Australian
National
University

'THE ANSWERS WERE THERE BEFORE WHITE MAN COME IN'

Stories of strength and resilience for responding to violence in Aboriginal and Torres Strait Islander communities

ANU College of
Health & Medicine

FAMILY AND COMMUNITY SAFETY (FaCtS)

Study for Aboriginal and Torres Strait Islander Peoples

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FOREWORD

I congratulate all those involved in this Aboriginal and Torres Strait Islander led and governed research on family and community violence experienced by Aboriginal and Torres Strait Islander people. I particularly acknowledge participants from the 18 Aboriginal and Torres Strait Islander communities across Australia who volunteered to take part in this ground-breaking research. The report gives voice to the community members and service providers who took part in the research and the many others who do not have a voice. It is important to listen to, and empower, the voices of these community members and service providers.

Family and community violence are significant causes of morbidity and mortality in Aboriginal and Torres Strait Islander communities and populations. The findings clearly show that colonisation and related violence enacted on Aboriginal and Torres Strait Islander peoples and communities, perpetuated by intergenerational trauma and the undermining of traditional gender structures, is at the root of this violence. The catalysts, as articulated by those interviewed, are housing problems, racism, financial stress, alcohol and other drug use, poor physical health, poor social and emotional wellbeing – including poor mental health – unemployment, contact with and lack of support from the policing and justice systems, and incarceration.

This report highlights the need for agencies and stakeholders to listen to those affected by family and community violence. It is my sincere hope that the evidence in this report will guide future planning which will lead to measures which will prevent this violence. The findings speak to the strength, cultural richness and resilience of Aboriginal and Torres Strait Islander peoples and the enormous obligation and potential that all stakeholders have to build on these strengths to improve outcomes for current and future generations. As can be seen in this report, participants in the Aboriginal and Torres Strait Islander Family and Community Safety Study had ideas for potential solutions. It is crucial that we as policy makers, law enforcement officers, educators, service providers and family and community members listen and respond appropriately to the participants' voices.

This study, like so many before it, must be taken seriously, recommendations not ignored or cherry-picked, and future refinement must be done through a co-designed process, that engages not only those affected, but all agencies so the social and cultural determinants of family and community violence are addressed. Unless and until this approach is taken we will not realise the gains that can and must be realised.

I look forward to seeing the implementation of the solutions to be found in this report and I recognise and applaud the courage and commitment of community members who contributed to the study and thank the researchers for their compassionate and committed work to give voice to the victims of family and community violence.

Professor Tom Calma AO

Social justice advocate and former Aboriginal and Torres Strait Islander Social Justice Commissioner

ACKNOWLEDGEMENTS

We acknowledge and celebrate the First Australians on whose traditional lands we conduct our work. We pay our respects to their Elders past, present and future.

Our thanks to all participants and to the Aboriginal and Torres Strait Islander community researchers and community organisation representatives who supported our work and without whom the project would not have been possible.

Study title

The title, *The answers were there before white man come in,* is from one of the study participants – apt, because it captures a central message heard in all the communities: that, often, they have had decisions imposed on them, rather than being consulted and having their own cultural, strengths-based solutions. The imposed interventions often do not work; the situation stays the same, and precious resources are wasted. It also captures another key message from communities regarding self-determination: communities want to step up and take responsibility and ownership for restoring, reinforcing and nurturing family and community structures, roles and responsibilities. Finally, it sets the starting point for engagement with communities for responding to violence: talk to us about our realities rather than assuming that you know what they are. What the outcomes of that engagement are, and what programs and service responses look like will vary according to where communities are at, what their needs are, and what their ideas are.

Study logo artwork

The study logo artwork was created by artist Krystal Hurst[1] and is titled 'Healing – new growth, new life'. Krystal describes the meanings behind her artwork:

> *The painting shows the healing journey of families affected by domestic violence and trauma. In the middle we see three people nurturing their children surrounded by community, healing as one together. The Banksia pods symbolise fire and birth to mirror the experience our mob go through during fiery and tough times. After these times new beginnings and new times can flourish as we spread the seeds of life of prosperity to nurture our land, our families and ourselves. The blue dots and circles represent water and our mobs' journey towards healing. We all have an inner spring within each other and within ourselves. Water nurtures us, water sustains us, and water heals us. The yellow represents sand and light. Our Nations and our people are bounded by sand across this continent, we all are connected. We all are given life and protection by the woman sun spirit.*

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1. Worimi people
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7. Nguarluma, Gija and Gooinyandi peoples
8. Yuin people
9. Taungurong people
10. All Indigenous persons from various Nations
11. Arrente people
12. Gamilaraay people
13. Darambul people
14. Kuku Yalanji people
15. Kungarakan and Iwaidja peoples
16. Lives and works on the lands of the Larrakia people
17. Wuthathi (Shelburne Bay) descendant with family roots in the Torres Straits
18. Yamatji people
19. Bunuba people
20. Meriam people of the Torres Straits

Other acknowledgements

Funding

AIATSIS map of Aboriginal Australia

The AIATSIS map of Aboriginal Australia is provided so readers may be able to locate the diversity of Nations that are represented through people who have worked on this project.

This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au/

THE AIATSIS MAP OF
INDIGENOUS AUSTRALIA

SCALE 1:3 750 000

Help line numbers

This report contains personal stories and content describing events that some people may finding distressing. Where people are in crisis and need to talk to someone about their distress or trauma, the organisations listed below may be able to assist:

National crisis numbers 24 hours a day, seven days a week (24/7):

Lifeline – 13 11 14

Kids Helpline – 1800 551 800 for young people 5–25 years

Suicide Call Back Service – 1300 659 467

MensLine Australia – 1300 78 99 78 for men of any age

These phone lines are available to anyone in Australia 24/7, and are free or provided at the cost of a local call (some charges may apply to mobile users).

State-based mental health crisis numbers (24/7):

ACT	1800 629 354	Mental Health Triage Service
NSW	1800 011 511	Mental Health Line
NT	08 8999 4988	Top End Mental Health Service
QLD	13 43 25 84	13 HEALTH
SA	13 14 65	Mental Health Assessment and Crisis Intervention Service
TAS	1800 332 388	Mental Health Services Helpline
VIC	1300 651 251	Suicide Help Line
WA	1800 676 822	Mental Health Emergency Response Line.

ACRONYMS AND ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCOs	Aboriginal Community-Controlled Organisations
ACT	Australian Capital Territory
AHS	Aboriginal Health Service
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
ALO	Aboriginal Liaison Officer
AMS	Aboriginal Medical Service
ANROWS	Australian National Research Organisation for Women's Safety
ANU	The Australian National University
ASGS	Australian Statistical Geography Standard
CATI	Computer-assisted telephone interviewing
CDP	Community Development Program
CI/CIs	Confidence interval/s
CMS	Community Member Survey
COAG	Council of Australian Governments
DOCS	Department of Child Safety
DSS	Department of Social Services
DVO	Domestic Violence Order
FACS	(Department of) Family and Community Services
FaCtS	The Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study
HREC	Human Research Ethics Committee
LSIC	Longitudinal Study of Indigenous Children
Mayi Kuwayu	Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing
NACCHO	National Aboriginal Community-Controlled Health Organisation
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCAS	National Community Attitudes towards Violence against Women Survey
NDIS	National Disability Insurance Scheme
PRs	Prevalence ratios
SPS	Service Provider Survey
SNAICC	Secretariat of National Aboriginal and Islander Child Care
National Plan	National Plan to Reduce Violence against Women and their Children 2010–2022
VRO	Violence Restraining Order
WAAHEC	Western Australian Aboriginal Health Ethics Committee

EXECUTIVE SUMMARY

In 2017, the Department of Social Services (DSS) commissioned The Australian National University to undertake the Family and Community Safety for Aboriginal and Torres Strait Islander Peoples (FaCtS) Study. The study was designed to answer the overarching question:

> *What would it take to effectively address family and community violence in Aboriginal and Torres Strait Islander communities?*

We sought to answer this question by gathering both qualitative and quantitative data from community members and service providers. Our findings are augmented by a literature review.

From the outset, the study team recognised that research leadership by Aboriginal and Torres Strait Islander people was fundamental to generating meaningful data. We believed that this would lead to findings valuable for informing actions by communities, service providers and the government that will be effective in reducing the incidence and impacts of violence in Aboriginal and Torres Strait Islander families and communities. To that end, the FaCtS Study is an Aboriginal and Torres Strait Islander-led and governed study which privileges Aboriginal and Torres Strait Islander voices, cultures and knowledge. It makes a significant contribution to the currently limited evidence available to inform communities, policymakers and service providers about effectively supporting those Aboriginal and Torres Strait Islander peoples, families and communities who experience and are exposed to family and community violence.

We present implications for action and solutions that emerged through interviews, focus groups and surveys with community members and service providers.

Methodology

Eighteen communities from various urban, rural and remote locations participated in the research. Through a research approach that incorporated community partnerships, the study provides evidence from community members and service providers. They all shared their understandings of violence and its causes and impacts, offering their thoughts about how prevention and responses can be improved. Within the 18 study communities, we held 56 focus groups, 49 qualitative in-depth interviews with community members and 41 in-depth interviews with service providers. Background and community-specific information also came from a large-scale quantitative survey of 1,584 community members, a quantitative survey of 98 service provider staff and identification (mapping) of services relevant to family and community violence. A cadre of local Aboriginal and/or Torres Strait Islander researchers, trained to coordinate and administer surveys and conduct focus groups/interviews, undertook most of the data collection from community members.

Building on previous reports

The National Plan to Reduce Violence against Women and their Children 2010–2022, developed by the Council of Australian Governments (COAG), includes a specific outcome (National Outcome Three) aimed at strengthening Aboriginal and Torres Strait Islander communities' ability to tackle family violence, acknowledging underlying complexities such as disadvantage. The National Plan was implemented via four action plans, released in late 2019, comprising four Principles. Principle 3 states: 'The voices of Aboriginal and Torres Strait Islander peoples must inform responses to the family and sexual violence experienced in their communities.' More detail is provided in Chapter 1.

In June 2020, the Australian Productivity Commission released its draft Indigenous Evaluation Strategy Report; it is prescient in that it reflects the findings and analysis of this study, noting the need for evaluation, policy reform and the centrality of Aboriginal and Torres Strait Islander people in governance and leadership positions. More discussion of the review and the draft report is provided in Chapter 11.

We also commend the work of Wiradjuri researcher Dr Megan Williams, who developed the Ngaa-bi-nya Aboriginal and Torres Strait Islander Program Evaluation Framework. Ngaa-bi-nya is designed by, and for, Aboriginal and Torres Strait Islander people *in their contexts* and includes a comprehensive range of critical success factors often not considered in other evaluations. More discussion of Ngaa-bi-nya is provided in Chapter 11.

Key findings

Sources, catalysts and consequences of violence

Community members overwhelmingly described family and community violence in relation to its historical context. They viewed contemporary violence as stemming from colonisation and the related violence enacted on Aboriginal and Torres Strait Islander peoples and communities, perpetuated by intergenerational trauma and the undermining of traditional gender structures. Individuals and communities have experienced severe and widespread trauma across generations, with limited capacity to address it. Key forms of trauma include forced removal from Country, disconnection from culture, separation of families (including through the Stolen Generations, incarceration and child removals), exposure to racism, and witnessing and experiencing violence. In some instances, unresolved trauma results in damaged family structures, making it difficult to establish and maintain healthy relationships; this, in turn, continues the perpetration and experience of violence.

Participants described a set of interrelated factors as the catalysts of violence – housing problems, racism, financial stress, alcohol and other drug use, poor physical health and loss of social and emotional wellbeing (SEWB) – including mental health difficulties, unemployment, contact with the justice system and incarceration. Trauma and the negative impacts of ongoing colonisation were identified as the common underlying causes of these catalysts.

Analysis of quantitative data from the Community Member Survey supports these qualitative findings. The prevalence of experiencing and using violence was significantly lower among those who had less exposure to trauma, discrimination, and violence; stable income, employment, and housing; no exposure to the justice system or incarceration; no problems with alcohol and other drug use at the individual, family or community level; and better individual, family and community health and wellbeing.

Extent and types of violence

Although it was not designed to produce population representative data, the FaCtS study provides important findings on the experience of violence. The quantitative estimates are broadly consistent with Australian Bureau of Statistics data. Key findings in relation to the extent of violence are:

> Overall, 80% of participants in the Community Member Survey had not experienced physical, sexual or emotional violence in the previous year. However, most participants (62%) had experienced some type of violence in their lifetime. These levels of reported violence are broadly consistent with other data sources.

> A similar prevalence of recent experience (within the last year) of family and community violence was found across major cities, regional and remote settings, with no excess in remote settings. This contrasts with common conceptions and representations, including in the media, that violence disproportionately affects remote communities.

> Violence was experienced across all age groups, and all age groups were affected by recent violence.

> Family and community violence affects both men and women; however, its impact on women appears more severe, with women being more likely than men to experience frequent violence and to experience violence from a partner or family member.

> Around 75% of participants reported never having felt violent, and the vast majority had never been arrested or convicted in relation to violence. Having ever been arrested or convicted in relation to violence was less common in remote areas than in regional areas and major cities and was around three times more common in men (24%) than women (9%). Markers of use of violence were more commonly reported by men than women.

Data were also collected on participants' perceptions of how common violence is in their community and on what behaviours constitute violence. Most community members and service providers who participated in interviews and focus groups perceived family violence to be both a common and a serious issue. While concern about violence against women was raised more frequently, many participants were also concerned about violence against men. There is room for improvement in recognition of a range of behaviours as violence, with about 40% of participants having a high understanding of violence, about 33% having a moderate understanding, and about 25% having a low understanding.

Services

At the heart of the expressed need from communities was the desire to strengthen community and culture to prevent violence. Participants spoke of the need to heal families, through redressing the breakdown in kinship and family structures. Those experiencing violence wanted the violence to stop and family disruption to be minimised.

Community members and service providers noted great variation in the accessibility and appropriateness of services for people experiencing and using violence. Barriers included: a general lack of services; a lack of accessible services (including transport-related issues); a lack of awareness of available services; and a fear of further violence. There were also fears that engagement with services would lead to losing children or to a partner being taken away, when people wanted support to stay together. Other barriers related to stigma, racism, lack of trust, a lack of cultural appropriateness in many services and fear of reprisals and coming to the attention of government services. For these reasons, many community members were reluctant to report violence.

Among those experiencing violence, around 40% told someone about the violence. People affected by violence were more likely to tell trusted community members, including Elders, rather than formally reporting it to service providers or police. Youth were less likely to seek and receive help than other age groups. Around 25% received physical or mental health care, and around 33% slept or stayed somewhere other than their usual place of residence. Responses to violence by services could be hampered by how individuals choose to identify violence.

Participants stressed the need for holistic, culturally safe services that are integrated and present appropriate pathways of care for those affected. Concerns were raised about the ability of services in remote communities to meet the needs of those experiencing and using violence.

Service providers spoke of the tension between balancing the legal system – which was largely viewed as punitive – against their need to care for families in distress. There is a clear need for trauma-informed services. Service providers also identified the following factors as necessary for improving the appropriateness and effectiveness of services:

> incorporating culture into the practice of services, including the role of traditional law/lore

> employing Aboriginal and Torres Strait Islander staff at all levels of organisations, and incorporating their leadership in design and decision-making in programs addressing family and community violence

> incorporating the leadership of Elders at all levels

> ensuring that service provision is integrated, through all services liaising with and working respectfully with each other.

Community members and service providers identified shortfalls in the capacity of services to work with women, men and children, as well as with people *experiencing* violence and people *using* violence. Specific gaps were:

> flexible services for families, to allow them to stay together in their homes, where appropriate

> services for men, including in the context of services for families

> services for youth

> trauma-informed services and practices.

Implications for action and solutions

This report acknowledges that progress towards reducing family and community violence can only be achieved where Aboriginal and Torres Strait Islander communities lead change. It is also critical to take account of the role of the broader context and system in generating violence and to expect that system to take responsibility for reducing violence. Solutions will be most effective if, within a context of Aboriginal and Torres Strait Islander leadership and involvement, they incorporate the various elements of the system, as well as the system as a whole, and seek to break cycles of violence.

The general lack of rigorous evidence on what works to reduce and support those affected by family and community violence is problematic. Many current and past programs have not undergone appropriate, rigorous evaluation. The implications of our findings are wide ranging and should be placed within the broader context of the current understanding of the evidence of what works in addressing family and community violence, acknowledging that there is much that is unknown.

Key required actions

An ecosystem that listens and learns

A key required action is macro-level cultural change, leading to an overarching operating ecosystem that listens and learns and generates ongoing solutions for addressing family and community violence. It would be characterised by programs that are designed, implemented and led by local Aboriginal and Torres Strait Islander communities, that are based on community needs and priorities and that integrate the best current evidence. They would be rigorously evaluated, using appropriate methodologies, in order to inform future programs. Key actions at the ecosystem level include:

> Aboriginal and Torres Strait Islander communities lead change.

> Aboriginal and Torres Strait Islander staff hold leadership and decision-making (governance) roles.

> Communities develop and implement local programs that meet their own needs.

> Programs and policies are evaluated, to improve understanding about what works.

> Programs and policies are adequately and sustainably funded.

Systems level

System responsiveness to family and community violence, such as service delivery, public housing, public health and social security, needs to be increased in order to reduce the impact of family and community violence. Key actions at the systems level are at three sub-levels – policy, program and service provider.

At the policy sub-level, they include:

> employing Aboriginal and Torres Strait Islander people in leadership and decision-making (governance) roles

> involving Elders in all decision-making, and ensuring that they are appropriately remunerated

> shifting away from a 'one size fits all' approach to one that incorporates locally designed policies with locally based decision-making

> addressing uncertainties surrounding program funding and externally enforced compliance requirements

> addressing language barriers in all settings

> employing Indigenous liaison officers, including in the police service

> ensuring the cultural competence of non-Indigenous staff within all services, including in the police service

> formal accreditation, such as Certificate III or IV, for training undertaken by Aboriginal and Torres Strait Islander community researchers

> flexible services for families to allow them to stay together in their homes, where appropriate.

At the program sub-level, they include:

> shifting away from a 'one size fits all' approach to one that incorporates locally designed programs with locally based decision-making

> ensuring Aboriginal and Torres Strait Islander designed and led programs and activities that are trauma informed, focusing on rebuilding kinship and cultural concepts and healthy relationships.

At the service provider sub-level, they include:

> cultural awareness programs for non-Indigenous service providers

> education for non-Indigenous service providers about the context of family violence for Aboriginal and Torres Strait Islander people

> accredited training for service providers

> formal support services for service providers dealing with family and community violence

> ensuring that service provision is integrated, through all services liaising with and working respectfully with each other

> services for men, including in the context of services for families

> services for youth, including in the context of services for families

> training in mandatory reporting, according to requirements and categories in respective jurisdictions.

Primary prevention level

Some participants recognised that unhealthy relationships are viewed as normal in some cases and that this was starting from an early age. Although participants identified recent improvements in awareness and understanding of family and community violence within the community, the data indicate a need for more understanding of what constitutes family and community violence. Key actions at the primary prevention level include:

> education programs, starting at a young age, at individual, community and population levels that enhance understanding of family and community violence

> education programs that are culturally informed on the roles and responsibilities for women and men

> education and training about what constitutes healthy relationships

> culture strengthening activities and programs.

Early intervention level

Any program or approach to reducing family and community violence needs to be underpinned by addressing intergenerational trauma. This requires being able to assess and provide appropriate supports for those affected by trauma. Key actions at the early intervention level include:

> services and safe places for men, women and young people, including in the context of services for families

> services, including counselling, that are trauma informed and address intergenerational trauma

> programs that are focused on building and assessing executive function.

Acute services support level

There is a clear, ongoing need for existing acute services to assist with service and treatment for both victims and perpetrators of violence. Key actions at the acute services support level include:

> services that they are trauma informed and address intergenerational trauma

> increased high-quality, accessible mental health services and alcohol and other drugs services

> development and implementation of tools for routine screening for experiences of, and use of, violence

> access to information, transport, free child care and translators,

> appropriate opening hours and emergency access

> refuges to allow multiple children, older children and male children to be with victims

> increased housing for homeless people and those exiting prison

> family centred services, sensitive to the unique needs of men, women and young people

> advocacy-based counselling for those currently experiencing family violence

> greater engagement with community

> respectful collaboration between services, in order to provide holistic care and appropriate pathways.

Conclusions

This Aboriginal and Torres Strait Islander-led and governed report voices the experiences and wisdom of Aboriginal and Torres Strait Islander community members and service providers across Australia on family and community violence. The report references relevant literature and highlights the need for an overarching system that *listens and learns*. The central role of intergenerational trauma and the importance of community-led initiatives are critical to breaking the cycle of violence and generating ongoing, evidence-based and appropriately evaluated solutions.

The report speaks to the strength, cultural richness and resilience of Aboriginal and Torres Strait Islander peoples and the obligation of all stakeholders to build on these strengths to improve outcomes for current and future generations.

CHAPTER 1
INTRODUCTION AND
BACKGROUND

In 2017, the Department of Social Services (DSS) commissioned The Australian National University (ANU) to undertake the Family and Community Safety for Aboriginal and Torres Strait Islander Peoples (FaCtS) study. This report summarises the major findings of the study.

The study was designed to answer the overarching question:

What would it take to effectively address family and community violence in Aboriginal and Torres Strait Islander communities?

Its aims were to examine:

> the extent of exposure to violence against women and their children

> social impacts, including on relationships, health, wellbeing, education and workforce participation

> availability, appropriateness and effectiveness of services or other supports

> what else is needed to reduce exposure to, and the effects of, violence in communities.

Exposure to violence among Aboriginal and Torres Strait Islander peoples is understood to be high, but evidence demonstrating how violence manifests and what can be done to reduce it is limited. The main sources of data have been the Australian Bureau of Statistics (ABS) National Aboriginal and Torres Strait Islander Social Survey (NATSISS), which provides findings from data on the prevalence of physical or threatened violence experienced by Aboriginal and Torres Strait Islander peoples; and the National Community Attitudes towards Violence against Women Survey (NCAS), which provides information on attitudes to violence against women specifically. Neither provides a comprehensive exploration of the nature of the violence experienced. Further, there is very limited (if any) large-scale, detailed data on the use of existing individual, family and community-level supports (including services) by those experiencing violence.[1,2] Lovett and Olsen identified a range of reasons why Aboriginal and Torres Strait Islander women do not report violence: fear and stigma about reporting violence; low awareness of service availability; accessibility of services (limited transport, language barriers, service eligibility requirements, restricted opening hours); competing justice systems; lack of services for men and for perpetrators; lack of services for families; poor liaison between services; lack of trust; racism and lack of cultural safety; lack of holistic approaches; inadequate service capacity; and funding.[3]

Information about the availability, access and effectiveness of community services to address outcomes of family violence is required to inform approaches to reduce the burden of family violence among Aboriginal and Torres Strait Islander people.[2,3]

The past 15 years have seen an increasing number of Aboriginal and Torres Strait Islander-led responses to family violence, however, these tend to be isolated to the community level, without long-term funding, and to lack comprehensive documentation or evaluation. This shortage of evidence and strategic, national approaches has led Aboriginal and Torres Strait Islander commentators and researchers to advocate strongly for the inclusion of Aboriginal and Torres Strait Islander expertise in shaping program and service responses. [4-6] This includes Aboriginal and Torres Strait Islander-led research and the inclusion of Aboriginal and Torres Strait Islander community expertise. These calls are echoed in strategy and policy documents more generally.

The study makes a significant contribution to the currently limited evidence available to inform policymakers and service providers about effective support for Aboriginal and Torres Strait Islander peoples, families and communities who experience and are exposed to family violence. It is a ground-breaking, Aboriginal and Torres Strait Islander-led and governed study that privileges Aboriginal and Torres Strait Islander culture and knowledge.

This study provides evidence, drawn from partnerships with communities across the country, on the impacts of violence. It offers strategies that communities consider most likely to be effective in reducing the incidence of violence and in addressing the consequences when it does occur.

A decolonising stance

A decolonising stance was an overarching lens through which to view the fundamental purpose of the project, that is, to begin to develop an Aboriginal and Torres Strait Islander-specific database regarding exposure to, and experience of, family violence in communities, and to obtain community and agency feedback on the availability and efficacy of local programs, services and cultural responses (e.g. on-Country programs). This drove the study team to respect and value the views, perspectives and involvement of Aboriginal and Torres Strait Islander communities and to question mainstream theories of family violence, which have their roots in western feminist ideology and the dominant discourse on gender inequality. Aboriginal and Torres Strait Islander peoples called for a different approach,(7,8) which has at its foundations the profound and far-reaching impacts of colonial patriarchal violence and resultant intergenerational trauma on individuals, families, communities and cultures.(9) The decolonising stance made it possible for this study to reframe, and take greater control over, the ways in which the issue of family violence in Aboriginal and Torres Strait Islander communities is described and handled. Smith(10 p.2) described it eloquently:

> [T]he framing of an issue is about making decisions about its parameters, about what is in the foreground, what is in the background, and what shadings or complexities exist within the frame. The project of reframing is related to defining the problem or issue and determining how best to solve that problem.

The contemporary situation

This section provides a brief overview of the size and cost of the problem and of the policy context. It then addresses the methods used in this project.

Family violence has been the preferred concept to describe what is often referred to as domestic violence and/or intimate partner violence. However, family and community violence is another term that captures what often occurs. Family and community violence incorporates concepts of intimate partners, immediate family and broader familial kinship systems. Therefore, we use the term 'family and community violence', throughout, to include these separate but often linked concepts. COAG highlights this, defining family and community violence as:

> a broader term that refers to violence between family members, as well as violence between intimate partners … the term family violence is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur.(7 p.2)

Family and community violence is an issue of great concern to Aboriginal and Torres Strait Islander communities. Community members and organisations have been working for decades to address it.(3,11) Violence can have severe and wide reaching impacts on those who experience, use, and witness violence and on their families and communities.

Violence occurs within the non-Indigenous Australian community as well as the Aboriginal and Torres Strait Islander communities. However, family and community violence is recognised as a significant cause of morbidity and mortality within Aboriginal and Torres Strait Islander communities. It is reported to contribute to an estimated 11% of the burden of disease among Aboriginal and/or Torres Strait Islander women aged 18 to 44 years – more than any other single factor.(12) According to the 2014–15 NATSISS, 22% of Aboriginal and/or Torres Strait Islander women had experienced or been threatened with physical violence in the last 12 months; for the majority of these women (72%), an intimate partner or other family member was the perpetrator of the most recent experience of physical violence. For males, 23% had experienced or been threatened with physical violence in the last 12 months; for about one-third of these men, an intimate partner or other family member was the perpetrator of the most recent experience of physical violence.(13)

Existing knowledge

The following material in this chapter refers to Olsen and Lovett's 2016 review[21] of research published over the period 2000 to 2015 about family violence in Aboriginal and Torres Strait Islander communities,(3) augmented by an updated literature review conducted in 2019 (see Appendix 2). It provides a review of existing knowledge about family violence in Aboriginal and Torres Strait Islander communities, including how family violence is understood, experienced and responded to. It presents Aboriginal and Torres Strait Islander viewpoints on what works and what is needed to address family violence.

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21. Olsen and Lovett's review (2016) incorporated 147 articles, located through a series of online database searches. An additional 63 relevant publications for the period 2016 to 2019 have been identified as being relevant to this report.

Several key findings emerge from the literature. Research has consistently found that Aboriginal and Torres Strait Islander women experience violence at higher rates, and of greater severity, than non-Indigenous women; this violence is most often perpetrated by someone known to the victim.[22] The literature points to several interrelated factors contributing to family violence in Aboriginal and Torres Strait Islander communities, including:

> the impacts of colonisation

> the continuing effects of government policies on culture, families and communities

> the normalisation of violence in some contexts

> stressors, including those related to housing, employment and health

> alcohol and other drug use.

The literature also highlights the resilience and strength of Aboriginal and Torres Strait Islander women and communities and their hope in the strengths of community, culture and organisations for addressing violence.

A wide range of programs and services respond to family violence in Aboriginal and Torres Strait Islander communities; they include preventative programs, crisis support and programs addressing the consequences of violence. Most programs (22 of 24) in the 2016 review reported a positive impact in Aboriginal and Torres Strait Islander communities, observed through changes in behaviour, attitudes, wellbeing and/or skills related to family violence. The review found, however, that only two of the 24 program evaluations offered robust evidence of effectiveness, indicating that evaluation design and conduct is a critical area for improvement in the planning and funding of programs.

The literature outlines several barriers to accessing services in relation to family violence. These included: lack of trust; lack of culturally appropriate care; fear of negative consequences from the perpetrator or community; shame; family responsibilities; and lack of awareness of services available. Further complicating effective responses is the fact that understandings of family violence differ between Aboriginal and Torres Strait Islander communities and services that primarily target non-Indigenous populations. Aboriginal and Torres Strait Islander understandings place the family and community at the centre of understanding and addressing violence; for mainstream services, the dominant concept of domestic violence focuses on couples and individuals. This tension leads to different approaches to supporting people who have experienced or perpetrated family violence.

The Aboriginal and Torres Strait Islander viewpoint that places community and family at the centre and aims to remove barriers to service suggests some key solutions, including: taking a holistic approach with a focus on community healing and restoring family cohesion; Aboriginal and Torres Strait Islander roles in shaping programs; the rebuilding of family and kinship ties; building cultural sensitivity into programs; the integration of Aboriginal and Torres Strait Islander community members in sentencing; and ongoing and consistent funding.

More recent research focused on the collaborative development of principles and frameworks on how to address family violence, both for policy and practice. These principles foreground Aboriginal and Torres Strait Islander viewpoints on what works and have a strong focus on cultural safety.

More detailed findings of Olsen and Lovett's 2016 review, along with the updated literature review undertaken for this report, are integrated throughout, to contextualise and help to interpret the qualitative and quantitative data.

National Plan to Reduce Violence against Women and their Children

In 2010, in response to increasing concern about violence and its adverse impacts on families and communities, COAG supported the development of the *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan). The National Plan received bilateral support, indicating the seriousness with which both major sides of politics viewed this issue. Recognising the widespread concern about violence within Aboriginal and Torres Strait Islander communities, the National Plan included a specific outcome (National Outcome Three) aimed at strengthening Aboriginal and Torres Strait Islander communities' ability to tackle family violence, acknowledging underlying complexities such as disadvantage.(7,14, p.15)

The National Plan was implemented via four action plans. The Fourth Action Plan, released in late 2019, contains four Principles. Principle 3 states: 'The voices of Aboriginal and Torres Strait Islander peoples must inform responses to the family and sexual violence experienced in their communities.' Underpinning those

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22. Several factors complicate the determination of the full extent of family violence, including under-reporting, multiple definitions of family violence, incomplete identification of gender and Indigenous status in many datasets and the absence of nationally representative data.

Principles, the Plan comprises 20 National Priorities. They should be understood to also apply for Aboriginal and Torres Strait Islander communities; however, four (Priorities 6, 7, 8 and 9) are explicitly in support of Aboriginal and Torres Strait Islander women and their children:

(6) Value and engage the expertise of Aboriginal and Torres Strait Islander women and men, communities, and organisations to lead in the creation and implementation of community-led solutions to build and manage change.

(7) Build the workforce capability to ensure delivery of high quality, holistic, trauma-informed and culturally safe supports that respond to the complex needs of Aboriginal and Torres Strait Islander women and their children.

(8) Develop innovative and alternative models for victim and perpetrator support that contribute to safe healing and sustainable behaviour change.

(9) Address both the immediate impacts and deep underlying drivers of family violence in Aboriginal and Torres Strait Islander communities through collective action with governments, service providers and communities.(14, p.5)

Until now, Aboriginal and Torres Strait Islander voices have been granted limited space in which to tell their stories about their realities and, therefore, to influence policy and action plans. The implications for actions arising from this research project align directly with these four Priorities.

Report structure

The remainder of the report is structured as follows:

> Chapter 2 presents an overview of the study approach and methodology.

> Chapter 3 presents a summary of the characteristics of the study participants.

> Chapter 4 presents an overview of the historical context of family violence in Aboriginal and Torres Strait Islander communities and references evidence showing that lifetime experience of trauma can have negative impacts on executive functioning.

> Chapter 5 explores catalysts and consequences of contemporary violence in Aboriginal and Torres Strait Islander families and communities.

> Chapter 6 describes cultural, family and community resources that are protective against violence.

> Chapter 7 presents participants' perceptions of how common violence is and their understandings of what behaviours constitute violence.

> Chapter 8 presents the extent and types of violence experienced by participants in the study.

> Chapter 9 presents community member and service provider perceptions of service provision.

> Chapter 10 presents participants' perspectives on how service provision and supports can be improved.

> Chapter 11 draws together the findings of the study, offers examples of best practice found in the literature and provides guidance for action and solutions.

CHAPTER 2
STUDY APPROACH AND METHODOLOGY

From the outset, the study team recognised that research leadership by Aboriginal and Torres Strait Islander people was fundamental to generating meaningful data which would lead to findings valuable for informing actions by communities, service providers and the government. We believe that this will be effective in reducing the incidence and impacts of violence in Aboriginal and Torres Strait Islander families and communities. To that end, the study is an Aboriginal and Torres Strait Islander-led and governed study, developed and undertaken using a Community-based Action Research framework. Our process for designing, conducting, analysing and disseminating the project relied on:

> upholding the fundamental ethical considerations of care and responsibility when conducting research with Aboriginal and Torres Strait Islander communities(15)

> ensuring Aboriginal and Torres Strait Islander-led project governance

> implementing the research in a responsive and flexible manner

> focusing on the strengths and resources within a community

> ensuring that contextual issues (such as colonisation, trauma and racism) were explicitly taken into account during the design of the research tools and the collection and interpretation of data(15)

> employing research methods designed to ensure that findings capture context and complexity

> involving a range of people to assess and consider the data and, ultimately, to describe what is happening, or not happening, in order to facilitate change

> developing community capacity to address violence.

Our team consisted of Aboriginal and Torres Strait Islander researchers and non-Indigenous researchers with experience of working in Aboriginal and Torres Strait Islander health and wellbeing. It brought together epidemiologists, social scientists and psychologists into collaborative methodological dialogue with community members and key Aboriginal and Torres Strait Islander organisations. The relationships between the study team and participating communities were intended to support the inclusion of community knowledge, needs and preferences into the rigorous research design.

Aboriginal and Torres Strait Islander families and communities continue to demonstrate strength and resilience in the face of much adversity. There is an inherent framing dilemma in describing Aboriginal and Torres Strait Islander family and community violence. We recognise that families and communities may be concerned that voicing the problem could have the effect of problematising families and communities. However, we consider it critical to acknowledge the problem of family and community violence and its historical roots, in order to identify solutions. We maintain a strengths-based approach where possible. Accordingly, we have focused on what is working to make a positive difference in people's lives, while also acknowledging where things are not working. We sought to build on positive experiences and what communities identify as working. We have intentionally emphasised positive things throughout, while acknowledging the true contemporary experience by giving voice to contemporary and historical trauma.

The research was designed to avoid reifying basic concepts of causes of violence through de-contextualised survey measures. Within the Community-based Action Research framework, qualitative and quantitative survey instruments elicited the complex social and cultural contexts of violence. Aboriginal and Torres Strait Islander people designed and implemented most of the instruments. Questions were not limited to women's experiences of violence, or violence against women. They were designed to capture attitudes about violence towards both women and men. This approach is premised on the perspective that both women and men have been exposed to adverse and trauma-inducing early developmental and life experiences, which may contribute to the subsequent development of behaviours associated with family violence.(16) Through triangulating the data, our strengths-based approach allowed us to capture protective factors. We sought to give voice to Aboriginal and Torres Strait Islander people by comparing current responses to violence with what Aboriginal and Torres Strait Islander people practise and find successful. Thus, we present implications for actions that are grounded in lived experience.

Project governance

An Aboriginal and Torres Strait Islander Study Advisory Group governed the study, supported by Aboriginal and Torres Strait Islander Community Advisory Groups (in each participating community), Community researchers, Chief Investigators, a Study Executive Group and the study team. See Figure 1: Study governance structure.

Study Advisory Group

The Study Advisory Group comprised experts from across a diversity of Aboriginal and Torres Strait Islander, family and sexual violence services. Its purpose was to provide expert advice to the study team about crucial aspects of the study.

Aboriginal and Torres Strait Islander Community Advisory Groups

Aboriginal and Torres Strait Islander Community Advisory Groups were established in each participating community. The Community determined membership of the Group, which included stakeholders, community members and service provider representatives. Members were Aboriginal and/or Torres Strait Islander and non-Indigenous people. The partnership between the Community Advisory Groups and the study team supported the inclusion of community knowledge, needs and preferences into the study and the integration of the expertise of community members and of the study team. In addition, each participating community identified one individual (with assistance from the Community Advisory Group and nominating Community Organisation) as a local co-ordinator to drive the research process at the community level and serve as the main point of contact for the study team.
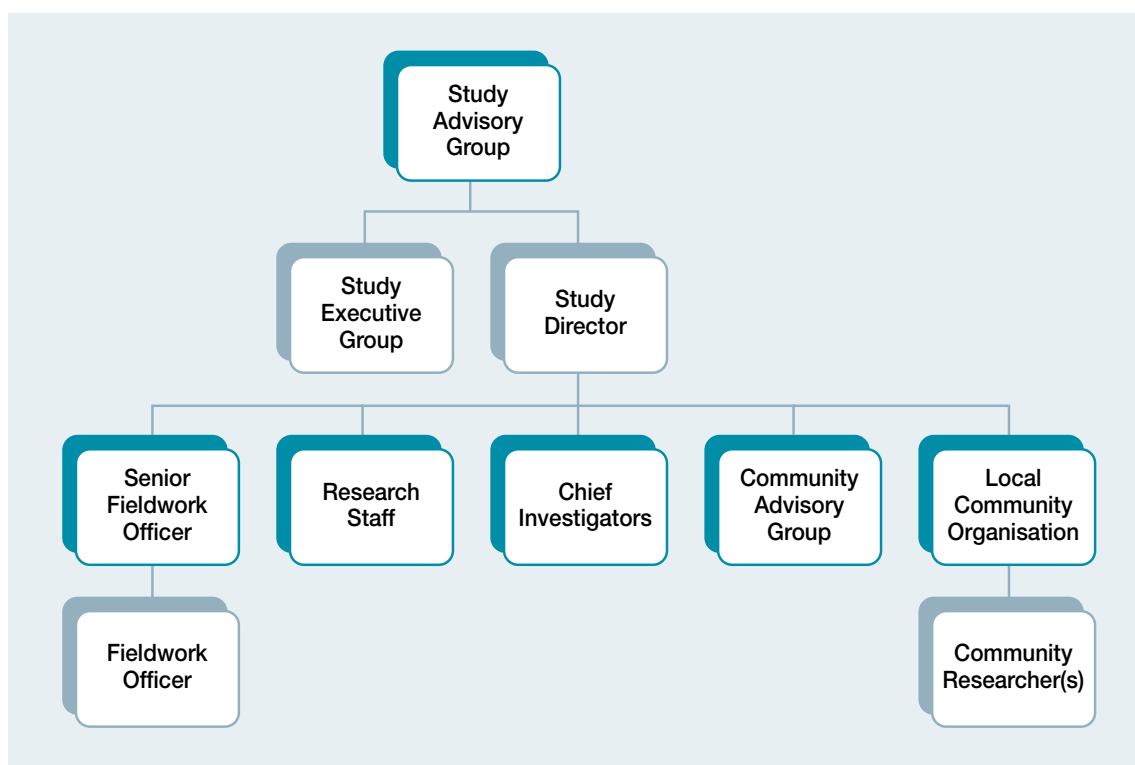
Figure 1: Study governance structure

Human Research Ethics approvals

Ethics approval was granted by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Human Research Ethics Committee (HREC, Protocol: EO55-01052017), which provides national approval for research involving Aboriginal and Torres Strait Islander people, and from the ANU Human Research Ethics Committee (Protocol: 2017/657). In addition, approval was obtained from regional ethics committees relevant to participating sites: Western Australian Aboriginal HREC (Protocol WAAHEC HREC 845); Central Australian Aboriginal Congress HREC (CA-18-3061); and South Metro Health Queensland HREC (Protocol HREC/18/QPAH/313).

Community-based Action Research

The Community-based Action Research process (Plan, Observe, Reflect) informed each phase of the project, facilitating shared ownership of the project with communities and ensuring the appropriateness and applicability of the research in each setting.

Plan

The Aboriginal and Torres Strait Islander-led, inter-disciplinary study team developed most of the research questions and instruments (survey, interview and focus group schedules and service mapping), in collaboration with government. This ensured that the research questions were sensitive to the needs of Aboriginal and Torres Strait Islander communities and informed by the policy process.

Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing,(17) a national longitudinal study, informed the design of questionnaires in the study. The Mayi Kuwayu Study co-developed measures of cultural practice and expression and wellbeing in consultation with Aboriginal and Torres Strait Islander communities across Australia. Many of these measures were used (or adapted for use) in FaCtS research instruments, and a pilot with one community ensured that they were suitable and useful.

The Community-based Action Research process engaged a broad range of community members and service organisations. Importantly, the study invited communities to self-nominate to be involved and to define their identity/boundaries as a community. Self-nomination was facilitated through the information disseminated about the project through the National Aboriginal Community-Controlled Health Organisation (NACCHO) communique,(18) conference stalls, social and traditional media and personal networks. Study Advisory Group members, who were representatives from across Australia, also recommended sites that could be contacted and invited to participate in the study.

Observe

Participating communities were involved in the planning and implementation of the study: recruiting services and local staff; discussing the local context; conducting feasibility audits to identify resources and strategic considerations; establishing local Community-based Advisory Groups; and training local researchers. Key to this process was the identification and employment of local research officers and a local coordinator to:

> work with the study team to train local staff in survey design, administration and data entry, in-depth interviewing and service effectiveness assessments

> assist the community to add questions to the survey, in order to explore additional factors considered important to the local community

> assist in organising interviews and focus groups

> undertake quantitative data collection

> undertake in-depth interviews for the qualitative research components

> undertake data entry

> review and revise the service mapping analysis conducted by the study team

> participate in the Study Advisory Group

> facilitate and host dissemination activities back to community

> organise times and dates for community feedback (to the range of stakeholders, i.e. individuals, community groups, services and other institutions).

Locally driven data collection and the use of local community researchers enhanced the study team's ability to conduct a large-scale, in-depth research project and to ground the analysis of data through a constant feedback loop between the researchers and communities.

Reflect

Data were analysed through a collaborative process. Study team members who collected the data led the preliminary analysis. During analysis, the study team met regularly to workshop key findings for each of the research questions, review the findings and reflect on fieldwork experiences.

Part of our planned methodology was to visit the 18 participating communities with their community's draft report. By the beginning of March 2020, members of the study team had provided face-to-face reports to some communities to obtain feedback on their results. This intended process was interrupted by the COVID-19 pandemic. We considered providing feedback via Zoom. Communities initially advised that this was not feasible. At the time of writing (end August 2020), we have provided other communities with their data. While face-to-face feedback would have been optimal, pivoting to provide feedback by Zoom has also been mutually beneficial. We are in the process of contacting remaining communities to organise feedback.

Data collection components

The study methods had the following key components:

> quantitative survey of community members (Community Member Survey [CMS])

> qualitative data collected from community members (in-depth interviews and focus groups)

> quantitative survey of service providers providing services to the participating communities

> qualitative data collected from service providers providing services to the participating communities (Service Provider Survey [SPS])

> mapping of community infrastructure relevant to violence (service mapping).

Participants who completed the CMS and/or participated in a focus group or interview were given a voucher for completing the activity, as a reimbursement for their time. In some communities, the participants, as a collective, donated their vouchers to a local shelter. The voucher amount was at the discretion of the community organisation; most were $30, but some community organisations offered more financial reimbursement for the community members' time. Vouchers were not provided to participants in the SPS.

Recruitment of participants for each study component was determined by the local community organisation. Some communities advertised in the local paper. Some community organisations recruited participants through existing groups, such as 'Mums and Bubs' groups, Elders groups, men's groups, women's groups and healthy cooking groups. Many CMS participants also participated in a focus group.

Community member survey

The CMS collected information from Aboriginal and/or Torres Strait Islander people and from a small number of non-Indigenous people, living in the communities, who had Aboriginal and/or Torres Strait Islander family. The survey was restricted to people aged 16 years and older. Information was collected about participants':

> demographic characteristics, health, wellbeing, education, relationships, workforce participation, gambling, alcohol and other drug use and childhood adversity (noting that, given its very sensitive nature, we did not ask specific questions about experiencing violence as a child)

> gender attitudes

> personal and family safety

> witnessing of violence

> personal experience of violence

> perpetration of violence

> perceptions and understanding of violence

> awareness of services and organisations in the community

> service availability, use, appropriateness and effectiveness.

Depending on language and/or literacy barriers, most CMS participants took 25 to 35 minutes to complete the survey. The duration was longer if a Community Researcher read all the questions and possible answers out to the participant. Participants had the option of completing the CMS in a private location, given that some questions could potentially be distressing for them. Participants could complete the CMS on paper or on a tablet; most completed it on paper.

The goal was to involve a minimum of 15 communities and 1,500 participants. It was not feasible or intended to undertake a random sample for the CMS, for several reasons. Firstly, this would be inconsistent with the participatory research approach to the project, where communities and community members self-nominated to participate. Secondly, there is no reliable population register to sample for each community. Thirdly, the cost of undertaking a household-based, random sample would be prohibitive; many households would need to be screened in some of the participating communities where the Aboriginal and Torres Strait Islander population is only a small proportion of the total population. The approach taken in the CMS was to include the broadest possible cross-section of communities and community members. We set broad sample quotas, to ensure that there were adequate numbers from different age groups and genders to enable analysis for each group. The final CMS sample is described in Chapter 3.

Community member interviews and focus groups

Researchers used qualitative methods to gather information on community members' perceptions of violence in their community and their knowledge of, access to, and attitudes to, services in their communities. Question topic areas included:

> perceptions of violence in the community

> impacts of violence in the community

> resilience and protective factors in the community

> what community safety looks like

> how safety can be improved

> what responses to violence are working

> what other responses to violence are needed.

Data collection took place between May 2018 and April 2019. We conducted interviews and focus groups with men, women, youth (aged 16 to 17 years) and Elders. We included each of these groups in order to capture their unique perspectives on what family and community safety is, and how it can be improved. In all communities, we completed focus groups for men, women and youth. In many sites, youth focus groups were separated by gender, at the discretion of the community. Some sites requested that we capture the Elders' perspectives, to gain from their wisdom. The target was to complete three interviews and four focus groups in each community, capturing these key groups.

Community researchers received training from the study team and then became involved in several aspects of the work: conducting the focus groups, analysing and reporting on proposed themes and grounding the analysis within their own experiences of working with their communities.

At a meeting of the Study Advisory Group in March 2020, this training was extensively discussed. One of the external members raised the important and often ignored issue of formal recognition for training undergone by Community members. This became one of the implications for action.

Community researchers and members of the fieldwork team conducted the focus groups. Where all interview/focus group participants provided consent, the discussions were audio recorded. If one or more participants did not want to be audio recorded in a focus group, notes were taken instead. Participants were informed that data would be de-identified.

Interviews and focus groups ranged in length from approximately 30 to 180 minutes. The aim was to include just six to ten participants in each focus group, so that everyone could be heard. If there were more than ten community members wanting to participate in a specific focus group, we would offer to run an additional focus group.

Details of the total number of community member interviews and focus groups are provided in Chapter 3.

Service provider survey

An online SPS was designed to collect information on the availability of services, collaboration between organisations, responses to violence, cultural safety, gaps in service provision and perceived barriers and/or enablers to improved service delivery.

The SPS collected information from service providers on characteristics of their service and their service's role in responding to violence. Service providers were asked to describe their perception of the effectiveness of service delivery in addressing family and community violence. They were also asked to describe perceived barriers and enablers to service access and delivery.

Employees aged 18 and over who worked in services either in or outside the community that provided outreach support or services were eligible to participate in the SPS. We sought information about a broad range of services providing support to Aboriginal and/or Torres Strait Islander people and/or their families affected by family and community violence, including:

> police

> Aboriginal and/or Torres Strait Islander Community-controlled Health organisations

> other health services

> education services

> women's organisations

> men's organisations

> alcohol and other drug rehabilitation and detoxification/withdrawal-related services

> counselling services and other mental health services

> shelters and refuges

> other housing and homelessness services

> legal services

> justice and correctional services

> family violence services

> family support services

> night patrol

> neighbourhood centres

> youth services

> other community organisations.

The 42-question SPS was designed by devising and collating questionnaire items addressing the research questions. Feedback from the study team and the Study Advisory Group were utilised to inform the final SPS.

In collaboration with the Aboriginal and Torres Strait Islander Community Advisory Group, Community Organisations and Community researchers, the research team drew from the service mapping and additional research a list of potentially relevant services. Where possible, the study team attempted to contact the identified organisations by phone, to provide information about the study and seek permission and support from staff to complete the survey.

Global market research and consulting firm, Ipsos, was contracted to deliver a two-phased approach. Phase 1 was an online survey. Phase 2 involved computer-assisted telephone interviewing (CATI) for non-responders to the online survey. In Phase 1, service providers received an email containing information on the study, an information sheet and a unique web-link to the online SPS. Before the survey began, participants needed to give consent and confirm that they were 18 years or over. Across the 18 communities, 434 service providers received the survey. The number of potential SPS participants varied across communities because of community size and services' availability, capacity and willingness to participate. Original participants were encouraged to forward the link to co-workers and additional service providers in their community. Participants who did not respond received reminders one and four weeks after the initial survey invitation. Phase 2 involved 301 service providers, with the aim of reaching a total of around 100 participants and achieving representation from each of the 18 participating communities. Firstly, a participant in the organisation was contacted by phone, with the aim of motivating them to complete the original survey link or to request that the link be re-sent. Alternatively, if a new contact was reached within the organisation, that person received a new survey email. Next, participants who had been recruited and had agreed to complete the survey, but had not completed it within a week, were phoned. Ipsos made up to five call attempts. During any call, a participant could elect to complete the entire survey over the phone with the Ipsos interviewer.

It is possible that the SPS was sent to multiple people from the same organisation through the distribution pathways. Individuals self-selected to participate. For privacy and confidentiality reasons, we did not record the name of the service. We therefore cannot exclude the possibility of multiple responses from the same service. This should be considered when interpreting findings from this survey.

The final SPS sample is described in Chapter 3.

Service provider interviews

Service provider interviews gathered information on service providers' views on access to, and effectiveness of, current services for Aboriginal and Torres Strait Islander peoples. This involved questions about gaps in services and how services could be more effective. Service provider interviews explored:

> the purpose of the service and target population

> the extent to which the service is being used by different groups within the community

> the extent to which the service cooperates and coordinates with other service providers and/or programs

> views about the aims of the service, including assessments of:
  – efficacy of the assessment of client needs
  – how well the service screens for, and responds to, family and domestic violence
  – networks/working relationships with the community
  – views about the service's operation and overall effectiveness
> views about gaps in services, how services could be improved, and what would be required to reduce violence against Aboriginal and Torres Strait Islander women, men and children.

Details on the number of service provider interviews and focus groups are provided in Chapter 3.

Service mapping

The study team worked in partnership with communities to map family violence services operating in each community, to provide information on the scope of these services and additional services. The mapping included a broad range of services: domestic and family violence services, legal services, medical services, hostels or other safe accommodation, women's services, counselling programs and police. Cultural infrastructure identified included partnerships, networks, shared skills and experience, collaborative projects and services, focusing on programs and/or services designed for the community. The identification of existing services and cultural infrastructure involved:

> a desktop review of available services in participating communities

> information from the Community Advisory Groups on available services

> confirmation/clarification of the desktop mapping exercise

> information from community members and service providers on what services and other infrastructure relevant to violence are available in the community (through the CMS and interviews, and SPS and interviews)

> information from funders of services (e.g. State/Territory and Commonwealth governments)

> program data on use of services for reasons related to violence (where available).

Analysis

This study employed a convergent mixed methods design: quantitative and qualitative methods were considered complementary during study design, data collection and data analysis. The findings of this study come from an integration of the concurrent analysis of all datasets.

Our mixed methods approach was exploratory; we sought to capture views and experiences of violence beyond what might be measured in quantitative surveys. Our approach enabled us to explore the strengths and cultural resources that Aboriginal and Torres Strait Islander people and communities draw on when responding to issues of violence.

Qualitative analysis

Interviews and focus groups were digitally recorded and professionally transcribed. Data were analysed in NVivo software using an inductive analysis approach.[19,20] The preliminary coding was undertaken by some members of the study team. This included reading the full data set (interview and focus group transcripts) and searching for main ideas repeated throughout the data, especially those relating to the research questions. Members of the broader study team then met to review the early analysis for patterns or themes, whose focus was on identifying topics related to the research questions and to other areas that were important to participants. Chief Investigators and the fieldwork team analysed and reported on the proposed themes to ensure a rigorous representation of communities' stories and data that related to the research questions.

This report includes direct quotations, extracted from the interviews and focus groups, which have been de-identified. Where appropriate, quotations are described according to whether they are a community member or service provider, level of remoteness, age group and/or gender.

Quantitative analysis

This report employed both descriptive and inferential statistical methods. Analysis was conducted using Stata 15. The study team examined outcomes of interest in the whole sample and by key sociodemographic characteristics: age group, gender and level of remoteness.

Gender was self-reported from the options of male, female and other. Because the numbers of those identifying as other gender were small, and confidentiality could not be protected, those data are not presented separately. However, those identifying as other gender are included in all results where gender is combined.

Remoteness was determined according to the Australian Statistical Geography Standard (ASGS). Areas were categorised as: major cities, inner regional, outer regional, remote or very remote. For the purposes of analysis, these categories were collapsed into three categories: major cities, regional (including inner regional and outer regional) and remote (including remote and very remote).

Where relevant, the study team tested for significant associations between exposures and outcomes. For bivariate associations, we conducted chi-squared tests and Fisher's exact tests when cells were small. For multivariate associations, we calculated prevalence ratios (PRs) and 95% confidence intervals (CIs) using Poisson regression with robust variance. For inferential analyses, a p-value of 0.05 was used as the threshold for statistical significance. All regression analyses were adjusted for age group, gender and level of remoteness, as described above. Results are not adjusted for geographic cluster, because of low cluster-level variance.

It is possible that multiple family members could have completed the CMS. For privacy and confidentiality reasons, we did not record whether a participant had other family members completing the survey. Therefore, we have not adjusted for correlation or clustering within families. Data were excluded from regression analysis if the exposure or outcome was missing. Where relevant, data were excluded where responses were 'don't know', 'don't want to answer' or 'unsure'. Results are referred to within the main text of the report, and all Tables are provided in Appendix 4.

Quantitative analysis of factors related to violence

Using CMS data, we examined how a set of individual, family and community characteristics related to community members' experience and use of violence. These findings are interspersed within the relevant results chapters. We examined each factor in relation to four outcomes:

> ever experienced violence

> experienced violence within the past year

> ever felt violent

> ever convicted or arrested in relation to violence.

In this exploratory analysis, we examine each factor individually, but we acknowledge the complexity and interrelatedness of these factors, as described by community members and service providers. These analyses are designed to quantify the relationship between these factors and violence. This analysis is based on data collected at one time point; this prevents us from determining causality (that is, demonstrating that a factor causes violence) or disentangling bidirectional relationships (that is, determining whether a factor impacts on violence and/or whether violence impacts on the factor). It is likely that many of these relationships operate in both directions and/or are reinforcing; for example, financial strain may lead to violence, which in turn may lead to financial strain. The qualitative findings support interpretation of these quantitative findings.

During survey data collection (May 2018 to April 2019), all factors were measured at the time of the survey. In some cases, violence may have occurred close in time to the survey; in other cases, violence may have occurred a long time before the survey. In the latter case, the factors measured at the time of the survey (such as financial circumstance) may not reflect factors at the time the violence occurred. For analyses related to the experience of violence, we examined both lifetime experience of violence, to capture long-lasting impacts of violence exposure, and experience of violence within the past year, so that factors captured at the time of the survey were more likely to reflect the factors at the time of the violence exposure. If changes in these factors over time were diluting true associations, we would see stronger exposure–outcome associations in the analysis restricted to violence in the last year (compared to the analysis of lifetime experience of violence).

For the use of violence, both outcomes (felt violent, convicted) relate to lifetime experience, rather than to experience within the past year. We expected to see stronger exposure–outcome associations for 'ever convicted in relation to violence' than 'ever felt violent', because of the more serious nature of the former.

