

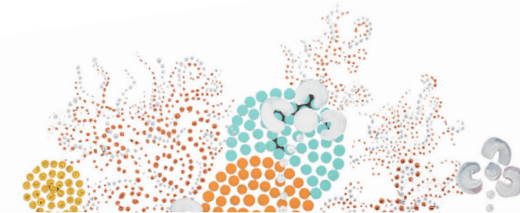
Aboriginal and Torres Strait Islander family violence practice profile example

Knowledge indicator	Knowledge	Practice	Strategies for development	Unacceptable use in practice
Practitioner knows that Aboriginal and Torres Strait Islander health is viewed in a holistic context, encompassing mental and physical, cultural, and spiritual health.	<p>The practitioner understands:</p> <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander health is holistic and comprises social and emotional wellbeing, physical health, emotional health, spiritual health – all of which impact on a child’s mental health. The child’s response and impact will depend on the child’s age and other factors the importance of connection to Country, culture and spirituality for healing the extended kinship system and supports that surround Aboriginal and Torres Strait Islander children. 	<ul style="list-style-type: none"> Is culturally safe. Is holistic. Strengthens and prioritises culture. Uses a strengths-based approach. Understands diversity in communities. Considers culture a protective factor in healing for children, women and men. 	<p>Develop an understanding of the way Aboriginal and Torres Strait Islander people view social and emotional wellbeing.</p> <p>Build holistic mechanisms into processes for service delivery.</p> <p>Design initiatives to suit each community setting and family, rather than a one-size-fits-all model.</p>	<p>Does not integrate Aboriginal and Torres Strait Islander health concepts.</p> <p>Specific only to service (does not look at/explore other wellbeing domains in practice – cultural, spiritual, etc...)</p> <p>Therapeutic services do not consider extended kinship supports.</p> <p>Practitioners do not explore connection to culture, Country and spirituality in healing strategies.</p>
Practitioner understands how dispossession and racism affect violence.	<p>The practitioner understands:</p> <ul style="list-style-type: none"> the history and context of local Aboriginal and Torres Strait Islander communities, families and children collective trauma and the impact this has on children the disruption of parenting, family and community relationships caused by colonisation the ‘intersectional’ approaches that address the intersections between multiple forms of social inequality, rather than focusing on gender inequality in isolation. 	<ul style="list-style-type: none"> Is historical and contemporary collective, individual and intergenerational trauma-informed. Is healing integrated trauma-informed. Integrates both cultural and evidence-based prevention and early intervention strategies. Asks Aboriginal and Torres Strait Islander mentors for guidance and considerations. 	<p>Research local community history.</p> <p>Teams meet to provide some historical examples where they may have mapped the experiences of Aboriginal and Torres Strait Islander families since colonisation.</p> <p>What impact did this have on the parent’s practices as a mother or father?</p> <p>What support and interventions are helpful for the parents’ healing?</p>	<p>Does not consider the contexts in which violence is occurring (local, historical, cultural, community, etc...).</p> <p>Lack of acknowledgment of ongoing colonisation/ dispossession that can exclude families and communities through the structures/systems that inform the dominant society.</p> <p>Individual focused (no awareness/consideration of collective wellbeing or community traumas occurring over time, culminating in the presenting violence in families and communities).</p> <p>Ignores multidimensional contributing factors influencing the occurrence of violence in families and communities.</p>
Practitioner understands and takes time to build a relationship and engages parents with curiosity.	<p>The practitioner understands:</p> <ul style="list-style-type: none"> the distrust Aboriginal and Torres Strait Islander people have with services how genuine and meaningful relationships support engagement and healing the worries and concerns families have regarding their children’s social and emotional wellbeing and respects that people come from different starting points many women just want the violence to stop and their men to get help. 	<ul style="list-style-type: none"> Actively listens. Models respectful conversations. Explores strengths and challenges for their child. Responds to comments or questions with open questions (e.g. ‘Can you tell me more about what you mean by that?’) Uses humour. Is genuine. Does not interrupt. Shows compassion and empathy. Is curious and checks in with families. Builds trust. Ensures confidentiality. 	<p>Consider how you allocate time for individual conversations and for relationships to develop.</p> <p>Think about how to enquire about children within the family with genuine curiosity and reflected interest, to grow trust and utilise existing strengths.</p>	<p>Uses language or body language that would make people feel they are the cause of their problems or experiences.</p> <p>Engages in deficit language, such as ‘she will go back’; using ‘perpetrator/victim’ as opposed to ‘person who uses, experiences, or is affected by violence’.</p> <p>Lacks awareness of their own privilege/whiteness and what this may represent to families presenting in this context (also what a service/profession might represent).</p> <p>Does not allow sufficient time and flexibility for relationship building and trust.</p>



