Exploring Healing Through Cultural Programs for Aboriginal People with Childhood Experiences of Trauma and Out-of-Home Care: Listening to and Learning from Aboriginal Expertise

Submitted by

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Abstract

In Victoria, Australia, the over-representation of Aboriginal children in out-of-home care is increasing, as is these children's cultural disconnection and childhood trauma experiences. These issues occur in the context of intergenerational trauma and a lack of access to meaningful healing opportunities for Aboriginal people who have experienced trauma. A qualitatively driven mixed-method design multi-phase study was used to investigate the research question: What is the meaning and experience of healing through cultural programs for Aboriginal people with experiences of childhood trauma and out-of-home care? The research was exploratory and aimed to gain a deep and rich understanding of the perspectives of those with lived experience and of practitioners committed to supporting healing. The research was conducted in collaboration with an Aboriginal Community Controlled Organisation, the Victorian Aboriginal Child Care Agency (VACCA).

As a non-Indigenous researcher vouched for by VACCA, I adopted the *transformative paradigm* that incorporates principles of social justice, human rights, and equity. This Western paradigm was informed by an Indigenous research paradigm, incorporating principles of self-determination, decolonisation, and a strengths-based approach. The research consisted of four phases: the first phase involved quantitative descriptive statistical analysis of child welfare administrative data, followed by three qualitative phases. For the second, third, and fourth phases, I undertook interpretive phenomenological studies, an appropriate methodology mix given the focus on the meaning and experience of healing interpreted within the broader historical and contemporary contexts. For the three qualitative phases, data analysis utilised reflexive thematic analysis guided by *interpretative phenomenology* and *Indigenous research methodologies*, ensuring interpretations were consistent with Aboriginal ways of knowing, being, and doing. The findings provide new evidence of the benefits of culturally based healing programs and contribute to informing policy and practice for improving social and emotional wellbeing outcomes for Aboriginal survivors of childhood trauma in the context of out-of-home care and for Aboriginal children currently in out-of-home care.

Statement of Authorship

This thesis includes work by the author that has been published and submitted for publication, as described in the text. Except where reference is made in the text of the thesis, this thesis contains no other material published elsewhere or extracted in whole or in part from a thesis accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

As included in the thesis, material submitted and accepted for publication where I am a co-author is listed below.

Author contributions of publications included in this thesis:

Publication status	Authors, Title	Author contributions
Under review	Black, C., Bamblett, M., & Frederico, M. Cultural disconnection of Aboriginal and Torres Strait Islander children: Ongoing failure in child welfare.	Black, C., 80% Bamblett, M., 10% Frederico, M., 10%
Published	Black, C., Bamblett, M., & Frederico, M. (2022). Truth, trauma and healing: Stories of Aboriginal survivors of child sexual abuse in out-of-home care. In A. Gill & H. Begum, (Eds.), *Child sexual abuse in Black and minoritised communities: Improving legal, policy and practical responses*. Palgrave Macmillan.	Black, C., 80% Bamblett, M., 10% Frederico, M., 10%
Published	Black, C., Frederico, M., & Bamblett, M. (2019). Healing through connection: An Aboriginal community designed, developed and delivered cultural healing program for Aboriginal survivors of institutional child sexual abuse, *British Journal of Social Work*, 49, 1059–1080. https://doi.org/10.1093/bjsw/bcz059	Black, C., 80% Frederico, M., 10% Bamblett, M., 10%

Publication status	Authors, Title	Author contributions
Published	Black, C., Frederico, M., & Bamblett, M. (2024). 'Healing through culture': Aboriginal young people's experiences of social and emotional wellbeing impacts of cultural strengthening programs, *Child Abuse and Neglect*, 148, 1-13. https://doi.org/10.1016/j.chiabu.2023.106206	Black, C., 80% Frederico, M., 10% Bamblett, M., 10%

Permissions were sought in writing from the publishers of each published publication to use the content within the thesis. Permissions were granted from each of the publishers (see Appendix 2 for written permission to use publications in thesis).

Name: Carlina Mara Black

Date: 18th June 2024

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I am honoured to have been the recipient of the Robin Clark Berry Street Take Two Postgraduate Scholarship, awarded to an outstanding candidate to undertake research aimed at furthering the evidence base regarding healing childhood trauma. Thank you to La Trobe University and Berry Street for investing in me. The scholarship is dedicated to the memory of Robin Dennis Clark (1936–2001), a respected leader who has influenced current practice in Victorian child, youth and family services. Robin Clark, as a co-author of *When Care is Not Enough (1999)*, was instrumental in the development of Take Two, Berry Street. It is an honour to have undertaken this research with a scholarship in her name. This work was supported by an Australian Government Research Training Program Scholarship.

I would like to acknowledge the Stolen Generations survivors and the Aboriginal young people who participated in this research. They impressed and educated me in equal measure. I would also like to acknowledge the VACCA (Victorian Aboriginal Child Care Agency) staff who participated in this research. It was due to their deep commitment to their clients, the cultural programs, and what they set out to achieve that this research was possible.

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Dedication

I would like to dedicate my thesis to two family elders, my uncle, Emeritus Professor Russell Ainslie Meares, (24 May 1936 - 11 June 2024), and my grandfather, Dr. Ainslie Dixon Meares, (3 March 1910 – 19 September 1986). Both dedicated their lives to supporting the healing of many. We are better for your care and wisdom.

Notes on terminology

The following two publications have informed terminology used through the thesis, unless otherwise described in footnotes in the text:

Public Health Association Australia. (n.d). *Aboriginal and Torres Strait Islander Guide to Terminology*. https://www.phaa.net.au/Web/Web/About/SIGs/Aboriginal-and-Torres-Strait-Islander-Health.aspx

Aboriginal Studies Press. (2021). *Aboriginal Studies Press style guide for authors and editors*. AIATSIS Aboriginal Studies Press. https://aiatsis.gov.au/sites/default/files/2021-06/aboriginal-studies-press-style-guide-authors-and-editors.pdf

Abbreviations

ACCO	Aboriginal Community Controlled Organisation
AIATSIS	Australian Institute of Aboriginal Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
HREOC	Human Rights and Equal Opportunity Commission
NHMRC	National Health and Medical Research Council
SEWB	Social and emotional wellbeing
SNAICC	Secretariat of National and Aboriginal and Islander Child Care
VACCA	Victorian Aboriginal Child Care Agency
VGAAR	Victorian Government Aboriginal Affairs Reports

Glossary

Child complex trauma, or developmental trauma, refers to a child's exposure to multiple or prolonged interpersonal traumatic events, such as child maltreatment (Van der Kolk, 2015). Repeated exposure, chronic course, and interpersonal nature are hallmarks of child complex trauma.

Collective trauma is shared trauma over the life span and across generations, originating from group trauma experiences. When the concept of collective trauma is used in the context of Aboriginal people and communities, it refers to trauma caused by the decimation of Aboriginal people and communities during colonisation and the ongoing effects of this over many generations (Atkinson, 2013; Atkinson et al., 2014).

Complex trauma is trauma resulting from interpersonal abuse that is sustained, repeated or multiple, including child sexual abuse. Complex trauma has a different nature and impact than that which is the consequence of an individual traumatic event. See also "child complex trauma".

Cultural healing programs, also referred to as collective healing programs are a collective, culturally based group approach which views the individual in the context of their family, community, culture and country. It includes a holistic understanding of social and emotional wellbeing (SEWB), acknowledges the impacts of trauma, and is based on cultural strengths and cultural ways of healing (Healing Foundation, 2017).

Cultural programs are inclusive of both cultural healing programs and cultural strengthening programs. See also **Cultural healing programs** and **Cultural strengthening programs**.

Cultural strengthening programs strengthen Aboriginal people's connection to culture, based on the knowledge that strength for Aboriginal people is to know where they come from; who they are; to be proud to say they are Aboriginal; and that to be culturally connected assists with building resilience, belonging, and connection to community (vacca.org/page/services/cultural-strengthening-programs).

Healing from an Aboriginal perspective is holistic and relational. Healing enables people to address trauma and restore social and emotional wellbeing. Healing occurs at an individual, family, and community level. Healing continues throughout a person's lifetime and across generations (Healing Foundation, 2012). The destruction of language, culture, lore, and connection to country has disrupted healing practices integral to Aboriginal social and emotional wellbeing (Atkinson, 2002; Human Rights and Equal Opportunity Commission [HREOC], 1997).

Intergenerational trauma refers to a cycle of trauma where the harmful impacts of unresolved trauma in one generation are passed onto, or transmitted to, subsequent generations, from individual survivors to their children or grandchildren. Intergenerational trauma can occur at the individual level but also across generations for families and communities. When the concept of intergenerational trauma is used in the context of Aboriginal people and communities, it refers to the collective experience of ongoing trauma over many generations (Commonwealth of Australia, 2017). Intergenerational trauma particularly affects Stolen Generations and their children, grandchildren and subsequent generations (Healing Foundation, 2017).

Lived experience is defined as an ongoing process known "from within" by individuals and derived from phenomenological philosophy and methodology (Depraz, Varela & Vermersch, 2003).

Out-of-home care is alternative care for children under 18 years after removal from their parents. Contemporary out-of-home care includes kinship/relative care, foster care, and residential care. Historically, out-of-home care included orphanages, children's homes, family group homes, industrial schools, reformatories, and missions. This research focuses on the impacts of statutory out-of-home care when children are placed in out-of-home care after statutory intervention by the state child protection system and the courts. The Australian national definition of out-of-home care has changed over time, and as of 2018, permanent care is no longer classified as out-of-home care (Australian Institute of Health and Welfare, 2022b). The Royal Commission into Institutional Responses to Child Sexual Abuse included

adoption in the scope of out-of-home care (Commonwealth of Australia, 2017). This research includes permanent care and adoption as examples of the broader concept of children removed from their parents' care by state intervention.

Practice wisdom is conceptualised as a system of knowledge that is personal and value driven. It develops out of the transaction between the phenomenological experience of the client's situation and the use of scientific information (Samson, 2015).

Social and emotional wellbeing (SEWB), as an Aboriginal concept, is holistic and situates mental health and mental illness within a strengths-based approach that recognises the importance of connections with the mind, emotions, physical body, spirituality, culture, family, kin, community, and land. It also highlights the contributing roles of social, political, historical, and cultural determinants of wellbeing (Gee et al., 2014).

Structural racism refers to policies or practices that are part of the structures of organisations, institutions, systems, and governments which create or perpetuate disadvantage and discriminate against, control, and oppress various minority groups (Dudgeon et al., 2014).

Trauma overwhelms ordinary human adaptations, and at the core of trauma are the experiences of disempowerment and disconnection from others. Traumatic events involve threats to life or bodily integrity or a close personal encounter with violence and death (Herman, 1992*).* Atkinson (2002) shares that "trauma, if unhealed, may compound, becoming cumulative in its impacts on individuals, families and indeed whole communities and societies" (p. 24).

1. Introduction

1.1. Chapter Overview

This thesis is an exploration of healing through engagement in cultural programs as experienced by Aboriginal people with backgrounds of childhood trauma and out-of-home care. Aboriginal children in out-of-home care experience harm not only from individual trauma but also from intergenerational trauma resulting from the ongoing impacts of colonisation, displacement from culture, country and community, the Stolen Generations and other genocidal policies, structural racism, and disadvantage. These traumas and harms occurring throughout history up to the present day result in Aboriginal people being over-represented in areas including poverty, unemployment, education, justice, homelessness, and health and mental health outcomes.

This research incorporates a social and emotional wellbeing (SEWB) lens to the examination of the experience and meaning of healing provided by cultural programs as an approach for supporting children in out-of-home care and adults who were in out-of-home care in childhood. The purpose of the research is twofold: (1) to contribute to the evidence base demonstrating the effectiveness of cultural programs for healing for Aboriginal survivors of childhood trauma and out-of-home care, and (2) to inform current practice and policy so that Aboriginal survivors of trauma and with an out-of-home care experience, along with Aboriginal children in out-of-home care, can receive services, support, and healing opportunities which benefit them.

This introductory chapter provides the background, rationale and significance of the research. The aims and research questions are outlined and are designed to privilege Aboriginal expertise, lived experience, and practice wisdom. The interconnected areas of my positionality, the theoretical paradigms, conceptual framework, and conceptual assumptions informing and influencing the research are discussed. These areas are linked through the incorporation of guiding principles of social justice, equity, human rights, self-determination, decolonisation, and a strengths-based approach. The rationale for the multi-phase research approach and mixed-methods research design is articulated and related to the identified research gaps. Methods of data collection, data generation, and

quantitative and qualitative data analysis are described. The rationale for these choices is articulated and includes privileging Aboriginal knowledge and worldviews and being informed by Indigenous research paradigms and methodologies. The chapter concludes by discussing the limitations of the research and providing the structure of the thesis including the focus of each of the following chapters.

This research was undertaken on the lands of the Wurundjeri people of the Kulin Nation. I acknowledge their ongoing connection to the land, and I pay my respects to their elders, past and present, and acknowledge their future, their children, and young people. I recognise the strength and resilience of Aboriginal people and cultures. The Kulin Nation and the hundreds of other nations across Australia have living, vibrant cultures over 65,000 years in the making, a date "discovered" only in recent years by Western scientists (Clarkson et al., 2017) but always known by Aboriginal people.[1] First Nations peoples were Australia's first scientists (Tutt, 2021), first researchers (Behrendt, 2019) and first healers (Milroy, 2013).

In Australia, as is the case in many other colonised countries, Indigenous[2] children are significantly over-represented in the out-of-home care system. With this disproportionate representation increasing (Australian Institute of Health and Welfare [AIHW], 2022b), the need for research exploring healing for people with these experiences is needed. Mainstream mental health systems and Western therapeutic interventions do not sufficiently address the healing needs. Despite these acknowledged issues, there is a lack of research exploring culturally grounded programs to address healing from trauma and limited research that privileges the experiences of those experiencing the healing and those providing the healing within the out-of-home care context. This research aims to contribute to addressing these identified research gaps. This chapter situates the research and outlines the research setting and context. The research was set within Victoria's lead child welfare Aboriginal Community Controlled Organisation (ACCO), the Victorian Aboriginal Child Care Agency (VACCA) and was funded by the Robin Clark Berry Street Take

[1] I respectfully use the term "Aboriginal and Torres Strait Islander" and "First Nations" to refer to the diversity of Aboriginal and Torres Strait Islander people and cultures in Australia.
[2] I respectfully use the term "Indigenous" to collectively refer to Indigenous people worldwide.

Two postgraduate scholarship and an Australian Government Research Training scholarship. The research was situated within the broader context of Victoria's out-of-home care system. The rationale for the focus on the State of Victoria included that it is within Victoria that the over-representation of Aboriginal children is most pronounced (AIHW, 2022b).

1.2. Background

> The starting point might be to recognise that the problem starts with us non-Aboriginal Australians. … We took the children from their mothers … we failed to make the most basic human response and enter into their hearts and minds. We failed to ask—how would I feel if this were done to me? (Keating, 1992).

> Our children are aliened from their families at unprecedented rates. This cannot be because we have no love for them (Uluru Statement from the Heart, 2017).

It is now over six years since the Uluru Statement of the Heart was gifted to Australia (Uluru Statement from the Heart, 2017). It is over 30 years since then Prime Minister, Paul Keating, gave his Redfern Speech (Keating, 1992) to mark the United Nations International year for the World's Indigenous People (United Nations General Assembly, 1992). It is also over 25 years since the *Bringing Them Home* report (Human Rights and Equal Opportunity Commission [HREOC], 1997) was tabled in the Commonwealth Parliament. The report was the culmination of the HREOC's national inquiry into the forced removal of Aboriginal children from their families, known as the Stolen Generations (HREOC, 1997). The Stolen Generations were forcibly removed from their families, communities, lands, languages, and cultures. Along with the children removed, their families and communities suffered trauma, grief, and loss from the forcible removals (HREOC, 1997). The harmful impacts were wide-ranging, lifelong, and intergenerational, and continue today (AIHW, 2022b; HREOC, 1997). Intergenerational trauma stems from the policies that gave rise to the Stolen Generations and the broader contexts of invasion and ongoing colonisation (Atkinson, 2002).

In Australia, Aboriginal children have been over-represented in the child protection and out-of-home care systems historically, and this continues contemporarily (AIHW, 2022b). This situation needs to be understood in the context of intergenerational trauma and its determinants. Along with the increasing number of Aboriginal children removed from their parents, cultural disconnection also increases (Krakouer et al., 2018), and the multiple interconnected traumas increase—individual trauma, collective trauma, and intergenerational trauma. VACCA identified that the need for collective, cultural healing is significant and unmet. There is a lack of cultural programs designed specifically for Aboriginal children in out-of-home care and for Aboriginal adults who were in out-of-home care in childhood. While ACCOs throughout the country provide a range of cultural programs for community members more generally, there is a lack of evidence of the positive impacts and a lack of funding or resources for much-needed Aboriginal-led research and evaluation (Day & Francisco, 2013; Muir & Dean, 2017; Osborne et al., 2013). This research explores the healing experiences of Aboriginal people impacted by the child welfare and out-of-home care systems and practitioners committed to supporting their healing.

1.3. The Rationale for the Research

My motivation for undertaking this research was concern about the increasing number of Aboriginal children disconnected from their families and cultures due to the number of Aboriginal children within the out-of-home care system and the unresolved trauma experienced by these children. Working at Berry Street, Take Two—a dedicated developmental trauma service for children who are clients of child protection—for over 10 years made me aware that a one-size-fits-all approach to healing from complex child trauma for children in out-of-home care is not feasible (Bamblett et al., 2012; Frederico et al., 2010). My exploration of the literature demonstrated disturbing trajectories for young people leaving out-of-home care, including specifically for Aboriginal young people (Jackson et al., 2013; Mendes et al., 2020). The harmful impacts of cultural disconnection via state intervention for Aboriginal people are well understood and powerfully documented in the *Bringing them Home* report (HREOC, 1997) and elsewhere (Commission

for Children and Young People [CCYP], 2016, 2019, 2020; Davis, 2019). There is extensive research on the significant, detrimental mental health impacts of child complex trauma (Herman, 1992; Van der Kolk, 2015). Aboriginal children, young people, families, and communities are more likely to experience trauma than non-Indigenous people and are more likely to experience multiple and co-occurring traumas. Poor mental health is more common in Aboriginal communities than among non-Indigenous people (AIHW, 2023). These elements are interconnected; trauma is a significant determinant of poor mental health in Aboriginal communities (Nasir et al., 2021). Despite the over-representation of traumas and poor mental health, Aboriginal people access mainstream primary and secondary mental health systems less than non-Indigenous people (Dudgeon et al., 2020). The lack of access to health care systems is due, in part, to mental health services being experienced as inaccessible, ineffective, and culturally unsafe by Aboriginal communities. Mainstream mental health services and systems have been found not to be equipped to address the distinct traumas and mental health presentations of Aboriginal communities (State of Victoria, 2021b).

The positive SEWB wellbeing impacts of cultural connection and cultural strengthening for Aboriginal children, young people, families, and communities are well documented (Bourke et al., 2018; Butler et al., 2019; Salmon et al., 2019). However, a review of the literature revealed gaps in research about the experiences of cultural healing programs and cultural strengthening programs for Aboriginal survivors that privilege lived experiences and practice wisdom. In addition, there is limited research exploring the phenomenon of healing through engagement in cultural programs, specifically for Aboriginal survivors of childhood trauma with experiences of out-of-home care. Engagement is understood as both a sustained process and an outcome. This research sought to address these knowledge gaps.

1.4. Significance of the Research

The significance of this research lies in its contribution to the evidence base of the SEWB benefits of healing through engagement in cultural programs for Aboriginal people who have experienced trauma and been in out-of-home care. While the impacts of

childhood trauma and cultural disconnection are now better understood than previously (Commission for Children and Young People, 2016), fewer research efforts have been directed at the role of culture in healing. The approach of this thesis privileges Aboriginal knowledge, lived experience, and practice wisdom. In child welfare and therapeutic approaches, services, and systems, Aboriginal people have to contend with a mainstream, Western, culturally insensitive, one-size-fits-all approach. This has been equally true of much research about Aboriginal people and communities (Bamblett et al., 2012). By centring the voices of Aboriginal people who have experienced childhood trauma and out-of-home care alongside the practice wisdom of those designing, developing, and delivering cultural programs, an understanding of the experiences and positive impacts of cultural healing can be articulated.

The findings from this research aim to contribute to evidence on culture-based healing while articulating why mainstream approaches may not be appropriate or sufficient for Aboriginal people's healing. It is anticipated that this research can contribute to and inform practice and policy so that Aboriginal survivors of childhood trauma with out-of-home care experiences can receive services, support, and healing opportunities to meet their needs and are beneficial to them. It is also anticipated that this research can contribute to practice and policy reforms for the benefit of Aboriginal children while they are in out-of-home care, ensuring a culturally rich and safe experience, including access to collective cultural programs.

1.5. Research Setting

This research was situated in the State of Victoria, Australia, which has a current population of 6.5 million people (Australian Bureau of Statistics, 2021). It is estimated that around 60,000 people, speaking over 30 languages, lived throughout the area now known as Victoria before the British arrived in 1835 (Broome, 2005). Invasion and colonisation have deeply impacted Aboriginal people of southeast Australia, including profound loss of languages, cultures, kinship structures, resources, lands, and lives. Despite these harms and traumas, Aboriginal cultures survived. Aboriginal people throughout Victoria continue to live, practice, and strengthen their culture. Communities and ACCOs support cultural

and language revitalisation projects. The Aboriginal population of contemporary Victoria has a lower age profile and the population is growing at a higher rate than the general population (Australian Bureau of Statistics [ABS], 2021). Today there are over 78,000 Aboriginal people in Victoria, making up 1% of the Victorian population and 2% of Victoria's child population (ABS, 2021; AIHW, 2022b).

VACCA is integral to this study and is the organisational setting of this research. I was working at VACCA, and embedded in the organisation, for the duration of the research, and the participants engaged in the study were participants and facilitators of VACCA's cultural programs. VACCA began in 1976 and is the oldest and largest Aboriginal child and family welfare organisation in Victoria and the only such service that is statewide. VACCA is an ACCO whose purpose is to advocate for the rights of Aboriginal children, young people, families and communities, and provide services premised on cultural connection, human rights, safety, and self-determination. VACCA is committed to protecting, promoting, reviving, and celebrating Aboriginal culture, knowing this is integral to the physical, emotional, and spiritual wellbeing of Aboriginal young people, families, and communities (VACCA, 2022). In the era of the Stolen Generations, the state sought to protect children *from* their culture; VACCA protects children *with* their culture.

Also relevant to the research context is Take Two, Berry Street, a consortium that includes VACCA as a partner organisation. Take Two is a unique therapeutic service for children who have suffered trauma and abuse and are clients of child protection. It has a strong evaluation and research program, embedded in the model from its inception. My understanding of child complex trauma in the out-of-home care context is deeply informed by the 11 years I worked within the Take Two Research team. In 2006, Berry Street apologised to Aboriginal communities for its involvement in the forced removal of Aboriginal children. This apology was revised and reiterated in 2016 and again in 2021. The apology states that Berry Street is committed to self-determination and working alongside ACCOs; the Take Two program is an example of the realisation of this promise. The Berry Street apology concludes: "We recognise that the truth must be told, the truth must be heard, and that the truth must never be forgotten" (Berry Street, 2021, p. 1). This sentiment is also at the heart of this research.

1.6. Context

The over-representation of Aboriginal children in the child protection and out-of-home care systems, the associated traumas, cultural disconnection, and healing needs, should be considered both within historical and contemporary contexts. Historically, child welfare has led to devastating outcomes of disconnection, loss of identity, and cultural genocide for Aboriginal children, families, and communities (HREOC, 1997). Intergenerational trauma experienced by Aboriginal children, families, and communities needs to be understood in the context of invasion and the subsequent legislation, policies, and practices that resulted in the Stolen Generations (Atkinson, 2002; HREOC, 1997), the forced removal of Aboriginal children from their parents, families, communities, countries, language, and cultures.

The impacts of invasion, colonisation, and the policies of forced removals are still evident. This ever-increasing rates of child protection interventions, over-representation in juvenile and adult justice systems, and the structural inequities and marginalisation are still experienced by Aboriginal communities (AIHW, 2022b; Commonwealth of Australia, 2020a). To date, remedial approaches have not been impactful in reducing the over-representation of Aboriginal children in the child protection and out-of-home care systems. The over-representation of Aboriginal children in child protection and out-of-home care is ongoing and worsening, particularly in Victoria (AIHW, 2022b). The Aboriginal Child Placement Principle (ACCP) is the policy response in the State of Victoria, and nationally, to preventing the removal of Aboriginal children from their parents and privileging connection to culture when placement is required (*Child, Youth and Families Act, 2005* [Vic]; Secretariat of National and Aboriginal and Islander Child Care [SNAICC], 2017). Despite the ACCP being legislated (*Child and Young Persons Act, 1989* [Vic]) over 30 years ago, the increasing over-representation has not been halted. The growing commitment to self-determination, as evidenced through the transfer of child welfare services from government and mainstream community service organisations (CSOs) to ACCOs, is also yet to impact the over-representation. For Aboriginal children in out-of-home care, their human rights to develop a strong Aboriginal identity and to learn and

practice their culture has been compromised (United Nations Convention on the Rights of the Child, 1989; United Nations Declaration on the Rights of Indigenous Peoples, 2007).

1.7. Positioning Myself in the Research

As a non-Indigenous researcher with a background in quantitative methods and mixed-methods from a scientist–practitioner, psychology-trained background, positioning myself in the research is one of many new endeavours of this PhD journey. I understood and appreciated that revealing positionality is particularly critical for non-Indigenous researchers engaged in research focused on First Nations children, families, and communities. My personal and professional identities and experiences informed my research, as do my experiences of working collaboratively with Aboriginal communities, organisations, elders, colleagues, and non-Indigenous allies and advocates. So, as a relatively new, qualitative researcher whose research is informed by Aboriginal research methodologies, I introduce myself and identify my positionality in relation to the context and setting of this research.

I have lived in Naarm (the Woiwurrung name for the area now known as Melbourne, Victoria, Australia), all my life. My parents and grandparents were all born on the Wurrundjeri lands of the Kulin Nation. I am descended from Irish and English ancestry on both my maternal and paternal sides of my family. I had the good fortune of a childhood grounded in love, security, and stability, living with my parents and two sisters, and the privilege to take it for granted until I started work in the child welfare field, over 20 years ago. I have no experience of childhood trauma, and being a part of the dominant, white culture, no experience of cultural disconnection. I bring to this research over 20 years of work experience in research, evaluation, and social policy in the areas of therapeutic approaches and healing from complex child trauma in child protection and out-of-home care settings.

I would not have had the courage to undertake this research journey without my supervisors' commitment to supervise me and this research topic. Adjunct Professor Muriel Bamblett, proud Yorta Yorta, Dja Dja Wurrung, Taungurong, and Bunnerong Elder, leader, and advocate, provided the cultural authority to embark on this research. She has

generously shared her wisdom with me since I commenced at VACCA and throughout my PhD journey. Emeritus Professor Margarita Frederico is a non-Indigenous researcher, leader, and advocate in child welfare, with decades of experience working with Aboriginal communities and organisations, starting with being mentored by Aunty Mollie Dyer, the founder of VACCA and fearless advocate for Aboriginal children and families (Dyer, 2003).

I am strongly committed to social justice and human rights principles for this research. I do not presume to be objective. I am a proud ally and advocate. I research to strive for a childhood as it should be for all Aboriginal children today and tomorrow, and for healing for Aboriginal adults who had their childhood harmed or stolen.

1.8. Research Purpose, Aims, and Questions

The research purpose, aims, and questions of this project are predicated on a commitment and approach to privileging Aboriginal expertise, lived experience, and practice wisdom. The purpose of the research is twofold: (A) to contribute to the evidence base, demonstrating the effectiveness of cultural programs for healing for Aboriginal people with experiences of childhood trauma and out-of-home care and (B) to inform current practice and policy so that Aboriginal people with experiences of childhood trauma and out-of-home care, along with Aboriginal children in out-of-home care, can receive services, support and healing opportunities which benefit them. There are three broad aims of the research: (1) to explore the contribution of cultural healing to improved social and emotional wellbeing for Aboriginal people with experiences of childhood trauma and out-of-home care, (2) to unpack the culturally specific, unmet needs of Aboriginal people with experiences of childhood trauma and out-of-home care, and (3) to amplify Aboriginal expertise and voice.

The overarching question that guided the research was: what is the meaning and experience of healing through cultural programs for Aboriginal people with experiences of childhood trauma and out-of-home care? The three sub-questions were: (a) How does the out-of-home care system impact on cultural disconnection of Aboriginal children?; (b) what are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for

healing and barriers to healing?; and (c) how do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved social and emotional wellbeing for Aboriginal people who have experienced child complex trauma and out-of-home care? Table 1 outlines the purpose, aims and research questions including the phase and evidence source for each question.

Table 1

Purpose, Aims and Research Questions

Purpose
(1) To contribute to the evidence base demonstrating the effectiveness of cultural programs for healing for Aboriginal people with experiences of childhood trauma and out-of-home care (2) To inform current practice and policy so that Aboriginal people with experiences of childhood trauma and out-of-home care, along with Aboriginal children in out-of-home care, can receive services support and healing opportunities that benefit them.
Aims
(a) to explore the contribution of cultural healing to improved SEWB for Aboriginal people with experiences of childhood trauma and out-of-home care, (b) to unpack the culturally specific unmet healing needs of Aboriginal people with experiences of childhood trauma and out-of-home care, and (c) to amplify Aboriginal expertise and voice.
Overarching research question
What is the meaning and experience of healing through cultural programs for Aboriginal people with experiences of childhood trauma and out-of-home care?
Research questions for each phase of the research

Phase	Questions	Evidence source
1. Cultural disconnection in Victoria's out-of-home care	How does the out-of-home care system impact on cultural disconnection of Aboriginal children?	Administrative data Policy commitments
2. Narratives of survivors of child sexual abuse in out-of-home care	What are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing, and barriers to healing?	Lived experience
3. Experiences of cultural healing programs for survivors of child sexual abuse in out-of-home care	How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care?	Lived experience Practice wisdom
4. Young people's experiences of cultural strengthening programs	Same as Phase 3	Lived experience Practice wisdom

Generated from the research questions, the fundamental concepts of healing, child complex trauma and out-of-home care, are defined below.

- **Healing** from an Aboriginal perspective is holistic and relational. Healing enables people to address trauma and restore social and emotional wellbeing. Healing occurs

at an individual, family and community level. Healing continues throughout a person's lifetime and across generations (Healing Foundation, 2012). The destruction of language, culture, lore, and connection to country has disrupted healing practices integral to Aboriginal social and emotional wellbeing (Atkinson, 2002).

- **Child complex trauma**, or developmental trauma, refers to a child's exposure to multiple or prolonged interpersonal traumatic events, such as child maltreatment (Van der Kolk, 2015). Repeated exposure, chronic course, and interpersonal nature are hallmarks of child complex trauma.
- **Out-of-home care** is alternative care for children under 18 years after removal from their parents. Contemporary out-of-home care Aboriginal children includes kinship/relative care, foster care, and residential care. Historically, out-of-home care for Aboriginal children included orphanages, children's homes, family group homes, industrial schools, reformatories, and missions. This research focuses on the impacts of statutory out-of-home care when Aboriginal children are placed in out-of-home care after statutory intervention by the state child protection system and the courts. The Australian national definition of out-of-home care has changed over time, and as of 2018, permanent care is no longer classified as out-of-home care (AIHW, 2022b). The Royal Commission into Institutional Responses to Child Sexual Abuse included adoption in the scope of out-of-home care (Commonwealth of Australia, 2017). This research includes permanent care and adoption as examples of the broader concept of children removed from their parents' care by state intervention.

1.9. Theoretical Paradigms and Conceptual Framework

In my research, Western methodology was integrated with Aboriginal research methodologies. My research utilised the transformative paradigm, which entails the critical principles of social justice, human rights, and equity (Mertens, 2015). The research incorporated Indigenous research paradigms and principles informed particularly by the work of Aboriginal researchers, Professor Lester-Irabinna Rigney (1999, 2001) and Professor Karen Martin (2003, 2008). Incorporating Indigenous research paradigms within the transformative paradigm acknowledges Indigenous aspirations for self-determination,

decolonisation, and a strengths-based lens (Martin, 2003, 2008; Rigney, 1999, 2001). Rigney defines Indigenous research as culturally safe and culturally respectful research that includes the following core principles:

- Informed by and promotes strengths-based perspectives of Aboriginal people
- Upholds Aboriginal people' right to self-determination
- Prioritised according to the interests and needs of Aboriginal people
- Of benefit to Aboriginal people
- Privileges the leadership, voices, and perspectives of Aboriginal people (Rigney, 2001).

The research also respects Aboriginal worldviews and privileges intergenerational learning by including the voices of elders and young people. The research was conducted under the guidance of Aboriginal leadership and expertise. It was informed by Aboriginal research paradigms, methodologies, and methods.