Triangulation methods

The different data sets were collected and analysed concurrently. Triangulation(21) enabled the study team to interweave the findings from the variety of overlapping datasets through comparison and contrast. Participants' views on violence were compared with current responses to violence, to elicit a broader contextual understanding of violence. In particular, the study team used the findings from the qualitative datasets to frame and interpret the findings from the statistical analyses of the survey data. While the study team was looking for confirmation between the quantitative (surveys and service mapping) and qualitative (focus groups and individual interviews) findings, we focused on privileging the voices of Aboriginal and Torres Strait Islander peoples. We also considered points of divergence between the datasets and worked as a team to interpret the differences (See Figure 2).

Within the multidisciplinary team, social scientists, epidemiologists and psychologists had different practical and theoretical sensitivities to particular topic areas; this impacted on the organisation of data during the draft writing process. For example, the fieldwork team members grounded the analysis within their experiences working with participating communities. As well as ensuring that contextual issues such as colonisation, trauma and racism were examined, the study team also led a strengths-based approach to analysis, highlighting assets (skills, capacities, actions, talents and potential). Results were integrated with existing literature from the Aboriginal and/or Torres Strait Islander context, where available, during the interpretation phase.
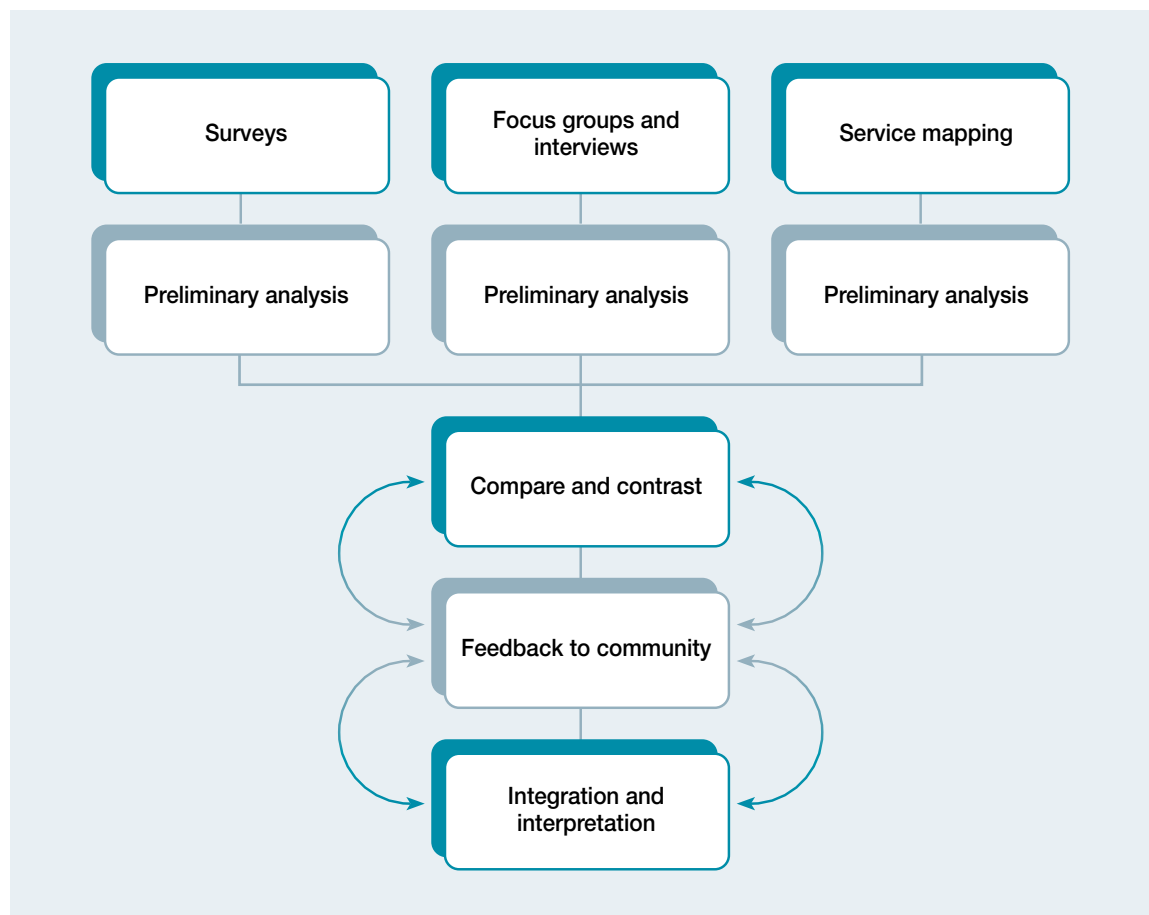
Figure 2: Triangulation of data sources

CHAPTER 3
SAMPLE CHARACTERISTICS

This chapter presents a summary of the characteristics of the participants in the CMS, the SPS, focus groups and interviews with community members and service providers.

Community member survey

The 18 participating communities from New South Wales, Queensland, Victoria, Western Australia, South Australia and the Northern Territory contributed to CMS data, with an average of 90 participants in each community completing a total of 1,626 surveys. Of these, 42 were ineligible,[23] resulting in a final sample of 1,584 participants. The smallest number of respondents for a community was 62, and the largest was 105. Two communities (12% of all participants, n=197) were classified as major cities; four (22%, n=343) as inner regional; five (27%, n=431) as outer regional; three (16%, n=254) as remote; and four (23%, n=359) as very remote (Table 1). Level of remoteness for both the CMS and the SPS was coded according to the ASGS Remoteness Structure.(22)

Participants ranged in age from 16 to 84 years, with a mean age of 38 years (Table 2). For analysis purposes, participants were categorised into the following age groups: 16–17 years; 18–24 years; 25–39 years; 40–49 years; 50 years and older; and range not specified but 18 years and older.[24] Not specified, over 18 years included participants who did not provide a specific age or select an age range but who completed an adult (rather than youth) consent form, demonstrating that they were at least 18 years of age. The 25–39 years age group was the largest age group (28% of the total sample), followed by participants aged 50 years or more (24%), 40–49 years (19%), 18–24 years (15%) and not specified but 18 and older (9%); the 16 to 17 years age group was the smallest age group (5%), but still contained 79 participants and so enabled analysis of outcomes within this important age group.

The sample group was 58% females, 42% males and less than one percent who did not identify as either male or female.[25] The vast majority of participants identified as Aboriginal and/or Torres Strait Islander (96%); the remaining 4% had Aboriginal and/or Torres Strait Islander family. The latter group was included because the aim of the study is to understand and address violence in Aboriginal and Torres Strait Islander families and communities, and that includes non-Indigenous people who are part of these families and who are living in these communities. The FaCtS community researchers invited non-Indigenous people to participate, based on their assessment that these individuals were considered part of the community. In most cases, the non-Indigenous participants in the study are partners of Aboriginal and/or Torres Strait Islander people.

The study sample showed diversity in terms of family financial security. Thirty-one percent had a lot of savings or were able to save now and then. Over one-third of participants (37%) had just enough money to get through to their next payday. Nearly one-quarter (23%) ran out of money before payday or spent more than they received.

When asked about their highest formal education qualification, 39% of participants reported having completed Year 12 (High School, Leaving Certificate, College), a Certificate/Diploma (such as Child Care or Mechanic) or a University degree. Half (49%) had completed Year 10 (School or Intermediate Certificate), and 10% had completed less than Year 10. The remaining 2% did not answer the question.

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23 Eligibility criteria included: participant must be Aboriginal and/or Torres Strait Islander, or a family member of an Aboriginal and/or Torres Strait Islander person; consent form completed by the participant; majority of survey questions completed.

24. We know that those who did not state their exact age were 18 years or older because of the difference in the consent process for those under 18 years of age and those aged 18 years or older.

25. As indicated previously, an option for responses to the question on gender in the FaCtS study was 'Other'. Following feedback from one of the three communities visited to date (as noted above, other community visits were postponed due to the COVID-19 pandemic), we have changed the wording in the way we report this variable for the small proportion of participants (<1%) who did not identify as male or female.

Thirty-six percent of participants were in paid employment, which included full time, part time, casual work, self-employed and paid carer; 51% of participants were not in paid employment, including those who were participating in the Community Development Program (CDP) or work for the dole program.[26] Four percent were studying full or part time; 3% were classified as other, and 6% as missing. Patterns of employment were similar across the levels of remoteness, with 36% of participants in major cities in paid employment (55% not in paid employment), 35% in regional areas in paid employment (52% not in paid employment), and 38% of participants from remote areas in paid employment (49% not in paid employment).

The CMS sample was not intended to be representative of the total Aboriginal and Torres Strait Islander population. Rather, it was designed to capture a diversity of experiences across Australia. Accordingly, we note that the distribution of remoteness, gender and age in the CMS sample does not align with the distribution in the total Aboriginal and Torres Strait Islander population. For example, the percentage of CMS participants in remote areas exceeds that of the total Aboriginal and Torres Strait Islander population, and the percentage of CMS participants in major cities is lower than the percentage in the total Aboriginal and Torres Strait Islander population.(23) Further, females are overrepresented (and males underrepresented) in the CMS sample, compared with the total Aboriginal and Torres Strait Islander population.(23) The study sample did not include participants under 16 years of age, and no participants were aged 85 years or over.

The distribution of age group, gender and Aboriginal and Torres Strait Islander identification was generally similar across levels of remoteness. Participants living in major cities generally had higher levels of socioeconomic advantage, based on family economic situation and level of education, than those in regional or remote areas (Table 3).

Service provider survey

The SPS included 98 individuals who were working as service providers[27] in an area relevant to family and community safety across the 18 participating communities. The sample included representation from each of the 18 sites. Overall, approximately 19% of service provider participants were in major cities, 51% in regional areas, and 30% in remote areas (Table 4). Level of remoteness was coded according to the ASGS Remoteness Structure,(22) based on the postcode of the service where the respondent was located.

Not all services were targeted for Aboriginal and Torres Strait Islander people, but all SPS participants were working at services that support Aboriginal and/or Torres Strait Islander people. Not all service provider respondents included in the study identified as Aboriginal and/or Torres Strait Islander themselves. More than one-third (38%) of responding service providers identified as Aboriginal and/or Torres Strait Islander (See Table 4). Two-thirds (67%) were female and one-third (33%) male. Participants ranged in age from 20 to 75 years, with a mean age of 47 years; 76% percent of service providers were aged 40 years or over. For analysis purposes, participants were categorised into five age groups: 20–29 years, 30–39 years, 40–49 years, 50–59 years and 60 years and older.

Fifty-five percent of participants had a University degree, and nearly one-third (29%) had a Certificate and/or Diploma. Year 10 was the highest level of education for 9% of service providers. Twenty-nine percent of participants identified as being a manager, 10% as a CEO/deputy CEO and 20% as a co-ordinator or team leader. The sample also included case or support workers (10%), health professionals (9%), administrative support staff (6%), Aboriginal Health Workers (4%) and engagement or liaison officers (3%).

Participants worked with organisations that provided a range of services: family support services (26%); women's services (20%); family violence services (16%); youth services (16%); counselling and mental health services (13%); homelessness services (12%); health services (11%); men's services (9%); police services (6%); justice or correctional services (6%); alcohol and other drug rehabilitation and detoxification/withdrawal-related services (6%); shelters, refuges and hostels (6%); housing services (5%); legal services (5%); night patrol or community patrol (4%); neighbourhood centres (3%); and Land Councils or Homeland Associations (1%).

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26. The Community Development Program (CDP) is a remote-area Work for the Dole Scheme. Around 84% of participants are Aboriginal or Strait Islander people. CDP supports around 30,000 people. CDP was introduced on 1 July 2015 to replace the Remote Jobs and Communities Program, which, in turn, replaced the Community Development and Employment Projects (CDEP) program. CDP requires job seekers aged 18 to 49 years to participate in work-like activities for 20 hours a week as a condition of continuing to receive income support. CDP helps to support job seekers to enhance their skills, by addressing the barriers to employment, and enables participants to contribute to their community.

    The Work for the Dole program is a Federal Government initiative which places job seekers in not-for-profit or government agencies for six months of the year as a condition of continuing to receive income support. Participants aged 18–45 years are required to work 50 hours a fortnight; participants aged 50–59 years are required to work 30 hours a fortnight; and those aged over 60 years are required to work 10 hours per fortnight, up to the pension age. The program promotes skills building and encourages participants to contribute to their community.

27. Where we use the term 'service provider', it denotes a person who works as a service provider, rather than an organisation.

The vast majority (85%) of service providers indicated that Aboriginal and/or Torres Strait Islander people were the primary focus for their service, with all services supporting Aboriginal and/or Torres Strait Islander people. Some of these services were not Aboriginal and Torres Strait Islander-specific services; rather, they were total population services that targeted Aboriginal and/or Torres Strait Islander people. Two-thirds (66%) of service providers stated that more than half of their clients/patients were Aboriginal and/or Torres Strait Islander, with almost half (45%) reporting that more than 90% of their clients/patients were Aboriginal and/or Torres Strait Islander.

Most service providers reported that their service supported women (82%), young people (70%), children (68%), men (68%) and people with a disability (42%). Almost all service providers reported having frequent contact with community members who had experienced or used physical, sexual or emotional violence (Table 5).

Focus groups and interviews

Qualitative data were collected from both Aboriginal and Torres Strait Islander community members and service providers in the 18 participating communities, through both focus groups (n=56) and interviews (n=96). There was an average of eight audio recordings taken in each community, with a range of 3–13. Transcripts were omitted if they were later deemed not to meet study eligibility requirements (n=13). There were 54 focus group and 90 in-depth interview transcripts available for analysis. Focus groups were conducted with groups of females (19), males (17), youth males and females combined (9), youth females (2), youth males (2) and Elders (5). Forty-six percent of these focus groups were conducted in remote settings, 46% regional and 7% urban. In-depth interviews were conducted with 41 service providers and 22 female community members, 17 males and 10 youth. Thirty percent of these interviews were conducted with participants from remote areas, 58% from regional areas and 12% from urban areas.

CHAPTER 4
UNDERSTANDING CONTEMPORARY VIOLENCE IN ITS HISTORICAL CONTEXT

This chapter presents information on the historical context of family violence in Aboriginal and Torres Strait Islander communities. Towards the end of the chapter, we present an overview of executive functioning as it relates to historical trauma.

Laws and justice systems

Prior to 1788, Aboriginal and Torres Strait Islander Nations and communities had (what we now call) legal and justice systems. Since 1788, supplanting of Aboriginal and Torres Strait Islander laws and justice processes has occurred through the imposition of Australian State, Territory and Commonwealth laws. The story of Aboriginal and Torres Strait Islander law and justice in relation to family and community violence is more nuanced than this. One participant explained:

> The government needs to learn straight forward is that Aboriginal people have their own culture, we had communities before the whites came ... we lived on the land, we lived by the land, we lived by the rules … One of the main things is they took away our decision-making. They rendered our cultural protocols and our way of life null and void by replacing it with l-a-w. They also took our lands. There's grief and all people hurt associated with that.

All Aboriginal and Torres Strait Islander and non-Indigenous societies (Nations) develop standards and rules (laws) that govern behaviour. When these laws are infringed, systems are in place to assess the extent of rule breaches. Punishment or control measures are then applied to bring about justice (justice systems). Across all societies, rules and justice systems have evolved over time, in line with shifts in community expectations and standards. The shift to abolish capital punishment in Australia is an example, where punishment (justice) changed in response to changes in community standards.

In understanding contemporary violence, it is necessary to recognise that post-colonial regimes differentially impacted Aboriginal and Torres Strait Islander communities. In some, Aboriginal or Islander laws were entirely interrupted and are no longer in place; in others, Aboriginal law continues to influence the way the community operates. One participant described how response options offered through Aboriginal and Torres Strait Islander law and culture were at odds with non-Indigenous justice and child protection-related responses:

> … we had kids that were constantly stealing cars and smashing windows, and what not, and then the Elders of their groups said they would take them out to the bush Country to their traditional land and they would teach them … they'd go out there and they had to live off the land and whatnot. Well, the Department of Juvenile Justice said, 'No, that was inhumane they couldn't do that.'

Some participants expressed the desire for the old systems to return, that is, to assert and reinforce the fundamental structures, values and practices within law and culture:

> So, it's a different system to what white society are governed under. And in all of this stuff, there is no mention of what culture, and how important culture is in the make-up of families, and you can't just bloody throw your DNA out … and expect to actually live the way white people live. It's not ... It can, but it's not ... you're not following your free spirit and you're not actually living the life that you were chosen to live. So, I think that in legislation they take the white component of legislation to be the be-all and end-all when in actual fact it's fact … And it's imposed on our mob to act like white society when in fact, if we were to go back to the old ways, a lot of this stuff would stop.

We do not deny that pre-colonial Aboriginal and Torres Strait Islander Nations experienced family and community violence. There is evidence that violence (in the form of trauma from fighting) did occur in pre-colonial times.(24) For Aboriginal and Torres Strait Islander societies, there have always been social rule systems (laws) and controls (justice) across most groups that apply to anyone who breaches those rules (punishment). Law and justice systems in pre-colonial times were administered by senior men and women who set standards of behaviour, defined what constituted a breach of rules and determined how people were

punished or rehabilitated. This is often referred to as customary law. In some parts of Australia, these systems still operate to varying degrees and may continue to have a significant influence on the lives of many Aboriginal and Torres Strait Islander people.(25)

These Aboriginal and Torres Strait Islander concepts of law and justice differ from non-Indigenous understandings and practices of social norms, sometimes leading to tensions and misunderstandings. In some parts of Australia, the situation, however, is evolving, as evidenced by post-colonial justice systems being modified to accommodate Indigenous cultural contexts. Examples include Circle Sentencing in New South Wales, where Community Elders, the magistrate, the person who has committed the crime – and, on occasion, the victim and support people for the offender and/or victim – sit in a circle to discuss the circumstances and impact of the offence, to determine a sentence tailored to the offender.(26)

Competing justice systems

It was common for community members to describe the discordance between the processes of Australia's legal/justice systems and Aboriginal and Torres Strait Islander cultural laws. They expressed a belief that Aboriginal and Torres Strait Islander pre-colonial laws are not represented or respected in Australia's current legal systems. One participant from a remote area said:

> The law is written for the white people.

Another said:

> … white fellas. It's not written for us. It's there to protect them.

One participant made the following comment about young people:

> They've got no respect for the law.

Another said of the court process:

> But looking at a white judge and he's telling you what to do … Like, you're not my father, you're not my mother, and I'm not your pet, you know what I mean?

Participants also expressed a belief that the legal systems were unfair and not designed to protect Aboriginal and Torres Strait Islander people. The ubiquity and danger of imprisonment for Aboriginal and Torres Strait Islander people was commonly raised:

> All the answers [are] … gaol, gaol, gaol right down to our youth … right up to the oldies.

Community and service provider participants described the ways in which they act to work around the legal system – not reporting family violence to police. In a few instances, service providers who are local community members discussed avoiding direct interaction with the legal system. The following examples illustrate where service providers made decisions about process in the best interests of their clients:

> So, they didn't see me as the employer of that organisation but as an aunty in the community, kind of thing. Even for me, that was a conflict kind of thing, what I was doing, but I always tried to think, 'Well, what's the safest thing for the woman and her kids, what was going on' even though officially it wasn't my thing, and I think sometimes that's what happens a lot of the time. It's not in the legal … whoever the process should be, it's who people feel comfortable with … It's happened to me a couple of times in different positions.

> Well, it just opened my eyes up, like, just talking about it here, because if I see somebody struggling, like, you know, maybe I should say, 'Oh, [Supervisor], I seen so and so out on Saturday night, and just what she was saying to me, maybe you just ... can you make contact with her,' and not necessarily tell you what she's done, or you know what I mean, like if it's nothing serious. It's like, 'Do you think you could make contact with her and get her involved in something?'

Sources of contemporary violence

Community members overwhelmingly described family and community violence as arising from a historical context and following a path to the impacts observed today. Participants identified the overarching contributor to current family and community violence as intergenerational trauma and related impacts, resulting from violence enacted on Aboriginal and Torres Strait Islander peoples and communities.

For some individuals, families and communities, there was a sense that the impacts of historical violence were being passed down through generations and that the ongoing impacts of colonisation, including racism, added to the experience of transgenerational trauma. Community members and service providers

described the detrimental impacts of colonial violence, including massacres, quarantining, separating families, institutionalisation and segregation; trauma, including transgenerational trauma; breaking of family, kinship and support structures; and transgenerational cycles and normalisation of violence, further described below.

Colonial violence

When asked where violence came from, participants identified that *all societies* have some forms of violence and that this is not restricted to Aboriginal and Torres Strait Islander communities. Participants alluded to a dominant theme described by participants was of how historic relationships between colonial authority and Aboriginal and Torres Strait Islander peoples affect contemporary manifestations and understandings of family violence. The colonial period was very physically violent against many Nations. Early accounts of frontier behaviour include:

> *Those simply shot were fortunate. Many were cruelly tortured, maimed, blinded, burnt and castrated ... They were shot for dog meat … Women were chained to the huts of white settlers, used by the men, then tortured to death, some being forced to wear the heads of their murdered husbands ... Worst of all to the Aborigines was the perpetual theft of their children for sexual purposes, or if they were lucky, to be domestic servants.(27 p. 89)*

Harsh social control measures of separation and segregation were enforced on Aboriginal and Torres Strait Islander peoples. These measures were almost universal and, therefore, affected a very high proportion of the Aboriginal and Torres Strait Islander population. The separation policies (e.g. young children being raised in domestic or industrial 'homes' by the State)(28) had substantial negative and transgenerational impacts. These systems denied positive role modelling, such as exposure parenting and social bonding, to youth.(28) Contemporary family and community violence is a result of this history – which, for many, is still within living memory. Separation and removal policies were still occurring into the 1970s; it is critical to remember this when trying to understand the context of contemporary family and community violence.

Colonialism as a structure continues into contemporary times and provides the foundations on which society's systems have been built, and which Aboriginal and Torres Strait Islander peoples may experience as systemically discriminatory. An Elder in The Elders' Report into Preventing Indigenous Self-Harm & Youth Suicide describes it:

> *Our people are living on the crossroads and the walk is a rough, rugged, cloudy journey to reach what the Government wants us to do. It's not our system, I'll tell you that. Some of us are lucky to learn that. Where do we go after that? We are still a separate people. You are there. We are over here. You don't want to know our way and we are given no choice but to go your way.(29 p. 52)*

Accordingly, Aboriginal and Torres Strait Islander peoples assert that their experiences with family and community violence occur within a distinct historical and cultural context, compared with that of non-Indigenous people. They identify the traumatic impacts colonial violence has had on community, family and cultural structures over successive generations.(9,30-32)

The impacts of colonial violence were held to be largely responsible for contemporary violence within Aboriginal and Torres Strait Islander families and communities. Colonial violence included displacing existing social and cultural controls with another system, which imposed laws and social control measures, defined according to a different social and cultural code. One participant explained:

> *What they [Aboriginal people] had was a relationship model, pre-traumatised relationship model that every one of us had a skin name and we were connected. Forty thousand years our mob developed this idea.*

Post 1788, Aboriginal and Torres Strait Islander social and cultural codes were displaced through various processes, resulting in the forced grouping together into unfamiliar geographic locations of vast cohorts of Aboriginal and Torres Strait Islander peoples who had no kinship associations. They were systematically controlled by the State, often through State-sanctioned violence. One focus group participant described it this way:

> *… through colonisation … the fact is they all put Aboriginal people into missions, you know, and that's when all the act of violence happened, you know, the fact that we was all in one place.*

Stolen Generations

Justification for the forcible removal of children often came from the appalling conditions in which Aboriginal and Torres Strait Islander people were living following colonisation. There was also a paternalistic belief that it was necessary to blend Aboriginal and Torres Strait Islander people with the white populations, to assimilate them.(33) Peter Read introduced the term 'Stolen Generations' in 1982, to refer to this policy.(34) The National

Inquiry into the separation of Aboriginal and Torres Strait Islander children from their homes found that many forcibly removed children had 'lost their languages, their heritage and their lands, as well as their families and communities.'(35, p.20):

> Indigenous children have been forcibly removed from their families and communities since the very first days of the European occupation of Australia. In that time, not one Indigenous family has escaped the effects. Most families have been affected in one or more generations by the removal of one or more children. Nationally, the Inquiry [the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families] concludes that between one in three and one in ten children were forcibly removed from their families and communities between 1910 and 1970.(35, p.4)

Following this separation from their families, children could be institutionalised, fostered and/or adopted. Moves between types of setting were common. As part of the so called 'assimilation' policy, children and their families were discouraged or prevented from contacting each other. Excessive physical abuse was common, and sexual abuse was reported by one in five children who were fostered and one in ten people who were institutionalised.(35) 'Psychological reverberations' from such painful events as these have an intergenerational impact.(33, p.31)

Systematic removal of children from families

It was recognised that kinship systems – important for providing care for children when their parents could not (including because of experiencing trauma) – have also been heavily impacted by family violence. Participants discussed trauma experienced through family separations, including the removal of children. These contemporary experiences were often linked to historical patterns of trauma, as a service provider explained:

> Even the Elders are saying with the kids getting taken off them … 'It's another Stolen Generation.' So, there's a high percent … of Aboriginal kids getting taken off parents, not only because of domestic violence but it's all … everything put together, drugs-related and all that sort of stuff and past generations.

The decades-long systematic removal of Aboriginal and Torres Strait Islander children from their families and communities underlies a continuing cycle of trauma. Participants repeatedly explained how this was linked to alcohol and other drug use and family violence. One participant explained their despair this way:

> When our kids got taken, there was a lot of anger and resentment and everything flying around. A lot of drug use because you've got no way of turning those emotions off, and it just makes it a hell of a lot worse.

Transgenerational trauma

How colonial violence and genocide resulted in transgenerational trauma is well documented.(36) The literature provides examples where generations of grief, loss and oppression have led to lateral violence, where displaced violence is directed between Indigenous people.(11) Andrews and colleagues have identified the inherent loss and trauma experienced by Aboriginal men. They cite a participants who described Aboriginal men as 'vulnerable, highly distressed and traumatised'(37, p.7), concluding that transgenerational trauma is the result of colonisation. Experts have developed responses to Aboriginal and Torres Strait Islander family and community violence, and highlighted the need for actions to address the ongoing impacts of the links between colonial violence and transgenerational trauma.(38,39)

The colonial process was described by participants as having various ongoing impacts in contemporary society, including the negative impact on relationships and racism. Overwhelmingly, they described trauma as deeply affecting people's ability to develop and maintain healthy relationships. Many described how trauma, including its impacts across generations, contributed to poor personal, parental, familial and community relationships. Trauma was described as impacting many areas of people's lives: it overlapped, and was intertwined with, mental health problems and behaviours such as alcohol and other drug use. Other contributing factors discussed were culture as a social control and the negative impacts resulting from the absence of cultural processes:

> It affects every generation until it's stopped. I mean, domestic violence in my case, I know, goes back to the eighteenth century when the original mob that my great-great grandfather come from were massacred, okay? I know. You come to think after many years of that intergenerational trauma, you think it's normal, you normalise it, you justify it, you make excuses for it and it wasn't him, if he wasn't drinking. Well, you know, even if he wasn't drinking, he's going to smash your head into there, okay, because you've woke him up when he didn't want to be or … and, you know, don't do that because, you know, don't charge, don't charge them because they're family, we must keep the family together at the cost of losing our lives. We need to rewrite the story.

Breakdown of family, kinship and support structures

Historical trauma was explained as being passed down in some (but not all) families and communities. This was identified as a significant contributor to the breakdown of family and kinship structures, including through the disruption of roles and separation and isolation of family members.

Disruption of roles within families

Aboriginal and Torres Strait Islander familial structures have historically been more encompassing, including non-biological kinship beyond the nuclear family, where the large extended family and community is involved in rearing children. Two key roles within kinship care were identified by study participants: caring for the health and wellbeing of a child generally; and the role of cultural teachers in supporting appropriate behaviour and cultural continuity. Traditionally, these roles supported parents to rear children to be strong in body, mind, spirit, culture and identity. They also supported parents with behaviour regulation:

> Yeah. And the reason I think [name] raised it is that, that's happened in our family where we've had uncles pull nephews up and say, 'Hey, that's not the right thing to do.' So, there is a level of support, say from some of the Elders.

The literature details the critical role of kinship care in supporting Aboriginal and Torres Strait Islander family safety. Aboriginal and Torres Strait Islander cultures are interdependent and require holistic responses which draw on family and community members to support families.(40,41) The Secretariat of the National Aboriginal and Islander Child Care (SNAICC) describes how Aboriginal and Torres Strait Islander family structures and childrearing practices influence the way responses to family and child safety concerns should be shaped and implemented to ensure continuity of cultural connection.(42)

Participants talked about these structures now being compromised because of trauma:

> Our structure's been taken away with the uncle normally and the aunts or the whole family is supposed to have a crack at shaping these children.

There was discussion of the roles family members play in contributing to social order, explained by one participant:

> In the past, this is going back, grandfathers, great grandfathers, they didn't have this problem, because there was none of the stuff that we're using now in this generation. They never had that, you know. Everybody had a job to do.

Roles within kinship systems were a recurring theme, particularly gender roles and structures:

> That talk is you have to go back to family. Only a man can turn a boy into a man, and a woman turn a girl into a woman. The first thing is to know your roles and responsibility as a woman and a man, and then how [people] operate in the family structure.

Historically, Elders were responsible for governing community life. Participants described how this has changed:

> To me, how we were structured back then was the Elders held the standard and the protocols, the principles, the values … They're the owners and the keepers of that knowledge and they still practise it today. They tell us 'It's not supposed to be like that. This is the way it's supposed to be up here. You guys are still doing it wrong, get it together, do it right.' And our mothers and fathers are saying it to us so we're constantly going back to them and presenting the issue, or the case and they give their take on it.

> … in the old days we used to have our Elders, or our parents, talk to us about what to do and what is right, and what is wrong, but now I think we're all caught up in ... we don't have these talk with our children now anymore and they just do what they want to do, and then it gets harder for us to try and when they get older trying to tell them, 'Now, stop. Don't do this, don't do that,' but it's too late. If we had sort of stopped that in the first place then you wouldn't be sort of having these problems.

These participants, like many, saw a lack of respect, particularly respect for Elders, as the starting point for family and community violence:

> … lost communication to family and mob … young people don't listen to the leaders … yeah, the young people.

> It's respect … they don't respect the Elders.

> I suppose, just in my own family … but you always have someone to control your family. I've still got my mum around, but she's old. But if we always have an argument, because my father wasn't around, but we always had our mother there to pull us back or anything, because I fight with my

brothers and sisters. I suppose, even in my family now, there's not any of that around anymore, we've got an older brother now. But I suppose that's the difference within families now, you don't have that person to pull it all back together, like go in and say, 'Oh, look, no, what are you arguing over? You're making the brothers and sisters jump.' I done it a lot over there, when I was living in the town, I used to do it with my nieces and stuff, because I've got a daughter the same age as her. Because I hate the fact my daughters fight with my brother's girl and then we've got to go and have an argument over it.

You're just finding that the family dynamics, it's just not … back in the old days, if we mucked up, you'd get lifted by your grandmother or something, and then you'd pull your head in. These fellas, they swear at you now, ay.

Participants stressed the importance of men's and women's place and roles in building safe families and communities. They noted that men seem to have 'lost' their place in families and their cultural roles and responsibilities:

Like, you know, to a black man, you know, you're the provider, you're the protector of the family, and because of colonisation this has taken that away from our black men.

It's pride. Yeah, disempowered, it's the pride what they've taken away from these men.

Participants suggested that colonisation has adversely impacted on the opportunities that existed in traditional societies for men to spend time with each other, as men. They emphasised the need for safe places for men to go to, to talk to someone they can trust and to share their feelings, issues and worries.

Data from the 2017 NCAS reflect the changing nature of male roles in families and its part in leading to violence against women and girls. That study included 342 people who identified as Aboriginal and Torres Strait Islander participants: 180 women, 160 men, and two people with unspecified gender. Three-quarters of Aboriginal and Torres Strait Islander respondents believed that men losing their role within the family was a contributor to violence, with 26% saying that this contributed 'a lot of the time' and 50% 'some of the time'.(43) Other research has examined how colonisation resulted in a loss of men's identity and role within the community – leading to an 'anger contextualised within cumulative, unresolved trauma.'(37, p. 53)

In contrast, participants in our study noted that women have largely retained their caregiving roles and place within families and communities:

Whereas us women still do the same thing, we still raise our kids, we still feed our families, we still take on, you know, people off the street ... And, you know, the women still have just as much power within the family they've always had but men don't get to be the enforcers, the discipliners, because that's seen as abuse.

In the structure of Aboriginal and Torres Strait Islander societies, both women and men have a strong place in many communities. We draw attention to the place of women because of the dominant discourse regarding gender inequality as a key driver of family violence. While women's roles and responsibilities can be different from those of men, they are nevertheless equally important culturally and within families and the community. (30) In many Aboriginal cultures, women have specific law, Country and special places, Dreaming, songs, stories and ceremony.(44)

Built into Aboriginal and Torres Strait Islander law and culture, therefore, is a form of gender equality. However, experiences with colonisation have undermined these important traditional cultural structures in some communities. Some participants outlined how males perceived that their role within families had changed or was changing. One male participant described this:

Aboriginal women have certain roles and responsibilities around family, the men is the land. But now what we're seeing is a traumatised response to that thinking. But even now, even how much we're talking about men's spaces, we're talking about women's spaces because that's forty thousand years in our brains. We're not saying we're better than women, we're respecting women and we want them to be complementary and that's the message we have to get out to our mob. We're not in competition. We actually come together to make our families but because of trauma, we see it in our families.

One regional participant explained that dominant western gender norms do not align with Aboriginal and Torres Strait Islander gender norms:

But I think the important part about all of this is really that the standards by what white people go by and what Aboriginal society has been brought up with over sixty thousand years. Going back then there was a hierarchy where women were in the control and they used to be able to absolutely stop, and our normal cultural practices stop men from beating women, because the women would take up their arms and beat them, one off, right? They'd come together.

In the CMS, participants were asked to rate the extent of their agreement (or disagreement) with a set of statements reflecting views about gender equality. Across the six items, the majority (34–77%) of CMS participants' responses were supportive of gender equality (Figure 3: Table 6). Responses were used to generate a gender equality score for each participant, with higher scores reflecting views consistent with gender equality. High gender-equality scores were about half as common among remote participants, compared with urban participants (18% versus 33%; PR=0.54, 95%CI:0.39,0.76) and were significantly more common among females than males (34% versus 21%; PR=1.68, 95%CI:1.34,20.9) (Table 6).

The use of violence (feeling violent and conviction in relation to violence) was significantly less common among participants classified as having a moderate or high gender equity score. We also found that participants with high gender equity scores were less likely to have experienced violence than those with low scores (17% versus 23%; PR=0.67; 95%CI:0.48,0.93). This provides some evidence that having views supportive of gender equity was protective against the experience and use of violence.
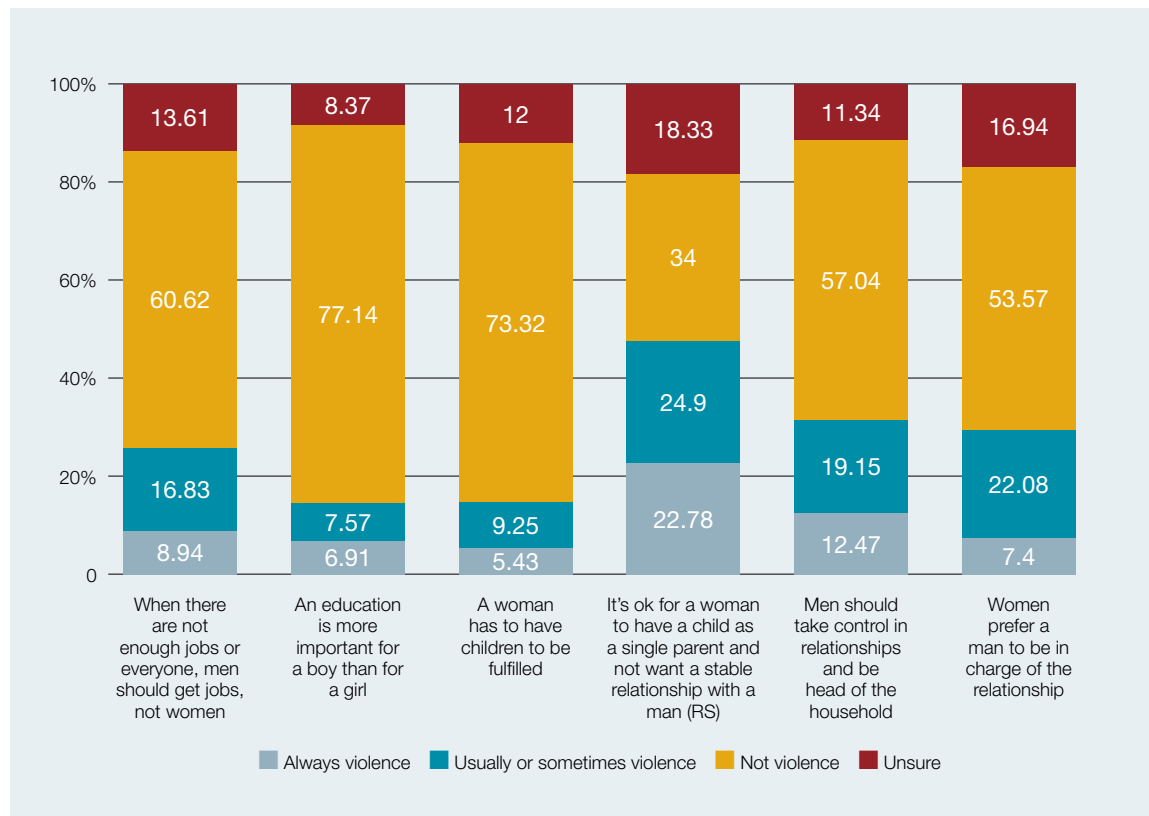
Figure 3: Gender-role attitudes among CMS participants, overall[28]

These findings are consistent with the literature about the impact of colonisation on gender roles(39) and the links between gender attitudes and attitudes towards violence.(43) The results also reflect traditional cultural structures which were based on gender equity principles; for example, where Aboriginal ancestors are noted as giving both women and men their own Law/Lore, Dreaming, Country, special places, ceremony and so on.(44) Sharing power and responsibilities in this way ensured that everyone was valued and had a place in families and communities. Drawing on the findings described throughout this chapter, one possible interpretation of these results is that those with lower gender equity scores may have been disconnected from their culture and identity. Consequently, they have not been taught to observe important and respectful

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28. The item 'It's okay for a woman to have a child as a single parent and not want a stable relationship with a man' is reverse scored (RS) before being incorporated into the total score; it is presented in the figure in its original form before reverse coding.

relationships and are more likely to have grown up in environments in which they have experienced, witnessed or used violence. Further in-depth research is required to explore this and other potential explanations of these findings.

Separation and isolation from partners or caregivers

Participants described the cycle of trauma that breaks kinship structures as having a typical pattern – trauma feeding into violence, which leads to incarceration or other separation, which results in further familial breakdown. They also described gendered patterns within that cycle, with men more likely to commit violence and more likely to be separated from family, and women more likely to be the victims of violence and to suffer isolation from family in the aftermath of violence. Separating a violent man from his female victim can result in a loss of support for her, because she is isolated from his kinship system. One participant explained:

> Nine times out of ten, people that have domestic violence have either got a shit load of trauma in their past, or there's drugs there. And then it just looks at it and goes, this isn't working, they need to be separated, this woman needs to have her man taken away from her which means no support with raising those kids at all. And half of his side of the family aren't allowed around anymore either, so she's got no support network.

This breakdown of roles within family and kinship structures can lead to children being raised without their father.

Positive relationships have been found to enhance resilience and also to have a positive impact on community and friendships for youth at high risk and who have experienced family violence.(45) Therefore, removing youth (including young men) and separating them from their support structures may reduce resilience and coping within families.

Transgenerational cycles and normalisation of violence

Violence was often said to pass from one generation to the next, because of historical, current and ongoing trauma. The perpetuation of violence over generations resulted from ongoing violent experiences and the obstruction of respectful relationships and expectations of safety in families and communities. Participants described the impact of this as 'normalisation' or a 'cycle of violence' – a concept shared across levels of remoteness. One participant described it this way:

> … you get taught that, yeah, it's okay to smack your fucking missus, give her a hiding because she wasn't doing the right thing. And that was inherited in the kids, you know, because they got that from their father and their father got it from their father. So, that was everything that was handed down, and the same thing's been handed down in our community as well. And this is where they're trying to get them to sit there and break the cycle.

Women described how family violence is normalised in relationships:

> Yeah, it's a normal thing. My dad did it, he started it. I find a lot of it is that as well.

> I was sort of thinking just that if girls see their mum being flogged ... yeah, they think it's okay to be flogged. Yeah, like it's not that big of a deal.

> I think following on from that, though, what they're seeing at home they're obviously seeing that that's the way to go and deal with things and that's the only way to have that resolved, especially in that safe space. If home's meant to be … and that's the behaviour that's being put on in front of you then you think that that's what you're meant to obviously do.

Some participants described violence as accepted or normal, despite their discomfort about this normalisation:

> Violence has become normalised with some people and so there is sometimes an acceptable that violent behaviour is normal – even though people might not like it they just accept that that's the way things are.

> System is failing our children; we allow children to see and do things they shouldn't have seen.

Some participants explained that jealousy-related violence, stemming from the breakdown of relationships and lack of modelling of healthy intimate relationships, was sometimes perceived as 'normal':

> Jealousy can cause violence and young girls think it's okay if their boyfriend is abusive because they sometimes think that is what love is.

Although the majority of the 342 Aboriginal and Torres Strait Islander respondents in the NCAS said that it was *not appropriate* for men to use violence in response to their jealousy, 26% of men and 14% of women reported that they thought it *was appropriate*.(43)

Senior et al. identified the fact that violence was expected in Aboriginal and Torres Strait Islander young people's relationships, across both urban and remote areas. They reported that normalisation of violence caused tensions in relationships for young people, including how they managed jealousy. Male physical violence was described as resulting from sexual jealousy; it was considered accepted, and even expected, for a man to use physical violence to 'protect his girl' or to punish her for certain behaviours, such as laziness or infidelity. They found that women were more accepting of some forms of violence, in order to hold on to their relationships. This tension extended to reports of young women expressing difficulty in negotiating consent for sex with partners.(46)

Witnessing violence

Many participants recognised that seeing and/or experiencing violence as a child contributed to high levels of trauma and the ongoing normalisation of violence. They also recognised that, without dealing with that trauma, they were likely to see other impacts. One participant described it:

> Well, there's definitely trauma. We know that kids, well youth and adolescents, that see violence, whether it be physical violence, verbal abuse, there's automatic trauma that goes with that so the impact on the child definitely depends on whether they have support or they don't have support.

Participants stated that seeing and/or experiencing violence had the potential to lead to a cycle of violence: those who had experienced violence as a child were considered more likely to perpetuate it as an adult:

> … at that early age and it's not only violence, but I suppose you learn all the values or whether you want to call them values or what you learn lifestyles, I suppose, you know, as a young child, what you see your parents sort of do or go through. Not only parents – could be your uncles, aunties, any relatives, any families. You know, like family friends, so, and I guess that transcends into later in life, it's kind of a cycle, I guess.

Witnessing violence can also have negative impacts on childhood development.(47) Studies have shown that witnessing violence in the home and community can contribute to the normalisation of violence and create a perception that violence is part of culture.(43) Several studies identify witnessing high levels of violence in the community as a factor that increases violence against women and girls.(43,48) Work done with Men's Programs has shown that emphasising the impact on children who witness violence is a powerful way of engaging men and encouraging them to reduce their use of violence.(37)

Family violence is often perceived and experienced at the community level, because it can occur in public spaces where the wider family may be involved. One participant stated:

> It's become so normal ... We see a lot of it happen in the streets and how many times do we report it? How many times turn a blind eye and you just drive down the street, you drive past, people fighting again, you know? That's two people fighting but that's family violence [in the community] there itself.

The CMS data provide strong evidence for a link between intergenerational trauma and violence and support the cyclical nature of violence in Aboriginal and Torres Strait Islander communities. Experiences of trauma were very common in the sample. Almost one-third of participants reported that their family had been forcibly removed from Country or Island; almost one-quarter reported that a child was removed from a close family member within the last year; 20–40% reported early childhood adversities (as a child, lived with someone who was mentally unwell, had issues with alcohol or other drug use, or was in contact with the justice system); and 20% frequently witnessed violence within the community (Table 7).

Participants with lower exposure to trauma were less likely to have been involved in violence, both experiencing and/or using violence. The experience and use of violence was significantly less common among participants whose families were not disrupted or disconnected, either through forced removal from Country or Island, or forced removal of children. The prevalence of conviction relating to violence was halved among participants whose families were not removed from their Country or Island (13% versus 28%, PR=0.55,95%CI:0.42,0.71; Table 8), and the prevalence of experiencing violence in the lifetime or in the past year was 25–30% lower (Table 7). The prevalence of experiencing violence in the past year and of using violence was halved among those whose family did not have a child taken away, compared with those who had. This may be partly attributable to the fact that children were often taken because of violence within the family.

Further, violence was also significantly less common among participants who had not experienced adverse childhood experiences. The prevalence of all violence outcomes was 30–50% lower among participants who had not (versus had) experienced each of the individual early childhood adversities (Table 7). The qualitative and quantitative data align with evidence indicating that childhood trauma significantly affects parenting behaviours and that trauma impacts parents' ability to reach their own ideal parenting behaviour as adults.(49)

Discrimination, an ongoing impact of colonisation, was a common experience for participants. Over one-third experienced a high level of discrimination in their everyday life. Experiencing discrimination was tightly tied to experience and use of violence. Experiencing violence in the past year was one-third as common among CMS participants who experienced low, compared with high, levels of discrimination (11% versus 32%; PR=0.35; 95%CI:0.25,0.48). Use of violence was one-quarter as common among CMS participants who experienced low, compared with high, levels of discrimination (felt violent: 12% versus 49%; PR=0.26, 95%CI:0.19,0.35; arrested or convicted in relation to violence: 7% versus 30%%; PR=0.27, 95%CI:0.18,0.41) (Table 7).

The link between trauma and violence was consistent across each of these measures of trauma. These findings suggest that these forms of trauma may have long-lasting impacts and implications for both later experience of, and perpetration of, violence. Another consistent finding was that exposure to violence was linked to experience and use of violence.

Limited witnessing of violence, either in the household or the community, was linked to a significantly lower prevalence of experiencing violence and perpetrating violence. Further, use of violence was more common among those who had personally experienced violence than among those who had never experienced violence. The prevalence of perpetrating violence (both feeling violent and being convicted) was more than three-fold among those who had experienced violence themselves (25% compared to 6%; PR=3.45, 95%CI:2.39,4.97). Among all people who had ever felt violent, 84% reported having experienced violence themselves. Among all people who had ever been convicted in relation to violence, 87% reported having experienced violence themselves (Table 7; Table 8).

Being afraid of a partner was linked to violence. We found that participants who had ever been scared of their partner were significantly more likely to have experienced violence, both in their lifetime (95% versus 51%; PR=0.51, 95%CI:0.48,0.55) and within the past year (36% versus 15%; PR=0.37; 95%CI:0.30,0.46). Participants who reported never being scared of a partner were significantly less likely to have ever felt violent themselves (26% versus 44%; PR=0.51, 95%CI:0.43,0.60) or to have been convicted in relation to violence (15% versus 27%; PR:0.37, 95%CI:0.30,0.46) (Table 7).

Executive functioning

The breakdown of kinship structures, due to colonisation, and the historical, transgenerational and ongoing contemporary trauma described by many participants are consistent with the concept of complex trauma. Evidence shows that experience of cumulative trauma over the lifetime (i.e. complex trauma) can have negative impacts on executive functioning.(50)

The International Classification of Functioning, Disability and Health defines executive functioning as higher-level cognitive functions that operate in the frontal lobes of the brain. These include decision-making, abstract thinking, planning and carrying out plans, mental flexibility and deciding which behaviours are appropriate under what circumstances. These functions support complex, goal directed behaviours.(51)

Executive dysfunction impacts people's potential for educational attainment, sustained employment, mental health and wellbeing, all of which are protective against interactions with the justice system.(52) Much of the research about executive dysfunction and related impacts has focused on people with mental health conditions (53-57) or Aboriginal and/or Torres Strait Islander children with foetal alcohol spectrum disorder.(58) However, the research has not focused on people who have experienced trauma and who may have executive dysfunction and its related negative impacts on functioning and relationships.

Key considerations

The story of violence, its history and its manifestations within Aboriginal and Torres Strait Islander families and communities is complex. However, there is a consistent story within and across communities about what has contributed to violence, what has resulted, and how violence has been transmitted across and down the generations. Individuals and communities have experienced severe and widespread trauma across generations, with limited capacity to address it. In some instances, this trauma has been left unresolved. This has resulted in damaged family structures, impeding the establishment and maintenance of healthy relationships and, in turn, perpetuating the use and experience of violence. Trauma was described as both contributing to, and resulting from, the perpetration and experience of violence. The contributors to trauma and violence are intertwined and affect many areas of people's lives (Figure 4: The sources of contemporary Aboriginal and Torres Strait Islander family and community violence).
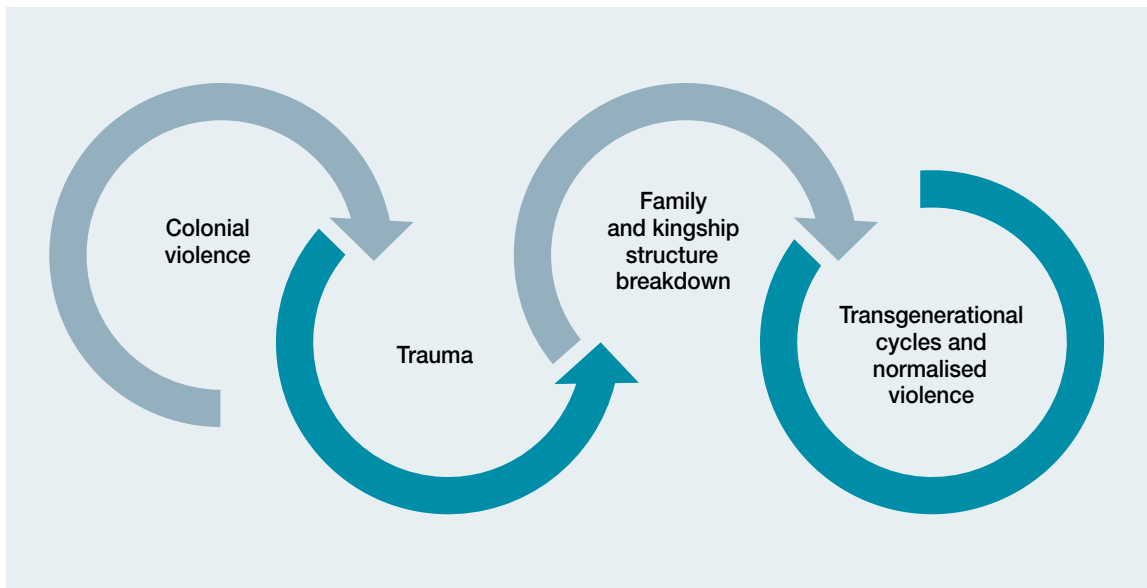
Figure 4: The sources of contemporary Aboriginal and Torres Strait Islander family and community violence

CHAPTER 5
CATALYSTS AND CONSEQUENCES
OF VIOLENCE

In this chapter we describe factors related to contemporary violence in Aboriginal and Torres Strait Islander communities, based on quantitative analysis of data from the CMS and qualitative findings from interviews and focus groups with community members and service providers. This includes factors understood as precipitating or perpetuating violence, factors understood as consequences of violence and factors understood as both.

Factors commonly linked to violence by interview and focus group participants are shown in Figure 5. These were: inadequate housing; racism; financial stress; alcohol and other drug use; poor physical and social and emotional wellbeing (SEWB); mental health difficulties; unemployment; and contact with the justice system and incarceration. While these factors were sometimes described individually, participants were very aware that the interrelationships between them related to violence. The combination of these factors was described as creating complex and disadvantageous family and community environments. Community members succinctly described this complexity:

> … it's youth unemployment, gambling, alcohol, drugs, finance, housing, overcrowding, jealousy, generational DV [domestic violence] and unemployment.

> The story of family violence comes because there's no employment opportunities, there's drug and alcohol addictions, and families are together twenty-four seven with no separation. That's the honesty of it all.

> This is all leading to all these things here. Council responsibility. Neighbourhood Watch, Aboriginal workers, jobs, all of these things here all come back to these things here. If we can work on these, we can have a better community, a safer community, a community that we can be proud to be part of.

Trauma and the negative impacts of ongoing colonisation

A common theme underlying each of these factors and their intersection is trauma and the negative impacts of ongoing colonisation, detailed in Figure 5. Historical and more recent forms of trauma were understood as a common cause of these precipitants of violence; participants described how witnessing violence and child removal could have lasting negative impacts on families, causing psychological distress and leading to alcohol and other drug use:

> The causes are a lot deeper, you know. They're a lot deeper, a lot to do with cycles of intergenerational trauma, seeing violence as you grow up as a kid. Alcohol just brings it out. Developing poor relationships with each other, the weakening of culture, and add in issues about overcrowding, poverty, gambling, these compound the problem. So, without the right support and early interventions, educational programs, a lot of these cycles will just continue and just keep filling up that prison. And what you're doing, you're exposing a new generation of young people to all these same situations. So, the intergenerational trauma cycle continues …

> I've been in Child Safety myself, like, when I was a kid. My sister, she's probably been in Child Safety half her life, and that really broke my mother ... she's been drinking ever since and she's got mental health issues. She's got [chronic health problem] … And so that leads to the cycle. It is a big thing. It affects a lot of families, even though Child Safety might think they're doing the right thing …

> [Child removal] it's gonna tear a mother or father apart, you know? It's just gonna make them fall to alcohol or keep doing drugs.

