workplaces and Schools provide a key setting for primary prevention. Education facilities provide essential socialisation environments and support the cognitive and emotional developments of young people and there is strong potential for behaviour and attitude change. The school provides a large scope of influence, not only in curriculum and education programs but as workplaces, social settings, community hubs. Education is a valuable tool to empower children and young people and contributes to their ability to make informed choices.\(^41\) Best practice for education as a tool for primary prevention of violence is a whole of school approach.\(^11\) Similarly, workplace programs provide an opportunity to change culture and reach vulnerable or isolated groups who may not be reached in other settings.\(^11\)

Existing programs in this space encompass Relationships and Sexuality Education (RSE). Interventions in this setting can contribute to the prevention of violence, victimisation and emotional harm by influencing attitudes about healthy relationships. RSE programs focus on awareness of gender and sexual stereotypes, development of negotiation skills, building respectful relationships and informed decision making concerning sexual health and wellbeing.\(^41\)

The Circles framework\(^42\) is based on the 6 main principles of: agency, safety, positivity, inclusion, respect and equality (ASPIRE). The program aims to promote the emotional and social learning that underpins healthy relationships and foster a sense of connectedness and belonging. Discussions are structured around each principle with activities, and schools receive all staff training by an accredited trainer.\(^42\) This program was adapted to the Aboriginal Girls Circle (AGC) to be more culturally sensitive. The aim of this program was to improve social and emotional resilience and foster connectedness to community and culture amongst Aboriginal girls attending secondary schools as a basis for empowering Aboriginal women to be emotionally and socially resilient and active community participants. The pilot project involved a consultation stage with the local community and elders and a quantitative stage measuring the effects of the program based on: student connectedness, resilience, cultural identity and self-concept. Overall findings from the study were significant and positive based on the success in promoting the wellbeing of Aboriginal girls.\(^43\)

Some existing and successful sexual health programs include the LOVEBiTES and Yarning on programs.\(^44, 45\) Both programs were adapted from mainstream sexual health and relationships education (SHARE) programs. The LOVEBiTES program was amended to be facilitated within Aboriginal communities\(^12\) while retaining the same core content as is facilitated in all participating schools, while the Yarning on Program is a stand-alone, Aboriginal specific program funded by the national indigenous partnership but based on the SHine SA Focus Schools program from mainstream schools.\(^4\)
Parenting Programs

Gender norms exert a strong influence on couples and how they approach and negotiate parenting roles. First time parents are a key demographic for primary prevention activities as it presents a key window of opportunity to engage with both men and women. The Baby Makes 3 program has been successfully implemented by Carrington Health for many years with success in challenging gender norms as a means of violence prevention. The program has been especially successful where groups involved in discussion-based activities have been diverse, such as including Aboriginal parents.

However, diverse groups are often hardest to recruit. Furthermore, Aboriginal persons experience complex historical, cultural and social factors for violence as mentioned above, and have different familial models so parenting programs need to be culturally sensitive. Successful programs should collaborate with Aboriginal services to achieve the strongest outcomes.

Bumps to Babes and Beyond (BBB) was developed through consultation and partnership with Aboriginal-specific services to meet the needs of the Aboriginal community in Mildura. Rather than focusing on gender norms, as is the focus of many mainstream prevention programs, BBB recognises the disadvantage of Aboriginal persons in a number of areas. The program focusses instead on strengthening parent-child bonds to reduce the number of Aboriginal children placed in out of home care, and helps Aboriginal families meet key health promotion indicators. Similarly, the Strong Women, Strong Babies, Strong Culture, and Boomerangs Parenting Program, focused on Aboriginal parents to strengthen the family unit and bring back cultural practices. These programs take a multifaceted approach to provide positive parenting outcomes. While not specifically aimed toward the prevention of violence, both programs support positive lifestyle and wellbeing outcomes to improve health and wellbeing of family units.