The transformative paradigm and Aboriginal research paradigms form the philosophical underpinnings of my research, including design and analysis. This research has an advocacy purpose and is well suited to the transformative paradigm where issues facing marginalised groups are of high importance (Creswell & Poth, 2018). Western worldviews of Indigenous people as the "problem other" have been perpetuated by Western research methodologies that fail to acknowledge, let alone promote, Indigenous strength and knowledge (Atkinson, 2002; Rigney, 1999). Incorporating Indigenous research paradigms is critical to counter this.

This research is informed by Aboriginal conceptualisations of SEWB, which include, but are broader than, a Western conceptualisation of mental health. Aboriginal conceptualisations centre culture and the role of cultural connection in promoting positive SEWB and restoring positive social and emotional wellbeing in the context of healing from traumas (Gee et al., 2014). The Aboriginal SEWB conceptual framework is appropriate to this topic because SEWB is considered a foundational concept for Aboriginal health and healing (Atkinson et al., 2014; Milroy et al., 2014).

1.10. Conceptual Assumptions

In keeping with self-determination principles and decolonisation goals, this research is based on the belief that Aboriginal survivors of trauma are the experts in their healing. The research is founded on two conceptual assumptions: culture as strength and the rejection of a deficit lens that claims that to be Aboriginal is to be vulnerable. This research does not seek to interrogate the positive impacts of culture; this research takes such impacts as a given. Cultural connection and cultural strengthening lead to positive SEWB for Aboriginal children, families, and communities (Bourke et al., 2018; Butler et al., 2019; Salmon et al., 2019). The increasing over-representation of Aboriginal children in out-of-home care represents a growing cohort of Aboriginal children needing cultural connection. Aboriginal people's culture does not explain poor mental health or the over-representation of Aboriginal children in out-of-home care. Instead, both are explained by a range of social, economic, and historical determinants, including intergenerational trauma and other traumas, poverty, discrimination, and racism.

This research rejects a deficit lens (Walter & Anderson, 2016) in favour of a strengths-based lens (Fogarty et al., 2018). Although Aboriginal people are often described as "disadvantaged" or "vulnerable", this research strongly challenges this conceptualisation. Classifying Aboriginal people as "disadvantaged" means stereotypes are perpetuated, and this fuels racism, both implicit and explicit. Aboriginal people are not inherently vulnerable. Aboriginal people are proud, strong, and resilient. This research was an opportunity to acknowledge the rights of Aboriginal people in Victoria. Acknowledging and ensuring Indigenous rights is a strengths-based approach to addressing the issues faced by Victoria's Aboriginal children and families and encompasses Aboriginal people as culturally distinct with cultural needs and rights.

1.11. Research Design and Approach, and Methods of Data Collection, Generation, and Analysis

A four-phased, mixed-methods design included statistical analysis of child protection and out-of-home care data (Phase 1), and thematic analysis of: survivor narratives (Phase 2); interviews, surveys and journals from participants and facilitators of

cultural programs (Phase 3); and interviews with young people who were engaged in a cultural program designed for Aboriginal young people who were in out-of-home care in childhood (Phase 4). The research design utilised was a qualitatively driven mixed-method design (Hesse-Biber & Johnson, 2015). This type of mixed-method design privileges the qualitative approach, with the quantitative component having a secondary role. The specific mixed-method design used was a qualitatively driven nested/embedded mixed-method design (Hesse-Biber et al., 2015). This design was chosen because it allowed for quantitative analysis to provide context to the overall study while centring qualitative paradigms, assumptions, questions, and methods.

Both quantitative and qualitative phases were informed by Indigenous research methodologies (Martin, 2008; Rigney, 2001; Walter & Anderson, 2016). The sole quantitative phase utilised descriptive statistical analysis to explore the over-representation and cultural disconnection of Aboriginal children within Victoria's out-of-home care system. An *interpretive phenomenological* approach was utilised for the qualitative phases. Phenomenology, with its focus on meaning-making from lived experience (Usher & Jackson, 2017), is well-placed to incorporate Indigenous voices and worldviews. Critical to an interpretive phenomenological approach is the interpretation of themes in context (van Manen, 2014). Understanding context is also central to Indigenous research methodologies (Martin, 2008; Rigney, 2001). For these reasons, interpretative phenomenology informed by Indigenous research methodologies is an appropriate methodology mix.

The research study consisted of four phases:

- Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System
- Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care
- Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care
- Phase 4: Young People's Experiences of Cultural Strengthening Programs

Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System consisted of a descriptive statistical analysis of publicly available administrative child welfare data. The

data analysed were from the annual reports of the AIHW, the Productivity Commission and the Victorian Government Aboriginal Affairs Reports (VGAAR). The data analysis examined variables related to the over-representation of Aboriginal children in out-of-home care in Victoria and the associated risk of cultural disconnection. This phase provided the context in which the subsequent qualitative phased were situated.

Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care involved a thematic analysis of 51 narratives of Aboriginal survivors of institutional child sexual abuse in out-of-home care who shared their stories with the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017). This phase focused exclusively on survivors' voices and explored the impacts of child abuse and trauma, healing needs, and experiences of healing. This phase demonstrated the need for cultural healing explored in subsequent phases.

Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care consisted of a thematic analysis from interviews, surveys, and reflective journals (supplemented with short films and participant observation) from participants and facilitators of cultural healing programs designed, developed, and delivered by VACCA.

Phase 4: Young People's Experiences of Cultural Strengthening Programs involved a thematic analysis of interviews with young people who were part of an innovative cultural-strengthening program—VACCA's art collective developed for and by the young people. The young people shared their experiences being a part of this cultural program as well as VACCA's cultural programs they had participated in during childhood and adolescence.

1.12. Limitations of the Research

Limitations of the research are acknowledged and include that the research is limited to one state of Australia and set within one ACCO. Given the diversity of Aboriginal cultures, communities, and experiences, careful thoughtfulness is required in considering how and if findings can be meaningful and useful to Aboriginal communities and community organisations more broadly. This research amplified the voices of elders and young people but did not include the voices of children currently in out-of-home care.

While the research did explore young people's experiences when they were children in out-of-home care, not hearing from children directly is a limitation. There is a role for future research to address this.

1.13. Structure of the Thesis

This thesis includes published work and framing chapters explaining how each published work contributes to the overall research study. The publications consist of three peer-reviewed journal articles and one invited, peer-reviewed book chapter (see Table 2)

Table 2

List of Publications Included as Part of this Thesis

Publication Status	Authors, Title	Placement In Thesis
Under review	Black, C., Bamblett, M., & Frederico, M. Cultural disconnection of Aboriginal and Torres Strait Islander children: Ongoing failure in child welfare.	Chapter 2, Phase 1
Published	Black, C., Bamblett, M., & Frederico, M. (2022). Truth, trauma and healing: Stories of Aboriginal survivors of child sexual abuse in out-of-home care. In A. Gill & H. Begum, (Eds.), *Child sexual abuse in Black and minoritised communities: Improving legal, policy and practical responses*. Palgrave Macmillan.	Chapter 5, Phase 2
Published	Black, C., Frederico, M., & Bamblett, M. (2019). Healing through connection: An Aboriginal community designed, developed and delivered cultural healing program for Aboriginal survivors of institutional child sexual abuse, *British Journal of Social Work*, *49*, 1059–1080. https://doi.org/10.1093/bjsw/bcz059	Chapter 6, Phase 3

Publication Status	Authors, Title	Placement In Thesis
Published	Black, C., Frederico, M., & Bamblett, M. (2024). 'Healing through culture': Aboriginal young people's experiences of social and emotional wellbeing impacts of cultural strengthening programs, *Child Abuse and Neglect*, 148, 1-13. https://doi.org/10.1016/j.chiabu.2023.106206	Chapter 7, Phase 4

This thesis consists of eight chapters. Following this chapter (Chapter 1: Introduction), Chapter 2: Context presents Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System. The chapter outlines the historical and contemporary context for the research, including the impacts of the past legislation, policies and practices of the Stolen Generations and the links to current child protection and out-of-home care systems in Victoria, Australia. The chapter then introduces the journal article titled: "Cultural Disconnection of Aboriginal and Torres Strait Islander Children: Ongoing Failure in Child welfare" (Black et al., under review). This article provides a policy and quantitative data analysis of how contemporary child welfare is not addressing the stated policy intention of reducing the over-representation of Aboriginal children in out-of-home care and the associated risk of cultural disconnection for these children. Through an analysis of administrative data and policy commitments, Chapter 2 (Phase 1) addresses the first sub question of the research; How does the out-of-home care system impact on cultural disconnection of Aboriginal children?

Chapter 3: Literature Review provides a narrative review of the literature relevant to the research questions. A critical analysis of the research literature included the following areas: cultural connection for Aboriginal people in out-of-home care contexts; Aboriginal conceptualisations of SEWB; trauma, both individual and collective, particularly as it presents in Aboriginal children, families, and communities; and the role of culture in healing from trauma. The limited research available on cultural programs for Aboriginal survivors of childhood trauma and those with experience of out-of-home care is

synthesised. The research from each of these areas is integrated and research gaps are identified. This research seeks to address identified research gaps by exploring the experiences and meanings of culturally grounded, collective approaches to programs for healing from trauma and improved SEWB in the out-of-home care context that privileges Aboriginal knowledge and voices.

Chapter 4: Methodology articulates the overall research approach and design and outlines how each of the phases of the multi-phase research contributes to answering the research questions. Central to all aspects of the research approach and design is being informed by Indigenous ways of knowing, being and doing by integrating Indigenous research paradigms and methodologies throughout the research. This provides guiding principles, assumptions, and values of the research and is consistent with my positionality. Ethical considerations are discussed, and the rationale for the research methods is provided. Methods of data collection and data generation are described and include accessing publicly available data (Phases 1 and 2) and semi-structured interviews informed by the Aboriginal research method of yarning (Bessarab & Ng'andu, 2010) (Phases 3 and 4). Methods of data analysis are outlined: descriptive statistical analysis (Phase 1) and reflexive thematic analysis informed by interpretive phenomenology and Indigenous research methodologies for Phases 2, 3, and 4.

Chapter 5: Description and Presentation of Findings from Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care provides the findings of the first of the three qualitative phases of the research (Phases 2). Phase 2 provides a thematic analysis of 51 narratives of Aboriginal survivors of institutional child sexual abuse in out-of-home care, as told in private sessions to the Royal Commission into Institutional Responses to Child Sexual Abuse. This phase is presented in the book chapter, "Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care" (Black et al., 2022). Based on lived experience expertise, Chapter 5 (Phase 2) addresses the second sub question of the research; what are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing, and barriers to healing?

Chapter 6: Description and Presentation of Findings from Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care provides participants and facilitators experiences of healing from cultural healing programs provided by VACCA. Phase 3 is presented in the journal article, "Healing Through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse" (Black et al., 2019).

Chapter 7: Description and Presentation of Findings from Phase 4: Young People's Experiences of Cultural Strengthening Programs explores young people's experiences of VACCA's cultural strengthening programs for children and young people. Phase 4 is presented in the journal article, "'Healing Through Culture': Aboriginal Young People's Experiences of Social and Emotional Wellbeing Impacts of Cultural Strengthening Programs" (Black et al., 2024). Utilising lived experience and practice wisdom, both Chapter 6 (Phase 3) and Chapter 7 (Phase 4) address the third and final sub question of the research; How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care?

Chapter 8: Discussion, is the final chapter and integrates the research findings, addresses each of the research sub questions sequentially, followed by the overarching research question, and discusses the research's contributions including its role in addressing identified research gaps. Limitations of the research are discussed, as are implications for policy, practice, and further research.

1.14. Chapter Summary

This introductory chapter has provided an overview of the research exploring the experiences of healing through engagement in cultural programs and demonstrated the centring of Aboriginal expertise, including people with experiences of childhood trauma and out-of-home care and the practice wisdom of practitioners supporting their healing. The chapter provided the background, rationale, significance, setting and context of the research. It also positioned me as a researcher and outlined the theoretical paradigms, conceptual framework and conceptual assumptions underpinning the research and

outlined the guiding principles connecting these aspects of the research. Each of these influences the purpose, aims, and research questions which were outlined. The research design, approach, and methods of data collection, data generation, and data analysis were explained and justified. Limitations of the research were acknowledged. Finally, the structure of the thesis was presented, outlining the eight chapters inclusive of four publications. The next chapter, Chapter 2: Context, presents the first phase of the research, Phase 1: Cultural Disconnection in Victoria's Out-Of-Home Care System. This chapter unpacks the research context, Victoria's out-of-home care system, both historical and contemporary.

2. Context: Cultural Disconnection in Victoria's Out-of-Home Care System (Phase 1)

2.1. Chapter Overview

Conducting research in context is central to *Indigenous research methodology* (Behrendt, 2019). The broad context of this research is historical, political, social, and cultural. Aboriginal children and families are impacted by the enduring effects of invasion, colonisation, the forced removal of children from their parents, unaddressed intergenerational trauma and sequelae, social and economic disadvantage, and systemic racism. The specific context of this research study is Victoria's out-of-home care system. Contemporary out-of-home care has its foundations in the past. It is acknowledged that Aboriginal families experience fear and mistrust when engaging with child welfare services due to the ongoing legacy of the Stolen Generations era of forced child removals and the current reality of disproportionate child removal of Aboriginal children relative to non-Indigenous children (AIHW, 2022b; HREOC, 1997). An additional component of the context is the challenge of the lack of services for children currently in out-of-home care and young people who have recently exited out-of-home care. This chapter presents the first phase of the research, Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System*,* which was developed to examine the out-of-home care context.

Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System examined outcomes and trends over time for Aboriginal children in out-of-home care in Victoria, focusing on data relevant to cultural disconnection. The purpose of Phase 1 was to highlight the deepening over-representation, and the associated cultural disconnection, of Aboriginal children in Victoria's out-of-home care system, and thus contribute to the evidence base demonstrating the need for cultural connection and healing for Aboriginal children in out-of-home care and Aboriginal adults with experiences of out-of-home care. The research question for this phase was: How does the out-of-home care system impact on cultural disconnection of Aboriginal children? The approach taken to answer this research question was descriptive statistical analysis of administrative data relating to child protection, out-of-home care, and family services.

Further discussion of context is included in Phase 2 (Chapter 5) and Phase 3 (Chapter 6). The historical context of out-of-home care in Australia, and specifically in Victoria, is discussed in Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care, presented in the book chapter, "Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care" (Black et al., 2022; included in Chapter 5). Detailed is the changing policy from "protectionism" to assimilation, both based on the ideology of white supremacy and the associated legislation. The journal article, "Healing Through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse" (Black et al., 2019), is included as Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care, and presented in Chapter 6. The article provides contemporary context, including social work practice with Aboriginal communities, and provides critiques of culturally sensitive practice and cross-cultural, anti-oppressive, and human rights approaches to social work.

Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System has been presented as a journal article, titled Cultural disconnection of Aboriginal and Torres Strait Islander children: Ongoing failure in child welfare. The article has been submitted for publication, is currently under peer review, and is introduced in the next section, including an overview of the approach to analysis and headline key findings.

2.2. Introduction to Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System

In Australia, the over-representation of Aboriginal children in out-of-home care is evident in every state and territory, and the jurisdiction with the highest over-representation is the State of Victoria. Not only does Victoria have the highest over-representation, the data analysis reveals the over-representation is increasing. In Australia, Aboriginal children are 12 times more likely to be in out-of-home care than non-Indigenous children. In the State of Victoria, Aboriginal children are 22 times more likely to be in out-of-home care than non-Indigenous children. This equates to 14% of all Aboriginal children in Victoria being in out-of-home care at some point during the 2021–22 financial year, an

increase each year over the past five years. This is in contrast to the rate of non-Indigenous children in out-of-home care in Victoria, which is 0.7%, a statistic which has flatlined in recent years, demonstrating that increasing rates of out-of-home care cannot be accepted as inevitable.

Phase 1 demonstrated the ongoing cultural disconnection associated with statutory removal of Aboriginal children from their parents in the context of the rising numbers of Aboriginal children in out-of-home care in Victoria. Aboriginal children have the right to a childhood with family and culture, and connection to culture is critical to Aboriginal children's social and emotional wellbeing (SEWB) and healing from traumas (Bamblett et al., 2012; Bourke et al., 2018; Salmon et al., 2019). That Aboriginal children in out-of-home care are at particular risk of cultural disconnection (Blackstock et al., 2020; Krakouer et al., 2018, 2022) demonstrates the need to implement services for healing and cultural connection.

The racist legislation, policies and practices of the Stolen Generations era, which saw thousands of Aboriginal children forcibly removed from their parents, families, communities, cultures, and lands, have ended (HREOC, 1997). However, the impacts are collective and intergenerational (Dudgeon et al., 2014), and structural racism continues to feature in the current child protection system. The legacy of the Stolen Generations era lives on at the individual, family, and community levels and is evidenced in intergenerational trauma and intergenerational impact (AIHW, 2018, 2019). The legacy of the past also lives on structurally; Victoria's current child protection and out-of-home care systems are still provided based on Western values, norms, and culture. The vast over-representation of Aboriginal children in out-of-home care, and the associated cultural disconnection, is confronting. Understanding this historically is straightforward; the legislation, policies, practices, and personal accounts provide the evidence to demonstrate the racism and genocidal intent of forced Aboriginal child removal during the Stolen Generations era (HREOC, 1997). The legislation of the Stolen Generations era has been repealed, the policy context has changed, and yet the over-representation continues. Understanding this contemporary over-representation is complex. As discussed in this

chapter, in the State of Victoria, recent self-determination reforms were aimed at changing this.

The descriptive data analysis focused on disaggregating the data so that selected variables were compared between Aboriginal children and non-Indigenous children, thus highlighting differences. This research not only avoided, but actively challenged, a deficit discourse, situating the over-representation of Aboriginal children in out-of-home care in the context of structural and systemic issues that contribute to over-representation. Specifically, this approach was realised through the decision to include family services data, in addition to child protection and out-of-home care data, in the analysis.

In this analysis, the focus on disproportionality goes beyond an examination of the child protection and out-of-home care systems. Also included is a disproportionality analysis of intensive family support services (IFSS), given that the expressed aim of this government-funded service system is to prevent children from being removed from their parents' care and placed in out-of-home care. This analysis revealed that Aboriginal children make up 28% of children in out-of-home care in Victoria, and yet only 11% of provision of IFSS are provided to Aboriginal and Torres Strait Islander children and families. This quantitative analysis of out-of-home care data in conjunction with the IFSS data has not been provided previously in the research literature. Conducting this analysis in this study provides a deeper understanding of Aboriginal over-representation in the child welfare system. This approach to data analysis demonstrates the importance of disaggregating data as championed by Walter and Anderson (2016) in their seminal text *Indigenous statistics: A quantitative research methodology*. The undertaking of this comparative statistical analysis, inclusive of service provision, is an approach to countering the deficit lens of apportioning blame on individual Aboriginal families, communities, or cultures, and exploring structural inequity instead.

The journal article based on Phase 1, titled Cultural disconnection of Aboriginal and Torres Strait Islander children: Ongoing failure in child welfare is presented below.

2.3. Cultural Disconnection of Aboriginal and Torres Strait Islander Children: Ongoing Failure in Child Welfare

Cultural disconnection of Aboriginal and Torres Strait Islander children: Ongoing failure in child welfare

Short running title:

Cultural disconnection of Aboriginal children

Authors:

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Conflict of interest:
The authors declare no conflict exists for all authors.

Keywords: Child Protection; out-of-home care; administrative data; Aboriginal and Torres Strait Islander children, cultural connection.

Abstract

In Australia, Aboriginal and Torres Strait Islander children are substantially over-represented in the out-of-home care system. This worsening problem is acknowledged as a national crisis. It is impacted by intergenerational trauma stemming from invasion, ongoing colonization, the Stolen Generations and its ongoing legacy, and structural and systemic racism. Aboriginal children have the right to a childhood with family and culture, and connection to culture is critical to Aboriginal children's social and emotional wellbeing. Yet increasing numbers of Aboriginal children are separated from their parents and disconnected from their cultures. The over-representation of Aboriginal children in out-of-home care is higher in Victoria than in all other jurisdictions in Australia. By analysing publicly available administrative data, this paper explores the relationship between policy and outcomes in Aboriginal child welfare in Victoria, Australia, to examine the extent to which child welfare systems support Aboriginal children to remain connected to their families and cultures. Based on the data analysis, data gaps and limitations are discussed as are data-informed policy recommendations.

Introduction

In Australia, Aboriginal[1] children are over-represented in the child protection and out-of-home care systems (AIHW, 2022b). The legacy of the Stolen Generations, as well as ongoing colonisation and systemic racism, is evident in the intergenerational and collective trauma experienced by Aboriginal children, families and communities (Atkinson, et al, 2014). This over-representation needs to be understood in the context of history. 2022 marks 25 years since the Bringing them Home Report was tabled in Commonwealth Parliament. The report, the culmination of the Human Rights and Equal Opportunity Commission's (HREOC) national inquiry into the forced removal of Aboriginal children from their families, communities, cultures and lands (HREOC, 1997), woke white Australia from its ignorance of Australia's genocidal past. The Stolen Generations period began in the mid-1880s and ended in the 1970s; the racist laws, policies and practices that enabled the Stolen Generations no longer exist. However, the over-representation of Aboriginal children in out-of-home care continues, with increasing numbers of Aboriginal children removed from their parents and their cultures. In contemporary Australia, child removals are authorised via legislation where removal is the last resort to protect children from maltreatment. For Aboriginal children who must be placed in out-of-home care adherence to the Aboriginal Child Placement Principle (ACPP) is designed to prioritise placement with family and kin, and thus ensure connection to culture is maintained. The ACPP is enshrined in all jurisdictions' child welfare legislation, yet compliance with, and implementation of the principle remains poor (SNAICC, 2017, 2021).

The Bringing them Home Report was tabled in 1997; at that time there were 2,785 Aboriginal children in out-of-care in Australia (AIHW, 1998) and Aboriginal children were 7 times more likely to be in out-of-care than non-Indigenous children (AIHW, 1998). In 2021, (the most recent publicly available data) there were

[1] The authors respectfully use the term Aboriginal to refer to the many diverse Aboriginal and Torres Strait Islander people and communities in Australia.

19,480 Aboriginal children in out-of-home care and Aboriginal children were 12 times more likely to be in out-of-home care (AIHW, 2022b). These national figures do not reveal the stark differences in the rate of over-representation in each jurisdiction. The highest over-representation is in the State of Victoria, where Aboriginal children are 22 times more likely to be in out-of-home care than non-Indigenous children (AIHW, 2022b). The next highest over-representation is in Western Australia (where Aboriginal children are 19 times more likely to be in out-of-care) and the lowest is in Tasmania (where Aboriginal children are 5 times more likely to be in out-of-care) (AIHW, 2022b).

There is extensive evidence that demonstrates the harms of removal of Aboriginal children from their parents; harms to the child removed, their parents, families, communities and cultures (HREOC, 1997). The impacts can be wide-ranging, traumatic, lifelong and intergenerational. Several recent inquiries provided evidence of the damage of out-of-home care for Aboriginal children; both harms while in out-of-home care and harms post leaving out-of-home care (CCYP, 2016, 2019; Davies, 2019), including cultural disconnection. Cultural connection for Aboriginal children promotes social and emotional wellbeing and healing from traumas (Author's own, 2012; Bourke et al., 2018; Gee et al., 2014; Salmon, et al., 2019). Transmission of culture happens within relationships, within families, and Aboriginal children in out-of-home care are at particular risk of cultural disconnection (Author's own, 2020; Krakouer, et, al, 2020; 2022).

Since 2008, Australia's national policy commitment to overcoming Indigenous disadvantage has been conceptualised in the Closing the Gap framework. This framework, committed to by Commonwealth, State and Territory governments, provides an annual snapshot of progress made against a range of targets. However, it was not until 2020, the latest iteration of the National Agreement on Closing the Gap, that an out-of-home care target was included (Commonwealth of Australia, 2020). The target is that by

2031 the over-representation of Aboriginal children in out-of-home care is reduced by 45% (based on 2019 rates as the baseline) (Commonwealth of Australia, 2020). Table 1 shows that the out-of-home care gap has not reduced nor is it on target to reduce by 2031; in the two years since the baseline year the gap has increased both nationally and in Victoria. Figure 1 includes the trendline indicating the required reduction needed over time to reach the Closing the Gap target in 2031.

Table 1. National Agreement on Closing the Gap outcome, target and indicator and data as it relates to the over-representation of Aboriginal children in out-of-home care.

Outcome: Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system.		
Target: By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%.		
Indicator: The rate of Aboriginal and Torres Strait Islander children aged 0-17 years in out-of-home care (number per 1000 children).		
	Rate of Aboriginal children in OOHC (Number per 1000 children)	
Year	**Australia**	**Victoria**
2019 - Baseline	54.2	89.9
2021 - Current	57.6	103.0
2031 - Commitment	29.8	49.4

In this paper, the authors explore the deepening over-representation of Aboriginal children removed from their parents and the risk of cultural disconnection this presents. This exploration is undertaken through analysis of publicly available administrative data to unpack the extent to which the data can help understand this ongoing over-representation and provide opportunities for action in Victoria, Australia.

Methods

The research question addressed is: what can administrative data reveal about the implementation of Aboriginal child welfare policy in Victoria, Australia, specifically in relation to Aboriginal children's rights to a childhood with family and culture? This has been operationalised and defined as needing each of the following outcomes: reduction in the number of Aboriginal children in out-of-home care; equitable provision of intensive family support services (IFFS), a service with the intended aim of preventing out-of-

home care placement; when Aboriginal children are in out-of-home care ensuring it is a culturally rich and safe experience; when Aboriginal children are in out-of-home care ensuring it is for the shortest time possible; and increasing successful reunifications of Aboriginal children back to their parents. Table 2 documents how this research question has been operationalised. Required outcomes 1 and 2 relate to reducing Aboriginal children coming into out-of-home care, required outcome 3 relates to ensuring a culturally rich and safe experience while in out-of-home care and required outcomes 4 and 5 focus on exiting Aboriginal children from out-of-home care (Table 2).

Table 2. Required outcomes to reduce cultural disconnection associated with statutory removal of Aboriginal children from their parents, associated indicators and data sources accessed.

Required outcomes	Indicators	Data source
1 Reduction in the number of Aboriginal children in OOHC	Children in OOHC	AIHW, Child Protection
	Children admitted to and discharged from OOHC	AIHW, Child Protection
	Children who are subject to notifications, investigations, and substantiations of maltreatment (as precursors to placement in OOHC)	AIHW, Child Protection
	Children in Permanent Care[1]	AIHW Child Protection
2 Provision of intensive family support services (IFSS)[2]	Children provided with IFSS	Productivity Commission
3 When Aboriginal children are in out-of-home care, it is a culturally rich and safe experience	Placed with Aboriginal family	AIHW, ATSIPP
	Cultural support plans	AIHW, ATSIPP
	Aboriginal child welfare reforms	VGAAR
4 When Aboriginal children are in out-of-home care, ensure it is for the shortest time possible	Children in OOHC for 2 years or more	AIHW, Child Protection
5 Aboriginal children successfully reunified from OOHC back to their parents.	Children reunified with parents	AIHW, Child Protection
	Children reunified with parents who do not return to OOHC in next 12 months	AIHW, Child Protection

[1] Since 2019, Permanent Care is no longer included in the national definition of OOHC. However, it is included in this analysis as Aboriginal children in Permanent Care represent children removed from their parents by the state and at risk of cultural disconnection. [2]Intensive family support services (IFSS)[2] have the aim of preventing the removal of children from their parents.

The method involved sourcing and analysing publicly available administrative data. The inclusion criteria for data accessed was limited to data that is publicly available. The data sources used were: the Australian Institute of Health and Welfare (AIHW) Child Protection annual reports; the AIHW Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) annual reports; the Productivity Commission's annual reports on Government Services and; the annual Victorian Government Aboriginal Affairs reports (VGAAR).

Data analysis

Descriptive statistical analysis included a comparison of numbers, percentages and rates by jurisdiction and Aboriginal status of the child. The number per 1000 children (rates) was used to compare Aboriginal and non-Indigenous child data. The Indigenous/Non-Indigenous rate ratio is the Indigenous rate divided by the non-Indigenous rate. Rate ratios are used as indicators of the level of over-representation of Aboriginal children in the child protection and out-of-home care systems. Calculations of number per 1000 and rate ratios followed the AIHW methods (AIHW, 2022b).

A limitation to data comparison and analysis over time and between jurisdictions is inconsistent and changing definitions (AIHW, 2022b; Productivity Commission, 2022); particularly pertinent is the changing scope and definition of out-of-home care. From 2018–19, a national definition of out-of-home care was agreed to by all states and territories, meaning from 2018-19 onwards data can be compared over time and across jurisdictions. Under this definition, the scope of out-of-home care narrowed as children in permanent care were no longer counted as being in out-of-home care (Productivity Commission, 2022). Children in permanent care, while not provided the oversight required of out-of-home care still represent Aboriginal children removed from their parents and at risk of disconnection from culture (SNAICC, 2021). Therefore, where the required data is available, data is presented using both the current and previous definitions.

The AIHW and Productivity Commission caution that it is not meaningful to compare notifications, investigations and substantiations between jurisdictions due to jurisdictional differences in collecting and reporting data (AIHW, 2022b; Productivity Commission, 2022). IFSS data is also considered to not be directly comparable between jurisdictions as it is impacted by states and territories' changing policies (Productivity Commission, 2022). For this reason, notifications, investigations, substantiations and IFSS are analysed only within the jurisdiction of Victoria. Another issue is unavailable or missing data; this is noted throughout the Findings section where it is relevant for any jurisdiction or any year and the need for data improvements is noted in the Discussion section.

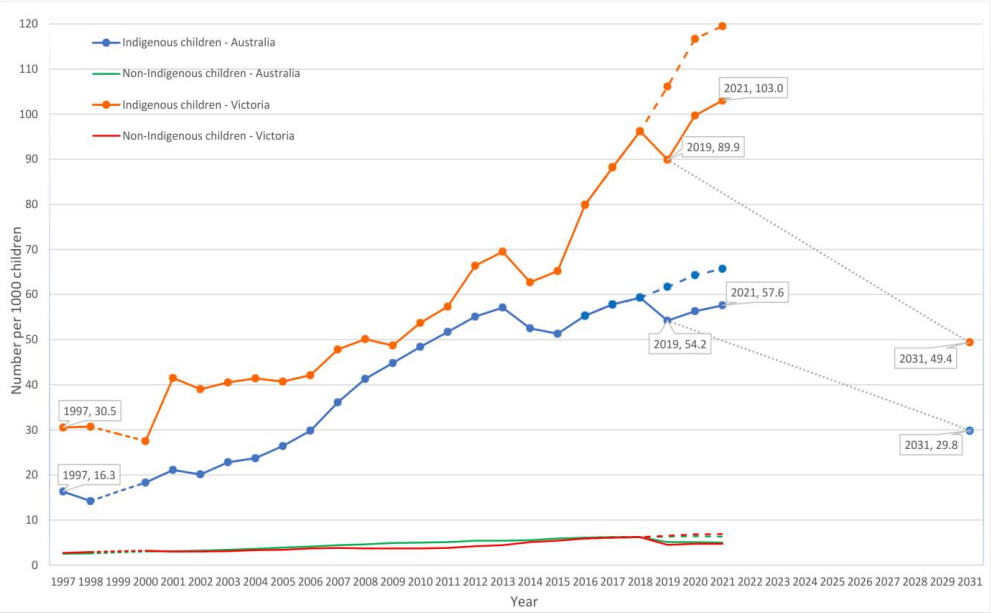
Findings

Child protection, out-of-home care and permanent care

Number of Aboriginal children in out-of-home care and permanent care

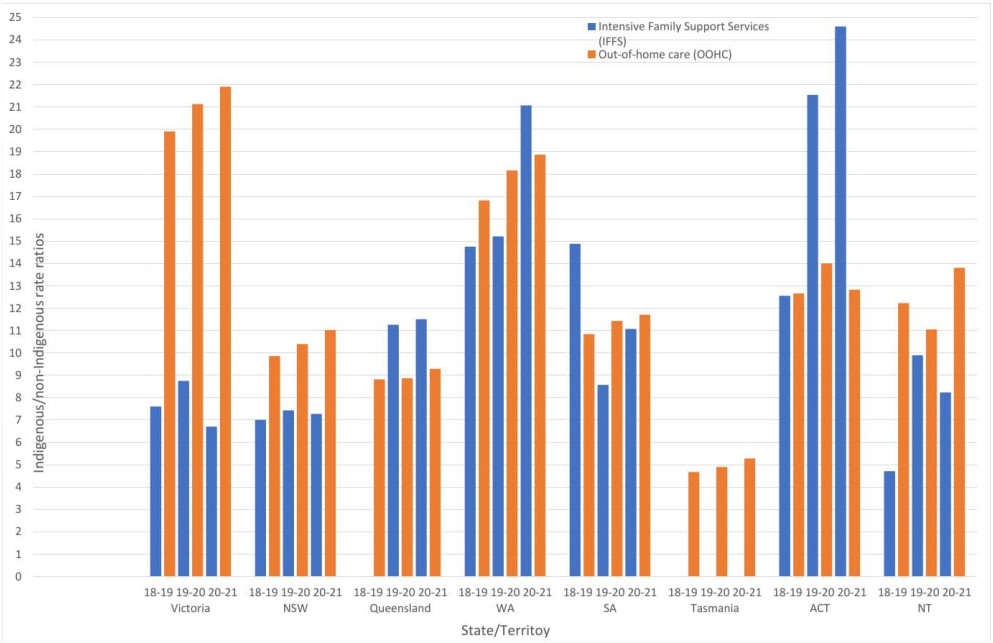
In Australia, Child Protection authorities in each state and territory have the legislative authority to remove children from their parents, following a Child Protection risk assessment that the child has, or is likely to, experience abuse and/or neglect, and place them in out-of-home care (which includes kinship care, foster care and residential care). Figure 1 highlights that the over-representation of Aboriginal children in out-of-home care is not a new problem and it is a worsening problem. Over the last five years, the rate of non-Indigenous children in out-of-home care in Australia has been stable at 5 per 1000 children. Over the same time period, the rate of Aboriginal children in out-of-home care in Australia has increased from 51 to 58 per 1000 children. In Victoria, the rate of Aboriginal children in out-of-home care has increased over the five years from 74 to 103 per 1000 children (compared with relative stability for non-Indigenous children from 4 to 5 per 1000 children) (Figure 1). Figure 2 provides the Indigenous/non-Indigenous rate ratios for each jurisdiction since the introduction of a nationally consistent definition of

out-of-home care (2019); illustrating the over-representation of Aboriginal children in out-of-home care is consistently and significantly worse in Victoria than in all other states and territories.