Detailed findings on each of these key factors are described below, integrating qualitative findings, quantitative findings and evidence from the literature, where relevant.
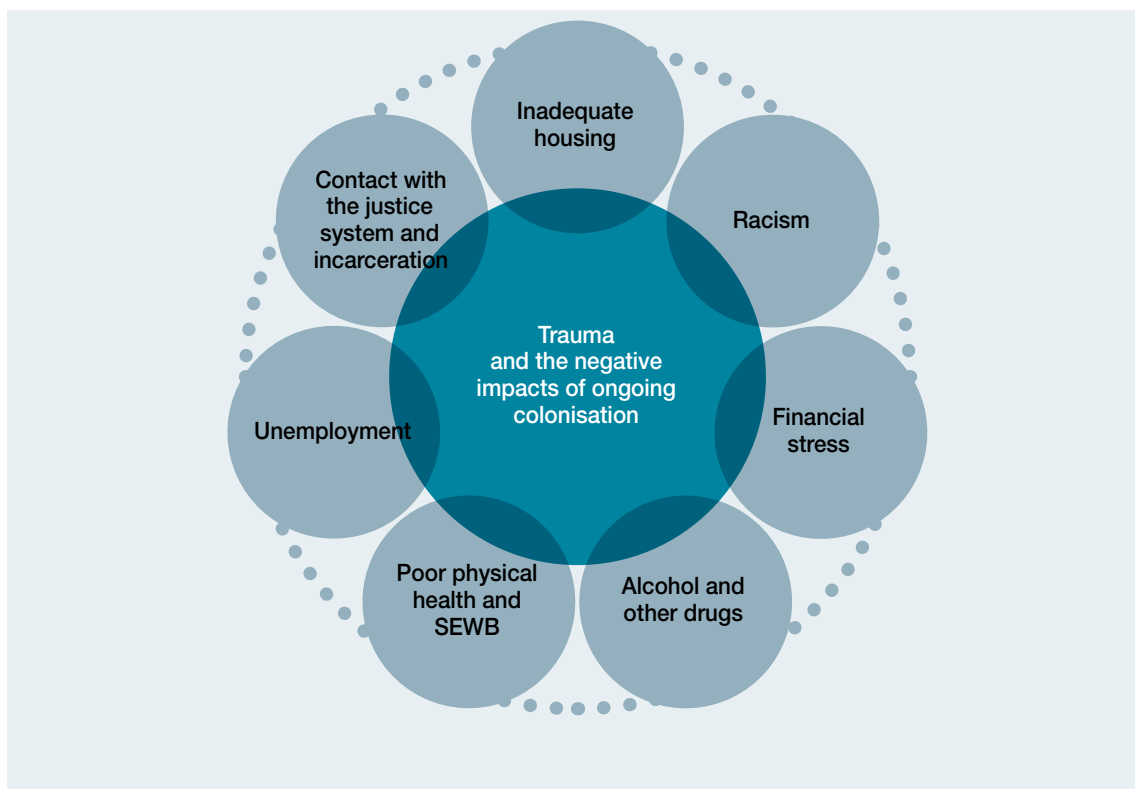
Figure 5: Interrelationships between trauma and the negative impacts of ongoing colonisation, and catalysts and consequences of violence

Inadequate housing

Housing was commonly identified in focus groups and interviews as a key concern. Many participants described problems relating to overcrowding and inadequate availability of housing. Participants explained that, without more housing, people were having to move away from their communities:

> *… there's so many guys in the house, they got to go sleep in the creek or go sleep with extended family that's already got an overcrowded house, with their family and kids and that, so they've got to take their family, kids and all their family there, and it's just creating more problems.*

> *Wait lists is an issue on everything. Housing is such an issue here at the moment. [People are on housing wait lists] years … Three years. Yeah. And even if you're a priority, if you're not a red priority. If you are physically homeless but even then they say, 'Go and house surf.'*

> *We need more houses because we've got a lot of people here [place] like that, you know, still living in the same roof, crowded, over-crowded.*

> *Every house that's been going here that was sold was over a mil [million dollars], every land, and have been bought by outside people and now the thing is some of the land owners now with all the existing accommodation, nothing is under one thousand dollars so how is the local … going to pay, afford to pay. It's one thousand dollars a week … We're talking about rent for houses … We've asked for a threshold and tried to lock it off. It's been trying to get blood out of a rock.*

The CMS data confirm that housing problems are impacting many participants: more than one-third said that their home was 'a little' to 'a lot' overcrowded, and about 15% said they did not have a regular, stable place to sleep. Focus group and interview participants saw housing as a key determinant of wellbeing and community safety, forming the foundation for other social determinants of health. Housing shortages were interconnected with other community issues, including education, employment, alcohol and other drug use (often described as coping mechanisms) and violence. Together, participants described a situation of cyclic disadvantage and insecurity for many community members:

> *We need housing. They said, 'Why did you pick that?' And I said, 'Because, unless you've got a roof over your head, how can you have a safe environment and be able to … then look for a job.' If you're looking for a job and you've got nowhere to live, what's the use of it. Okay, education, once again, comes back to housing. If you've got proper housing, you can then have the education that you need for yourself and your children, okay? Your health, how can you have good health within yourself and*

your community, if you haven't got a place to live? It all keeps coming back to housing. Status within your community, okay, how are you going to have status within your community if you can't say to someone, 'Oh, I've got this place over here, and, geez, it's good, I'm looking after it, it's looking after me.' It comes back to housing – violence in our community. A lot of people are surfing on couches. They go over to cousin one month and then another cousin the next month because of violence, because they haven't got a stable environment – comes back to housing. Drugs – why do people take drugs? Because they want to make themselves feel better. Why? Because they feel sad because they've got none of these things, which means that they haven't got this here – housing. Same with alcohol – it all leads back to housing. Okay, but see all of these issues here, it all comes back to housing, a roof over our heads, a lot of these things could come into play.

Having stable housing and living in conditions that were not overcrowded were significantly associated in the CMS with a lower prevalence of violence (Table 7; Table 8). For example, the prevalence of experiencing violence in the past year was halved among participants who reported sleeping in the same place most or all nights, compared with those who reported never to sometimes sleeping in the same place (18% versus 35%; PR=0.54, 95%CI:0.44,0.68). A similar strength of association was observed for conviction in relation to violence (14% versus 38%; PR=0.44, 95%CI:0.35,0.55). This probably partially reflects the fact that violence – whether experienced or perpetrated – often leaves people with nowhere to stay. Living in a house that was not overcrowded, compared with 'a lot' overcrowded, was significantly associated with a lower prevalence of feeling violent (27% versus 37%; PR=0.70, 95%CI:0.51,0.96). The pattern of association was similar, but not significant, for the other violence outcomes:

They got there and said, 'You choose right now between the person you love or your children.' [Male accused perpetrator] had nowhere else to go. He went and slept in my car at the park that night. Because it was either he becomes homeless or we lose our kids.

Racism

Racism is evidenced in several ways: one example relates to the history of violence perpetrated upon Aboriginal and Torres Strait Islander peoples, which has caused high levels of unresolved trauma within families and communities. The policy of the Stolen Generations, described earlier, is one example of embedded systemic racism that ignored evidence of increased trauma upon the removed child and the family affected. Racism can be covert or overt, as commonly identified during focus groups and interviews:

Yeah, there is. There's definitely racism in [Community name] everywhere.

What the underlying thing is in this [Community name] Community, and it will be here forever, is racism.

Racism also occurs in settings such as the hospital system:

But it just, and I mean, really, that boils down to racism. That's indirect, you know, and that's underlying, happens everywhere. But, like especially in the hospital system.

And in the education system:

More Aboriginal kids than non-Aboriginal kids. The school is not supportive, there is racism.

People also talked about racism in media coverage of court appearances for Aboriginal and Torres Strait Islander people:

It happens in Aboriginal and non-Aboriginal community here but there's more coverage of, I guess, Aboriginal perpetrators, especially at the courthouse, as opposed to white peoples at the courthouse …

Racism was spoken about in relation to police behaviour, through normalisation of what police expect from Aboriginal community members:

[There is] racism in Community – 'that's just how black fullas behave'; it's treated as acceptable by police, and it shouldn't be.

Racist attitudes extend to victims of violence whose situations are not taken seriously and who, therefore, are not protected by those in authority:

[If things were better] people would have the right to report violence and know that they would be protected and something would be done to stop the violence. At the moment they don't feel like they can because there is complacency by the authorities in relation to violence amongst the Aboriginal Community and it is often not taken seriously with victims being protected.

Financial stress

Participants in the interviews and focus groups explained that, when money was an issue for a family, there was an increased risk of violence. Financial challenges were often described as arising from difficulties with finding and keeping employment, perhaps because of mental health difficulties, and discrimination and racism in the workplace. Gambling was also linked to financial problems. The following quotes describe financial challenges as exacerbating interpersonal difficulties, thereby further increasing the risk of violence, particularly if a family member used alcohol or other drugs:

So hence when people are in that proximity for a long time it becomes a negative component within the family structure and so that creates arguments about behaviour, it creates arguments around financial status, it creates arguments around ... and particularly the children because they don't have enough financially to get them off to school so there's a very compact process that goes on that leads to family violence and so, on top of that, the compounding poverty that we live in ... I hope you're writing all this down.

Gambling's had a massive impact in our communities. So now it's common language to say, 'Oh, just going to have a press,' 'Going to have a tap.' And, that can be all of their income. So, it goes hand in hand, drinking, gambling ... and domestic violence.

Participants also linked the Basics Card[29] to violence:

You know another problem is just the sheer poverty and the Basics Card.

That will cause a lot of problems here in the Community because of the change and it's going to be very hard mostly for the young ones and for the Elders because they're so used to getting that Centrelink payment … it's the government that's changing everything in the Community and that will … it might raise that DV. So that changes what the council's told us what's going to happen. It is so scary about it, about that card, because it's happening in [place]. They told us [place]'s violence went up because of that card so they're going to introduce that to the [Community name] soon.

Consistent with the qualitative findings, analysis of CMS data demonstrated a link between financial strain and violence. The prevalence of experiencing and using violence was significantly lower among families experiencing financial stability, as measured by family money situation (run out of money, have just enough, or have savings), welfare benefits and problems with gambling in the household (Table 7; Table 8). The prevalence of violence was 20–50% lower among those who were on stable welfare benefits over the last year than among families who had welfare that was limited or cut off in the past year. It was 20–70% lower among those who received no welfare benefits at all. One interpretation of this finding is that it is not the reliance on welfare benefits that is linked to violence, but rather the disruption of income flow, and resultant stress, when welfare payments are cut off. An alternative interpretation is that involvement with violence, or exposure to other factors linked to violence (such as incarceration, as described below) plays a part in welfare benefits being limited or cut off. Both explanations probably play a role in explaining the observed relationship. One participant explained the inflexibility of the welfare system in relation to their lived realities of contact with the justice system or lack of job opportunities:

I sat there for two and a half hours, just trying to talk to someone just to get my payments back on, because I was in lockup and I was supposed to do my form on Monday, but then I couldn't even do it on Tuesday, because I was meant to get paid on Tuesday, then they were gonna cut me off for four weeks and that, you know? I was like, well, I've got my paperwork and everything stating I was in lockup, that I couldn't have done my forms.

Alcohol and other drugs

Many participants viewed alcohol and other drug use as a catalyst for violence:

I don't think anybody wants family violence and I think everybody recognises that most of it is fuelled by drugs and alcohol and we've got to do something about that.

I think the catalyst in a lot of times are, you know, alcohol and drugs.

Well, the alcohol and drugs usually trigger more and more and then it just starts a whole heap of trouble, sort of goes downhill after that.

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29. The Basics Card has been replaced by the Cashless Debit Card, which 'is testing whether reducing the amount of cash available in a community will reduce the overall harm caused by welfare fuelled alcohol, gambling and drug misuse.'((59)

And alcohol like, alcohol's legal but alcohol is more of a cause of domestic violence than what drugs is. There's a lot of domestic violence that constantly happens, for years and years ago it's unreported, you know, and that's just for alcohol use.

This aligns with national statistics from the 2014–15 NATSSIS. More than two in three (68%) of Aboriginal and Torres Strait Islander people aged 15 and over who had experienced physical violence in the last 12 months reported that alcohol or other substances contributed to the most recent incident. This was observed for both males (70%) and females (67%). In the vast majority of these cases, it was alcohol, rather than other drugs, that was described as contributing to the incident.(2,13) Similarly, in the 2017 NCAS, 61% named 'an alcohol problem' and 70% named 'a drug problem' as a factor contributing to violence 'a lot of the time.'(43)

While alcohol and other drug use is often described as an individual 'choice', many participants made the important distinction that it was tied to trauma and resultant mental health issues, with alcohol used as 'numbing' self-medication. Participants viewed this as a perverse and dangerous cycle, wherein people consuming alcohol were more likely to become violent and so further compound and reinforce the trauma cycle. That is, in some cases, substance misuse was viewed as perpetuating (keeping it going), but not precipitating, violence:

… it's causing major mental health issues across the board for everybody … then drug psychosis, they may not have had a mental health problem prior to all that, but because of the chemicals that the drug's been cut with, then they're getting chemical imbalances. And then they're becoming … to have mental health problems.

I'd say it's got a lot to do with drugs. Heavy drug addictions that are usually brought on from years of trauma, or just because that's the cycle that particular family's been in.

This is consistent with previous evidence showing that Aboriginal and Torres Strait Islander women in prison frequently explain their substance use (most often alcohol) as a response to other traumatic events in their lives.(60)

Alcohol and other drug use was also understood as contributing to, and being a consequence of, financial challenges:

Low income earners, Aboriginal and Centrelink people, and buying drugs, alcohol and not worrying about food, that's when all the domestic violence starts because the kids are hungry next door, you know? I give them food, left-overs, you know? Yeah. And police come, Housing Commission inspectors come, yeah. All related to alcohol, their domestic violence next door and across the road.

… these old people, they get robbed for their money, so these people can get drunk and then that's how they become very volatile, like, they end becoming the victims, financial abuse, you know.

And there's a lot of domestic violence happening next door. I ring the police a few times but the lady does, too, you know. It all boils down to alcohol, that's a poison. It brings death to you. You drink it in moderation but a lot of blokes humbug,[30] 'I've got to have booze', you know, and trying to bash your wife.

People are just racking on debt and thinking who cares and then self-medicating on that.

And so, what happens is, from my experience and what I've seen is, the women will play cards, and if they lose their money and then the males have no money because they've drank the money or they've bought, you know, gunja [cannabis], they've got no money for food or [other essentials], but usually round eight o'clock at night, you can hear all the screaming and yelling, you know, all the domestic violence in community houses.

Other participants explained that the use of alcohol could be a response to a lack of things to do:

… boredom's a big factor for 'em, I reckon. Like, they don't know what else to do. [They say] 'Let's go get high, let's go and drink.'

And because like I said, my clients, you know, the reason why they drink is because their mind's not occupied, their hands not occupied. And drinking is the only way that they occupy themselves for their time.

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30. 'Humbugging' is a term used in some Aboriginal Communities to describe interactions related to reciprocal rights and obligations between Community members, and driven by a perceived right rather than unsolicited giving, frequently resulting in excessive or unreasonable demands on some individuals who may be seen to have more resources than others. In everyday usage, it can be described as the feeling by individuals of 'people wanting stuff all the time'.

Like, there's nothing here for us. Like some of us, well not me, but some of the ones that I know, they're fighting people on the streets just for their smokes and money because they've got none of them, and they've got nowhere to go of a night time and they've got nothing to do, so they're out in the streets, roaming, breaking into your damn car and stealing small change, CDs, radios, phones, whatever they can get their hands on just to sell for money for other drugs, or something else.

The link between alcohol and other drug use and violence also appeared in the quantitative data. There was a consistent pattern of association between violence and the use of alcohol and other drugs at the individual, family and community level. The prevalence of both the experience and the perpetration of violence was significantly lower among participants who:

> did not use cocaine or amphetamine-type stimulants within the past year

> did not drink, or used alcohol but did not have signs of alcohol dependence, compared with those who had signs of alcohol dependence

> reported that alcohol and other drug use, including sniffing, were not a big problem in their home or community.

The prevalence of experienced violence was almost halved among participants who did not (versus did) have problems relating to alcohol or other drugs at home (18% versus 31%; PR=0.48, 95%CI:0.34,0.58) (Table 7). Similarly, the prevalence of conviction in relation to violence was almost 66% lower among participants who did not (versus did) have problems relating to alcohol or other drugs at home (9% versus 32% PR=0.36, 95%CI:0.26,0.49) (Table 8). However, while many CMS participants identified alcohol and other drug use as a problem in their community, the vast majority (90%) did not report symptoms of alcohol dependence and reported not using cocaine or amphetamine-type stimulants within the past year.

While alcohol restrictions are sometimes imposed in response to alcohol misuse, interview and focus group participants explained how alcohol restrictions are seen as moving, rather than stopping, the violence:

Well, like, it's quietened down the streets, but never really quietened that violence much … and also creating a black-market for alcohol, increasing the financial pressures. But you've got your grog runners and you've got your sly groggers. Your sly groggers are the ones that buy the alcohol but double the price and sell it from over the fence.

The thing with the restrictions, it's just a sign, it doesn't stop people from going into that place and drinking.

Poor physical health and social and emotional wellbeing

Low social and emotional wellbeing (including mental health difficulties) was described as resulting from experiencing or witnessing violence; the breakdown of families; interpersonal difficulties; discrimination; racism; marginalisation; and financial challenges:

… the biggest factor that comes out of all of this stuff is the mental health and breakdown that is related to all of these issues.

Big impact on social and emotional wellbeing of both perpetrator, victims and community.

A service provider working for an Aboriginal organisation spoke of the intergenerational consequences of violence on wellbeing:

… we're noticing that a lot of younger people are being either born with a disability or are being diagnosed now with a disability … You know, when the mother's pregnant and there's been a case of domestic violence, there's something that's happened while she's carrying the baby. Yeah, and it is around drug and alcohol and that kind of stuff, so I think that is why a lot of them are being diagnosed.

In response to a question about how they would rate their general health, 33% of participants rated their general health as excellent or very good, 43% as good and 24% as poor or fair. Almost one-third of respondents (32%) indicated that they had 'medical conditions or disabilities (that have lasted or are likely to last for six months or more)' which limited the kinds of activities they could do (60% indicated that they did not, and 8% were unsure).

There was strong evidence of better wellbeing for community members who had not been involved in violence (Table 7; Table 8). It was significantly less common for participants to report having experienced or used violence if they reported high (versus low) levels of life satisfaction, happiness and general physical health and

low (versus high) levels of psychological distress (according to a modified Kessler-5[31]), pain and functional limitation. For example, community members with low psychological distress at the time of survey were one-third as likely to have experienced violence, compared with those who had high psychological distress (7% compared with 21%, PR=0.27, 95%CI:0.16,0.45).

These findings might reflect the fact that participants with higher levels of wellbeing were less likely to be involved with violence and/or that involvement in violence was associated with negative impacts for wellbeing. In many cases, the effect was stronger for the outcome of violence within the last year than for lifetime experience of violence. This may indicate that the negative impacts of violence on wellbeing are strongest in the short term but persist over the long term.

Unemployment

Many participants voiced concerns about employment opportunities in their local Community:

> There's a lot of areas in the Community that needs employment, more employment, and if we can have those opportunities, the unemployed, we'll apply … because they do have the talent but there's no opportunities for them [place] and we can't force them to relocate … for work. This is their home and if they want to stay here, so be it.

> There'd be well over a thousand Aboriginal people registered with the three job network agencies here, and I guess [only] two or three [people] would … get a full-time job.

Access to employment, as well as education, was described as key to supporting family functioning and safety. Numerous participants spoke of the connection between the lack of employment, financial strain, boredom and violence:

> Employment, opportunity and education … Besides family would have to be the top ones. Because if you don't have that then you're not secure, what have you? You'll never be safe.

> If we can get more employment opportunities [place], that would be great for the people here because that can be one of the causes for domestic violence, yeah, financial side, yeah … And boredom, like, you've got nothing to do … That triggers violence.

In relation to issues with Centrelink, participants described the lack of employment opportunities:

> It certainly would take the pressure off job seekers anyway and employment agencies too because a lot of black fellas are going to them, but there's no jobs. There's just no jobs then the pressure is being put on families with Centrelink, and non-complying, and then that leads to violence, it just seems to spiral back.

> No, CDEP [Community Development and Employment Projects] shouldn't come back, but there's got to be a better structure than the job network agency, and the thing is they've got you over a barrel because of the connection to Centrelink, they control you by your money, so you're controlled by money, right, and your destiny and everything else ... young people get cut off and everything else, they can't do things, leads to suicide, leads to everything else. So everything comes back to ... and the job network agency have got a lot to answer for black fellas, right, because we're in the lower spectrum of getting a job. Yep, they can bring in all these Asians and everyone else, employ them at the abattoirs four times and a black fella goes out for three months and they fall off when they're three months. They stay with the agency because they're their meal ticket.

Quantitative analysis of CMS data was consistent with the qualitative findings, indicating that employment (including full time, part time, casual work or paid caring responsibilities) was linked to a significantly lower prevalence of recent violence experience and use. However, there was not a significant association between current employment and lifetime experience of violence. Compared with those who were not in paid employment, participants who were employed had a 35% lower prevalence of experiencing violence in the past year, a 40% lower prevalence of ever feeling violent and a 65% lower prevalence of ever being convicted in relation to violence (Table 7; Table 8).

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31. The Kessler-5 (K-5) is a subset of questions derived from the Kessler-10 (K-10). The K-10 has 10 related items asking participants to self-report on psychological distress. The scale has been found to be useful for population health surveys.((61) The modified K-5 was originally developed for use in the social and emotional wellbeing module of the NATSISS.((62) It has subsequently been used in nationwide surveys of Aboriginal and Torres Strait Islander people.((63) The K-5 incorporates minor word changes to make it more appropriate for Aboriginal and Torres Strait Islander people.

Contact with the justice system and incarceration

Participants in the interviews and focus groups described a cycle of incarceration, tightly linked to violence and trauma:

So, you can have police and all the other services, night patrol, but it's like a washing machine. They go in, they get dried and then they go out. They either go into gaol and what happens there, it's just another revolving door. I've worked in the courts with Legal Aids [name] has, too. We've seen that spin dry and sixty percent of … the fellas incarcerated are in there for offences relating to domestic violence or breach of domestic violence.

There are a lot of good stuff around but not enough focus on our young people who make up one hundred percent of the youth detention facility. And I'd say ninety-nine percent of those young people have experienced trauma in their life … through family and domestic violence and this is the end result.

In some cases, males discussed how prison is sometimes seen as a safe place, or a safe alternative to living on the streets, by men who have unstable living situations or are homeless. The lack of transitional housing, short-term accommodation and programs for men was described as contributing to a cycle of incarceration:

I know people that get locked up every six months a year in the winter, and like, smash a shop window, get six months gaol. Be in the winter in gaol, and then homeless in the summer. And they do it every winter. Because they'll give you a gaol cell, and they reckon it costs them so much money to have us in gaol, but they can't put us to bed in a refuge anywhere, you know? You can't get a refuge; a bloke cannot get a bloody refuge anywhere.

Mate, I've been there that many times, and I tell you … well, eleven times I've been to prison, and sometimes when I get out here I think 'Well, fuck it's easier to be back in there', you know what I mean? And I live better in gaol then I can out here.

My mum says to me, 'Oh, when you're in gaol son, at least I know you're safe. I know you'll look after yourself.' And it's sad to say but it's true and, when you got nowhere to go, you just bugger up and go to gaol.

Some people would rather be staying in prison than get out to nothing. Because you're out there, you don't get your three feeds a day. You don't [get] a bed, you know.

The fact that some men see gaol as a solution to a lack of safe living conditions and support programs highlights the extent of the problem and illustrates just how bleak the situation can be. More detail follows in Chapters 9 and 10. This is extremely problematic, given the negative effects of incarceration on individual and family wellbeing, future employment prospects and life opportunities.

One in five (20%) participants in the CMS had ever been in prison and/or youth detention. Further, nearly half (45%) had had a close family member arrested within the past year. Aligned with concern raised in the focus groups and interviews about youth imprisonment, 9% of 16–17 year olds in the CMS had been arrested or convicted in relation to violence, suggesting that this cycle is beginning early in life.

Individual and family contact with the justice system was closely linked to both the experience and the use of violence. The prevalence of violence was significantly lower among community members who had no contact with the justice system themselves and whose family members had not been in contact with the justice system in the last year. The prevalence of experiencing violence in the past year was halved among those who had never been in contact with the justice system (versus those who had; 18% versus 31%; PR=0.48, 95%CI:0.38,0.61). A similarly strong association was observed between 'feeling violent' and individual contact with the justice system (25% versus 55%; PR=0.48, 95%CI:0.40,0.56) (Table 7; Table 8). Contact with the justice system could be an indirect contributor to, or consequence of, violence, through financial or other stress.

Contact with the justice system can also result directly from involvement in violence. We found that 15% of all CMS participants had ever been arrested or convicted in relation to violence. The figure was higher among males, at almost three in every 10 (28%); but it was still high among females, with one in every 10 (10%) (Table 14). This is consistent with increasing rates of incarceration among Aboriginal and Torres Strait Islander females. The incarceration rate for Aboriginal and Torres Strait Islander females in Australia in 2009 was 360 per 100,000 population.(64) Previous research has identified a link between the incarceration of Aboriginal and Torres Strait Islander women and their experience of sexual assault and separation from family, noting the complexity and interrelatedness of many other factors.(65)

Demographic factors

Analysis of the CMS suggests that higher levels of education were linked with a lower prevalence of violence (Table 7; Table 8). Compared with having an education of less than Year 10, completing Year 12 or having a post-secondary qualification was associated with a lower prevalence of violence experience and use; the association was significant for all outcomes except lifetime experience of violence. For example, the prevalence of conviction or arrest in relation to violence was 60% lower (10% versus 24%; PR=0.39, 95%%CI:0.27,0.58), and the prevalence of experiencing violence in the last year was 30% lower (18% versus 35%; PR=0.71, 95%%CI:0.50,0.99), among participants who had an education of Year 12 or higher than among those with less than Year 10.

One participant explained how the experience of violence could have intergenerational impacts:

> *Family and DV is impacting on children's ability to perform at school.*

The prevalence of violence (experience and use) was 10–30% higher among participants who were single rather than partnered; the link was significant for all outcomes except 'felt violent'(Table 7; Table 8). This might mean that participants who have recently been involved with violence have split from their partners: this hypothesis is supported by the finding of a stronger link for violence that occurred within the past year, compared to lifetime experience of violence.

Speaking an Aboriginal and/or Torres Strait Islander language as a first language was associated with a significantly higher prevalence of experiencing violence in the past year (25% versus 18%; PR=1.58,95%CI:1.23,2.03); however, the association was not significant for the other violence outcomes (Table 7: Table 8). This finding might reflect that the question about language use is picking up interrelated contextual factors that are independently associated with violence, such as discrimination.

CHAPTER 6
CULTURAL, COMMUNITY AND FAMILY RESOURCES

In this chapter, we report on the cultural, community and family resources that can be used to address family and community violence as described by participants during interviews and focus groups.

Cultural concepts and contexts

Conditions within Aboriginal and Torres Strait Islander families and communities are frequently described in terms of deficiencies or shortcomings. Often, little emphasis is placed on identifying the strengths and resources which have enabled them to survive for thousands of years and to be resilient in the face of significant historical and contemporary adversity. Many participants viewed traditional values, contained within law and culture, as a fundamental strength and protective resource, despite their experiences of colonialism. They also saw family cohesion, kinship care and community care as strengths.

In all cultures, there are elements that can be seen and those that cannot be seen. Cross-cultural researchers note that culture is both inside and outside the mind. Inside, it is present in psychological processes that are influenced and shaped by cultural practices and meanings. Outside the mind, it is in the prevailing social institutions, public practices and systems of meanings with which individuals interact, attuning their thoughts, feeling and behaviours.(66) Culture has been described as:

> *… how you live, how you talk, how you just present yourself … So, our young people these days don't realise culture not only means ceremonial time … it's tied up with relationships, skin groups and kinship. It also keeps us together, and that's one of the intangible things, one of the things we can't see but we feel. It binds us together and makes us know who we are … It helps us try to do the best things, to look at how life can be lived with the proper dignity.(44, pp. 49-50)*

We acknowledge the diversity of cultures across the country, including that Torres Strait Islander peoples hold a separate and distinct identity from mainland Aboriginal peoples. Despite many differences in cultures and identities, both within and between groups, Aboriginal and Torres Strait Islander peoples share similarities. Following an extensive literature review of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and wellbeing, Salmon and colleagues concluded that:

> *These similarities and differences — including strong spiritual beliefs that connect people to their land and sea, that are rich in songs and storytelling, art, a multiplicity of languages and a collective identity … encompass origin, culture and language, as well as individual distresses originating from colonisation.(67, p.1)*

The harm caused by the ongoing undermining of the strengths of culture is shared by other First Nations People who have had similar experiences with colonisation. A Canadian report highlights the reality that colonialism was not simply a series of events that occurred hundreds of years ago, emphasising the importance of understanding that:

> *colonialism is a structure that includes many different events – all created under the same, destructive logic. Viewing colonization as a structure means that we can't dismiss events as parts of the past, or as elements of someone else's history … as events that people should just 'get over.'(68 , p.17)*

Walking in two worlds: the contemporary cultural context

Study participants across all communities affirmed the strengths within cultural values and practices. They acknowledged that they live in two worlds: one in their family and community contexts, which are built on and imbued with local culture to varying degrees; and the other, as part of the broader Australian society comprised of systems created and maintained by a dominant Anglo-Western culture. As a result, there is an ongoing tension between the Aboriginal and Torres Strait Islander imperative to retain their cultures and the need to learn about, and successfully navigate, non-Indigenous systems each day. This tension between the two cultures affected participants in several communities. While asserting the need to retain culture, they acknowledged that there have been 'breakdowns' in culture since colonisation:

Our culture's not as strong here. With some [mob] around here, some of them are real in touch with their culture, some are not … Down here, we don't know where we come from, and a lot of them don't know where they belong. And I guess a lot of them are lost, a lot of mums, dads, children and stuff.

Others described how this walking in two worlds could undermine cultural respect and roles and responsibilities:

… when they go ceremony they show respect, but when they come back into town, they go different ways and don't listen, don't follow their responsibilities.

Many participants described the strength of culture, including its role in reinforcing social control and standards of behaviour and creating a strong sense of identity. Inherent in many participants' narratives was the understanding that culture could help to restore well-functioning and safe families and communities, countering the impacts of colonialism:

Yeah, so there's that, what I was talking about earlier, that sense of belonging and sense of community. Just isn't there now.

The only answer now for us, or the solution ... one of the solutions is, and I think it's the best one, is for us to go back and to apply, to rebuild, to reconnect, to what was there before … That is everything included from the Elders being the keepers of that lore, the kinship structures, the uncles with full disciplinary rights on our children and it's a controlled manner. There's teaching, education, an awareness of our way, l-o-r-e. It is the full-frontal proactive way to teach our children about our standards and then we'll see the changes of practices on the ground, whether it be relationships, anything. Ceremonies, hunting in our societies. That'll impact the change on the ground.

If our culture got implemented a little bit more, and respected, we might not have these issues.

… and from all them Aboriginal communities up there … and they still follow Aboriginal law up there, and they're a much stronger culture up there, and they're not likely to fall in the same place where we do down here, because they know where they're from, and they come from their Country. They belong to their Country.

The importance of belonging is reinforced by our quantitative findings (Table 7; Table 8). The prevalence of feeling violent was significantly lower (25–30% lower) among participants who felt that they belonged in their community 'a little bit', 'a fair bit' or 'a lot', compared with 'not at all'; this association was not significant for the other violence outcomes.

The views about the strengths of culture align with those of Aboriginal and Torres Strait Islander peoples about other aspects of life, such as health and wellbeing. The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, developed with Aboriginal and Torres Strait Islander peoples from around the country, places culture and wellbeing at the centre of Aboriginal and Torres Strait Islander health.(69) Others suggest that culture is an important protective factor in achieving social and emotional wellbeing.(70)

Building and reinforcing culture

Passing down culture

Some people spoke about the importance of teaching and reinforcing culture and identity. They emphasised the critical need to teach youth about their cultures to support cultural continuance before it is lost forever:

… and improving that belonging and identity and helping with that clash of Aboriginal culture … Australian culture and religions, things like that.

Bring the cultural stuff. Like learning stuff.

Participants expressed deep concern about ensuring that young people have enough opportunities to learn about their cultures, and enough time with Elders and cultural teachers, to learn and sustain their cultural learning. They noted that, often, ceremonial gatherings are only held once a year; they worry that this is not enough for sustaining cultural learnings. One participant observed that, nowadays:

In the schools, kids are in the schools, so they miss out on sitting with the old people, right?

The key role that Elders play in imparting cultural knowledge was emphasised:

It's our custom, you know. But it's been, like I said, up and down. Sometimes there's no respect but it's not … it's only just a small portion of disrespect but we still need to fix that. That's why we need to get the Men's Group up and running, so we can strengthen that relationship between Elders and youth because if we can get that strength, we won't have any violence because before this, you don't see father and son fight. You don't see uncle and nephew [fight] but these days you see that.

Safety through ceremony

One participant spoke about the potential protectiveness of ceremonial activities:

But if that ceremony went nearly for three or four months, there's no violence or anything, everybody pay respect.

Another described how revitalising culture supported a Community to stop using alcohol:

Yeah. And, that's up to ... talk to the cultural authority group really, yeah. But I know where I come from, the people stopped drinking by restoring the status of dance and culture … That's what happened, you know, and the restoration of the status was in dance.

A third participant said that in their Community, ceremony generally only occurs once a year:

Yeah, but this is really hard, you know. The only time young men can keep up with the old fellas is ceremony time and we only have that every – once a year ….

Resilience

Building culture among young people was integral to building and reinforcing resilience. Participants spoke about the benefits of being able to walk in two worlds, which provide strength and resilience:

… the thing is by teaching the younger generation traditional culture, that fortifies them to have a bit of pride in where they come from, and who they are, and then they can go into white society and learn the structure there, what is right, they become doubly stronger. They don't have to be weak, they can be doubly strong, because our culture are survivors.

Yes, reinforcement in our culture, and then also the respect of the culture we're living in will doubly fortify and that's one thing that would be really, really good.

Participants spoke about their lives today, reflecting on their stories of survival against the adversity that they and their ancestors have faced. In many cases, these stories of resilience were linked to culture, which was described as a resource:

It's like when we ... with [name] here, with the guys, we'd go through what's relevant to today and what we're dealing with, then I quickly take them back to traditional culture and what we had to deal with. And how strong we were back there. We're survivors, we're still here but we're losing our strength because we haven't got that willpower and that knowledge …

See this here, resilience and protect, you know what that says to me, that says culture. You know what, if they had a base, if the non-Indigenous wider community had a base like we did as a people, and from a culture perspective, that's what gives us our resilience, because our old people … would protect our … like, dad and all them, don't go down there because this is what'll happen to you, or don't go over there or that's what'll happen to you. So, these are protective factors.

Just to reiterate, with the resilience and I totally agree with brother which is this, is that we've had that forever and a day, we are a resilient people, we are. Protective factors, we protect ourselves, that's about it because no one else seems to do their job.

These descriptions of resilience appear to be consistent with socio-ecological perspectives described in the literature.(71) Participants' accounts suggest that resilience is not only considered in terms of individual strengths, but also in terms of the resilience-building resources that are available in the environments within which individuals reside (e.g. cultural, family, kinship, community). Their accounts also indicate that Elders would help to facilitate access to these resilience-building resources through their stories and anecdotes, aimed at protecting young people, and through their teachings and guidance. Each of these elements is important in developing and promoting resilience building among people.

Community self-determination

Many participants spoke about the need to restore decision-making to communities, so that they could take more responsibility in their families and communities:

For us, as an Indigenous people up here, we know what we want to do and if the government will just help us to come in, be patient with us, help us to get it down pat … we can tell you, bro, we'll make some noise. People will see the beauty in our culture, in our way of life.

We have to find the balance, what that funding is for, how it gets used and the other side of that is we go hammer and tongs in accepting our own responsibility in restoring what was lost, once lost, and putting it back up.

… realistically, if the decision-making is left to us, we put everything down and then we make a decision or call on the young fella running amok. It shouldn't be the case because if everything actually functions, then the education, the uncles will teach the young fellas their standard and their responsibility and what's expected of them to look after a household … If that is fully functioning and it's being taught every day about what's right, what's wrong and they get it, our life is really about teaching, if it's taught every day, then we should be okay.

Many people described the importance of drawing on, and valuing, knowledge held within families and communities. One participant described the importance of learning from existing knowledge to promote safety for all family and community members, rather than having an external interventionist approach as the only option:

*I always think about it. My mum with my aunty with my grandmother, I've got seven brothers and three sisters. How did they manage with what they had? They knew how to manage overcrowding in the houses, all that sort of stuff. They had the technique; they knew what to do. We are looking at white men way to try and fix it. **The answers were there before white man come in**.*[32]

Supporting these qualitative findings, we found some quantitative evidence that the perception of community self-determination was protective against violence (Table 7; Table 8). Participants were asked to what extent they believed that outsiders had the final say in decisions about the community; responses of 'a lot' were considered indicative of a perceived lack of community self-determination. Responses of 'a little bit' or 'a fair bit' were considered indicative of perceived moderate community self-determination, and 'not at all' was taken to indicate perceived high community self-determination. The prevalence of conviction related to violence was significantly lower among community members who perceived that their community had moderate and high, rather than low, self-determination (e.g. for high self-determination: 14% versus 25%; PR=0.58, 95%CI: 0.42,0.80). The pattern of association was similar, but weaker and not significant, for the other violence outcomes.

These results are consistent with literature on the influence of community self-determination and cultural engagement on rates of suicide among Aboriginal youth in Canadian communities. For example, lower suicide rates were observed in communities wherein factors identified as markers of cultural continuity were present. These included: having a measure of self-government; having litigated for Aboriginal title to traditional lands; having achieved a level of local control over health, education and policing services; having established community facilities for the preservation of culture; having established a measure of control over child welfare services; and having elected councils composed of more than 50 percent women.(72)

Family and kinship care

Participants explained that family and kinship care are important for fostering safety within families and communities. Some reported that family and kinship structures had been, and continue to be, compromised (as previous sections outlined). This has reduced the function of these once strong and supportive structures, to keep people safe:

Because everybody had a safe place. I believe everybody had a safe place in the Community, everyone. Families work it out for themselves. They had a solution like [name] says, our grandfathers, nannies, grandmothers, uncles, aunties. They didn't need someone else to tell them how to do it … The government needs to understand that. If they really want to deal with the safety of Community in that area, they need to really come … You've got to find a balance because, really, the solution that we're talking about is restoring and going back to the principles, cultural protocols, kinship structures and cultural practices is the restoration of that.

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32. The bolded words form part of the title of this Report because they capture the essence of what many participants expressed.

Participants in some communities described the importance of persisting in exercising kinship roles, despite the disruption caused by colonisation. Informal kinship caring arrangements provided support for keeping children safe:

> We've got to find out how it works for us, our kinship structure, how we deliver it.

> That is one of the most pivotal part where the uncles teach these young fellas now and sometimes it's a camp … Some of them come out good, some of them don't but if done properly and we sit them … sit back down and we think about it and we write to it and we restructure it and we start to implement it whether it's in our schools to begin with, where we teach our children life skills. I mean, life skills around boundaries.

> Probably just be in a social network in different ways and having connections with not just your own mob but other families. Families all grew up with other families … If you feel you're not in a safe situation, you know you could … ask for help or something like that in that sort of way.

These observations by participants are consistent with quantitative findings from the CMS. We found that a high level of family cohesion was associated with significantly lower personal experiences of violence, both across a participant's lifetime and within the last year, and significantly lower use of violence (Table 7; Table 8).

Community safety

Participants spoke at length about their communities and what safety looks like for them. They spoke about community safety, taking ownership and responsibility in different ways:

> I think it's because of the respect between each family and I give credit to our Elders and our youth. We do have our ups and downs, but at the end we always manage to sort things out and have the respect for each other. We're still working on that, you know. There's still more room for improvement. I think it's because … our Community is a very unique Community.

> I reckon safe communities boils down to ownership of the communities. You know, like if you take ownership of that community and say, 'Oh, this is my area, this is my place.' Well then, you know, and you want to make it safe.

> It can be as simple as pulling a bloke up and saying, 'What are you doing? That's not how you treat somebody.'

> I've had members of the Community come up to me on occasions and said, 'Why have you said something about such and such an issue within this Community?' And I said, 'Well, one, I'm a tribal Elder, and it's my responsibility to act on behalf of the entire Community when it comes to our people.'

An inherent message in the narratives of participants is the importance of taking responsibility culturally and as members of communities in supporting community safety and challenging inappropriate behaviour where it occurs. It can be difficult and even dangerous to intervene, because their actions may not be appreciated by the protagonists and their families; nevertheless, several participants observed:

> You're accepting that behaviour by not saying anything … And when you say something, that means that you're not accepting it, 'No, that's not right.' That's exactly right. 'That's not right, that's not our culture.'

Some participants spoke about safety in terms of place, describing feeling safe:

> When I'm on Country.

Other participants spoke of safety in terms of the environment and people around them at different times:

> They've got good lighting in the parks now.

> Well, a safe place to me would be, even for a single person, somewhere where that person can go and someone's there to talk to that person … Someone to actually make sure they've had a feed, make sure that they've got somewhere … a clean bed to sleep in. Just to make sure that they're safe … It can be secure, but no good just being secure and be there on their own.

Participants' responses suggest that concepts of safety are multi-faceted. They find diverse ways of accessing safety and promoting safety within communities. Supporting these qualitative findings, we found that respondents to the CMS who reported higher levels of 'community wellbeing' reported a lower prevalence of violence (Table 7; Table 8). The prevalence of violence (experience and use) was lower among participants who said that they felt safe in their community during the day and during the night and that there was not a big problem with people fighting (including family violence) or with humbugging in the community. In addition, the prevalence of conviction in relation to violence was significantly lower in communities where gambling was not a problem; this association was not significant for the other violence outcomes. We did not find evidence of an association between violence and a measure of community cohesion.

CHAPTER 7
UNDERSTANDINGS OF VIOLENCE
AND ACTIONS TAKEN FOLLOWING
VIOLENCE

This chapter begins by reporting on participants' perceptions of what behaviours constitute violence and of how common and serious violence is in their community. We conclude by reporting on formal and informal actions taken by those who experienced violence.

Behaviours perceived as violence

There are varied understandings of what constitutes violence in any population. Most participants recognised as violence the behaviours generally defined as violence in the contemporary literature and guidelines.(73,74) However, some participants reported that community members did not always recognise or consider some types of violence as violence:

> *It's not [violence] when I financially control her. It's not [violence] when I accuse her of playing up. It's not [violence] when I do all these other verbal things, or psychological things ... it's [violence] when I hit her, and I don't hit my wife, because that would be domestic violence.*

> *Education. They need to learn about all them thing while they're in school. Even people older … they don't know about domestic violence too is family don't know about, if you're living with that woman and if you smash the TV or something, that's domestic violence. How's that domestic violence? They play with them young people's heads and that's what get them in more trouble, because everything is domestic violence, that's wrong … Even when you ... verbal abuse … Even if you want some money, that's violence, again domestic violence, because he controlling the money.*

> *Financial abuse … They need to learn before all this happen.*

To gain an understanding of what is perceived as violence, CMS participants were asked, 'Do you think it is family violence if one partner in a relationship …?' for the following eight behaviours:

> forces the other partner to have sex

> tries to scare or control the other partner by threatening to hurt the children, other family members or pets

> repeatedly criticises the other person to make them feel bad or useless

> throws or smashes objects near the other partner to frighten or threaten them

> controls the social life of the other partner by preventing them from seeing family and friends

> tries to control the other partner by denying them money

> shares private pictures/photos with others

> harasses the other partner over the phone or by text, email or social media.

For each, CMS participants could select from response options of 'always', 'usually', 'sometimes', 'no' and 'unsure'. We examined responses to individual items. Around half of CMS participants (49–56%) recognised each behaviour as 'always' violence; 14–21% identified each behaviour as 'usually' or 'sometimes' violence (Figure 6; Table 9). There was a substantial level of uncertainty, with at least one in 10 respondents indicating that they were 'unsure' whether each behaviour was violence. These findings may reflect, in part, two issues: one – that these behaviours have historically been considered forms of 'abuse' but have only been classified as 'violence' more recently (43); and two – that various behaviours have become normalised in some contexts.
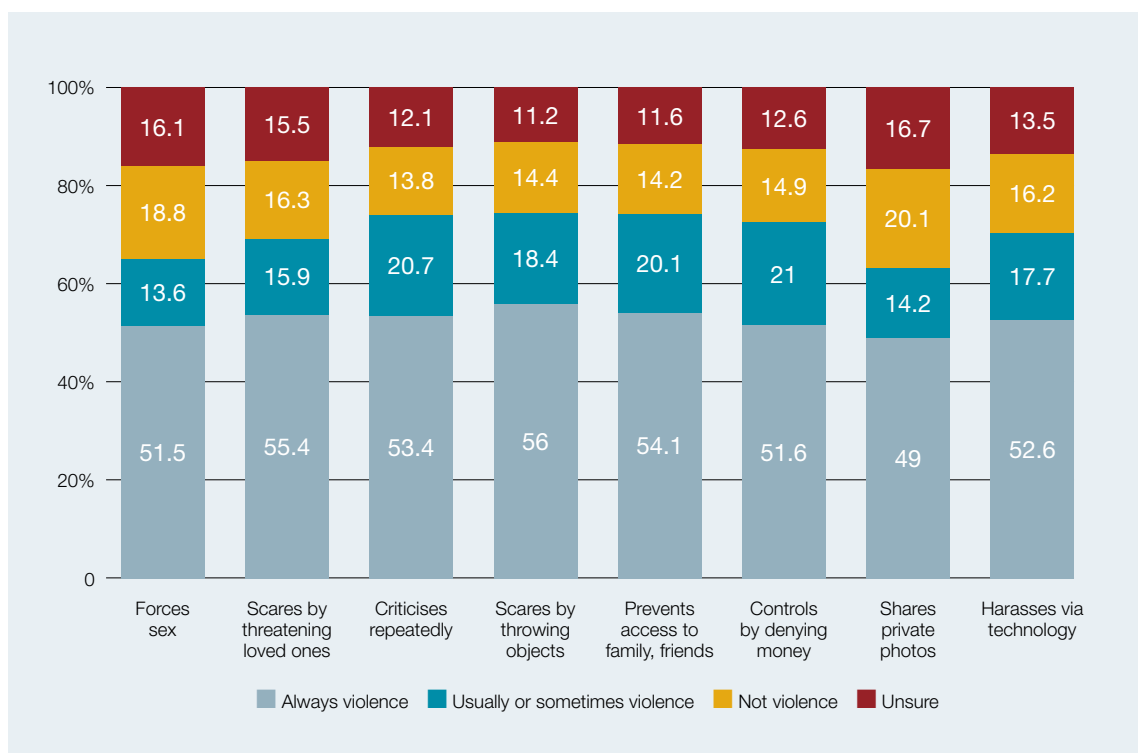
Figure 6: CMS: Perceptions of what constitutes family violence, overall

We created a composite score to categorise participants as having a low, moderate or high understanding of violence, according to current definitions, reflecting their pattern of responses across the eight items (see Appendix 3 for details). Among CMS participants:

> Forty-three percent had a high understanding of violence, meaning that they classified each of the eight behaviours as 'always' violence.

> Thirty-three percent had a moderate understanding of violence, meaning that, on average across behaviours, they were identifying behaviours as 'usually or sometimes' violence.

> Twenty-four percent had a low understanding of violence, meaning that, for most behaviours, they identified the behaviour as 'not' being violence or indicated that they were unsure.

Findings from the CMS highlighted differences in participants' level of understandings of violence by remoteness, gender and age group (Table 9):

> Having a 'high understanding' of violence was significantly more common among participants in major cities (53%) than in remote (35%) areas (PR=0.66, 95%CI:0.55,0.79).

> Having a 'high understanding' of violence was significantly more common among females (45%) than males (39%) (PR=1.18, 95%CI:1.04,0.34).

> There was no significant difference by age group.

The prevalence of outcomes in the CMS data is not to be compared with other population level studies; however, internal comparisons (i.e. relationships within the sample) are generally understood to be generalisable beyond the study population. Our findings on gender differences in understanding of violence are broadly consistent with those of the 2017 NCAS,(43) where it was found that males had a lower level of understanding than females across several actions, such as criticising, denying money and seeking consent for sex.

In the CMS, we observed a link between participants' understandings of violence and their experiences of violence. We found that the prevalence of experiencing violence (lifetime and within the past year) was significantly higher among participants who had a moderate or high, versus low, understanding of violence (Table 7). This might reflect greater awareness of what constitutes violence, making people more likely to recognise and report violent behaviours which they have experienced. Alternatively, these findings might suggest that participants who have experienced violence themselves develop an improved understanding of behaviours as violent. We found a link between participants' understanding of violence and their own use of violence (Table 8); we found that moderate, versus low, understanding of what constitutes violence was linked with a significantly increased prevalence of 'feeling violent' (36% versus 26%; PR=1.39, 95% CI:1.09,1.89).

Perceptions of seriousness and prevalence of violence

What individuals perceive as violence may influence what they report as violence and the extent to which they perceive violence to be a common or serious issue in their community. When we asked participants about their perceptions of 'violence' within the community, this was subject to their own definitions and would, therefore, be influenced by different understandings of what constitutes violence.

The study deliberately did not impose a definition of 'community' on participants; it was not our role, as visitors and researchers. We adopted the position that a community should define itself. When individuals were asked to assess how common and serious violence was in their community, this was subject to their personal definition of community. When we asked about violence, this included violence by family members or known persons, as well as violence by persons unknown to the participant. The aim was to capture a breadth of forms of family and community violence.

Most community members and service providers who participated in interviews and focus groups described family and community violence as a concern and/or an issue in their community. In addition, there was broad recognition from service providers that family violence was a substantial problem in many communities:

> … and I know it's fair to say that, domestic violence, I mean, there's different forms of domestic violence where you get, you know, the abusive stuff up here, and the name calling, right down to the, you know, the very violent, the physical harm. People have been killed in those, a lot of family violence leads to death and that.

The CMS showed that violence against women and against men was perceived to be both a common and a serious issue in communities (Figure 7), and this applied across all levels of remoteness (Figure 8 ; Figure 9; Figure 10). Concern about violence against women was raised more frequently, but many participants were also concerned about violence against men. Women appeared more concerned than men about the issue of violence against women (Figure 11; Figure 12).

Overall responses

> Sixty five percent reported that violence against women was a *serious* issue in their community.

> Forty-seven percent reported that violence against women was *common* in their community.

> Forty five percent reported that violence against men was a *serious issue* in their community.

> Twenty-eight percent reported that violence against men was *common* in their community (Figure 7).
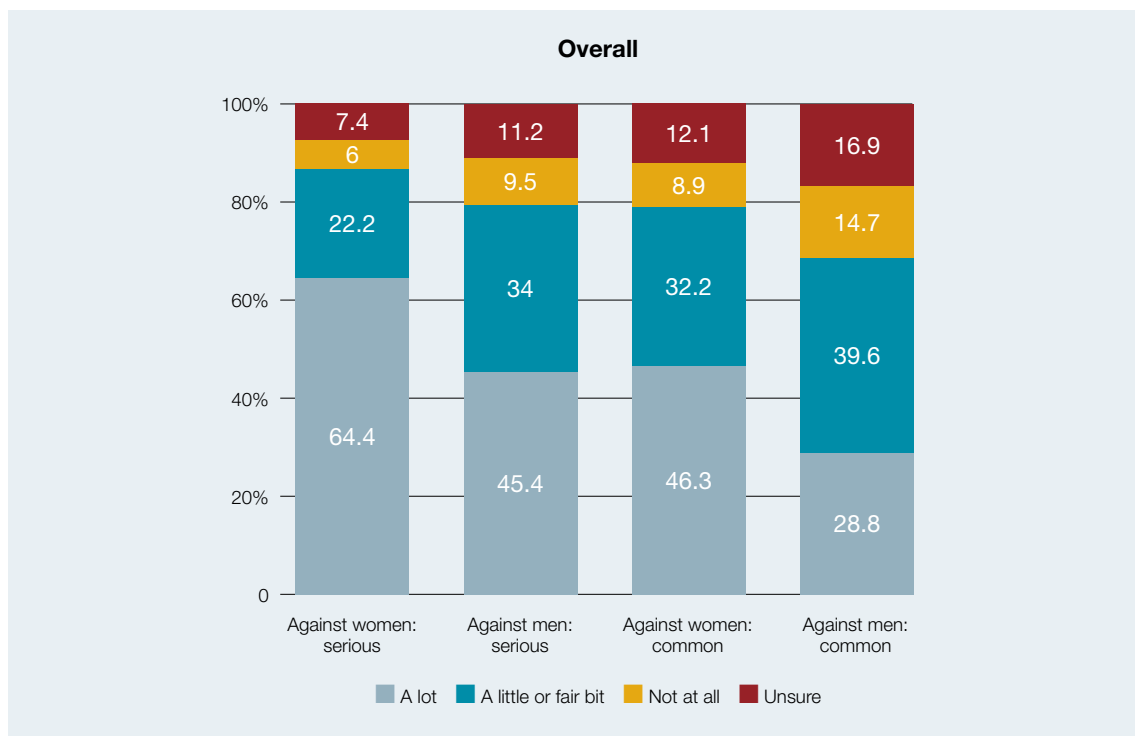
Overall

Figure 7: CMS: Perceptions of violence against women and men as serious/common in the community, overall

Responses by level of remoteness

> It was slightly less common for participants in regional (26%) areas, than in urban (32%) or remote (31%) areas, to report that violence against men was *common* in their community (Figure 8; Figure 9; Figure 10).
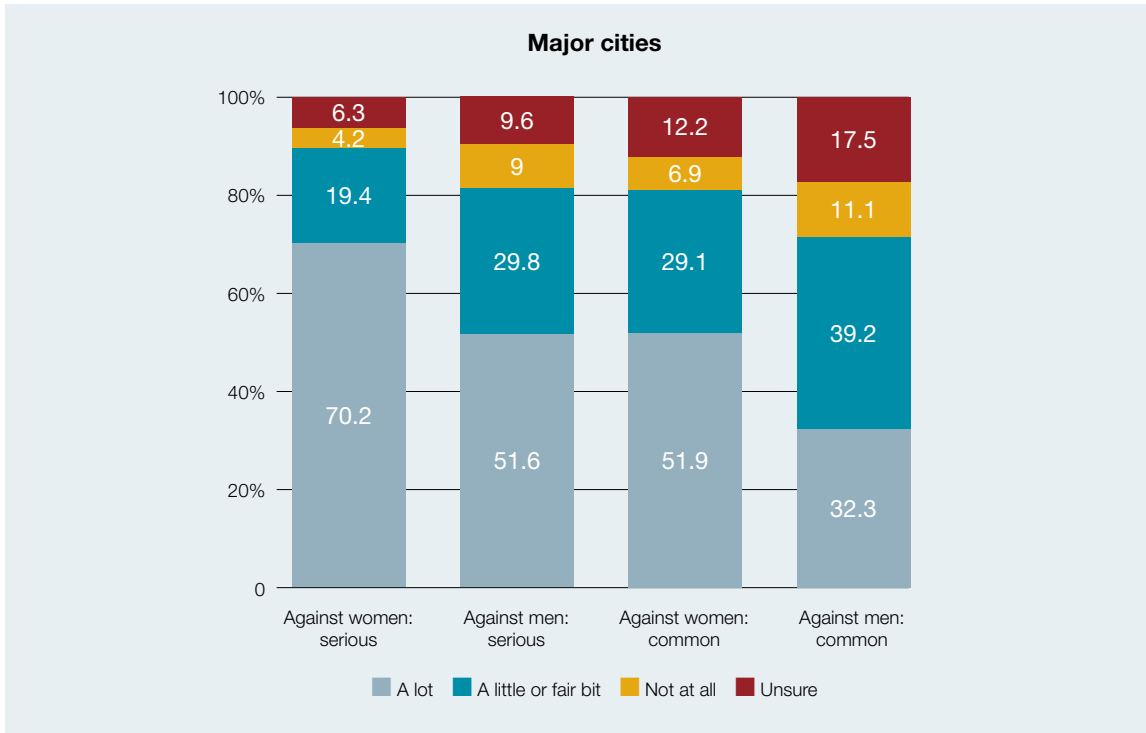
Major cities

Figure 8: CMS: Perceptions of violence against women and men as serious/common in the community, major cities
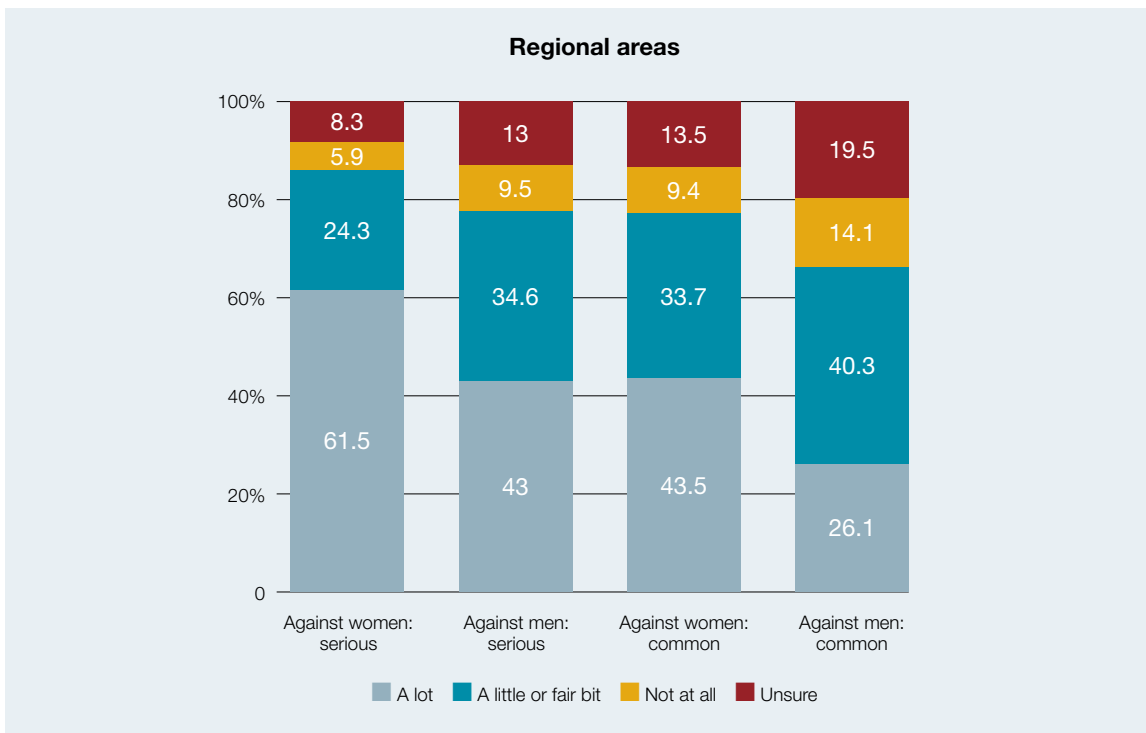
Regional areas

Figure 9: CMS: Perceptions of violence against women and men as serious/common in the community, regional areas
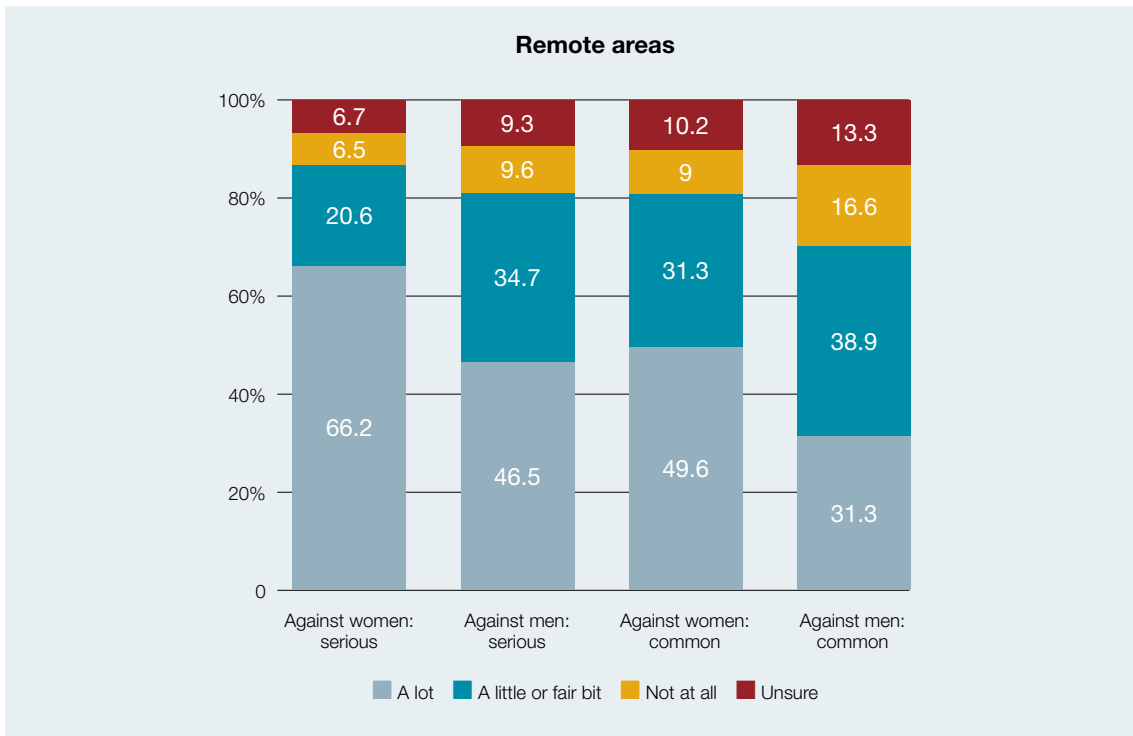
Figure 10: CMS: Perceptions of violence against women and men as serious/common in the community, remote areas

Female/Male responses

> It was more common for women (51%) than men (41%) to report that violence against women was *common* in their community.