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Practitioner understands their own cultural biases, values and beliefs, and how they can impact on parents' experiences with services.	<p>The practitioner understands:</p> <ul style="list-style-type: none"> the safety of children is central, but does not base their practice on their own values and beliefs not to come with preconceived deficit-based judgments the power relationship they have with Aboriginal and Torres Strait Islander families the impact language and literacy barriers have on service provision. 	<ul style="list-style-type: none"> Considers the negative stereotypes in their interactions and intake processes. Challenges racist, discriminatory and disrespectful attitudes and practices that perpetuate a culture of racism. Has a good understanding of their cultural bias and how this affects the relationship with parents. Is self-reflective in their practice. Responds rather than reacts. Does not make assumptions. Does not rush in. Listens more than they talk. Takes time to find out more. Is non-judgmental. Shows genuine compassion. Ensures confidentiality. 	<p>Develop reflective practice in your team meetings and supervision process.</p> <p>Reflect on the dimensions of power and privilege.</p> <p>Research white privilege.</p>	<p>Is non-reflective about cultural differences.</p> <p>Judges families' circumstances.</p> <p>Shows a lack of awareness regarding the existing power relationships.</p> <p>Does not consider Aboriginal and Torres Strait Islander child raising principles and practices, or parents' expertise about their own children/family/community.</p> <p>Attributes own parenting beliefs/practices/expectations to a family's situation.</p> <p>Does not take care around the increased need to ensure confidentiality within local communities and referral pathways.</p>
Practitioner understands how family violence presents itself.	<p>The practitioner understands:</p> <ul style="list-style-type: none"> how family violence affects children's social and emotional wellbeing, including behavioural, cognitive and emotional functioning, and social development Aboriginal and Torres Strait Islander women's fears of the child protection system, regarding disclosure of family violence mothers may only access family violence services as a last resort, and that they may first access homelessness services, emergency relief services, etc. shame prevents women engaging in services because they believe the situation is their fault, and they fear being blamed or judged. 	<ul style="list-style-type: none"> Has the confidence, knowledge, and skills to externalise the problems as separate from the individual. Avoids deficit-based judgment. Uses healing-informed, trauma-integrated practice. Is sensitive to parents' fears and experiences relating to their children in family violence interventions. Acknowledges and affirms the parent's/child's strengths. 	<p>Research the correlation between colonisation and violence.</p> <p>Reflect on how intergenerational trauma presents itself in situations of family violence.</p> <p>Consider how opportunities for intergenerational healing for families and children can be ascertained.</p>	<p>Lack of recognition of practices/policies/institutions that have informed and supported the removal of Aboriginal and Torres Strait Islander children.</p> <p>Care is not taken to actively minimise stigma, shame, blame and fear for mothers accessing family violence services.</p>



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Practitioner understands how gender affects violence in Aboriginal and Torres Strait Islander families.	The practitioner understands: <ul style="list-style-type: none"> the intersection of racism and sexism that trauma, and the history of trauma impacts on men and women in different ways the voices of women, men and children are all important in addressing violence in families and communities that cultural norms can get misrepresented to reinforce violence within family kinship systems that gendered stereotypes can reinforce and normalise violence, power dynamics and controlling behaviours within families and communities. 	<ul style="list-style-type: none"> Integrates specific healing strategies for women, men and children. Is respectful of the experiences of those who use violence in interactions with mothers, without colluding or condoning. 	<p>Reflect on the intersection of racism and sexism in violence within families and communities.</p> <p>Listen to available stories of trauma and healing in different contexts experienced by children, women and men.</p>	<p>Downplays/minimises/ignores the reality and impacts of family violence for children and their mothers, in order to avoid their own discomfort and uncertainties about working in this space.</p> <p>Does not attend to the differences that are present for children, women and men when considering the impacts of trauma experiences and the approaches required for healing responses.</p> <p>Assumes that kinship systems are always a protective factor or strength; does not recognise that sometimes these structures can be misrepresented (used) to reinforce/normalise unsupportive family dynamics, gendered stereotypes and family violence.</p>
Practitioner knows self-determination is central to the provision of support and understands 'when they can or can't'.	The practitioner understands: <ul style="list-style-type: none"> that self-determination is an ongoing process of choice for Aboriginal and Torres Strait Islander peoples how to work as an ally with Aboriginal and Torres Strait Islander family violence organisations how to support and empower families to take control of their own healing that some Aboriginal and Torres Strait Islander people explicitly do not want to engage with or be referred to Aboriginal Community-controlled organisations (ACCOs) and services, due to stigma (shame) and concerns around confidentiality within their families and communities. 	<ul style="list-style-type: none"> Employs genuine co-design processes that respect and support local cultural governance and self-determination, and empower communities to drive change. Respects parents' expertise in their own lives. Works with parents to identify goals, needs and priorities. Uses community-developed solutions. Implements strong relationships with ACCOs. Ensures referral pathways are culturally responsive. 	<p>Establish partnerships with ACCOs.</p> <p>Establish mechanisms to ensure the participation of Aboriginal and Torres Strait Islander lived experience in programs.</p>	<p>Does not recognise that family and community members are the experts in their own lives and the matters that pertain to them, resulting in imposing own values/beliefs and practices.</p> <p>Uses programs that solely rely on the culturalisation of western violence prevention strategies to address violence in families and communities.</p> <p>Assumes that the person they are working with wants/needs an Aboriginal and Torres Strait Islander worker/service. Automatically refers to an ACCO without checking individual preference.</p>
Practitioner understands families come with great strengths and knowledge.	The practitioner understands: <ul style="list-style-type: none"> mothers who have been affected by family violence and intergenerational trauma have long histories of resilience, despite significant adversity the importance of taking time to understand the history of strengths within the family/ kinship community that Aboriginal and Torres Strait Islander children have a strong sense of who they are as an Aboriginal and Torres Strait Islander person and their place of belonging, within their families and communities. 	<ul style="list-style-type: none"> Ensures healing is client-driven. Is curious about parents' skills and knowledge. Is curious about strengths in parent-child relationships. Seeks to understand strategies mothers utilise to keep their children safe. 	<p>Establish reflective supervision processes to help practitioners to maintain curiosity, even where they are challenged by stories of disadvantage, violence, or children's distress.</p>	<p>Uses deficit language.</p> <p>Does not value Aboriginal and Torres Strait Islander cultural practices, existing resources and knowledge systems.</p> <p>Is unwilling to listen to stories of violence, endurance and courage (being a witness to acts of resistance to violence).</p> <p>Does not recognise/validate the small actions that mothers take to resist violence and keep their families and children safe in the face of violence.</p>