Sources: AIHW Child Protection annual reports 1996-97 to 2020-21. **Notes.** Dashed lines between 1998 and 2000 indicate no data was available in 1999 as Victoria did not provide OOHC data by Indigenous status meaning both Victorian and national data by Indigenous status could not be provided. In 2000, Victoria provided data that estimated the number of Indigenous children. In 2018 Victoria excluded permanent care from its definition of OOHC. In 2019 a nationally consistent definition of OOHC was introduced which excluded permanent care. From 2019 to 2021 both rates are provided. Dashed lines from 2019 to 2021 represents oohc and permanent care. Solid lines represent the rate according to the national definition. From 1997 until 2018 the national definition of OOHC included permanent care. From 2019 the national definition of OOHC excluded permanent care.

Figure 1. Number per 1000 children in out-of-home care on 30th June (1997-2021) for Indigenous and non-Indigenous children (Australia and Victoria).



Sources: Productivity Commission ROGS 2020-21, Figure 16.3, Tables 16A.2, 16A.9 and 16A.38. **Notes**. Qld: 2018-19 IFFS data not available; Tas: IFFS data not available; Vic: 2020-21 IFFS data Victoria experienced data collection system issues in 2020-21 that are likely to have resulted in under-reporting of the number of children commencing an intensive family support service (PC ROGS, Table 16A.34).

Figure 2. Indigenous/Non-Indigenous rate ratios for commencing intensive family support services during the year and in out-of-home care on 30 June by jurisdiction and year (2018-19, 2019-20 and 2022-21).

In addition to the 2572 Aboriginal children in out-of-home care in Victoria on 30 June 2021, an additional 412 Aboriginal children were in permanent care; resulting in 120 per 1000 Aboriginal children in out-of-home care and permanent care, compared with 7 per 1000 non-Indigenous children. When the number of children in out-of-home care is reported as children in out-of-home care at any point in the year (rather than on 30th June), the rate rises to 135 per 1000 Aboriginal children (see Table 3).

Children admitted to and discharged from out-of-home care

In Victoria, in 2020-21, more Aboriginal children were admitted to out-of-home care (904), than were discharged from out-of-home care (831). For non-Indigenous children, fewer children were admitted to out-of-home care (2,902), than discharged from out-of-home care (3,051) (AIHW, 2022b). Nationally, and in each jurisdiction, infants aged under one year had the highest rate of being admitted to out-of-home care compared to all other age groups, for both Indigenous and non-Indigenous children. In Victoria, during 2020-21, 109 per 1000 Aboriginal infants aged under one year were admitted to out-of-home care (compared to 6 per 1000 non-Indigenous infants). It is a higher rate than any other jurisdiction, and more than double the national figure of 47 per 1000 Aboriginal infants (the national figure for non-Indigenous babies is 5 per 1000 infants (AIHW, 2022b).

Notifications, investigations and substantiations of abuse and neglect

The over-representation of Aboriginal children is not only within out-of-home care and permanent care; it is evident at all stages of the child protection system. In 2020-21, 28% of Aboriginal children in Victoria were the subject of a notification to Child Protection compared with 5% of non-Indigenous children, resulting in a rate ratio of Aboriginal children being 6 times more likely to be notified. Aboriginal children are 8 times more likely to be the subject of an investigation and it is 9 times more likely for maltreatment of an Aboriginal child to be substantiated compared to non-Aboriginal children (Table 3).

Table 3. Children who were the subject of notifications, investigations and substantiations during 2020-21 and children in OOHC on 30th June 2021 and during 202-21 (Victoria)

CP involvement	Number of children			Percentage Indigenous	Number per 1,000 children			Indigenous/ Non-Indigenous Rate ratio
	Indigenous	Non-Indigenous	All		Indigenous	Non-Indigenous	All	
Notifications[1]	6,908	70,203	82,678	8.3	278.9	50.0	57.9	5.6
Investigations	3,729	25,853	29,582	12.6	150.6	18.4	20.7	8.2
Substantiations	2,184	13,946	16,130	13.6	88.2	10.0	11.3	8.9
OOHC (June)[2]	2,572	6,574	9,146	28.1	103.0	4.7	6.4	21.9
OOHC + P Care[3]	2,984	9,685	12,669	23.6	119.5	6.9	8.9	17.3
OOHC (20-21)[4]	3,341	9,468	12,809	26.1	134.9	6.7	9.0	20.1
OOHC 2+ yrs[5]	1,515	3,434	4,949	44.1	69.7	2.7	3.9	25.5

[1]Indigenous status was unknown for 6% of children; [2]Children in OOHC on 30th June 2021; [3]Children in OOHC and permanent care on 30th June 2021; [4]Children in OOHC during the 2020-21 year; [5]Children in OOHC for 2 or more years on 30th June 2021 . **Sources**: AIHW Child Protection 2021-22 Data tables (Tables 2.2, S3.9, S2.3, S5.10, S6.2, T1, T3); Productivity Commission ROGS 2021-22 (Table 16A.1, 16A.2).

Intensive family support services (IFSS)

Family support services are funded by state and territory governments and delivered by non-government organisations. Referrals are usually made by Child Protection departments and identified through the child protection process; families can be referred at any time once they have come into contact with child protection (AIHW, 2022b). This means families may be referred to family support services instead of, or as well as, a statutory child protection response. The aims of intensive family support services (IFSS) are to prevent the separation of children from their parents and to reunify children after separation (AIHW, 2022b). For services to be defined as intensive family support a range of services must be provided and families provided with an average of at least four hours of service per week for a short period (usually less than 6 months) (Productivity Commission, 2022).

In Victoria, the large majority of children commencing IFSS were living with parents (88% living with parents; 10% 'other'; 2% living arrangement unknown) and no children were in out-of-home care (AIHW, 2022). This indicates the focus of referrals was on the prevention of children entering (or re-entering) out-of-home care. This is a similar pattern in other jurisdictions; the majority of children commencing IFSS in

2022-21 were children living with their parents (WA, 66%; ACT, 87%; NT, 81%; data not available for NSW, SA, Queensland and Tasmania). A total of 9,602 children commenced IFSS in Victoria in 2020-21, 11% of whom were Aboriginal children (AIHW, 2022b). For 2022-21 only, Victoria experienced data collection system issues that are likely to have resulted in under-reporting of the number of children commencing IFSS (Productivity Commission, 2022). It is therefore important to examine the data over time rather than the 2020-21 data in isolation. Over the last three years, the percentage of IFSS provided to Aboriginal children has ranged from 11% to 13% of the total IFSS provided (Table 4). Table 4 also shows IFSS service provision relative to the size of the out-of-home care population for Aboriginal and non-Indigenous children. Over the last three years, the number of episodes of IFSS provided to Aboriginal children represents between 30% and 54% of the number of Aboriginal children in out-of-home care. The number of episodes of IFSS provided to non-Indigenous children represents between 90% and 119% of the number of non-Indigenous children in out-of-home care (Table 4). This analysis reveals that IFSS is disproportionately underprovided to Aboriginal children.

Table 4. IFSS service provision relative to the size of the OOHC population for Torres Strait Islander children and non-Indigenous children (Victoria)

	Aboriginal children			Non-Indigenous children			
Year	IFSS (No.)	OOHC[2] (No.)	IFSS service as a % of OOHC population	IFSS (No.)	OOHC (No.)	IFSS service as a % of OOHC population	% of IFSS provided to Aboriginal children
2018–19	1,450	2,847	50.1	10,986	9,246	118.9	11.7
2019–20	1,714	3,174	54.0	11,276	9,554	118.0	13.2
2020–21[1]	1,017	3,341	30.4	8,585	9,468	90.1	10.6

[1]Victoria experienced data collection system issues that are likely to have resulted in under-reporting of the number of children commencing IFSS (Productivity Commission, 2020); [2]OOHC data is for the year 2020-21 (rather than on 30th June 2021) to be consistent with IFSS data which is provided for 2020-21.

Cultural connection in out-of-home care

Children placed with Aboriginal family

In accordance with the ACPP (SNAICC, 2017; *Child, Youth and Families Act*, 2005), Aboriginal children must remain with their parents where possible. When removal is deemed necessary, placement with family

must be the first option considered. Forty percent of Aboriginal children in out-of-home care in Victoria were placed with Aboriginal relatives or kin (on 30th June 2021). A further 39% of Aboriginal children were placed with non-Indigenous relatives or kin. One percent of Aboriginal children were placed with Aboriginal carers who were not part of the child's relatives or kin. The remaining 20% of Aboriginal children in out-of-home care are placed with non-Indigenous carers who are not family or kin, in residential care (both mainstream and provided by Aboriginal Community Controlled Organisations (ACCOs)) or independent living (includes private board and lead tenant) (AIHW, 2022a). As shown in Table 5, Aboriginal children in out-of-home care in Victoria are more likely to be placed with family than is the case nationally.

Cultural support plans

Cultural support plans are developed to maintain or develop connection to family, community, culture and country for Aboriginal children in out-of-home care. In Victoria, cultural support plans became a legislative requirement for all Aboriginal children in out-of-home care in 2016. In Victoria, 66% of Aboriginal children required to have a cultural support plan did have a current (reviewed within the previous 12 months) and approved plan (up from 60% in 2020 and 42% in 2019) (AIHW, 2020, 2021, 2022b). Victoria's figure is less than the national figure of 74% and less than South Australia (97%), Queensland (96%), ACT (85%) and Western Australia (70%) (AIHW, 2022). This is in contrast to current documented case plans, required for all children in out-of-home care. Compliance with current case plans is higher than 99% for both Aboriginal and non-Indigenous children in out-of-home care in Victoria; higher than the national figures (86% and 91%) and higher than all other jurisdictions (Productivity Commission, 2022).

Table 5. Indicators of cultural connection for Aboriginal children in OOHC (Victoria and Australia)

Cultural connection indicators	Number of children		Percentage of children	
	Victoria	Australia	Victoria	Australia
Current cultural support plans (on 30 June 21)	1,136	12,687	66.3	73.4
Carer type:				
Aboriginal relatives or kin	1,018	6,093	39.6	31.3
Non-Indigenous relatives or kin	1,010	4,226	39.3	21.7
Other Aboriginal carer	35	1,833	1.4	9.4
Other care arrangement	503	7,001	19.6	35.9
Aboriginal child welfare:				
ACCO case management	699	NA	42.6	NA
ACCO guardianship[1,]	92	NA	6.9	NA

Notes. [1]Data for Aboriginal guardianship is inclusive of children on Family Preservation Orders. Sources: AIHW 2020-21 ATSICPP, 2022: Tables S2.2a, S1.1, S2.3a, S2.4a; VGAAR, 2022).

Transfer of Aboriginal child welfare to Aboriginal organisations

Victoria has been transferring decision-making and direct responsibility for case management of Aboriginal children in out-of-home care to ACCOs. This has involved significant reallocation of resources from the Department of Families, Fairness and Housing (DFFS) and mainstream community service organisations to ACCOs (VGAAR, 2021). The rationale for this policy is that ACCOs hold the family and kinship knowledge and cultural authority to build and sustain children's cultural connections. As shown in Table 5, In 2020-21, 43% of Aboriginal children in out-of-home care on protection orders were case managed by an ACCO (also 43% for 2019-20 and 40% for 2018-19) (VGAAR, 2021; 2022). Section 18 of the Victorian *Children, Youth and Families Act, 2005,* allows the Secretary of the Department to transfer functions and powers for an Aboriginal child on a protection order to the CEO of an authorised Aboriginal agency. As shown in Table 5, In 2020-21, 7% of Aboriginal children on protection orders were under the direct authority and full responsibility of an ACCO (6% in 2019-20 and 3% in 2018-19) (VGAAR, 2020, 2021; 2022).

Long-term out-of-home care and reunifications

In 2020-21, Victoria had the highest rate of Aboriginal children in long-term out-of-home care (2 years or more) (70 per 1000 children) and one of the lowest rates for non-Indigenous children (3 per 1000 children); only Northern Territory had a lower rate of 2 per 1000 children. This results in Victoria having the highest Indigenous/non-Indigenous rate ratio of all jurisdictions; Aboriginal children are 26 times more likely to be in long-term out-of-home care than non-Indigenous children (compared to nationally where Aboriginal children are 12 times more likely to be in long-term out-of-home care than non-Indigenous children). In Victoria, 44% of children in long-term care are Aboriginal children (Table 6).

In 2016, the Victorian Government enacted permanency amendments (*Permanent Care and Other Matters Act*, 2014), which disallow reunification (except in exceptional circumstances) after a fixed time period of one year (or two years if the court is satisfied permanent reunification is likely). In the five years since the permanency amendments were introduced the rate of Aboriginal children in long-term out-of-home care has nearly doubled (2017 - 36 per 1000 children; 2018 – 54 per 1000 children; 2019 – 54 per 1000 children; 2020; 62 per 1000 children; and 2021 - 70 per 1000 children). This compares to a small rise from 2 to 3 per 1000 children in long-term out-of-home care for non-Indigenous children. This data analysis reveals that the permanency amendments have not had the desired impact of reducing the number of children in long-term out-of-home care for Aboriginal children.

In Victoria, 32% of Aboriginal children in out-of-home care (excluding children on long-term guardianship orders) were reunified during 2020-21 (Table 6). This was similar for non-Indigenous children (34%). These figures are higher than nationally (16% and 22%) and higher than all other jurisdictions except the Australian Capital Territory (33%). When the reunification data is examined for children who were

reunified and remained out of out-of-home care for the following 12 months, the data reveals a different pattern. Due to the need to have 12 month follow-up, the most recent data available is from 2019-20 and is for children aged 0 to 16 years. In Victoria, 82% of Aboriginal children reunified, remained reunified 12 months later (Table 6). This is a lower figure than the national figure (84%) and all other jurisdictions. As shown in Table 6, the percentages are the same for non-Indigenous children, both in Victoria and nationally.

Table 6. Reunifications for children in OOHC (Victoria and Australia)

	Number of children				Percentage of children			
	Victoria		Australia		Victoria		Australia	
Reunification data	Aboriginal	Non-Indigenous	Aboriginal	Non-Indigenous	Aboriginal	Non-Indigenous	Aboriginal	Non-Indigenous
Reunified[1]	675	2,316	1682	3,660	32.0	33.8	16.4	21.5
Reunified & did not return to OOHC in 12 months[2]	487	1,847	1,292	3,010	81.6	81.9	84.1	84.0

Sources: AIHW 2020-21 ATSICPP supplementary tables, 2022: Tables S2.2a, S1.1, S2.3a, S2.4a
Notes.[1] Children in out-of-home care (excluding children on long-term guardianship orders) who were reunified in 2020-21. A reunification is only counted if the child remained not in care for at least 60 days following reunification. For Australia, Indigenous status of 15 children is unknown.
[2]Data is based on children 0-16 years in OOHC for 2019-20 to allow 12-month follow-up. For Australia, Indigenous status of 12 children is unknown.

Discussion

There is a disconnect between policy and outcomes for Aboriginal children and families in child welfare in Victoria. Over thirty years of legislated commitment to the ACPP (*Children and Young Persons Act*, 1989) is not matched by outcomes, as revealed by the data analysis. Despite ACPP policy and strong policy intent of self-determination and transfer of services to ACCOs, in practice, the situation is worsening for Aboriginal children in Victoria. The data analysis reveals concerns across the three areas of entry into out-of-home care, cultural connection while in out-of-home care and exiting out-of-home care. In the opposite pattern for non-Indigenous children, more Aboriginal children enter out-of-home care than are discharged

from out-of-home care, Aboriginal children are in out-of-home care for longer compared to non-Aboriginal children and less than a third of Aboriginal children in out-of-home care were reunified with their parents, and a significant proportion (18%) of these children, were back in out-of-home care in less than 12 months. Furthermore, the system's response to prevent out-of-home care placement, intensive family support, is disproportionately provided to non-Aboriginal children and families at the expense of Aboriginal children and families. The pace and scaling up of self-determination reforms have not been able to keep up with the pace and escalation of Aboriginal children's entry into out-of-home care.

Aboriginal children are over-represented at each stage of child protection involvement but the level of over-representation is not consistent; as the data analysis reveals the over-representation increases the deeper into the system. Aboriginal children in Victoria are 6 times more likely to be the subject of a notification, 8 times more likely to be the subject of an investigation, 9 times more likely to be the subject of a substantiation, 22 times more likely to be in out-of-home care and 26 times more likely to be in long term out-of-home care than non-Indigenous children in Victoria. Research literature and evidence generated through inquiries provide a range of factors relevant to understanding the over-representation of Aboriginal children in the child protection and out-of-home care systems, including over-representation of parents who were in out-of-home care, family violence, drug and alcohol misuse, poor mental health and poverty (CCYP, 2016; O'Donnell et al, 2019). These risk factors need to be understood in the broader context of the determinants of these risk factors. They are interconnected with intergenerational trauma caused by invasion, past racist policies of child removal, ongoing colonisation, discrimination and racism.

This evidence does not account for why, In Victoria, the over-representation of Aboriginal children increases the deeper into the child protection system and it is difficult to understand this finding without systemic racism being a part of the explanation. O'Donnell and colleagues (2019) examined risk factors

for Aboriginal infant removal by linking AIHW child protection data with government data in Western Australia. The research revealed that even when controlling for infant and parent risk factors of infant removal, including maternal substance-related contact, maternal mental health contact and living in a disadvantaged community, Aboriginal infants were twice as likely to be removed as non-Aboriginal infants (O'Donnell et al, 2019). International research provides insight into the role of racial bias in explaining the over-representation of Black children, including Indigenous children, in child protection and out-of-home care systems. Like Australia, the United States has an overrepresentation of children of colour in the child protection system. Unlike in Australia, in the United States, the number of Black children has declined over the last decade, while still over-represented (Williams, 2022). Child and Family Services in Nassau County in the state of New York introduced blind removal practice into its child welfare removal meetings and within five years the number of Black children removed from their parents was considerably reduced and represented the most significant decrease in over-representation experienced within the county's child protection system (Casey Family Programs, 2021). Blind removal meetings followed standard practice except the child's case file was de-identified, including removing names, races, ethnicities and addresses, thus removing the potential for implicit biases. In addition to progress in reducing over-representation, additional outcomes included increased staff awareness of institutional racism and implicit bias (Casey Family Programs, 2021).

When Aboriginal children are removed from their parents, placing children with Aboriginal family and developing cultural support plans are approaches that can contribute to lessening the risk of cultural disconnection for Aboriginal children in the out-of-home care system. In Victoria, the majority of Aboriginal children in out-of-home care (59%) are not placed with their Aboriginal family or an Aboriginal family. In Victoria, when an Aboriginal child enters out-of-home care, under Section 176 of the *Children, Youth and Families Act,* 2005, a cultural plan is required to be given to them. It is the responsibility of the

Department to ensure a cultural plan is prepared and given to the child. A third of Aboriginal children in out-of-home care do not have a cultural support plan and Aboriginal children in permanent care do not have cultural support plans. The existence of a current, documented and approved cultural support plan is an indicator of the child welfare system's attempt to keep Aboriginal children connected to their culture while in out-of-home care. However, Aboriginal researchers and their colleagues, powerfully make the point that cultural connection is more than documented cultural support plan (Cripps & Laurens, 2015) and more than compliance with the ACPP (Krakouer, et al, 2022). As both Cripps and Krakouer point out, placement with non-Aboriginal family is compliant with the highest priority in the ACPP hierarchy, and yet does not ensure cultural connection. A cultural support plan should be a dynamic document, reflecting and supporting the child's cultural needs, and the child's, their family and their communities' individual and collective cultural goals; then a cultural support plan can support self-determination (Cripps & Laurens, 2015).

Unlike a western conceptualisation, understanding child protection from an Aboriginal worldview is inclusive of collective needs. Historically, Aboriginal families and communities were forcibly removed from their lands and dispersed (HREOC, 1997) and in the process much else was removed, including kinship systems and economic resources, and replaced with the welfare system. Analysis of *Redacted* cultural support plans reveals that the majority of the children have their ancestral connections to communities outside of Victoria. As of 21st December 2022, 57% of the cultural support plans *Redacted* is required to approve are in relation to children whose communities are interstate; 49% for children whose communities are exclusively interstate, and a further 8% for children whose communities are both interstate and in Victoria. The remaining 43% of cultural support plans are for children whose communities are in Victoria (*Redacted*, 2022, unpublished data), however, *Redacted*'s data also identifies that even for these children they are predominantly living off their traditional lands. This reveals much about past

removal patterns of Aboriginal families. The task of restoring what was removed is more complex in Victoria because of this disproportionately higher number of children in out-of-home care whose traditional countries and home communities lie outside of Victoria.

Change can happen, and it has. The rate of non-Indigenous children in out-of-home care has stabilised nationally and Victoria has the lowest rate of child removal among non-Indigenous children. This data analysis reveals rising rates of children in out-of-home care do not have to be accepted as unavoidable. Victoria's transfer of child welfare services to Aboriginal organisations represents significant policy change. The initiatives of ACCO case management of Aboriginal children in out-of-home care and Aboriginal guardianship, represent government and departmental policy of self-determination (Centre for Excellence in Child and Family Welfare, 2015; Author's own, 2020; State of Victoria, 2021; VGAAR, 2022). It is still the minority of Aboriginal children in out-of-home care whose case management is provided by an ACCO; it has plateaued at 43% of Aboriginal children in out-of-home care. Victoria is the only jurisdiction in Australia where guardianship has been transferred to CEOs of Aboriginal organisations. The aim of this reform is that children under Aboriginal guardianship will have a greater connection to family and culture and therefore improved life outcomes and evaluation of a pilot program has shown success (*Redacted*). For 93% of Aboriginal children, guardianship from the Secretary of the Department is still the model; only 7% of Aboriginal children in out-of-home care are included in Aboriginal guardianship, up just 1% from the previous year. This is an important initiative but given the small numbers and the focus at the tertiary level of the child protection system, it cannot be a significant contribution to achieving the Closing the Gap target by 2031. Significant effort is needed prior to children entering out-of-home care to realise this commitment.

Equitable resourcing of intensive family support services (IFSS) is a key area where change is needed. Given Aboriginal children makeup 28% of children in out-of-home care in Victoria, the 11% of IFSS provided to Aboriginal children and their families is clearly inadequate. The specific aim of IFSS is to keep children out of out-of-home care. The current distribution of non-Indigenous children receiving 89% of the service while making up 62% of the out-of-home care population is a system allocation reinforced and designed to keep non-Indigenous children out of out-of-home care at the expense of Aboriginal children. This equates to systemic racism. To be impactful, equitable and anti-racist, the provision of IFSS should be provided relative to the out-of-home care population. In Western Australia, IFSS increased from 2018-19 onwards due to the contracting of additional services, some of which were specifically for Aboriginal families (Productivity Commission, 2022). From 2016-17 onwards, the scope of Queensland's IFSS changed from tertiary to secondary family support services and anyone can refer a family to intensive family support services, provided the family meet the referral criteria (Productivity Commission, 2022). Since 2019, South Australia recommissioned intensive family support services and includes increased investment in ACCOs to provide intensive family support (Productivity Commission, 2022). These examples of differences in policies provide approaches for Victoria to learn from in relation to the equitable provision of IFSS and the role of IFSS in a coordinated strategy to reduce the over-representation of Aboriginal children in out-of-home care.

Also needed is investment earlier still; before children come into contact with Child Protection. In Victoria, IFSS is not a service where families can ask for help without fear of their children being removed, a constant and reasonable fear for Aboriginal families (State of Victoria, 2021b). What is needed is culturally safe, trauma-informed early intervention services that families can safely self-refer to, that supports families to raise their children at home; is separated from child protection and ACCO designed, developed and delivered. Roadmap to Reform is the current Victorian DFFH system reform plan and it acknowledges

the early help service gap; "*… urgent and targeted action is required to move towards a system that can work earlier and more effectively to improve long-term social outcomes for children and families.*" State of Victoria, 2021a, p.6). Like other jurisdictions' innovations in providing IFSS, Victoria can learn from other jurisdictions in early intervention service provision. Queensland is one such example; 33 Aboriginal and Torres Strait Islander Family Wellbeing Services have been established across the state, to make it easier for Aboriginal families to access child and family support to enhance their wellbeing and safety and mitigate the risk of them entering the child protection system (AIHW, 2022b). With 11% of all Aboriginal infants under one year of age in Victoria, admitted into out-of-home care during the 2022-21 year, supporting parents during pregnancy and children's early years is required. Parenthood is a key opportunity for interrupting cycles of intergenerational trauma and reducing the rate of infants admitted to out-of-home care (Chamberlain, et. al., 2019, 2022). Early intervention and therapeutic services are required that support family empowerment and provide healing to address the trauma, mental health and substance use issues that families are dealing with (O'Donnell, et, al, 2019).

Data-informed policy, data gaps and data limitations

Data-informed policy is progressed by having the necessary data available. There are many data limitations, including data gaps in child protection, out-of-home care and family services data sets. Specific areas limited by the absence of data include contact with family; there is no data to understand the amount of contact children in out-of-home have with their parents. There is also no publicly available data on children placed with and having contact with siblings. Cultural transmission is achieved through relationships, highlighting the importance of family relationships. Cultural support plans are an indicator only, also needed is outcomes-based data that demonstrates the extent to which cultural support plans are; shared with children and families, implemented and the impacts achieved as a result. Data is needed that reveals how much of the IFSS provided to Aboriginal children and their families is provided by ACCOs.

Data is also needed on outcomes of IFSS, rather than only the provision of service as service provision in and of itself does not equate to positive outcomes. Tilbury (2012) identified five core components required for intensive family support services to be effective for Aboriginal families: services must be purposeful, planned and matched to need; relationship-based service provision; tangible and nontangible forms of assistance; adequate dose and duration and, engagement and participation. Matthews and Burton (2013) researched intensive family services promising practices drawing on Tilbury's analysis and found core elements were: culturally competent service provision; trusting partnerships between workers and families; addressing practical barriers to families achieving their goals and building on family strengths.

A recent audit of Child Protection data by the Victorian Auditor General concluded that the Department of Families, Fairness and Housing (DFFH) does not have adequate systems to ensure its child protection data is of high quality, allowing for incomplete, inaccurate and inconsistent data (VAGO, 2022). The inquiry also highlighted that several other reviews had previously found similar issues with Child Protection data in Victoria. Research has also highlighted data anomalies and data gaps are barriers to developing informed policy and practice for Aboriginal children in and leaving out-of-home care (Baidawi, Saunders & Mendes, 2016) This necessitates making use of data that is available, while acknowledging the data limitations and advocating for more data, better data and data sovereignty principles that allow Aboriginal communities to access data and for it to inform advocacy and service development. Alongside the Closing the Gap indicators are four priority reforms intended to change the way governments work with Aboriginal communities. Included is Priority Reform 4: shared access to data and information at a regional level. Elements of this priority reform include that partnerships are in place to guide the improved collection, access, management and use of data to inform shared decision-making and that governments provide communities and organisations with access to the same data and information they use to make

decisions. (Commonwealth of Australia, 2020). Progress on this reform will progress the ability to develop, and implement data-informed policy. Also needed is lived experience to inform policy and yet child welfare policy is devoid of lived experience input, in stark contrast to Victoria's mental health systems, being transformed by and with lived experience (State of Victoria, 2021).

Transformational reform

Cultural connection is a human right for Aboriginal children (Author's own, 2020; United Nations, 1989, 2007). Cripps and Laurens (2015) makes the case for a human rights approach to Aboriginal child welfare to recognise Aboriginal children's right to cultural identity, recognising that cultural identity is a profound source of wellbeing. Similarly, Krakauer and colleagues (2022) state "cultural connection can be understood as a rights-based form of justice for Indigenous peoples" (p. 3). The removal rates of Aboriginal children from their parents risk disconnection from family, culture and community, denying these children human rights enshrined in international law (Author's own, 2020; United Nations, 1989, 2007). Aboriginal leaders and academics have described this as an enduring national crisis as "current catastrophic trajectories" (Chamberlain, et, al, 2022, p. 255) and "represent compounding intergenerational trauma and institutional harm" (Chamberlain, et, al, 2022, p. 254). What this data analysis reveals is that it is particularly acute in Victoria. Yet, there is a concerning lack of alarm and urgency in Victoria. Data analysis reveals the problem is twofold; Aboriginal children are removed at a higher rate so over-represented in the out-of-home care population, and yet Aboriginal children are underrepresented in being provided with intensive family support. The data analysis demonstrates systemic failures, the urgency for reform as well as the opportunities to effect change. The 2021 Family Matters report projected that the number of Aboriginal children in out-of-home care will increase by 54% by 2030 without "profound and wholesale change to legislation, policy and practice" (SNAICC, 2021, p.39). The Closing the Gap target the Victorian government has committed to is a 45% reduction by 2031. For both years since the 2019 baseline, rather

than the required reductions, or at least stabilisation, the rate has increased. What is needed is to reduce the number of Aboriginal children coming into care, ensure Aboriginal children are connected to culture when they are in out-of-home care, reduce the number of children in long-term out-of-home care, and decrease the number of reunifications that result in the child back in out-of-home care. A focus on all these elements is needed to impact the over-representation of Aboriginal children in out-of-home care and the subsequent risk of cultural disconnection. Children at home should be the permanency placement that is prioritised and is what the ACCP requires (enshrined in Victorian child welfare legislation since 1989). What is evident is that the approach must include an overhaul of IFSS and investment in early intervention for Aboriginal families. Funding of IFSS targets needs to align with the over-representation of Aboriginal children in out-of-home care and thus demonstrate commitment to equity and Closing the Gap. Also required is resourcing of Aboriginal-led early intervention services for Aboriginal families. Closing the Gap Priority Reform 2 is building the community-controlled sector and includes implementing measures to increase the proportion of services delivered by Aboriginal organisations. Similar to the policy commitment to transfer child protection services from the department and mainstream CSOs to ACCOs, this is also required in early intervention, family services and healing from trauma services.

Conclusion

Cultural disconnection for Aboriginal children in out-of-home care is not only a problem of the past. The continuing and increasing over-representation of Aboriginal children in out-of-home care extends the legacy of the Stolen Generations; Aboriginal children removed from their parents and culture. Victoria's child welfare system has not, and is not, working for the benefit of Aboriginal children. The escalating over-representation of Aboriginal children in out-of-home care is a call for the early intervention and family services systems to develop a culturally safe, trauma-informed, equitable and coordinated system

that supports Aboriginal children and families. Without equity and growth in these areas, the data clearly reveals the state of Victoria will not achieve its Closing the Gap target to reduce the overrepresentation of children in out-of-home care by 45% by 2031. Acting, or not acting now, will determine the story the data tells in ten years' time. While the over-representation of Aboriginal children in out-of-home care continues, increasing numbers of Aboriginal children will be disconnected from their cultures. Victoria's self-determination reforms and promising practices in other jurisdictions provide the hope and impetus for change.

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2.4. Chapter Summary

Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System, presented in this chapter, provided the context for the qualitative phases that follow. This first phase of the research also helps illustrate the significance of the research; the increasing number of Aboriginal children removed from their families results in increased numbers of children disconnected from their cultures and makes the need for access to culturally based healing more urgent. This phase adds to the rationale of setting this research in Victoria, where the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care is the most pronounced of all jurisdictions in Australia. This chapter has examined outcomes via descriptive statistical analysis and revealed that Victoria is not on track to meet its Closing the Gap policy commitments as they relate to out-of-home care, risking increasing numbers of Aboriginal children disconnected from their culture.