> It was similarly common for females and males to report that violence against men was *common* and a *serious* issue in the community, and for males and females to report that violence against women was a serious issue. (Figure 11; Figure 12).
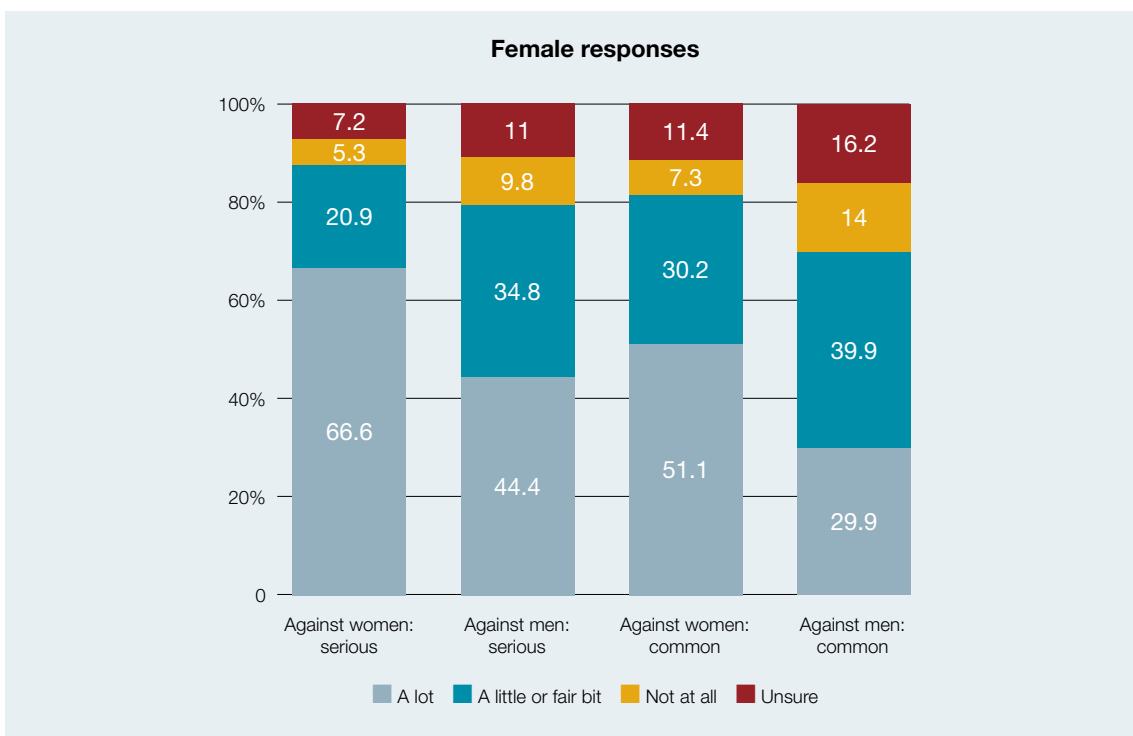
Figure 11: CMS: Perceptions of violence against women and men as serious/common in the community, female responses

Male responses

	Against women: serious	Against men: serious	Against women: common	Against men: common
Unsure	7.8	11.3	13.1	17.8
Not at all	6.9	9.1	11.2	15.6
A little or fair bit	24.2	33	35.1	39.3
A lot	61.2	46.7	40.7	27.2

■ A lot ■ A little or fair bit ■ Not at all ■ Unsure
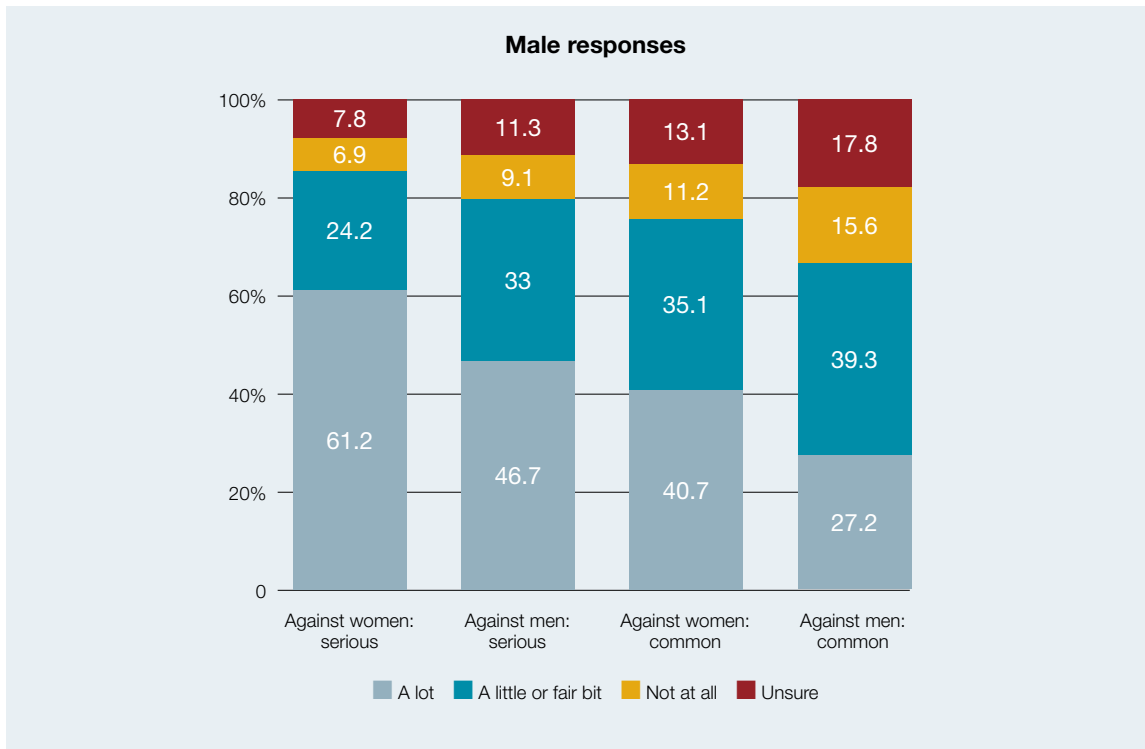
Figure 12: CMS: Perceptions of violence against women and men as serious/common in the community, male responses

These quantitative findings align with perspectives shared in the focus groups and interviews and are broadly consistent with other available evidence about perceptions of family violence in Aboriginal and Torres Strait Islander communities.

Informal and formal reporting of violence, and barriers to formal reporting

Both the qualitative and the quantitative data support the view that people are more likely to tell someone about the violence informally,[33] rather than formally reporting it to the police or other service providers. Elders are commonly spoken of as a trusted and safe confidant, and participants explained that they would prefer to tell an Elder about violence rather than formally report it:

> *I'd tell the Elders in town.*

The most common action taken after violence was to tell someone, regardless of domain of violence, remoteness, gender or age. Among participants who had ever experienced any violence, 43% stated that they *informally* told someone about the violence, and 46% of them also *formally* reported it. A relatively small proportion of those who did not *informally* tell anyone about the violence *formally* reported it (18%) (Table 18).

Participants expressed mixed attitudes about formal reporting of violence to police or other services. Barriers included lack of trust in services, fear of family breakdown and concern about men being imprisoned and children being removed:

> *A lot of women will not go seek help for domestic violence because of the fear of they're going to lose their children. You go up to [service] and stuff like that, a notification's put in straight away here. Child Safety's knocking on your door the next day. You know, okay, so they stay in the situation and try to hide the situation as best as possible, in fear of losing their children. That's got to change, they've got to be able to feel that they can go to the services and seek help without fear of losing their children.*

The CMS findings show that participants were more likely to *formally* report violence if the perpetrator was unknown to them, compared to if they were a family member or other known person (Table 17). This indicates there may be barriers to reporting violence perpetrated by family or known persons. This may relate to the concerns raised about reporting leading to family breakdown or retaliation.

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33. Following feedback from an external member of the Study Advisory Group at the meeting held on 3 March 2020, we have reworded this subsection to distinguish formal and informal reporting of violence more clearly.

Interview and focus groups participants expressed fear about getting involved in a violent situation involving people outside their family. They were especially reluctant to report issues to the police, and unsure about how that interference would be received:

… you're afraid of the consequences for them if you do say anything.

… looking the other way and pretending they don't see it because they don't want to get involved.

And then if you do say something, if you're an onlooker, then they hate you for it, like, 'you a dog', like.

So, you've got think about ... you'll get involved with somebody's domestic violence, your family's got to be ready to get involved too.

Participants explained their reluctance to report family violence as fear of threats and retaliation from fellow community members. One participant described the experiences of a children's service worker:

… they're pretty scared to try and help them a lot.

When asked why the workers were scared, participants answered:

Retaliation, I suppose … From the person who's the perpetrator … I had a friend, she had to leave her work because of that sort of situation … And with that situation of domestic violence, for myself, doing everything in the community outside of work, you're putting yourself at risk to potential violence against yourself or whatever if you see that partner that you've helped the mum and their kids get away from domestic violence and they try and blame you.

I've received a threat from a number unknown saying 'I suggest you back off', around the time I was helping that family leave domestic violence.

In the CMS, both males and females reported shame as a barrier preventing use of services (16% of females and 17% of males) (Table 20). One aspect was concern about the perception of other people in the community when they engaged services:

So, probably, in a lot of cases, if the mandatory report is made and then police are involved, then … or [Department of Child Services] or [Family and Community Services], straight away people are probably just going draw their conclusion and say well, you know, 'How come they're looking at them, they must be doing something wrong.'

Commonly, participants felt that men were more likely to feel shame and stigma related to family violence, whether they experience or use violence:

Probably a lot of men out there in DV relationships but they're not confident to go down and speak about it because it's like nothing's going to be actioned or they're not going to be looked at the same way.

The CMS reflected this finding; it was more common for females (37%) than males (21%) to state that they had reported their experience of violence (Table 18).

Many service providers raised concern over community members' 'unwillingness' to engage with services because of shame. In some cases, the service providers seemed unaware of, or did not consider, the multiple factors that might prevent community members from accessing services related to violence:

Clients refuse to acknowledge that there is a problem …

If clients are willing to disclose and ask for assistance then the service can greatly benefit the client.

… you still get the patients who do not want our help and refuse to give any information to us or the police.

Actions taken following experience of violence

CMS participants who had ever experienced violence were asked to report the actions they took following the violence. Of those who had ever experienced violence (Table 17; Table 18): 26% received physical or mental health care; 15% had time off work or study; 33% slept or stayed somewhere else; 43% told someone about the violence; 30% reported the violence; and 10% took another action not listed. Participants reported the following actions:

> The most reported action taken after violence, for all of types of violence, was to tell someone. It was also the most reported action for all levels of remoteness, for both men and women, and for all age groups.

> It was more common for participants in major cities to tell someone (48%), compared with participants in regional areas (44%) and remote areas (36%); in contrast, it was more common for participants in remote areas to report the violence (33%), compared with regional areas (30%) or major cities (26%).

> It was more common for females than males to state that they slept/stayed somewhere else (39%, compared with 25%), told someone (49%, compared with 33%) and reported the violence (37%, compared with 21%).

> Taking action other than telling someone was less common among youth aged 16 to 17 years than other age groups. For example, 7% of youth said that they got health care after experiencing violence, compared to 20–30% of all other age groups.

> In general, taking any of these actions was more common among participants who had experienced physical or emotional violence than those who experienced sexual violence.

> Participants who experienced violence in the past year were more likely to report taking action (35%) than those who experienced it more than a year ago (28%).

> In general, taking action was more common among participants who experienced more (versus less) severe violence; this was measured by frequency of violence, number of domains of violence exposure and being scared of partner.[34] For example, participants who reported experiencing violence monthly or weekly were around twice as likely as those who experienced violence once or a few times to get health care (39%, compared with 21%), have time off work or study (26%, compared with 11%) and sleep/stay somewhere else (55%, compared with 26%).

> Violence was more likely to be reported if the perpetrator was unknown (40%) than if the perpetrator was a family member (35%) or other known person (31%).

> Regardless of whether the perpetrator was a family member, other known person or unknown, the most frequently reported action was to tell someone (43%).

> Participants were more likely to sleep somewhere else if the perpetrator was a family member (47%, compared with 33% for other known person and 29% for unknown person).

> Reporting of violence was more common among participants who experienced violence in the last year than among those who experienced it more than a year ago (35%, compared with 28%).

Conclusion

Our findings suggest that multiple barriers prevent or deter people from reporting violence, reduce service accessibility and inhibit service effectiveness. This is consistent with findings from a previous review of the literature on violence against women in Aboriginal and Torres Strait Islander communities,(3) which highlighted the finding that much violence against Aboriginal and Torres Strait Islander women (as well as women in the total Australian population) is not reported.

We reiterate that the FaCtS Study (like others cited here) was not designed to produce nationally representative data, and comparisons between quantitative findings from the CMS and other studies cannot readily be made. Methods and measures have varied across studies, precluding direct comparison across data sources. Despite these methodological cautions, evidence from the CMS is broadly consistent with findings from other studies that have identified substantial levels of concern about violence in Aboriginal and Torres Strait Islander communities. One example is the Longitudinal Study of Indigenous Children (LSIC), which asked caregivers of the study children about the extent to which family violence was a problem in their community.[35] In 2013, 29% of caregivers participating in LSIC reported that family violence was a problem in their community: 5% reported that it happens 'all the time', 10% that it happens 'a lot of the time', and 14% that it happens 'a bit of the time'.(75) The 2017 NCAS asked only about violence against women (43): 80% of male and 94% of female Aboriginal and/or Torres Strait Islander respondents agreed that violence against women was common.

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34. This fits with previous evidence; analysis of the 2014–15 NATSISS found that, among women who had experienced family and domestic violence in the last year, 60% of those who were physically injured reported it to the police, compared with 40% of those who were not physically injured.(14)

35. LSIC is a community-based longitudinal survey of 1,700 families of Aboriginal and Torres Strait Islander children, conducted in several communities, ranging from urban to remote. It is not designed to produce nationally representative data. Most primary respondents in 2013 were Aboriginal and/or Torres Strait Islander people, and the majority (around 90%) were female.

CHAPTER 8
EXTENT AND TYPES OF VIOLENCE

This chapter describes violence experienced by Aboriginal and Torres Strait Islander people, families and communities in our sample. It reports on whether, and how frequently, people experienced violence. It categorises types of violence into three domains – physical, emotional and sexual – and analyses participants' experiences of these domains of violence by degree of remoteness, by gender and by age group.

There was clear recognition that family violence is starting to be more openly discussed in the family and community – demonstrated by the fact that 18 communities agreed to participate in the study, with over 1,500 community members becoming involved. This recognition was expressed by one participant:

> The other thing is, we're talking more openly about it, we're doing it here today. I mean, I've seen posters on the walls around here and other places about Aboriginal men, you know, particularly in, you know, sporting events and stuff like that to say, 'It is not okay to go and hit your partner. Stand up for your right not to fight.' All of those sorts of things. We've got to talk about it, we've got to recognise it and we've got to have people understand the outcomes or repercussions.

We asked CMS participants whether they had ever experienced a set of specific behaviours. To reduce social desirability bias and bias relating to perceptions of what constitutes violence, we did not label these behaviours as forms of violence. It is possible that stigma would deter individuals from reporting *personal* experiences of family and community violence and that they were more willing to state that violence was a problem *in their community*. CMS findings may, therefore, underestimate the true extent of personal experiences of violence in the sample. Stigma was felt by those who experienced violence but *did not* tell anyone. There are probably several reasons for not telling anyone, including that they may want to stay with their partner. One participant said this very openly:

> I think it's because they love this person, they actually don't want to speak it out and once people know, like, they don't want to leave this person because they love them, and once it's spoken and it's out there, people then judge them because they're deciding to stay there. That's what I think, yeah.

Despite any possible underestimation of the true extent of violence, the study provides the first national, large scale, mixed methods Aboriginal and Torres Strait Islander-led and governed study of family and community violence as experienced by Aboriginal and Torres Strait Islander people.

Experience of violence in any domain (physical, emotional, sexual)

Data from this study indicate that many people and families *do not* experience violence; however, interviews, focus groups and surveys identified levels of physical, emotional and sexual violence. Violence was reported as perpetrated by both non-Indigenous and Aboriginal and Torres Strait Islander people in communities. One service provider illustrated this, making the point that family violence was not just an issue within Aboriginal and Torres Strait Islander families and communities:

> We have a lot of Indigenous families who have a lot of family violence within their families. Often the police are called and they're at court with AVOs [Apprehended Violence Orders], so we have some good support services that support the whole community but the Aboriginal Community as well. And I'd say the ratio might be a little bit lower at the moment for Aboriginal families than non-Aboriginal. I think the non-Aboriginal would be a bit higher at the moment for family violence.

CMS participants were asked whether they had experienced subtypes of physical violence,[36] emotional violence[37] and sexual violence;[38] if they did:

> whether the violence had occurred within the past year (recent)

> whether the violence had occurred more than a year ago (lifetime)

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36. Shook, pushed, grabbed or thrown you, used or threatened to use a knife or gun or other weapon, hit you with a fist or object, kicked or bit you (or tried to), confined or locked you in a room or other space (or tried to).
37. Blamed you for causing their violent behaviour, tried to convince your family, children or friends that you are crazy, or turn them against you, followed you or hung around your home, threatened to harm or kill you, your family, children, friends or pets, harassed you over the phone or by text, email or social media, tried to keep you from seeing or talking to your friends, kept you from having access to a job, money or credit cards.
38. Tried to or forced you to have sex, made you perform sex acts that you did not want to perform.

> how frequently the violence occurred (categorised as 'frequent', including responses 'about once a month' or 'about once a week', or 'not frequent', including once or a few times)

> who perpetrated the violence (partner or family, known, unknown).

It was made clear to participants that they did not have to answer questions if they did not wish to. Table 10 presents the prevalence of each outcome overall by age group, gender and remoteness. Table 11 shows the association between the violence outcome (excluding responses of 'don't know' and 'unsure') and age group, gender and remoteness. Table 12 shows whether the perpetrator over the participant's lifetime was: a partner or family member, someone known (not family), or unknown to the participant. Using the same variables, Table 13 shows results for the past year.

Analysis of the experience of all domains of violence (any physical, emotional and/or sexual violence) among CMS participants showed:

> Thirty-six percent had *never* experienced violence over their lifetime, 5% did not want to answer, and 59% had ever experienced violence.

> Twenty percent had experienced violence in the past year: 80% had not experienced violence in the past year.

> Thirty-nine percent had experienced violence more than a year ago.

> Fourteen percent had experienced any type of violence frequently.

CMS participants reported their:

> Lifetime experience of physical violence (52%); emotional violence (48%) and sexual violence (19%)

> Recent experience of physical violence (15%), emotional violence (17%), and sexual violence (5%).

> Lifetime experience of two domains of violence (physical and emotional violence most commonly co-occurred) was reported by 26%. Lifetime experience of three domains of violence was reported by 15%.

Importantly, 80% of participants reported not experiencing any type of violence in the past year, and 36% reported not experiencing violence in their lifetime. The proportion reporting experience of violence in the past year[39] is similar to other published findings, noting differences in the study population and outcome definition. For example, NATSISS 2014–15 found that 23% of males and 22% of females aged 15 years and older had experienced or been threatened with physical violence in the last 12 months.(76)

By remoteness

There was some variation in the experience of any violence across domains (physical, emotional and/or sexual violence) by levels of remoteness. Lifetime experience of violence was less common in remote areas (46%) than regional areas (67%) and major cities (71%) (Table 10). After adjusting for age group and gender (Table 11), we found no significant difference in the prevalence of lifetime violence experience in regional areas, compared with major cities (PR=0.94; 95%CI:0.85,1.04); but the prevalence of lifetime violence experience in remote areas was significantly lower than in major cities (PR=0.68; 95%CI:0.60,0.77).

Experiencing violence within the past year was similarly common across all remoteness categories (20% in remote areas, 19% in regional areas and 23% in major cities) (Table 10). After adjusting for age group and gender, we found no significant difference in the prevalence of recent violence in regional areas (PR=0.81; 95%CI:0.60,1.10) or remote areas (PR=0.89; 95%CI:0.65,1.21), compared with major cities (Table 11).

Experience of frequent violence was less commonly reported in remote areas (8%) than regional areas (17%) and major cities (21%) (Table 10). After adjusting for age group and gender, we found no significant difference in the prevalence of frequent violence experience in regional areas, compared with major cities (PR=0.85; 95%CI:0.62,1.16), but the prevalence of frequent violence experience in remote areas was significantly lower than in major cities (PR=0.41; 95%CI:0.28,0.61) (Table 11).

These data indicate that, within the sample, there is a similar prevalence of recent violence experience across major cities, regional areas and remote areas. In remote communities, however, the prevalence of both lifetime violence experience and frequent violence experience is significantly lower (>30% lower and 60% lower, respectively) than in major cities.

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39. Twenty percent, or 21% when excluding participants who responded 'don't want to answer'.

By gender

Participants in interviews and focus groups acknowledged that family and community violence was a problem. They saw violence as affecting both men and women; while not denying the extent of violence against women, many participants explained that this was not the only story. Violence against men was an issue often ignored:

> It's a problem. Not only young fellas, even the girls, even the ladies, the young girls. They use this too. This is how the problem started, is starting up and that's why we've got an ongoing issue here in our Community and it's been going on for a while now.

Service providers stated that they were worried about a perceived increase in violence against men and expressed their belief that family violence may not be as gendered as in the wider community:

> I think there is an increasing cohort of Aboriginal men being impacted by family and domestic violence; and in the Aboriginal Community it is not necessarily a gendered crime as it may be in the broader community.

> Not only just men with women, it's women with men as well. Not always is violence against women, it's violence against men as well, you know what I mean? I've seen a fair bit of it. Not with myself, but in the family, along the line in families that I know.

Women in interviews and focus groups explained complexities of situations surrounding violence against men:

> Like with men and women violence, like usually the violence against women is usually physical with verbal, but it also happens with men as well, physical and verbal, and they're just ... oh how do you put it? They're scared to leave, they don't want to leave the situation because they're getting abused and threats even, that the woman might ... wants to harm themselves and that's why they don't want to leave, and they'll just stay in that situation. And just continue to be abused. It doesn't have to be physical, but it's verbal and emotionally, you know what I mean? … Same with women as well, they don't want to leave just because threats and it could lead to them saying 'Oh well, you don't want me, and you don't stay with me, I'll just kill myself.' And that's why they will stay, or they just don't have any help, they think they don't have any help, and can't get out of the situation. And haven't talked out about it. When really they can get help, because there's lots of people …

Women also described how sexual violence against men impacted on male behaviour:

> Certain smells, certain situations, the way one man touches another man's body. They're not going to say to the coppers 'I had a flashback of when I used to get raped and I beat the shit out of the guy because I was a bit drunk or I was a bit off my head and this flashback took over and I couldn't … .' They're just going to say, 'Oh, he pissed me off.' So, in the court's eyes they think ... he must be aggressive, he has no remorse for his actions when really they're just too ashamed to tell you the real reason as to why they reacted like that.

Across the three domains of violence, by gender, the CMS (Table 10) showed the prevalence of *ever* experiencing:

> physical violence was similar for males (53%) and females (52%)

> emotional violence was higher for females (51%) than males (44%)

> sexual violence was higher for females (22%) than males (14%).

The findings (Table 12) also showed that it was more common for:

> women to report ever 'experiencing violence from a partner or family member' (41%) than men (23%)

> men to report ever experiencing violence from 'someone known, but not family' (24%) than women (12%)

> men to report ever experiencing violence from 'someone unknown' (18%) than women (4%).

In the past year, across the three domains of violence, by gender, the prevalence of experiencing (Table 10):

> physical violence was similar for females (16%) and males (13%).

> emotional violence was similar for females (18%) and males (15%)

> sexual violence was twice as common for women (6%) as men (3%)

> women more commonly reported frequent experience of violence (17%) than men (10%).

The CMS reporting of violence is aligned with the NATSISS in finding no difference by gender in the experience of physical violence in the last 12 months and also that it was twice as common for women than men to experience violence perpetrated by an intimate partner or other family member.(13) The similar rate of physical

violence experienced by Aboriginal and Torres Strait Islander females and males differs markedly from data in the general Australian population, where non-Indigenous women report experiencing higher rates of physical and threatened physical violence than non-Indigenous males.(3,77)

The Personal Safety Survey of the general Australian population reports that women were nearly three times more likely to have experienced partner violence than men, with approximately 17% of women and 6.1% of men reporting experiencing partner violence since the age of 15 years. Physical, emotional and sexual violence was reported more frequently by women than men (physical violence, 16% compared with 6%; emotional violence, 23% compared with 16%; sexual violence, 5% compared with <1%).(78)

By age

The CMS showed the following findings about experience of violence across age groups across the three domains (i.e. physical, emotional and sexual violence) (Table 10):

> 'Ever experience of any type of violence' was common across all age groups and was significantly less commonly reported by participants aged below 25 years (16–17 years 58%, and 18–24 years 54%), compared with those aged 25–39 years (64%).

> 'Recent experience of violence' (within the past year) was reported less commonly for those over 50 years (14%) and those 16–17 years (20%), and more commonly by those aged 18–24 years (25%) and those aged 25–39 years (23%).

> 'Experiencing frequent violence' was less commonly reported for the two youngest age groups – 16–17 years (8%) and 18–24 years (11%) – and those over 50 years (12%), compared with those aged 25–49 years (17%).

In the 2014–15 NATSISS, females in the age groups 25–34 years and 35–44 years were most likely to have experienced or been threatened with physical family and domestic violence in the previous 12 months (14% in both age groups).(13) The FaCtS Study presents the first evidence of reported experience of violence in the past 12 months for the 16–17 year-old age group (20%) (Table 10), but comparisons should not be made with previous research, because the FaCtS study is not designed to be population representative. Other studies have sampled participants as young as 15 years (e.g. NATSISS); however, results are presented for a broad age group (e.g. 15–24 years).(13)

Experience of physical violence

Physical violence was reported as witnessed, experienced and perpetrated within and between families and in the communities:

And sometimes when they throw things it might just come [hurtling] across because you're right next door to where the violence is happening. And we don't want to witness someone getting cracked on the head, falling on the ground, lying down, no movement.

… like there'll be an event happening and one girl might walk up to her own sister or cousin or aunty and say something and that's when the violence will break out. And it's brutal, like they'll bring out whatever they find. Scooter or bike or rock or stick. They find anything to um, hit each other with. They wanna see blood, it's that brutal.

Participants discussed situations where family violence led to death. One participant said:

Sadly, I have seen situations where people have passed away because of domestic violence.

The same participant also described how family violence had a devastating long-term health impact:

One of the saddest things that I've ever had happen to me in my life, when I was working in [place], every morning on my way to work, I used to go past the brain injury unit. And one day I seen one of my brothers … when I say brothers, an Aboriginal man … walk out of this brain injury unit and he had these tears coming out of his eyes. And I said, 'You alright, brother?' I said, 'I've seen you come in and out of there a few times.' He said, 'Oh, I've just gone to see my sister.' It was his biological sister. And I said, 'Why, what's happened, bud?' And he said, 'Oh, she hasn't changed.' And I said, 'What do you mean?' He said, 'Her husband bashed the living daylights out of her seven year ago.' He bashed her so badly that she had acquired brain injury which means it was never going to be repaired. She was basically being treated like a baby, she had to be fed, she had to be changed, she had to be washed and everything else like that. She didn't recognise anyone. That meant that that poor woman was not dead, but spiritually she was not there. And it was one of the saddest things I ever seen.

The CMS showed that:

> Forty-eight percent reported *no* experience of any type of physical violence, and 85% had *not* experienced physical violence in the past year (Table 10).

> Thirty-four percent who had ever experienced violence reported that physical violence was perpetrated by a family member, 17% reported that it had been perpetrated by a known person, and 9% reported that it had been perpetrated by an unknown person (Table 12).

By remoteness

The interview and focus group data demonstrated variation across communities in reports of violence; however, the data did not indicate remoteness as a factor related to experience of violence.

The CMS showed that:

> Reports of physical violence were more common in major cities (65%) and regional areas (59%) than in remote areas (39%) (Table 10).

By gender

Participants of interviews and focus groups reported that physical violence was experienced by both women and men, and sometimes by both people in a relationship:

Mum would probably get bashed or get a chair chucked at her and bust her head open. And then we'd have to go, you know? We'd have to go and stay at a family member's house or something, yeah.

… and it's like people just go, 'Oh, it's the guy hitting the girl,' and you go, 'No, there's actually a lot going on the other way as well sort of thing.'

… my ex-wife … [she] abused me … the old mob, they'd come and they'd take me to the hospital and into the emergency ward … [I] used to smack her around.

The CMS showed that:

> Lifetime experience of physical violence was reported at a similar percentage by women (52%) and men (53%) (Table 10).

> Past year experience of physical violence was reported by 17% of women and 13% of men (Table 10).

> More women (15%) than men (8%) reported frequent experience of physical violence (Table 10).

> Women were more likely to report experiencing physical violence from a family member (41%) than someone they knew (not family; 12%) or who was unknown (3.5%) (Table 12).

> Men reported experiencing physical violence from a family member (23%), someone they knew (not family; 24%) or someone unknown (18%) (Table 12).

Although the results are not directly comparable, the 2014–15 NATSISS found a similar proportion of Aboriginal and Torres Strait Islander males and females experiencing physical violence (around 57%).(13) While rates of physical violence are similar, the impact of physical violence appears to be greater for women. A Western Australian study showed that the rate of hospitalisation for Aboriginal and Torres Strait Islander women was nearly 1.3 times that of their male counterparts. Sixty-five percent of the women had more than one admission arising from interpersonal violence.(79)

One literature review of non-Indigenous women found that women who were violent were more likely than men to have been victimised in early life. This review also showed that women's violence is often a response to a partner's ongoing and sustained abuse and that, even in 'mutually violent' relationships, women experience graver detrimental effects: physical injury, depression and anxiety.(80) There is no specific evidence about whether this finding applies to Aboriginal and Torres Strait Islander women.

By age

Interview and focus group participants reported that some young people participated in violent acts against each other, and some against older age groups in the community; that some partners were violent towards each other, or one partner perpetrated violence against the other partner; and that some parents were violent towards their children:

… I've seen young, old, in between, it doesn't matter how old, if there's an issue they sort it out … most of the time physical or mental abuse …

I see mainly older people who are having relationship problems and, like, get angry at each other and hit each other, end up with bruises and shit on their faces. I've seen a lot of it.

The CMS (Table 10) showed that:

> Ever experiencing physical violence was highest for 25–49 year olds (55-56%).

> Ever experiencing physical violence was reported by 47–48% of 16–24 year olds.

> Experiences of physical violence start from an early age, with 48% of 16–17 year olds reporting ever experiencing physical violence.

Experience of emotional violence

Interview and focus group participants described emotional violence as controlling behaviour that isolates the victim from support networks and limits or excludes access to finances and assets. It includes continued bullying and demeaning statements (also verbal abuse) that result in lowered self-esteem and self-determination:

> *… mental abuse is just as potent as physical … controls the money. Doesn't work for it, but got the control over it.*

> *… you have the physical violence, but I also see that the power control, the finances, isolating partners, and stuff like that.*

> *… why are you only allowed out the house on certain days? Why is your car in his name? Why are you not allowed your bank card? All of this is sounding pretty controlling.*

The CMS showed that:

> Fifty-two percent of participants reported *no* experience of any type of emotional violence (Table 10)

> Eighty-three percent had *not* experienced emotional violence in the past year (Table 10)

> Thirty-three percent reported that emotional violence was perpetrated 'by a family member', 16% by a 'known person', and 6% by an 'unknown person' (Table 12).

By remoteness

The interview and focus group data demonstrated variation across communities in reports of violence; however, the data did not indicate remoteness as a factor related to experience of emotional violence.

The CMS showed that:

Reports of emotional violence were more common in major cities (59%) and regional areas (56%) than in remote areas (34%) (Table 10).

By gender

Interview and focus group participants reported that emotional violence was experienced and perpetrated by women and men, using different approaches. For example, these quotes describe men as more likely to financially abuse and socially isolate their female partners, and women as more likely to verbally bully and demean their male partners:

> *I wasn't allowed to speak … oh, well, he would always put my family down. And he would say, 'Oh, you can talk to them, and when you do talk to them …' then when he goes in his rage again, and that's when he brings it all up again, so I just thought 'I'll just stop it all, I won't talk to anybody to stop all the arguments.' So, I was sort of isolated, I isolated myself, and my children.*

> *I know a girl … her partner, her husband … she … was coming to work all the time and she was like, 'He wants me to get another job. He reckons my job's not working for me. A woman my age should be on this much money, should be on more.' He's controlling her. And I told her, 'That's mental abuse. He's mentally killing you ...'*

> *The police take the men more serious than the women and the women get away with a lot. A lot of them are perpetrators, too. They do a lot of verbal to men and everything.*

The CMS showed that:

> Lifetime experience of emotional violence was reported by 51% of women and 44% of men (Table 10)

> Past year experience of emotional violence was reported by 18% of women and 15% of men (Table 10)

> More women (18%) than men (8%) reported frequent experience of emotional violence (Table 10)

> Women reported experiencing emotional violence from a family member (41%), someone they knew (not family; 12%) or who was unknown (3%) (Table 12)

> Men reported experiencing emotional violence from a family member (22%), someone they knew (not family; 22%) or someone unknown (10%) (Table 12).

By age

Interview and focus group participants reported the abuse of Elders by young people:

> *… but there's a lot of Elder abuse as well … younger generation that don't have enough connection with the culture to respect themselves, their parents, their grandparents.*

The CMS showed that:

> Reports of lifetime and past year emotional violence were similar across age groups (42-54%) (Table 10)

> For 16–17 and 25–39 year olds, emotional violence from someone known was particularly common (23, 21%), compared with the other age groups (12–15%) (Table 12)

> In the peer reviewed or grey literature, specific results on emotional violence could not be identified. Emotional violence was identified in the FaCtS Study as being experienced across age groups and genders, although there were some limits on participants' understandings of what constitutes emotional violence (Table 9).

Experience of sexual violence

The CMS showed that:

> Eighty-one percent of participants reported *no* lifetime experience of any type of sexual violence, and 95% of participants had *not* experienced sexual violence in the past year (Table 10)

> Ten percent of participants reporting sexual violence experienced across the lifetime said that it was perpetrated by a family member, 5% by a known person, and 3% by an unknown person (Table 12).

Evidence on sexual violence among Aboriginal and Torres Strait Islander people is sparse: one study showed that, when sexual violence was reported as common, so was normalisation of violence more generally.(81)

Although participants found it difficult to discuss sexual violence, one offered the following comment:

> *I wouldn't say there's heaps [of sexual violence] but it's happened.*

Speaking of children, another participant said:

> *Vulnerable children [to sexual violence] are a huge concern in this Community.*

By remoteness

The interview and focus group results demonstrated variation across communities in reports of violence; however, the data did not indicate remoteness as a factor related to experience of violence.

The CMS showed that:

Reports of ever experiencing sexual violence were around twice as common in major cities (27%) and regional areas (21%), compared with remote areas (12%) (Table 10).

By gender

There were limited qualitative data describing sexual violence. Of the few data there were, males were reported as being the offenders against both women and men. According to one participant:

> *There's been … women I know that have been sexually abused, but they've dealt with it … they've addressed those issues. I could tell you of at least seven of my male friends that have all been sexually abused that would not tell another soul … And they won't tell another man. They're more comfortable coming to a woman and saying 'This is what happened to me. This is why I use drugs …'.*

The CMS showed that:

> Lifetime experience of sexual violence was reported by 21% of women and 14% of men (Table 10)

> Past year experience of sexual violence was reported by 6% of women and 3% of men (Table 10)

> There was variation in the prevalence and gender distribution by subtype of sexual violence (Table 10)

> More women (5%) than men (1%) reported frequent experience of sexual violence (Table 10)

> Women reported experiencing sexual violence from a family member (13%), someone they knew (not family; 6%) or who was unknown (2%) (Table 12)

> Men reported experiencing sexual violence from a family member (4%), someone they knew (not family; 5%) or someone unknown (3%) (Table 12).

Almost one in five women (18%) and one in 20 men (4.7%) from the general population had ever experienced sexual violence (sexual assault and/or threats) since the age of 15 years.(2) Rates of sexual violence among Aboriginal and Torres Strait Islander people could not be identified; however, much of the literature states that sexual violence is likely to be under-reported.(3)

Experiencing sexual violence can impact negatively on individuals' physical and mental health.(82) Additionally, evidence suggests that Aboriginal and Torres Strait Islander women who are incarcerated have commonly experienced sexual and physical violence.(65) The demonstrated association between incarceration and experienced sexual and physical violence is influenced by complex and interrelated factors that have not yet been fully explained for Aboriginal and Torres Strait Islander women.(65) Research also highlights the vulnerability of women who experience sexual violence who sometimes adopt maladaptive coping strategies that can result in incarceration, rather than culturally appropriate services. Barriers to reporting sexual violence can also reduce access to services and supports.(83)

By age

The CMS (Table 12) showed that:

> Sexual violence by a partner or family member was reported by 3% of people aged 16–17 years, 5% of those aged 18–24 years, 12% of those aged 25–39 years, 11% of those aged 40–49 years and 9% for those aged more than 50 years.

> Sexual violence by someone known, but not a family member, was reported by 5% of people aged 16–17 years, 4% of those aged 18–24 years, 6% of those aged 25–39 years, 5% of those aged 40–49 years and 6% of those aged more than 50 years.

> Sexual violence by someone unknown was reported by 3% of people aged 16–17 years, 3% of those aged 18– 24 years, 3% of those aged 25–39 years, 0% of those aged 40–49 years and 2% for those aged more than 50 years.

Ever afraid of partner

CMS participants were asked whether they had 'ever been afraid of any partner/boyfriend/girlfriend'. Response options were: never had a partner, no (never afraid of a partner), yes (ever afraid of a partner). This question was not restricted to being afraid of a current partner – it was about ever having being afraid of any partner or partners. In total, 5% of participants said that they had never had a partner; the prevalence of never having a partner was highest among those aged 16–17 years (25%), but the majority of this age group had already had a past or current partner (73%) (Table 10). Asking about being afraid of a partner has been a proxy measure for a violent relationship in other studies and clinical settings. It should also be noted that the meaning of being afraid of a partner may vary by level of remoteness, gender or age group and for individuals.

The CMS (Table 10) showed that:

> Sixty-eight percent of participants had never been afraid of their partner.

> It was more common to report ever being afraid of a partner in major cities and regional areas, compared with remote areas.

> It was more common for women (38%) than men (11%) to report ever being afraid of a partner.

> Among 16–17-year-old participants, 8% reported that they had ever been afraid of a partner.

> Participants who had ever experienced any violence[40] were more likely to report that they had ever been afraid of a partner than those who had not experienced any violence (40.1%, compared with 4.5%).

These findings suggest that being afraid of a partner is likely to be a consequence of experiencing violence. There was a small number of participants who had not reported any experience of violence but did report ever being afraid of a partner (4.5% overall; 1% of males and 7% of females). These participants might have experienced other types of violence which were not asked about in the survey. Alternatively, for those people, being afraid of a partner might be because they were afraid of potential future violence.

Results from the CMS indicate that 60% of participants had ever experienced violence, and about 25% had ever been afraid of a partner (Table 10). One explanation for this discrepancy is recall bias, which has been shown to impact less when a previous event is significant.(84)and Policy</secondary-title></titles><periodical><full-title>Psychological Trauma: Theory, Research, Practice, and Policy</full-title></periodical><pages>165–170</pages><volume>3</volume><number>2</number><dates><year>2011</

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40. This analysis included the experience of violence by all perpetrators (i.e. including partners as well as other family members, other known persons and unknown persons).

year></dates><isbn>1942-969X</isbn><urls></urls></record></Cite></EndNote> It may be easier to remember the violent act because it is an event, and harmful; remembering the feeling of being afraid may be more difficult. Another possible explanation is that the participant may have experienced violence by a perpetrator who was not their partner, such that they were afraid of the perpetrator, and not necessarily their partner.

Witnessing violence

The CMS asked participants how often, before they were 18 years of age, their parents or adults in their home slapped, hit, kicked, punched or beat each other up ('never, 'once', 'more than once', 'unsure', 'don't want to answer'). Participants were also asked how frequently they had witnessed violence in their community in the past year ('once', 'a few times', 'monthly', 'weekly', 'daily or almost daily', 'only heard about violence', 'not in the past year').

The CMS (Table 10) showed that:

> Fifty-three per cent of participants reported witnessing *no* violence by adults in the home before the age of 18 years.

> Witnessing violence in the home before the age of 18 years was more common for participants from major cities (6% once and 27% more than once) and regional areas (5% once and 27% more than once) than remote areas (9% once and 13% more than once).

> There was no clear difference in the prevalence of reported violence in the home before the age of 18 years across gender or age groups.

> Fifty percent of participants had *not* witnessed violence in their community in the last year.

> Thirteen percent of participants had heard about violence in their community in the last year.

> Witnessing or hearing about violence in the previous 12 months was common across areas of remoteness; however, remote participants were potentially more likely to report frequent witnessing of violence (weekly/monthly/daily), at 23%, compared with 17% in regional areas and 18% in major cities (not tested for significance).

> There was no clear difference in witnessing or hearing about violence in the last year across gender or age groups.

Using physical or emotional violence[41]

To reduce biases from socially desirable responding, CMS participants were asked whether they had ever felt violent.[42] Response options were: 'a lot', 'a fair bit', 'a little bit', 'not at all', 'don't want to answer'. To our knowledge, this is the first time questions have been asked in this way.

The CMS (Table 14; Table 15) showed that:

> Seventy-two per cent of participants had *never* felt violent.

> Ever feeling violent was more common in major cities (38%) and regional areas (31%) than in remote areas (28%).

> Participants in regional and remote areas were significantly less likely to report having ever, versus never, felt violent, than participants from major cities.

> Ever feeling violent was significantly less common among women (27%) than men (35%); 85% of participants had *not* been arrested/convicted in relation to violence.

Arrest and conviction related to violence

Participants were also asked whether they had ever been convicted or arrested in relation to violence. The vast majority (71.6%) reported that they had not. However, there were some differences in the prevalence of violence-related arrests or convictions across levels of remoteness (Table 14):

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41. Because socially desirable responses and understandings of what constitutes sexual violence were likely to bias the results, perpetration of sexual violence was not measured.
42. Felt violent (including hitting, choking, pushing containing someone); tried to control a family member (including saying they are stupid or crazy, threatening them, trying to stop them seeing family and friends); and tried to control a family member from having access to a job, money or credit cards.

> In major cities, 75% of participants reported that they had never been convicted or arrested in relation to violence, 16.5% reported that they had been convicted or arrested, 3.2% said that they were unsure, and 5.3% said 'don't want to answer'.

> In regional areas, 68.9% of participants reported that they had never been convicted or arrested in relation to violence, 19.3% reported that they had been convicted or arrested, 3.2% said that they were unsure, and 8.7% said 'don't want to answer'.

> In remote areas, 73.8% of participants reported that they had never been convicted or arrested in relation to violence, 9.7% reported that they had been convicted or arrested, 5% said that they were unsure, and 11.5% said 'don't want to answer'.

> The prevalence of ever being arrested or convicted in relation to violence (adjusted for age and gender) was not significantly different in regional cities, compared with major cities (PR=1.23, 95%CI:0.87,1.73); but it was significantly lower in remote areas, compared with major cities (PR=0.66; 95%CI:0.44,0.98). This analysis excludes participants who responded 'unsure' or 'don't know'.

> Both males and females in the sample reported previous convictions or arrests related to violence, but this was more common among males (23.9%) than females (8.9%); 61.5% of male participants reported that they had never been convicted or arrested in relation to violence, 23.9% reported that they had been convicted or arrested, 4.1% said that they were unsure, and 10.5% said 'don't want to answer'.

> Of female participants, 78.7% reported that they had never been convicted or arrested in relation to violence, 8.9% reported that they had been convicted or arrested, 3.8% said that they were unsure, and 8.6% said 'don't want to answer'.

> After adjusting for age group, the prevalence of arrests or convictions was about 60% lower among females, compared with males (PR=0.36; 95%CI:0.29,0.46); This analysis excludes participants who responded 'unsure' or 'don't know'.

In all age groups, there were some participants who had ever been arrested or convicted in relation to violence (Table 14):

> This was most common for participants aged 25–39 years (20.9%) and 40–49 years (20%).

> Among participants aged 16–17 years, it was 7.7%.

> Across age groups, 10–15% of participants responded 'unsure' or 'don't want to answer'.

Although it is not directly comparable with our research, the 2014–15 NATSISS reported that around 15% of Aboriginal and Torres Strait Islander people aged 15 years and over said that they had been arrested in the last five years (20% of males, compared with 9% of females).(13) This compares with the FaCtS study finding that 17% of participants had ever been arrested or convicted in relation to violence.(13) The NATSISS did not report on a comparable age group to that of the FaCtS study, nor specifically about arrests in relation to violence.

The NATSISS reported that around 9% of Aboriginal and Torres Strait Islander people aged 15 years and over had been incarcerated in their lifetime (14% in remote areas, compared with 7% in non-remote areas). Males were almost four times as likely as females to have been incarcerated (15%, compared with 4%).(13) Incarceration rates for Aboriginal and Torres Strait Islander people are high: although about 5% of young people aged 10–17 years in Australia are Aboriginal and/or Torres Strait Islander, half (50%) of those in youth detention on an average day in 2016–17 were Aboriginal and/or Torres Strait Islander.(85) Higher arrest/ conviction rates are probably associated with higher incarceration rates.

Aboriginal and Torres Strait Islander females are being incarcerated at an increasing rate. Family violence and 'acts intended to cause injury' are notable contributors to rates of Aboriginal and Torres Strait Islander female incarceration. In 2009, the incarceration rate for Aboriginal and Torres Strait Islander females was 360 per 100,000 population, 20 times that of non-Indigenous females, at 18 per 100,000.(64)

Key considerations

Experiences of violence across levels of remoteness

Participants were asked whether they had personally experienced a set of 14 behaviours/actions; for example: 'Has anyone … Shook, pushed, grabbed or thrown you? … Blamed you for causing their violent behaviour? … Tried to or forced you to have sex, made you perform sex acts that you did not want to perform?' These behaviours are considered violence, according to current guidelines;(86) however, these were not explicitly labelled as forms of 'violence' in the questionnaire. The prevalence of recent (within the last year) experience of violence among CMS participants was similar across all levels of remoteness. However, it was less common for participants living in remote areas compared with those in major cities, to report experiencing violence across the lifetime and to report experiencing it frequently. The Prevalence Ratio findings are adjusted for age and gender; therefore, differences in age and/or gender distribution across levels of remoteness do not explain the observed differences.

In general, there were lower understandings of what constitutes violence in remote areas, compared with major cities, but this is unlikely to explain the pattern of results about individual experiences of violence. Because the questions were about specific behaviours/actions, different understandings of what constitutes violence should not have biased reporting. It is possible there are differences by level of remoteness in willingness to self-report personal experiences of violence. This could explain why the reported lifetime prevalence of violence, including frequent violence, was significantly lower in remote areas than in major cities – notwithstanding both remote and major city respondents being similarly likely to describe violence as common in their community. However, this is not consistent with the finding that the reported prevalence of recent violence was similar across levels of remoteness.

These findings clearly indicate that violence is not an issue restricted to remote communities, contrasting with media portrayals focusing disproportionately on violence affecting remote communities.(87) They may indicate that people living in remote areas are more likely to experience factors protective against violence. Further in-depth research is required to understand the differences in violence experienced across levels of remoteness.

Experiences of violence by women and men

Our findings suggest that violence against both men and women is a reality for Aboriginal and Torres Strait Islander communities; this is consistent with participants' perceptions of violence in their Communities. Women and men were about equally likely to experience any type of physical violence; women were relatively more likely than men to experience emotional violence and much more likely than men to experience sexual violence. Women were also more likely to experience frequent violence and to report ever being afraid of a partner. There could be gender differences in willingness to report experiences of types of violence; however, it appears that there is probably more of an impact, or greater severity of violence, on women (e.g. frequency, fear) than on men.

Experiences of violence by age

Over 75% of participants aged 16–17 years had already had a partner at the time of the survey. Fifty-eight percent of people in this age group had experienced violence in their lifetime. Twenty percent had experience violence in the past year. The vast majority (92%) of people in this age group had not ever been afraid of their partner.

Arrests and incarceration related to violence

Arrests and incarceration related to violence appear to be very high, at 17% of all CMS participants. The fact that the study was about violence could be one reason for the high reporting of arrest/conviction for violence-related offences. There may be other explanations, such as the generally high rates of incarceration of Aboriginal and Torres Strait Islander people.

CHAPTER 9
SERVICE AVAILABILITY, ACCESS, USAGE AND EFFECTIVENESS

In this chapter, we outline what the service mapping exercise in each community listed as the notional number of services purported to exist in each community. We also explore community members' and service providers' perceptions of service access, usage and effectiveness in their communities. Using the findings from surveys, focus groups and interviews, we then weave those perceptions with the everyday realities of access to appropriate services, both for community members and service providers. The picture that emerges shows a diversity of service access, usage and effectiveness, and reveals the maze that is navigated, by both community members and service providers.

Services involved in responses to family and community violence

This section reports on service mapping and responses to family violence from CMS interviews and focus groups.

Service mapping

Service mapping findings (Table 16)[43] showed that, in the 18 study communities:

> Ninety-four percent had police based in the community; 6% had police provide outreach services.

> Twenty-eight percent had night patrol; 72% did not.

> Seventy-two percent had a legal service; 22% had a legal service provide outreach services; legal services were absent from 6%.

> Eighty-three percent had a housing service; 11% had a housing service that provided outreach; 6% did not have a housing service.

> Ninety-four percent had a safe house; 6% did not.

> Seventy-eight percent had a shelter, refuge or hostel; 11% received outreach services; 11% had no services.

> One hundred percent had Centrelink.

> Eighty-three percent had an Aboriginal Medical Service or Aboriginal Health Service; 17% did not.

> Eighty-nine percent had a counselling or mental health service; 11% had counselling or mental health outreach services.

> One hundred percent had a family violence service.

> Eighty-nine percent had DOCS services; 11% had DOCS provide outreach services.

> One hundred percent had an Aboriginal/Torres Strait Islander Community-controlled organisation.

Interviews and focus groups

Analysis of the qualitative data showed that participants perceived that numerous services were involved in family and community violence. These were:

> police services (including community policing)

> legal services (including Family Violence Legal Services and Aboriginal Legal Services)

> housing services (including safe houses, shelters, refuges and emergency housing)

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43. The service categories here do not exactly match those identified from the qualitative analysis, because the service mapping and CMS service categories were defined before the qualitative data were analysed. As this chapter describes, the qualitative data showed that 89% of communities had an Aboriginal/Torres Strait Islander Community-controlled organisation or similar service, physically present within the community. Two communities did not have access to any of these services.

> health care services (including Aboriginal/Torres Strait Islander Community-Controlled Health Services, hospitals, mental health services, counselling, alcohol and other drug rehabilitation and detoxification/withdrawal-programs)

> child protection (including Department of Child Safety [DOCS])

> support groups and programs, including Men's and Women's programs.

Service access

Thirty-nine percent of CMS participants who needed a service or support did not get the help that they needed; of these, 24% stated that they could not get help, and 15% stated that they would not use the available services (Table 21). Participants identified these barriers:

> lack of trust in the service (16%)

> embarrassment or shame (16%)

> wait list too long or appointment not available (14%)

> issues with transport or distance to service (14%)

> lack of awareness of where to go (13%)

> lack of service in the area (11%)

> service opening hours are too short (10%)

> poor customer service (10%)

> lack of cultural appropriateness (9%)

> fear of threats, consequences or more violence (9%)

> fear of losing children (8%)

> cost of service (8%)

> fear of ending relationship (6%)

> language difficulties (5%)

> access restricted because of disability (4%)

> other (5%) (Table 20).

It was more common for participants living in major cities than in regional and remote areas to report barriers relating to the cost of service (12%, 7%, 9% respectively); lack of cultural appropriateness of service (13%, 9%, 6% respectively); shame (21%, 17%, 13% respectively); and lack of awareness of where to go (20%, 10%, 15% respectively) (Table 20).

In general, it was more common for males than females to report barriers, with gender differences relating to the accessibility of services; service opening hours (16% versus 7%); availability of appointments (21% versus 11%); and transport or distance to service (19% versus 11%) (Table 20).

The findings from the CMS qualitative data reflected some of these, and other barriers, as reported below.

Transport

Several participants explained that a lack of access to transport, including not having their own vehicle or driver's licence, prevented them from accessing services or leaving a family violence situation. When asked what they would do in a family violence situation, participants responded:

You'd have to hitchhike or run.

You'd just have to stay there and lump it.

Participants described the importance of providing methods of transport to and from services. This might take the form of a community bus or supporting pathways to drivers' licenses.