By addressing the underlying social conditions which contribute to family violence, these programs demonstrate the positive nature of culturally sensitive primary prevention of violence for the Aboriginal community.
Program Evaluation and Search Limitations

Issues arose across the literature on how to evaluate the programs which aim to prevent or respond to family violence in Aboriginal communities. Many stated that it was difficult to evaluate programs that were community based and holistic. Another hindrance to the evaluation process was the difference in programs depending on which community they are implemented in, therefore consistent evaluation across communities was difficult. The nature of the issue of family violence also proves to be hard to evaluate, as long-term evaluation is needed to see if families and communities have lower incidence of family violence. One suggestion was made to incorporate an evaluation plan into the development of the program, and make sure evaluation was taking place both during and after the program to ensure results can be seen. Of the small amount of articles that did report on evaluation, many reported positive short-term results.

There was a lack of evaluation of Aboriginal programs and services. Most articles recognised this limitation and recommended that future programs take note of this issue. Another limitation was the lack of programs directed at men, as three articles with a focus on healing stated the value of whole community healing, which includes men, elders and perpetrators.

One limitation of this literature review was that the programs and services focused on response to family violence situations, rather than prevention more broadly. Where an attempt was made to review the literature surrounding primary prevention programs, it proved difficult to locate robust, valid and reliable reports of existing programs. This may be due to the nature of the work – often small organisations with limited resources will facilitate programs which best respond to identified needs within their communities. Further, the complicated nature of primary prevention means that the prevention of family violence may have come secondary to the outcomes of the programs. An improvement in lifestyle and wellbeing outcomes of the individual, family or community by addressing underlying social conditions could ultimately contribute to lower prevalence of family violence.
Conclusion and Future Directions

The literature review aimed to understand the best practice for primary prevention of family violence in the Aboriginal community to inform a facilitator’s guide for workers.

The success factors in delivering family violence programs, services and information in Aboriginal communities can be condensed into four main themes.

Successful programs or services in response to Aboriginal family violence should:

1. Acknowledge historical, cultural and social factors contributing to violence
2. Be community driven in development and delivery
3. Use a holistic, trauma-informed and healing focussed approach
4. Be facilitated by a culturally competent workforce

To conclude, the best practice for culturally sensitive programs in Aboriginal communities should include these elements in the following ways.

The social and cultural factors contributing to violence are complex and inextricable. For Aboriginal communities, intergenerational trauma has led to ongoing contemporary issues which cannot be ignored. It is important that prevention activities are trauma informed, however, a strength-based holistic approach with an emphasis on healing from trauma is paramount to the prevention of violence.

Evaluation of the literature found that many programs had, in the past, been facilitated by non-Aboriginal people or organisations. Aboriginal family violence prevention is a key priority in Australia and all efforts to improve health and wellbeing outcomes in Aboriginal communities should be recognised. However, some underlying drivers of family violence are unique to Aboriginal communities. Non-Aboriginal workers who are not culturally competent may miscommunicate or misunderstand the relationship between family violence, and the social, cultural and historical contributing factors. For this reason, it is strongly recommended that programs be led by Aboriginal persons or that Aboriginal persons are consulted meaningfully.

It is strongly recommended that further thought is given to the evaluation process of programs and services, particularly long-term evaluation. More programs and services developed with the particular themes discussed at their core, and reports on these programs and services will be important to develop the literature in this area.
Overall, training was seen as vital in developing a culturally competent team. It was considered important for programs to discuss an understanding and awareness of culture, as well as historical factors. While there was a focus for the non-Aboriginal workers to gain sufficient training, it was noted that it should not be expected or assumed that Aboriginal workers are experts on all aspects of culture and family violence in Aboriginal communities. Continuous and consistent training for both Aboriginal workers and non-Aboriginal workers is needed to maintain a culturally appropriate and sensitive staff. Some reports raised an issue when bringing in third party service providers to be a part of the programs, such as police officers and counsellors, as they were not trained in cultural sensitivity and appropriateness, which hindered the program.

Therefore, it is recommended that moving forward, facilitators and indeed all persons working to prevent or respond to family violence in an Aboriginal family or community do so in a manner that is culturally sensitive. The development of a resource to synthesis this information and relate it specifically to the Hume region could have a profoundly positive impact on the prevention of violence in this area.
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