Behind these statistics are stories of Aboriginal and Torres Strait Islander children, families, and communities. Phase 1 presented the analysis of outcomes related to cultural disconnection for Aboriginal and Torres Strait Islander children in out-of-home care, providing the context for the stories shared by Aboriginal people who grew up in out-of-home care about healing needs, barriers to healing, and experiences of healing in the subsequent phases of the research. The next chapter, Chapter 3: Literature Review, critiques the literature on cultural connection and disconnection, SEWB, trauma and healing, and cultural programs as they relate to Aboriginal and Torres Strait Islander people with experiences of childhood trauma and out-of-home care.

3. Literature Review

3.1. Chapter Overview

This chapter, and the individual literature reviews included in my publications (see Chapters 5, 6 and 7), document a critical exploration of the research literature as it relates to the overarching question of the research: What is the meaning and experience of healing through cultural programs for Aboriginal people with experiences of childhood trauma and out-of-home care? The book chapter, "Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care" (Black et al., 2022), included in Chapter 5, reviews the changing child welfare policies and legislation as they have impacted Aboriginal communities. This chapter also included a discussion of the importance of Aboriginal knowledge and lived experience in mental health practice, policy development, and research. A literature review of the role of culture in healing among Indigenous communities is included in the publication, "Healing Through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse" (Black et al., 2019), incorporated into Chapter 6. This literature review included the links between SEWB and connection to country, connection to community, elder involvement, community control, self-determination, and cultural activities and practices. This publication also included a discussion of the different ontologies of Aboriginal and Western knowledge as they relate to therapeutic practice and Aboriginal communities. A literature review of cultural connection and Aboriginal young people's SEWB is included in the publication, "'Healing Through Culture': Aboriginal Young People's Experiences of Social and Emotional Wellbeing Impacts of Cultural Strengthening Programs" (Black et al., 2024), included in Chapter 7.

This chapter presents a narrative literature review that covers the following five areas relevant to the research questions: (1) cultural connection, cultural disconnection, and out-of-home care; (2) SEWB and out-of-home care; (3) trauma and out-of-home care; (4) healing and out-of-home care; and (5) cultural programs and out-of-home care. The purpose of the literature review was to critically evaluate the research in each of these five

areas specifically as they relate to Aboriginal people with childhood experiences of trauma and out-of-home care. This included identifying gaps in the research literature and providing context and justification for my research, thus this literature review grounds my research in existing knowledge.

This chapter consists of several sections. The next section in this chapter outlines the approach taken to the literature review. Then follows a critical review and discussion of each of the five content areas. Following these sections is a section that integrates the literature including drawing out linkages between the overlapping topic areas, identifying research gaps, and placing my research in the context of the literature. The final section of the chapter provides a summary of the literature reviewed.

3.2. Approach to the Literature Review

A multi-method approach was used to identify, synthesise, and critique literature. The literature review is organised thematically, grouped into different conceptual areas. Themes included are: (1) cultural connection, cultural disconnection and out-of-home care; (2) SEWB and out-of-home care; (3) trauma and out-of-home care; (4) healing and out-of-home care; and (5) cultural programs and out-of-home care.

The search strategy used to identify relevant literature included searching both databases and grey literature. Database searching was undertaken to identify peer-reviewed journal articles and other academic literature. A range of databases were used, including PsychInfo, Medline, and EMBACE on the OVID platform; CINAHL; Informit (health) and Informit (Indigenous Australia); Cochrane library; and ProQuest Central. Identifying grey literature involved searching several Australian clearing houses, including Aboriginal-specific resources: HealthInfoNet, Closing the Gap Clearing House, The Lowitja Institute, The Aboriginal and Torres Strait Islander Healing Foundation (Healing Foundation), and SNAICC—National Voice for our Children. Generalist, non-Indigenous sites included BlueKnot Foundation, National Centre for Prevention of Child Sexual Abuse, CREATE Foundation, Australia's National Research Organisation for Women's Safety, Australian Institute of Family Studies, and Google Scholar. Relevant national and state-based inquiries and royal commissions were included in the grey literature. In addition to

searching databases and grey literature, references were also harvested from key literature using forward and backward citation generation. Backward citation generation involved hand searching the reference lists of key articles to identify relevant literature. Forward citation generation included identifying articles that cite key articles through the development of citation alerts for key literature.

The approach to the literature search and review was conducted iteratively for the first four themes. Given the breadth of themes covered in this review, the scope of the review is purposefully selective. Selection of literature for inclusion in this narrative literature review is based on relevance (field, topic, scope) and authority (inclusive of Indigenous authorship, peer review). My approach to the literature review involved privileging Aboriginal research in Australia, while also reviewing Indigenous research more broadly. As part of a commitment to privilege Aboriginal expertise in all aspects of the research, the literature reviewed has privileged Aboriginal-led research and literature inclusive of Aboriginal authorship. Assessing and critiquing the literature for culturally informed research criteria included the inclusion of Aboriginal researchers, practice wisdom, and voices of lived experience.

A more targeted search strategy was adopted in relation to the fifth area: the identification of literature on cultural programs in the out-of-home care context. This was to ensure relevance to the current research and meaningfulness to Victorian Aboriginal communities as determined by the lead Aboriginal child welfare organisation, VACCA, the setting for this research. For this section, only Aboriginal cultural programs set in Australia were reviewed. The justification for narrowing the literature review to Aboriginal cultural programs in Australia was to ensure relevance to Aboriginal communities in Australia. Bromfield and colleagues write that there is a major gap in the research in relation to outcomes for Aboriginal children in out-of-home care, with no Australian research focused on Aboriginal children and that “there is relatively little scope for international research to inform direction in this area due to the unique cultural needs of Aboriginal and Torres Strait Islander children” (Bromfield et al., 2005, p. 25). This literature review takes a similar stance, supported by the research that states that local knowledge, development, and implementation is critically important, and in alignment with my commitment that this

research be of relevance to local Aboriginal communities. Furthermore, the out-of-home care system varies significantly in different countries, particularly when focusing on the experiences of Indigenous children and families. The ability to generalise research findings cannot be assumed, thus there would be a high likelihood of a lack of translation to local contexts. This research is committed to addressing the identified needs of the Aboriginal communities in Victoria, and thus the work is embedded within VACCA. Further detail in defining the scope and specific inclusion and exclusion criteria are included in the section dedicated to cultural programs later in the chapter.

3.3. Cultural Connection, Cultural Disconnection, and Out-of-Home Care

This section begins with reviews of the meanings of culture and the established links between Aboriginal culture and wellbeing. This is followed by a review of the literature on cultural connection and cultural disconnection in the context of out-of-home care. Much is written about conceptualising culture by many, including philosophers, anthropologists, sociologists, and mental health professionals. According to Australian psychiatrist Emeritus Professor Russell Meares, culture is what differentiates us from our closest primates, and he describes culture as, “This vast system that surrounds us, in which we live, which we have created, and which in part creates us, is the outstanding difference between humankind and other primates” (Meares, 2018, p.79). Aboriginal understandings of culture are provided by Aboriginal experts and Aboriginal organisations. The following conceptualisations of culture are provided by Aboriginal trauma and healing expert Emeritus Professor Judy Atkinson, Jiman and Bundjalung Elder, and Aboriginal social worker and out-of-home care expert Dr Jacynta Krackouer, a Mineng Noongar woman. Conceptualisations from key Aboriginal organisations, the Healing Foundation, established to support the healing of the Stolen Generations and VACCA, the statewide child and family welfare ACCO, are also included.

> The set of beliefs, values and rules for living that is distinctive to a particular human group. Culture is passed down the generations in the complex of relationships, knowledges, languages, social organisations and life experiences that bind diverse

> individuals and groups together. Culture is a living process. It changes over time to reflect the changed environments and social interactions of people living together (Atkinson, 2002, p. ix).
>
> Culture refers to the ways in which shared knowledges, beliefs, values, attitudes, traditions, behaviours, customs, norms, expressions, and idioms are learned, transmitted, and practiced over time, via repeated exposure and immersion, as part of a member of a distinct ethnic or cultural group (Krakouer et al., 2022, p. 11).
>
> Culture is knowledge, practice, a unique world view and a way of living. It may manifest in knowledge about artifacts, tools and art, connection and knowledge of places and people. It may also be considered as the way of living which we learn and teach to our children (Healing Foundation, n. d. p.1).
>
> Culture defines who we are, how we think, how we communicate, what we value and what is important to us. For Aboriginal people, land, the kinship system, spirituality are the foundations on which culture is built. (VACCA, 2015, p. 11)

These conceptualisations from Aboriginal worldviews, reveal much commonality, including the multidimensional nature of culture, the relational aspect of cultural transmission and that culture is not static rather it continues to evolve. This later aspect is powerfully addressed by historian, Emeritus Professor Richard Broome. Culture not being static is particularly relevant in Victoria, given the profound impact of invasion and colonisation, as articulated by Professor Blackstock and colleagues (2020).

> People do not cease to be Aboriginal due to their skin being lightened by inter-mingling and inter-marriage with lighter-skinned groups. Nor do people cease to be Aboriginal because they no longer use spears and digging sticks and choose or come to live materially like other Australians. Cultures can and do change, and

> people can and do reinvent themselves, while still retaining core cultural values that define them as different from other groups (Broome, 2005, p. xi)
>
> In Victoria, due to the particular devastation of colonization in the south-east of Australia, Aboriginal communities experience significant cultural disadvantage. Funding and services are needed based on the idea of cultural equalisation as well as the western concept of equalisation. Australia needs to reach an inclusive understanding of Aboriginal culture so that those living on the land in remote areas of Australia who have remained fluent in their languages and uninterrupted in cultural practices are not seen as the 'authentic' Aboriginal communities, at the expense of Aboriginal communities regenerating culture in urban, regional, and rural Victoria. The importance of culture and the protective and healing power culture provides for Aboriginal children is not fully understood or appreciated. In Victoria, cultural regeneration must be acknowledged as a priority as a state without culture is a diminished state (Blackstock, et al., p. 8).

In reviewing the literature on cultural connection, cultural strengthening and cultural continuity, and positive wellbeing, it is also necessary to examine cultural disconnection. Being Aboriginal and being connected to culture were once one and the same. Due to invasion and ongoing colonisation, this is no longer the case. This is evident in SNAICC (2017) focusing on cultural connection as a key policy objective, noting cultural connection concerns the maintenance or re-establishment of connections to culture, family, community and country for Aboriginal children in out-of-home care. Building on VACCA's conceptualisation of culture, VACCA articulates the centrality of culture and wide ranging and lifelong impacts of lack of culture.

> For an Aboriginal child to grow into a strong Aboriginal person they must be supported to learn about, maintain and grow in their knowledge and connections to land, family, community and culture. If these elements are not present in their life, it will significantly impact on their social, emotional, health, educational and

psychological development and wellbeing throughout their childhood, adolescence and adulthood (VACCA, 2015, p.38).

Links between Aboriginal culture and wellbeing are well understood from Indigenous perspectives and ontologies. The extent of evidence about the links between Aboriginal culture and wellbeing is increasing in published literature. Cultural connection and cultural strengthening have been shown to have positive SEWB benefits for Indigenous people and communities both in Australia and other colonised countries including Aotearoa (New Zealand), Canada and the United States of America (Chandler & Lalonde, 2004; Colquhoun & Dockery, 2012; Zubrick et al, 2014). Research has shown that Indigenous children and young people who are connected to their culture have improved physical and mental health (Colquhoun & Dockery, 2012; Silburn et. al., 2006).

Three recent reviews (Bourke et al., 2018; Finlay et al., 2021; Salmon et al., 2019) have explored the links between culture and wellbeing and together show how cultural connection, directly and indirectly, improve health and wellbeing. Each of the three reviews are part of the body of research produced by the Mayi Kuwayu Study. Mayi Kuwayu (meaning *to follow Aboriginal people over a long time* in the Ngiyampaa language of the Wongaibon people) is the national longitudinal study of culture, health and wellbeing for Aboriginal people (Bourke et al., 2018). The Mayi Kuwayu research team is Aboriginal-led and has a majority of Aboriginal researchers (https://mkstudy.com.au/).

Bourke and colleagues conducted a comprehensive, broad in scope, evidence review of Indigenous culture for health and wellbeing and identified over 70 articles from 1997 to 2017, focusing on Indigenous communities in Australia, Aotearoa, Canada and the United States. It was not until 2008, that Australian research was first identified in the literature search. The review examined the literature by grouping the research findings into six cultural domains: cultural expression, family and kinship, cultural knowledge and beliefs, country and caring for country, language and self-determination. The six domains are listed here in the frequency in which they were represented in the literature; cultural expression represented half of all identified research. Overall, 85% of research reported positive relationships between Indigenous cultures and health and wellbeing; 12%

reported mixed results or non-significant positive relationships and 3% reported a negative relationship. The majority of publications focused on SEWB outcomes and all of these studies demonstrated a positive relationship with Indigenous cultures and culturally-based interventions. The review concluded that two key aspects were vital for Indigenous wellbeing: interconnections among the different domains of wellbeing; and connections between country and people. For the majority of publications, the quality of the research was assessed by the authors as low or moderate. Mixed-methods studies were more likely to be assessed as moderate or high quality, leading the authors to recommend further mixed-methods research to explore how culture impacts wellbeing for Indigenous people.

Salmon and colleagues' (2019) literature review built on the international evidence review of Bourke and colleagues (2018) focusing on Australia, Aotearoa, Canada and the United States, while also including relevant international literature outside these counties. The search time period was 1990 to 2017. The authors acknowledged the limited data that establishes the mechanisms through which Aboriginal cultural determinants impact health and wellbeing, with the aim of the literature review to assist in understanding the cultural factors important to Aboriginal people and how these relate to health and wellbeing. The authors used the six broad cultural domains used by Bourke and colleagues (2018), as well as including several sub-domains under each cultural domain. There were 252 documents included in the review. The study found that the cultural domains are overlapping and that links between culture and health and wellbeing operate at the individual and community levels. Of particular relevance to this research was the sub-domain of traditional healing included in the knowledge and beliefs domain and the cultural practices sub-domain included in the cultural expression domain. Within the knowledge and beliefs domain, strategies identified as linked to improved wellbeing included holistic care and healing programs that incorporate culture and Indigenous healing methods. Specifically for children, providing children with cultural experiences and programs that provide spiritual guidance and supports from elders and mentors were identified. For people affected by forced child removal policies, healing programs to restore connection to identity and SEWB through Indigenous knowledge systems were identified. Within the cultural expression domain strategies linked to improved wellbeing included: transmitting culture and

connection through ceremonies, art and artifact making; Indigenous people as artists sharing stories; connecting with land and learning from elders; and Indigenous art centres demonstrating social and cultural benefits as well as economic, physical, psychological and emotional benefits. The authors conclude "health and more broadly wellbeing appear to be enhanced when cultural elements and culture more broadly is learnt, practiced and incorporated into people's lives" (Salmon et al., p. 32).

Finlay and colleagues (2021) outline a pathway to health and wellbeing for Aboriginal people by focusing on cultural determinants to build stronger individual and collective wellbeing. The authors highlight that while cultural determinants of wellbeing have been limited in research and policy, Aboriginal people have been applying cultural determinants of wellbeing in practice "for millennia" and share that "an increasing amount of scientific evidence supports what Aboriginal and Torres Strait Islander people have always said — that strong culture plays a significant and positive role in improved health and wellbeing" (Finlay et al., 2021, p. S12). However, this knowledge has been dismissed or seen as intangible by Western research (Finlay, et al., 2021). In terms of further research, the authors state research on cultural determinants needs to continue. Also needed is an examination of systemic racism, intergenerational trauma, the trauma of dispossession and paternalism "to interrogate how settler–colonial culture has had, and continues to have, negative effects on Aboriginal and Torres Strait Islander wellbeing" (p. S16). The authors assert " … for the cultural determinants of health to be implemented, a seismic shift in the current paradigm of government-led policy making is required. This means ceding power to Aboriginal and Torres Strait Islander peoples" (p. S16). When this occurs, the authors conclude, it is likely that trauma and racism will decline, and thus a significant improvement in Aboriginal people's wellbeing will be realised (Finlay et al., 2021).

These reviews as part of the Mayi Kuwayu research did not include a focus on children, and there is limited research focusing specifically on cultural connection for Aboriginal youth. Findings from Footprints in Time: Australia's Longitudinal Study of Indigenous Children (Commonwealth of Australia, 2020b) demonstrated that a stronger sense of cultural identity was associated with increased wellbeing among Aboriginal children. Footprints in Time is an initiative of the Australian Government and guided by a

majority Aboriginal Steering Committee. Footprints in Time, the only national longitudinal study following Aboriginal children, commenced in 2004 (Commonwealth of Australia, 2020b). The study explores a variety of topics, including the contribution of children's families and their social, economic and cultural environments to their development and wellbeing. Included are items on cultural beliefs, values and knowledges. Open-ended responses from over 200 parents and carers asked what they believed about Aboriginal culture helped their child grow up strong were coded into themes. The eight themes of family, culture, personal traits, identity, heritage, relationships, history and land were described as ways culture helps Aboriginal children grow up strong (Martin, 2017).

In 2012, Bamblett and colleagues undertook an Aboriginal-led, collaborative research project between Take Two, Berry Street, La Trobe University and VACCA, highlighting the links between cultural connection and SEWB. Aboriginal children's needs were conceptualised across six domains: cultural values, beliefs and practices; cultural expression and events; personal identity; history; extended family, clan and community; and country (Bamblett et al., 2012). While Aboriginal children can be exposed to their culture, if this is done without it being embedded in relationships, this exposure will only amount to enhanced cultural literacy or cultural knowledge. Cultural strengthening needs to be focused across these domains and be inclusive of connection to family, community and land (Bamblett et al, 2012).

The most extensive research on cultural connection (and disconnection) and wellbeing for Indigenous youth is Canadian research conducted by the late Emeritus Professor Michael Chandler and colleagues. Chandler was a non-Indigenous researcher and developmental psychologist, whose research explored the relationships between cultural factors and rates of youth suicide in Indigenous communities. Similar to Australia, in Canada, the rate of Indigenous youth suicide is significantly higher than non-Indigenous youth suicide. Chandler and colleagues disaggregated the national data and monitored the suicide rates within the nearly 200 First Nations communities, referred to as "bands", in British Columbia, Canada over time. The analysis revealed huge variability; more than half of all communities had no youth suicides during the 14-year research period and the heaviest burden of risk resided in a small number of communities. They linked this

variability to the relationship between personal and cultural continuity. Similar to Australia, continuity of Indigenous culture has been compromised in Canada; some communities have been able to re-establish connection to their culture with greater success than other communities. Chandler and colleagues developed six measures of cultural continuity and demonstrated that success on each of these measures was associated with a decrease in youth suicide. The cumulative effect of these measures was stark; when none of the measures were present the youth suicide rate was ten times higher than the provincial average; when all six measures were present the youth suicide rate was zero (Chandler & Lalonde, 1998; Chandler & Lalonde, 2008; Chandler & Proulx, 2006).

Less well known, and cited, is Chandler and colleagues' research in out-of-home care. They conducted equivalent research for children in out-of-home care and found some Indigenous communities had no children in out-of-home care and others had almost 10% of children in out-of-home care (Lalonde, 2006). Their research showed threats to cultural continuity were associated with higher rates of children in out-of-home care within Indigenous communities and efforts to promote culture were associated with lower rates of children in out-of-home care. Specifically, the research revealed community efforts to promote culture and returning control of services, including provision of child and family services, resulted in lower rates of children in out-of-home care (Lalonde, 2006).

A key message of Chandler and colleagues' research was that there are examples of Indigenous communities that have the solutions to the problems experienced by Indigenous children and families. Chandler and Lalonde (2004) argued that asserting solutions or strategies from those not local to communities or from governments was both disrespectful and bound to fail. They concluded that success lies is in the efforts of First Nations communities reasserting cultural sovereignty and expanding the Indigenous knowledge base. From an Australian perspective, Aboriginal legal academic Professor Behrendt, similarly writes that the only evidence-based policy is self-determination (Behrendt, et al, 2016).

There is limited Australian research about cultural connection in the context of out-of-home care. Connection to culture has been understood as a source of strength, as a protective factor, and contributing to healing for Aboriginal children and young people in out-of-home care (Bamblett & Lewis, 2007; Krakouer et al., 2018). The converse, that children disconnected from culture are at increased risk of abuse in out-of-home care is also addressed in the literature; "children who become isolated from cultural and community networks when in out-of-home care are more vulnerable to being abused, and less able to seek help" (Lewis & Burton, 2012, p. 11). Being placed in out-of-home care can have a detrimental impact on Aboriginal children's connection to culture and community (Krakouer et al., 2018; Mendes, et al., 2020). The research of Krakouer and colleagues (Krakouer et al., 2018; Krakouer et al., 2022) focused on the need of cultural connection and the harm of disconnection for children in out-of-home care. Krakouer and colleagues (2016) highlight that for Aboriginal children, cultural connection is critical to Aboriginal child development and wellbeing but requires family connection for it to be reinforced and strengthened. With this understanding, it is the responsibility of both statutory and community organisations to facilitate and strengthen family relationships, including through reunification where possible. More recently Krackouer and colleagues (2022) write that despite the importance of cultural connection for health and wellbeing, this is poorly understood and utilized in child protection and out-of-home care contexts. The authors state that "resistance to assimilation" (p. 343) is needed in relation to these systems and that cultural connection can be utilised "to resist the assimilatory impacts associated with ongoing child protection removals" (p. 343).

The role of inquiries is significant in the literature, with numerous inquiries having documented the impacts of loss of culture and the need for cultural reconnection. These inquiries include Bringing Them Home: National Inquiry into the Removal of Aboriginal Children from their Families (HREOC, 1997), the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017), and recent inquiries conducted by Victoria's Commission for Children and Young People focused on Aboriginal children in out-of-home care in Victoria (2016, 2019). Bringing them Home reported in

detail on the impacts of the deliberate cultural destruction associated with the Stolen Generations policies.

> One principal effect of the forcible removal policies was the destruction of cultural links. This was of course their declared aim… Culture, language, land and identity were to be stripped from the children in the hope that the traditional law and culture would die by losing their claim on them and sustenance on them (HREOC, 1997, p. 175).

Anderson and colleagues (2017) wrote a report, commissioned by The Royal Commission into Institutional Responses to Child Sexual Abuse, which examined Aboriginal children's past and contemporary vulnerability to child sexual abuse in institutions, including out-of-home care. The authors found that connection to culture was protective for Aboriginal children. The authors concluded that, both in Australia and internationally, it is now increasingly being recognised that positive connection to one's culture helps Indigenous children develop their identity; fosters positive self-esteem and emotional strength; and increases secure attachment relationships around the child (Anderson, et al, 2017).

In Our Words (CCYP, 2019), the Commission for Children and Young People's recent systemic inquiry into the lived experiences of children and young people in out-of-home care, spoke with over 200 children and young people who were currently living in or had recently left out-of-home care in Victoria, including 82 Aboriginal children and young people. Consultation with Aboriginal children and young people revealed some had been able to maintain connection to culture, but many had not; "a significant number said they felt disconnected from culture, family and community and that being in care had made this worse" (p. 79).

3.4. Social and Emotional Wellbeing (SEWB) and Out-of-Home Care

The health of Aboriginal people is understood to be affected by the social, emotional, spiritual and cultural wellbeing of both individuals and communities (Durie,

Milroy and Hunter, 2009). This is articulated in the widely accepted definition in Australia's National Aboriginal Health Strategy, which states that health is "not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view, and it also includes the cyclical concept of life-death-life" (National Aboriginal Health Strategy Working Party, 1989, p. x). The Aboriginal concept of SEWB reflects this holistic view of health and is broader than the concepts of mental health, mental illness and mental health disorders. It recognises the importance of connections to culture, spirituality, ancestry, family, community and land, and how each of these affect individual's wellbeing (Zubrick, et al., 2014). The first national analysis of Aboriginal mental health and SEWB was the landmark Ways Forward report published in 1995 (Swan & Raphael, 1995). The report was based on national consultation and was the fulfilment of a recommendation from the Royal Commission into Aboriginal Deaths in Custody, tabled in Commonwealth Parliament six years earlier. There is now increased recognition of the importance of SEWB for Aboriginal people in mainstream and government contexts, with SEWB now evident in National Aboriginal and Torres Strait Islander policies. In 2004, SEWB was endorsed by Commonwealth, State and Territory Governments in the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009 (Department of Prime Minister and Cabinet, 2004). It was again endorsed in the renewed framework for 2017-2023 (Department of Prime Minister and Cabinet, 2017). The national policy to address Aboriginal inequities, the National Agreement on Closing the Gap, was developed in 2009, and in 2020 improved SEWB was added as a target (Commonwealth of Australia, 2020a).

There is growing research highlighting significant differences between Aboriginal and Western conceptualisations of health, mental health and wellbeing (Kelly & Gee, 2013; Milroy, et al., 2014). SEWB includes mental health, but is a more holistic, strengths-based, and multi-dimensional concept. Aboriginal psychologists developed an Aboriginal model of SEWB in 2012 and 2013, under the leadership of Aboriginal psychologist Dr. Graham Gee. The model was endorsed by several hundred community members in multiple communities across Australia who were involved in extensive community consultations (Gee et al, 2014). The model centres Aboriginal cultures and worldviews (Gee, et al, 2014).

Aboriginal worldviews are collectivist and understand the individual as inseparable from family and community (Gee, et al, 2014). In Table 3, I have collated the guiding principles, domains and examples of determinants of Aboriginal SEWB. These culturally informed guiding principles, domains and determinants elucidate important differences to Western conceptualisations of health and mental health. The guiding principles, developed during the consultation process for the Ways Forward report (1995), are based on core Aboriginal values. Table 3 shows that SEWB is inclusive of connections both within and external to the individual. These domains include connections to body, mind and emotions, family and kinship, community, culture, land and spirituality (Gee et al, 2014). These connections reflect the range of ways Aboriginal people experience and express the domains of SEWB throughout their lives and reflect both shared and different cultures and experiences (Gee et al, 2014). Experiences of SEWB can also differ for children, young people through to elders and Stolen Generations survivors (Gee, et al, 2014). The Aboriginal SEWB model recognises that Aboriginal health and wellbeing is interconnected across domains, time and place. The model also recognises that social, cultural, historical and political determinants influence SEWB (Gee, et al, 2014). Determinants of health are the non-medical factors that influence health outcomes. The World Health Organisation defines determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems" (Blas, 2011, p. 189). In the context of Aboriginal SEWB there are a wide range of determinants and they include protective factors as well as risk factors (see Table 3).

Table 3

Aboriginal model of SEWB: Guiding principles, domains and examples of determinants

Principles[1]	**Domains**[2]	**Determinants (examples)**[3]
Health as holistic The right to self determination The need for cultural understanding The impact of history in trauma and loss Recognition of human rights The impact of racism and stigma Recognition of the centrality of kinship Recognition of cultural diversity Recognition of strengths	**Connection to body** is about physical health. **Connection to mind and emotions** refers to experiences of mental wellbeing, safety, security, sense of belonging, mastery, self-esteem, meaning making, values and the need for secure relationships. **Connection to family and kinship** maintains interconnectedness through relationships of caring, sharing, obligation and reciprocity. **Connection to Community** refers to a collective space where building a sense of identity and participating in family and kinship networks occurs, and where personal connections and sociocultural norms are maintained. **Connection to Spirituality** includes traditional systems of knowledge left by the ancestral beings that typically include all the stories, rituals, ceremonies and cultural practices that connect person, land and place. **Connection to Country** reflects an area to which people have a traditional or spiritual association, and the sense of connection as a deep experience, belief or feeling of belonging to Country. **Connection to Culture** includes the capacity and opportunity to sustain and	**Social** Protective factors: Education, agency and control over life, support networks, adequate income Risk factors: removal from family, children in out-of-home care, lack of services, services that are not culturally safe, racism **Cultural** Protective factors: time spent on Country, opportunities to attend cultural events and ceremonies Risk factors:, elders passing on without full opportunities to transmit culture **Historical** Protective factors: intergenerational engagement with community; family intact Risk factors: languages lost/under threat; intergenerational trauma **Political**

	(re)create a healthy, strong relationship to Aboriginal heritage. This includes systems of knowledge, law and practices; a secure sense of cultural identity and cultural values, and to participate in cultural practices that allow Aboriginal people to exercise their cultural rights and responsibilities.	Protective factors: self governance, community controlled services Risk factors: restrictions on access to Country

Sources: [1]Swan & Raphael (1995); [2]Gee et al (2014); [3]Commonwealth of Australia, 2017

Since this seminal and influential work by Gee and colleagues (2014), much research has utilised Gee's model (e.g. Dudgeon, 2016; Dudgeon, et al, 2019). The National Empowerment Program utilises a SEWB approach and evaluations have shown that program participants developed skills that they could utilise on their healing journeys (Mia, et al., 2017). Aboriginal-designed empowerment programs designed and implemented by the Victorian Aboriginal Health Service are examples of cultural strengthening programs that focused on combining physical activities and cultural activities. The community-based programs, including the "Her Tribe" and "His Tribe" programs, were delivered in 2017 and 2018 and an Aboriginal-led evaluation of these programs found improvements in access to a range of community and cultural strengths and reductions in psychological distress (Gee et al, 2022).

Despite increased recognition of the relevance of SEWB for Aboriginal people and communities, approaches to measure SEWB have not been developed (Dudgeon, et al, 2019). Without approaches to measuring SEWB, indicators of mental health and psychological distress have been used as proxy measures. Children in out of home care have poorer mental health than children who grow up without out-of-home experience (Smales et al, 2020). Research shows that Aboriginal children in out-of-home care have unmet mental health and therapeutic needs (Mendes et al., 2016). A recent, Victorian-based research study (Shmerling et al, 2020) documented the health needs of Aboriginal children in out-of-home care over a 2-year period in 2014 to 2016 via an audit of health records. Over 100 Aboriginal children in out-of-home care were seen by the paediatric service at the Victorian Aboriginal Health Service and they had high rates of physical,

developmental and psychological health needs, including 66% of the children identified as having mental health problems.

3.5. Trauma and Out-of-Home Care

Childhood trauma is a significant public health issue that has been linked to a range of mental health concerns, both in childhood and continuing into adulthood (Downey & Crummy, 2022; Torjesen, 2019). Childhood trauma has been described as likely the most important contemporary public health challenge (Van der Kolk, 2007). This section examines the broader historical and community contexts within which Aboriginal children experience trauma and posits that invasion, colonisation and the forced removal of children from their parents as part of the Stolen Generations, can, and must, be understood within a trauma lens. This section then examines understandings of individual trauma, including how it has been defined over time, the diversity of impacts and discussion of the conceptualisation of complex trauma. This section then examines trauma in the out-of-home care context and summarises available data on maltreatment experienced by Aboriginal children leading to child protection involvement as well as maltreatment of Aboriginal children while in statutory out-of-home care.

3.5.1. The historical and community contexts within which Aboriginal children experience trauma

It is critical to acknowledge the historical origins of trauma and trauma impacts for Aboriginal children, families and communities. The colonisation of Australia is responsible for multiple, complex layers of trauma for Aboriginal communities; the trauma of invasion, violence and brutalisation; the trauma of the forced removal of communities from country, displaced on to missions; and the trauma of forced removal of children from their families (Atkinson, 2002; Bamblett et al, 2012; HREOC, 1997). The colonisation of Australia has many similarities with other Indigenous populations colonised by the British including, American Indian, Native Alaskan, First Nations Peoples from Canada, and Maori Peoples from Aotearoa (Paradies, 2016). Colonisation in Australia, and other colonised lands involved violent resource dispossession and the dehumanisation of Indigenous Peoples and their knowledge and value systems (Archibald et al., 2019; Paradies, 2016).

Colonisation in Australia, and other colonised lands, included deliberate acts of genocide, the intent of which was to exploit and exterminate Indigenous Peoples and their lands (Archibald et al., 2019). In Australia, children were forcibly removed using laws aimed at eliminating Aboriginal Peoples as distinct Peoples and thus meets the criteria of genocide, as defined by the international Genocide Convention, which was ratified by Australia in 1949 (HREOC, 1997). Colonisation included the destruction and denial of culture via prohibition of spiritual and cultural practices and speaking their languages, combined with forced conformity with Christianity and Western ways (Bessarab & Crawford, 2013). Colonisation involved frontier wars, including random killings and planned massacres, and major loss of life as a result of deliberate poisoning and introduced diseases, particularly smallpox, (Menzies, 2019; Raeburn, et al., 2021; Reynolds, 1999). The story of invasion has intergenerational impacts. The contemporary impacts of this history of invasion and ongoing colonisation, is the collective and cumulative trauma that can continue to be transmitted across generations; intergenerational trauma (Atkinson, 2002).