Awareness of services

Service availability was measured by service mapping and the CMS. Services in each community were mapped by the study team, with support from local community researchers. CMS participants were asked to look at a prepared list of services and report whether each was based in their community, and/or was

accessible to their community.[44] CMS responses were generally consistent with findings from service mapping, indicating that most community members were aware of services that existed in their community. However, there were some gaps in awareness. Consistent with the qualitative data, the discrepancy in the quantitative and mappings findings may simply reflect a lack of knowledge among some community members and service providers of the services that are available within the community. In the CMS, it was more common for participants living in major cities than those in regional and remote areas to report a lack of awareness of where to go (20%, 10%, 15%, respectively) (Table 16).

Interview and focus group participants identified the need to improve community awareness of available services:

> It's even just knowing about the services and knowing what they do so people know where to go. There's services out there, as you said, but we don't really know much only some that are well known but you don't know the little services that do help out so it'd be good to know.

> There's new services that are available as well that people don't know about, because they're only new to the area and things like that … and they may have been based in [place] or one of the bigger towns, and then seen that there's a need for it to be here, but a lot of people don't know about them.

Community members explained that engagement and interaction with communities were required to increase awareness of services:

> … the service providers that come in there, they need to do their jobs. They walk in a meeting there and say they work for this one and that one, show them where they work. Like, you've got to see them in the community. You never see 'em.

> … they come here for a meeting, they tick their box and they're gone.

Many service providers also acknowledged that there was a need for better engagement between services and community members. Some service providers saw this as the responsibility of the service, whereas others saw this as the responsibility of the community members:

> I know in the Community there is a lot more violence than is being referred to our service, they are suffering in silence. I guess the question is how do we engage better with the community and talk more about violence …

> We have a disconnect between us and the community [We try to engage but they aren't willing or don't know how] … If the community could engage with us.

Participants described cases where community members tried to access services but were ineligible. They spoke of not being able to access a service (such as a refuge) with children, especially multiple children or male children over the maximum allowed age:

> And then of course … if it's a bad DV situation and Mum and the kids need to get out, well if the boy's over six or seven, they're not allowed to be in the refuge.

> That's why a lot of women won't go because, like this one now, she won't go because he keeps one maybe back, she can only have two of them, she can't have the whole three of them at once, so it becomes an issue. It becomes red alert.

People who use alcohol or other drugs are can also be ineligible for some services:

> … if they had two – three beers, you take them to a woman's shelter, they'll say, 'Nuh. She had a beer,' and they send 'em home. And so, the way you look at it the other way … what they're supposed to be helping, they're not really helping, they're sending people back.

Opening hours

Some community members described how the limited service opening hours could impede safety:

> ... twenty-four-hour joint, this was on a Saturday. She couldn't get in until Monday and then she had to go to [place] just to be safe, so in the meantime, her partner's only over the next street, so she's at my house … The services, they're not geared up. She'd be dead by the time she gets there, you know what I mean, by the partner.

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44. We note that the CMS allowed participants to self-define what each service meant and to self-define the boundaries of their community. In addition, some CMS participants might not have been aware of services that did exist within their community. Therefore, different participants within the same site may not have given the same answer for each service.

Sometimes we work with someone for hours and hours and hours just to come up with a plan just to get all the players in the right place at the right time, to have the conversation around a case management plan, what are we going to do now, where do we go from here, what fits best for this client. And often … like if it's three o'clock in the afternoon, the service that we refer them to could be knocked off by the time they can … get there … It's a small town, so there's a good chance they could be easily found by their partner or wherever the violence comes from. So, definitely those sorts of things, we've got nothing immediate that we can say, 'Well, here you are, you're safe.' And that must be a hard one for anyone in that situation I think, if they haven't got family they can turn to, and they may not be safe within their own family situation, is quite often the case.

The need for extended opening hours, to improve accessibility of services for families and to support continuity of care, was echoed by service providers:

Access to twenty-four seven support with follow up so that families can have support when they need it and then can have support from the same team during business hours.

Similarly, responses to the SPS highlighted a lack of availability of services outside normal business hours. The majority were not open on weekends (74%), public holidays (78%), or outside of standard 8am–6pm business hours (67%; Table 23).

Language

Of the CMS participants who needed a service or support in relation to violence but were unable to obtain it, 5% reported that language difficulties were a barrier (Table 20).

One community member described language as a barrier to accessing services, especially where people speak one or more Aboriginal and/or Torres Strait Islander languages and have limited English:

I think language barriers, and particularly cultural barriers, at a personal level create an environment where it can be hard to understand what the clients mean, as body language and nonverbal communication is a large part of Aboriginal culture where I work.

The importance of language to effective service provision is further supported by the SPS results. Sixty-seven percent stated that language was not a barrier to communicating with clients/patients; but 26% said that it was a barrier for some staff, 6% for most staff, and 1% for all staff. Therefore, language was identified as a barrier by one in three (33%) of the service providers interviewed. It was more common for service providers in remote areas to report that language was a barrier (46% reporting that it is a barrier for some, most, or all staff) than in regional areas (26%) or major cities (29%; Table 19). This probably reflects the more common use of Aboriginal and Torres Strait Islander languages among people living in remote areas.

Thirty-eight percent of SPS respondents said that no staff in their service spoke any Aboriginal and/or Torres Strait Islander language with clients/patients. A majority reported that some of their staff did: 46% 'a little bit', 8% 'a fair bit', and 7% 'a lot'. It was more common for SPS respondents working in remote communities to say that staff spoke Aboriginal and/or Torres Strait Islander languages (Table 19). Again, this probably reflects the language use profile in remote, compared with regional and urban settings. These findings suggest that, while Aboriginal and/or Torres Strait Islander language use is more common among service providers working in remote settings, there is a need to increase local language/s training in remote, urban and regional settings.

Service usage

In the SPS, service providers were asked to describe the extent to which their service met the needs of clients/patients who had experienced violence and clients/patients who had used violence. Response options were 'a lot', 'a bit', 'not at all', and 'don't know'. In general, service providers were more positive about their service's ability to meet the needs of clients/patients who had *experienced* violence than about their ability to meet the needs of clients/patients who had *used* violence. The SPS identified a concern about the ability of services in remote communities to meet the needs of those who had experienced, and those who had used, violence.

After experiencing violence

CMS participants were asked whether they ever needed a service or support in relation to violence. Of the 62% who had ever experienced violence, 52% said that they did not need a service or support, and 48% said they did. Among those who had ever experienced violence, it was more common (Table 11) for:

> participants in remote areas to report needing a support or service related to violence (55%) than those living in regional areas (45%) and major cities (45%).

> females rather than males to report needing a support or service related to violence (53%, compared with 39%).

> participants aged 40–49 years to report needing a service or support (55%), followed by those aged 25–29 years (51%), 18–24 years (45%) and 50 years and older (44%); with participants aged 16–17 years (25%) least commonly needing a service or support related to violence.

Of those who needed a support or service, 61% said that they got the help they needed. Among those who had experienced violence and needed a related support or service:

> It was more common for participants in remote (65%) and regional (62%) areas to report getting the support or service they needed, compared with those living in major cities (51%).

> Sixty-three percent of females and 59% of males reported that they got the help that they needed.

> Across age groups, 53–65% of participants reported that they got the help that they needed.

Despite help seeking being commonly reported, there were some people who experienced violence and who did not get the support they needed (24% could not get help and 15% would not use services available (Table 11).

After using violence

Fifty-four percent of CMS participants who had ever felt violent had ever sought help to stop using violence. A further 7% reported that they had not sought help but believed that they needed it; the remaining 39% who had ever felt violent said that they had never sought help. Participants generally did not report great benefit from seeking help: of those who did, only 4% said that it helped 'a lot'; 51% said that it helped 'a little bit' or 'a fair bit', and 46% said that it helped 'not at all'. Among the participants who had ever felt violent (Table 22):

> It was more common for participants in regional areas (58%) and remote areas (57%) to report seeking help to stop using violence, compared with participants in major cities (39%). However, it was more common for participants in major cities to report some benefit from seeking help (66%) than participants from remote areas (57%) or regional areas (51%).

> It was slightly more common for females than males to seek help to stop using violence (58%, compared with 51%) and slightly more common for females than males to report some benefit from seeking help (57%, compared with 52%).

> It was more common for participants aged 40–49 years to seek help than all other age groups (73%, compared with 44–52%).

These align with the SPS findings that service providers are concerned about their effectiveness in supporting clients/patients who have used violence (Table 19). Subsequent sections detail service provider and community member perspectives on these concerns.

Service effectiveness

Service providers were asked to what extent they think the service they work for meets the needs of clients/patients. Response options were 'not at all', 'a bit', 'a lot' and 'don't know'. The SPS findings showed that for clients/patients who had *experienced* violence (Table 19):

> Fifty percent reported that their service met their needs 'a lot', 44% said 'a bit', 3% said 'not at all', and 3% said 'don't know'

> 'A lot' was less common in remote areas (21%), than in major cities (79%). 'A bit' was more common in remote areas (72%), than in major cities (16%). 'Not at all' was more common in remote areas (7%), than in major cities (0%).

The SPS findings showed that, for clients/patients who had *used* violence (Table 19):

> Seventeen percent reported that their service met their needs 'a lot', 55% said 'a bit', 17% said 'not at all', and 12% said 'don't know'

> 'A lot' was less common in remote areas (7%), than in major cities (21%). 'A bit' was more common in remote areas (59%) than in major cities (47%). 'Not at all' was more common remote areas (31%) than in major cities (11%).

Community member interviews and focus groups explored other issues related to service effectiveness. Below, we report on the qualitative findings on liaison, trust, cultural safety, holistic and ongoing care, service capacity, and funding.

Liaison between services

Participants said that liaison between services was often non-existent or limited in their communities. They described shortcomings in co-operation between Aboriginal and Torres Strait Islander and mainstream services. In some cases, service providers' lack of knowledge impeded effective service and referral pathways:

> Yeah, maybe we should have them come along and say what their levels of service pathways are, what services ... are we not on top of ... I know ... but are we not tapping into their pathways that they have ... and if they don't have pathways, maybe it's time they developed them.

This lived reality for some participants contrasts with SPS results, which indicate that most services (95%) did liaise with other organisations, at least some of the time: 10% said that this occurs 'sometimes', 40% 'often', 45% 'always', 3% 'rarely', and 1% 'do not know'. It was more common for service providers working in regional areas (51%) and remote areas (46%) to report 'always' liaising with other services than service providers working in major cities (32%). We did not measure the frequency or function of services liaising with other organisations (Table 24).

SPS result suggest that, the more liaison a service had with other services, the more positively it was assessed as meeting the needs of its clients/patients who had experienced violence. Of services that 'always' worked with other services, 61% said that their service supported those who had experienced violence 'a lot', 27% said 'a little' or 'a fair bit', and 2% said 'not at all' (Table 25).

By contrast, of services that 'rarely' worked with other services, 67% said that their service did support those who experienced violence 'a little' or 'a fair bit'; 33% said that 'not at all' (Table 25).

Trust

Community participants spoke about the importance of being able to trust service providers, including wanting to be assured that confidentiality would not be breached. Confidentiality was particularly a concern in smaller communities or in smaller organisations, where the perceived risk of identification was higher. While some participants spoke about the benefits of local service providers who were part of the community and understood the context, other participants thought that it was important to have service providers who were from outside the community, so that service users could confide in someone who was not related and not someone that they would be seeing daily in the community.

Some participants expressed distrust of services run by government. One participant explained that a government-funded service provider could not be trusted:

> … because they work for the department, simple as.

It was sometimes suggested that trust was easier when the service was staffed by a local Aboriginal and/or Torres Strait Islander person:

> By just having our own people [place] that someone can trust. Trust is a big thing too in the communities here, so when it's somebody that we trust they cannot go and blab everyway what we tell them, and then where people can feel safe too and go and talk to that person.

Trust in services was also established through longevity (that is, the service being in the community and maintaining programs over a long time) and the service's involvement and engagement with the community. Participants repeatedly stressed the importance of being present, and seen, in the community.

Cultural safety

Services with Aboriginal and/or Torres Strait Islander governance, such as Community-controlled organisations, organisations led by Aboriginal and/or Torres Strait Islander staff and organisations guided by Elders, were considered culturally safe. In services without Aboriginal and/or Torres Strait Islander governance, the employment of Aboriginal and Torres Strait Islander people was considered critical to cultural safety and, thereby, the accessibility of services. Aboriginal and Torres Strait Islander services and staff were considered as having a connection to the community and adopting a holistic, all-of-community approach.

Few of the services in the study were Aboriginal and/or Torres Strait Islander-led. Among all the SPS respondents, one in five (19%) worked in a service where more than 75% of staff were Aboriginal and/or Torres Strait Islander people; 30% worked in a service where this proportion was between 25% and 75%; and 51% worked in a service where this proportion was less than 25% (Table 23). Most community members expressed a preference for accessing Aboriginal and Torres Strait Islander-led services. In some cases, participants stated that they would not use services that are not Community-controlled:

> Some of us don't like going to services run by white fellas – we want to go to Aboriginal agencies.

Aboriginals working with Aboriginals … For the better of Aboriginals.

Like, you have that connection with your people, and they don't. I always think, you've got to have a connection with your people.

It was most common for Community-controlled organisations to have a higher proportion of Aboriginal and/or Torres Strait Islander staff, with 41% of ACCOs having more than 75% Aboriginal and/or Torres Strait Islander staff. In contrast, only 6% of government services had more than 75% Aboriginal and/or Torres Strait Islander staff (Table 23).

Service providers were asked to report whether they considered their service culturally safe for Aboriginal and Torres Strait Islander people, with the response options of 'a lot', 'a bit', 'not at all' and 'don't know.' Sixty-two percent said 'a lot', 33% responded 'a bit'. Three percent said that their service was 'not at all' culturally safe, and 2% said that 'don't know'. It was most common for respondents to describe their service as culturally safe 'a lot' if they were based in remote (68%) or regional (62%) areas, compared with major cities (53%) (Table 19). SPS respondents' perception of the cultural safety of their service increased with remoteness: 68% from a remote area said that their service was culturally safe 'a lot', compared with 53% from major cities. Overall, 3% stated that their service was 'not at all' culturally safe (Table 19).

These results are consistent with CMS findings that it was more common for community members living in major cities, compared to regional and remote areas, to report that a service was not culturally appropriate (13%, 9%, 6%, respectively) (Table 20).

Participation in cultural activities and/or practices, including speaking an Aboriginal and/or Torres Strait Islander language, was commonly reported by service providers working across all areas. Of the 90% of SPS respondents who said that their staff spent some time on cultural activities and practices; 45% said this was 'a little bit', 31% 'a fair bit', and 13% 'a lot.' Four percent said that staff in their service 'want to, but can't participate in these activities', and 6% said 'not at all' (Table 19).

Of the SPS participants who considered that the service they worked for was 'not at all' culturally safe, one-third reported that their service did not support clients who had experienced violence, and none reported that their service supported these clients 'a lot'. There is a positive relationship (noting that this was not tested for statistical significance) between the time that staff spent on cultural activities and/or practices and the extent to which the service was able to assist clients/patients who have experienced violence (Table 19).

Although 95% of SPS respondents thought that their service was culturally safe, and that 60% of staff participate in Aboriginal and Torres Strait Islander cultural activities (Table 19), some also described impediments to cultural safety:

Not culturally secure, doesn't understand causes of violence from an historical and Aboriginal perspective; doesn't respond in a way that is culturally sensitive; doesn't explore cultural prevention and treatment approaches.

Culture requirements are seen as a hassle and something not to be considered unless they have to be.

Community members described the characteristics of services and service providers that support cultural safety: they take into consideration cultural activities (such as Sorry Business), customs (such as consulting Elders first) and local culture (such as things that are taboo, the meaning of eye contact or the absence of eye contact). They identified Aboriginal Liaison Officers and translators as particularly valuable for services with most non-Indigenous staff. Participants also described the value of incorporating culture into service provision, for example, designing programs around Indigenous cultural activities. They also mentioned visual cues or 'visible culture' that supported cultural safety, such as the name of the organisation and the display of posters related to Aboriginal and Torres Strait Islander people.

Where non-Indigenous people are working in Aboriginal or Torres Strait Islander communities, participants described the importance of understanding local culture and customs in order to enable the provision of culturally safe services (e.g. through cultural awareness training):

More Aboriginal workers; more non-Aboriginal workers who seek to understand the culture, listen to Aboriginal people; willing to acquire new and sometimes confronting knowledge; create and defend a space where Aboriginal people can identify, discuss and resolve their issues.

… staff members need to have that cultural awareness. At a local level, too, like, a few years ago …… Elders come up there yarning, just telling what [the Community] was like back in the old day. … this is what happens here in [the Community]. And it gives them a bit of an understanding of what happens.

SPS participants identified positive strategies that they believed contributed to the cultural safety of their service:

Having Indigenous staff employed at the service and a board of Elders on the management committee, who know their individual culture and environmental culture and who also respect the diverse culture of Indigenous peoples.

All our staff are trained in cultural awareness specific to the areas in the [place] therefore have an understanding of language use, dress codes, women's business matters. This also includes the foods that we cook and offer and have a safe space for women's business at our refuge. The therapeutic activities offered such as nature and narrative therapies are also preferred to clinical interventions for most Aboriginal [and Torres Strait Islander] women.

The need for increased cultural awareness and safety is echoed in the literature about responses to family violence. Several program evaluations highlight cultural safety as essential to a successful program; these include studies on antenatal screening,(88,89) sentencing courts,(90) family law,(91) child protection services,(36) Men's Programs(37) and responding to child sexual abuse.(92) All these evaluations found that cultural safety was vital to successful responses, and many highlight a gap in cultural awareness and safety. Further, several frameworks for responding to family violence in Aboriginal and Torres Strait Islander communities have been developed in the last three years, with community input, and all include cultural awareness and safety as a key principle.(41,93-95)

Holistic and ongoing care

Participants expressed concern that services largely focus on individuals, not families. Both community members and service providers wanted holistic services that address broader psychosocial issues, such as trauma, homelessness, disability, poor mental health and alcohol and other drug use. One person said:

Nobody sat down with us and said, 'What happened? How did this shit go down? Do you guys need some community service support, and if youse are willing to take it, where do you want to be referred?' Just, 'Pack your shit and get out of the house or we're taking your children.'

According to another participant:

There is a need to look at the issue more holistically rather than as a specific or isolated problem.

The need for holistic care was explained in the following way:

This is a complex issue as there is much implicit violence if one considers serious child neglect as such. In our communities where most families are Aboriginal, there are high levels of dysfunction with alcohol, drug dependence (both prescription and illicit), unemployment and mental health impacting on all families; what is missing is a service that can work across the silos of health, legal, education and family services etc.

Another participant spoke of the need for ongoing care:

… once Child Safety pull out, you lose all that services, okay, so there's no ongoing help. So, things might be going great for six to eight weeks … But, things change, you know, in six weeks, you know, you may change, you may relapse with your stress, your depression, your child may have a flashback or something.

Community members stressed the need to prevent violence:

… If someone had of come to us earlier on and said, 'You know what, your relationship is pretty unhealthy, you need to see someone about your issues and why you treat men the way you do, and [person], you need to see someone about your drug use and why you bottle all your feelings up and hide at the end of a needle' and got us to get help separately as well as, you know, like, there's a couple of positive relationship programs that are available.

By the time, sometimes, our services get involved, women are already broken, like their spirit is broken. That's why it's got to happen prior to that, you know, like, they've got to be able to feel that they can go to these services and get help, before they end up where they are with you. And that broken.

SPS participants also described these limitations within their services. For example, many service providers called for more training and capacity to appropriately respond to violence and trauma:

There are some [Aboriginal and Torres Strait Islander] support and healing methodologies that are beyond the scope of our service provision. There are traditional healers, spaces offering a place to sit and talk and connect with Country, ceremonies ... Which we do not offer.

Ongoing staff trauma training, consistent up-skilling in best practice. Quality training and professional staff.

[Training in] how to spot signs of violence. How to appropriately speak with those experiencing violence, especially children. How to design and run programs specifically for those who experience violence.

Access to regular supervision, access to community-based education about mental health, violence, trauma.

The service provider quoted below highlighted the need for appropriate referral pathways:

Yeah, where do they turn, who do they turn to, because if they come into my office with their mum, they're these scared little kids that just stand, say not a word, because they've just witnessed something. And, I can help mum, I'm not a counsellor, you know, I've cried with plenty of them, but I can't counsel these kids, I can't counsel their mum, but we can talk. But, you know, how good it would be to say, 'This person can help you now, and talk to the kids, would you like that?' And that'd be great.

Service capacity

Other barriers to providing optimal care include the fat that services are not designed to meet the complex needs of people who are experiencing or using violence, and that lack of funding inhibits their capacity to extend the service or to integrate effectively with other services. The result is that service providers commonly had to refer clients/patients to other services:

We meet the immediate need for crisis accommodation and support. We do not meet the need of the long-term trauma support and behaviour change. We are often left with no referral source for these services and simply do the best we can.

Given the diverse clients, from young children to the old, and those with disabilities [who are National Disability Insurance Scheme registered], the service aims to meet needs and when unable to, refers on to other providers.

Several SPS respondents described the need to increase service capacity through increasing staffing. Participants noted the limited pool of staff who have relevant training and experience and spoke of the opportunity to build local capacity:

There are major gaps due to understaffing and lack of resources.

It meets the needs of a small number of people but the need is much greater than we can currently meet … building community capacity has to be part of any solution.

The following quote exemplifies the challenging nature of service providers' work:

For Welfare and other government departments to work with and help families to address the issues they are dealing with because with help they can get better but by taking kids into care or locking our men up nothing changes and things get worse … we need help.

Another service provider spoke of challenges they faced, for example, the fact that they were never off duty:

I had a DV offender with mental health problems … he was having a really bad day, was suicidal, went to the hospital. They wouldn't let him in, just gave him a one eight hundred number to ring. So, he ended up on my doorstep, on a Saturday.

Another spoke of their lack of appropriate training:

… even though I just started, my fourth month in there, still haven't fully … like, because we had a worker there who just left, there was no handover. I was just told, 'You're working with these people now.' You've been thrown in the deep end.[45]

Funding

Service provider responses frequently referred to the need for more funding for local programs:

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45. We note here that a member of the Study Advisory Group independently advised (at the meeting on 3 March 2020, reported above) that there was a need for accredited training for service providers.

There is currently no funding for our programs that address these issues [family violence]. The programs have great success, but we need more staff and resources to reach more people.

We are not funded to offer a service so we are unable to offer anything other than immediate relief.

More funding to offer more on-site services instead of always having to refer out.

We try to but cannot meet all needs due to limited resources.

The need is far greater than the resources we have.

Health is always a big gap … There's not enough funding for the amount of health needs that is needed for a region at all …

Training and capacity building does nothing to address the woefully inadequate resourcing required to provide services. Why is there always adequate funding for research, reports, inquiries, workshops, training etc. and so little at the frontline delivery of the services needed by clients?

In addition to program funding, another service provider spoke of the specific need for funding for appropriate salaries:

There is a dearth of experienced and qualified workers due to inadequate funding [competitive tendering is a race to the bottom to provide the cheapest service] that cannot pay appropriate salaries nor meet ongoing support costs of providing services.

Another service provider spoke of the need for funding that allows communities to determine what their own needs and priorities are, how these should be addressed and how to prevent and reduce violence:

More funding for community engagement, and government listening to the community needs, rather than telling a community what it needs, local organisations being funded, rather than large ticket projects.

Conclusion

In this chapter, we have presented an overview of service provision at the time of the surveys, interviews and focus groups. The findings show that, despite services notionally being present in communities, both for services providers and community members, stress the variation between levels of access, usage and effectiveness of those services. In the following chapter we indicate where improvements can be made.

CHAPTER 10
DOING IT BETTER

Introduction

In this chapter, we build on findings from the previous chapter where we discussed service provision. We report on participants' views of the strengths that already exist in communities. Under the heading 'Keeping culture strong', we outline community-led initiatives. We consider participants' views on the improvements needed across various sectors under the heading 'Improving Service Delivery'. Finally, under the heading 'Enhancing Education', we discuss participants' views on necessary educational activities.

Keeping culture strong

The broader findings of this study are echoed in community participants' view of Aboriginal and Torres Strait Islander culture as a source of identity and strength. Programs and initiatives that reinforce Aboriginal and Torres Strait Islander culture were considered central to responding to the issue of family violence. Participants believed that current government-led responses to family violence are not respectful to Aboriginal and Torres Strait Islander culture. One participant said:

> [There need to be] ... more accountability in government in the way that it's delivering the family violence. The law is inconsistent. The law doesn't sit with us. Our traditional customs are not practised within those doors.

Community-led initiatives

The literature supports a focus on culture in initiatives that respond to family violence.(94,96) It assists with ensuring cultural safety, reducing the barriers to access and increasing the relevance and positive outcomes of responses.(39,92,93)

Reflecting on programs or initiatives that worked to reduce violence and increase a sense of community safety, participants reported that change occurred when community was directly involved. Community participants, such as those we quote below, believed that this retaining and reinstating of culture needs to come from within community:

> It's our responsibility from a community perspective … is to put stuff in place or equip our men, equip our younger generations with tools that are going to be resourceful for them out there in society. … we could come up with all them ideas and say this is what worked for him … but I think if we're equipping our men and young men, they will not get to a point where they have to use violence.

> From each of those leaders, if there's any issue there for those families, their leaders to take on that role to talk to the other leaders.

> … if we all sat down at the table, right, and talked about things, these ain't about us anymore, this is about our kids, and our grandkids.

Participants believed that there should be community ownership of services and that local people should develop and provide services:

> We haven't got enough Aboriginal people in schools, police stations, all that sort of stuff, to help our Community, that's the biggest issue.

> We don't need to fund external services. Fund people in community … tell the government we need to be doing things our way …, let's build community, let's build families to deal with their own affairs, and this is what this talk is all about. So, we can listen to the voice for the people …

> Why don't the government sit down in these Men's Sheds, employ people … give that to the community, how they want to run it. Put the funding in them to structure there and educate, get them the qualifications that they want them to have in each individual community.

Elders play a central role in participants' beliefs about better responses to violence and community-led decision-making. Previous studies have found that involving Elders and community members in responses to family violence improves the cultural safety of programs and increases their impact and success.(90,95,97,98) Several participants, including those quoted below and others quoted elsewhere, commented on the wisdom of Elders and the many important roles they play:

… grandmothers and grandfathers … they're there to find the best strategies or what does our culture say about men looking after women … We need to go down that way.

… you need to take time out from your busy life, from whatever you're doing and sit down while them … yarn and listen ... the only way that knowledge can pass down from the Elders for you and me within our families, family group, and then the knowledge is passed throughout Community … to one now.

Overall, community members placed Aboriginal and Torres Strait Islander methods of healing at the centre of mental health. Commonly, community members suggested that yarning circles can be helpful in Aboriginal and Torres Strait Islander cultures. These could function to increase social support, which is protective for mental health difficulties:

Yarning circles are very popular in Aboriginal communities, informal chats and gatherings around food … You diminish stress and anxiety in people, you break those mental barriers down, social and emotional wellbeing barriers down, and it opens up the mind to actually access the information to release them to understand and absorb.

I don't call it counselling, I call it yarning. 'Let's go and have a yarn. I can come to your place or we can go down by the river, you know?' … I'll take people down to the river and we'll go wherever they want to go, you know, because four walls for an Aboriginal person is not particularly conducive to yarning, you know?

Participants often spoke about cultural and on-Country services that were having a positive impact on the community, through the sharing of culture and yarning together across generational lines, and in healing from trauma and violence. One example is a program where men, boys and Elders are taken on fishing trips to share knowledge and culture:

But with my program we're trying to utilise it as much as we can because we do annual fishing camps that we go for two days, we take the fathers, the kids, the grandfathers and get them to pass their knowledge on, spear fishing, dragnetting and all that sort of stuff. Plus, we have [an alcohol and other drugs worker]. He comes down and does a workshop on the campsite about the effects of drugs and alcohol and all that sort of stuff. And then we have another Elder fellow. He comes and does a bush tucker program where he shows all the young kids and young adults the bush tucker that's laying around so they can learn all that sort of stuff.

In another example, participants from a remote community focus group spoke of a counselling group for women, where community members had a place to meet and yarn in a safe environment:

We've also got a Women's Group … It's starting off … it's still very early days but, again, we've got a house for them. It's really more of a yarning. Yarning. We want to get a sewing group together, we want to get a craft group together. We just want a space where women can go and feel comfortable, maybe take their children, we'll have a little playroom, and just yarn, you know? Just talk. Because a lot of times women don't get a chance to do that.

They talk to family but sometimes they want to talk to other people, too, so it's a way of keeping that connection together, that Community together so that if somebody comes in and says, 'I'm having a real problem with so and so' and the other women can say, 'Well, you know, why don't you look at this and why don't you try that and why don't you come over to my place and have a cup of tea?' And it's that thing of if somebody's struggling, the other women are aware of it and they can look out for her, especially the young ones that are struggling.

Participants discussed the need for places for men to be able to congregate and yarn, to learn about and pass on knowledge and culture, and where they could also learn about family violence. One person described a Men's Program run by an Aboriginal and Torres Strait Islander facilitator:

… it's [an Indigenous medical service] that does the [Men's Program]. [Facilitator]'s really great, he's got a way of really connecting with the men. I'm not sure how he does it, I mean, he has got that masculine personality but approachable. I think that works really well for some of the blokes in the Community, they can see that he's still a man's man but he's ... got compassion.

Some participants were interested in initiatives where elements of law and order were placed in the control of the community. Community policing is a type of self-policing initiative, which can also be referred to as 'Night Patrols' or 'Community Patrols.' Participants with experience of 'community policing' described it as enabling earlier action and preventative measures:

… take more of a community policing approach that helps because it is more supportive instead of confrontational and just focused on locking people up.

Crowd control, where they can calm the situation down, you know, and say, 'Look' you know, and how to sort it out without any up at the court, in the courthouse, because once you ring the police and they start charging people you're going to end up in the courthouse, because that's how we keep ending up back in the system.

Participants stressed that program should contain culturally appropriate activities. One participant noted that generic programs were often not successful:

The Men's Centre, they run the same programs over and over, they need to change their programs around, so us Indigenous people can understand it.

Improving service delivery

Planning, designing and delivering services for Aboriginal and Torres Strait Islander communities can be complicated by a number of issues, including insufficient funding, remoteness and identifying qualified staff. Many participants, especially the service providers, recognised these challenges. However, some communities made positive recommendations for improving service provision. Many of these recommendations echo findings from other research (39-41,92,93,95) and have been discussed earlier in this report. They include:

> working *with* Aboriginal and Torres Strait Islander communities

> holistic responses that develop relationships with the community and networks with other services

> ensuring that the service, and providers in the service, are culturally competent.

Health care services

The CMS findings showed that one in four participants (26%) who had experienced any physical, emotional or sexual violence reported that they received physical or mental health care. Participants who had experienced physical violence were most likely to have received health care (24%), compared with those who experienced emotional (19%) or sexual violence (18%). Participants in major cities and regional areas were equally likely to get health care (26%), but fewer remote participants (24%) received health care following the violence. Males were slightly more likely to get health care after violence (27%) than females (25%). Those aged 40–49 years were the most likely to get health care (29%), followed by those aged 25–39 years (29%), those aged 50 years or more (23%) and those aged 18–24 years (21%). Participants aged 16–17 years were considerably less likely to get health care following violence (7%) (Table 17; Table 18).

Participants identified barriers to accessing health care services: availability, accessibility and capacity; and racism and lack of cultural safety.

Availability, accessibility, capacity

Service mapping showed that 16 of the 18 communities had an Aboriginal/Torres Strait Islander health organisation physically present within the community, one had services via outreach; and one had no access. All communities had access to a counselling or mental health services – 17 within the community, and one via outreach (Table 16).

Despite this reported service provision, one participant described limitations:

The other thing that's annoying for me here, is that we do have an AMS [Aboriginal Medical Service], but it hasn't got the appropriate … Management … it's not working with the appropriate programs because they haven't got the people.

Staffing issues within health services were linked to lack of resourcing. Participants expressed concerns about fly-in-fly-out delivery, the high turnover of staff and the lack of Aboriginal and Torres Strait Islander staff:

Keep the doctors here for more than two years. The amount of times I've had to repeat myself to a doctor.

But there need to be like a structure there where Aboriginal workers are there. Because black fellas not going to go to white fellas if they're not going to help, you know what I mean.

They need to have more funding for Indigenous people that want to be counsellors …, so they can understand where we're coming from, because they've lived it themselves. And to encourage them more. Get a lot more people out in those areas. That might break the cycle a little bit too.

Some called for more services for people who use alcohol and other drugs:

There's not enough rehabs to rehabilitate anybody and most of them, the people that go to gaol and use a lot of drugs they seem to come out even worse than what they already are.

I don't think there's a rehab here, I think there's one up in [major city]. But it'd be good to have a rehab down here, especially with all the people in this town.

Cultural safety

Participants described how a lack of cultural safety within health care services affected accessibility:

I'm coming to another organisation, I'm down on my knees, I'm vulnerable, I'm this fuckin' big, and you had a white face telling me to come back later or go sit down there? You know, that really is really offensive.

I guess the environment we are in. Community health teams have been placed in general hospitals. A lot of Aboriginal people don't like going to hospital, so they are not inclined to just drop in.

Racism

Participants described the racism they experienced in health care services. One said:

White doctors that talk about Indigenous, how we look, you know, how ugly we are.

Another pointed out that there is indirect racism everywhere, including in the hospital system:

… in the hospital system … Like I said, if somebody rocks up to the emergency department, you've got an Elder or local Community member that's sick or whatever, and then there might be a whole mob of family that rocks up, bus load of twenty, and the nurses flip out and don't know what to do, but they don't understand that that's how we operate, that's … our cultural values, you know.

Participants viewed family violence as being inextricably interconnected with other social issues, including education, employment, alcohol and other drug use and trauma. They described a situation of cyclic disadvantage and insecurity in many lives.

The most common response to this issue was community–government collaboration. Some participants used the example of housing stress, suggesting that the Housing Department work with them on solutions:

Housing [Department] is not working, and they don't want to come and sit down and help … That's why we want to get together as our women group, so they can see us.

One of the health care service providers stated that their service had employed Aboriginal and Torres Strait Islander staff to assist with making their service more culturally appropriate:

Aboriginal health practitioners, Aboriginal Liaison Officer. Interpreters attend hospital Monday, Wednesday, Friday, we book if needed outside these hours. Culture and language is a big part in our service.

Housing services

Participants described how emergency housing, such as shelters, refuges and hostels, is needed by victims of violence and their families and also by those who use violence. Thirty-three percent of CMS participants who reported experiencing violence said that they slept 'somewhere' other than their home, after such an experience (Table 17). This could be, for example, at a friend or family member's residence, a safe house, shelter, refuge and/or hostel. Focus group and interview participants identified the need for more places in general, as well as specific places for men, and places for men who use violence.

The service mapping showed that all communities except one (94%) had a safe house or refuge, 83% had a shelter, refuge, or hostel, and 89% had a housing service (Table 16). In the qualitative data, however, community members described a lack of availability of housing services for families, men and young people.

Services for families

Services should focus on the family, not just the individuals involved. Services should work on the principle that family violence does not stem from an individual problem but from wider issues, such as intergenerational trauma, mental health, financial difficulties, gambling, alcohol and other drug use and overcrowding. Examples of these views from participants were:

… you want to work on the perpetrator because they're still a part of the family. They're going to be a part of the family regardless, like, especially if there's kids involved, so you want to work on both the mother and father.

Once the department steps out … [the family needs] ongoing help as long as they want to have it.

Participants highlighted the need for victims – often women and children – to have somewhere they can go for support and safety:

> ... the perpetrator's the type of person that can't be told to leave them alone and stalks and harasses and stuff, so are they better off going into a safe house that's well equipped for her and her family to make it as comfortable as possible so she's protected, and it's sort of, I don't know, monitored by police and video surveillance.

This need was supported by a service provider:

> Housing for families that is safe and secure.

Another believed that there was a need for:

> More services for women and children – safe houses, hostels.

Participants were concerned that service responses focused on splitting up families, rather than helping them to resolve issues. They also saw a need for programs and services to help families heal together:

> If we could get a family violence program that wasn't just entirely run on an individual basis but as a group in community and as a whole family approach to understanding the causes and managing the behaviour.

> The amount of families that are broken up, that are like, no, there's domestic violence here, don't look at any of the background of why that is. Nine times out of ten, people that have domestic violence have either got a shit load of trauma in their past, or there's drugs there. And then it just looks at it and goes, this isn't working, they need to be separated …

> I know for a fact that the services provided here for domestic violence is only to separate these couples. It's not to straighten up and get them back together … not to get them strong and get them back to together.

> When there's counselling, I want to see both parties, boy and girl, have that counselling together and not always separate and then, at the end of the day, you don't know where we stand in the relationship, you know?

Service providers similarly described the need for services to support families staying together, reflecting what families want:

> More services providing support to keep the family together without the violence as most families want to stay together or do anyway.

> While our service does meet most of the daily needs of each client and does respect their confidentiality and privacy, because the safety of the client is paramount, there is a lack of ability and time, to liaise effectively with the entire family.

While current responses to family violence tend to separate the offender from the victim, some community members favoured a response that involved addressing the violence as a family issue. One said:

> There isn't enough like, family counselling where you can both sit down and do … it's like, men can do their DV counselling, women do their DV counselling … It's like, you split the family up, he can sort his shit out, she can sort her shit out…

Many recognised the burden of family violence on grandparents, who often provide care, housing and support for victims, perpetrators and children. Family focused programs would ensure that Elders in the family can also access support. Comments included:

> Yeah, I understand with what you mentioned is because we being the grandparents who need some support because … we sit back and go through all the violence with the kids, I've been through it with three of mine, and we've never had any support or somewhere to go. We need somewhere where we can go, just grandparents, so we can go and sit and have a coffee and talk to someone about it.

> You guys [grandparents] don't fall into a category and they always want to tick a box and because you guys [grandparents] don't fall into that category, there's no assistance.

Services for men

Community participants and service providers noted that most services provided support to women, and:

> Men don't seem to have any services provided to help them with accommodation, rehabilitation etc. … Most of the services offered are mainly for women and children.

I would like to see an Aboriginal men's shelter in this Community. I've already said it, and I'm going to say it again and again and again.

… real need for [a] men's refuge, because women seem to be catered for.

… there's nothing here for men, there's no shelter …

… if a woman gets … in trouble … they put her in women's refuge and then no man's allowed to know where they are, and all that. They should have that for blokes too. We need a bloke's shelter.

Many also believed that the cycle of violence, particularly for males, stems from not dealing with trauma. Male-specific services could provide a safe space for men to discuss any issues:

Men shame to talk about it. They need to find the right person to talk about it and, yeah, so that makes it harder for men ... we need a safe house where men can go and talk to another man to help him.

Participants described the lack of services and facilities for men. One participant from a very remote community stated:

They only support the women and strengthen up the woman only, but not the men.

The lack of services for men may explain why it was less common for males (25%) than females (39%) to report sleeping/staying somewhere else after experiencing violence (Table 18).

It was believed that safe houses for men could act as an early intervention in family violence situations:

There's no safe houses. No fully resourced places where men can actually go to as an early intervention, to address their problems or to escape violence or to get away from a relationship because they're being violent and ... particularly for our Indigenous men who find it hard to access services in any case, you've got to have relevant and appropriate, culturally appropriate, services where men can go to otherwise it's going to be very hard to engage.

Among men who had ever felt violent, 51% said that they ever looked for help to stop using violence; 42% said they had never looked for help, and an additional 7% said they had not looked for help but would like help. Of the males who had sought help, 6% said it worked 'a lot', 47% said it worked 'a little bit' or 'a fair bit', and 48% said it did not work at all (Table 22).

Other participants stated that there was a need for men who use violence to be re-housed, so the victim can stay at home and in Community:

… a place where perpetrators should go, are able to go … and victims stayed at home.

And that's the biggest thing, trying to uproot a family overnight to a new community, the kids have got to get rid of all their friends at school and all that type of stuff. Yeah, I think it's just … even though it's probably in the best interests of the family to get as far away as they can, that can be quite hard for them and the kids where they're not exposed to the violence or don't understand it. They're like, 'Why have we got to move overnight and stuff?' and then you've got to go through all that stuff.

Participants also described the need for services for offenders. A participant from a city area referred specifically to the need to provide a service for male and female offenders:

We need to work on the perpetrators … because we've got to remember, men get belted up, too, not just women.

Service providers expressed a similar concern about the lack of services available for men, as victims and users of violence:

There is no male behaviour change program in the region so some clients can only have the choice of returning to violence or leaving completely.

Nothing for men who experience violence at home most time they are discharged to not a safe place. I think men are told to man up [but not from us]. No accommodation sometimes at the crisis centre but not in town, no services for men.

If we had more support or education for men and more services to help and assist perpetrators that would be a start. Often women have to leave home, or receive support, but ultimately want to go back to their man – but when they do he hasn't changed because he's had [no support] to see what he is doing is not right.

Findings from the SPS demonstrate that service providers perceive themselves as better at meeting the needs of those who have experienced violence than those who have used violence (Table 19). Male participants reported a limited number of services directed to men's rehabilitation, wellbeing and safety from family violence. In response to a question about whether there was a safe place for men, a participant from a remote area simply answered:

Gaol.

Another participant from a remote area had a similar answer:

You pretty much don't have anything here for men at all unless they go to the cell for the night.

In relation to offenders being sent to gaol, one participant spoke of continual support after gaol (throughcare) as a form of holistic approach.

So, you know, in a lot of cases, if say male perpetrator, has flogged his missus up, whatever, he goes in gaol, that's it. They get back, it's not as in they've got any follow up, like, anyone, I don't know, like a case worker or something working with them or specialist working with them, or anything. So, it just goes back into that cycle, and that's a big gap. It's all good to send them away to gaol, but are they really learning anything from that?

Services for young people

Young people's exposure to, and involvement in, violence concerned communities greatly. Some participants believed that broader socioeconomic responses, such as employment opportunities, would assist the next generation and give it more self-sufficiency and purpose. Youth-specific services and programs were also important, teaching young people about healthy relationships and alternatives to violence, and in providing them with activities in a safe space:

The other big investment ... more investment needs to be made that I can see is in our young generation, our youths that are coming through. To me, the stats around young people's incarceration and contact with the child protection system and then the suicide rates are screaming out. It's like a call out to Australia and the government, you need to invest more into these Youth Programs that are culturally appropriate, that reconnect the youth to themselves, their identity, their Country and then have therapeutic elements in there as well.

Specific services and initiatives suggested by participants included sports clubs, drop-in programs and bush programs:

I would just sort of like having sports, something to do with sports, because there's a lot of … There's like, a lot of kids that are doing drugs because they can't get involved with their sports … Another thing to look to, like, yeah. So, say if you've got sports like basketball one night, and then you got the youth centre to go to and then something to go to, PCYC [Police and Community Youth Club] the next night.

… take them out bush and set up a camp for them and keep them out there for a week, yeah, and give them things to do. They've got youth workers to work with them and that's plenty of time to sit down and talk about things and cultural training and stuff like that.

Aboriginal and Torres Strait Islander Councils were also considered central to building better responses Councils provide communities with advocacy, community development and Aboriginal and Torres Strait Islander representation. They are generally well regarded when they are conducted in culturally appropriate ways:

… okay, but what we've said is, we've seen it in other communities, okay, where Aboriginal development managers or officers are put in place and there's better engagement with Community. These are permanent officers. Their job is to be that link between the Aboriginal Community and council.

They're good with our Community … and all the families within that [group] when they go for help, it's our organisation, our policy we know the people ... And we know the people, we can use the leaders … to talk to all the families here …

The justice system

Earlier chapters indicated that most participants did not agree with approaches that would increase families' contact with the legal system. Community members across all remoteness categories supported alternatives to mainstream courts. Participants were interested in alternatives to prison and child removal that involved local systems of law:

> Well, it shouldn't be reporting it, they should be doing a course and that, you know, both of them, because when one go and do a complaint they don't want to talk to the other one, they just lock the other one up.

> Okay, we'll look at maybe two homelands and they can do sentencing maybe two weeks out there and they have to learn this, this, this, this. Why aren't we thinking along those lines?

Alternatives to legal sentencing tend to involve Elders, who hold respect and significance in the community. Elders can be effective in mediating cases and de-escalating situations:

> Have an Elder sitting there and actually talking to you through it before … before it goes onto those extra steps. And just having an Elder talking to you, it could calm the situation down instead of making it evolve even more.

> Bring a lot of culture back when it comes to speaking to the Elders, like you pay them more respect, you concentrate on every word that they say. You don't look down, you keep eye contact, because you know if you look down, then you walk out that room, you're going to get cracked.

Aboriginal Circle Sentencing was another alternative to mainstream sentencing. Participants thought it particularly effective for youth. In Aboriginal Circle Sentencing, members of the Aboriginal community, including Elders, come together, intending to find solutions other than prison:

> You fellas know what that circle sentence is? … What they are is just … like, a group of us getting together, we've got a twelve-year-old kid that comes in, instead of him going to gaol, we sit down and talk about what can we do with him, instead of getting him shafted straight off to gaol. They've got it over there in [an outer regional Community], so the circle sentence. And they've got Elders, plus people who are workers, or say, there's the police, the health, but fellas there to sit around the table and tell you, you know, instead of shoving your kids straight off to gaol. So, how do you try and help them?

Literature about family violence demonstrates support in Aboriginal and Torres Strait Islander communities for alternative legal responses. Studies of Aboriginal and Torres Strait Islander Sentencing Courts (like the Circle Sentencing, Murri and Koori courts[46]) have consistently found that these courts provide a more culturally appropriate process, are more meaningful to defendants and victims and are endorsed by Aboriginal and Torres Strait Islander people.(90)

Where an Aboriginal and Torres Strait Islander person goes to court, many participants stressed the importance of having an Aboriginal or Torres Strait Islander Liaison Officer attend with them, for their safety and support. A regional service provider said:

> Clients feel better talking to us, also helps with making the client feel like someone understands and can help understand what the lawyers are trying to relay.

Other service providers acknowledged a need for more Aboriginal and Torres Strait Islander lawyers and more engagement with the community, to improve access to legal services. Despite the overall tensions between the mainstream legal system and Aboriginal and Torres Strait Islander culture, many also saw a role for the mainstream justice system.

Legal services

Findings from the service mapping showed that the majority (72%) of communities had a legal service. These were present in both major city sites, in 78% of regional communities and 57% of remote communities. One regional Community did not have a legal service. Two regional and two remote communities had visiting legal services (Table 16).

Participants spoke about various aspects of legal services, including violence restraining orders (VROs; also known as Domestic Violence Orders (DVOs), accessibility, racism, mandatory reporting processes, programs for violent offenders, gaol, child protection and cultural alternatives to sentencing.

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46. See Glossary of terms in Appendix 1 for descriptions of Murri Court and Koori Court.

Violence Restraining Orders

Several participants raised issues about VROs, saying that they do not always provide appropriate protection. A service provider described a situation where a woman was unable to use the systems in place to protect her children from her partner:

> … one client I've worked with before that was domestic violence, we've helped her get a place and everything like that, moving away from the partner. The partner's picked the kids up from school. She's gone down to the police station and notified them. There was nothing actioned for ten days. The only time it was actioned was he was trying to run her off the road with the kids in the car outside the police station. She couldn't get a welfare check done on them kids, nothing. We couldn't do nothing and it was … she was coming in every day crying because she didn't think the kids were safe and the police weren't taking it seriously. She had a current DVO on the partner but the kids weren't on the DVO so they couldn't … officially, they couldn't do nothing.

Accessibility

Participants commented on barriers to access to legal services, with views such as:

> You can't contact them … there's none here.

They described their limited access:

> They only over there once a month.

Participants commented on the fact that legal services do not provide information on what legal services are available or applicable, nor about legal rights for those who need it:

> They need to come out to our camps and talk to us and let us know what kind of service they can offer us.

> She doesn't understand the fucking law. The lawyers are not talking to her properly about what law are they using to be in the court today.

> The amount of Aboriginal families that don't know that that is their right … They act very professional so we all think that they have the right to say what they're saying, and they're reading between the lines living in the grey area, getting away with fucking murder, because not enough of us know what our rights are.

Racism

Many participants perceived legal services as racist and discriminatory, believing that the sentencing of Aboriginal and/or Torres Strait Islander people, including those of lower socioeconomic status, was generally harsher and more common than for other Australians:

> When I was in a courtroom, I watched one white fella bash his mother, and he was on remand for about three months, and then he got nine months out of all that. If that was any other Murri fella, I reckon he would've got a couple of years instead of nine months.

> But the other thing is low socioeconomic base. So, if you're a very poor person, whether you're Aboriginal or non-Aboriginal in this Community, you tend to be worse ill-treated than if you are better off … And that's wrong … it is also putting you in a bracket to say, you're not going to be helped because of the fact that you're in that particular bracket.

This racism is not always overt. Another participant highlighted the concealed nature of the racism they experienced:

> Yeah, to sort of just tear us apart, and I think that's where racism comes in. I think racism ain't obvious no more, I think the most dangerous racism is the subliminal racism where they're pretending they're not racist, but they are racist. And I think that's what my DHS [Department of Human Services] worker, I think she is racist and that's what she wants.

Child Protection Services

Child protection services were regarded as an ineffective resource for Aboriginal and Torres Strait Islander communities. Participants acknowledged the need to assist some families and provide safety for some children but did not believe that the current child protection system increases safety for families or their children.

Community members also focused on the need for children to be able to retain cultural and community connections. For these reasons, child protection services such as DOCS might be more effective and beneficial to community safety if they worked to keep Aboriginal children with family members.

When discussing child protection or community services, community members said:

> There are some good stories. There's a lot of bad.

All but two (89%) of the participating communities had a child protection or community service, such as DOCS or Family and Community Services (FACS) (Table 16). The remaining two communities (11%) were in remote settings and were serviced by outreach.

Knowledge about mandatory reporting

The requirements and categories for mandatory reporting of violence towards children vary considerably across Australia's State and Territory jurisdictions.(99) When asked whether they knew about mandatory reporting, some focus group participants indicated that they were unaware of it and simply responded along the lines of:

> No.

Others knew that there was a need to report but were unaware of the term:

> No, if you could translate.

> Not sure what that is – is it a fancy word for saying you have to report?

Some participants did, however, have a good knowledge of mandatory reporting:

> Mandatory reporting, we're basically looking at the definition of it, which I did, is basically a kid's being neglected, abused, or mistreated, in any manner, well as far as I'm concerned that's mandatory reporting.

> Mandatory reporting is say, where we health workers, we are mandatory reporters. If we go into a school, say I do here and a little child tells me in school that something's happened to them, it's my duty of care towards that child …

Others spoke of their duty to report:

> But I think that both [name] and I, there's a Community expectation, and the Community knows that we have a zero tolerance for that sort of behaviour.

> It depends who you work for. See, I'm one too, because I work for health, so we've got to do it, we're … by law, we have to report …

> Depending on what it is, we may report it to either [place] Families or the police.

One participant said that no action had been taken after they had reported as mandated:

> But, I've been in that position before, I reported a girl that was not properly dressed and no food to eat. I reported it to the authorities, do you know what they said? 'Don't worry about it.'

While this person saw a need for mandatory reporting:

> … if there's any signs of sexual abuse or any recent ... child being severely harmed …

another voiced a concern about unnecessary reporting:

> ... people mandatory report, they were seeing, or not, to choose kids not even having a bath for one night, or going to school with no lunches or sleeping on the lounge floor on a mattress, like I used to do years ago, you know, so things like that. I think the understanding of [it is to report] the big things, not the small things

Participants identified several concerns about child protection services: child removal; fear of retaliation and retribution; harmful service delivery; and lack of cultural safety including racism.

Child removal

Community members and service providers discussed their unwillingness to report to Child Protection Services because of fear of having children removed. Participants recognised this as contemporary and historical fear and distrust (i.e. relating to policies of separation, as described in Chapter 4).

… because they [Community members] still have the theory that the children are going to be removed … so we don't trust them, because that government thing removed our children from going back years and years and years and, you know, generations to generations, so the mistrust.

Many participants had recent experience of children being removed from families and felt the consequences across families and the community:

… a lot of our children have been Stolen.

… do we want to be taking Aboriginal kids out of Aboriginal families, because that's what's been done all too much.

… a lot of our kids is taken away by the white women, and this is the frustration that is coming out of a lot of the family violence.

Participants spoke of the lack of support for families once children are removed and, particularly, about the lack of cultural continuity for children. Participants considered it paramount that children retain cultural and community connections:

… once you're involved in Child Safety even as a parent, or a child, they won't help you, they'll help the child to a certain extent but if the child wants to go back to the parents they won't help the parent.

There needs to be a better way of protecting the culture for these children to making sure that they are returned back to their communities to engage with their culture, the connection and identity is important.

In some cases, mandatory reporting was viewed as contrary to 'helping' a family and could even lead to negative consequences for the parents, including alcohol and other drug use:

And it affects parents when their kids get taken off them, like, most of them lead to drinking.

But yeah, it's gonna tear a mother or father apart, you know? It's just gonna make them fall to alcohol or keep doing drugs.

Fear of child protection services was explicitly linked to disengagement with other services. Participants reported that some families, along with the wider community, conceal issues of child safety through fear of children being removed – even when it is in the best interest of the child:

They're big families in [Community name] and everyone protects each other, so if there's an issue going on sometimes ... they can be hidden from the authorities in different ways but that child is still ... At risk … in a bad situation. The family will come in and hide that … For fear of it being taken away.

This included Aboriginal and Torres Strait Islander service providers:

Well, black fellas try not to work with DOCS. It's as simple as that.

Highlighting the complexity of the relationship between child protection services and other health and social services, one participant spoke of the effectiveness of child services in removing several children from a violent household and placing them with a relative; but she still expressed her disdain for DOCS:

And her grandmother, luckily, is a registered, like, foster carer, so the kids went straight to their grandmother … Child Safety said to her, 'You can go live with your grandmother and the kids while we do an investigation, but if you go back to him you're not having those kids', and I fucking ... I hate DOCS with a passion but I wholeheartedly agree with that decision.

Fear of retaliation and retribution

Although reports to child protection are anonymous, it is often difficult for service providers, such as teachers, principals and child care workers, to conceal the fact that they have reported. A participant who worked at a preschool spoke about her experience of verbal abuse after a child was reported to DOCS:

… working in a preschool, a report was made about a parent that morning. By the time we took the child home that afternoon, we were being abused by the mother, because DOCS was straight there … we got abused because they knew it obviously came from the preschool.

Community members explained that, if they were to report a family or individual to child services, that family might then retaliate by reporting them, even if the claim was unsubstantiated:

Everyone's still scared of the fact that if we report you … you're going to be reported …

… some people can report false things and they get their kids taken away when there's other kids out there who should be taken from their family … I've seen DOCS take kids that shouldn't have been taken.

You've got to get people out of that when you're saying, 'Okay, these people have reported me, now I'm going to have a set on them and I'm going to keep giving them a hard time.'

Harmful service delivery

Participants across all levels of remoteness spoke of the ineffectiveness of child protection services in helping children and families. Despite the overall distrust of child services, many did also see the need for them, but noted ambivalence on the part of DOCS service provision:

Children Services, too, don't really help much. They brush it aside.

And DOCS you may as well don't ring DOCS in this area.

When you really, honestly, think about it, DOCS are going to say, 'Oh, well, we can't come. We won't get there for another hour and a half' … They go to a house and check and say, 'Oh, everything's going fine' but they don't know what goes on inside that house behind closed doors.

Moreover, community members thought that the child protection system, in which children are removed into foster care, does not offer a safer situation for children:

… when they get out of Child Safety, they come back even worse than what they already are. And I guess they're not really doing their job properly if they're trying to look after the kids. Really, they're just there for the pay.

Child Safety don't want to know what goes on in foster care, because I come from foster care, now my kids are in foster care, and you go to Child Safety, mention that your kids are being abused and they turn around and turn a blind eye.

Cultural safety

Participants stressed the need for government services such as DOCS to be more culturally aware and to engage with Elders before passing judgement on Aboriginal families and removing children:

[Staff from DOCS might think] 'Hey look, they don't have any beds. The kids are sleeping on a mattress on the floor, they need to be removed.' Whereas if you looked at that a little bit closer, and a little bit more personal … it's a loving togetherness thing to do. Not because we can't afford bed[s].

Along the same lines, another participant said of DOCS staff:

… their perception, their way of being raised, their white outlook is going to be heavily influenced when they're writing reports and deciding whether or not to take someone's children.

They offered this solution:

Whereas if they've got an Elder saying, 'Hey, no, that might be how you look at it from your family perspective, but in Aboriginal culture, we like to sleep all together, we like to all cuddle each other to sleep, watch a movie together, that's our bonding time, that's our love. That's not something to be looked at negatively.'

A regional participant discussing their state-specific Aboriginal child service emphasised this lack of cultural knowledge:

… they employ white people that probably don't understand culture … lack of training for black organisations to actually deliver service is appalling …

Service providers also discussed their observations of racism, with one regional participant stating:

… I've seen it. There's a difference with the race, because I've worked in the preschool, they wanted to report on this Aboriginal family but not report on this non-Aboriginal family. I'd mentioned to my supervisor, … she made excuses for her because it is was a non-Aboriginal child … but … I still made the report.

Police service

All but one of the participating communities had a police service located within the community. In that remote community, police provided outreach services (Table 16). Findings from the qualitative data showed several key barriers to effective policing related to family violence: trust; responsiveness; racism and cultural safety; and gendered experiences.

As discussed above, participants expressed mixed attitudes towards reporting violence to police. Many comments related to a lack of trust in the police, including fear of being implicated in the event:

If you ring up a policeman … like you was fighting in the argument. But you try and ring up policeman, they would come and sort this fight out or might be two young fellas fighting, and you ring up and the police asking you like, 'You in that fight?' And that's wrong, once you ring up the police and you tell the police, 'Go over there, see over there, that house over there fighting in the back', they should go over there. But you wasn't part of that argument, but the policeman reckon you are. You were involved in that argument. So, a lot of time you don't want to ring up, eh. You don't want to ring up the police, talk to police, police talk to you like you're part of the argument. But you're ringing up to try and stop them, and they put you in there, police say, because you answer the stupid questions … they'll ask you a lot of questions about your name … Like you was there fighting.

Some participants saw police response times as unacceptable:

Could be dead by the time they get out here.

Yeah. … but it takes maybe an hour, two hours, three hours. When something happens. When we ring to the police, we go through the call centre. It takes time to go back this way. We can't ring direct.

Participants living in areas where there is no police presence, or a temporary police presence (particularly in remote areas), viewed police response times as a problem. In some cases, after-hours response times were a concern:

During the day, we can call them but not after hours, straight through to the call centre … if we have an emergency we have to call triple zero … By the time the police come, somebody will be dead.

Participants were dissatisfied with a lack of action by police services in response to reports of family violence. One said:

And women go and do a report on domestic violence, or parents take kids there to complain about sexual abuse, the police don't bother with it, just tells you to go away.

Another participant spoke about an instance where the police responded to a report by driving to the site, but did not get out of the car or take any action:

Anyway, I'm on the phone to the police … and I said, 'Look, get the bloody police up here, there's a mob, they're fighting.' … you know what the police did? Drove in their car, didn't even get out of their car, drove in and then drove straight out. So, you know, I mean, it's about where we live, too, and that's the stereotype, and I rang the police up and I came down to the police station the next day, I said, 'Right, who were the two coppers on last night? Look, they could have killed each other over the other side of the flats there, mate.' So, you know, I mean, when you experience, and you live it, it's totally different.

Participants expressed concern about racism within police services. They saw this as inextricably linked to a lack of responsiveness. Some participants believed that a delayed police response, or non-response, was disproportionate for Aboriginal and/or Torres Strait Islander people:

It only takes a phone call from a white person and the police is out here, but when a black fella rings, they don't come.

Black fella on black fella, they won't come … And then they don't do nothing, how many times? … Nuh. But when it comes to the black fella and white fella they'll run and protect the white fella.

Some participants believed that the communities or families were stereotyped, which limited the effectiveness of police and legal services in helping Aboriginal and Torres Strait Islander people:

… can make you more unsafe because they will make your partner more wild and they will just come and get you because they don't care about the paper … we know women who have been killed from this happening. Sometimes police don't come straight away if you call for help and there is a VRO in place because they know the family and get a complacent attitude like, 'here we go again.'

Participants spoke of the need for police to be more culturally aware and engaged in the community. Many reported that negative attitudes towards the police force stemmed from their low cultural awareness. There was a feeling that the police were working against the community, rather than with them as a member of that community:

The police need to do something on Aboriginal culture, that's a big must.

The lack of cultural awareness was described as driving police responses that are not appropriate for the context. For example, one participant described an inappropriate police response to an intoxicated person:

But the police don't work properly with the people. When you tell a drunk something, the drunk wants to talk over you and get more bossy with you, you know, especially when you're a family member … But they sort of move their body when policemen come, and policemen think they're reacting to them and then they get really rough with them, you know, and start handcuffing and breaking their arm and everything and they're just drunk, that's all they are, useless drunks, you know? That's why people get frightened of calling the police.

More than one-quarter (28%) of the participating communities had a form of community policing: 43% of remote communities, 22% of regional communities, and 0% of urban communities (Table 16). There is evidence that Aboriginal and Torres Strait Islander communities across urban, regional and remote settings are implementing different forms of self-policing practices.(100) In some communities, self-policing practices were used historically but have been taken away. Evidence for community policing suggests that it has a positive role to play in reducing family violence, including:

… acting as a nexus to connect people and services such as clinics, courts, police, community government councils, and family. They mediate disputes, remove people from danger, keep the peace at events such as sports carnivals, are consulted by agencies such as courts for input into sentencing, and play a crucial role in the development of community justice groups.(101 p. 2)

While police presence and involvement in family violence was not always perceived as positive, many participants saw an important role for police in communities. Some participants believed that more police officers were needed, to help reduce police response times. This was mentioned by participants from urban and remote settings:

More … police. That's what I reckon you could say, more police. We're always saying community's crying out with domestic violence, not enough police. You need more, too, around especially remote. Sometimes … the policeman's … two hundred kilometres away. By the time they get there, it's all over.

Building familiarity, trust and respectful relationships is key to improving relationships between police and community. This included improving the cultural competency of police officers and enhancing their integration into the community:

… those police came to the launch the other day and were fabulous and they started talking to some of the clients … it was the start of a fabulous process of hearing clients, without being in a system, and none of the … intimidation can occur, because [of] the nature of that.

If the same cop rocked up at every event for the next two years, he would get a hell of a lot more trust than any other bastard … if he just said, 'Hello, how you doing? Hope you have a good day.' He's got his little carry bag, he's happy to be there, that's all we want. Just come and be black for the day.

The police [just need] to show your faces. And not just once a year, you've got to make it often, you know what I mean. Yeah, it's got to be on a regular basis, like monthly, do something every month.

Yeah, I reckon they should have a program for just police officers and Indigenous people, rather than just football, sit down and just actually talk about what we're going through on a day to day basis, and what's affecting our communities and why we act that way, and maybe they might have an understanding …

When police have connections throughout the community, they are perceived to respond more appropriately to family violence, acting to assist a family or person rather than imprison them:

… there's sort of like a network where night patrol … if there's no room at the family's place, or that person's not welcome there, they will try the hospital. The police will actually call night patrol, or the hospital also ring up shelter to get this person a place to stay for the night, you know? Because sometimes, that's what they come across.

Gendered experiences

Participants described differences in the way police responded to males, compared to females, involved in violence. Several asserted that police tended to listen to women and assumed men to be at fault:

… going to treat us [males] different to what they treat females. That's what I believe, they see the man, the man's always in the wrong. But half the time it's probably the woman. And it's not fair on the kids.

They [the police] listen to the woman.

One woman said:

> Well, the way it happened with us was I went in to visit [name] at the hospital after he had his surgery, and the copper said to me, 'We're putting a DVO on him,' and I was like, 'I fucking stabbed him, he nearly died, why are you not charging me?' And they were like, 'No, we understand that you're a little bit smaller than he is, and you're pregnant, you probably stabbed him for a reason.'

Employment of Police Aboriginal Liaison Officers

Community members from around the country indicated that the employment of Police Aboriginal Liaison Officers (known in different jurisdictions as PLOs, ALOs, Aboriginal Community Constables or Community Policing) could assist the relationship between police officers and the Aboriginal or Torres Strait Islander Community and improve responses to family violence:

> Even our last superintendent that was here, he wanted it here, he really wanted an Aboriginal community constable down here for the issues, to go with police officers when they go to Aboriginal people's houses, that person going in and talk to them instead of going in and … yeah, that's what we need. There's another need for that.

> Yeah, they need a Liaison Officer. Not a cop, not a citizen, something in between, you know what I mean?

> Well, I believe that they should have an Aboriginal Liaison Officer twenty-four seven with them.

> Probably. If I seen one of my mob in the police office, I'd be going to the police all the time.

These positions have key roles in providing advice and support to police in the management of Aboriginal issues and supporting the establishment and maintenance of positive rapport between communities and police services. A participant from a remote area who worked with the police said:

> I do work with the police … they'll give me a call, it could be half-past twelve at night and say, 'We've got a young Aboriginal going off … What can we do?' I might talk to them [the young person] on the phone to calm them down … working with the police a lot closer helps things.

It is important for most communities that the Liaison Officer is a local person who knows the community:

> We need a Liaison Officer, a representative of the Aboriginal community, but we need ... a local person who comes from here ... who knows the family, and can contain that, you know, where the police are going, contain that person and talk them down, like, try to settle them down before things escalate where the incarceration statistics go back up.

> From my experience, it has to be a local person from the … Community, that knows the Community, that knows everybody, that can actually get in there and do something for us.

> We should have an Aboriginal LO out to help the ... whatever problem not the white man. We want our own kind to be a policeman in the community and work with us into night and day and any problem, we can solve the problem ourselves with him …

Enhancing education

Participants viewed education as a key response to family violence. They saw a need to increase the recognition of behaviours defined as family violence, facilitate discussion about family and community violence and provide opportunities to learn about healthy, non-violent relationships:

> Education is key, I think. The more people know, the more people that are aware of their rights, their circumstances, their privileges.

Recognising what constitutes family violence

Participants said that educational initiatives should clearly address specific behaviours that constitute family violence; not only physical violence, but also intimidation, financial control, verbal abuse and control:

> … the majority of blokes think, 'Oh, domestic violence is when I hit her. It's not when I financially control her. It's not when I accuse her of playing up. It's not when I do all these other verbal things, or psychological things ... it's when I hit her, and I don't hit my wife, because that would be domestic violence.'

> Financial violence and that social isolation and I actually see that in a lot of the younger ones and because it's not ... they're not being hit, they don't see that as domestic violence.

Often there is misunderstanding about what constitutes FDV [Family Domestic Violence] and so this can also be a factor for under-reporting.

A service provider saw language as an educational starting point, preferring the term 'family violence' rather than the term 'domestic violence':

… what … it has done is make sure that people know that it's not just a partner that can perpetrate violence, that is a holistic family violence situation and it can be that sense of domestic, in the old sense … it can be an uncle committing violence towards a nephew …it can be a grandmother being violently abused by her son or her grandson, or that whole family picture rather than just the traditional male versus female violence …it's definitely opened up a conversation about it and extended the way we think of it.

Information about family violence services

Participants spoke of the need for information about services. Some noted that the barriers to accessing services are especially reflected in the low numbers of people seeking help for family violence other than physical violence:

I'm still seeing a lot of families who are being isolated by partners away from their families and still seeing, yeah, just people who have no idea where to go for help …

Sometimes they need to put actual things at the schools and at the shops like flyers because just putting them in the organisations, not everyone goes there.

Education about services would benefit service providers as well as community members, since there was a lack of knowledge among providers about what other services are available and potential referral pathways.

Participants believed education initiatives should respond to all of community, men and women as well as young and old:

They all say, 'Aunty,' because it goes both ways too, like, for man ... like woman's Country they for thinking the way woman's go. Man's got ample problems, too. Women have to understand man's problems, too.

Just counselling for the men and for the women to speak up, get out of it while they can. Yeah, counselling's good for men to do and the kids. I know a lot of black young women, they think that violence is love. They need a bit of education on love.

Previous chapters have described the complex difficulties of reporting family violence, with fear and shame named as common barriers. This indicates an opportunity to educate service providers about the context in which Aboriginal and Torres Strait Islander people experience violence; the perceived implications of reporting violence; how this aligns with the action they desire; and, in particular, the fear of child removal in Aboriginal and Torres Strait Islander families. Working with communities to improve their trust of services is vital, as is considering responses to family violence that keep families together.

Talking about healthy relationships

Participants called for education programs about healthy relationships and dealing with conflict:

It's the lack of education of understanding how to talk to one another, to understand how does that impact on the child if you are arguing.

And it really sort of boils down to respect and we need to, yeah, speak, like have these programs to help our young families and young women.

Like, I'm strong voice for education and especially with young children, and helping young families, and I always say that it starts at home, everything starts at home, so if we target home, target family, because at the end of the day they are the ones, they are the first teachers for them kids before they go up to the school, so they need to be educated.

Healthy relationship education can be strengths based. Participants favoured programs that encourage positive behaviours and relationships and dealing dealt with family conflict in a constructive manner. They also supported programs and services that involved positive role models:

More workshops, positive role models, more education on how to resolve issues.

Young people need strong Aboriginal role models and mentors – this is a better way for them to see what is functional and what isn't.

This included involving Elders as role models. The respect afforded to Elders makes their involvement in education on healthy relationships essential:

> … even having these old, these Elders come and sit with us, sort of give us advice, guide us, just them talk sort of help us, too.

> Basically, what I'm saying is if you're at that shelter, we need older men folk there to come in, sit down, steady the young fella, have a cup of coffee …

Focusing on prevention

With the aim of creating a healthy relationship through education about the right type of behaviour, some participants wanted services and programs to be proactive and preventative rather than punitive:

> ... they wait for you to get into trouble, then to do the course, but if we can do these courses before they get into trouble, it might help.

> We need more education … before people get in trouble, you know, to learn them from the start.

> We had to hit absolute rock bottom before anybody wanted to help us.

Participants acknowledged that family violence services do exist; however, most are delivered as remediation rather than prevention. Many programs are funded for only those community members who have already offended:

> We're actually doing some work now with an Aboriginal Legal Service to try and get a … it's called the Violent DV Offenders program. But, they've had to be charged with DV offences more than three times. And also, they had to be in the court system, and be on parole. Which is ridiculous … But, the thing is, we had a lot of young blokes who said, 'I want to do that program, can I?' 'No, you can't do it, you're not on parole.'

> If you get locked up or something happens, they refer you to … the legal service. And from the [legal service] will refer you to places like [Indigenous medical service] or [men's domestic violence group], [place] Court, that kind of thing. But again, you've got to already be in trouble.

Healthy relationship education programs in schools are another way to help prevent violence in relationships:

> Our schools need to include the impact of violence and how to address it as part of the general Education syllabus/teaching.

> Better talking in the school about violence and respectful relationships is good.

> More talking about what is functional and what is dysfunctional in schools so young people don't think it's normal to have violence in your life.

Smaller communities reported difficulties with violence emerging from teenage relationships and involving members from the wider family:

> Because when they fight from high school, kids, when the kids get involved, the parents get involved. When the parents get involved, the whole family gets involved.

> And a lot of the times the kids may be fighting, but it ends up the adults take over the fight and carry it on … But, yeah, the kids probably made up, still hanging around each other, but it's the adults that keep it going.

The literature review revealed several examples of education programs that were preventative and focused on strengthening healthy relationships, culture and empowerment to address family violence.(37,96,102-104) These programs were regarded positively, but many researchers concluded that more evaluation is important, to build the evidence base.

Collaboration between stakeholders

Participants described how 'organisation cooperation' can support more effective responses to family violence. Services working well together facilitate efficient referral pathways. Links between Aboriginal and Torres Strait Islander services and mainstream services are particularly important, enabling clients/patients to engage with:

> People from the Community … familiar faces, people you know.

> … someone who really cares. It'd have to be Aboriginal people from the Community taking it in turns as well as being up there helping those professional people. You'd have to have a couple of professional people because it's not only that, it's all the suicide stuff, you know? You need someone there for that. That's a big thing that we've been battling here. So that's the sort of people you do need in that place.

In one example of collaboration between services, a medical service and school in one Community were working together to help inform children and their families about services existing within the Community and to allow medical service staff members to get to know the Community:

I know with the medical centre, they're doing a tour for the schools at the start of the year and take them round to different services so they know from the get-go.

Integrated services were perceived to offer more holistic care, for families and for community as a whole. Many of these examples involved a community program, providing health services as well as specific groups for children, men and women:

… they're very much holistic in that you've got an emotional social wellbeing service ... You've got playgroups, you've got Men's Groups, you've got Women's Groups. There is something then that the members of the family can access.

They used to have a fantastic one down at [Community name] which was a family-based program on both the mother and on both parents and the children and they'd all go and they'd all go through the program, so the children were recognising what was happening for the mum and dad, they had them … the babies could be looked after, mum and dad could work on themselves, work with the children so the whole family; it was a whole family program. But once again it was a good program, it was working and the government couldn't afford it no more.

Participants suggested that current services should create networks within communities and with other services; services that approach family violence as simply an individual or legal issue are not successful. More holistic approaches will produce better outcomes:

Whatever we put in place has to consider us holistically, too. Once we start to try to get on top of that, it's looking after everybody's wellbeing, thinking about trying to find an answer for all of that stuff we just talked about, you know? If we pour our energies and resources into the right way, we take care of a whole heap of those issues.

I guess I'd just keep making them aware of it and … trying to support as many families that need support and … look for the ones that really do need it and be there for them, I think, and working with them, you know, helping them get through all that and rehabilitation and stuff like that, yeah.

Just have to call the police or the Night Patrol and the Public Safety Housing Officer and the [service] … We go to them or they come to us and we talk all together … they help the residents to be strong ... They also offer help and give numbers to other services that is available to use if they needed any help from family violence. They also help and support the … residents … to speak up strong and stand strong against domestic and family violence.

Conclusion

Participants thought that mainstream family violence initiatives and campaigns portray Aboriginal and Torres Strait Islander people in a negative light, exacerbating stigma and shame. They recognised that family violence is an issue across Australia, not specific to Aboriginal and Torres Strait Islander communities; any material referencing Aboriginal and Torres Strait Islander people or communities should be culturally appropriate and strengths based. Education for non-Indigenous people, about the context of family violence for Aboriginal and Torres Strait Islander people, is also important. In the following chapter, we discuss these issues, together with implications for action and solutions, in detail.

CHAPTER 11
DISCUSSION

Introduction

Aboriginal and Torres Strait Islander peoples represent the oldest continuous civilisation on earth. We acknowledge the richness, strength and diversity of Aboriginal and Torres Strait Islander cultures. We recognise the uniqueness of each community and the commonalities between them. We also honour the contributions they make to humanity.

Family and community violence exists in all societies; it is most accurately and usefully viewed as being part of a complex system, influenced by historical, political, cultural, economic and social factors. These contribute to a 'cycle of violence' where trauma and exposure to violence may normalise and perpetuate that violence.

To answer the research question, 'What would it take to address family and community violence?' we sought evidence about how Aboriginal and Torres Strait Islander people and communities experience violence. Our focus was on addressing family and community violence experienced and/or used by Aboriginal and Torres Strait Islander peoples at the family and community levels. We define family and community violence as encompassing physical, sexual and emotional violence. This is consistent with contemporary understandings and is a broader definition than that used in most previous studies.

This final chapter draws together findings from the surveys, focus groups and interviews on family and community violence gathered from 18 Aboriginal and Torres Strait Islander communities. Many people generously shared their personal experiences. The report places their voices in the context of the existing research. We summarise what works to prevent and address family and community violence as experienced by Aboriginal and Torres Strait Islander peoples. Based on our findings, we present implications for action for communities, services, policy, evaluation and research. We also refer to relevant literature which offers solutions.

A systems and strengths-based approach

Progress towards reducing family and community violence can only be achieved where Aboriginal and Torres Strait Islander communities lead change. Strategies must be informed by their knowledge, experiences, needs and desires. It is critical to recognise the role of the broader context and system in generating violence and to place responsibility for reducing violence within that system. While family and community violence is 'everybody's business', actors within the system have various levels of power and influence; the greater the power and resources, the greater the responsibility to support positive change. Solutions will be most effective if they are designed and led by Aboriginal and/or Torres Strait Islander people, and if the solutions critically reflect the complex systems in which they are intended to operate. This contrasts with approaches which seek to blame or problematise individuals or communities.

At the heart of the expressed need from communities was the desire to strengthen community and culture and to prevent violence. Participants spoke of the need to heal families, through redressing the breakdown in kinship and family structures.

Protective factors

The experience and use of violence was lower in those with greater feelings of safety, lack of fear of their partner and no recent witnessing of violence. It was also lower in those reporting markers of lower levels of trauma, including those who did not have adverse child experiences, family members forcibly removed from Country, children taken away from a close family member, contact with the justice system and high levels of discrimination. Those with attitudes aligned with higher levels of gender equity were shown to have a lower risk of experiencing violence. Those not experiencing recent violence had better wellbeing, including greater life satisfaction, family cohesion, higher levels of happiness and lower levels of psychological distress.

Extent of violence

Family and community violence increases in contexts of intergenerational trauma, family and cultural disruption and economic and social disadvantage. It is a predictable outcome of colonisation and longstanding policies and practices affecting Aboriginal and Torres Strait Islander communities. This was recognised by community member and service provider participants and it aligns with published evidence. All 18 study communities

recognised violence as an important issue, impacting on those who experienced it and those who witnessed it. Those experiencing violence wanted the violence to stop and family disruption to be minimised. Eighty percent of CMS participants had not personally experienced physical, sexual or emotional violence in the past year. However, around half had ever experienced physical or emotional violence, and one in five had ever experienced sexual violence.

The study was not designed to produce population representative data; however, the level of violence reported in the CMS was broadly consistent with other data sources, including the ABS. The FaCtS study showed violence within the past year was occurring across urban, regional and remote settings. The study did not identify a higher occurrence of violence in remote communities than in communities in major cities or regional areas. This contrasts with common conceptions and representations, including in the media, that violence disproportionately affects remote communities.

The FaCtS study showed that women were more likely than men to ever experience violence from a partner or family member. Women were more likely than men to report family physical violence within the past year. Women were also more likely to experience sexual violence. Women were more likely than men to report frequent violence, potentially reflecting violence from within the home. When all types of violence were considered together, men and women were equally likely to report ever experiencing any type of violence. However, within the past year, more women than men had experienced violence. Men were more likely than women to experience physical violence outside the family.

Around three-quarters of participants reported never having felt violent, and the vast majority had never been arrested or convicted in relation to violence. Markers of use of violence were more commonly reported by men than women. The qualitative data indicated that Aboriginal and Torres Strait Islander people and non-Indigenous people in the study communities were involved in using violence.

All age groups experienced violence and were affected by recent violence. Community members were particularly concerned about young people using and experiencing violence.

Catalysts and consequences of violence

Community members identified the broader, intergenerational links between trauma and the ongoing impacts of colonisation: inadequate housing, racism, financial stress, alcohol and other drug use, poor physical health and emotional and social wellbeing, unemployment, contact with the justice system and incarceration. One participant expressed the importance of these links:

> The causes are a lot deeper, you know. They're a lot deeper, a lot to do with cycles of intergenerational trauma, seeing violence as you grow up as a kid. Alcohol just brings it out. Developing poor relationships with each other, the weakening of culture and add in issues about overcrowding, poverty, gambling, these compound the problem. So, without the right support and early interventions, educational programs, a lot of these cycles will just continue and just keep filling up that prison. And what you're doing, you're exposing a new generation of young people to all these same situations. So, the intergenerational trauma cycle continues.

Reflecting this, the CMS findings showed that the probability of experiencing recent family and/or community violence was lower in those with higher socioeconomic status and better general health and wellbeing. The experience and use of violence was doubled in those who had had welfare payments cut off or limited within the past year. Alcohol and other drugs were identified as key drivers, of using and experiencing violence. Those who had themselves experienced violence were more likely to be arrested or convicted in relation to violence. This is in keeping with other studies on the cyclical nature of violence within families and communities.

Services

The majority of those affected by violence did not *formally* report their experiences to service provides or the police. People were also afraid that reporting might lead to child removal, family disruption and incarceration of family members. Community members were reluctant to report violence because of a lack of services, and concerns about stigma, lack of trust and fear of reprisals.

Around forty percent *informally* told someone about the violence, usually a trusted community member, such as an Elder. Around one-third slept or stayed somewhere away from the source of the violence, and around one quarter received physical or mental health care. Young people were less likely to seek and receive help than other age groups.

Community members and service providers noted variation in service provision. They discussed barriers to engaging with services. These included a shortage of services, service accessibility, service capacity, a lack of community awareness of services, issues with transport, cost, fear of further violence, and lack of cultural

appropriateness. Short-term and insecure funding for services, burdensome reporting obligations, inflexibility and inadequate community engagement were also identified. Service providers spoke of the tension between the legal system – which was largely viewed as punitive – and the need to care for families in distress.

Participants emphasised the need for holistic, culturally safe services that are integrated and present appropriate pathways of care for those affected. They raised concerns about the ability of services in remote communities to meet the needs of those experiencing and using violence.

Service providers who were able to work well with other services felt better able to meet the needs of their clients. They noted the complexity of dealing with trauma and the need for trauma-informed services, especially in services which regularly see people affected by family violence. Training and ongoing supervision are important, but are often lacking.

Central to responding to violence is culture, including the involvement of Elders, and recognition and consideration of the role of traditional law/lore. A major theme was the need for service providers to engage with community members – regularly, and at community events – as a more effective way of providing culturally appropriate services. Racism and a lack of cultural safety were considered serious and ongoing problems within many services. Participants stressed the importance of employing Aboriginal and Torres Strait Islander staff at all levels within organisations and of respecting their leadership in design and decision-making. Services employing Aboriginal and Torres Strait Islander staff and having high levels of cultural safety provided a sense of ownership by, and support for, community members.

Study participants noted the need for services for women and families that were flexible and allowed families to stay in their homes. This extended to services for men – as offenders and as victims – which were said to be largely absent from the current system, and services to young people.

Aboriginal and Torres Strait Islander community needs are diverse. Service providers require adequate resources for the range of services needed in their various settings.

Implications for action and solutions

The implications of the study findings are wide ranging and extend our current understanding of what works to prevent and address family and community violence. Improving services will have an impact, but it will be limited unless the underlying causes are addressed in tandem with the longer-term, broader issues. Much is still unknown, but some basic tenets stand as guidelines for future policy and program planning and delivery: a framework should inform action and solutions based on the broad levels of systems, primary interventions, early interventions and acute services support. Creating an overarching ecosystem is key. It must be a system that listens and learns and incorporates monitoring and evaluation processes. Change should occur within and between the systems level, the primary prevention level, the early intervention level and the acute services support level.(105)

An overarching ecosystem

Creating a system for addressing family and community violence that 'listens and learns' and generates ongoing solutions should involve programs that are created, implemented and led by local communities, based on community needs and priorities; that integrate the best current evidence and that are rigorously evaluated, using appropriate methodologies, to inform future programs.

Progress towards reducing family and community violence can only be achieved where Aboriginal and Torres Strait Islander communities lead change. A key required action is macro-level cultural change, leading to an overarching operating ecosystem that listens and learns and generates ongoing solutions for addressing family and community violence. It would be characterised by programs that are designed, implemented and led by local Aboriginal and Torres Strait Islander communities, based on community needs and priorities, integrating the best current evidence. They are rigorously evaluated, using appropriate methodologies, and so inform future programs.

Key actions at the ecosystem level include:

> Aboriginal and Torres Strait Islander communities lead change.
> Aboriginal and Torres Strait Islander staff hold leadership and decision-making (governance) roles.
> Communities develop and implement local programs that meet their own needs.
> Programs and policies are evaluated, to improve understanding about what works.
> Programs and policies are adequately and sustainably funded.

What works in Aboriginal and Torres Strait Islander communities

Evidence about effective programs addressing the family and community violence experienced by Aboriginal and Torres Strait Islander communities is particularly limited. A recent review identified only two programs as having strong evidence of effectiveness. One of these demonstrated reductions in reporting of family violence following restriction of alcohol availability, and the other showed reduced reoffending following the use of a specialist Aboriginal and Torres Strait Islander sentencing court.(3)

Program and policy design, evaluation and monitoring

Many programs are in place to support people experiencing family and community violence and to reduce its occurrence. However, few are rigorously evaluated. Learnings from highly promising programs are lost to the broader community when programs are cancelled, varied or replaced. There is little published evidence on what is likely to be effective. A critical component of funding programs and services is adequate resources to evaluate them appropriately. Sufficient time must be built in to conduct the evaluation, which must include a review of process, impact and summative approaches.

In June 2019, the Productivity Commission released an Issues Paper outlining a review to develop a whole-of-government evaluation strategy for utilisation by all Australian Government agencies for policies and programs affecting Aboriginal and Torres Strait Islander people. In early June 2020, the draft Indigenous Evaluation Strategy Report was released, describing how the Commission would address the findings of the review. It is reassuring that it reflects the findings and analysis of the FaCtS study, particularly in emphasising the need for evaluation and policy reform and the importance of the centrality of Aboriginal and Torres Strait Islander peoples in governance and leadership positions. The following excerpt from the Guide to the Report underscores these points:

> For decades there have been calls to better understand how policies and programs are affecting Aboriginal and Torres Strait Islander people. However, there continues to be limited evidence about the effectiveness of many policies and programs ...

> The Strategy is an opportunity to improve the quality and use of evaluations of Australian Government policies and programs affecting Aboriginal and Torres Strait Islander people ...

> To achieve better policy outcomes, Aboriginal and Torres Strait Islander people need to be at the centre. What they value, their expertise and lived experience should be reflected in what is evaluated, how evaluation is undertaken and the outcomes policies seek to achieve.

> ... the Strategy needs to support more effective ways of working with Aboriginal and Torres Strait Islander people, and include governance arrangements that embed incentives to learn from and use evaluation findings in policy decision making ... better policies, not evaluation per se ... will improve the lives of Aboriginal and Torres Strait Islander people.(106, p.1)

Achieving positive change at ecosystem level

To create an overarching operation system that listens and learns, we commend the work of Wiradjuri researcher, Dr Megan Williams, who has developed the *Ngaa-bi-nya* Aboriginal and Torres Strait Islander Program Evaluation Framework. Encompassing World Health Organization evaluation principles and the Lowitja Institute Evaluation Framework components, *Ngaa-bi-nya* is designed by, and for, Aboriginal and Torres Strait Islander people in their contexts. It provides a comprehensive range of 'critical success factors' often not considered in other evaluations. It takes a strengths-based approach, within which it prompts us to consider the historical, policy and social landscape surrounding Aboriginal and Torres Strait Islander people in their contemporary settings. This includes their existing and emerging cultural leadership and the informal caregiving that supports programs and everyday lives. Rigorous in its foundations, *Ngaa-bi-nya* builds on Stufflebeam's context/input/processes/products evaluation model, a multi-method approach to conducting an integrated context, input evaluation, process and products ('impact') evaluation. It is one of few evaluation tools developed specifically to reflect Aboriginal and Torres Strait Islander people's contexts.(107) It prompts exploration and examination across four domains – landscape factors, resources, ways of working, and learnings – to provide an overarching operating system in which to generate insights for future development of culturally relevant, effective, translatable and sustainable programs for Australia's growing and diverse Aboriginal and Torres Strait Islander populations.

Systems level

Systems need to improve their responsiveness in order to reduce the impact of family and community violence. Key actions at the systems level are at three sub-levels – policy, program and service provider.

At the policy sub-level, they include:

> employing Aboriginal and Torres Strait Islander people in leadership and decision-making (governance) roles

> involving Elders in all decision-making, and ensuring that they are appropriately remunerated

> shifting away from a 'one size fits all' approach to one that incorporates locally designed policies with locally based decision-making

> addressing uncertainties surrounding program funding and externally enforced compliance requirements

> addressing language barriers in all settings

> employing Indigenous liaison officers, including in the police service

> ensuring the cultural competence of non-Indigenous staff within all services, including in the police service

> formal accreditation, such as Certificate III or IV, for training undertaken by Aboriginal and Torres Strait Islander community researchers

> flexible services for families to allow them to stay together in their homes, where appropriate.

At the program sub-level, they include:

> shifting away from a 'one size fits all' approach to one that incorporates locally designed programs with locally based decision-making

> ensuring Aboriginal and Torres Strait Islander designed and led programs and activities that are trauma informed, focusing on rebuilding kinship and cultural concepts and healthy relationships.

At the service provider sub-level, they include:

> cultural awareness programs for non-Indigenous service providers

> education for non-Indigenous service providers about the context of family violence for Aboriginal and Torres Strait Islander people

> accredited training for service providers

> formal support services for service providers dealing with family and community violence

> ensuring that service provision is integrated, through all services liaising with and working respectfully with each other

> services for men, including in the context of services for families

> services for youth, including in the context of services for families

> training in mandatory reporting, according to requirements and categories in respective jurisdictions.

Examples of solutions at the systems level

The following examples offer some insights into activities effecting systems-level change:

Maranguka Justice Reinvestment Project

An impact assessment of the Maranguka Justice Reinvestment Project in Bourke, NSW, provides general information about changes at systems levels. The Justice Reinvestment approach aims to demonstrate that sustainable outcomes and savings can be achieved through redirecting funding from that of a crisis response involving incarceration of adults and youth as the only solution. Instead, these funds are relayed towards preventative, diversionary and community development initiatives that address the underlying causes – the social determinants – of crime. The Justice Reinvestment approach has delivered interlinked activities designed to create impact at different levels of the community and the justice system. This includes, importantly, Aboriginal leadership driving a grassroots movement for change among local community members, as well as facilitating collaboration and alignment across the service system, delivering new community based programs and service hubs, and working with justice agencies to evolve their procedures and behaviours towards a proactive and reinvestment model of community development.(104)

The Cowra Justice Reinvestment Project

This participatory research action project exploring Justice Reinvestment theory and methodology in Cowra, NSW, sought to gain understandings of the social determinants of incarceration within that community. (108) Within the broader framework of Justice Reinvestment as placed-based, an understanding of 'communities within communities' was important: it was emphasised that potential initiatives were not to be seen as the 'whole-of-community' observing an Indigenous problem. Instead, it was the whole (Indigenous and non-

Indigenous) community working together and observing issues affecting the whole community, including for its non-Indigenous members. In this way, the Cowra Indigenous community demonstrated leadership for the whole community. Further, community deliberations enabled stakeholders and researchers to estimate the total direct costs of incarcerating Cowra citizens for crimes which they, as a community, deemed 'JR-amenable' – that is, if there were community-based alternatives to imprisonment. In addressing the impacts of the formal criminal justice system in areas such as health, housing and employment, participants highlighted the need for comprehensive service mapping and service integration (e.g. mental health, drug and alcohol and sexual health), and a community partnership model to assist in avoiding duplication of services and to identify needs gaps. Other priorities identified were: (i) 'maintaining young people in education at all cost'; (ii) a suspension/ homework and after-school activities centre; (iii) mentoring programs and employment and skills development; (iv) community transport, so that citizens, particularly young people, can access services; and (v) personal safety and housing, including emergency accommodation and halfway houses and/or hostels for adults and young people returning from detention.(108)

Primary prevention level

Some participants recognised that unhealthy relationships are sometimes viewed as normal; this was starting from an early age. Although participants identified recent improvements in awareness and understanding of family and community violence, the findings indicate the need for more understanding of what constitutes family and community violence. Key actions at the primary prevention level include:

> education programs, starting at a young age, at individual, community and population levels that enhance understanding of family and community violence

> education programs that are culturally informed on the roles and responsibilities for women and men

> education and training about what constitutes healthy relationships

> culture strengthening activities and programs.

Examples of solutions at the primary prevention level

The following three examples offer some insights into effective primary prevention programs and activities:

The Strong Family Program

The Strong Family Program was developed to deliver reproductive and sexual health education to Aboriginal communities in New South Wales. Development of the program was based on an extensive consultation process with Aboriginal communities and sought to ensure leadership and involvement from Aboriginal communities. Program content and delivery was based on Aboriginal pedagogy and reflected Aboriginal cultural values. It was implemented in three communities, with two groups from each hosting Aboriginal youth and Elders in a yarning circle within the culturally respectful frameworks of 'men and boys' and 'women and girls' business.(97)

The ARDS Family Violence Project

The ARDS Family Violence Project worked with Yolŋu (Aboriginal) people of north-east Arnhemland in the communities of Milingimbi, Ramingining, Galiwin'ku, Gapuwiyak, Yirrkala and Gunyaŋara. The project built on previous education and resource development on family violence over several years, utilising the ARDS cycle of family violence radio plays and cycle of family violence poster 'nhaliy ŋayi ŋuli wiyin märramany', exploring parallels between family violence and the cycle of seasons. These were used in workshops to stimulate dialogue and discussion regarding this sensitive topic in a safe and non-threatening way, utilising the strengths and cultural knowledge inbuilt within the Yolŋu system of kinship (gurruṯu). This project is seen as one that has been highly successful at stimulating cross-cultural discussion in a safe and trauma informed way that begins from where people are comfortable before moving to difficult topics in a safe way.(103)

Young Luv

Young Luv was developed by the Aboriginal Family Violence Prevention and Legal Service Victoria. It is designed to encourage Aboriginal teenagers to think about healthy and respectful relationships at a stage in their lives when destructive patterns in relationships may have already been experienced or are becoming normalised. It engages Aboriginal teenagers in a culturally safe space where they can talk about and reflect on cultural strength, social media safety and the warning signs of controlling behaviours in relationships that so often lead to damaging experiences such as bullying and violence. The overarching message that emerged from the evaluation of Young Luv is that programs and initiatives which are designed to influence the attitudes and behaviours of Aboriginal teenage girls, such as Young Luv, must have the endorsement, approval and backing of the Aboriginal community.(96)

Early intervention

Any program or approach to reducing family and community violence needs to be underpinned by addressing intergenerational trauma. This requires being able to assess, and provide appropriate supports for, those affected by trauma. Key actions at the early intervention level include:

> services and safe places for men, women, and young people, including in the context of services for families

> services, including counselling, that are trauma informed and address intergenerational trauma

> programs that are focused on building and assessing executive function.

Executive function and self-regulation skills are the mental processes that enable people to plan, focus and maintain attention, remember instructions and multitask successfully.(109) Disruption to the appropriate development of executive function is caused by various forms of adverse life experience, including family and community violence. Bad experiences can also disrupt brain architecture and alter (dysregulate) how people respond to stressful stimuli. For young children and adults facing serious adversity, it is possible to improve their likelihood of success across multiple domains throughout life, using programs that combine attention to executive function and to reducing the sources of toxic stress.(48,110-112) Such programs are not necessarily specific to addressing family violence; they are often more holistic and include family and community violence as a component.

Lessons learned from programs that have successfully fostered executive functioning skills hold considerable promise for incorporation into home visiting, parent and family support programs. The literature suggests several approaches. However, programs based on building executive function within the Aboriginal and Torres Strait Islander context are limited and would, therefore, require development. Some programs in Australia have elements addressing executive function and addressing trauma, but these have often been funded short term, and evaluation has been limited.

Acute services

There is a need for acute services to provide optimal treatment for both victims and offenders. Key actions at the acute services level include:

> services that are trauma informed and address intergenerational trauma

> increased high-quality, accessible mental health services and alcohol and other drugs services

> development and implementation of tools for routine screening for experiences of, and use of, violence

> access to information, transport, free child care and translators,

> appropriate opening hours and emergency access

> refuges that allow multiple children, older children and male children to be with victims

> increased housing for homeless people and those exiting prison

> family centred services, sensitive to the unique needs of men, women and young people

> advocacy-based counselling for those currently experiencing family violence

> greater engagement with community

> respectful collaboration between services, in order to provide holistic care and appropriate pathways.

Examples of solutions at the early intervention and acute levels

The following three examples offer some insights into effective early intervention programs and activities:

The Family Wellbeing Program

The Family Wellbeing Program was developed in the early 1990s by a group of Indigenous leaders in Adelaide who had been affected by the Stolen Generations. It is enriched with material from complementary philosophies and empowerment principles and seeks to empower participants through personal transformation that involves harmonising physical, emotional, mental and spiritual aspects of life and applying this to practical, day-to-day living. Evaluation of the program showed that participants became aware that, for social change to occur, they needed to play greater leadership roles and maintain a positive attitude towards the possibility of change. Evaluations of the FWB have also consistently shown that as people become empowered through participation in the program, they are better able to deal with challenges such as child safety, the criminal justice system, housing, and community governance issues.(113)

Red Dust Healing

Red Dust Healing is a specific cultural healing program written from an Indigenous perspective. It aims to engage Indigenous men, women and families to recognise and confront problems, hurt and anger in their lives, stemming primarily from rejection and grief. The program makes use of visual holistic learning modules, linking Indigenous and non-Indigenous cultures, to help participants with their individual insights and the journey of personal growth and wellbeing. It includes individual case management plans and ongoing support for participants through reminders of the Red Dust Healing tools. It also involves a 'train the trainer' component, training individuals to enable them to run the Red Dust Healing program with their own community.(114)

The Australian Nurse Family Partnership Program

The Australian Nurse-Family Partnership Program (ANFPP) is a nurse-led home visiting program that supports women pregnant with an Aboriginal and/or Torres Strait Islander child to help them become the best mum possible. ANFPP mums are offered support and guidance during early pregnancy and on into their baby's infancy and toddlerhood. The ANFPP is an important early investment in the future of Aboriginal and Torres Strait Islander children in local communities. The program is a part of the Australian Government's commitment to improve the health of Aboriginal and Torres Strait Islander people, with particular focus on maternal health and early childhood development.(115)

A review conducted for ANROWS contains further information about appropriate models for addressing violence. In this study, Blagg et al concluded that Indigenous-led family violence initiatives usually share some common features, such as: Indigenous community leadership; willingness to work with and alongside men; building structures that are culturally, as well as physically, secure for women escaping violence and for those working within the organisation; developing policies and protocols intended to prevent lateral violence in the workplace; and developing trauma informed practice that acknowledges the intergenerational impact and legacy of government policies such as removing children from their families. Their work revealed that mainstream agencies and Indigenous women hold different notions of what constitutes an "integrated response", whereby mainstream practice focuses on an integrated criminal justice response that is designed to make the system more efficient and bring perpetrators to account, and integration occurs at the level of agencies. In comparison, Indigenous organisations look at integration in terms of a holistic response that focuses on prevention and integration with cultural health and healing families, with integration occurring at the level of place, with place-based responses beginning 'from the bottom upwards'.(40)

Study strengths and limitations

This report to government is not the only outcome of the study. The data belong to the communities. A critical step is to ensure that community members receive the study findings and can use them as they see fit. Chapter 2 outlined our original plan to visit the 18 participating communities with a draft report. After a few visits, this process was interrupted by the COVID-19 pandemic. At the time of writing, we are in the process of providing feedback via Zoom.

Our findings reflect contributions of community members and service providers from 18 communities across Australia. Another key strength of the study is the integration of qualitative and quantitative results with the published evidence to date, within a context of trust and openness demonstrated by the community members and service provider participants. This study was conducted within an action research framework, incorporating feedback and responses from participating communities.

While the study was not designed to be representative of the whole Aboriginal and Torres Strait Islander population, the findings generally align with other available evidence. The data were cross-sectional and time-specific, so caution should be applied to interpreting causal relationships between observed factors. For certain outcomes, numbers of events were small, limiting statistical power. Any conclusions should consider both the estimates and their confidence intervals.

Conclusion

This Aboriginal and Torres Strait Islander-led and governed research report voices the experiences and wisdom of Aboriginal and Torres Strait Islander community members and service providers across Australia on family and community violence. The results highlight the imperative for a system that listens and learns. It emphasises the importance of community-led initiatives to break the cycle of violence and to generate ongoing solutions, informed by the best evidence and evaluated appropriately. The findings speak to the strength, cultural richness and resilience of Aboriginal and Torres Strait Islander peoples and the enormous obligation and potential that all stakeholders have for building on these strengths to improve outcomes for current and future generations.

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APPENDIX 1:
GLOSSARY OF TERMS

Term	Description
Aboriginal Community Controlled Health Service	A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).
Aboriginal Community Controlled Organisation	An incorporated Aboriginal organisation, initiated, based in, and governed by the local Aboriginal community to deliver holistic and culturally appropriate services to the Aboriginal community that controls it.
Aboriginal Health Worker	Provide primary health care for Aboriginal and Torres Strait Islander clients. While a large majority are employed in Aboriginal Community Controlled Health Organisations or the Government Health Sector, many also work within mainstream services such as general practice and other non-government organisations. The Certificate IV in Aboriginal and/or Torres Strait Islander Health Care (Practice) is the qualification for registration as an Aboriginal and/or Torres Strait Islander Health Practitioner.
Aboriginal Land Councils	Represent Aboriginal affairs at State or Territory level, with the aim of protecting the interests and further aspirations of Aboriginal communities.
Aboriginal Legal Service	A community organisation which provides legal assistance to Aboriginal people; they are usually non-government services.
Aboriginal Liaison Officer (ALO)	Provide emotional, social and cultural support to Aboriginal and Torres Strait Islander patients and their families when they use the hospital (New South Wales, Western Australia). ALOs contribute to the implementation of the recommendations from the Royal Commission into Aboriginal Deaths in Custody. They work at designated prison and community corrections centres to help Aboriginal prisoners and offenders. They also act as a point of contact and a resource for families of Aboriginal prisoners and offenders. Aboriginal Liaison Officers are also called Hospital Liaison Officer (in QLD), Aboriginal and Torres Strait Islander Support Unit (in SA) and Aboriginal Health Liaison Officer (in WA).
Aboriginal Medical Service (AMS)	A health service funded principally to provide services to Aboriginal and Torres Strait Islander people. An AMS is not necessarily community controlled. Therefore, not all AMSs are eligible to be members of NACCHO and its affiliates. If an AMS is not community controlled, it will be a government health service run by a State or Territory government. These non-community controlled AMSs mainly exist in the Northern Territory and the northern part of Queensland.
Apprehended Violence Order (AVO)	Apprehended Violence Order (AVO) in NSW; Intervention Order in Victoria and South Australia; Domestic Violence Order (DVO) in Queensland, which can be a Temporary Protection Order or Protection Order; DVO or a Personal Violence Order (PVO) in the Northern Territory; Family Violence Restraining Order (FVRO) or Violence Restraining Order (VRO) in Western Australia; Family Violence Order, Restraint Order or Police Family Violence Order in Tasmania; DVO or Personal Protection Order (PPO) in the Australian Capital Territory.
Child Protection	The term is used to refer to government services including: Department of Child Safety (DOCS), Family & Community Services (FACS), Family Services, Child Safety, Child Wellbeing Unit, and Department of Health & Human Services (DHHS). The name of these services varies between states.
Clan	A local descent group based on family links through a common ancestry. A nation has several clans within it.

Term	Description
Community	Generally used to describe all the Aboriginal and Torres Strait Islander people living a specific location. They may be traditional owners or forcibly moved to the location, but they are part of the community. Many see themselves as belonging to more than one community, e.g. where their ancestral family is from, where they have family ties, where they work and/or where they live.
Community Development Program (CDP)	A remote-area 'Work for the Dole' Scheme.
Community policing	Aboriginal-led patrols which provide a safe means of transport home or to refuges or safehouses, with the aim of preventing or stopping harm and maintaining community safety. Community policing is also referred to as Night Patrol/Day Patrol/Community Patrol.
Country	When talking of 'Country', 'being on Country' or 'going out bush', many participants are referring to returning to their ancestral lands – usually to specific geographic locations. Country can be designated as Woman Country, Man Country, Sacred Sites etc. For some participants, Country can also refer to where a person grew up (perhaps on a mission, which is not on their traditional land) or to where they currently live, if they feel connection and belonging to that area.
Cultural Law/Lore	Aboriginal law (lore) is derived from the land and encompasses a totality of all aspects of social and economic life. It can be understood as a system of governance which provides guidelines for everyday living, including moral and practical rules which are passed on through songs, stories and dance. Australian law, on the other hand, is based on the ideologies associated with Western capitalism.
Culture	Culture or cultural activities means the history, knowledge, songs, languages, ceremonies, storylines, art, relationships, identity and traditions for that nation or people. Can also be used to refer to Aboriginal culture in general or events such as NAIDOC Week.
Elders	Elders can be older people in the community, recognised by the community as Elders either formally or informally; someone who is a custodian of knowledge and lore. Elders in a community are usually from the local mob. However, an Elder from another mob may be accepted as an Elder in the community in which they live. Some people may be referred to as Elders because of their age, but they may not be a recognised Elder. Elders can also be younger people who are handed the responsibility of being an Elder, representing their family.
Family	Family is spoken of in a context larger than parents and children. Family usually encompasses grandparents, parents, aunts, uncles, cousins and siblings. Family can also encompass those related under kinship systems and skin names.
Healing	Using culture and cultural knowledge to heal from trauma, personal and intergenerational, from colonisation. Healing is referred to in relation to healing programs, healing places and cultural healing. Usually conducted in healing programs involving yarning circles, personal and community counselling and ceremonies. Also includes reconnecting with family and learning lost culture. Healing is spoken of as needing to be separate for men and women and in a designated healing place on Country.
Humbugging	'Humbugging' is a term used in some Aboriginal Communities to describe interactions related to reciprocal rights and obligations between Community members, and driven by a perceived right rather than unsolicited giving, frequently resulting in excessive or unreasonable demands on some individuals who may be seen to have more resources than others. In everyday usage, it can be described as the feeling by individuals of 'people wanting stuff all the time'.
Koori	Koori/Koorie is a term derived from Aboriginal language and the name used by Aboriginal people in parts of NSW and Victoria when referring to themselves.

Term	Description
Koori Court	A court for Aboriginal and Torres Strait Islander people who have taken responsibility and pleaded guilty to a criminal offence. The Koori Court has been developed to reflect cultural issues and operate in a more informal way. You must choose to have your case heard in the Koori Court. In Koori Court, you will sit around a table – called the bar table – with the magistrate, Aboriginal Elders, a Koori Court officer, the prosecutor, community corrections officer, your lawyer and family members. Koori-owned and controlled agencies may also be in attendance in the courtroom, to contribute to the conversation and offer support. Everyone is encouraged to take part in a sentencing conversation by having a yarn and avoiding legal language. Aboriginal Elders or Respected Persons may give cultural advice to help the magistrate make a judgement that is culturally appropriate and helps reduce the likelihood of reoffending.
Mission	Missions (also referred to as 'the mish') or reserves, set up in the 19th Century by missionaries, where Aboriginal people where forced to live or removed to. Many missions are on the outskirts of towns and can hold either a traumatic history or fond memories.
Mob	Mob is the term most used to refer to a person's nation (for example, Yuin, Wiradjuri), family or clan group by Aboriginal people when speaking to other Aboriginal people. In Northern Australia and the Torres Strait Islands, 'tribe' is the preferred term.
Murri	Murri is a term derived from Aboriginal language and the name used by Aboriginal people in QLD and far northern NSW when referring to themselves.
Murri Court	Murri Court links Aboriginal and Torres Strait Islander defendants to cultural and support services to help them make changes in their lives and stop offending. Elders or Respected Persons from the community are in the courtroom to guide and encourage defendants and help magistrates understand more about defendants' personal and cultural circumstances. Murri Court is less formal than mainstream court, but the reprimands and/or punishments are comparable. Murri Courts are in Magistrates and Children's courts in Queensland.
Nation	Nation refers to a distinct cultural group of people associated with a specific area of land and its associated Country (which may cross state boundaries). For example, Yorta Yorta nation.
Perpetrator	A person, male or female, who uses violence against another person.
White fella	A Non-Indigenous person.
Youth	For this project, youth were categorised as being 16–17 years of age.

APPENDIX 2: SCOPING REVIEW OF LITERATURE (2016–2019)

This appendix outlines the methods the study team used to examine the recent literature to update the review conducted by Olsen and Lovett in 2016 (the 2016 review) which supported this report.

Family violence in Aboriginal and Torres Strait Islander communities has had increased research attention in the last three years. Illustrative of this increased attention is the fact that the 2016 review found 381 articles relating to its search terms; in 2019, the same search terms returned 8,177 results. We conducted a scoping review to capture relevant literature published between January 2016 and April 2019.

Search strategy

The review used the same search terms as the 2016 review:

(Aborigin* OR Indigenous OR Koori OR Murray Or First Nation OR community OR town camp OR remote OR mission) AND ('domestic violence' OR 'family violence' OR 'domestic and family violence' OR 'intimate partner violence' OR 'sexual assault') AND Australia.

The searches were limited to articles published since 1 January 2016 and in English.

Where a complex search was not possible, simple search terms were used: 'Family violence'/'violence' and 'Indigenous'/'Aboriginal.'

Online data bases searched included:

> ProQuest

> Applied Social Sciences Indexes and Abstracts (ASSIA)

> PAIS International

> ProQuest Social Science Journals

> Social Services Abstracts

> Sociological Abstracts

> Scopus

> Informit

> Australian Indigenous HealthInfoNet

> ANROWS

The databases included were based on those used in the 2016 literature review and the recommendations of ANU library staff. A few other sources were scanned for relevant articles, including: Web of Science, Lowitja Institute website, ANU Library.

Screening

Located articles were screened for inclusion. Articles were included if they were published in or after 2016 in English, with full text available, and contained empirical or theoretical evidence relevant to family violence against Aboriginal and Torres Strait Islander people. Certain types of publications were excluded, including conference presentations, newspaper, magazine and editorial articles and books.

Of the 8,177 references located, 45 were included for review after screening. Included articles were summarised and analysed for themes and content relevant to the research questions.

Further research

Some further research was conducted as the Report was drafted. This resulted in a further 17 articles being included in the review, to contextualise specific findings in the Report.

APPENDIX 3: CODING OF COMPOSITE VARIABLES

Psychological distress (modified Kessler-5)

A modified version of the Kessler-5 (K-5) was used to assess psychological distress. Participants were asked 'How often in the past 4 weeks did you feel… Worried?; Hopeless (have no hope); Restless or jumpy?; Like everything was an effort (have no energy)?; and Sad?' The response options for the Kessler items are: '*none of the time*' (1), '*a little of the time*' (2), '*some of the time*' (3), '*most of the time*' (4), and '*all of the time*' (5). The Kessler score can only be calculated when there are responses to all of the items in the scale; responses are summed to generate a score ranging between 5 and 25. Scores of 12–25 were categorised as 'high psychological distress'; 8–11 as 'moderate psychological distress'; and 5–7 as 'low psychological distress'.

Gender equity score

A similar approach to that used in the NCAS was used to measure gender-norm attitudes using a gender equity score. Participants were asked 'How much do you agree or disagree with the following statements?'

> When there are not enough jobs for everyone, men should get the jobs first and not women.

> An education is more important for a boy than a girl.

> A woman has to have children to be fulfilled.

> It's ok for a woman to have a child as a single parent and not want a stable relationship with a man. *(Reverse scored when creating composite variable)*

> Men should take control in relationships and be the head of the household.

> Women prefer a man to be in charge of the relationship.

The response options included: '*strongly agree (a lot)*' (1); '*agree (a little bit)*' (2); '*disagree (a fair bit)*' (3); '*strongly disagree (not at all)*' (4); and '*unsure*' (0). A gender equality score was calculated by summing the responses to all items which generated a score ranging between 6 and 24. The Gender Equality Scale was then divided into three categories: high, medium and low gender equity, based on the number of responses in each category. The lowest third of scores, ranging from 6 to 19, were classified as 'low gender equality'; the middle third of scores, ranging from 20 to 21, were classified as 'medium gender equality'; and the highest third of scores, ranging from 22 to 24, were classified as 'high gender equality'.

Family cohesion

Family Cohesion was measured using questions adapted from the Mayi Kuwayu Study. Participants were asked 'How much do these statements describe your family?'

> We get on together and cope in the hard times.

> We celebrate special days/events.

> We talk with each other about things that matter.

> We are always there for each other.

> We manage money well.

> We have common interests.

> People are accepted for who they are.

> We have good support from mob.

> We have family knowledge and traditions that we pass on to our children.

The response options included: '*a lot*' (4); '*a fair bit*' (3); '*A little bit*' (2); '*not at all*' (1); and '*unsure*' (0). Family Cohesion was calculated by summing the total responses, which generated a score between 9 and 27. A score of 9–19 is classified as 'low cohesion'; a score of 20–25 was classified as 'moderate cohesion'; and a score of 26–27 was classified as 'high cohesion'.

Community cohesion

Community Cohesion was measured using questions adapted from the Mayi Kuwayu Study. Participants were asked 'How much do these statements describe your Aboriginal and Torres Strait Islander community … (where you live now)?'

> There are people with cultural knowledge (cultural bosses or Elders) I can go to or yarn with.

> There are places for people to meet.

> There are leaders.

> We cope with problems.