Of the historical trauma of colonization, the forced removal of Aboriginal children has been described as having resulted in the most traumatic legacy, a legacy continuing today (Menzies, 2019). The extent of forced removals of children means that few Aboriginal families are unaffected by the impacts of the Stolen Generations policies (Healing Foundation, 2021). The Bringing them Home report concluded that the majority of Aboriginal families have been directly impacted by the forcible removal of children across generations, including Stolen Generations and current child protection practice (HREOC, 1997).

The concepts of historical trauma, collective trauma and intergenerational trauma are key to understanding the context and experiences of trauma for Aboriginal children today. Collective trauma has been described as a shared trauma that "extend[s] beyond the individual to apply to a shared community response" (Menzies, 2019, p. 1528). The concept of historical trauma was first used to conceptualise the trauma among World War II Holocaust survivors (Herman, 1992). Unhealed collective and historical trauma can lead to intergenerational trauma. The Healing Foundation consider intergenerational trauma as a type of historical trauma that is transmitted across generations (Healing Foundation,

2015). Atkinson, Nelson and Atkinson (2010) define intergenerational trauma as "the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes" (p. 138). Intergenerational trauma is transferred from the first generation of survivors that directly experienced traumatic events to the second and subsequent generations (Atkinson, et al., 2010). A consequence of secondary exposure to trauma is intergenerational trauma (Atkinson, et al, 2010). Aboriginal children may experience trauma through direct experience or secondary exposure. The trauma experienced by children removed as well as their families and communities left behind has been passed down through generations, resulting in a range of issues. Symptoms of collective and intergenerational trauma include shame, fear of betrayal, mistrust of self and others, hopelessness, violence against others and self, suicide, self harm, risk-taking behaviour, substance misuse, unresolved grief, a conspiracy of silence and secrecy, and a range of mental health concerns, (Atkinson, 2002; Menzies, 2019; Tilbury, 2009). Further impacts can include dislocation from home and community, destruction of the family unit, impacted parenting skills and abilities, loss of traditional values, family violence, removal of children, homelessness, incarceration and entrenched disadvantage and poverty in contemporary Aboriginal families and communities (Atkinson, 2002; Healing Foundation, 2021; Menzies, 2019).

Stolen Generations are significantly more likely to experience mental health concerns and have children who are more likely to have emotional and behavioural difficulties (AIHW, 2018). The cumulative effect of intergenerational trauma can lead to widespread disadvantage (Healing Foundation, 2015). The Healing Foundation highlight the ongoing traumatic impacts of colonisation and that difficulties faced by contemporary Aboriginal communities need to be understood within the context of historical trauma. Professor of Child and Adolescent Psychiatry Helen Milroy, a descendant of the Palyku people of the Pilbara region of Western Australia, described the variety of mechanisms and effects related to intergenerational trauma for Aboriginal people.

> Many of the problems prevalent in Aboriginal and Torres Strait Islander communities today- alcohol abuse, mental illness and family violence… have their

> roots in the failure of Australian governments and society to acknowledge and address the legacy of unresolved trauma still inherent in Aboriginal and Torres Strait Islander communities (The Healing Foundation, 2009, p.4).

> The transgenerational effects of trauma occur via a variety of mechanisms including the impact of attachment relationships with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from the extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatisation where children witness the on-going effects of the original trauma which a parent or caregiver has experienced (Milroy, 2018, p. 11).

Aboriginal academics and Elders including Atkinson (2013), Chamberlain (2022) and Bamblett and colleagues (2012), highlight that the strength of Aboriginal people, communities and cultures in the face of these ongoing adversities must be recognised, and that the large majority of Aboriginal families are bringing up strong, thriving children. Aboriginal communities and cultures have survived. However, the legacy of the laws, policies and practices of the past are evident in a wide range of health, social and economic disparities between Aboriginal and non-Indigenous communities, especially for children (Healing Foundation, 2015; Kirmayer, et al., 2009). Individual trauma for Aboriginal people with out-of-home care experience is combined with collective trauma and cultural disconnection. Professor Mick Dodson asserts, “taking Indigenous children is not just an act of violence against those children and their families. It is an act of cultural destruction” (1997, p.3). With family disconnection comes cultural disruption. This cultural destruction represents profound traumas at the collective and individual levels.

3.5.2. Understandings of individual trauma

The trauma literature has increased dramatically in recent years, as has the understanding of trauma and its treatment. The first edition of the Diagnostic and

Statistical Manual of Mental Disorders (DSM-I) (American Psychiatric Association, 1952) included the diagnoses of *Acute Brain Disorder* and *Chronic Brain Disorders*, categorised under *Disorders Caused by or Associated with Impairment of Brain Tissue Function*. These disorders were described as "developing immediately after head injury produced by external trauma of a gross physical nature, including surgery. Mental disturbances following injuries to other parts of the body are not to be classified here" (American Psychiatric Association, 1952, p. 16). DSM-II (American Psychiatric Association, 1968) has the *categories Unspecified mental retardation following trauma or physical agent* under the broader category *Mental Retardation* and *Psychosis with brain trauma* under the broader category of *Psychoses Associated with Organic Brain Syndromes*. These diagnoses require symptoms "develop immediately after severe head injury or brain surgery" (American Psychiatric Association, 1968, p. 29). The categories and guidelines for diagnosis indicate the narrow definition of trauma, limited to physical trauma to the brain, in DSM-I and DSM-II and have little similarity to trauma diagnoses in later editions of the DSM.

The trauma-field expanded rapidly post the Vietnam war (Herman, 1992) and in 1980 post-traumatic stress disorder (PTSD) was officially recognised in psychiatry, with the inclusion of the diagnosis in the DSM-III (American Psychiatric Association, 1980). The next edition, DSM-IV (American Psychiatric Association, 1994), articulated that significant ongoing impact may follow from a variety of trauma experiences including natural disaster, war and child abuse. The DSM-IV articulated this variety, describing that someone with PTSD has "experienced, witnessed or was confronted with an event or events that involved actual threatened death or serious injury, or a threat to the physical integrity of the self or others" (American Psychiatric Association, 1994, p. 427). The DSM-IV included three clusters of posttraumatic symptoms: avoidance symptoms, intrusive symptoms and physical arousal symptoms (American Psychiatric Association, 1994). The fifth edition of the DSM (DSM 5) (American Psychiatric Association, 2013) added negative alterations in cognition and mood as a fourth cluster of symptoms.

Atkinson (2002) and Milroy (2005) have reasoned that a PTSD diagnosis does not account for the extent of chronic stress that Aboriginal people experience as part of

everyday life. Trauma can be expressed in a variety of ways, and that this is particularly pertinent for Aboriginal people and communities (Menzies, 2019). Both Dudgeon and colleagues (2014) and Atkinson (2019) share that it is only in recent years that the impacts of trauma on Aboriginal communities from first contact to the present have been accepted and understood. This literature review is not limited to PTSD research. The review takes a broader approach to the understanding of trauma in all its diversity and complexity, rather than as defined via narrow (and changing) psychiatric criteria. This also fits with the topic of my research being on the meaning and experiences of healing from trauma, not on the symptoms and diagnoses of trauma.

The trauma literature highlights the diversity in conceptualising trauma. Kirmayer and Valaskakis (2008) identify that trauma "can be seen at once as a socio-political event, a psychophysiological process, a physical and emotional experience, and a narrative theme in explanations of individual and social suffering" (p. 1). This definition identifies the complexity of trauma and speaks to both the understanding of collective and individual trauma. The Healing Foundation explain trauma both in terms of the impact on the individual and the relational nature of the experience.

> The response of the mind and nervous system to a life-threatening experience that is so overwhelming it leaves the individual unable to come to terms with it. The traumatic event need not have been directly experienced. It can include threats to others the victim has a relationship with or those nearby. Witnessing or hearing about the traumatic experiences of another can have a lasting psychological impact (Healing Foundation, 2015, p. 3).

Trauma can refer to trauma as exposure or experience as well as trauma as response or impact of the experience (Benjamin, et al., 2019; Harms, 2015). In other words an event can be referred to as trauma or as being traumatic (Ungar & Perry, 2012). In terms of trauma as impact, van der Kolk, McFarlane and Weisaeth (1996) refer to the posttraumatic syndrome as "the result of a failure of time to heal all wounds" (p. 7). In terms of trauma as event/s there is debate within research about what is classified as

traumatic (Harms, 2015). Atkinson, Nelson and Atkinson (2010) articulate that resolving this broad scope of trauma conceptualisation is not the priority rather, "it is more important to understand that overcoming the effects of trauma-related illness requires addressing not only the illness (individual) but also the prevalence of events (community) that lead to re-experiencing, and poor mental health" (p. 136).

Particularly pertinent to Aboriginal communities, individuals can experience multiple forms of trauma. Trauma can be acute or chronic. Trauma can be a single incident (for example a car accident or an assault by a stranger) versus chronic (for example war or ongoing child abuse). Another distinction in the conceptualisation of trauma is between "simple" and complex trauma. There is now extensive research that highlights the critical differences between the nature, dynamics and treatment of childhood trauma depending on whether it is "simple trauma" (single incident, non-relational trauma) or complex trauma (James & MacKinnon, 2012; Thain, et al, 2022). Complex trauma refers to exposure to multiple or prolonged traumatic events that are of an interpersonal nature, such as child maltreatment (Van der Kolk, 2015) and the effects of this repeated interpersonal trauma are almost always long-lasting (Benjamin, et al., 2019). Child complex trauma refers to repeated experiences of interpersonal trauma as a child. Complex trauma occurs in a range of settings; within homes, within families and within institutions. Attempts have been made to have Complex-PTSD included in the major classification systems. Complex-PTSD was not included in the latest version of the DSM (American Psychological Association, 2022), but was included in the recently released 11th version of the International Classification of Diseases (World Health Organization, 2018). Benjamin and colleagues (2021) described this as "a watershed moment in psychiatry akin to the official diagnostic recognition of PTSD in 1980 [in DSM III]" (p. xxxvii).

Trauma affects everyone differently. The earlier it starts in life, the longer it lasts and the more frequently it is experienced, the more challenging and long-lasting the impacts can be (Bloom, 2020). The severity, exposure to multiple forms of maltreatment and the relationship to the perpetrator can also relate to severity of impacts experienced (Amos & Segal, 2019). Psychiatrist Professor Judith Herman published her seminal book on the after effects of trauma, including her concept of a Complex-PTSD over thirty years ago

(Herman, 1992). The development of Complex-PTSD expanded trauma to be inclusive of chronic relational trauma (Herman, 1992). Herman differentiated between these ongoing traumatic experiences such as from child abuse and domestic violence from natural disasters, and war. Complex trauma involves betrayal in relationships with parents, carers or partners (Herman, 1992).

The research literature on the sequelae of child trauma is vast (for example Amos & Segal, 2019; Atkinson, 2019; Bloom, 2020; Ford & Coutois, 2013; Herman, 1992; Kezelman, 2019; Perry, 2009; Van der Kolk, 2007). A diagnosis of PTSD, or Complex-PTSD, can be an impact of childhood trauma and abuse. There may also be other mental health diagnoses, as well as or instead of PTSD, and child trauma has been linked with many psychiatric disorders (Benjamin, et al., 2019). Brown and colleagues (2001) found that over 90% of people with a PTSD diagnosis experienced a comorbid diagnosis. Childhood trauma, including child maltreatment, can lead to anxiety and depression in young people (Frederico et al, 2010; Ford & Coutois, 2013). Further impacts of complex child trauma include changes in affect or mood regulation, interfering with self-regulatory capacities, anger, substance abuse, self-harm, suicidal ideation and suicide; changes to consciousness including intrusive memories, or not remembering, dissociation, nightmares; changes to identity, shame, guilt, self-blame, a sense of violation; lack of trust, and loss of hope (Bloom, 2020; Kezelman, 2019; Herman, 1992; Van der Kolk, 2007). Impacts of complex trauma extend beyond mental health concerns and diagnoses and include physical health and illness, relationship difficulties, spiritual and cultural impacts, loosing connection to land and kin, and increased incarceration rates (Atkinson, 2019; Dudgeon et al, 2014).

A growing area of research is the impact of trauma in infancy and childhood on brain development (Perry, 2009; Shore, 2009). In the first year of life there is rapid growth of neural pathways (Shore, 2009). The developing brain organises itself sequentially and from the bottom up; from the brainstem (least complex) to the limbic and cortical systems (most complex) (Perry, 2009). In early development, neural pathways are use-dependent and the plasticity of the brain is at its greatest (Perry, 2009). These neurobiological understandings have provided recent insights into why childhood trauma impacts in

different ways to the experiences of trauma in adulthood. For a child experiencing complex trauma, their brain is being organised in the context of this environment.

3.5.3. Trauma in the out-of-home care context

People who were in out-of-home care as children can experience multiple traumas: experiences of abuse and neglect prior to entering care; experiences of removal and separation from family and culture; and negative experiences in out-of-home care, including abuse, neglect and cultural disconnection. For Aboriginal people who grew up in out-of-home care, these traumas are experienced in the context of broader experiences of historical, collective and intergenerational traumas existing in Aboriginal communities. For over three decades, the Australian Institute of Health and Welfare (AIHW) has published annual data on child maltreatment substantiated by Child Protection. For some children, substantiated maltreatment by Child Protection leads to placement in out-of-home care. Child removal and placement in out-of-home care can exacerbate harm to the child (despite the intent, in contemporary Australian child protection systems, being to increase safety). In 2022, for the first time the AIHW compiled a data report documenting substantiated child maltreatment for children in out-of-home care, the incongruously named *Safety in Care* report (AIHW, 2022c). Together the two reports (AIHW, 2022a; 2022b) provided the latest AIHW data on child maltreatment substantiated by Child Protection for Aboriginal and non-Indigenous children in Victoria and Australia, as well as substantiated child maltreatment for children in out-of-home care, for Aboriginal and non-Indigenous children in care in Australia (state-based data is not available).

Children enter child protection systems for a variety of reasons. Aboriginal children are more likely to have neglect substantiated and less likely to have sexual abuse substantiated than non-Indigenous children (AIHW, 2022b). This difference holds true both nationally and specifically in Victoria (AIHW, 2022b). Research indicates neglect is the type of maltreatment most impacted by poverty (Yang, 2015), and poverty is more prevalent for Aboriginal families (AIHW, 2021). Other literature highlight that the determination of neglect by Child Protection workers can be subjective and perpetuating the overrepresentation of substantiated neglect is the continuing lack of understanding of

Aboriginal cultures (Briskman, 2014). Child Protection services' reliance on Western concepts of primary attachment, and the exclusion of Aboriginal understandings of parenting, belonging and connectedness, can lead to misunderstanding of collective care of children as negligent (Briskman, 2014; SNAICC; 2021). An additional trauma is the concept of institutional trauma that can be experienced by children and families engaged with child protection and out-of-home care systems. Institutional trauma is described by Harms (2015).

> An emerging body of literature has also highlighted the ways in which some human service responses can be traumatic in and of themselves, both in the immediate and longer term. While services (such as child protection) are about promoting wellbeing ideally, the surveillance and supervision by counsellors and protective services can create a suffocating environment in which it is impossible to function (Harms, 2015, p.5).

There are limitations with the AIHW data, including that it requires only one reason for substantiation to be recorded and that if there were multiple maltreatment types of concern that that the strongest reason for substantiation be recorded (AIHW, 2022b). Requiring only one type of trauma to be recorded, does not match with the research literature showing the likelihood of co-occurrence of child maltreatment. This was the findings of research by Berry Street's Take Two program, a Victorian statewide developmental mental health service for children in child protection and out-of-home care systems in Victoria. Take Two evaluation reports and related research papers revealed the majority of children in out-of-home care that were clients of the service had experienced multiple types of child maltreatment (Jackson, et al, 2009; Frederico et al, 2010). The most comprehensive documentation of Aboriginal children in out-of-home care in Victoria was the Commission for Children and Young People's landmark Taskforce 1000 (CYCP, 2016), so called because at the time of the investigation this was the number of Aboriginal children in out-of-home care (it has now increased more than 2.5 times). The Taskforce 1000 inquiry found significant co-occurrence of risk factors; 88% of Aboriginal children in out-of-

home care in Victoria had experienced family violence (this was considered to be an underestimate); 87% of children were exposed to parental alcohol and substance use; and 60% of children were affected by parental mental illness (CYCP, 2016). This demonstrates the high frequency of cumulative harm and trauma and their interconnectedness, described in the report: "The often causal relationship and interconnectedness between these risk factors is complex" (CCYP, 2016).

The Safety in Care report revealed that in 2020-21, 46% of children maltreated in out-of-home care were Aboriginal (AIHW, 2022c). In 2020-21, 42% of children in out-of-home care nationally were Aboriginal. This over-representation of maltreatment in out-of-home care for Aboriginal children was highest for substantiated sexual abuse, where 52% of all sexual abuse substantiations in out-of-home care were in relation to Aboriginal children. It is not possible to estimate the rate of maltreatment among children in out-of-home care because data are based on the date of substantiation and so may include historical cases of abuse in care (AIHW, 2022c). Unfortunately, there is no data available specifically for Victoria as the report does not provide data by Aboriginal status at the state/territory level. In addition to the AIHW data released for the first time, it is well established, through research and inquiries, that children in out-of-home care can be subject to abuse (AIHW, 2022b; Anderson et al, 2017; Commonwealth of Australia, 2017; HREOC, 1997). Aboriginal children are placed in out-of-home care at much higher figure than non-Aboriginal children (as documented and discussed in chapter 2) and Aboriginal children are at greater risk of abuse when in out-of-home care (Anderson et al, 2017; Commonwealth of Australia, 2017).

There is evident need and value in understanding challenges in Aboriginal communities today through a trauma lens. The symptoms of trauma are prevalent in many Aboriginal communities (Menzies, 2019). Many Aboriginal communities are living with unresolved intergenerational trauma from past and current removal of children from their families (Newton, 2020; O'Donnell, et al, 2019). The impacts of unhealed trauma can be severe and long lasting (Atkinson, 2013; van der Kolk. 2007). Atkinson (2002) warns that "trauma, if unhealed, may compound, becoming cumulative in its impacts on individuals, families and indeed whole communities and societies" (p. 24). This reinforces critical

aspects of the conceptualisation of trauma; including that it is unhealed trauma that leads to the much-researched negative impacts. People can and do heal from trauma, the focus of the next section.

3.6. Healing and Out-of-Home Care

There is much written on Western approaches to trauma recovery and healing. Concerning the treatment of trauma, Professor Lousie Harms (2015) in her book, Understanding Trauma and Resilience, details multiple theoretical approaches used in healing trauma; symptom reduction, psychodynamic, attachment, person-centred, narrative, social-ecological and anti-oppressive. Harms points out "they stem from very different traditions of medical, psychological, and sociological discourses, although all primarily within Western ones" (p. 1). Each of these theoretical approaches understand trauma through its own cultural lens, none of which incorporate Indigenous worldviews. Lindherst and colleagues (2017), writing about programs to support SEWB of Aboriginal adolescents in contemporary out-of-home care, share "it is important to understand and respect the worldview of Aboriginal and Torres Strait Islander people. The mental health system, designed from a Western perspective, fails to consider this worldview and the lasting impact of Australia's colonial history on Indigenous Peoples." (p. 77). There are a range of critiques about the effectiveness of mainstream psychology and mental health services and systems for Aboriginal people (Hunter, 2003; Milroy, et al, 2014; Ranzijin et al, 2007; Zubrzycki & Crawford, 2013), with issues raised including mistrust, poor cross-cultural communication, a lack of culturally responsive service provision and holistic care practices and inability to accommodate Aboriginal models of SEWB. Aboriginal people are less likely to attend mainstream health services (State of Victoria, 2020; Victorian Auditor-General's Office, 2014) and Aboriginal people frequently experience health and mental health services as culturally unsafe (Commonwealth of Australia, 2017; Dudgeon & Walker, 2014).

Despite these identified concerns with mainstream mental health services and systems, there is a lack of evidence-based treatment options for Aboriginal survivors of childhood trauma. Menzies (2019) highlighted that programs focused on symptom

reduction, will have limited impact if they do not address the underlying trauma in Aboriginal communities. Menzies (2019) further states, “A symptom-specific approach often throws the responsibility for change back to individuals and vulnerable communities” (p.1530). Menzies argues what is needed is research into alternative practices for service providers working with Aboriginal communities. Due to the intergenerational trauma caused by decades of forced child removal of the Stolen Generations, this is particularly relevant in relation to the child protection system and programs with a focus on reducing the rate of Aboriginal children in out-of-home care. A symptom of intergenerational trauma is intergenerational child removal. Unless the underlying trauma is addressed the cycles of family and cultural disruption will not be broken (Menzies, 2019). Menzies argues what is needed is research into alternative practices for service providers working with Aboriginal communities. Atkinson (Atkinson, 2002; Atkinson, et al., 2010) highlighted a lack of services that effectively supported healing for Aboriginal survivors of abuse and trauma.

This lack of consideration for programs, services and systems to address Aboriginal people’s needs is evident in Australia’s national guidelines for the treatment of post-traumatic stress disorder and complex trauma. Guidelines, including the Practice Guidelines for Clinical Treatment of Complex Trauma (Kezelman, 2012; Kezelman & Stavropoulos, 2019) and the Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder (ASD), Posttraumatic Stress Disorder (PTSD) and Complex PTSD (Phoenix Australia, 2013, 2020) reinforce what interventions are provided to clients and what interventions are researched and funded, which is the intended purpose of such guidelines (Phelps, et al., 2022). The development of these trauma guidelines are in keeping with the NHMRC’s guidelines, A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines (1999). Aboriginal people were not included in the research that informs the practice guidelines and yet the guidelines still state they are applicable for Aboriginal people. It has been acknowledged that a limitation of the guidelines is the absence of research on the treatment of trauma for Aboriginal people (Phelps, et al., 2022).

A systematic review by Varker and colleagues (2020) examined the area of defining treatment response to posttraumatic stress disorder treatments, important due to the lack

of a uniform definition of treatment response in the field. The authors acknowledged two limitations in their study: “Limitations of the review include restricting the inclusion to interventions with strong recommendations from PTSD guidelines, and restricting the review to RCT methodologies” (p. 347). As a result of these limitations, the interventions were restricted to nine psychological interventions and five pharmacological interventions. Varker and colleagues do not consider what the evidence is for these “evidence-based treatments” for Aboriginal people. Unfortunately there is not the literature in relation to non-response to psychotherapies for the treatment of trauma for Aboriginal people and communities. What comprises “evidence” and the nature of evidence in the context of SEWB, trauma and Aboriginal communities requires specific examination. The “gold standard” of evidence in Western science is systematic reviews and meta-analyses of randomised controlled trials (RCTs). This is the highest level of evidence according to the NHMRC guidelines (NHMRC, 1999), and is where the results of multiple RCTs are combined to provide an estimate of the average effect size estimate (or intervention effect). RCTs were developed for medical research and interventions conducted under experimental conditions do not inform on the real-world impact of interventions. Despite the prioritisation of RCTs, outside of medical clinical trials attempting to build an evidence base on RCTs and meta-analysis is considered inappropriate by some. This includes in health promotion, where interventions are often holistic and multi-level and reliance on “evidence-based intervention” can increase health inequalities because there is little such available evidence (Rada, et al., 1999). Luke and colleagues (2022) challenge the ethics of contemporary evidence-based practice for Aboriginal health and social research as not equitable or culturally appropriate for Aboriginal communities, and advocate for the need for inclusion of Aboriginal people’s worldviews and ways of knowing, doing and being.

Bilgnault and colleagues (2017) identify several of the challenges in evaluating Aboriginal healing programs. Their article is based on experiences and learnings from Stolen Generations programs funded by the Healing Foundation. The authors identify the limited evidence on how healing works for different people in different context; and what elements are needed for healing to occur. They also identify that evaluations of programs are much needed, to identify good practice. The authors write that evaluations of

Aboriginal healing programs need to be designed and implemented differently to evaluations of mainstream programs. Evaluations need to be responsive to and led by Aboriginal communities. Timeframes, methods, identification and measurement of outcomes and relationships between evaluators and stakeholders need to be carefully considered for cultural appropriateness. Qualitative methods that incorporate Indigenous cultural frameworks and culturally sensitive methodologies are recommended (Bilgnault, et al., 2017).

Atkinson (2013) developed a resource on trauma-specific care for Aboriginal children who have experienced trauma, the purpose of which was to demonstrate the need for specific interventions for Aboriginal children who have experienced trauma. Atkinson reports that this research is in its infancy and that it is important to take a broad scope to what is included as evidence and to include documented practice experience. Implementing this approach Atkinson highlights three different cultural approaches to trauma-specific care: the promising practice of Yorgum (yorgum.com.au); Yarning up on Trauma, developed by Take Two, Berry Street and VACCA (Coade, et al., 2008; Frederico et al., 2010); and Atkinson's We Al-li (meaning fire and water in the Woppaburra language) (Atkinson, 2002, 2013; wealli.com.au). Yorgum is a child and family counselling ACCO based in the State of Western Australia. Yorgum's services for Aboriginal communities are based on Aboriginal philosophies and trauma-informed practice. Yorgum's service model includes strong connections with other ACCOs, including Link-Up for the Stolen Generations. The services provided are varied and include group work, education workshops and "yarning therapy", based on the principle that telling one's story validates their experience and is part of the therapeutic process. Yarning up on Trauma is a four-day training program, that has been evaluated and was described as both education and therapy (Frederico, et al., 2010). The program is delivered by an Aboriginal and non-Aboriginal facilitator, to those working with Aboriginal children and families in the child protection and out-of-home care systems and more broadly. The program includes details of the impacts of trauma on their clients, themselves as Aboriginal people, and Aboriginal communities. Healing from trauma is described across three phases: establishment of safety; telling your story; and reconnecting, including with community and culture. A focus

on connectedness is described as central to healing, both relational and cultural. The evaluation revealed that the large majority of participants found the training helpful, including its content, process and the integration of culture (Frederico, et, al., 2010). Similarly, We Al-li is an education program with clear healing benefits and is thus described as "educaring" (Atkinson, 2002). The program is described as a community-based response to violence and trauma experienced by some Aboriginal people and communities and a response to the needed development of healing activities. The series of workshops include personal and professional development and include a focus on working with Aboriginal children. We Al-li has been evaluated (Atkinson, 2002, 2013), which revealed strong support for the cultural tools for healing included in the program and that participants reported reduced trauma symptoms at course completion. Atkinson concluded the review of trauma-informed services and care for Aboriginal children writing "… further research is needed to understand whether and how Indigenous healing rituals support healing and recovery and what factors facilitate or impede the use of such rituals for Aboriginal families and communities" (Atkinson, 2013, p. 13).

In relation to how culture links to trauma recovery, Harms writes that cultural context shape responses to trauma, "Many cultural practices and rituals are formally and informally enacted following traumas and disasters" (Harms, 2015, p. 20). Cultural healing in Aboriginal communities is based on many thousands of years of wisdom and the power of cultural connection in healing has been known by Aboriginal people for over 65,000 years (Atkinson, 2002). More recently there is also growing evidence of the success of cultural healing programs in published research literature. Atkinson (2002) shares the role of ceremony and healing pre-invasion. Following natural disasters ceremony would take place to provide healing. Importantly this was to restore relations between the land and the people and to heal country. This use of ceremony for healing also applied to manage conflict in relationships between people (Atkinson, 2002). An example of a culturally-informed healing program designed to heal trauma in Aboriginal communities includes the Marumali journey of healing for Stolen Generations delivered in various locations around Australia (discussed in detail in the next section).

Another healing trauma program incorporating ongoing evaluation, is Red Dust Healing (Powell, et al, 2014). Red Dust Healing has been delivered to over 5000 attendees in 300 different locations across remote, rural, regional and urban Australia in a range agencies and community groups as well as community, with the commonality being where the persistent effects of trauma exist (Powell, et al, 2014). The healing program is offered as one, or three day packages, with a second session approximately a month later, and with individual support between sessions and post-program from the facilitators and mentors. The program was developed by Aboriginal men Tom Powell and Randal Ross, based on their experiences of working in juvenile justice and seeing the futility of locking up people; that it did not address the trauma or provide the needed healing. Powell and colleagues describe how the colonisation of Australia involved the purposeful attacking of four core values of identity, responsibilities, relationships and spirituality, and in so doing damaged the culture and lifestyles of Aboriginal people. The Red Dust Healing program is based on six philosophical principles: traditional practices and values are a way of addressing current issues; exploration of participants' personal histories; healing as a spiritual understanding, including of self, identity and belonging. Powell and colleagues conclude that "Red Dust Healing has demonstrated that it can light up the healing fire in the heart of the most trauma and grief affected individual to become a healthy, culturally strong person who can build a strong, loving family" (p. 459).

A recent systematic review of cultural interventions aimed at improving mental health and wellbeing for Aboriginal people (Summerton & Blunden, 2022) included eight studies that met inclusion criteria, six of which were Western interventions that had been adapted to be culturally appropriate. The remaining two were Aboriginal developed culturally grounded interventions. Only the two culturally grounded studies (Black et al, 2019 and Dudgeon et al, 2017) were ranked high for quality and cultural inclusion and five studies (including the two culturally grounded studies) were ranked as low risk of bias. The differences between the culturally adapted and the culturally grounded interventions were seen as the key to understanding the effectiveness of the culturally grounded studies.

Both culturally grounded programs were designed from the ground up, designed and delivered by Aboriginal people, were based on the lived experience of Aboriginal

people whereas the cultural adapted programs were not. The culturally adapted programs were based on evidence-based interventions developed from a Western, dominant understanding of mental health and adapted for use with Aboriginal people. The culturally grounded programs included culturally appropriate study design, cultural components to the program and culturally appropriate measures of SEWB, whereas the culturally adapted programs only sometimes included these elements. The research by Black and colleagues (2019) is presented in Chapter 5 (Phase 3). Dudgeon and colleagues' (2017) intervention approach included cultural connection, empowerment and Gee's SEWB framework. The cultural content included engagement with elders, strengthening connection to self, family and community, cultural education and family tree creation. Participants were Aboriginal adults living in community settings. Intervention impacts included that engagement with culture in a culturally grounded intervention improved wellbeing. The authors of the systematic review concluded, albeit based on two studies, that culturally grounded programs should be considered "gold standard" (Summerton & Blunden, 2022). The authors share that RCTs are not recommended for use in First Nations research and explain, "… in research with First Nations Australians, study designs such as randomized controlled trials are often described as culturally inappropriate and insensitive, ultimately because First Nations peoples' report preferences for client centered efforts in non-experimental study designs that are collaborative between researchers and participants" (p. 327).

Aboriginal children and young people have substantial unmet needs for mental health care (Doery et al., 2023; Killan & Willamson, 2018) and even more so for Aboriginal children in out-of-home care (Jackson et al., 2013; Frederico et al, 2010; Mendes et al, 2020). Despite this, little research was found in relation to healing approaches or programs for Aboriginal children in out-of-home care. The literature that was identified was evaluations of mainstream programs provided to children in out-of-home care, including Aboriginal children. Take Two is a developmental trauma service for children who are engaged in the child protection and out-of-home care systems, and over 25% of clients are Aboriginal children. Pre and post outcome measures showed a significant reduction in anxiety, depression and post-traumatic stress symptoms for clients including Aboriginal

clients (Jackson, et al, 2009; Frederico et al, 2010). Queensland is the only other state to have an equivalent service to the Take Two program. Evaluation and research of Queensland's program, Evolve therapeutic Services, make no reference to outcomes achieved specifically for Aboriginal clients (Eadie, 2017; Klagg et al., 2017).

Gatwiri and colleagues (2021) undertook a systematic scoping review into the needs of Indigenous children in out-of-home care internationally, with particular focus on Australian, (Aotearoa) New Zealand, Canada and America, The authors identified 8 peer-reviewed articles and 51 reports and discussion papers published between 2008 and 2018, describing this search result as representing "a grossly underresearched area that has been largely ignored by academia and that is of significant concern" (p. 840). Despite the dearth of literature the authors' findings included that trauma-informed and culturally safe therapeutic interventions were important in Indigenous children's health and wellbeing while in out-of-home care. This finding was based on the understanding that their experiences of maltreatment included individual trauma and intergenerational trauma. As such, a therapeutic response, embedded within Indigenous cultural frameworks and knowledge of trauma was required. Themes were developed from thematic analysis of the research findings of the identified literature, and included that ongoing removal of children linked to systemic issues, including poverty, lead to overrepresentation in out-of-home care and thus there was the need for culturally safe therapeutic interventions. Recommendations for policy and practice included addressing trauma, past and present, through healing embedded within Aboriginal cultural frameworks (Gatwiri, et al, 2021).

McKendrick and colleagues (2014) reviewed literature for Indigenous healing programs in Australia, Aotearoa, Canada, and the United States. McKendrick and colleagues (2014) report that current mainstream research methods are not culturally or ethically appropriate for the evaluation of community-based Indigenous healing programs, that funding is limited to evaluations of evidence-based programs, and that there is a need for methods to be grounded in local Indigenous knowledge (McKendrick et al., 2014). They found that most used "a combination of traditional healing techniques and cultural practices and techniques drawn from eastern or Western therapies" (p. 14). The authors concluded that healing programs need to recognise the impacts of colonisation and

intergenerational trauma. The next section examines cultural programs specific to the out-of-home care context.