> We work together.

The response options included: *'a lot'* (3); *'a fair bit or a little bit'* (2); *'not at all'* (1); and *'unsure'* (0). Community Cohesion was calculated by summing the total of the five questions, which generated a total between 5 and 15. A score of 5–9 was categorised as 'low cohesion'; a score of 10–12 was 'moderate cohesion'; and a score of 13–15 was categorised as 'high cohesion'.

Perceptions of what constitutes violence against women

Our approach was like that used in the NCAS to measure perceptions of what constitutes violence against women. Participants were asked 'Do you think it is family violence if one partner in the relationship …?'

> forces the other partner to have sex?

> tries to scare or control the other partner by threatening to hurt the children, other family members or pets?

> repeatedly criticises the other one to make them feel bad or useless?

> throws or smashes objects near the other partner to frighten or threaten them?

> controls the social life of the other partner by preventing them from seeing family and friends?

> tries to control the other partner by denying them money?

> shares private pictures/photos with others?

> harasses the other partner over the phone, by text, email or social media?

The response options included: *'always'* (1); *'usually'* (2); *'sometimes'* (3); *'unsure'* (4); and *'no'* (5). A composite variable was formed by summing scores across the eight items. A score of 8 was categorised as a 'high understanding of violence', representing responses of 'always' to each item. Scores of 9–31 were categorised as a 'moderate understanding'; and scores of 32–40 were categorised as a 'low understanding', reflecting most responses of 'no' and 'unsure' across the items.

Community problems

Participants were asked 'Are any of these a problem in the community where you live? Drinking too much alcohol?; Drugs?; and Sniffing?' The response options included *'a lot'* (4); *'a fair bit'* (3); *'a little bit'* (2); *'not at all'* (1); and *'unsure'* (0). These scores were summed to get a total between 3 and 12. A score of 3–5 was categorised as 'Not at all/ small problem'; a score of 6–8 was categorised as 'A little or fair bit/ moderate problem'; and a score of 9–12 was categorised as 'A lot/ big problem'.

In addition, participants were asked 'Are any of these a problem in the community where you live? Family violence?; and People fighting or not getting along?' The response options included *'a lot'* (4); *'a fair bit'* (3); *'A little bit'* (2); *'not at all'* (1); and *'unsure'* (0). These scores were summed to get a total between 2 and 8. A score of 2–4 was categorised as 'Not at all/ small problem'; a score of 5–6 was categorised as 'A little or fair bit/moderate problem'; and a score of 7–8 was categorised as 'A lot/big problem'.

Experiences of discrimination

Experiences of discrimination were measured using questions adapted from the Mayi Kuwayu Study. Participants were asked 'How often do these things happen to you in your community…?'

> I am treated with less respect than other people.

> I am given worse service than other people (including at restaurants, stores, Centrelink or housing).

> People act like I am not smart.

> People act like they are afraid of me.

> I am called names, insulted or yelled at.

> I am threated or harassed.

> I am followed around the shops.

> I am watched more closely than others at work or school.

> Police unfairly bother me.

The response options included *'a lot'* (4); *'a fair bit'* (3); *'A little bit'* (2); *'not at all'* (1); and *'unsure'* (0). The total score is calculated by summing responses to all nine items (range: 9 to 36) and is only created for participants with complete data across the items. A total score of 9 was classified as 'no discrimination'; a score of 10–14 was classified as 'moderate discrimination'; and a score of 15–36 was classified as 'high discrimination'.

APPENDIX 4: TABLES

Table 1: CMS: Number of surveys received/eligible, by levels of remoteness

	Number of surveys received	Number of surveys eligible
Remoteness		
Major city	198	197
Inner regional	344	343
Outer regional	439	431
Remote	283	254
Very remote	362	359
TOTAL	**1,626**	**1,584**

Table 2: CMS: Demographic characteristics of survey sample

Demographic characteristic	Number in sample	% of total sample
Remoteness		
Major city	197	12.4
Inner regional	343	21.7
Outer regional	431	27.2
Remote	254	16.0
Very remote	359	22.7
Age (years)		
16–17	79	5.0
18–24	235	14.8
25–39	446	28.2
40–49	298	18.8
≥50	384	24.2
... Not specified, ≥18	142	9.0
Gender		
Male	657	41.5
Female	926	58.5
Neither male nor female	1	0.1
Indigenous identification		
Aboriginal and/or Torres Strait Islander	1517	95.8
Family is Indigenous	67	4.2
Family money situation		
We run out of money or are spending more than we get	361	22.8
We have just enough	585	36.9
We have some or a lot of savings	489	30.9
Missing	149	9.4
Education completion		
No school or primary school	161	10.2
Year 10	783	49.4
Year 12 and beyond	609	38.5
Missing	31	2.0
Employment status		
Not in paid employment	811	51.2
In paid employment	570	36.0
Studying	64	4.0
Other	51	3.22
Missing	88	5.6

Table 3: CMS: Demographic characteristics of survey sample, by remoteness

	Distribution by remoteness category		
	Major city	Regional (inner & outer)	Remote (remote & very remote)
	% (n)	% (n)	% (n)
Age (years)			
16–17	4.1 (8)	6.7 (52)	3.1 (19)
18–24	11.2 (22)	14.9 (115)	16.0 (98)
25–39	22.8 (45)	30.4 (235)	27.1 (166)
40–49	22.3 (44)	17.6 (136)	19.3 (118)
≥50	28.4 (56)	26.9 (208)	19.6 (120)
Not specified, ≥18	11.2 (22)	3.6 (28)	15.0 (92)
Gender			
Male	41.6 (82)	44.2 (342)	38.0 (233)
Female	58.4 (115)	55.7 (431)	62.0 (380)
Neither male nor female	0.0 (0)	0.1 (1)	0.0 (0)
Indigenous Identification			
Aboriginal and/or Torres Strait Islander	96.5 (190)	94.2 (729)	97.6 (598)
Family is Indigenous	2.0 (4)	5.6 (43)	1.6 (10)
Family money situation			
We run out of money or spend more than we get	17.3 (34)	23.4 (181)	23.8 (146)
We have just enough	39.1 (77)	36.4 (282)	36.9 (226)
We have some or a lot of savings	36.0 (71)	30.6 (237)	29.5 (181)
Missing	7.6 (15)	9.6 (74)	9.8 (60)
Education completion			
No school or primary school	8.6 (17)	11.5 (89)	9.0 (55)
Year 10	43.2 (85)	51.0 (395)	49.4 (303)
Year 12 and beyond	46.2 (91)	35.7 (276)	39.5 (242)
Missing	2.0 (4)	1.8 (14)	2.1 (13)
Employment Status			
Not in paid employment	55.3 (109)	51.8 (401)	49.1 (301)
In paid employment	36.0 (71)	34.8 (269)	37.5 (230)
Studying	4.1 (6)	5.0 (39)	2.8 (17)
Other	2.0 (4)	4.0 (31)	2.6 (16)
Missing	2.5 (5)	4.4 (34)	8.0 (49)

Table 4: SPS: Demographic characteristics of participants

Demographic characteristic	Number in sample	% of total sample
Indigenous identification		
Aboriginal	32	32.7
Torres Strait Islander	1	1.0
Both Aboriginal and Torres Strait Islander	4	4.1
Non-Indigenous	61	62.2
Remoteness		
Major city	19	19.4
Regional	50	29.6
Remote	29	51.0
Gender		
Male	32	32.7
Female	66	67.3

Demographic characteristic	Number in sample	% of total sample
Age (years)		
20–29	11	11.8
30–39	11	11.8
40–49	32	34.4
50–59	26	28.0
≥60	13	14.0
Highest level of education		
No School	0	0.0
Primary School	0	0.0
Secondary School	9	9.1
Certificate or diploma	29	29.3
University degree	54	54.5
Job role		
CEO or Deputy CEO	10	10.1
Manager	29	29.3
Co-ordinator or Team leader	20	20.2
Health Professional	9	9.1
Aboriginal Health Worker	4	4.0
Case or Support worker	10	10.1
Engagement or Liaison worker	3	3.0
Administration	6	6.1
Other	8	8.1
Which type of service do you work for? (Multiple responses possible)		
Police	6	6.1
Legal service	5	5.1
Justice or correctional service	6	6.1
Family violence service	16	16.2
Family support service	26	26.3
Night patrol or community Patrol	4	4.0
Neighbourhood Centre	3	3.0
Land Council or Homeland Association	1	1.0
Prescribed body corporate	0	0.0
Women's service	20	20.2
Men's service	9	9.1
Health service	22	22.2
Rehab, Detox or Sobering Up	6	6.1
Counselling or mental health service	13	13.1
Shelter, refuge or hostel	6	6.1
Housing service	5	5.1
Homelessness service	12	12.1
Youth service	16	16.2
Other	20	20.2
Service's target population (Multiple responses possible)		
Aboriginal and/or Torres Strait Islander people	84	84.8
Non-Indigenous people	40	40.4
Percentage of Aboriginal and/or Torres Strait Islander clients/patients		
<10%	6	7.5
10–<25%	10	12.5
25–<50%	11	13.8
50–<75%	10	12.5

Demographic characteristic	Number in sample	% of total sample
75–<90%	7	8.8
≥90%	36	45.0
Target groups among Aboriginal and/or Torres Strait Islander patients/clients (Multiple responses possible)		
Women	69	82.1
Men	57	67.9
Young people	59	70.2
Children	57	67.9
People living in rural and/or remote areas	48	57.1
People living with a disability	35	41.7
Other	6	7.1

Table 5: SPS: Frequency of service contact with patients/clients experiencing and using violence, by domain of violence

	Frequency of Contact				
	Daily	Weekly	Monthly	Never	I don't know
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Patients'/clients' experience and use of violence					
Experience physical violence	38.4 (38/99)	38.4 (38/99)	7.1 (7/99)	3.0 (3/99)	13.1 (13/99)
Experience sexual violence	12.2 (12/98)	30.6 (30/98)	21.4 (21/98)	4.1 (4/98)	31.6 (31/98)
Experience emotional violence	43.4 (43/99)	35.4 (35/99)	6.1 (6/99)	3.0 (3/99)	12.1 (12/99)
Use physical violence	26.8 (26/97)	35.1 (34/97)	14.4 (14/97)	4.1 (4/97)	19.6 (19/97)
Use sexual violence	7.1 (7/98)	12.2 (12/98)	15.3 (15/98)	12.2 (12/98)	53.1 (52/98)
Use emotional violence	25.5 (25/98)	33.7 (33/98)	9.2 (9/98)	4.1 (4/98)	27.6 (27/98)

Table 6: CMS: Relationship of remoteness, age, gender to total gender-role attitudes scores

	Mean total score	High (versus low–moderate) gender equality score	
		% high score (n/N)	PR (95%CI)
OVERALL	**19.8**	**28.7 (278/969)**	**–**
Remoteness			
Major city	20.4	32.8 (41/125)	1 (ref)
Regional	20.3	35.4 (174/492)	1.09 (0.82,1.43)
Remote	19.0	17.9 (63/352)	0.54 (0.39,0.76)
Age (years)			
16–17	20.0	32.5 (13/40)	1.05 (0.66,1.68)
18–24	20.3	37.4 (52/139)	1.33 (1.02,1.74)
25–39	19.9	29.4 (86/293)	1 (ref)
40–49	19.9	25.3 (49/194)	0.89 (0.66,1.19)
≥50	19.8	27.4 (60/219)	0.94 (0.71,1.24)
≥18 unspecified	18.9	21.4 (18/84)	0.9 (0.58,1.39)
Gender			
Male	19.5	20.9 (79/378)	1 (ref)
Female	20.0	33.7 (199/590)	1.68 (1.34,2.09)

Note: Mutually adjusted for remoteness, age and gender. Excludes participants missing data on the outcome of interest.

Table 7: CMS: Relationship between individual/family/community factors and experience of violence ever (lifetime), and within last year

	Ever (versus never) experienced violence		Experienced (versus did not experience) violence within last year	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
INDIVIDUAL AND FAMILY LEVEL FACTORS				
Relationship status				
Partnered	58.0 (394/679)	1 (Ref)	17.4 (118/679)	1 (Ref)
Single	66.4 (484/729)	1.11 (1.02,1.21)	23.9 (174/729)	1.36 (1.10,1.68)
Widowed	56.9 (29/51)	0.95 (0.75,1.22)	17.7 (9/51)	1.21 (0.65,2.25)
Household overcrowding				
A lot	64.0 (55/86)	1 (Ref)	25.6 (22/86)	1 (Ref)
A little or fair bit	65.3 (291/446)	1.00 (0.85,1.18)	23.5 (105/446)	0.88 (0.59,1.33)
Not at all	60.2 (561/930)	0.88 (0.75,1.03)	18.5 (172/930)	0.72 (0.48,1.07)
Sleep in the same place most nights				
Never to some of the time	71.9 (151/210)	1 (Ref)	34.8 (73/210)	1 (Ref)
Most or all of the time	60.6 (760/1255)	0.86 (0.78,0.94)	18.3 (230/1255)	0.54 (0.44,0.68)
Education completion				
Less than Year 10	63.5 (94/148)	1 (Ref)	23.7 (35/148)	1 (Ref)
Year 10	61.0 (443/726)	0.97 (0.84,1.11)	20.0 (145/726)	0.76 (0.55,1.05)
Year 12 and beyond	63.1 (369/585)	0.99 (0.86,1.14)	20.2 (118/585)	0.71 (0.50,0.99)
Employment				
Not in paid employment	63.2 (474/750)	1 (Ref)	23.6 (177/750)	1 (ref)
In paid employment	60.2 (326/542)	0.96 (0.88,1.04)	15.7 (85/542)	0.66 (0.52,0.83)
Studying	60.3 (38/63)	0.96 (0.77,1.19)	22.2 (14/63)	0.87 (0.53,1.43)
Other	64.4 (29/45)	1.03 (0.83,1.28)	17.8 (8/45)	0.72 (0.38,1.36)
Family money situation				
We run out of money	70.2 (243/346)	1 (Ref)	23.1 (80/346)	1 (Ref)
We have just enough	61.2 (329/538)	0.86 (0.79,0.95)	19.9 (107/538)	0.82 (0.63,1.06)
We have some or a lot of savings	59.6 (276/463)	0.84 (0.76,0.93)	18.1 (84/463)	0.74 (0.57,0.98)
Welfare benefits				
Yes, but cut off or limited within the past year	77.7 (122/157)	1 (Ref)	33.8 (53/157)	1 (Ref)
Yes, stable within the past year	63.8 (345/541)	0.81 (0.73,0.90)	17.9 (97/541)	0.52 (0.40,0.70)
No welfare benefits	55.8 (344/616)	0.77 (0.69,0.86)	18.3 (113/616)	0.53 (0.40,0.70)
First language				
English (not also Aboriginal language)	64.2 (666/1038)	1 (Ref)	18.1 (188/1038)	1 (Ref)
Aboriginal or Torres Strait Islander language	57.0 (219/384)	1.08 (0.97,1.21)	25.3 (97/384)	1.58 (1.23,2.03)
I feel like I belong in my community				
Not at all	69.4 (77/111)	1 (Ref)	19.8 (22/111)	1 (Ref)
A little or fair bit	64.8 (343/529)	0.97 (0.85,1.11)	18.7 (99/529)	0.98 (0.64,1.48)
A lot	60.0 (336/560)	0.95 (0.83,1.09)	22.1 (124/560)	1.17 (0.78,1.77)
Life satisfaction				
Not at all to a fair bit	68.4 (590/863)	1 (Ref)	23.5 (203/863)	1 (Ref)
A lot	52.5 (305/581)	0.79 (0.72,0.86)	15.8 (92/581)	0.68 (0.54,0.85)
Family cohesion				
Low	71.1 (243/342)	1 (Ref)	21.4 (73/342)	1 (Ref)
Moderate	62.5 (262/419)	0.91 (0.82,1.00)	19.1 (80/419)	0.88 (0.66,1.17)
High	53.8 (232/431)	0.80 (0.72,0.89)	14.9 (64/431)	0.68 (0.50,0.92)

	Ever (versus never) experienced violence		Experienced (versus did not experience) violence within last year	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
Psychological distress (modified K5)				
High	72.4 (423/584)	1 (Ref)	26.9 (157/584)	1 (Ref)
Moderate	59.2 (263/444)	0.82 (0.75,0.89)	15.5 (69/444)	0.58 (0.45,0.75)
Low	43.1 (90/209)	0.61 (0.52,0.71)	7.2 (15/209)	0.27 (0.16,0.45)
Happy				
None or some of the time	75.9 (309/407)	1 (Ref)	27.8 (113/407)	1 (Ref)
All of the time	56.4 (572/1015)	0.78 (0.72,0.84)	17.2 (175/1015)	0.61 (0.50,0.75)
Pain				
All of the time	82.0 (146/178)	1 (Ref)	29.8 (53/178)	1 (Ref)
Some of the time	67.1 (453/675)	0.85 (0.77,0.93)	20.2 (136/675)	0.68 (0.52,0.90)
None of the time	48.1 (211/439)	0.62 (0.55,0.69)	15.5 (68/439)	0.50 (0.36,0.70)
General health				
Poor or fair	75.3 (271/360)	1 (Ref)	23.9 (86/360)	1 (Ref)
Good	61.1 (385/630)	0.85 (0.78,0.92)	18.7 (118/630)	0.73 (0.56,0.93)
Excellent or very good	53.3 (257/482)	0.73 (0.66,0.81)	20.5 (99/482)	0.78 (0.60,1.01)
Functional limitations				
Limited in activities	71.0 (338/476)	1 (Ref)	24.2 (115/476)	1 (Ref)
Not limited in activities	56.7 (497/877)	0.80 (0.74,0.87)	17.9 (157/877)	0.61 (0.49,0.77)
Gender-norm attitudes				
Low gender equality score	62.9 (200/318)	1 (Ref)	23.3 (74/318)	1 (Ref)
Moderate gender equality score	62.1 (210/338)	0.98 (0.87,1.10)	22.2 (75/338)	0.94 (0.71,1.24)
High gender equality score	66.2 (182/275)	0.98 (0.87,1.10)	16.7 (46/275)	0.67 (0.48,0.93)
Understanding of what constitutes violence				
Low understanding of violence	44.6 (66/148)	1 (Ref)	10.1 (15/148)	1 (Ref)
Moderate understanding of violence	64.6 (206/319)	1.37 (1.13,1.65)	24.1 (77/319)	2.32 (1.38,3.90)
High understanding of violence	68.5 (409/597)	1.43 (1.19,1.71)	17.6 (105/597)	1.70 (1.02,2.85)
Feeling of safety walking outside during the day				
Unsafe	80.8 (84/104)	1 (Ref)	40.4 (42/104)	1 (Ref)
Safe	61.6 (371/602)	0.80 (0.72,0.89)	20.3 (122/602)	0.52 (0.39,0.69)
Very safe	58.7 (404/688)	0.77 (0.69,0.86)	16.3 (112/688)	0.42 (0.31,0.56)
Feeling of safety walking outside after dark				
Unsafe	75.4 (313/415)	1 (Ref)	26.0 (108/415)	1 (Ref)
Safe	57.3 (294/513)	0.77 (0.70,0.84)	19.5 (100/513)	0.76 (0.59,0.97)
Very safe	45.6 (255/467)	0.73 (0.66,0.81)	15.2 (71/467)	0.59 (0.44,0.78)
Ever been afraid of a partner?				
Yes	94.5 (379/401)	1 (Ref)	35.9 (144/401)	1 (Ref)
No	50.9 (501/985)	0.51 (0.48,0.55)	14.6 (144/985)	0.37 (0.30,0.46)
How often did adults in your household ever slap, kick, or punch or beat each other up?				
More than once	88.6 (249/281)	1 (Ref)	25.3 (71/281)	1 (Ref)
Once	62.7 (52/83)	0.78 (0.66,0.92)	26.5 (22/83)	1.07 (0.71,1.60)
Never	51.2 (334/653)	0.61 (0.56,0.67)	17.5 (114/653)	0.67 (0.52,0.87)
Don't want to answer	57.4 (120/209)	0.70 (0.62,0.80)	19.4 (40/209)	0.75 (0.53,1.05)
Witnessed violence in the past year				
Monthly, weekly, or daily	75.8 (219/289)	1 (Ref)	30.8 (89/289)	1 (Ref)

	Ever (versus never) experienced violence		Experienced (versus did not experience) violence within last year	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
Once or a few times	66.5 (418/629)	0.86 (0.79,0.93)	23.2 (146/629)	0.75 (0.60,0.94)
Only heard about violence	56.7 (102/180)	0.75 (0.65,0.86)	12.2 (22/180)	0.38 (0.25,0.59)
Didn't witness or hear about violence in the past year	46.9 (159/339)	0.61 (0.54,0.70)	12.1 (41/339)	0.40 (0.28,0.56)
Experiences of discrimination				
High	79.3 (336/424)	1 (Ref)	31.6 (134/424)	1 (Ref)
Moderate	59.1 (266/450)	0.74 (0.67,0.81)	12.4 (56/450)	0.40 (0.30,0.53)
Low	40.0 (144/360)	0.53 (0.46,0.61)	11.1 (40/360)	0.35 (0.25,0.48)
Adverse child experiences: lived with someone who was mentally ill				
Yes	84.7 (322/380)	1 (Ref)	28.4 (108/380)	1 (Ref)
No	52.6 (469/892)	0.67 (0.62,0.72)	16.6 (148/892)	0.59 (0.47,0.74)
Adverse child experiences: lived with someone who was a problem drinker or alcoholic or drug abuser				
Yes	83.4 (432/518)	1 (Ref)	28.2 (146/518)	1 (Ref)
No	49.9 (401/804)	0.63 (0.58,0.68)	15.8 (127/804)	0.54 (0.44,0.67)
Adverse child experiences: lived with someone in contact with justice system				
Yes	85.7 (251/293)	1 (Ref)	28.7 (84/293)	1 (Ref)
No	54.9 (544/991)	0.68 (0.63,0.73)	17.2 (170/991)	0.58 (0.46,0.73)
Close family member arrested in the past year				
Yes	76.0 (352/463)	1 (Ref)	28.9 (134/463)	1 (Ref)
No	50.0 (341/675)	0.70 (0.64,0.76)	13.0 (88/675)	0.43 (0.33,0.55)
Individual contact with justice system				
Ever been in prison and/or youth detention	81.1 (210/259)	1 (Ref)	30.9 (80/259)	1 (Ref)
Never been in prison and/or youth detention	58.1 (699/1204)	0.73 (0.67,0.79)	18.2 (219/1204)	0.48 (0.38,0.61)
Problems at home relating to drugs and alcohol				
Yes, in the past year	79.1 (254/321)	1 (Ref)	33.6 (108/321)	1 (Ref)
No, not in the past year	48.6 (242/498)	0.60 (0.54,0.67)	14.5 (72/498)	0.45 (0.34,0.58)
Problems at home relating to gambling				
Yes, in the past year	80.9 (195/241)	1 (Ref)	33.2 (80/241)	1 (Ref)
No, not in the past year	56.5 (605/1070)	0.68 (0.63,0.74)	16.5 (176/1070)	0.48 (0.39,0.60)
Any family forcibly removed from Country/ Island				
Yes	79.9 (279/349)	1 (Ref)	24.1 (84/349)	1 (Ref)
No	55.3 (468/847)	0.75 (0.69,0.82)	17.8 (151/847)	0.71 (0.55,0.91)
Children taken away from close family member in the past year				
Yes	82.0 (200/244)	1 (Ref)	29.9 (73/244)	1 (Ref)
No	52.5 (441/840)	0.69 (0.63,0.75)	15.5 (130/840)	0.51 (0.39,0.66)
Do you get shaky if you don't have alcohol?				
Yes (in the past year, or more than a year ago)	82.8 (96/116)	1 (Ref)	30.2 (35/116)	1 (Ref)
No, do not get shaky (but do drink alcohol)	63.6 (521/819)	0.78 (0.71,0.86)	20.9 (171/819)	0.65 (0.48,0.88)
No, and have not used alcohol in the last year	53.3 (248/465)	0.65 (0.58,0.73)	16.8 (78/465)	0.55 (0.39,0.78)
Use of cocaine and amphetamine-type stimulants in the past year				
Ever	83.7 (108/129)	1 (Ref)	37.2 (48/129)	1 (Ref)
Never	59.3 (745/1257)	0.76 (0.69,0.83)	17.7 (223/1257)	0.45 (0.34,0.59)

	Ever (versus never) experienced violence		Experienced (versus did not experience) violence within last year	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
COMMUNITY-LEVEL FACTORS				
Community cohesion				
Low	66.9 (97/145)	1 (Ref)	20.0 (29/145)	1 (Ref)
Moderate	64.8 (300/463)	1.00 (0.87,1.13)	17.5 (81/463)	0.89 (0.61,1.30)
High	57.9 (261/451)	0.93 (0.81,1.06)	21.7 (98/451)	1.11 (0.77,1.61)
Outsiders have the final say in decisions about the community				
A lot (low self-determination)	63.7 (170/267)	1 (Ref)	23.6 (63/267)	1 (Ref)
A little or fair bit (moderate self-determination)	63.6 (267/420)	0.97 (0.87,1.08)	19.8 (83/420)	0.84 (0.63,1.13)
Not at all (high self-determination)	60.9 (216/355)	0.93 (0.83,1.05)	19.4 (69/355)	0.84 (0.62,1.15)
Problem with alcohol, drugs and/or sniffing in the community				
Big problem	65.9 (395/599)	1 (Ref)	21.7 (130/599)	1 (Ref)
Moderate problem	59.4 (211/355)	0.88 (0.80,0.97)	18.6 (66/355)	0.84 (0.64,1.10)
Small problem	56.5 (174/308)	0.84 (0.75,0.93)	18.8 (58/308)	0.85 (0.64,1.13)
Problem with gambling in the community				
A lot	60.3 (315/522)	1 (Ref)	20.5 (107/522)	1 (Ref)
A little or fair bit	66.8 (290/434)	1.08 (0.98,1.18)	20.7 (90/434)	1.04 (0.81,1.34)
Not at all	53.5 (138/258)	0.88 (0.77,1.00)	19.0 (49/258)	0.92 (0.67,1.25)
Problem with family violence or people fighting in the community				
Big problem	68.4 (268/392)	1 (Ref)	23.7 (93/392)	1 (Ref)
Moderate problem	68.1 (203/298)	0.97 (0.88,1.07)	24.5 (73/298)	1.01 (0.77,1.33)
Small problem	55.4 (253/457)	0.78 (0.70,0.87)	16.2 (74/457)	0.68 (0.51,0.89)
Problem with humbugging in the community				
Big problem	69.1 (293/424)	1 (Ref)	24.1 (102/424)	1 (Ref)
Moderate problem	65.5 (313/478)	0.92 (0.84,1.00)	18.4 (88/478)	0.80 (0.62,1.03)
Small problem	46.5 (132/284)	0.65 (0.57,0.74)	14.4 (41/284)	(0.43,0.84)

Note: Each exposure variable is analysed in a separate regression model. All models are adjusted for remoteness, age, and gender. Excludes participants missing data on the outcome of interest and those responding 'don't want to answer' for the violence outcomes. Responses of 'unsure' are coded as missing. See Appendix 3 for details on coding of composite variables.

Table 8: CMS: Relationship between individual/family/community factors and use of violence, by ever felt violent, ever arrested or convicted

	Ever versus never felt violent		Ever versus never arrested or convicted in relation to violence	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
INDIVIDUAL AND FAMILY LEVEL FACTORS				
Relationship status				
Partnered	29.0 (193/665)	1 (Ref)	16.0 (100/626)	1 (Ref)
Single	32.4 (219/676)	1.11 (0.94,1.30)	19.5 (125/640)	1.29 (1.02,1.62)
Widowed	25.0 (12/48)	1.01 (0.61,1.67)	10.6 (5/47)	1.02 (0.43,2.44)
Household overcrowding				
A lot	37.0 (30/81)	1 (Ref)	23.0 (17/74)	1 (Ref)
A little or fair bit	36.9 (157/426)	0.98 (0.71,1.34)	19.5 (77/394)	0.85 (0.53,1.36)
Not at all	26.8 (238/889)	0.70 (0.51,0.96)	16.0 (136/850)	0.70 (0.45,1.11)
Sleep in the same place most nights				
Never to some of the time	45.5 (91/200)	1 (Ref)	37.5 (66/176)	1 (Ref)
Most or all of the time	28.1 (336/1196)	0.63 (0.53,0.75)	14.3 (164/1144)	0.44 (0.35,0.55)

	Ever versus never felt violent		Ever versus never arrested or convicted in relation to violence	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
Education completion				
Less than Year 10	36.2 (50/138)	1 (Ref)	24.4 (31/127)	1 (Ref)
Year 10	32.7 (220/686)	0.88 (0.69,1.12)	22.6 (146/646)	0.91 (0.67,1.24)
Year 12 and beyond	26.8 (152/568)	0.74 (0.57,0.96)	9.6 (52/540)	0.39 (0.27,0.58)
Employment				
Not in paid employment	36.9 (256/694)	1 (Ref)	24.7 (159/644)	1 (Ref)
In paid employment	21.8 (117/538)	0.60 (0.49,0.72)	8.6 (45/522)	0.34 (0.25,0.46)
Studying	32.2 (19/59)	0.88 (0.59,1.32)	12.5 (7/56)	0.70 (0.35,1.37)
Other	23.9 (11/46)	0.69 (0.41,1.16)	10.5 (4/39)	0.52 (0.20,1.38)
Family money situation				
We run out of money	40.0 (133/333)	1 (Ref)	24.0 (74/308)	1 (Ref)
We have just enough	31.0 (157/506)	0.78 (0.65,0.94)	17.3 (86/497)	0.78 (0.60,1.02)
We have some or a lot of savings	24.5 (112/458)	0.60 (0.48,0.73)	12.1 (52/429)	0.51 (0.38,0.69)
Welfare benefits				
Yes, but cut off or limited within the past year	42.8 (62/145)	1 (Ref)	34.6 (47/136)	1 (Ref)
Yes, stable within the past year	30.1 (157/522)	0.73 (0.58,0.92)	19.1 (93/488)	0.62 (0.46,0.82)
No welfare benefits	26.7 (160/600)	0.63 (0.50,0.80)	10.3 (60/580)	0.34 (0.25,0.48)
First language				
English (not also Aboriginal language)	30.0 (301/1002)	1 (Ref)	19.5 (186/954)	1 (Ref)
Aboriginal or Torres Strait Islander language	30.9 (110/356)	1.18 (0.95,1.46)	13.5 (46/341)	0.86 (0.60,1.24)
I feel like I belong in my community				
Not at all	43.0 (46/107)	1 (Ref)	18.6 (19/102)	1 (Ref)
A little or fair bit	29.3 (147/502)	0.69 (0.54,0.89)	18.3 (87/476)	1.04 (0.70,1.56)
A lot	30.4 (165/543)	0.75 (0.59,0.96)	18.2 (94/516)	1.21 (0.81,1.80)
Life satisfaction				
Not at all to a fair bit	34.7 (285/822)	1 (Ref)	19.9 (153/769)	1 (Ref)
A lot	24.4 (136/557)	0.71 (0.60,0.84)	14.3 (77/538)	0.75 (0.59,0.95)
Family cohesion				
Low	36.2 (114/315)	1 (Ref)	20.9 (63/302)	1 (Ref)
Moderate	28.7 (118/411)	0.81 (0.66,1.00)	18.8 (74/394)	0.98 (0.74,1.30)
High	24.2 (103/426)	0.7 (0.56,0.87)	11.0 (44/401)	0.63 (0.44,0.88)
Psychological distress (modified K5)				
High psychological distress	40.8 (225/552)	1 (Ref)	22.0 (114/518)	1 (Ref)
Moderate psychological distress	24.7 (106/430)	0.58 (0.48,0.70)	16.3 (66/406)	0.66 (0.51,0.86)
Low psychological distress	10.8 (22/203)	0.26 (0.17,0.39)	11.8 (24/204)	0.50 (0.34,0.74)
Happy				
None or some of the time	41.6 (159/382)	1 (Ref)	24.3 (87/358)	1 (Ref)
All of the time	26.0 (254/977)	0.62 (0.53,0.72)	15.0 (139/929)	0.62 (0.50,0.78)
Pain				
All of the time	45.2 (76/168)	1 (Ref)	29.7 (47/158)	1 (Ref)
Some of the time	33.5 (218/651)	0.73 (0.60,0.89)	18.1 (109/601)	0.58 (0.44,0.76)
None of the time	19.0 (80/422)	0.40 (0.31,0.52)	12.7 (53/418)	0.40 (0.29,0.56)
General health				
Poor or fair	39.2 (133/339)	1 (Ref)	22.4 (72/322)	1 (Ref)
Good	30.3 (180/595)	0.74 (0.61,0.88)	16.7 (94/564)	0.71 (0.54,0.92)
Excellent or very good	24.6 (116/471)	0.60 (0.49,0.74)	14.9 (66/443)	0.63 (0.47,0.84)

	Ever versus never felt violent		Ever versus never arrested or convicted in relation to violence	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
Functional limitations				
Limited in activities	35.4 (157/443)	1 (Ref)	20.5 (88/429)	1 (Ref)
Not limited in activities	27.3 (234/856)	0.70 (0.58,0.83)	15.5 (125/806)	0.68 (0.53,0.88)
Gender-norm attitudes				
Low gender equality score	37.7 (113/300)	1 (Ref)	20.8 (58/279)	1 (Ref)
Moderate gender equality score	29.3 (96/328)	0.76 (0.61,0.95)	16.5 (52/315)	0.77 (0.56,1.05)
High gender equality score	21.3 (58/273)	0.55 (0.42,0.73)	11.0 (29/236)	0.55 (0.37,0.82)
Understanding of what constitutes violence				
Low understanding of violence	26.4 (38/144)	1 (Ref)	15.6 (21/135)	1 (Ref)
Moderate understanding of violence	36.1 (112/310)	1.39 (1.03,1.89)	20.2 (60/297)	1.42 (0.94,2.15)
High understanding of violence	26.7 (157/588)	1.01 (0.75,1.37)	16.2 (91/562)	1.19 (0.80,1.78)
Feeling of safety walking outside during the day				
Unsafe	52.6 (51/97)	1 (Ref)	30.8 (28/91)	1 (Ref)
Safe	32.0 (180/563)	0.62 (0.49,0.78)	16.8 (89/531)	0.52 (0.37,0.73)
Very safe	24.3 (164/674)	0.45 (0.35,0.57)	16.4 (107/651)	0.43 (0.31,0.60)
Feeling of safety walking outside after dark				
Unsafe	36.0 (141/392)	1 (Ref)	17.7 (66/373)	1 (Ref)
Safe	28.1 (137/487)	0.72 (0.59,0.88)	16.9 (78/461)	0.67 (0.50,0.90)
Very safe	26.5 (121/457)	0.65 (0.52,0.80)	18.4 (81/440)	0.63 (0.47,0.85)
Ever been afraid of a partner?				
Yes	43.5 (162/372)	1 (Ref)	26.5 (94/355)	1 (Ref)
No	26.1 (248/950)	0.51 (0.43,0.60)	14.7 (133/904)	0.37 (0.30,0.46)
How often did adults in your household ever slap, kick, or punch or beat each other up?				
More than once	49.8 (132/265)	1 (Ref)	29.7 (77/259)	1 (Ref)
Once	23.8 (19/80)	0.49 (0.32,0.74)	16.2 (12/74)	0.71 (0.41,1.22)
Never	22.8 (147/644)	0.48 (0.39,0.57)	11.3 (69/611)	0.47 (0.35,0.62)
Don't want to answer	36.3 (66/182)	0.74 (0.59,0.93)	20.7 (35/169)	0.75 (0.54,1.04)
Witnessed violence in the past year?				
Monthly, weekly, or daily	43.5 (126/290)	1 (Ref)	29.8 (79/265)	1 (Ref)
Once or a few times	34.3 (206/601)	0.77 (0.65,0.91)	18.2 (105/578)	0.56 (0.44,0.71)
Only heard about violence	18.8 (33/176)	0.46 (0.33,0.64)	11.5 (19/166)	0.44 (0.28,0.68)
Didn't witness or hear about violence in the past year	18.7 (58/311)	0.43 (0.33,0.57)	8.8 (26/295)	0.29 (0.19,0.44)
Individual experience of violence				
Never experienced violence	13.3 (67/503)	1 (Ref)	6.2 (30/481)	1 (Ref)
Ever experienced violence	41.7 (350/840)	3.12 (2.46,3.95)	24.7 (194/784)	3.45 (2.39,4.97)
Experiences of discrimination				
High	49.4 (198/401)	1 (Ref)	30.0 (112/373)	1 (Ref)
Moderate	23.0 (103/447)	0.48 (0.40,0.59)	12.7 (55/433)	0.45 (0.34,0.60)
Low	12.2 (42/345)	0.26 (0.19,0.35)	7.0 (23/330)	0.27 (0.18,0.41)
Adverse child experiences: lived with someone who was mentally ill				
Yes	44.5 (158/355)	1 (Ref)	26.8 (91/339)	1 (Ref)
No	23.9 (206/861)	0.56 (0.47,0.66)	13.6 (111/815)	0.62 (0.48,0.79)
Adverse child experiences: lived with someone who was a problem drinker or alcoholic or drug abuser				
Yes	43.9 (213/485)	1 (Ref)	27.1 (124/458)	1 (Ref)
No	21.9 (171/781)	0.51 (0.43,0.61)	11.2 (84/748)	0.50 (0.39,0.64)

	Ever versus never felt violent		Ever versus never arrested or convicted in relation to violence	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
Adverse child experiences: lived with someone in contact with justice system				
Yes	51.7 (139/269)	1 (Ref)	36.2 (94/260)	1 (Ref)
No	24.1 (231/958)	0.50 (0.42,0.59)	12.7 (116/916)	0.45 (0.35,0.57)
Close family member arrested in the past year				
Yes	44.9 (200/445)	1 (Ref)	31.7 (132/417)	1 (Ref)
No	21.1 (139/659)	0.47 (0.39,0.56)	8.6 (54/629)	0.31 (0.23,0.41)
Individual contact with justice system				
Ever been in prison and/or youth detention	55.2 (133/241)	1 (Ref)	—	—
Never been in prison and/or youth detention	25.4 (295/1163)	0.48 (0.40,0.56)	—	—
Problems at home relating to drugs and alcohol				
Yes, in the past year	45.2 (136/301)	1 (Ref)	27.6 (78/283)	1 (Ref)
No, not in the past year	24.5 (121/493)	0.55 (0.45,0.68)	8.9 (43/482)	0.36 (0.26,0.49)
Problems at home relating to gambling				
Yes, in the past year	50.0 (108/216)	1 (Ref)	34.2 (70/205)	1 (Ref)
No, not in the past year	25.5 (267/1045)	0.52 (0.44,0.62)	13.4 (134/998)	0.44 (0.35,0.56)
Any family forcibly removed from Country/Island				
Yes	39.9 (132/331)	1 (Ref)	27.9 (88/315)	1 (Ref)
No	24.5 (211/829)	0.67 (0.56,0.81)	13.0 (102/787)	0.55 (0.42,0.71)
Children taken away from close family member in the past year				
Yes	48.3 (110/228)	1 (Ref)	36.6 (79/216)	1 (Ref)
No	24.2 (199/823)	0.52 (0.44,0.63)	12.1 (95/785)	0.39 (0.30,0.50)
Do you get shaky if you don't have alcohol?				
Yes (in the past year, or more than a year ago)	65.1 (67/103)	1 (Ref)	48.4 (46/95)	1 (Ref)
No, do not get shaky (but do drink alcohol)	27.9 (222/797)	0.45 (0.37,0.54)	16.8 (129/767)	0.46 (0.35,0.61)
No, and have not used alcohol in the last year	26.3 (118/448)	0.45 (0.36,0.56)	11.2 (48/427)	0.38 (0.26,0.54)
Use of cocaine and amphetamine-type stimulants in the past year				
Ever	60.5 (72/119)	1 (Ref)	52.9 (54/102)	1 (Ref)
Never	26.9 (326/1214)	0.49 (0.41,0.59)	13.9 (162/1162)	0.41 (0.32,0.53)
COMMUNITY-LEVEL FACTORS				
Community cohesion				
Low	35.0 (48/137)	1 (Ref)	17.5 (22/126)	1 (Ref)
Moderate	30.6 (132/432)	0.89 (0.68,1.16)	18.4 (77/419)	1.12 (0.77,1.65)
High	29.6 (132/446)	0.90 (0.69,1.17)	15.0 (63/420)	1.05 (0.70,1.58)
Outsiders have the final say in decisions about the community				
A lot (low self-determination)	32.3 (84/260)	1 (Ref)	24.6 (60/244)	1 (Ref)
A little or fair bit (moderate self-determination)	31.3 (125/400)	0.94 (0.75,1.17)	17.5 (65/372)	0.68 (0.51,0.91)
Not at all (high self-determination)	29.8 (102/342)	0.92 (0.72,1.16)	14.2 (47/332)	0.58 (0.42,0.80)
Problem with alcohol, drugs and/or sniffing in the community				
Big problem	32.5 (187/576)	1 (Ref)	20.2 (112/554)	1 (Ref)
Moderate problem	30.9 (108/350)	0.92 (0.76,1.11)	16.7 (55/329)	0.75 (0.56,0.98)
Small problem	26.1 (77/295)	0.77 (0.61,0.96)	13.9 (39/280)	0.61 (0.44,0.84)

	Ever versus never felt violent		Ever versus never arrested or convicted in relation to violence	
	% ever (n/N)	PR (95%CI)	% ever (n/N)	PR (95%CI)
Problem with gambling in the community				
A lot	32.5 (163/502)	1 (Ref)	20.7 (101/487)	1 (Ref)
A little or fair bit	31.7 (132/416)	0.95 (0.78,1.14)	18.4 (72/392)	0.78 (0.60,1.02)
Not at all	25.9 (65/251)	0.78 (0.61,1.00)	9.3 (22/236)	0.47 (0.31,0.71)
Problem with family violence or people fighting in the community				
Big problem	37.0 (142/384)	1 (Ref)	24.2 (88/363)	1 (Ref)
Moderate problem	31.7 (91/287)	0.81 (0.66,1.01)	17.7 (48/272)	0.68 (0.50,0.91)
Small problem	25.5 (113/443)	0.63 (0.51,0.78)	13.6 (57/419)	0.46 (0.35,0.62)
Problem with humbugging in the community				
Big problem	38.6 (159/412)	1 (Ref)	24.6 (95/386)	1 (Ref)
Moderate problem	30.7 (140/456)	0.76 (0.64,0.91)	17.2 (74/430)	0.65 (0.50,0.85)
Small problem	20.4 (57/279)	0.51 (0.39,0.66)	8.6 (23/267)	0.22,0.51)

Note: Each exposure variable is analysed in a separate regression model. All models are adjusted for remoteness, age and gender. Excludes participants missing data on the outcome of interest and those responding 'don't want to answer' for the violence outcomes. Responses of 'unsure' are coded as missing. See Appendix 3 for details on coding of composite variables.

Table 9: CMS: Perceptions of what constitutes violence, by remoteness, gender, age group

| | 'Always' or 'usually' violence for each behaviour | | | | | | | | | | | | | | | | | High (versus low) understanding of violence | |
| | Force sex | | Scare by threatening others | | Criticise | | Scare by throwing objects | | Prevent from seeing family, friends | | Control by denying money | | Share private photos | | Harass using technology | | | |
	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)	%	PR (95%CI)
OVERALL	58.6		62.2		63.5		64.9		63.3		61.2		56.1		61.0		42.7	
Remoteness																		
Major city	71.8	1 (ref)	71.9	1 (ref)	74.9	1 (ref)	74.5	1 (ref)	74.3	1 (ref)	72.2	1 (ref)	67.4	1 (ref)	71.1	1 (ref)	53.0	1 (ref)
Regional	64.0	0.96 (0.92,1.00)	65.9	0.97 (0.93,1.01)	66.4	0.96 (0.92,1.00)	67.6	0.96 (0.92,1.00)	66.6	0.96 (0.92,1.00)	64.6	0.96 (0.92,1.00)	60.7	0.96 (0.92,1.01)	64.1	0.96 (0.92,1.00)	45.9	0.88 (0.75,1.03)
Remote	47.5	0.86 (0.82,0.90)	54.4	0.89 (0.85,0.94)	56.1	0.89 (0.85,0.93)	58.3	0.91 (0.87,0.95)	55.5	0.89 (0.85,0.93)	53.4	0.89 (0.85,0.93)	46.5	0.87 (0.83,0.92)	53.8	0.9 (0.85,0.94)	35.2	0.66 (0.55,0.79)
Age (years)																		
16–17	47.5	0.95 (0.88,1.02)	55.3	0.94 (0.88,1.02)	55.3	0.94 (0.87,1.02)	55.8	0.93 (0.87,1.01)	55.3	0.95 (0.88,1.02)	56.0	0.97 (0.90,1.04)	50.0	0.94 (0.87,1.02)	56.8	0.96 (0.89,1.04)	34.3	0.79 (0.57,1.11)
18–24	57.3	0.99 (0.94,1.04)	60.1	0.98 (0.94,1.03)	59.0	0.97 (0.93,1.02)	62.0	0.98 (0.93,1.03)	62.3	1 (0.95,1.05)	58.1	0.99 (0.94,1.04)	56.6	1 (0.95,1.05)	60.6	1 (0.95,1.05)	38.0	0.91 (0.74,1.12)
25–39	59.6	1 (ref)	63.7	1 (ref)	64.6	1 (ref)	66.4	1 (ref)	63.2	1 (ref)	60.8	1 (ref)	57.4	1 (ref)	61.8	1 (ref)	42.6	1 (ref)
40–49	61.1	1.01 (0.97,1.06)	65.6	1.02 (0.97,1.06)	67.3	1.02 (0.98,1.06)	66.4	1 (0.96,1.05)	65.0	1.01 (0.97,1.06)	64.1	1.02 (0.98,1.07)	58.2	1.01 (0.96,1.06)	66.0	1.03 (0.98,1.07)	49.1	1.17 (0.99,1.38)
≥50	59.1	0.99 (0.95,1.03)	61.4	0.98 (0.94,1.02)	65.0	0.98 (0.96,1.04)	65.9	0.99 (0.95,1.03)	64.4	1 (0.96,1.04)	62.5	1.01 (0.97,1.05)	54.8	0.98 (0.94,1.02)	58.5	0.98 (0.93,1.02)	43.9	1.02 (0.87,1.21)
≥18 unspecified	54.4	0.99 (0.93,1.05)	60.0	0.99 (0.94,1.05)	60.7	0.99 (0.93,1.05)	64.2	1 (0.94,1.06)	63.2	1.02 (0.96,1.08)	61.3	1.02 (0.96,1.08)	53.7	1 (0.94,1.06)	57.8	0.99 (0.93,1.05)	38.9	0.97 (0.77,1.23)
Gender																		
Males	55.6	1 (ref)	57.7	1 (ref)	58.2	1 (ref)	60.5	1 (ref)	57.1	1 (ref)	55.8	1 (ref)	54.2	1 (ref)	57.2	1 (ref)	38.8	1 (ref)
Females	60.7	1.04 (1.00,1.07)	65.4	1.05 (1.02,1.09)	67.3	1.06 (1.03,1.09)	68.0	1.05 (1.02,1.08)	67.7	1.07 (1.04,1.10)	65.1	1.06 (1.03,1.10)	57.4	1.03 (0.99,1.06)	63.7	1.05 (1.01,1.08)	45.4	1.18 (1.04,1.34)

Note: Mutually adjusted for remoteness, age, and gender. Excludes participants missing data on the outcome of interest. See Appendix 3 for details on coding of 'high understanding of violence.'

Table 10: CMS: Experience of violence, overall and by remoteness, gender, age group

	Total	Remoteness			Gender		Age (years)					
		Major City	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥50	≥18 unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
WITNESSING VIOLENCE												
Before age 18, how often were adults in the home violent?												
Never	52.6 (688)	51.5 (89/173)	51.6 (320/620)	54.3 (279/514)	50.6 (269/532)	54.0 (418/774)	52.5 (31/59)	60.0 (111/185)	50.8 (194/382)	46.2 (115/249)	53.7 (167/311)	57.9 (70/121)
Once	6.7 (87)	6.4 (11/173)	5.2 (32/620)	8.6 (44/514)	6.6 (35/532)	6.7 (52/774)	8.5 (5/59)	6.5 (12/185)	5.2 (20/382)	11.2 (28/249)	6.4 (20/311)	1.7 (2/121)
More than once	22.0 (287)	29.5 (51/173)	27.1 (168/620)	13.2 (68/514)	21.6 (115/532)	22.2 (172/774)	20.3 (12/59)	14.6 (27/185)	24.9 (95/382)	26.5 (66/249)	21.5 (67/311)	16.5 (20/121)
How often have you witnessed violence in the past year?												
Once or a few times	43.2 (658)	45.6 (87/191)	45.1 (334/741)	40.0 (237/593)	44.7 (284/635)	42.1 (374/889)	48.7 (38/78)	42.6 (98/230)	47.6 (208/437)	42.9 (121/282)	37.9 (136/359)	41.0 (57/139)
Monthly, weekly or daily	19.8 (302)	18.3 (35/191)	17.4 (129/741)	23.3 (138/593)	18.9 (120/635)	20.5 (182/889)	15.4 (12/78)	16.1 (37/230)	21.3 (93/437)	24.8 (70/282)	17.0 (61/359)	20.9 (29/139)
Only heard about violence	12.6 (192)	9.4 (18/191)	13.1 (97/741)	13.0 (77/593)	10.4 (66/635)	14.1 (125/889)	12.8 (10/78)	13.9 (30/230)	11.4 (50/437)	11.4 (32/282)	14.8 (53/359)	12.2 (17/139)
Didn't witness or hear about violence in the past year	24.5 (373)	26.7 (51/191)	24.4 (181/741)	23.8 (141/593)	26.0 (165/635)	23.4 (208/889)	23.1 (18/78)	28.3 (65/230)	19.7 (86/437)	20.9 (59/282)	30.4 (109/359)	25.9 (36/139)
EVER BEEN SCARED OF PARTNER?												
Never had a partner	4.9 (76)	2.1 (4/194)	4.5 (34/757)	6.6 (38/598)	5.4 (35/650)	4.6 (41/898)	24.7 (19/77)	8.7 (20/230)	3.4 (15/442)	3.1 (9/293)	1.6 (6/370)	5.1 (7/137)
Never scared of partner	68.4 (1060)	68.0 (132/194)	64.9 (491/757)	73.1 (437/598)	83.5 (543/650)	57.6 (517/898)	67.5 (52/77)	73.0 (168/230)	66.1 (292/442)	68.3 (200/293)	70.3 (260/370)	64.2 (88/137)
Ever scared of partner	26.7 (413)	29.9 (58/194)	30.7 (232/757)	20.6 (123/598)	11.1 (72/650)	37.9 (340/898)	7.8 (6/77)	18.3 (42/230)	30.5 (135/442)	28.7 (84/293)	28.1 (104/370)	30.7 (42/137)

PERSONAL EXPERIENCE OF VIOLENCE

Physical Violence

Has anyone ever?

	Total	Remoteness			Gender		Age (years)					
		Major City	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥50	≥18 unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
... shook, pushed, grabbed or thrown you?	36.1 (550)	49.7 (95/191)	44.5 (333/749)	20.9 (122/583)	33.3 (211/634)	38.1 (338/888)	30.7 (23/75)	29.4 (67/228)	40.7 (177/435)	40.0 (113/290)	34.4 (124/360)	34.1 (46/135)
... used or threatened to use a knife or gun or other weapon?	24.9 (379)	34.6 (66/191)	29.8 (223/749)	15.4 (90/583)	27.1 (172/634)	23.2 (206/888)	20.0 (15/75)	18.0 (41/228)	29.0 (126/435)	25.9 (75/290)	23.6 (85/360)	27.4 (37/135)
... hit you with a fist or object, kicked or bit you (or tried to)?	36.6 (557)	48.7 (93/191)	43.1 (323/749)	24.2 (141/583)	37.4 (238/634)	35.8 (318/888)	26.7 (20/75)	30.7 (70/228)	38.4 (167/435)	41.0 (119/290)	36.9 (133/360)	35.6 (48/135)
... confined or locked you in a room or other space (or tried to)?	12.5 (191)	19.9 (38/191)	16.7 (125/749)	4.8 (28/583)	10.3 (65/634)	14.1 (125/888)	14.7 (11/75)	7.0 (16/228)	15.2 (66/435)	13.8 (40/290)	10.6 (38/360)	14.8 (20/135)
Don't want to answer	10.6 (162)	7.3 (14/191)	7.9 (59/749)	15.3 (89/583)	10.9 (69/634)	10.5 (93/888)	4.0 (3/75)	8.3 (19/228)	11.3 (49/435)	13.8 (40/290)	11.4 (41/360)	7.4 (10/135)
None of these types of violence	37.2 (567)	27.8 (53/191)	32.8 (246/749)	46.0 (268/583)	36.3 (230/634)	38.0 (337/888)	48.0 (36/75)	44.7 (102/228)	32.4 (141/435)	31.4 (91/290)	37.2 (134/360)	46.7 (63/135)
Ever experienced any of these types of physical violence	52.1 (794)	64.9 (124/191)	59.3 (444/749)	38.8 (226/583)	52.8 (335/634)	51.6 (458/888)	48.0 (36/75)	46.9 (107/228)	56.3 (245/435)	54.8 (159/290)	51.4 (185/360)	45.9 (62/135)
Experienced any of these types of physical violence frequently	12.2 (145)	19.5 (31/159)	14.5 (87/599)	6.2 (27/434)	8.4 (41/490)	14.8 (104/702)	4.7 (3/64)	8.1 (15/186)	13.9 (47/338)	16.4 (35/213)	11.3 (32/284)	12.2 (13/107)
Experienced any of these types of physical violence in the last year	15.1 (198)	14.9 (26/174)	13.2 (88/665)	17.9 (84/470)	13.2 (71/537)	16.3 (126/771)	13.2 (9/68)	17.7 (36/203)	16.8 (63/376)	15.5 (37/239)	11.9 (36/303)	14.2 (17/120)

Emotional Violence

Has anyone ever?

	Total % (n)	Remoteness			Gender		Age (years)					
		Major City % (n/N)	Regional % (n/N)	Remote % (n/N)	Male % (n/N)	Female % (n/N)	16–17 % (n/N)	18–24 % (n/N)	25–39 % (n/N)	40–49 % (n/N)	≥50 % (n/N)	≥18 unspecified % (n/N)
… blamed you for causing their violent behaviour?	27.7 (419)	35.7 (66/185)	34.1 (254/746)	17.9 (99/581)	21.1 (132/627)	32.5 (287/884)	18.4 (14/76)	22.9 (53/231)	31.6 (137/433)	30.2 (86/285)	25.4 (90/354)	29.3 (39/133)
… tried to convince your family, children or friends that you are crazy, or turn them against you?	20.0 (302)	26.0 (48/185)	25.7 (192/746)	10.7 (62/581)	17.5 (110/627)	21.7 (192/884)	14.5 (11/76)	11.3 (26/231)	26.8 (116/433)	21.1 (60/285)	17.5 (62/354)	20.3 (27/133)
… followed you or hung around your home?	13.8 (208)	16.8 (31/185)	17.8 (133/746)	7.6 (44/581)	8.1 (51/627)	17.7 (156/884)	9.2 (7/76)	10.0 (23/231)	16.0 (69/433)	17.2 (49/285)	11.6 (41/354)	14.3 (19/133)
… threatened to harm or kill you, your family, children, friends or pets?	18.7 (282)	22.7 (42/185)	24.3 (181/746)	10.2 (59/581)	16.1 (101/627)	20.4 (180/884)	13.2 (10/76)	12.1 (28/231)	22.4 (97/433)	22.1 (63/285)	16.4 (58/354)	19.6 (26/133)
… harassed you over the phone, by text, email or social media?	21.2 (321)	27.6 (51/185)	28.3 (211/746)	10.2 (59/581)	16.8 (105/627)	24.3 (215/884)	21.1 (16/76)	18.2 (42/231)	28.4 (123/433)	20.0 (57/285)	15.3 (54/354)	21.8 (29/133)
… told you that you are crazy, stupid or not good enough?	23.4 (353)	31.9 (59/185)	30.8 (230/746)	11.0 (64/581)	18.8 (118/627)	26.5 (234/884)	21.1 (16/76)	18.2 (42/231)	29.1 (126/433)	23.2 (66/285)	19.8 (70/354)	24.8 (33/133)
… tried to keep you from seeing or talking to your friends?	18.3 (277)	22.2 (41/185)	25.6 (191/746)	7.8 (45/581)	12.6 (79/627)	22.4 (198/884)	13.2 (10/76)	14.7 (34/231)	24.3 (105/433)	18.3 (52/285)	15.3 (54/354)	16.5 (22/133)
… kept you from having access to a job, money or credit cards?	9.2 (139)	12.4 (23/185)	11.9 (89/746)	4.7 (27/581)	6.2 (39/627)	11.3 (100/884)	6.6 (5/76)	5.6 (13/231)	11.3 (49/433)	10.2 (29/285)	8.8 (31/354)	9.0 (12/133)

	Total	Remoteness			Gender		Age (years)					
		Major City	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥50	≥18 unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Don't want to answer	12.4 (188)	7.0 (13/185)	9.1 (68/746)	18.4 (107/581)	13.9 (87/627)	11.4 (101/884)	11.8 (9/76)	10.0 (23/231)	13.2 (57/433)	14.4 (41/285)	12.4 (44/354)	10.5 (14/133)
None of these types of violence	39.6 (599)	34.1 (63/185)	34.7 (259/746)	47.7 (277/581)	41.8 (262/627)	38.1 (337/884)	46.1 (35/76)	47.6 (110/231)	32.8 (142/433)	36.5 (104/285)	42.6 (151/354)	42.9 (57/133)
Ever experienced any of these types of emotional violence	48.0 (725)	58.9 (109/185)	56.2 (419/746)	33.9 (197/581)	44.3 (278/627)	50.5 (446/884)	42.1 (32/76)	42.4 (98/231)	54.0 (234/433)	49.1 (140/285)	44.9 (159/354)	46.6 (62/133)
Experienced any of these types of emotional violence frequently	13.6 (160)	22.4 (34/152)	15.3 (91/596)	8.1 (35/430)	7.6 (37/488)	17.8 (123/689)	6.0 (4/66)	7.5 (14/186)	16.1 (54/335)	16.9 (36/213)	13.3 (37/278)	15.0 (15/100)
Experienced any of these types of emotional violence in the last year	16.6 (211)	17.5 (29/166)	16.3 (106/653)	16.7 (76/456)	14.9 (77/518)	17.7 (134/756)	13.9 (9/65)	19.3 (39/202)	20.1 (73/363)	15.1 (35/231)	11.1 (33/298)	19.0 (22/116)
Sexual violence												
Has someone ever?												
… tried to or forced you to have sex?	9.8 (143)	16.2 (29/179)	12.0 (87/726)	5.0 (27/550)	5.6 (34/608)	12.8 (108/846)	2.6 (2/76)	8.6 (19/222)	11.3 (48/426)	10.7 (28/263)	9.2 (31/338)	11.5 (15/130)
… made you perform sex acts that you did not want to perform?	7.1 (103)	11.7 (21/179)	9.4 (68/726)	2.3 (14/550)	3.8 (23/608)	9.3 (79/846)	1.3 (1/76)	5.4 (12/222)	8.2 (35/426)	7.6 (20/263)	6.5 (22/338)	10.0 (13/130)
Don't want to answer	13.9 (202)	6.7 (12/179)	11.2 (80/726)	20.0 (110/550)	12.5 (76/608)	14.9 (126/846)	10.5 (8/76)	11.3 (25/222)	13.9 (59/426)	14.8 (39/263)	16.3 (55/338)	12.3 (16/130)
None of these types of violence	67.6 (984)	65.9 (118/179)	67.6 (491/726)	68.2 (375/550)	73.5 (447/608)	63.5 (537/846)	80.3 (61/76)	72.5 (161/222)	65.5 (279/426)	66.9 (176/263)	64.8 (219/338)	67.7 (88/130)
Ever experienced any of these types of sexual violence	18.5 (269)	27.4 (49/179)	21.4 (155/726)	11.8 (65/550)	14.0 (85/608)	21.6 (183/846)	9.2 (7/76)	16.2 (36/222)	20.7 (88/426)	18.3 (48/263)	18.9 (64/338)	20.0 (26/130)
Experienced any of these types of sexual violence frequently	3.6 (41)	7.8 (12/153)	3.9 (23/590)	1.5 (6/408)	1.4 (7/498)	5.2 (34/652)	0.0 (0/65)	1.1 (2/187)	3.8 (13/341)	5.9 (12/202)	3.6 (9/250)	4.7 (5/106)

	Total	Remoteness			Gender			Age (years)				
		Major City	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥50	≥18 unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Experienced any of these types of sexual violence in the last year	5.0 (61)	6.8 (11/163)	4.8 (30/629)	4.7 (20/424)	3.3 (17/519)	6.2 (43/696)	4.5 (3/67)	7.2 (14/194)	6.7 (24/360)	3.7 (8/218)	2.6 (7/269)	4.6 (5/108)
Any of these types of violence												
Experienced any of these types of violence	59.1 (917)	71.4 (137/192)	66.5 (507/762)	45.7 (273/597)	59.0 (381/646)	59.2 (535/904)	57.9 (44/76)	54.3 (126/232)	64.4 (286/444)	60.8 (177/291)	56.6 (210/371)	54.0 (74/137)
Don't want to answer	4.8 (74)	2.1 (4/192)	3.0 (23/762)	7.9 (47/597)	4.8 (31/646)	4.8 (43/904)	1.3 (1/76)	1.3 (3/232)	5.6 (25/444)	5.5 (16/291)	5.9 (22/371)	5.1 (7/137)
None of these types of violence across domains	36.1 (560)	26.6 (51/192)	30.5 (232/762)	46.4 (277/597)	36.2 (234/646)	36.1 (326/904)	40.8 (31/76)	44.4 (103/232)	30.0 (133/444)	33.7 (98/291)	37.5 (139/371)	40.9 (56/137)
Experienced any of these types of violence frequently	14.1 (219)	20.8 (40/192)	16.9 (129/762)	8.4 (50/597)	9.8 (63/646)	17.3 (156/904)	7.9 (6/76)	10.8 (25/232)	16.9 (75/444)	16.5 (48/291)	12.4 (46/371)	13.9 (19/137)
Experienced any of these types of violence in the last year	19.6 (304)	22.4 (43/192)	18.8 (143/762)	19.8 (118/597)	17.5 (113/646)	21.0 (190/904)	19.7 (15/76)	24.6 (57/232)	23.0 (102/444)	17.9 (52/291)	14.0 (52/371)	19.0 (26/137)
Number of domains												
0 domains	36.1 (560)	26.6 (51/192)	30.5 (232/762)	46.4 (277/597)	36.2 (234/646)	36.1 (326/904)	40.8 (31/76)	44.4 (103/232)	30.0 (133/444)	33.7 (98/291)	37.5 (139/371)	40.9 (56/137)
1 domain	18.0 (279)	19.3 (37/192)	17.9 (136/762)	17.8 (106/597)	21.5 (139/646)	15.5 (140/904)	26.3 (20/76)	16.8 (39/232)	18.5 (82/444)	17.9 (52/291)	17.5 (65/371)	15.3 (21/137)
2 domains	26.1 (405)	28.7 (55/192)	30.3 (231/762)	19.9 (119/597)	25.9 (167/646)	26.3 (238/904)	22.4 (17/76)	25.4 (59/232)	28.6 (127/444)	27.5 (80/291)	24.8 (92/371)	21.9 (30/137)
3 domains	15.0 (233)	23.4 (45/192)	18.4 (140/762)	8.0 (48/597)	11.6 (75/646)	17.4 (157/904)	9.2 (7/76)	12.1 (28/232)	17.3 (77/444)	15.5 (45/291)	14.3 (53/371)	16.8 (23/137)

Table 11: CMS: Relationship between demographic factors and ever/recent/frequent personal experience of violence, by domain of violence and overall

	Ever versus never experienced violence		Experienced versus did not experience violence in past year		Experienced versus did not experience frequent violence	
	% (n/N)	PR (95%CI)	% (n/N)	PR (95%CI)	% (n/N)	PR (95%CI)
PHYSICAL VIOLENCE						
Remoteness						
Major city	70.1 (124/177)	1 (ref)	14.9 (26/174)	1 (ref)	19.5 (31/159)	1 (ref)
Regional	64.4 (444/690)	0.92 (0.82,1.03)	13.2 (88/665)	0.85 (0.57,1.28)	14.5 (87/599)	0.79 (0.55,1.14)
Remote	45.8 (226/494)	0.66 (0.57,0.75)	17.9 (84/470)	1.15 (0.77,1.73)	6.2 (27/434)	0.31 (0.19,0.50)
Age (years)						
16–17	50.0 (36/72)	0.76 (0.60,0.97)	13.2 (9/68)	0.85 (0.44,1.64)	4.7 (3/64)	0.34 (0.11,1.05)
18–24	51.2 (107/209)	0.82 (0.71,0.96)	17.7 (36/203)	1.07 (0.74,1.55)	8.1 (15/186)	0.62 (0.36,1.07)
25–39	63.5 (245/386)	1 (ref)	16.8 (63/376)	1 (ref)	13.9 (47/338)	1 (ref)
40–49	63.6 (159/250)	1.0 (0.89,1.13)	15.5 (37/239)	0.93 (0.64,1.36)	16.4 (35/213)	1.17 (0.79,1.75)
≥50	58.0 (185/319)	0.9 (0.80,1.01)	11.9 (36/303)	0.72 (0.49,1.06)	11.3 (32/284)	0.76 (0.51,1.15)
≥18 unspecified	49.6 (62/125)	0.86 (0.71,1.03)	14.2 (17/120)	0.78 (0.48,1.27)	12.2 (13/107)	1.09 (0.62,1.90)
Gender						
Male	59.3 (335/565)	1 (ref)	13.2 (71/537)	1 (ref)	8.4 (41/490)	1 (ref)
Female	57.6 (458/795)	0.98 (0.90 1.07)	16.3 (126/771)	1.22 (0.93,1.59)	14.8 (104/702)	1.81 (1.28,2.54)
EMOTIONAL VIOLENCE						
Remoteness						
Major city	63.4 (109/172)	1 (ref)	17.5 (29/166)	1 (ref)	22.4 (34/152)	1 (ref)
Regional	61.8 (419/678)	0.98 (0.86,1.12)	16.2 (106/653)	0.91 (0.62,1.33)	15.3 (91/596)	0.76 (0.54,1.06)
Remote	41.6 (197/474)	0.65 (0.55,0.76)	16.7 (76/456)	0.89 (0.61,1.32)	8.1 (35/430)	0.36 (0.23,0.55)
Age (years)						
16–17	47.8 (32/67)	0.75 (0.58,0.98)	13.9 (9/65)	0.71 (0.37,1.34)	6.1 (4/66)	0.4 (0.15,1.08)
18–24	47.1 (98/208)	0.78 (0.66,0.92)	19.3 (39/202)	0.97 (0.69,1.38)	7.5 (14/186)	0.5 (0.29,0.88)
25–39	62.23 (234/376)	1 (ref)	20.1 (73/363)	1 (ref)	16.1 (54/335)	1 (ref)
40–49	57.4 (140/244)	0.93 (0.82,1.06)	15.2 (35/231)	0.75 (0.52,1.09)	16.9 (36/213)	1.04 (0.71,1.51)
≥50	51.3 (159/310)	0.81 (0.71,0.93)	11.1 (33/298)	0.55 (0.37,0.80)	13.3 (37/278)	0.8 (0.54,1.16)
≥18 unspecified	52.1 (62.119)	0.94 (0.78,1.13)	19.0 (22/116)	0.94 (0.61,1.45)	15.0 (15/100)	1.04 (0.63,1.72)
Gender						
Male	51.5 (278/540)	1 (ref)	14.9 (77/518)	1 (ref)	7.6 (37/488)	1 (ref)
Female	57.0 (446/783)	1.12 (1.01,1.24)	17.7 (134/756)	1.18 (0.91,1.53)	17.9 (123/689)	2.37 (1.68,3.35)

	Ever versus never experienced violence		Experienced versus did not experience violence in past year		Experienced versus did not experience frequent violence	
	% (n/N)	PR (95%CI)	% (n/N)	PR (95%CI)	% (n/N)	PR (95%CI)
SEXUAL VIOLENCE						
Remoteness						
Major city	29.3 (49/167)	1 (ref)	6.8 (11/163)	1 (ref)	7.8 (12/153)	1 (ref)
Regional	24.0 (155/646)	0.84 (0.64,1.10)	4.8 (30/629)	0.63 (0.32,1.25)	3.9 (23/590)	0.57 (0.30,1.08)
Remote	14.8 (65/440)	0.49 (0.35,0.68)	4.7 (20/424)	0.61 (0.30,1.24)	1.5 (6/408)	0.18 (0.07,0.49)
Age (years)						
16–17	10.3 (7/68)	0.43 (0.20,0.89)	4.5 (3/67)	0.74 (0.23,2.42)	0.0 (0/0)	*
18–24	18.3 (36/197)	0.8 (0.57,1.13)	7.2 (14/194)	1.16 (0.61,2.19)	1.1 (2/187)	0.31 (0.07,1.35)
25–39	24.0 (88/367)	1 (ref)	6.7 (24/360)	1 (ref)	3.8 (13/341)	1 (ref)
40–49	21.4 (48/224)	0.9 (0.66,1.22)	3.7 (8/218)	0.56 (0.25,1.24)	5.9 (12/202)	1.53 (0.71,3.29)
≥50	22.6 (64/283)	0.9 (0.68,1.19)	2.6 (7/269)	0.39 (0.17,0.88)	3.6 (9/250)	0.85 (0.38,1.93)
≥18 unspecified	22.8 (26/114)	1.08 (0.73,1.58)	4.6 (5/108)	0.69 (0.27,1.76)	4.7 (5/106)	1.39 (0.53,3.61)
Gender						
Male	16.0 (85/532)	1 (ref)	3.3 (17/519)	1 (ref)	1.4 (7/498)	1 (ref)
Female	25.4 (183/720)	1.59 (1.26,2.00)	6.2 (43/696)	1.91 (1.11,3.31)	5.2 (34/652)	3.68 (1.65,8.23)
ANY VIOLENCE						
Remoteness						
Major city	72.9 (137/188)	1 (ref)	22.9 (43/188)	1 (ref)	21.3 (40/188)	1 (ref)
Regional	68.6 (507/739)	0.94 (0.85,1.04)	19.4 (143/739)	0.81 (0.60,1.10)	17.5 (129/739)	0.85 (0.62,1.16)
Remote	49.6 (273/550)	0.68 (0.60,0.77)	21.5 (118/550)	0.89 (0.65,1.21)	9.1 (50/550)	0.41 (0.28,0.61)
Age (years)						
16–17	58.7 (44/75)	0.83 (0.68,1.01)	20.0 (15/75)	0.86 (0.53,1.39)	8.0 (6/75)	0.44 (0.20,0.99)
18–24	55.0 (126/229)	0.82 (0.72,0.94)	24.9 (57/229)	1.04 (0.78,1.38)	10.9 (25/229)	0.66 (0.43,1.00)
25–39	68.3 (286/419)	1 (ref)	24.3 (102/419)	1 (ref)	17.9 (75/419)	1 (ref)
40–49	64.4 (177/275)	0.95 (0.85,1.05)	18.9 (52/275)	0.78 (0.58,1.05)	17.5 (48/275)	0.99 (0.72,1.37)
≥50	60.2 (210/349)	0.87 (0.78,0.96)	14.9 (52/349)	0.61 (0.45,0.83)	13.2 (46/349)	0.7 (0.50,0.98)
≥18 unspecified	56.9 (74/130)	0.91 (0.77,1.06)	20.0 (26/130)	0.79 (0.54,1.17)	14.6 (19/130)	0.94 (0.60,1.47)
Gender						
Male	62.0 (381/615)	1 (ref)	18.4 (113/615)	1 (ref)	10.2 (63/615)	1 (ref)
Female	62.1 (535/861)	1.01 (0.94,1.10)	22.1 (190/861)	1.2 (0.98,1.48)	18.1 (156/861)	1.79 (1.36,2.34)

Note: Mutually adjusted for remoteness, age, and gender. Excludes participants missing data on the outcome of interest and those responding 'don't want to answer' for the violence outcomes.

Table 12: CMS: Lifetime experience of violence by partner/family members/ someone known/someone unknown, by violence domain, overall and remoteness, gender, age group

	Perpetrator of violence		
	Partner or family member	Someone known (not family)	Someone unknown
	% (n)	% (n)	% (n)
Any physical violence (N=1210)	34.0 (411)	17.2 (208)	9.3 (113)
Any emotional violence (N=1173)	33.2 (390)	16.2 (190)	5.7 (67)
Any sexual violence (N=1170)	9.6 (112)	5.4 (63)	2.6 (30)
PHYSICAL VIOLENCE			
Remoteness			
Major city (N=166)	43.4 (72)	18.7 (31)	16.9 (28)
Regional (N=612)	38.2 (234)	19.1 (117)	10.8 (66)
Remote (N=432)	24.3 (105)	13.9 (60)	4.4 (19)
Gender			
Males (N=491)	23.4 (115)	24.4 (120)	17.9 (88)
Females (N=718)	41.1 (295)	12.3 (88)	3.5 (25)
Age (years)			
16–17 (N=65)	23.8 (15)	16.9 (11)	10.8 (7)
18–24 (N=184)	25.0 (16)	18.5 (34)	10.3 (194)
25–39 (N=348)	37.4 (130)	20.1 (70)	11.8 (41)
40–49 (N=215)	38.1 (82)	17.7 (38)	9.3 (20)
≥50 (N=287)	36.2 (104)	13.9 (40)	6.6 (19)
≥18 unspecified (N=111)	30.6 (34)	13.5 (15)	6.3 (7)
EMOTIONAL VIOLENCE			
Remoteness			
Major city (N=156)	44.9 (70)	15.4 (24)	9.6 (15)
Regional (N=602)	39.5 (238)	19.3 (116)	6.2 (37)
Remote (N=415)	19.8 (82)	12.1 (50)	3.6 (15)
Gender			
Males (N=478)	22.2 (105)	21.8 (104)	10.3 (49)
Females (N=694)	40.9 (284)	12.3 (85)	2.6 (18)
Age (years)			
16–17 (N=64)	17.2 (11)	23.4 (15)	9.4 (6)
18–24 (N=184)	20.7 (38)	13.0 (24)	7.1 (13)
25–39 (N=333)	38.4 (128)	21.3 (71)	7.2 (24)
40–49 (N=213)	39.4 (84)	15.5 (33)	5.2 (11)
≥50 (N=281)	35.6 (100)	12.1 (34)	3.2 (9)
≥18 unspecified (N=98)	29.6 (29)	13.3 (13)	4.1 (4)
SEXUAL VIOLENCE			
Remoteness			
Major city (N=158)	12.7 (20)	10.1 (16)	4.4 (7)
Regional (N=602)	12.1 (73)	6.0 (36)	2.8 (17)
Remote (N=410)	4.6 (19)	2.7 (11)	1.5 (6)
Gender			
Males (N=503)	4.4 (22)	5.2 (26)	2.8 (14)
Females (N=666)	13.4 (89)	5.6 (37)	2.4 (16)
Age (years)			
16–17 (N=67)	3.0 (2)	4.5 (3)	3.0 (2)
18–24 (N=183)	4.9 (9)	4.4 (8)	3.3 (6)
25–39 (N=344)	12.2 (42)	6.1 (21)	3.2 (11)
40–49 (N=207)	10.6 (22)	5.3 (11)	0.0 (0)
≥50 (N=263)	9.1 (24)	5.7 (15)	2.3 (6)
≥18 unspecified (N=106)	12.3 (13)	4.7 (5)	4.7 (5)

Table 13: CMS: Experience of violence in the past year, by partner/family members/someone known/someone unknown, by violence domain, overall, and by remoteness, gender, age group

	Perpetrator of violence		
	Partner or family member	Someone known (not family)	Someone unknown
	% (n)	% (n)	% (n)
Any physical violence (N=1210)	8.8 (107)	4.0 (48)	2.0 (24)
Any emotional violence (N=1173)	10.3 (121)	4.9 (57)	1.5 (18)
Any sexual violence (N=1170)	2.1 (24)	1.1 (13)	0.6 (7)
PHYSICAL VIOLENCE			
Remotenes			
Major city (N=166)	8.4 (14)	4.2 (7)	4.8 (8)
Regional (N=612)	9.3 (57	3.4 (21)	1.6 (10)
Remote (N=432)	8.3 (36)	4.6 (20)	1.4 (6)
Gender			
Males (N=491)	5.3 (26)	17.5 (86)	3.3 (16)
Females (N=718)	11.1 (80)	9.3 (67)	1.1 (8)
Age (years)			
16–17 (N=65)	6.2 (4)	6.2 (4)	3.1 (2)
18–24 (N=184)	8.2 (15)	6.0 (11)	3.3 (6)
25–39 (N=348)	10.9 (38)	3.7 (13)	2.9 (10)
40–49 (N=215)	8.8 (19)	3.7 (8)	1.4 (3)
≥50 (N=287)	7.7 (22)	2.8 (8)	0.4 (1)
≥18 unspecified (N=111)	8.1 (9)	3.6 (4)	1.8 (2)
EMOTIONAL VIOLENCE			
Remoteness			
Major city (N=156)	13.5 (21)	5.8 (9)	2.6 (4)
Regional (N=602)	10.3 (62)	5.2 (31)	1.2 (7)
Remote (N=415)	9.2 (38)	4.1 (17)	1.7 (7)
Gender			
Males (N=478)	6.9 (33)	6.7 (32)	2.3 (11)
Females (N=694)	12.7 (88)	3.6 (25)	1.0 (7)
Age (years)			
16–17 (N=64)	4.7 (3)	6.3 (4)	3.1 (2)
18–24 (N=184)	9.8 (18)	6.0 (11)	2.7 (5)
25–39 (N=333)	12.9 (43)	5.7 (19)	1.2 (4)
40–49 (N=213)	11.7 (25)	5.2 (11)	1.4 (3)
≥50 (N=281)	7.5 (21)	2.5 (7)	1.1 (3)
≥18 unspecified (N=98)	11.2 (11)	5.1 (5)	1.0 (1)
SEXUAL VIOLENCE			
Remoteness			
Major city (N=158)	3.8 (6)	1.9 (3)	0.6 (1)
Regional (N=602)	2.5 (15)	0.8 (5)	0.7 (4)
Remote (N=410)	0.7 (3)	1.2 (5)	0.5 (2)
Gender			
Males (N=503)	0.6 (3)	1.6 (8)	0.8 (4)
Females (N=666)	3.0 (20)	0.8 (5)	0.5 (3)
Age (years)			
16–17 (N=67)	1.5 (1)	1.5 (1)	1.5 (1)
18–24 (N=183)	0.6 (1)	1.6 (3)	2.2 (4)
25–39 (N=344)	4.1 (14)	1.2 (4)	0.6 (2)
40–49 (N=207)	0.4 (1)	1.5 (3)	0.0 (0)
≥50 (N=263)	2.3 (6)	0.4 (1)	0.0 (0)
≥18 unspecified (N=106)	0.9 (1)	0.9 (1)	0.0 (0)

Table 14: CMS: Perpetration of violence (ever), overall and by remoteness, gender, age group

	Overall	Remoteness			Gender		Age (years)					
		Major City	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥ 50	≥18 unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Have you ever felt …												
… you are [physically] violent? (includes hitting, choking, pushing, containing someone)	20.5 (312)	28.4 (54/190)	22.9 (171/747)	14.9 (87/586)	24.5 (155/632)	17.6 (157/890)	28.2 (22/78)	17.2 (40/233)	28.5 (123/432)	22.4 (64/286)	12.1 (43/355)	14.4 (20/139)
… you have tried to control a family member? (includes saying they are stupid or crazy, threatening them, trying to stop them seeing family and friends)	16.6 (243)	23.2 (43/185)	15.0 (108/722)	16.5 (92/558)	18.6 (113/608)	15.2 (130/856)	14.7 (11/75)	13.9 (32/230)	18.6 (78/420)	18.1 (49/271)	15.4 (51/332)	16.1 (22/137)
None of these types of violence	63.8 (979)	59.5 (113/190)	63.9 (481/753)	65.1 (385/591)	58.9 (375/637)	67.3 (603/898)	59.7 (46/77)	69.1 (161/233)	56.9 (248/436)	63.6 (185/291)	67.9 (243/358)	69.1 (96/139)
Don't want to answer	8.2 (126)	3.7 (7/190)	8.0 (60/753)	10.0 (59/591)	9.3 (59/637)	7.5 (67/896)	5.2 (4/77)	6.4 (15/233)	8.7 (38/436)	7.6 (22/291)	10.1 (36/358)	7.9 (11/139)
Ever felt any of these	28.0 (429)	36.8 (70/190)	28.2 (212/753)	24.9 (147/591)	31.87 (203/637)	25.22 (226/896)	35.1 (27/77)	24.5 (57/233)	34.4 (150/436)	28.9 (84/291)	22.1 (79/358)	23.0 (32/139)
Have you ever been convicted or arrested in relation to violence?												
Yes	15.2 (233)	16.5 (31/188)	19.3 (144/748)	9.7 (58/600)	23.9 (153/639)	8.9 (80/896)	7.7 (6/78)	12.2 (28/229)	20.9 (90/430)	20.0 (58/290)	8.2 (30/368)	14.9 (21/141)
No	71.6 (1099)	75.0 (141/188)	68.9 (515/748)	73.8 (443/600)	61.5 (393/639)	78.7 (705/896)	78.2 (61/78)	74.7 (171/229)	66.5 (286/430)	65.2 (189/290)	77.5 (285/368)	75.9 (107/141)
Unsure	3.9 (60)	3.2 (6/188)	3.2 (24/748)	5.0 (30/600)	4.1 (26/639)	3.8 (34/896)	9.0 (7/98)	3.9 (9/229)	4.2 (18/430)	4.1 (12/290)	3.0 (11/368)	2.1 (3/141)
Don't want to answer	9.4 (144)	5.3 (10/188)	8.7 (65/748)	11.5 (69/600)	10.5 (67/639)	8.6 (77/896)	5.1 (4/98)	9.2 (21/229)	8.4 (36/430)	10.7 (31/290)	11.4 (42/368)	7.1 (10/1441)

Table 15: CMS: Relationship between demographic factors and use of violence, overall

	Ever versus never felt violent		Ever versus never Arrested or convicted in relation to violence	
	% ever	PR (95%CI)	% ever	PR (95%CI)
OVERALL	**30.5**	—	**17.5**	—
Remoteness				
Major city	38.3	1 (ref)	18.0	1 (ref)
Regional	30.6	0.77 (0.62,0.95)	21.9	1.23 (0.87,1.73)
Remote	27.6	0.72 (0.57,0.90)	11.6	0.66 (0.44,0.98)
Age (years)				
16–17	37.0	0.94 (0.68,1.29)	9.0	0.32 (0.15,0.67)
18–24	26.2	0.68 (0.53,0.88)	14.1	0.55 (0.37,0.80)
25–39	37.7	1 (ref)	23.9	1 (ref)
40–49	31.2	0.81 (0.65,1.01)	23.5	0.97 (0.74,1.28)
≥50	24.5	0.64 (0.51,0.80)	9.5	0.38 (0.26,0.55)
≥18 unspecified	25.0	0.66 (0.48,0.91)	16.4	0.83 (0.54,1.27)
Gender				
Male	35.1	1 (ref)	28.0	1 (ref)
Female	27.3	0.78 (0.67,0.91)	10.2	0.36 (0.29,0.46)

Note: Mutually adjusted for remoteness, age, and gender. Excludes participants missing data on the outcome of interest and those responding 'unsure' or 'don't want to answer' for the violence outcomes.

Table 16: Service mapping: Availability of services within communities, overall and by remoteness

	Present in Community	Absent from Community	Receives Outreach
	% (n)	% (n)	% (n)
SERVICE/ORGANISATION			
Police	94.4 (17/18)	0.0 (0/18)	5.6 (1/18)
Night patrol	27.8 (5/18)	72.2 (13/18)	0.0 (0/18)
Legal service	72.2 (13/18)	5.6 (1/18)	22.2 (4/18)
Safehouse or refuge	94.4 (17/18)	5.6 (1/18)	0.0 (0/18)
Shelter, refuge or hostel	83.3 (15/18)	11.1 (2/18)	5.6 (1/18)
Family Violence or Family Support Services	100.0 (18/18)	0.0 (0/18)	0.0 (0/18)
Counselling or mental health service	94.4 (17/18)	0.0 (0/18)	5.6 (1/18)
Housing service	88.9 (16/18)	5.6 (1/18)	5.6 (1/18)
Centrelink	100.0 (18/18)	0.0 (0/18)	0.0 (0/18)
Child Protection or Community Services (DOCS, FACS)	88.9 (16/18)	0.0 (0/18)	11.1 (2/18)
Aboriginal Community Controlled Organisation	100.0 (18/18)	0.0 (0/18)	0.0 (0/18)
Aboriginal Medical or Health Service (AMS or AHS)	88.9 (16/18)	5.6 (1/18)	5.6 (1/18)
Major city			
Police	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Night patrol	0.0 (0/2)	100.0 (2/2)	0.0 (0/2)
Legal service	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Safehouse or refuge	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Shelter, refuge or hostel	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)

	Present in Community	Absent from Community	Receives Outreach
	% (n)	% (n)	% (n)
Family Violence or Family Support Services	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Counselling or mental health service	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Housing service	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Centrelink	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Child Protection or Community Services (DOCS, FACS)	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Aboriginal Community Controlled Organisation	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Aboriginal Medical or Health Service (AMS or AHS)	100.0 (2/2)	0.0 (0/2)	0.0 (0/2)
Regional			
Police	100.0 (9/9)	0.0 (0/9)	0.0 (0/9)
Night patrol	77.8 (7/9)	22.2 (2/9)	0.0 (0/9)
Legal service	77.8 (7/9)	0.0 (0/0)	22.2 (2/9)
Safehouse or refuge	100.0 (9/9)	0.0 (0/0)	0.0 (0/0)
Shelter, refuge or hostel	100.0 (9/9)	0.0 (0/9)	0.0 (0/9)
Family Violence or Family Support Services	100.0 (9/9)	0.0 (0/9)	0.0 (0/9)
Counselling or mental health service	100.0 (9/9)	0.0 (0/9)	0.0 (0/9)
Housing service	100.0 (9/9)	0.0 (0/0)	0.0 (0/9)
Centrelink	100.0 (9/9)	0.0 (0/0)	0.0 (0/9)
Child Protection or Community Services (DOCS, FACS)	100.0 (9/9)	0.0 (0/0)	0.0 (0/9)
Aboriginal Community Controlled Organisation	100.0 (9/9)	0.0 (0/0)	0.0 (0/9)
Aboriginal Medical or Health Service (AMS or AHS)	88.9 (8/9)	0.0 (0/9)	11.1 (1/9)
Remote			
Police	85.7 (6/7)	0.0 (0/7)	14.3 (1/7)
Night patrol	42.9 (3/7)	57.1 (4/7)	0/0 (0/7)
Legal service	57.1 (4/7)	14.3 (1/7)	28.6 (2/7)
Safehouse or refuge	85.7 (6/7)	14.3 (1/7)	0.0 (0/7)
Shelter, refuge or hostel	57.1 (4/7)	28.6 (2/7)	14.3 (1/7)
Family Violence or Family Support Services	100.0 (7/7)	0.0 (0/7)	0.0 (0/7)
Counselling or mental health service	85.7 (6/7)	0.0 (0/7)	14.3 (1/7)
Housing service	71.4 (5/7)	14.3 (1/7)	14.3 (1/7)
Centrelink	100.0 (7/7)	0.0 (0/7)	0.0 (0/7)
Child Protection or Community Services (DOCS, FACS)	71.4 (5/7)	0.0 (0/7)	28.6 (2/7)
Aboriginal Community Controlled Organisation	100.0 (7/7)	0.0 (0/7)	0.0 (0/7)
Aboriginal Medical or Health Service (AMS or AHS)	85.7 (6/7)	14.3 (1/7)	0.0 (0/7)

Table 17: CMS: Participants who have ever experienced violence – action taken after violence, by characteristics of violence exposure.

	Get health care	Have time off work or study	Sleep/stay somewhere else	Tell someone	Report it	Other
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
OVERALL	25.5 (234/917)	14.5 (3/917)	33.2 (304/917)	42.5 (390/917)	30.1 (276/917)	9.8 (90/917)
Recency of violence						
In the past year	29.6 (90/304)	16.8 (51/304)	37.5 (114/304)	50.0 (152/304)	34.5 (105/304)	8.2 (25/304)
More than a year ago	23.5 (144/613)	13.4 (82/613)	31.0 (190/613)	38.8 (238/613)	27.9 (171/613)	10.6 (65/613)
Frequency of violence						
Once/a few times	21.2 (148/698)	10.9 (76/698)	26.4 (184/698)	36.7 (256/698)	26.8 (187/698)	9.0 (63/698)
Monthly/weekly	39.3 (86/219)	26.0 (57/219)	54.8 (120/219)	61.2 (134/219)	40.6 (89/219)	12.3 (27/219)
Ever scared of partner						
Yes	34.3 (130/379)	19.8 (75/379)	51.2 (194/379)	54.4 (206/379)	40.9 (155/379)	9.0 (34/379)
No	19.4 (97/501)	10.6 (53/501)	20.8 (104/501)	34.5 (173/501)	21.8 (109/501)	10.6 (53/501)
Have never had a partner	21.4 (6/28)	17.9 (5/28)	14.3 (4/28)	39.3 (11/28)	28.6 (8/28)	7.1 (2/28)
Number of domains of violence						
One domain	12.2 (34/279)	6.1 (17/279)	12.2 (34/279)	23.3 (65/279)	14.7 (41/279)	10.0 (28/279)
Two domains	25.4 (103/405)	17.0 (69/405)	35.8 (145/405)	48.6 (197/405)	34.8 (141/405)	9.6 (39/405)
Three domains	41.6 (97/233)	20.2 (47/233)	53.7 (125/233)	54.9 (128/233)	40.3 (94/233)	9.9 (23/233)
Type of perpetrator						
Family member	30.2 (152/503)	17.3 (87/503)	47.1 (237/503)	50.7 (255/503)	35.0 (176/503)	11.5 (58/503)
Other known person	32.2 (99/317)	18.3 (58/317)	32.5 (103/317)	48.0 (152/317)	31.2 (99/317)	9.8 (31/317)
Unknown person	29.3 (44/150)	18.7 (28/150)	28.7 (43/150)	43.3 (65/150)	40.0 (60/150)	8.7 (13/150)

Note: Restricted to participants who have ever experienced violence. Multiple actions could be reported for an individual within the same violence domain, so numbers cannot be summed. Analysis may include participants who are not employed, and therefore probably underestimates the proportion of employed participants who needed to take time off work because of violence.

Table 18: CMS: Participants who have ever experienced violence – actions taken after violence, by domain of violence and overall, by remoteness, gender, age group

	Get health care	Have time off work or study	Sleep/stay somewhere else	Tell someone	Report it	Other
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Any physical violence	24.3 (193/794)	12.5 (99/794)	31.1 (247/794)	35.0 (278/794)	25.6 (203/794)	6.3 (50/794)
Any emotional violence	19.3 (140/725)	11.9 (86/725)	26.8 (194/725)	39.2 (284/725)	24.0 (174/725)	5.0 (36/725)
Any sexual violence	17.8 (48/269)	7.8 (21/269)	22.7 (61/269)	34.6 (93/269)	17.8 (48/269)	7.1 (19/269)
Any violence	25.5 (234/917)	14.5 (133/917)	33.2 (304/917)	42.5 (390/917)	30.1 (276/917)	9.8 (90/917)
ANY VIOLENCE						
Remoteness						
Major city	26.3 (36/137)	16.8 (23/137)	32.9 (45/137)	48.2 (66/137)	26.3 (36/137)	11.7 (16/137)
Regional	26.2 (133/507)	13.4 (68/507)	36.3 (184/507)	44.4 (225/507)	29.8 (151/507)	9.1 (46/507)
Remote	23.8 (65/273)	15.4 (42/273)	27.5 (75/273)	36.3 (99/273)	32.6 (89/273)	10.3 (28/273)
Gender						
Males	26.8 (102/381)	14.7 (56/381)	25.2 (96/381)	32.8 (125/381)	20.5 (78/381)	11.0 (42/381)
Females	24.7 (132/535)	14.4 (77/535)	38.9 (208/535)	49.4 (264/535)	37.0 (198/535)	9.0 (48/535)
Age group						
16–17	6.8 (3/44)	9.1 (4/44)	22.7 (10/44)	40.9 (18/44)	22.7 (10/44)	6.8 (3/44)
18–24	20.6 (26/126)	11.1 (14/126)	29.4 (37/126)	43.7 (55/126)	21.4 (27/126)	12.7 (16/126)
25–39	28.7 (82/286)	17.1 (49/286)	36.7 (105/286)	46.5 (133/286)	32.9 (94/286)	5.6 (16/286)
40–49	29.4 (52/177)	14.1 (25/177)	33.9 (60/177)	42.4 (75/177)	35.0 (62/177)	13.0 (23/177)
≥50	23.3 (49/210)	12.9 (27/210)	31.0 (65/210)	37.6 (79/210)	31.4 (66/210)	11.4 (24/210)
18+ age unspecified	29.7 (22/74)	18.9 (14/74)	36.5 (27/74)	40.5 (30/74)	23.0 (17/74)	(8/74)

Note: Restricted to participants who have ever experienced violence. Multiple actions could be reported for an individual within the same violence domain, so numbers cannot be summed. Analysis may include participants who are not employed, and therefore probably underestimates the proportion of employed participants who needed to take time off work because of violence.

Table 19: SPS: Perceptions on service effectiveness and cultural safety, overall and by level of remoteness

	Total	Remoteness			Not stated
		Major City	Regional	Remote	
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
How well do you think the service you work for meets the needs of its clients/patients in...?					
...supporting those who have experienced violence?					
Not at all	3.1 (3)	0.0 (0/19)	2.1 (1/48)	6.9 (2/29)	0.0 (0/1)
A bit	44.3 (43)	15.8 (3/19)	37.5 (18/48)	72.4 (21/29)	100.0 (1/1)
A lot	49.5 (48)	78.9 (15/19)	56.3 (27/48)	20.7 (6/29)	0.0 (0/1)
Don't know	3.1 (3)	5.3 (1/19)	4.2 (2/48)	0.0 (0/29)	0.0 (0/1)
...supporting those who have used violence?					
Not at all	16.7 (16)	10.5 (2/19)	10.6 (5/47)	31.0 (9/29)	0.0 (0/1)
A bit	55.2 (53)	47.4 (9/19)	55.3 (26/47)	58.6 (17/29)	100.0 (1/1)
A lot	16.7 (16)	21.1 (4/19)	21.3 (10/47)	6.9 (2/29)	0.0 (0/1)
Don't know	11.5 (11)	21.1 (4/19)	12.8 (6/47)	3.4 (1/29)	0.0 (0/1)
Do you think the service you work for is culturally safe for Aboriginal and Torres Strait Islander people?					
Not at all	3.1 (3)	0.0 (0/19)	4.0 (2/50)	3.6 (1/28)	0.0 (0/1)
A bit	32.7 (32)	47.4 (9/19)	32.0 (16/50)	25.0 (7/28)	0.0 (0/1)
A lot	62.2 (61)	52.6 (10/19)	62.0 (31/50)	67.9 (19/28)	100.0 (1/1)
Don't know	2.0 (2)	0.0 (0/19)	2.0 (1/50)	3.6 (1/28)	0.0 (0/1)
For staff in your service, is language a barrier to communicating with clients?					
No	67.0 (65)	73.7 (14/19)	71.4 (35/49)	53.6 (15/28)	100.0 (1/1)
Yes, for some staff	25.8 (25)	21.1 (4/19)	26.5 (13/49)	28.6 (8/28)	0.0 (0/1)
Yes, for most staff	6.2 (6)	5.3 (1/19)	2.0 (1/49)	14.3 (4/28)	0.0 (0/1)
Yes, for all staff	1.0 (1)	0.0 (0/19)	0.0 (0/49)	3.6 (1/28)	0.0 (0/1)
Do any staff in your service speak any Aboriginal or Torres Strait Islander words and/or languages with clients?					
No	38.1 (37)	47.4 (9/19)	44.9 (22/49)	21.4 (6/28)	0.0 (0/1)
Yes, a little bit	46.4 (45)	42.1 (8/19)	49.0 (24/49)	42.9 (12/28)	100.0 (1/1)
Yes, a fair bit	8.2 (8)	10.5 (2/19)	4.1 (2/49)	14.3 (4/28)	0.0 (0/1)
Yes, a lot	7.2 (7)	0.0 (0/19)	2.0 (1/49)	21.4 (6/28)	0.0 (0/1)
Do staff from your service spend time on Aboriginal and/or Torres Strait Islander cultural activities and/or practices?					
Want to, but can't	4.1 (4)	0.0 (0/19)	4.1 (2/49)	7.1 (2/28)	0.0 (0/1)
Not at all	6.2 (6)	5.3 (1/19)	10.2 (5/49)	0.0 (0/28)	0.0 (0/1)
A little bit	45.4 (44)	36.8 (7/19)	42.9 (21/49)	53.6 (15/28)	100.0 (1/1)
A fair bit	30.9 (30)	31.6 (6/19)	34.7 (17/49)	25.0 (7/2)	0.0 (0/1)
A lot	13.4 (13)	26.3 (5/19)	8.2 (4/49)	14.3 (4/28)	0.0 (0/1)

Table 20: CMS: Participants who had ever experienced violence – reasons for not using support/service related to violence, overall and by remoteness, gender and age group

	Total	Remoteness			Gender		Age group (years)					
		Major city	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥50	18+ unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
AMONG THOSE WHO EVER EXPERIENCED VIOLENCE												
Service opening hours are too short	10.1 (43)	9.8 (6/61)	9.5 (21/221)	11.0 (16/146)	15.8 (23/146)	7.1 (20/281)	9.1 (1/11)	14.3 (8/56)	8.4 (12/143)	9.4 (9/96)	12.5 (11/88)	5.9 (2/34)
Cannot trust them	16.1 (69)	16.4 (10/61)	17.2 (38/221)	14.4 (21/146)	16.4 (24/146)	16.0 (45/281)	0.0 (0/11)	14.3 (8/56)	19.6 (28/143)	15.6 (15/96)	14.8 (13/88)	14.7 (5/34)
Cost of service	8.4 (36)	11.5 (7/61)	7.2 (16/221)	8.9 (13/146)	11.0 (16/146)	7.1 (20/281)	9.1 (1/11)	5.4 (3/56)	7.7 (11/143)	9.4 (9/96)	12.5 (11/88)	2.9 (1/34)
Disability restricts access to service	3.7 (16)	6.6 (4/61)	2.7 (6/221)	4.1 (6/146)	4.8 (7/146)	3.2 (9/281)	0.0 (0/11)	5.4 (3/56)	1.4 (2/143)	2.1 (2/96)	10.2 (9/88)	0.0 (0/34)
Waiting too long or appointment not available	14.3 (61)	14.8 (9/61)	16.3 (36/221)	11.0 (16/146)	21.2 (31/146)	10.7 (30/281)	9.1 (1/11)	21.4 (12/56)	14.7 (21/143)	9.4 (9/96)	18.2 (16/88)	5.9 (2/34)
Language difficulties	4.7 (20)	8.2 (5/61)	1.4 (3/221)	8.2 (12/146)	6.2 (9/146)	3.9 (11/281)	0.0 (0/11)	8.9 (5/56)	2.1 (3/143)	4.2 (4/96)	5.7 (5/88)	8.8 (3/34)
No service in the area	10.5 (45)	11.5 (7/61)	9.1 (20/221)	12.3 (18/146)	12.3 (18/146)	9.3 (26/281)	9.1 (1/11)	10.7 (6/56)	8.4 (12/143)	11.5 (11/96)	13.6 (12/88)	8.8 (3/34)
Transport/distance	13.6 (58)	14.8 (9/61)	15.4 (34/221)	10.3 (15/146)	19.2 (28/146)	10.7 (30/281)	9.1 (1/11)	10.7 (6/56)	14.0 (20/143)	11.5 (11/96)	19.3 (17/88)	8.8 (3/34)
Poor customer service	10.1 (43)	13.1 (8/61)	10.4 (23/221)	8.2 (12/146)	11.6 (17/146)	9.3 (26/281)	0.0 (0/11)	14.3 (8/56)	9.1 (13/143)	8.3 (8/96)	14.8 (13/88)	2.9 (1/34)
Service not culturally appropriate	8.6 (37)	13.1 (8/61)	9.1 (20/221)	6.2 (9/146)	10.3 (15/146)	7.8 (22/281)	0.0 (0/11)	7.1 (4/56)	4.9 (7/143)	10.4 (10/96)	15.9 (14/88)	5.9 (2/34)
Fear of threats, consequences or more violence	9.4 (40)	9.8 (6/61)	9.5 (21/221)	8.9 (13/146)	8.2 (12/146)	10.0 (28/281)	9.1 (1/11)	12.5 (7/56)	8.4 (12/143)	8.3 (8/96)	10.2 (9/88)	8.8 (3/34)
Embarrassed/ashamed	16.1 (69)	21.3 (13/61)	16.7 (37/221)	13.0 (19/146)	17.1 (25/146)	15.7 (44/281)	9.1 (1/11)	17.9 (10/56)	16.8 (24/143)	13.5 (13/96)	18.2 (16/88)	14.7 (5/34)
Afraid would end relationship	5.6 (24)	4.9 (3/61)	4.5 (10/221)	7.5 (11/146)	6.9 (10/146)	5.0 (14/281)	0.0 (0/11)	12.5 (7/56)	6.3 (9/143)	3.1 (3/96)	4.6 (4/88)	2.9 (1/34)
Afraid would lose children	8.2 (35)	9.8 (6/61)	7.2 (16/221)	8.9 (13/146)	8.2 (12/146)	8.2 (23/281)	0.0 (0/11)	10.7 (6/56)	9.1 (13/143)	5.2 (5/96)	11.4 (10/88)	2.9 (1/34)

	Total	Remoteness			Gender		Age group (years)					
		Major city	Regional	Remote	Male	Female	16–17	18–24	25–39	40–49	≥50	18+ unspecified
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
Did not know where to go	13.1 (56)	19.7 (12/61)	10.0 (22/221)	15.1 (22/146)	13.0 (19/146)	13.2 (37/281)	9.1 (1/11)	12.5 (7/56)	7.7 (11/143)	15.6 (15/96)	18.2 (16/88)	17.7 (6/34)
Other	4.7 (20)	6.6 (4/61)	5.0 (11/221)	3.4 (5/146)	6.2 (9/146)	3.9 (11/281)	9.1 (1/11)	1.8 (1/56)	5.6 (8/143)	5.2 (5/96)	4.5 (4/88)	2.9 (1/34)

Note: Restricted to participants who had experienced violence and could not get the service they need.

Table 21: CMS: Participants who have ever experienced violence – Service needs related to experience of violence, overall and by remoteness and age group

	Have you ever needed a support/service related to violence?		Among those who needed a support/service related to violence		
	No	Yes	I got help	Could not get help	Would not use available services
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
OVERALL	52.3 (470/898)	47.7 (428/898)	61.2 (262/428)	24.1 (103/428)	14.7 (63/428)
Remoteness					
Major city	55.2 (75/136)	44.9 (61/136)	50.8 (31/61)	32.8 (20/61)	16.4 (10/61)
Regional	55.5 (276/497)	44.5 (221/497)	61.5 (136/221)	24.9 (55/221)	13.6 (30/221)
Remote	44.9 (119/265)	55.1 (146/265)	65.1 (95/146)	19.2 (28/146)	15.8 (23/146)
Gender					
Males	61.0 (228/374)	39.0 (146/374)	58.9 (86/146)	27.4 (40/146)	13.7 (20/146)
Females	46.3 (242/523)	53.7 (281/523)	62.6 (176/281)	22.1 (62/281)	15.3 (43/281)
Age group					
16–17	75.0 (33/44)	25.0 (11/44)	63.6 (7/11)	36.4 (4/11)	0.0 (0/11)
18–24	54.8 (68/124)	45.2 (56/124)	57.1 (32/56)	25.0 (14/56)	17.9 (10/56)
25–39	49.5 (140/283)	50.5 (143/283)	62.9 (90/143)	20.3 (29/143)	16.8 (24/143)
40–49	44.8 (78/174)	55.2 (96/174)	63.5 (61/96)	21.9 (21/96)	14.6 (14/96)
≥50	56.4 (114/202)	43.6 (88/202)	61.4 (54/88)	29.6 (26/88)	9.1 (8/88)
18+ unspecified	52.1 (37/71)	47.9 (34/71)	52.9 (18/34)	26.5 (9/34)	20.6 (7/34)

Note: Restricted to participants who have ever experienced violence.

Table 22: CMS: Participants who have used violence – help seeking behaviour, and perceived effectiveness, overall, by remoteness and age group

	Have you ever looked for help to stop using violence?			Among those who sought help, did it work?		
	Yes	No	No but would like help	A lot	A little or fair bit	Not at all
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
OVERALL	**54.3 (177/326)**	**38.7 (126/326)**	**7.1 (23/326)**	**3.8 (6/158)**	**50.6 (80/158)**	**45.6 (72/158)**
Remoteness						
Major city	39.3 (22/56)	55.4 (31/56)	5.4 (3/56)	5.6 (1/18)	61.1 (11/18)	33.3 (6/18)
Regional	57.7 (94/163)	33.7 (55/163)	8.6 (14/163)	3.5 (3/87)	47.1 (41/87)	49.4 (43/87)
Remote	57.0 (61/107)	37.4 (40/107)	5.6 (6/107)	3.8 (2/53)	52.8 (28/53)	43.4 (23/53)
Gender						
Males	50.6 (80/158)	41.8 (66/158)	7.6 (12/158)	5.5 (4/73)	46.6 (34/73)	48.0 (35/73)
Females	57.7 (97/168)	35.7 (60/168)	6.6 (11/168)	2.4 (2/85)	54.1 (46/85)	43.5 (37/85)
Age group						
16–17	45.5 (10/22)	50.0 (11/22)	4.6 (1/22)	11.1 (1/9)	33.3 (3/9)	55.6 (5/9)
18–24	52.4 (22/42)	40.5 (17/42)	7.1 (3/42)	0.0 (0/17)	35.3 (6/17)	64.7 (11/17)
25–39	50.4 (62/123)	39.0 (48/123)	10.6 (13/123)	1.8 (1/57)	54.4 (31/57)	43.9 (25/57)
40–49	73.0 (46/63)	22.2 (14/63)	4.8 (3/63)	10.0 (4/40)	50.0 (20/40)	40.0 (16/40)
≥50	50.9 (27/53)	45.3 (24/53)	3.8 (2/53)	0.0 (0/26)	57.7 (15/26)	42.3 (11/26)
18+ unspecified	43.5 (10/23)	52.2 (12/23)	4.4 (1/23)	0.0 (0/9)	55.6 (5/9)	44.4 (4/9)

Note: Restricted to participants who have ever felt violent.

Table 23: SPS: Perceived service characteristics

| | Total | Service Type | | | Don't know |
| | | Aboriginal community controlled organisation | Other Non-Government | Government | |
	% (n)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
% of workforce that is Aboriginal and/or Torres Strait Islander					
<25%	50.6 (42)	18.2 (4/22)	59.5 (25/42)	81.3 (13/16)	0.0 (0/3)
25–<75%	30.1 (25)	40.9 (9/22)	31.0 (13/42)	12.5 (2/16)	33.3 (1/3)
≥75%	19.3 (16)	40.9 (9/22)	9.5 (4/42)	6.3 (1/16)	66.7 (2/3)
Service open on weekend					
Yes	26.0 (25)	28.0 (7/25)	23.4 (11/47)	30.0 (6/20)	25.0 (1/4)
No	74.0 (71)	78.0 (18/25)	76.6 (36/47)	70.0 (14/20)	75.0 (3/4)
Service open on public holidays					
Yes	21.9 (21)	24.0 (6/25)	19.1 (9/47)	25.0 (5/20)	25.0 (1/4)
No	78.1 (75)	76.0 (19/25)	80.9 (38/47)	75.0 (15/20)	75.0 (3/4)
Service operates outside business (8am–6pm) hours on some or all days					
Yes	33.3 (32)	20.0 (5/25)	40.4 (19/47)	35.0 (7/20)	25.0 (1/4)
No	66.7 (64)	80.0 (20/25)	59.6 (28/47)	65.0 (13/20)	75.0 (3/4)

Table 24: SPS: Frequency of service liaising with other services, overall and by level of remoteness

| | Frequency of liaising with other services | | | | |
| | Rarely | Sometimes | Often | Always | I don't know |
	% (n/N)	% (n/N)	% (n/N)	% (n/N)	% (n/N)
OVERALL	**3.1 (3/97)**	**10.3 (10/97)**	**40.2 (39/97)**	**45.4 (44/97)**	**1.0 (1/97)**
Remoteness					
Major City	0.0 (0/19)	15.8 (3/19)	52.6 (10/19)	31.6 (6/19)	0.0 (0/19)
Regional	6.1 (3/49)	12.2 (6/49)	30.6 (15/49)	51.0 (25/49)	0.0 (0/49)
Remote	0.0 (0/28)	3.6 (1/28)	46.4 (13/28)	46.4 (13/28)	3.6 (1/28)
Not stated	0.0 (0/1)	0.0 (0/1)	100.0 (1/1)	0.0 (0/1)	0.0 (0/1)

Table 25: SPS: Participants' perceptions of meeting the needs of their clients/patients, in relation to service characteristics

	How well do you think the service you work for meets the needs of its clients/patients in … ?							
	Supporting those who have experienced violence				Supporting those who have used violence			
	Not at all	A little or fair bit	A lot		Not at all	A little or fair bit	A lot	
	% (n/N)	% (n/N)	% (n/N)	p-value	% (n/N)	% (n/N)	% (n/N)	p-value
SERVICE CHARACTERISTICS, AS REPORTED BY THE SERVICE PROVIDER								
% workforce Aboriginal and/or Torres Strait Islander								
<25%	2.4 (1/41)	51.2 (21/41)	46.3 (19/41)	0.292	27.8 (10/36)	66.7 (24/36)	5.6 (2/36)	0.149
025–<75%	0.0 (0/25)	56.0 (14/25)	44.0 (11/25)		12.5 (3/24)	70.8 (17/24)	16.7 (4/24)	
≥75%	14.3 (2/14)	35.7 (5/14)	50.0 (7/14)		15.4 (2/13)	53.8 (7/13)	30.8 (4/13)	
Frequency of working with other services								
Rarely	33.3 (1/3)	66.7 (2/3)	0.0 (0/3)	0.029	33.3 (1/3)	66.7 (2/3)	0.0 (0/3)	0.881
Sometimes or often	2.2 (1/46)	54.3 (25/46)	43.5 (20/46)		16.3 (7/43)	65.1 (28/43)	18.6 (8/43)	
Always	2.3 (1/43)	37.2 (16/43)	60.5 (26/43)		21.6 (8/37)	59.5 (22/37)	18.9 (7/37)	
Do you think the service you work for is culturally safe?								
Not at all	33.3 (1/3)	66.7 (2/3)	0.0 (0/3)	0.086	33.3 (1/3)	66 (2/3)	0.0 (0/3)	0.645
A bit	0.0 (0/29)	41.4 (12/29)	58.6 (17/29)		26.1 (6/23)	60.9 (14/23)	13.0 (3/23)	
A lot	3.3 (2/60)	46.7 (28/60)	50.0 (30/60)		15.8 (9/57)	63.2 (36/57)	21.1 (12/57)	
Do staff from your service spend time on Aboriginal and/or Torres Strait Islander cultural activities and/or practices?								
Want to, but can't	0.0 (0/4)	75.0 (3/4)	25.0 (1/4)	0.193	25.0 (1/4)	75.0 (3/4)	0.0 (0/4)	0.991
Not at all	16.7 (1/6)	50.0 (3/6)	33.3 (2/6)		16.7 (1/6)	66.7 (4/6)	16.7 (1/6)	
A little or fair bit	1.4 (1/70)	42.9 (30/70)	55.7 (39/70)		19.4 (12/62)	62.9 (39/62)	17.7 (11/62)	
A lot	7.7 (1/13)	53.8 (7/13)	38.5 (5/13)		16.7 (2/12)	58.3 (7/12)	25.0 (3/12)	

Note: P-value is for Fisher's exact test (two-tailed). Responses of 'don't know' are coded as missing.

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