3.7. Cultural Programs and Out-of-Home Care

WARNING: Aboriginal readers are warned that the following section contains the name and words of a deceased person.

This section has a specific focus on addressing the question: what are the social and emotional well-being (SEWB) impacts of cultural programs for Aboriginal people with experiences of out-of-home care? There are many ways culture can have SEWB impact, and this review does not seek to address this range. In this review the scope is limited to SEWB impact via engagement in cultural programs, thus a collective, group approach to the delivery of a specifically designed program, either time-limited or ongoing. Therefore, this research does not include the role of traditional healers, Ngangkaris, who provide individual healing with documented powerful results (Ngaanyatarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2017). The search strategy is also limited to cultural programs delivered in Australia for Aboriginal people with experiences of out-of-home care. This includes Aboriginal children in out-of-home care, Aboriginal young people who have recently exited out-of-home care, and adults who were in out-of-home care in childhood, including Stolen Generations, who were forcibly removed from their parents and placed in out-of-home care. Programs are included that have an explicit intent to use culture, cultural connection, cultural strengthening, cultural knowledge or cultural identity to contribute to improved SEWB. Cultural programs in scope include only programs that are either multi-day or muti-sessions programs and as such do not include one-off cultural days or activities. In addition to the search strategy outlined in Section 3.2 Approach to the Literature Review, the inclusion and exclusion criteria developed to define the scope of this review are detailed in Table 4.

Table 4

Search Strategy for Cultural Programs Literature Review: Inclusion and Exclusion Criteria and Justification for Approach

Inclusion criteria	Exclusion criteria	Justification
Published literature; all study types, includes qualitative, quantitative and mixed-methods; lived experience accounts.	Conference abstracts	No restrictions regarding study type to allow for synthesize all research relating to the topic.
All, or the majority of, participants are/were in out-of-home care in childhood.	Participants do not have out-of-home care background.	Out-of-home care is the context for the research.
Ongoing or multi-day/multi-session group program, activity or intervention.	Training programs, Frameworks, Policies, Healing Centres, Gathering Places. One-off day activities.	Must be a program provided over time.
Program is designed for Aboriginal people with out-of-home care experience.	Program is not designed for Aboriginal people with out-of-home care experience.	Out-of-home care is the context for the research.
Program is a group cultural program	Program is not inclusive of culture; culture is included but not central to design of the program; culture is central but not a program (e.g. Gathering Place, Policy); culture is central but not a group program (e.g. individual focus).	Scope is limited to group cultural programs.
Program is Aboriginal designed, developed and delivered.	Program is not provided by/in partnership with Aboriginal people and/or organisation.	Cultural program must be Aboriginal lead.
Outcomes or impacts described are SEWB or inclusive of SEWB.	Outcomes of the program are limited to physical health, knowledge acquisition or production of a product.	Outside the scope of this review.

Program provided in Australia.	Study was conducted outside of Australia (or if Australia and other country/ies, study did not report country-specific results).	Limit to Australia for relevance to Aboriginal communities in Australia.

It is for equity reasons that a broad scope to study design and publication is included. ACCOs may have limited capacity to conduct evaluations and go through the process of publishing in peer-reviewed journals. A narrow scope and further limitations would likely exclude Aboriginal programs and Aboriginal-lead research, counter to the aims of this review. Evidence broadly defined therefore includes qualitative, quantitative and mixed-methods research, as well as grey literature and lived experience accounts. Undertaking the search strategy as described, produced varied results. Limited literature for cultural programs designed for children in out-of-home care was identified. No literature was identified for programs for young people who had recently left out-of-home care. Most of the literature was in relation to healing programs for Stolen Generations, and the majority of this was published by the Healing Foundation. The programs identified are detailed below, firstly those for children currently in out of home care, followed by programs for Stolen Generations.

There were no systematic reviews on cultural programs for Aboriginal people in the context of trauma and out-of-home care. Three documents were identified in relation to cultural programs for Aboriginal children in out-of-home care: a commentary piece written by VACCA CEO, Adjunct Professor Muriel Bamblett and published in the journal *Children Australia* (Bamblett, 2014), an evaluation report of VACCA's cultural strengthening programs (VACCA, 2015) and a realist review of programs and policies to improve SEWB for Aboriginal children in out-of-home care published in *The International Indigenous Policy Journal* (Lindstedt et. al, 2017). In the article titled, *The Possum-Skin Cloak – Being Warmed by Culture*, Bamblett shared the value and impact of VACCA's Possum-skin cloak making programs as an example of VACCA's cultural strengthening programs for children

in out-of-home care. Bamblett shared the value and impacts of the program from an Aboriginal worldview and knowledge base (Bamblett, 2014).

> VACCA's Possum Skin Cloak-making program is very much "healing in action". The project involves community Elders who teach the traditional skill of making a possum skin cloak to some of our young people in out-of-home care. It is not simply the action of making the traditional cloaks but it is relational, a journey of people coming together, sharing knowledge, healing and growing in pride of their identity and culture. As well as teaching a skill, traditional stories are told and connection to community made (p. 134).

Parents and carers also attend the programs with impacts described as strengthened cultural connectedness wellbeing, and safety for the Aboriginal children involved and their families (Bamblett, 2014). Bamblett shared that, like all VACCA's cultural programs, the *Possum Skin Cloak Project* was designed and delivered with community, led by elders and guided by principles of empowerment and self-determination, describing the program as a "collective healing and culturally strengthening practice" (Bamblett, 2014, p. 134).

In 2015 VACCA published an evaluation of their cultural strengthening programs (VACCA, 2015). The evaluation used a narrative approach, telling stories through the voices of those most impacted; the children and families, elders and artists, and VACCA staff. The action research evaluation found that VACCA's cultural programs were guided by clear principles of practice. These principles were: engagement of elders and community leaders; self-determination; cultural safety; culture as a protective factor; holistic approach; trauma and healing; and voice, enabling the participants to be involved throughout the process. Critical elements of the programs were the centrality of culture, consistency of support, the importance of relationships, an intergenerational approach, and the role of storytelling, all important in healing for Aboriginal children in out-of-home care (VACCA, 2015). The evaluation found that the model used for VACCA's cultural programs was one that enables participants to gain improved SEWB through encouraging and strengthening their Aboriginal identity. This is achieved by connecting young people to Aboriginal culture via connection to community and elders and involvement in cultural

activities such as art, music and learning Aboriginal languages. The benefits of the programs as described by the children are privileged in the evaluation report and a selection are shared in Table 5, demonstrating a variety of wellbeing impacts. As many young people have been disconnected from their Aboriginal culture through removal from family, VACCA's cultural programs were described as necessary in supporting children to build relationships with culture and community (VACCA, 2015). The evaluation report demonstrated the critical importance of culture in the healing journey of Aboriginal children and found the cultural programs have become part of the intergenerational healing journey for participants (VACCA, 2015).

Table 5

Feedback from participants of cultural strengthening programs delivered by VACCA shared in Culture is Healing: Documenting Journeys to Identity and Belonging: VACCA Cultural Programs Evaluation Report

Feedback from Aboriginal children in out-of-home care participating in VACCA's cultural strengthening programs[1]
"I think the cultural programs have helped me heal, they've helped me find out who I really am." *We're all working together… it's connecting everyone to learn about their culture.'* *"I feel proud of who I am and how far I have come."* *"I am proud to be Aboriginal and a Yorta Yorta boy! I learnt not to be shy, shame in front of people and to be free on my land."* *"It made me feel good about myself. I learnt if we don't pass on these stories, the knowledge will be lost forever."*

[1]Victorian Aboriginal Child Care Agency (2015)

Lindstedt and colleagues (including myself) (2017) undertook a realist review specific to programs and policies aimed at improving SEWB for Aboriginal children in out-of-home care. The review was broad in scope including both programs and policies that had the aim of improving SEWB for these children (aged 12 years and older). The review

was not restricted to inclusion of only a Western concept of mental health and focused broadly on SEWB, including focus on supporting connections to culture and community. The search strategy did not limit by country; relevant policies and programs from any country were in scope. Despite the broad search strategy only nine policies and programs were identified, all Australian. Policies that were identified included: the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP), cultural support plans, Aboriginal self-determination through Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal family led decision-making. These policies are out of scope for this review focused exclusively on programs (and are discussed in Chapter 2, Context: Cultural Disconnection in Victoria's Out-of-Home Care System). Two programs were identified: the Panyappi program in the State of South Australia and VACCA's cultural programs for Aboriginal children in out-of-home care, already discussed in detail above. The Panyappi program is a mentoring program for Aboriginal young people at risk of entering or re-entering the youth justice system, Not being designed for children in out-of-home care means the program is not in scope for this review. As the authors of the realist review observe, a clear finding of the review was the lack of programs evaluating, or even describing, programs designed to improve the SEWB of Indigenous young people in out-of-home care, despite the disproportionately high number of Indigenous children in out-of-home care and the identified needs for support and healing. The authors concluded research was needed to develop programs promoting the SEWB of Indigenous young people, evaluate their effectiveness, and where effective ensure the programs are sustainable. Over six years later this critique is still relevant.

The cultural programs designed for Stolen Generations identified in the literature search included Wilmot and colleagues (2023) article evaluating two healing camps provided for Stolen Generations in 2021 and 2022, in South Australia. Describing the camps the authors outline that healing processes specific to the experiences and needs of Aboriginal people is needed; collective healing practices that have survived colonisation and forced removal. The four-day camps created a safe space to begin the process of personal and collective healing through connection to culture and country. The camps were provided by a mainstream service provider, led by the first author, Wakka Wakka

elder, Joanne Wilmot, and custodians and elders. The camps included ceremony, cultural art activities, Ngangkari healers, storytelling, walks on country and women's and men's healing circles. Also included were western wellbeing activities including massage and counselling. Participant interviews with eight participants from the first camp and four participants from the second camp revealed the camps were impactful and contributed to feeling reconnected to country. Thematic analysis of participants' interviews developed themes of connections, belonging, healing and truth-telling.

The literature search also identified literature describing the Marumali Journey of Healing program delivered Australia-wide and a range of locally delivered programs reviewed, and funded, by the Healing Foundation. The Marumal program has been evaluated and identified as a best practice model for Stolen Generations' healing (Dudgeon, et al., 2014). Aunty Lorraine Peeters, a Stolen Generations survivor, a survivor of the Cootamundra Domestic Training Home for Aboriginal Girls, and a Gamilori and Walwan woman, developed the Marumali Program, to support the healing of Stolen Generations. Shaan Hamann, Aunty Lorraine Peeters' daughter and a second-generation survivor of the Stolen Generations, has been involved in the development and delivery of the Marumali Journey of Healing Program since it began in 2000. The Marumal program for Stolen Generations survivors is a five-day program. The Marumali program aims to assist survivors in their healing journey through the core elements of being grounded in Aboriginal knowledge, and restoring connections to spirit and spirituality. The healing journey is holistic and involves mind, body and spirit. Culture and reconnecting with family, community and country are part of the healing and "allows survivors to find a safe path home to themselves, their families and their communities" (Peeters, et al., 2014, p. 498). Specific program outcomes included: strengthened cultural identity; increased sense of empowerment; increased knowledge of past policies of forced removal and impact of removal; and the identification of self-care strategies.

As well as published research and description of the Marumali program, also in scope in the search strategy developed was a published account from a survivor engaging in the Marumali program. Uncle Jack Charles, national treasure, truth teller, storyteller, activist, actor, author, Stolen Generations survivor and survivor of child sexual abuse in out-of-home

care had the opportunity to undertake the Marumali program while in prison. In his memoir (Charles, 2019), he revealed the impact of the program and credits it as the catalyst for ending his recidivism and cycles of prison and drug abuse. Below he powerfully describes the experience of undertaking the program.

> Marumali changed my life forever. As I discovered more about my culture and, in particular, my kin, I discovered more about myself. It was a thrilling feeling to have a sense of certainty and clarity about who I was, who I came from, the legacy of those great-greats and ancestors and how that determined where I fitted in the cultural context of mob… It was a program that brought blakfellas together to talk openly and honestly about the impacts of being forcibly removed from family and community. It opened up a space for healing, connection, grief and trauma that was invaluable and it stirred something within me that felt something like a spiritual awakening. It strengthened my sense of identity and ignited a heightened awareness of my sense of place (Charles, 2019. pp. 214-215).

Uncle Jack Charles credited the Marumali program with turning his life around. Following the program, he never returned to prison, completed a drug and alcohol course, maintained drug and alcohol-free, connected to culture and took up the role of elder and lore man in his community. He attributed the program to helping him find his purpose, which included helping other Aboriginal people in his community. Uncle Jack Charles wrote that the program "… changed the trajectory of my life forevermore" (p. 215). There are now different iterations of the Marumali program, including programs for children in out-of-home care and for children who are descendants of Stolen Generations (https://marumali.com.au), developed under the broad Marumali model that has a developed evidence base. No published research, evaluation or description of these more recent versions of the program were identified.

Two documents published by the Healing Foundation include review of healing programs for Stolen Generations survivors. The two resources are Our Healing Our Solutions: Sharing Our Evidence (Healing Foundation, 2013) and published three years

later, Healing For Our Stolen Generations: Sharing Our Stories (Healing Foundation, 2016). Our Healing Our Solutions was a desk review of 21 programs delivered between 2011 and 2013 and funded by the Healing Foundation. The funded programs included a range of programs; the majority of programs were delivered in remote and regional areas, particularly the Northern Territory; 13 of the programs had a cultural healing focus; and three programs included Stolen Generations survivors, but only one of these programs was specifically focused on the healing needs of Stolen Generations. None of the other programs were designed for healing for children currently in out-of-home care or adults who had been in out-of-home care as children. This means only one of the 21 programs included in the review met the inclusion criteria for this review. The program that met inclusion was the Stolen Generation Peoples Healing Camp provided by Link-Up Queensland (Healing Foundation, 2013). There is no individual information provided on this program in the desk review. Overall the review found that the programs reviewed demonstrated the critical role of cultural practices in healing for Aboriginal people and communities (Healing Foundation, 2013).

The lack of programs funded in the Our Healing Our Solutions specifically aimed at the healing of Stolen Generation survivors was acknowledged and addressed: "Recognising Stolen Generations as a cohort in exceptional need of healing support, the Healing Foundation subsequently addressed the limitations in Our Healing Our Solutions by introducing a Stolen Generations Initiative" (Healing Foundation, 2013, p. 9). The review included 31 programs for Stolen Generations survivors delivered during 2013 and 2014. The programs consisted of a range of collective healing approaches including; yarning circles, peer support groups, cultural revitalisation activities, healing gatherings, healing camps and the Marumali Journey of Healing program. The review revealed the majority of program participants reported: an increased sense of connection to culture and belonging (77%); increased strength in carrying their grief and loss (72%); and increased knowledge and confidence in using available support services (68%). Across programs, four key themes were identified: coming together and sharing stories; cultural connection and identity; trauma and trauma recovery; and empowerment and self-determination. The review concluded that there were many benefits of collective and cultural healing

approaches, demonstrated through the evaluation data collated for the review. All programs funded were delivered by Aboriginal organisations and the review cautioned that the positive outcomes achieved require the programs to be led and designed by Stolen Generations members and communities (Healing Foundation, 2016).

By limiting research to cultural programs specific to the out-of-home care context in Australia, the resultant literature was limited. Widening the inclusion criteria beyond peer-reviewed academic literature to include personal accounts of experiences of cultural programs allowed the inclusion of the feedback from Aboriginal children in out-of-home care who participated in VACCA's cultural programs and the first-hand account of experiences of the Marumali program shared by the late Uncle Jack Charles's, in his memoir (Charles, 2019). This approach to the review was chosen to give weight to the personal accounts of those with lived experience as valid and valuable alongside published research literature.

3.8. Integration of the Literature

The literature reviews presented in this chapter, in conjunction with the literature reviews presented in Chapters 5, 6 and 7 link the concepts of Aboriginal cultural connection (and disconnection), SEWB, trauma and healing as they relate to the out-of-home care context. The literature reviews in each of these areas builds a case to suggest a meaningful role for cultural programs in healing for Aboriginal people with out-of-home care experiences. However, the reviews also highlighted the lack of published research linking healing through cultural programs in the out-of-home care context, adding weight to the need for this research.

Research reviewed demonstrated cultural connection is positively linked to SEWB within Indigenous communities, in Australia and internationally. There is a lack of an evidence base on how best to utilise this relationship in program development and delivery for improved outcomes for Aboriginal people who have out-of-home care experience. Similarly, there is growing research on healing from an Aboriginal perspective, but it is limited in relation to the out-of-home care context. Lack of consideration for Aboriginality and cultural specificity in the published research on healing trauma in out-of-

home care was also evident. There is much written on trauma, particularly individual trauma and its impacts. In Aboriginal community context, child trauma cannot be considered in isolation but instead needs to be understood in the context of the additional traumas of historical trauma, collective trauma and intergenerational trauma. There is growing Aboriginal-led research asserting that historical, collective and intergenerational trauma cannot be acknowledged and then set aside. It needs to be front and centre in the design, development and delivery of healing programs. This complex web of interconnecting traumas helps explain why mainstream treatments can be ineffective; it can explain survivors experience of a lack of cultural safety, and it can explain why survivors will not seek out or benefit from "gold-standard" and "evidence-based treatments". There is growing evidence of "what works" for treating childhood complex trauma from a mainstream, Western perspective. The approach of Western evidence applied to Aboriginal people is not unusual and demonstrates the critical need to decolonise research. This research is not readily applicable to Aboriginal survivors experiencing intergenerational trauma and collective trauma. There is little research on healing programs that respond to trauma and out-of-home care experience. The need to explore what works in Aboriginal healing programs has been identified in literature.

The literature reviews also included an examination of what counts as evidence in an Aboriginal context. There is a need for understandings and insights from those designing, developing and delivering healing programs and most importantly those with lived experience who the programs are intended to benefit. Writing on the limitations of RCTs, Professor Timothy Carey states; "Especially in the area of Indigenous health, the health and medical community must be guided by what patients want, not just by what health professionals know how to do" (2017, p. 6). Realising self-determination also requires individuals are empowered in their healing journeys and have the access to approaches that support this. Meaningful and culturally-embedded evidence-based practice should not simply reflect practice derived from research evidence; it must also contain practice wisdom and client preference (Waddell & Godderis, 2005). This research is purposely built around each of these three elements.

3.9. Chapter Summary

The need for this research exploring healing through cultural programs for Aboriginal people who grew up in out-of-home care, was identified by VACCA and reinforced through the narrative reviews presented in this chapter and the individual reviews included in Chapters 5, 6 and 7. Despite Aboriginal communities and ACCOs doing much grassroots work delivering cultural programs, this was not reflected in published research. The narrative reviews of the literature established a paucity of research on Aboriginal cultural programs in the out-of-home care context. Despite the increasing numbers of Aboriginal children in out-of-home care there is a lack of research examining healing approaches that successfully impact on the identified disrupted cultural connections, poor SEWB and mental health concerns, and the multiple experiences of traumas for this cohort. Furthermore, there are unmet healing needs of adults who grew up in out-of-home care, including survivors of the Stolen Generations.

Building on the findings of these literature reviews including the gaps identified, helps establish the relevance and meaningfulness of the research questions which are the focus of this research. The next chapter presents the research questions and definitions of key concepts, developed from deep familiarity with the literature. The next chapter also outlines in detail the methodology, including ethical considerations and the rationale for choosing the research design, methodologies and methods of data generation, collection and analysis.

4. Methodology

4.1. Chapter Overview

In this chapter, a description and rationale for the methodology is detailed. All aspects of the methodology, including the research design, approach, and ethical processes, were informed by and consistent with Aboriginal research principles (Martin, 2003, 2008; Rigney, 1999, 2001). These principles included that the research was of value to Aboriginal community, there was Aboriginal oversight, and the methodology privileged Aboriginal voices. The chapter commences by exploring the implications for the selection of the methodology in ensuring ethical considerations are both culturally informed and trauma informed. I then discuss my positionality as a researcher, imperative in qualitative research and research guided by Indigenous research principles. The theoretical paradigms that underpin the research are outlined: the integration of the transformative paradigm and Indigenous research paradigms. The conceptual framework that informed this research is an Aboriginal conceptualisation of SEWB, which informed the analysis and integration of findings.

The rationale for the research design is outlined, which is a qualitatively driven mixed-methods design providing a multi-method, multi-phase study to address the overall research question and the sub-questions specific to the four phases of the research. The overarching question that guided the research is: What is the meaning and experience of healing through cultural programs for Aboriginal people with experiences of childhood trauma and out-of-home care? The three sub-questions are: (1) How does the out-of-home care system impact on cultural disconnection of Aboriginal children?; (2) What are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing and barriers to healing?; and (3) How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved social and emotional wellbeing for Aboriginal people who have experienced child complex trauma and out-of-home care?

The methodological approaches employed to address the research questions were descriptive statistical analysis for the quantitative phase and interpretive phenomenology for the qualitative phases. Both the quantitative and qualitative phases were influenced by Indigenous research methodologies. The methodological approach and research design was matched to the research questions. The four phases of the research were built around the research questions and the methods employed were chosen as meaningful and appropriate to address the research questions.

The methods of data generation, data collection and data analysis for each phase of the research are outlined and the alignment between the research questions and research methods is discussed. The qualitative research used reflexive thematic analysis informed by phenomenological methodologies and Indigenous research methodologies to explore the lived experience and practice wisdom of the experiences and meaning of healing through engagement in cultural programs. As an interpretative phenomenological study of the healing experienced and the SEWB impacts of cultural programs, this research sought to understand how participants experienced healing provided via cultural programs alongside the perspectives of professionals designing and delivering the programs.

4.2. Culturally Informed Application of the Principles of Ethical Research

In developing the methodology for this research, it was important to ensure it was culturally respectful. In the context of this research, conducting ethical research required being culturally informed, trauma informed, and acknowledging the shameful history of ethics in research involving Aboriginal communities in Australia. Many Aboriginal academics have pointed out that academia privileges new knowledge based on Western worldviews, values, and methods (e.g., Behrendt, 2019; Watego, 2021). Western research methodologies have been used as an instrument of colonization and have excluded the value of Indigenous knowledge (Moreton-Robinson & Walter, 2009; Rigney, 1999). Western intellectual traditions have been described as “deeply arrogant” and fail to consider that there is anything to be learnt from Aboriginal cultures (Behrendt, 2019, p. 179). Western research methodologies have perpetuated the racist belief of Indigenous people as a “problem” that needs solving (Rigney, 1999). Cram and colleagues (2013) write

that the negative associations of research within Indigenous communities are not inherent to research; rather, it is about how research has been practised, by whom, and for what purpose. This section includes the "how", "by whom", and "for what purpose" of this research.

Ethics approval for the research was provided by La Trobe University Human Research Ethics Committee and by VACCA's research committee. This research was informed by two codes of ethics: the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research (2020), and the National Health and Medical Research Council's (NHMRC) Ethical conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders (2018). The research integrates the six core values of the NHMRC's guidelines: Spirit and Integrity, Cultural Continuity, Equity, Reciprocity, Respect, and Responsibility. Guided by Aboriginal research methodologies and the AIATSIS and NHMRC codes, I outline the practical steps I put in place to commit to doing no harm and to undertake ethical, culturally respectful, and trauma-informed research.

Ensuring guidance and permission from Aboriginal communities is a key principle in both the AIATSIS and NHMRC codes of ethics. Zubrzycki and Crawford (2013), two non-Indigenous social workers, state that these are fundamental characteristics of working collaboratively in social work with Aboriginal communities. Engagement and collaboration with Aboriginal communities was at the core of the research design and the conduct of the research. for Aboriginal communities, the research has been developed and conducted in partnership with VACCA and the research area is a priority concern for VACCA. I conducted the research while working at, and embedded within, VACCA for the duration of the research. I, and by extension this research, benefited from generous relationships with VACCA's practitioners and I have engaged VACCA staff in the development of the research. This is purposeful to privilege the voices and knowledge of Aboriginal people and ensure knowledge from this research is accessible and useable to VACCA, and more broadly to Victorian Aboriginal communities. Further, this research respects self-determination

efforts, and acknowledges that my responsibility is ultimately to the Aboriginal communities and participants who have engaged in this research.

As a non-Indigenous researcher undertaking this research, my commitment to conducting all aspects of the research in ethical, culturally respectful, and trauma-informed ways was aided by mentoring, supervision, and vouching, from Yorta Yorta, Dja Dja Wurrung, Taungurong, and Bunnerong Elder and leader, Adjunct Professor Muriel Bamblett. Culturally informed research oversight was provided by having Professor Bamblett as a co-supervisor, who is a nationally and internationally recognised expert in Aboriginal child welfare, and children's rights more broadly, and respected in the Victorian Aboriginal community. This supervision was in conjunction with primary supervision from Emeritus Professor Margarita Frederico, who has a significant established reputation for conducting culturally respectful research with Victorian Aboriginal communities and specifically in partnership with VACCA.

A key approach to culturally informed ethics was privileging the lived experience of Aboriginal people. Aboriginal people's lived experience is often ignored, marginalised, minimised, or a tokenistic add-on to research. I acknowledged the responsibility inherent in the trust in me to share their stories and experiences—above all else I have endeavoured to do justice to the stories, and to advocate for impact. Ethical considerations are also about me as a researcher and how I committed to ethical research. Researcher positioning is a necessary element in conducting ethical, quality, and reflexive qualitative research (Kennedy et al., 2022). My positionality as a researcher and my research experience is detailed in the next section.

4.3. My Positionality

Positioning oneself in the research is a required task of the qualitative researcher. This need to position oneself in qualitative research is done through the concept of reflexivity in which the researcher reflects on and shares the biases, experiences, and values they bring to the research (Creswell & Poth, 2018). Creswell and Poth (2018) assert that all researchers bring values to their research, but qualitative researchers make their values known. Reflexivity is the researcher's self-awareness of their position in the

research process and their impact on the research and starts with a clear understanding of oneself in the research process (Walter, 2013). According to Creswell and Poth (2018), reflexivity has two parts: first, the researcher's experiences with the phenomena being explored and, second, a reflection on how these experiences shape the researcher's interpretation of the phenomenon. The latter is the more challenging and less guidance is provided according to van Manen (2014).

Positioning oneself is also an expectation of, and in accordance with, Aboriginal research paradigms and methodologies—being central to Aboriginal ways of knowing, being, and doing, which privilege interconnections and relationality (Martin, 2008). Both Martin (2008) and Moreton-Robinson (2000) highlight that cultural protocol requires introducing oneself, to locate oneself culturally, so that connections can be made and relationships established. Behrendt (2019) reasons that Aboriginal approaches to knowledge understand one's positioning, or standpoint, fundamentally influences the way one sees the world and has an important role in challenging the assumptions of the Western research tradition of neutrality or objectivity that reinforce colonial and patriarchal power structures. Behrendt (2019) describes this positioning as telling a story of more than just one's name and where one is from, but also something of one's worldview and value system. I tell some of my story and the values, worldviews, biases, and assumptions, and articulate how they shape my choice of research problem, research questions, methods, and analyses.

My understandings are deeply informed by the 11 years I worked at Take Two, Berry Street and the mentors whom I worked alongside. Take Two is a unique therapeutic service for children who have suffered trauma, neglect, and abuse and are clients of child protection, with a strong evaluation and research program embedded in the model from its inception. Take Two is a consortium model with VACCA (a statewide ACCO) as a partner. Working with the dedicated Take Two Aboriginal team and colleagues at VACCA was enlightening and led me to work at VACCA, where I have been employed, in a variety of roles, for eight years. From the beginning, I was on a steep learning curve. I recognised more acutely my position as a member of a privileged white community with a history of colonisation and understood white privilege more deeply. My roles included working as

the senior manager of Social Policy and Research in the Office of the CEO, the Royal Commission into Institutional Responses to Child Sexual Abuse Support Service and Ngarra Jarra Noun ("remedy" or "heal" in Woiwurrung), which supports Aboriginal survivors to access the National Redress Scheme. The National Redress Scheme, a key recommendation of the Royal Commission, was set up in 2018 to acknowledge the harm done to people who have experienced institutional child sexual abuse. The scheme can provide access to counselling, a direct personal response, such as an apology, and a monetary payment (nationalredress.gov.au).

I took 12 months leave of absence from my PhD studies in 2020 due to the COVID-19 pandemic and associated stay-at-home orders which prevented me from being able to undertake the next phase of my research: interviewing young people. I took the opportunity to undertake the University of Wollongong's (Australia) Graduate Certificate in Indigenous Trauma and Recovery Practice, offered fully online for the first time. This program is unique in Australia in several ways. It was developed by Aboriginal academics and health experts in collaboration with Aboriginal elders. This course, with a large Aboriginal student cohort, and exclusively Aboriginal teaching staff, helped inform my understanding of Aboriginal knowledge systems and contributed to my learning in relation to healing approaches from trauma. My previous post-school education was a bachelor's degree in science with a double major in psychology and honours in psychology.

I have been fortunate to benefit from ongoing education from many Aboriginal elders, colleagues, and community members. Collaborating with Aboriginal people and non-Indigenous allies working with Aboriginal communities has meant I have learnt much from the strength and resilience of survivors of the Stolen Generations and of institutional child sexual abuse and the commitment and wisdom of my colleagues. In an international context, I am inspired by the passion, commitment, and generosity of spirit of Professor Cindy Blackstock, member of the Gitksan First Nation and executive director of the First Nations Child and Family Caring Society of Canada. Professor Blackstock is the epitome of unrelenting advocacy, and I am proud to have had the opportunity to collaborate with her during my PhD journey, alongside Professor Bamblett, on shared research projects, including co-authoring a book chapter on culturally respectful leadership, in *Leadership in*

Child and Family Practice edited by Emeritus Professor Frederico and colleagues (2018). For this chapter, Professor Blackstock reflected on the leadership needed to achieve justice for First Nations children and articulated nine requirements; I commit to strive to achieve all nine (see Table 6).

Table 6

Leadership Requirements Necessary to Successfully Achieve Justice for First Nations Children According to Professor Cindy Blackstock

Requirement	How to achieve
Manage yourself	Conduct yourself with the highest level of integrity and accountability to the best interests of children at all times. This is not always easy, so a good support system of elders, family, and friends who will support you and get you back on track when needed is essential.
Honour Indigenous values in all aspects of your advocacy	You cannot stand up for something unless you demonstrate it.
Lead with authority, not with power	Authority is given and must be earned; power is asserted and often proclaimed by title alone. You must strive for the former and avoid the latter.
Be more interested in doing right than being right	Ensure you advocate based on the self-defined interests of Indigenous peoples and are well prepared with facts, knowledge, and ceremony. Be open to dissent and willing to adjust your thinking and actions when needed.
Be morally courageous, with honour	Moral courage is when you do or say something about an injustice that will result in some negative personal consequences. Indigenous social justice often means

Requirement	How to achieve
	we must stand up and take a hit when needed, but it must be done in ways that recognise the dignity of the children and families we work with.
Love and light are more powerful than hate and darkness	Elders know that love and light are the only things that can defeat hate and darkness.
Welcome the participation of others and give thanks when they help	Giving thanks is a cornerstone of Indigenous leadership, often expressed through spirituality, ceremony, and gift-giving. It is recognition of the special gifts others bring and encourages them to continue to give the best of who they are.
Keep focused and never give up until justice is done	It may take years or even decades, but every child is worth standing up for, and every child is worth the sacrifice.
Start anyway	When faced with a profound injustice deeply rooted in powerful organisations and governments, some people say they cannot make a difference. You won't if you don't try.

Note. Adapted from Bamblett et al. (2018), p. 96.

I am committed to conducting culturally sensitive and culturally respectful research, acknowledging I am on, and always will be, a learning journey—an ongoing journey where I will never arrive at "the destination". My work experience at Take Two, Berry Street and VACCA, and my knowledge of the research literature, are what led me to undertake this research, knowing it was an understudied area. This was in keeping with interpretative phenomenology where the researcher's knowledge informs particular ideas about how the study should be carried out (Lopez & Willis, 2004). This is further detailed later in this chapter.

4.4. Theoretical Paradigms

This research utilised the transformative paradigm (Mertens, 2015) and Indigenous research paradigms (Chilisa, 2019; Martin, 2003, 2008; Rigney 1999, 2001) as the philosophical and theoretical foundations. Theories provide the basis from which to understand complex social phenomena being researched and a lens through which to understand the data collected and frame the analysis (Creswell & Poth, 2018). To understand the phenomena of healing through engagement in culture for Aboriginal people with childhood experiences of out-of-home care, the combination of principles of the transformative paradigm and Indigenous research paradigms were important and was why these paradigms were selected. The primary principles of the transformative paradigm are to promote social justice, equity, and human rights (Mertens, 2015). Key principles of Indigenous research paradigms are decolonisation, self-determination, and a strengths-based approach (Chilisa, 2019; Mertens & Cram, 2016). Central also to Indigenous research paradigms is empowerment and relationality (Rigney, 1999).

Indigenous research worldviews have been described as both paradigm (Chilisa, 2019; Cram & Phillips, 2012; Wilson, 2008) and methodology (Smith, 2022). For this research, I situated it as a paradigm to demonstrate its overarching role and impact on all aspects of research design, process, and practice. Incorporating both the transformative paradigm and Indigenous research paradigms meant the research was informed by both Indigenous and non-Indigenous paradigms, principles, and methodologies, and this is highlighted in Figure 1. Cram and Mertens (2016) describe solidarity between the transformative paradigm and Indigenous research paradigms. Writing on the integration of the two paradigms they share, “Indigenous voices can be brought into the transformative paradigm as a way of stretching and enriching understandings of the meaning of conducting research for the purpose of social transformation” (p. 189). It is this “stretching and enriching understandings” that underpins the choice to integrate the transformative paradigm and Indigenous research paradigms, along with the complexity of the research area, the advocacy aims, and commitment to privileging Aboriginal voices.

It was Mertens who developed the emancipatory paradigm, later renamed as the transformative paradigm (Mertens, 2009). Mertens and colleagues shared that the

philosophical stance of transformative research is to serve human rights and social justice. (Mertens et al., 2013). Transformative research involves marginalised groups, thus giving oppressed peoples a voice (Creswell & Creswell, 2017). The transformative paradigm holds that knowledge is not neutral; rather, it reflects the power relationships within society, and so, the purpose of knowledge construction is to improve society for marginalised groups (Creswell & Poth, 2018; Mertens, 2009). This research, with an advocacy commitment, was well suited to the transformative paradigm where issues facing marginalised groups, in this instance Aboriginal children, families, and communities impacted by out-of-home care, were the focus of the research. In exploring this research area, it was important to recognise the importance of hearing the voices of lived experience and ensuring a commitment to advocacy. The transformative paradigm supports these imperatives.

Both the transformative and Indigenous research paradigms have as a goal the facilitation of social change, and thus there are clear relationships between the two paradigms. This goal is also articulated in the aims of this research. Cram and Mertens (2016) share that the "natural affinity" between the transformative and Indigenous research paradigms can be tested when the social justice principle of the transformative paradigm excludes decolonising transformation critical to Indigenous research paradigms. In this research, decolonising principles were critical, as were the principles of self-determination and a strengths-based approach. In the context of child welfare a deficit approach considers Aboriginal parenting negatively, with Aboriginality conceptualised as a risk factor (Geia et al., 2011). This research, with strengths-based and decolonising approaches, reframes the reporting of statistics, from seeing Aboriginal individuals and communities in negative terms and as "the problem" to contextualising the over-representation in child protection and out-of-home care. A decolonising approach requires that not just social, but also cultural, political, and historical determinants of health and wellbeing are understood (Dudgeon & Walker, 2015).

My exploration of Indigenous research paradigms and methodologies has drawn on the literature by Indigenous researchers globally, while privileging Indigenous research methodology scholarship from Aboriginal researchers within Australia. The rationale for this focus was that I wanted a grounding in Indigenous research methodologies broadly

while placing the research within Aboriginal scholarship situated within Australia, given that the research is situated in Victoria, Australia. Indigenous scholars, including international collaborations (e.g. Bessarab & Ng'andu, 2010; Moreton-Robinson & Walter, 2009; Wilson, 2008) highlight the value of Indigenous research paradigms and methodologies when conducting research impacting Indigenous communities. There is no one Indigenous research paradigm or methodology, but there are commonalities, and I have been particularly influenced by the work of Rigney (1999, 2001) and Martin (2003 2008). Rigney and Martin both honour those who came before them in developing Indigenous research paradigms and methodologies. Rigney (1999) reflects on the collective commitment of many Indigenous scholars and researchers to develop Indigenous research methodologies that are inclusive of Indigenous experience.

Knowledge has a strong cultural component (Martin, 2008). Both Martin and Walter shares that Indigenist research methodology occurs through centring Aboriginal ways of knowing, ways of being, and ways of doing. Ways of knowing describes what is counted and defined as knowledge. Dominant ways of knowing are given precedence (Walter, 2013). Martin shared that knowledge of Aboriginal people can become "misrepresented, distorted, and sometimes stolen" (Martin, cited in Walter, 2013, p. 19). Martin continues, "When research is regarded as an interface of Aboriginal people, research and researchers, Aboriginal voices are not erased, silenced or diminished. This research becomes a vehicle for getting our stories back" (Martin, cited in Walter, 2013, p. 19). Rigney defines Indigenist research as culturally respectful and culturally safe research that includes the following core principles: research is informed by, and promotes, strengths-based perspectives on Aboriginal people; research upholds Aboriginal people's right to self-determination; research is prioritised based on Aboriginal people's requirements; research is of benefit to Aboriginal people; and research privileges the leadership and voices of Aboriginal people (Rigney, 2001). Building on the work of Rigney, Martin (2008) has developed principles which guide the research procedures:

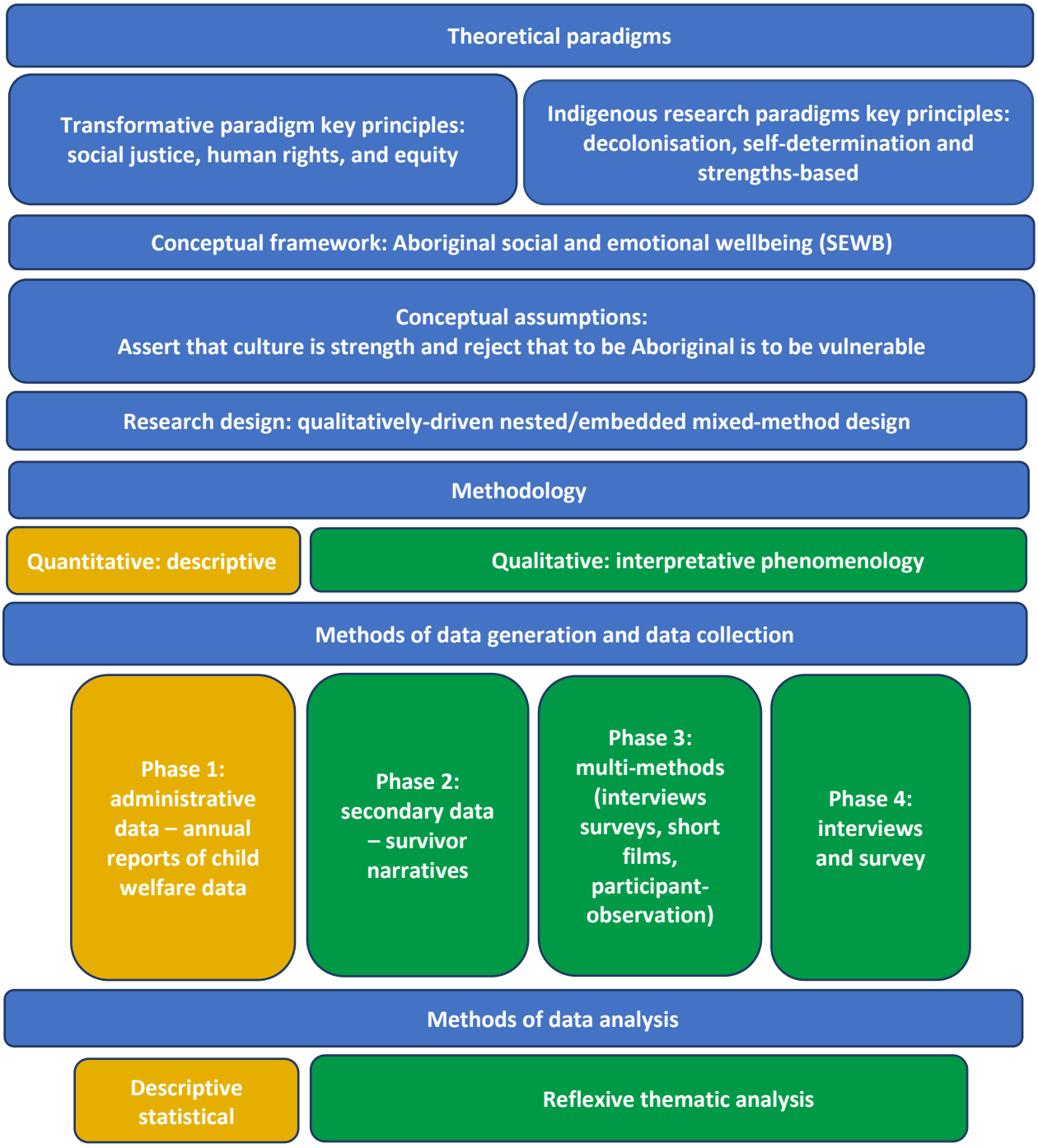
> Recognition of our worldviews, our knowledges and our realities as distinctive and vital to our existence and survival; honouring our social mores as essential

> processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when in the lands of other Aboriginal people; emphasis of social, historical and political contexts which shape our experiences, lives, positions and futures; privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands. (Martin, 2008, p. 205)

The principles of Indigenous research paradigms informed this research in many ways. These principles have been implemented by drawing on Aboriginal communities' experience and knowledge. This was achieved through the partnership with VACCA, centring Aboriginal people's voices, and ensuring the research was deemed to be of benefit to Aboriginal communities. Incorporating Indigenous research paradigms in this research provided a framework to incorporate Indigenous knowledges into the methodologies, methods, and the conceptual framework as Illustrated in Figure 1 and further expanded in the following sections.

***Figure** 1*

Overview of Research Methodology



4.5. Conceptual Framework

In addition to the application of the transformative paradigm and Indigenous research paradigms, an Aboriginal social and emotional wellbeing (SEWB) model was incorporated as a conceptual framework. While the theoretical paradigms inform all aspects of the methodology, the conceptual framework was utilised in the analysis and integration of findings (see Figure 1). Prior to interpreting findings, the Aboriginal SEWB model was not used as a theoretical reference, so as not to influence data generation and data collection. Gee et al.'s (2014) conceptual framework of Aboriginal SEWB was utilised. The framework, outlined in Chapter 3: Literature Review, is a holistic, multidimensional model, with interconnected domains and grounded in culture. An Aboriginal concept of SEWB situates mental health and mental illness within a strengths-based approach that recognises the importance of connections between individuals, community, family, and kinship, as well as the connection to land, culture, spirituality and ancestors, mind, emotions, and physical body (Gee et al., 2014). Aboriginal SEWB is influenced by broader social, political, historical, and cultural determinants (Gee, et al., 2014. The inclusion of social, political, historical, and cultural determinants as part of the model of Aboriginal SEWB is in keeping with both interpretive phenomenology and Indigenous research methodologies; for both methodologies, interpretation in context is critical, as discussed later in this chapter. A strengths-based philosophy and a decolonising approach are integral, and the SEWB model has been described as a decolonising strategy (Dudgeon et al., 2020).

4.6. Research Design

4.6.1. Mixed-Methods Design

The research design selected for the research was a qualitatively driven mixed-methods design. Qualitatively driven mixed-methods designs centre qualitative assumptions, questions, and methods (Hesse-Biber et al., 2015). The role of the secondary, quantitative, component is to include a sub-question or questions that assists or expands on the primary, qualitative, question or questions (Hesse-Biber et al., 2015). This particular design was needed for this research as there was not one single method that could be

used due to the complexity of the research topic, and thus a range of different data sources were identified to address the research questions.

Mixed-methods designs have been criticised for minimising qualitative research to the role of "supplementing, humanizing, or illustrating" a primarily quantitative research design (Hesse-Biber et al., 2015, p. 17). A related criticism of mixed-methods designs is that they have a positivist theoretical bias and are thus separated from the theoretical foundations of qualitative methods (Denzin & Lincoln, 2005). Hesse-Biber and colleagues discuss that qualitatively driven mixed-methods designs provide an alternative to mixed-methods research that has a positivist orientation, does not promote the role a qualitative approach can provide, and/or positions the qualitative component as secondary to the dominant, quantitative component. This prominence of the qualitative approach within the mixed-method design was central to the selection of this research design for this research. The specific qualitatively driven mixed-method design utilised was a qualitatively driven nested/embedded mixed-method design (Hesse-Biber et al., 2015). Hesse-Biber and colleagues describe this design:

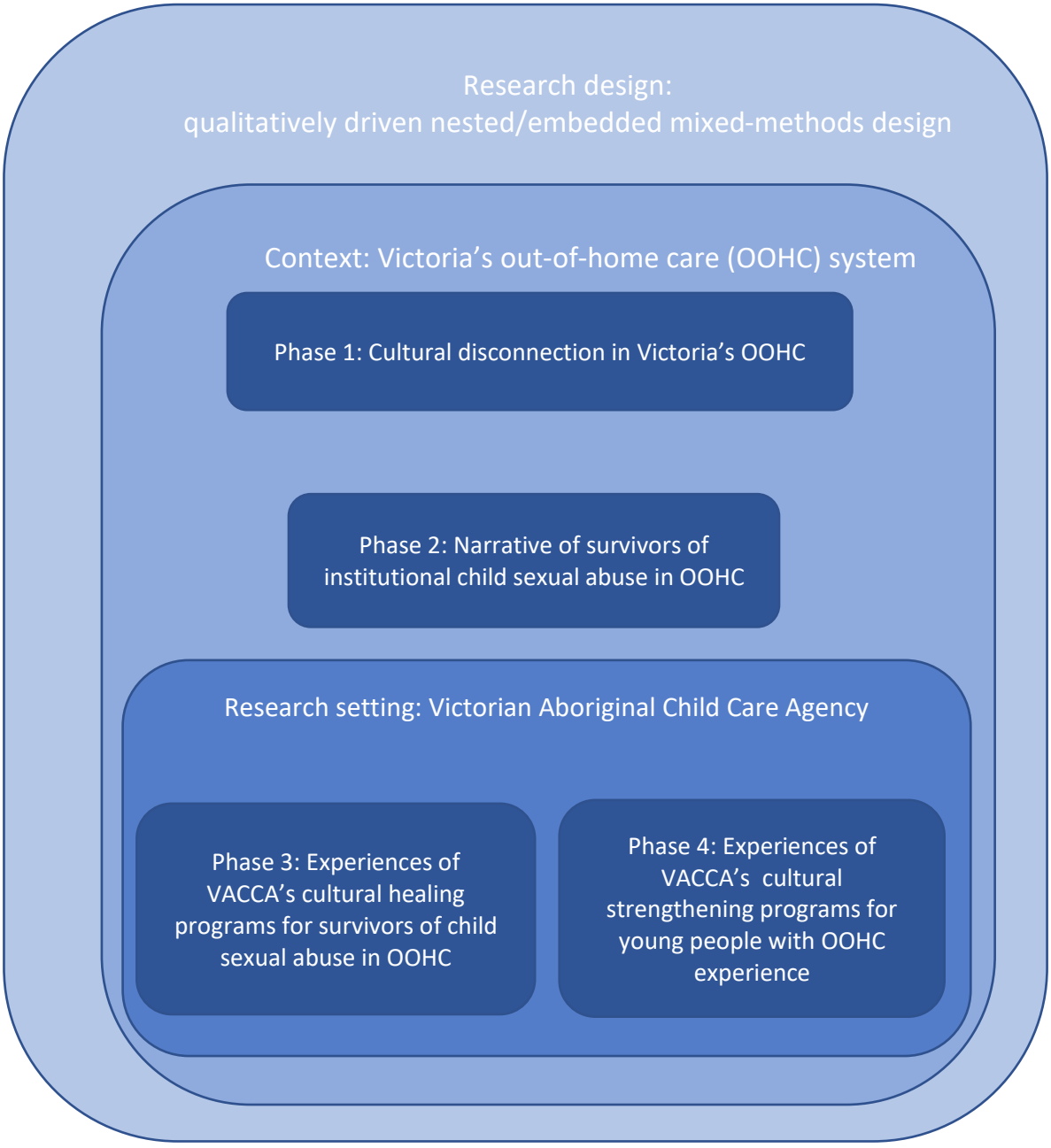
> A qualitatively driven mixed-methods nested/embedded design consists of the concurrent mixing of qualitative and quantitative methods carried out as separate studies within the same research project, with the qualitative component taking a core/dominant role. Qualitatively driven researchers may be motivated to make use of this type of design to gather some descriptive quantitative information, such as demographic statistics of the population they study, in order to place the findings from their qualitative study into a larger context. (Hesse-Biber et al., 2015, p. 10)

The rationale for selecting a qualitatively driven nested/embedded mixed-method design was that it allowed a qualitative approach to be privileged while also providing the benefit of quantitative analysis that provided an in-depth understanding of the context within which the qualitative data is situated. The descriptive statistical analysis was used to reveal the extent of the over-representation of Aboriginal children in out-of-home care and the associated risk of cultural disconnection for these children. This was the context in

which the qualitative research was situated. In addition to exploring the context, the quantitative component demonstrated the significance of the research, underpinning the growing and urgent need for healing for Aboriginal people who have experienced out-of-home care. The quantitative question and subsequent findings provided an opportunity for the wider implications of the qualitative findings to be considered and assisted in understanding the experiences of Aboriginal people with out-of-home care experience and associated childhood trauma, the focus of the qualitative research. Given the qualitative prominence in this mixed-methods design, centring the lived experience and practice wisdom of participants was achieved. Figure 2 outlines the design, context, setting, and phases of the research study.

Figure 2

Design, Context, Setting, and Phases of Research



4.6.2. Integration of Transformative and Indigenous Research Paradigms Within the Mixed-Methods Design

The transformative paradigm and Indigenous research paradigms have been used together in mixed-methods research. Cram and Mertens (2016) promote the use of mixed-methods research when incorporating a transformative paradigm and Indigenous research paradigms, as it provides integration of findings obtained through different methods and acknowledges the complexity of the issues faced by the marginalised and colonised. This combination of paradigms was important for this study as it allows for the integration of findings.

There are potential tensions that need to be acknowledged when drawing on both paradigms in mixed-methods research. Cram and Mertens (2016) articulate problematic examples of combining transformative and Indigenous research paradigms within mixed-method research. These include not separating quantitative data by Indigenous status or not collecting adequate quantitative data from Indigenous participants meaning Indigenous-specific analysis cannot be conducted, or not examining structural explanations for Indigenous disparities (Cram & Mertens, 2016). This research avoided these potential pitfalls by disaggregating data by Indigenous status and utilising a strengths-based lens for the analysis. The repudiation of a deficit lens and a commitment to a strengths-based lens in this research ensured the disparities evident in disaggregating data by Indigenous status were understood by an examination of relevant structural factors.

Potential problems evident in the qualitative components of a mixed-method study include the risk of maintaining Indigenous marginalisation through the questions asked, the way data is analysed, and the lack of representation of Indigenous voice in reporting research (Cram & Mertens, 2016). In the qualitative phases of this research, these issues were avoided as data collection, including interview questions, was co-designed with Aboriginal expert and practitioner input; data analysis was inclusive of the broader social, cultural, and historical contexts; and the reporting of findings privileged Aboriginal voice, lived experience, and practice wisdom.

4.6.3. Multi-Phase, Mixed-Method Design

The selected design of a qualitatively driven nested/embedded mixed-method design was applied via a multi-phase study. The mixed-methods research design consisted of four phases:

- Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System
- Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care
- Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care
- Phase 4: Young People's Experiences of Cultural Strengthening Programs

Phase 1 was the sole quantitative phase. This phase was a descriptive statistical analysis of child protection, out-of-home care, and family services data and was developed to provide a contextual understanding of the qualitative findings. In privileging a qualitative approach, the quantitative phase was followed by three qualitative phases. The first qualitative phase (Phase 2) was a thematic analysis of survivors' narratives told to the Royal Commission into Institutional Responses to Child Sexual Abuse to promote lived experience in addressing the healing needs and experiences of Aboriginal people who experienced child sexual abuse in out-of-home care. The second qualitative phase (Phase 3) involved multi-method data generation privileging both lived experience and practice wisdom perspectives of cultural healing programs for Aboriginal survivors of child sexual abuse in out-of-home care. The third qualitative phase (Phase 4) explored Aboriginal young people's experiences of cultural strengthening programs designed for young people with childhood experience of out-of-home care. The next section outlines the research questions specific to each phase and subsequent sections in this chapter outline the methodological approaches and methods of data generation and analysis for each phase of the research.

4.7. Research Questions and Definitions of Concepts

The mixed-methods research design combined an initial quantitative phase followed by three qualitative phases. The overarching research question for this research was: What is the meaning and experience of healing through cultural programs for Aboriginal people with experiences of childhood trauma with out-of-home care? The three sub-questions were: (a) How does the out-of-home care system impact on cultural disconnection of Aboriginal children?; (b) What are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing and barriers to healing?; and (c) How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved social and emotional wellbeing for Aboriginal people who have experienced child complex trauma and out-of-home care? Each of the four phases of the research was designed to address one of the sub-questions, as outlined in Table 2. Several key concepts were generated from the research questions, including out-of-home care, trauma, healing, SEWB, lived experience, and practice wisdom. Definitions of key concepts are provided below.

Out-of-home care is alternative care for children under 18 years after removal from their parents. Contemporary out-of-home care for Aboriginal children includes kinship/relative care, foster care, and residential care. Historically, out-of-home care for Aboriginal children included orphanages, children's homes, family group homes, industrial schools, reformatories, and missions. This research focuses on the impacts of statutory out-of-home care when Aboriginal children are placed in out-of-home care after statutory intervention by the state child protection system and the courts. The Australian national definition of out-of-home care has changed over time, and as of 2018, permanent care is no longer classified as out-of-home care (AIHW, 2022b). The Royal Commission into Institutional Responses to Child Sexual Abuse included adoption in the scope of out-of-home care (Commonwealth of Australia, 2017). This research includes permanent care and adoption as examples of the broader concept of children removed from their parents' care by state intervention.

Trauma overwhelms ordinary human adaptations, and at the core of trauma are the experiences of disempowerment and disconnection from others. Traumatic events or experiences involve threats to life or a personal experience with violence or death (Herman, 1992*).* Atkinson (2002) shares that "trauma, if unhealed, may compound, becoming cumulative in its impacts on individuals, families and indeed whole communities and societies" (p. 24).

Child complex trauma, or developmental trauma, refers to a child's exposure to multiple or prolonged interpersonal traumatic events such as child maltreatment (van der Kolk, 2015). Repeated exposure, chronic course and interpersonal nature are hallmarks of child complex trauma.

Social and emotional wellbeing (SEWB), as an Aboriginal concept, is holistic and situates mental health and mental illness within a strengths-based approach that recognises the importance of connections with the mind, emotions, physical body, spirituality, culture, family, kin, community, and land. It also highlights the contributing roles of social, political, historical, and cultural determinants of wellbeing (Gee et al., 2014).

Healing from an Aboriginal perspective is holistic and relational. The destruction of language, lore, culture, and connection to country has disrupted healing practices integral to Aboriginal social and emotional wellbeing. Healing allows trauma to be addressed and social and emotional wellbeing to be restored. Healing takes place at an individual, family, and community level. Healing is a journey that continues throughout a person's life and across generations (Atkinson, 2002; Healing Foundation, 2012).

Cultural healing programs are a culturally based group approach which acknowledges the impacts of trauma, and is based on cultural strengths and cultural ways of healing. This collective approach includes a holistic understanding of SEWB and understands the individual in the context of their family, community, culture and country (Healing Foundation, 2017).

Cultural strengthening programs strengthen Aboriginal people's connection to culture, based on the knowledge that strength for Aboriginal people is to know where they come from; who they are; to be proud to be and say they are Aboriginal; and that to be

culturally connected assists with building resilience, belonging, and connection to community (vacca.org/page/services/cultural-strengthening-programs).

Cultural programs are an inclusive description of both *cultural healing programs* and *cultural strengthening programs.*

Lived experience is defined as an ongoing process known "from within" by individuals and derived from phenomenological philosophy and methodology (Depraz et al., 2003).

Practice wisdom is conceptualised as a system of knowledge that is personal and values driven. It develops out of the transaction between the phenomenological experience of the client's situation and the use of scientific information (Samson, 2015).

4.8. Methodological Approaches

This section provides a description and rationale for the methodological approaches utilised for both the quantitative and qualitative phases of the research. In this multi-phase, qualitatively driven mixed-methods designed research, the methodological approach selected for the quantitative phase was descriptive statistical analysis and for the qualitative phases, was interpretative phenomenology. These methodologies were selected as they allowed the research questions to be meaningfully and fulsomely addressed. Both these methodological approaches were informed by Indigenous research paradigms. As articulated by Walter (2013), it is through methodology that research is understood, designed, and conducted, and it is thus critical that Indigenous research paradigms were incorporated to provide guidance when using these Western methodologies.

In this mixed-methods research, the descriptive statistics were used to document disparities between Aboriginal children and non-Indigenous children in the child protection, out-of-home care, and family services systems as a way of highlighting inequalities. The qualitative methodologies privilege the voices and experiences of lived experience. In their seminal book, *Indigenous Statistics*, Walter and Anderson (2016) state that Indigenous research is often equated with qualitative approaches, but they argue that all approaches can be appropriately used in Indigenous research. Similarly, Martin (2008)

shares that Indigenous research can include any methodological approach, but that approaches commonly used have been those that can more readily incorporate Indigenous community interests.

Walter and Anderson (2016) assert that Indigenous research methodologies should not shy away from the use of quantitative approaches while acknowledging quantitative research is not value free. Walter and Anderson highlight that "objective" statistics can be taken for granted as straightforward, transparent data, and yet there are inherent limitations and biases embedded in these data. Quantitative data do not merely describe, they also shape and create the accepted reality (Walter & Anderson, 2016). This is acknowledged, demonstrated and discussed in the employment of a quantitative phase within this qualitatively driven mixed-methods research.

The qualitative research was an integration of phenomenology with Indigenous research paradigms. Phenomenology is the examination of subjective lived experience, through which meanings can be developed to inform how experiences are understood (Neubauer et al., 2019). Phenomenology is considered most appropriate when the research aims to understand the lived experience of a particular phenomenon and has been described as particularly well suited to research that seeks to understand the patient or client experience (Creswell & Poth, 2018; Usher & Jackson, 2017), making it well suited to the current study. Western research methodologies, which phenomenology is an example of, have been criticised for making invisible Indigenous perspectives and worldviews. However, phenomenology, with its focus on meaning-making and subjective experiences, voice and lived experience, can be used without invalidating Indigenous voices and worldviews. This is supported by studies in Aboriginal health that found phenomenology was a culturally respectful approach through which to interpret the meanings Aboriginal people attribute to their lived experiences while also giving voice to Aboriginal people's experiences (Munro et al., 2017; Rigney, 1999).

Neubauer et al. (2019) state that phenomenology is uniquely placed as a methodology to learn from the experiences of others, given its focus on the study of people's lived experiences. The aim of phenomenology has been described as understanding a phenomenon's essential nature and characteristics (Usher & Jackson,

2017); to gain deep insight into the phenomenon (van Manen, 2014); and to describe the meaning of this experience from the perspective of those who have experienced it, both in terms of what and how it was experienced (Smith et al., 2009). Van Manen (2007) describes phenomenology as being "driven by fascination: being swept up in a spell of wonder, a fascination with meaning" (p. 11). Usher and Jackson (2017) define phenomenology as the systematic and reflective study of the *lived* experience. The term lived experience is now often used in research; however, it holds particular meaning for phenomenology (Usher & Jackson, 2017). Phenomenology has been described as the study of how phenomena are perceived and understood and the meanings phenomena hold in subjective experience (Neubauer et al., 2019).

Phenomenology is considered both a philosophy and a methodology (Usher & Jackson, 2017). The philosophy of phenomenology is the study of a phenomenon as it is experienced or lived (Sundler et al., 2019). Phenomenology as a philosophy was developed in the late 19th century to counter the reliance on positivist philosophy dominant at the time (Neubauer et al., 2019; Usher & Jackson, 2017). Husserl is widely attributed as having defined phenomenology in the early 20th century based on the idea that discovery of understanding cannot occur solely through the empirical sciences (Usher & Jackson, 2017) and that subjective information was important to the scientific understanding of the essential components of lived experiences (Lopez & Willis, 2004).

There are a number of different forms of phenomenology, and all iterations share this focus on lived experience (Smith et al., 2009; Sundler et al., 2019; Usher & Jackson, 2017), but each is founded in different philosophical traditions and hence different ontological and epistemological assumptions (Lopez & Willis, 2004; Neubauer et al., 2019; Sundler et al., 2019). There are key philosophical, methodological, ontological, and epistemological differences between the two main approaches to phenomenology—descriptive (also known as transcendental or eidetic) and interpretive (also known as hermeneutic) (Neubauer et al., 2019). In descriptive phenomenology, reality is considered objective and independent of context. This allows universal essences to be extracted from lived experiences without the need to consider context (Lopez & Willis, 2004). The impact

of society, politics and culture are not considered in descriptive phenomenology (Lopez & Willis, 2004).

Some of Husserl's assumptions were challenged by Heidegger, a student of Husserl. Heidegger moved phenomenology from a descriptive to an interpretative process, believing description is in fact already interpretation (Usher & Jackson, 2017). Husserl championed the idea of bracketing. Bracketing requires setting aside one's beliefs, biases, preconceptions, assumptions, and prior personal experiences as well as relevant scientific theories (Neubauer et al., 2019) and, in so doing, acquire transcendental subjectivity (Lopez & Willis, 2004). Heidegger rejected the idea of Husserl's that bracketing (also known as *eidetic reduction* or the *epoche*) is essential, rather advocating that it is critical for the researcher to demonstrate awareness of their preconceptions and that interpretation occurs within this context (Usher & Jackson, 2017). Interpretative phenomenology extends from description of core concepts and essences to exploration of meanings embedded in shared life experiences (Lopez & Willis, 2004).

Interpretative phenomenology holds the ontological assumption that lived experience involves interpretation, the epistemological assumption that the researcher is not bias-free and explores the phenomenon by interpretive processes (unlike descriptive, where the research must separate themselves, reach a transcendental state and be bias-free) (Neubauer et al., 2019). In essence, descriptive phenomenology can be described as the study of lived experience and interpretive phenomenology as the study of lived experience in context (Lopez & Willis, 2004). This study utilised interpretative phenomenology because of the imperative to explore lived experience in context in keeping with Indigenous research paradigms. How this has been applied in the analysis is discussed in the methods of data analysis section, later in this chapter.

4.9. Research rigour and trustworthiness

Both qualitative and quantitative research have approaches to assess the rigour, strength and authenticity of research. In quantitative research, the concepts of reliability and validity are used. Reliability refers to the stability and consistency of findings, while validity refers to the truth of findings or the real meaning of the concept under

investigation (Andrade, 2018). Validity can represent whether a method investigates what it claims to investigate (internal validity) or to whether results can be generalized (external validity) (Andrade, 2018). The concepts of reliability and validity are viewed as contrary to ontological and epistemological underpinnings of qualitative research (Liamputtong 2013; Patton 2015). Hence qualitative data cannot be tested for rigour using measures of reliability and validity which are based on assumptions of objective reality and positivist theoretical orientation. This mixed-methods research utilises a qualitatively driven mixed-methods design, privileging qualitive approaches and cannot be isolated from its context.

Within the qualitative approach, the concept of trustworthiness is used, and refers to the quality of qualitative enquiry (Liamputtong 2013). As Liamputtong (2013) articulates rigorous research is trustworthy research. Western approaches to the quality assessment of research focus on appropriateness of methods based on Western research principles. Assessing quality of research involving Aboriginal people and communities from Aboriginal perspectives, includes acceptability and benefit. The NHMRC guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research (2018) articulate the need for more collaborative and culturally sensitive partnerships between researchers and Aboriginal people. This research is based on a meaningful and longstanding partnership with an ACCO, VACCA, including the VACCA CEO as supervisor to this research, and ongoing engagement and involvement of VACCA practitioners. The research questions, design, conduct and analysis of the research were developed with the input of VACCA. The research responded to a priority need as determined by VACCA, took a strengths-based approach and was guided by Indigenous research paradigms. This is in keeping with the importance of relationality emphasized by both Martin (2003, 2008) and Rigney (1999, 2001). Martin highlights the need for research to be respectful and credible, and to privilege Aboriginal values and principles including reciprocity, responsibility and respect for communities involved in the research.

4.10. Methods of Data Generation and Data Collection by Research Phase

The methods of data generation and data collection for the four phases of the research are provided below. Key considerations in developing the methods of data

generation and data collection were ensuring they were ethical, meaningful, culturally safe and trauma informed. It was also important that data collection was not experienced as burdensome, overly time-consuming, intrusive, or an interruption to healing. Data generation from secondary data sources are outlined for Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System, and Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care. For Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care, and Phase 4: Young People's Experiences of Cultural Strengthening Programs, all aspects of data collection are provided, including recruitment of participants, materials, and procedures. Further detail is provided in the relevant publications presented in Chapter 2 (Phase 1), Chapter 5 (Phase 2), Chapter 6 (Phase 3) and Chapter 7 (Phase 4).

4.10.1. Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System

Phase 1 of the research involved accessing publicly available child welfare administrative data in order to describe and understand outcomes for Aboriginal children in Victoria's out-of-home care system, including examining trends in the data over time. The choice of data accessed was guided by the research question specific to this first phase, which was: How does the out-of-home care system impact on cultural disconnection for Aboriginal children?

The Phase 1 research question was unpacked to determine what data would assist in answering the research question. I conceptualised the required elements to improved outcomes in relation to cultural disconnection in the out-of-home care system were considered to be threefold: (1) a reduction in the number of Aboriginal children in out-of-home care, (2) when Aboriginal children are in out-of-home care they are connected to culture, and (3) when Aboriginal children are in out-of-home care ensuring it is for the shortest possible time. Multiple indicators were selected, constrained by what data was publicly available, and used to operationalise, define, and contextualise the three required elements aimed at improving outcomes in relation to cultural disconnection in out-of-home care. The indicators used to measure a reduction in the number of Aboriginal children in out-of-home care were:

- Aboriginal children in, admitted to, and discharged from out-of-home care and permanent care
- Aboriginal children subject to notifications, investigations, and substantiations of child maltreatment as potential precursors to out-of-home care and permanent care
- Aboriginal children provided with intensive family support services (IFSS), a service with the intended aim of preventing out-of-home care placement (Productivity Commission, 2022)

The indicators used to measure the connection of Aboriginal children to their culture while in out-of-home were:

- Aboriginal children placed with Aboriginal family
- Aboriginal children with cultural support plans
- Aboriginal children included in Aboriginal child welfare reforms

The indicators used to measure when Aboriginal children are in out-of-home care for the shortest possible time were:

- Aboriginal children in out-of-home care for two years or more
- Aboriginal children reunified with their parents
- Aboriginal children reunified with their parents who do not return to out-of-home care in the next 12 months

There had been no previous analysis that utilises the combination of these indicators to examine impacts of Victoria's out-of-home care system in relation to cultural disconnection of Aboriginal children. Utilising this range of indicators required bringing together variables located in a variety of different reports. The data was sourced from the data tables from the following reports:

- Child Protection annual reports published by the AIHW, (1998 to 2022);
- Aboriginal and Torrs Strait Islander Child Placement Principle (ATSICPP) annual reports published by the AIHW (2020 to 2022);

- Report on Government Services produced annually by the Productivity Commission (2020 to 2022);
- The Victorian Government Aboriginal Affairs Reports published annually by the Victorian Government (2020 to 2022).

The required elements, indicators, and data sources identified to operationalise the research question are interconnected. Data available to be analysed were limited by what was publicly accessible and what was disaggregated by the Aboriginal status of each child and not limited to being provided only for all children in out-of-home care. Further data limitations are discussed in the article presented in Chapter 5. All raw data was entered into Microsoft Excel (version 2301). A spreadsheet was created for each variable to undertake the descriptive statistical analysis and the graphical and tabular presentation of findings.

4.10.2. Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care

Phase 2 data was generated via a secondary dataset: survivor narratives from Australia's Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission). These publicly available, de-identified narratives were developed from Aboriginal survivors telling their stories in private sessions held as part of the Royal Commission (from 2013 to 2017). Survivors were asked by Royal Commission staff if they agreed to a de-identified narrative of their private session being made publicly available. For survivors who agreed, the narratives were made available via the Royal Commission website (childabuseroyalcommission.gov.au/narrative).

The research question for this phase was: What are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing, and barriers to healing? The decision to use secondary data to address this question was based on the prioritisation of a trauma-aware approach to data generation and data collection. It is a common experience of survivors that they are required to retell their stories to access programs and services and gain recognition of the trauma they have experienced. The rationale for utilising secondary data was to avoid asking survivors to retell their stories. The Royal Commission's

purpose in publishing the survivor narratives was to give voice to survivors and to inform community about institutional child sexual abuse (Royal Commission into Institutional Responses to Child Sexual Abuse, n.d.). Utilising this data for further research extended these two aims and amplified lived experience without the need to re-interview survivors.

There were over 8,000 survivors who came forward to tell their stories to the Royal Commission, more than 1,000 of whom were Aboriginal survivors. There were 3,949 narratives published on the Royal Commission website and 619 of the narratives related to Aboriginal survivors. For the narratives to be included in this research, the following inclusion criteria were used: survivors were Aboriginal, the institution was out-of-home care, and the out-of-home care was in Victoria. Applying the inclusion criteria resulted in a sample of 51 narratives. The demographics of the sample were:

- Sex: women 49% (n = 25); men 51% (n = 26)
- Decade institutional abuse began: 1940s 2% (n = 1); 1950s 16% (n = 8); 1960s 33% (n = 17); 1970s 18% (n = 9); 1980s 18% (n = 9); 1990s 8% (n = 4); unknown 3% (n = 3)
- Type of out-of-home care: foster care and adoption 24% (n = 12); residential care 71% (n = 36); both 6% (n = 3) (percentages equal more than 100% due to rounding up)
- Management of out-of-home care: government 51% (n = 26); non-government 47% (n = 24); unknown 2% (n = 1)
- Additional settings of institutional child sexual abuse: nine children were sexually abused in youth justice; two children were abused in healthcare settings; one child was abused in school; one child was abused in a religious setting; and one child was abused in an “other” institutional setting (other institutions included employment, apprenticeships, universities, non-residential centres, and youth refuges). The 14 instances of additional institutional child sexual abuse relate to 11 survivors, as three survivors were sexually abused in two additional institutional settings.

These details represent the entirety of the demographic information provided by the Royal Commission in relation to the de-identified narratives.

4.10.2.1. Data Source.

The sample consisted of all 51 narratives that met the inclusion criteria. The de-identified narratives were developed by Royal Commission staff. The narratives were described as a written account of what survivors told commissioners in the private sessions (Royal Commission into Institutional Responses to Child Sexual Abuse, n.d.). The narratives largely relied on direct quotes from survivors and all quotes were included verbatim (Royal Commission into Institutional Responses to Child Sexual Abuse, n.d.). The written narratives ranged from one to two pages with over half of the text made up of direct quotes from the survivors. The de-identification of narratives included the survivors being given pseudonyms and some details being omitted to protect the survivors' identities (Royal Commission into Institutional Responses to Child Sexual Abuse, n.d.).

The 51 narratives were accessed from the Royal Commission into Institutional Responses to Child Sexual Abuse website (childabuseroyalcommission.gov.au/narrative) and saved as Word files. The Word files were then imported into NVivo 12 for analysis.

4.10.3. Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care

Phase 3 focused on the experiences of cultural healing programs which were designed for Aboriginal adult survivors of child sexual abuse in out-of-home care who were also clients of VACCA's Royal Commission into Institutional Responses to Child Sexual Abuse Support Service. Clients were provided with access to the cultural healing programs to support their healing journeys. Four programs were delivered and facilitated by the VACCA Support Service staff in 2017 and 2018.

The programs had been designed and developed by the Support Service staff with significant and ongoing input from the clients of the service. Overall input from Support Service clients was instrumental in the programs being developed. There was common feedback from clients that they did not access or benefit from mainstream programs or services and were seeking to connect to culture to overcome the trauma of cultural disconnection and abuse in the context of their forced removals and institutional abuses. Input from participants that impacted on specific program design and delivery included:

the frequency and length of programs, and one of the programs being expanded to also include survivors' families.

Two of the four programs were open to women and men, and two were for women only. Support Service staff planned equivalent programs for men only but they could not be delivered as there were no men who lived in a similar geographic area to make a program feasible. Tellingly, in terms of lifelong impacts for clients, a significant number of the Support Service's male clients were supported within Victoria's prisons (and therefore unable to participate in the cultural programs offered). Clients could attend one or two of the four programs. Clients were not invited to attend more than two programs to extend access to the client group.

Both Phases 3 and 4 addressed the same research question: How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care? Recruiting participants of the cultural programs and the staff who designed, developed, and delivered the programs allowed this question to be explored.

4.10.3.1. Participant Recruitment.

Research participants included participants and facilitators of the four cultural healing programs provided by VACCA:

- Yorta Yorta Cultural Healing Camp—five-day camp (residential) held near Moama and Barmah on the Murray River.
- Wurrundjeri Women's Healing Program—12 x one-day sessions, held fortnightly (non-residential) at Minajalku Aboriginal Healing Centre, Thornbury, Melbourne.
- Dja Dja Wurrung Community Healing Gathering—three-day gathering (non-residential) In Bendigo. This program was also open to survivors' family members.
- Dja Dja Wurrung Women's Cultural Healing Gathering—five-day gathering (residential) in Daylesford.

Participants were recruited to the research through VACCA. Staff were approached directly and clients were approached after staff had first introduced the research and

obtained verbal agreement from clients that they were interested in being involved in the research. Participants were given information statements and asked for their written informed consent. As part of the consent process participants were provided with a description of the purpose of the study, how their information would be managed, and it was reinforced that participation was optional and that if they did choose to participate, they were free to withdraw at any time and this would not impact on any current of future relationship with VACCA. Protection of participant anonymity and confidentiality was explained, including that the data was not shared with anyone outside the research team of researcher and supervisors. Participants who were interviewed were also asked if they consented to the interviews being audio recorded.

4.10.3.2. Eligibility Criteria.

The inclusion criteria were: being facilitators or program participants of the four cultural healing programs designed by VACCA. Facilitators were the staff team of VACCA's Royal Commission into Institutional Responses to Child Sexual Abuse Support Service. The programs were open to clients of the Support Service. The exclusion criteria were not being a participant or facilitator of one of the four cultural healing programs. There were a range of reasons that Support Service clients were not able to be invited to participate in the cultural healing programs, including being in prison or having significant mental health challenges. The range of programs offered was an attempt to accommodate the variety of reasons that made it challenging for survivors to attend. However, there were still reasons clients were invited to participate in a program but were unable to, including having caring responsibilities or the level of care they needed preventing them from attending a multi-day commitment.

The number of research participants for each of the four programs is included in Table 7. Four facilitators were involved in delivering the four programs, and all four participated in the research. Three facilitators were Aboriginal staff. The non-Aboriginal facilitator was strongly connected to the Victorian Aboriginal community and has worked in community for over 35 years. Facilitators were trained in either social work or family therapy. Four of the six participants of the Wurrundjeri Women's Healing Program

participated in the research. The four participants who took part in the research were the most frequent attendees of the 12-session program. For the three other cultural healing programs, all participants took part in the research. All participants had experienced child sexual abuse in out-of-home care. All participants had registered to tell their story to the Royal Commission; some participants had already told their story by the time the cultural healing program commenced, while others were still waiting. All survivors were Stolen Generations or adult children of Stolen Generations. There was variation among survivors in relation to having reconnected with their families and cultures. Some survivors had shared their experiences of institutional child sexual abuse, while others had not disclosed to anyone except VACCA's Support Service staff.

4.10.3.3. Materials/Data Sources.

The data collection methods were co-designed with the program facilitators, ensuring they were informed by Aboriginal knowledge systems. A series of workshops were held with the facilitators, who were also the designers of the cultural healing programs. Through the workshops, a description of the cultural healing programs were explicated, the research methods were co-designed, and culturally respectful data collection was determined. The cultural healing programs were described by the facilitators. The programs included: ceremonies, song and dance; cultural practices, strengthening community; wellbeing activities; sharing knowledge of past policies; and storytelling and yarning. Chapter 6 provides more detail on the design of the cultural healing programs.

Identifying methods of data collection and indicators of change with the facilitators of the programs ensured data collection focused on how participants and facilitators experienced the program and was informed by Aboriginal ways of knowing, being, and doing. It was recognised that as a non-Indigenous researcher I could not be present for all of the program elements due to the cultural requirements. However, program staff were confident that this could be addressed by staff and participants sharing their observations with me. Aboriginal staff strongly held that changes in SEWB for participants were best demonstrated in the stories told by survivors about the impacts of the programs. The

selection of data sources was varied and focused on survivors and facilitators' experiences, meanings, impacts, and perceptions of change. Data was collected from six different data sources (see Table 7). As indicated in Table 7, either pre- or post-program surveys or semi-structured interviews with participants were employed at each of the cultural healing programs. To undertake both at the one program was considered too burdensome for participants, and interviews were only undertaken at programs where I was able to attend in a participant–observer role. Similarly, staff completed a reflective journal or were interviewed in relation to each of the four programs.

Table 7

Number of Program Participants, Facilitators and Research Participants and Data Collection for Each of the Cultural Healing Programs

Sub-program	Survivors (participated in research)	Facilitators (participated in research)	Type of data collection
Yorta Yorta Cultural Healing Camp	12(12)	4(4)	Pre and post surveys Facilitator interviews Film
Wurrundjeri Women's Healing Program	6(4)	2(2)	Participant interviews Facilitator interviews Participant observation
Dja Dja Wurrung Community Healing Gathering	7[a](7)	4(4)	Participant interviews Facilitator journals Film Participant observation
Dja Dja Wurrung Women's Community Healing Gathering	11(11)	3(3)	Pre and post surveys Facilitator journals Film

[a] Ten clients were planning to attend but three were involved in a car accident on their way to the gathering and were unable to attend.

Data was generated via participant pre- and post-program surveys; semi-structured interviews with program participants and facilitators, informed by the yarning method (Bessarab & Ng'andu, 2010); and facilitator reflective journals. Semi-structured interviews with participants and participant pre- and post-program surveys with open-ended questions included the same range of questions. The questions focused on the experiences of participating in the cultural healing programs, specifically healing provided through engagement in cultural programs. Participants were asked about their experiences of

safety; different activities that were a part of the program; activities they experienced as most beneficial; the role and meaning of culture in healing in general, and specifically in relation to their program participation; their perspectives on how the content and style of delivery engaged participants; and the impacts of the program. In the semi-structured interviews participants were asked to reflect on their experiences in the program, how the program impacted on them, the role of culture in healing, and the meaning of healing through engagement in cultural programs. Semi-structured interviews with facilitators informed an understanding of the implementation and rationale for the program design and the facilitators' experience and learnings. Questions included: the process of designing the program, recruitment of participants, facilitators' expectations, and what they considered worked well and was impactful.

Program facilitators were also asked to keep a reflective journal on the process and their perception of how the content and style of delivery engaged the participants and influenced outcomes. Facilitator reflective journals were designed to be completed at the end of each day of the program and included questions asking facilitators to record their insights into the implementation and processes of the programs, examples of the role of culture, and indicators of change. At the conclusion of each session facilitators recorded their reflections under the following headings: Reflections on today's session; What worked well?; What didn't work well?; What was culturally significant?; Any concerns?; Reflections on how you felt facilitating today's session?; and Any other reflections? The purpose of the facilitators' journals for the evaluation was to track how the program was being implemented, the facilitators' rationale for their approach, and their reflection on the outcomes of each session.

Additional data sources were short films developed by the facilitators and participant observation that I undertook. The facilitators produced a short film of the Yorta Yorta Cultural Healing Camp, the Dja Dja Wurrung Community Healing Gathering, and the Dja Dja Wurrung Women's Community Healing Gathering. The films explored the impact of the program from participants' and facilitators' perspectives. The three films were each under five minutes in length; filmed during the cultural healing programs; and featured the facilitators interacting with, and yarning with, participants. Participant observation was a

part of two of the cultural healing programs: the Wurrundjeri Women's Healing Program and the Dja Dja Wurrung Community Healing Gathering.

This multi-method approach to data collection was the outcome of the co-design workshops with facilitators. Both the choice of data collection methods and the questions included in the surveys and interview schedules were co-designed with facilitators. The multi-method approach to data generation adds rigour, richness, and depth (Denzin & Lincoln, 2005). The next section documents the procedures related to data collection for each of the data sources.

4.10.3.4. Procedure.

Data was collected on country at the cultural healing programs during 2017 and 2018. As part of developing the data collection protocol, I attended several Support Service team meetings and facilitated two staff workshops which together included the four staff members who made up the Support Service. I also attended two of the cultural programs in the roles of participant–observer and data collector, which was invaluable for engaging with participants; understanding the design and delivery of the cultural programs; and the understanding, meaning, and impact of the cultural healing programs. As a non-Indigenous researcher, I was vouched for by facilitators, which was vital for ensuring safety and building trust with participants.

4.10.3.5. Conducting Interviews.

I conducted interviews with four participants of the Wurrundjeri Women's Healing Program and with seven participants of the Dja Dja Wurrung Community Healing Gathering (see Table 7). Rapport was readily established due to having already been present in a participant–observer role and enhanced by being introduced by and vouched for by the staff providing the cultural programs. Interviews were conducted on country during the delivery of the cultural programs and with facilitators, who were experienced counsellors, on-site, meaning a safe space was already established. Where consent was provided, interviews were audio recorded.

To minimise the possibility of participants becoming distressed during the interview, a distress protocol was developed. While the interviews did not focus on the

trauma participants had experienced, all participants did have lived experience of trauma. The interviews could be stopped at any time, either at the participant's request or by my judgment. The distress protocol included breaking or ending the interview if the participant appeared in any way burdened by the interview and by encouraging the interviewee to only share what they felt comfortable sharing. All participants had access to their counsellor if they became distressed.

In Indigenous research, conversational methods are preferred over conventional interview methods (with examples including talking circles, storytelling, and yarning, derived from Indigenous world views Chilsa & Tsheko, 2014). The traditional interview method has been critiqued for its basis in individualistic, Westernised assumptions (Chilisa, 2019; Viruru & Cannella, 2006). The yarning method reflects values of equality among participants and building connectedness among participants and with the environment (Chilsa & Tsheko, 2014). As a non-Indigenous researcher not trained in conducting yarning as research method, the yarning method was not an option in this research. However, my approach to developing and conducting the semi-structured interviews was informed by my understanding of the yarning approach gained from research literature in this area and from having participated in yarning circles in the context of my work with ACCOs. In keeping with common practice in phenomenology research, the interviews were in-depth, semi-structured, and featured open-ended questions (Liamputtong, 2013; Lopez & Willis, 2004; Usher & Jackson, 2017).

At its core Bessarab and Ng'andu (2010) describe yarning as "an indigenous cultural form of conversation" (p. 37). Walker and colleagues (2014) describe yarning as "both a process and an exchange; it is reliant upon cultural protocol, relationships and expected outcomes" (p. 1218). They share, "yarning is a conversational process that involves the sharing of stories and the development of knowledge. It prioritizes indigenous ways of communicating, in that it is culturally prescribed, cooperative, and respectful" (p. 1216). The literature on yarning as research method emphasised the cultural appropriateness of yarning and this includes its familiarity within Aboriginal communities and its basis in cultural traditions of prioritising oral communication and that yarning is a valid and meaningful approach to information sharing (Kennedy et al., 2022)

The interviews were informed by the Indigenous yarning method in several ways, including an approach that was conversational and informal in an attempt to reduce the power differential between participant and researcher. It was hoped this helped interviewees feel relaxed and enhance rapport, both considered important in phenomenology to strengthen data quality. Usher and Jackson (2017) list "micro skills" they see as important in undertaking successful phenomenology interviews, with being respectful and active listening key requirements. Further micro skills include the use of "clarifying questioning, clarity in speaking, allowing enough time for participants to make their responses as full as desired, being comfortable with silence (necessary to allow participants to reflect and gather their thoughts), and reflective communication" (Usher & Jackson, 2017, p. 12). I aimed to utilise these micro skills. Prompts were used to clarify information and elicit fuller responses. Each recording of an interview was listened to prior to the next (where interviews were on different days to allow this to be possible) to improve and learn.

Pre- and post-program participant surveys were completed on country at the beginning and the conclusion of the programs. The surveys were distributed and collected by the facilitators who then forwarded them to me for analysis. Facilitator reflective journals were completed on country at the completion of the Dja Dja Wurrung Community Healing Gathering (three days) and each day of the five-day Dja Dja Wurrung Women's Community Healing Gatherings. Completed reflective journals were forwarded to me for analysis. In relation to participant observation, I attended the final five of the 12 sessions of the Wurrundjeri Women's Healing Program and the final day of the three-day Dja Dja Wurrung Community Healing Gathering. Data generation related to the participant–observer role consisted of field notes written while in attendance and reflections written after attending the cultural programs.

4.10.4. Phase 4: Young People's Experiences of Cultural Strengthening Programs

Phase 4 focused on the experiencing of cultural strengthening programs. Participants were young people who were part of a cultural strengthening program designed and delivered by VACCA. The program was an art collective, called Narran Yana

(meaning *Spirit Journey* in the Woiwurrung language), for Aboriginal young people who had been in out-of-home care in childhood. Participants were asked about their experiences of engagement with Narran Yana as well as VACCA's cultural strengthening programs they had participated in during childhood. Phase 4 was developed to address the same research sub-question as Phase 3: How does lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care?

4.10.4.1. Participant Recruitment.

Participant recruitment took place during the COVID-19 pandemic and the associated stay-at-home orders in place in Victoria. The program was based in Melbourne, a city reported as having spent more time in lockdown than anywhere else in the world as of late 2021, when Melbournians came out of the sixth lockdown (a total of 262 days in lockdown). In the midst of these lockdowns, the interviews took place. Due to the impact of the COVID-19 pandemic and associated stay-at-home orders, an amendment to the La Trobe University ethics was obtained to conduct interviews via online videoconferencing (Zoom) rather than in person.

The inclusion criteria were young people currently engaged with Narrun Yana, VACCA's art collective for Aboriginal young people and VACCA staff directly involved in the program. The program was designed for Aboriginal young people who had been in out-of-home care but was also open to Aboriginal young people more broadly. The VACCA staff member directly involved in the program was the team leader of Child and Youth Programs. The team leader was invited directly to participate in the research, and in turn the team leader asked the young people if they were interested in being part of the research. If a young person responded that they were interested, the team leader wrote an email introducing the young person to me, and the young person was provided with participant information and a consent form and they then provided informed consent. At the time recruitment began, there were four young women engaged in Narrun Yana and all were interested and agreed to be involved by being interviewed. By the time interviews

were being set up (and Victoria was back in lockdown), one young woman, who had moved interstate, did not participate. The option of providing written responses to interview questions was offered, for any young person who did not feel comfortable participating in an online interview. As recruitment of young people was through the VACCA team leader, part of the wellbeing and distress protocol was that young people would be approached if it was seen as not negatively impacting on their wellbeing. With this consideration in place, no young people were excluded from being invited to participate.

The staff member with oversight of the program who was invited to participate was VACCA's team leader of Children and Youth Programs, who:

- has nearly 20 years' experience working at VACCA (first in education support and then 15 years with cultural programs)
- is non-Aboriginal, is strongly connected to the Aboriginal community in Victoria, and has been a foster carer and respite carer for Aboriginal children
- had known the participants for between five and 15 years

There were four young people engaged with Narrun Yana and the three who took up the invitation to be involved in the research:

- were young women aged in their early- to mid-twenties
- lived in Naarm (Melbourne, Victoria, Australia) on Wurrundjeri Country of the Kulin Nation
- came from countries in the State of Victoria (two participants) and from interstate (one participant)
- had out-of-home care experience (two of the participants had been in foster care in childhood)

4.10.4.2. Materials/Data Sources.

The semi-structured interview schedule was developed with input and review from both my supervisors, ensuring Aboriginal oversight. The focus of the interview questions was on the experiences of cultural strengthening programs, how they perceived their

experiences impacting their SEWB, and the meanings they attached to these experiences (see Table 8 for the topic areas and example questions from the semi-structured interview schedule). The semi-structured interview schedule was also informed by knowledge attained from having completed Phase 3. Many of the participants in Phase 3 volunteered what it meant to be included in the research. Based on this feedback, I decided to include a question in the interview schedule for Phase 4 relating to what it meant to be involved in the research.

Table 8

Semi-Structured Interview Schedule with Aboriginal Young People: Topic Areas and Example Questions

Topic area	Example question
Experience participating in cultural strengthening programs	How would you describe your involvement with Narrun Yana?
SEWB impacts	How do you think participating in Narrun Yana impacted on your social and emotional wellbeing?
Trauma and cultural loss	Do you think cultural strengthening programs help heal from collective trauma and intergenerational trauma? And if so, how?
Contributing to the research	Do you think it is important that Aboriginal young people's voices are heard in research that is about them (why/why not)?
Amplifying the voices of Aboriginal young people	Is there anything else that is important to you about your culture, cultural programs, or healing that you would like to share?

Demographic information asked included age, what mob they are from, what country they live on and their out-of-home care experience. The final question of the interview schedule asked the young people for feedback on the interview and questions

asked. The first young person interviewed reflected that a question about the role of community was needed and a question was added in subsequent interviews.

4.10.4.3. Procedure.

Participants were given the opportunity for an interview or to provide written responses to interview questions. Two of the young women were interviewed using online videoconferencing (Zoom), and one woman participated by providing written responses to the interview questions. The team leader of VACCA's Children and Youth Programs was interviewed using online videoconferencing.

Conducting online interviews required a shift to consider culturally informed methodology in a virtual world and being mindful of research participants' wellbeing given the broader stress and challenges experienced during this time of COVID-19 stay-at-home orders. Recent research on the use of online conferencing with Aboriginal young people engaging in research found that the data gathered was at least as rich as in-person interviews (Anderson et al., 2021).

For participants who chose to be interviewed, questions were provided in advance of the interview. Times for the interviews were scheduled based on the convenience of participants. I began each interview with an Acknowledgement of Country. Similar to Phase 3, the process of interviewing was informed by the yarning method. Interviews went for between 50 and 60 minutes and were conducted between October 2021 and April 2022. The interviews were recorded through the Zoom platform. Following the interviews and receipt of the written responses to the interview questions, participants were provided with a $50 e-voucher to an Aboriginal clothing shop and social enterprise, Clothing the Gaps (clothingthegaps.com.au), as an acknowledgement of their time and contribution.

4.11. Methods of Data Analysis

The methods of data analysis for each phase are detailed in this section. The data analysis used for Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System, the quantitative phase of the research, was descriptive statistical analysis. Reflexive thematic analysis, informed by phenomenology methodology, was used for the

subsequent qualitative phases (Phases 2, 3, and 4). The model of Aboriginal SEWB was a conceptual framework used in the analysis and integration of the qualitative findings. The data analysis for all phases was informed by Indigenous research methodologies.

4.11.1. Phase 1: Descriptive Statistical Analyses of Child Welfare Administrative Data

The method of data analysis utilised for Phase 1 was descriptive statistical analysis. Variables analysed covered child protection, out-of-home care, and family services data. The descriptive statistics undertaken explored both patterns over time, across jurisdictions, and between Aboriginal and non-Indigenous children. This approach was taken to provide the fullest story. The analysis of data over several years allowed for trends to be identified. Examining data beyond child protection and out-of-home care to include family services data allowed for solution-focused, data-driven interpretation. It also allowed for a countering of the deficit discourse.

Microsoft Excel (version 2301) was used to undertake the data analysis and to present findings with data visualisations (both tabular and graphical representations). Descriptive statistical analysis included a comparison of numbers, percentages, and rates by jurisdiction and the Aboriginal status of the child. The number per 1,000 children (rates) was used to compare Aboriginal and non-Indigenous child data. The Indigenous–non-Indigenous rate ratio is the Indigenous rate divided by the non-Indigenous rate. Rate ratios are used as indicators of the level of over-representation of Aboriginal children in the child protection and out-of-home care systems. Calculations of number per 1,000 and rate ratios followed the AIHW methods (AIHW, 2022b).

A limitation to data comparison and analysis over time and between jurisdictions is inconsistent and changing definitions (AIHW, 2022b; Productivity Commission, 2022); particularly pertinent is the changing scope and definition of out-of-home care. From 2018–19, a national definition of out-of-home care was agreed to by all states and territories, meaning from 2018–19 onwards data can be compared over time and across jurisdictions. Under this national definition, the scope of out-of-home care narrowed, as children in permanent care were no longer counted as being in out-of-home care (Productivity Commission, 2022). Children in permanent care, while not provided the

oversight required of out-of-home care, still include Aboriginal children removed from their parents who are at risk of disconnection from culture (SNAICC, 2021). Therefore, where the required data was available, data was presented using both the current and previous definitions.

The AIHW and Productivity Commission caution that it is not meaningful to compare notifications, investigations, and substantiations between jurisdictions due to jurisdictional differences in collecting and reporting data (AIHW, 2022b; Productivity Commission, 2022). IFSS data is also considered to not be directly comparable between jurisdictions as it is impacted by states and territories' changing policies (Productivity Commission, 2022). For this reason, notifications, investigations, substantiations and IFSS are analysed only within the jurisdiction of Victoria. Another issue is unavailable or missing data; this is noted throughout the article presented in Chapter 2 (Context – Cultural Disconnection in Victoria's Out-of-Home Care System (Phase 1)), where it is relevant for any jurisdiction or any year. The need for data improvements is noted in the Discussion chapter (Chapter 8).

4.11.1.1. Policy Analysis.

In addition to the descriptive statistical analysis, a policy analysis of the out-of-home care target for Closing the Gap was undertaken. The analysis explored the relationship between policy and outcomes in child welfare. Australia's national policy commitment to overcoming Indigenous disadvantage has been conceptualised in a framework in the *National agreement on Closing the Gap* report (Commonwealth of Australia, 2020a). This framework, committed to by the Commonwealth and all State and Territory governments, includes an out-of-home care target. The analysis operationalised the Closing the Gap target by calculating the Australian and Victorian current (2021, the most recent year of data analysis) and projected (2031) rate of Aboriginal children in out-of-home care that would be required for the commitment to be realised. Also calculated is the trendline from current year to 2031, indicating the required reduction needed over this 10-year time period to reach the Closing the Gap target.

The presentation of findings from the descriptive statistical analysis are included in Chapter 5.

4.11.2. Phases 2, 3, and 4: Reflexive Thematic Analysis

The data analysis utilised in Phases 2, 3, and 4 was reflexive thematic analysis, as articulated by Braun and Clarke (2006, 2021, 2022). Braun and Clarke (2022) state that reflexive thematic analysis is theoretically flexible, making it a well-suited qualitative method of data analysis for this research that is guided by the methodologies of phenomenology and Indigenous research. This section outlines how the philosophical tenets of interpretative phenomenology and Indigenous research methodologies have been incorporated into the reflexive thematic analysis.

The purpose of thematic analysis is to develop patterns of meaning, or themes, generated by a process of data familiarisation, data coding, theme development, and revision (Braun & Clarke, 2021). Grice and Ong writing in Braun & Clarke (2022), discuss using thematic analysis with Indigenous knowledge frameworks. They write that thematic analysis is a useful method for Indigenous researchers due to "its theoretical flexibility and systematic guidelines for doing analysis, which allow for the nuanced use of Indigenous knowledges, theories, concepts and practice in data analysis" (p. 181). Grice and Ong further write that due to the wide scope of thematic analysis it "has considerable potential to align with Indigenous research objectives to produce decolonising and liberatory knowledge, and achieve social justice" (p. 182). This validation of reflexive thematic analysis matched the aims of this research incorporating an Indigenous research paradigm.

The stages of thematic analysis described by Braun and Clarke (2006) were used. This systematic approach to qualitative analysis utilised a six-stage process: familiarisation; initial coding; generating and constructing initial themes; reviewing themes and theme development; refining, defining, and naming themes; and writing and evidencing themes (Braun & Clarke, 2006). The first stage, familiarisation, began with reading the narratives for Phase 2. For Phases 3 and 4 familiarisation began with data collection and extended during transcription. For each of the three phases, this stage involved repeated reading of the data and I became deeply familiar with the content. While searching for meanings and

patterns, I made notes with ideas for coding. During the second stage, initial coding, I generated extensive lists of codes, or meaningful groups, from the data, this included examples of data being included in more than one code. During the next stage, initial theme construction, I started analysing my codes and considered how codes may combine to form themes. This resulted in different codes being sorted into potential themes. This stage also involved considering which codes become themes, subthemes or are not used in theme development. The next stage, reviewing themes and theme development, involved consideration of whether all themes were needed with the decision to combine, separate, refine or discard some themes. This resulted in a set of themes where the data within a theme meaningfully belong together and where there were clear distinctions between each theme. This stage also involved re-reading of the complete data set for each phase. This was to check for the coherence of the themes in relation to the data set and to code additional data to themes in this ongoing process of theme development. The fifth stage, refining, defining and naming themes, involved identifying what the essence of each theme was. This involved articulating what each theme revealed about the data and in relation to the research questions. This also involved settling on a structure to the themes including sub themes or "themes-within-a-theme" (Braun & Clarke, 2006, p. 92). The final stage, writing and evidencing themes, involved reporting on the content and meaning of the themes. The process of the six stages is recursive rather than linear (Braun & Clarke, 2006).

A phenomenological methodology was incorporated into the reflexive thematic analysis (Braun & Clarke, 2006, 2022). A phenomenological methodology was employed as it privileges the lived experiences of participants and the meanings they attribute to their experiences (Creswell & Poth, 2018; van Manen, 2014). Despite the good fit from a philosophical perspective, pragmatically it has been acknowledged in the phenomenology literature that there is both a lack of clear guidance in conducting phenomenological data analysis (Usher & Jackson, 2017), and there is no clear or consistent approach to methods of data analysis using an interpretive phenomenological methodology (Caelli, 2001; Sundler et al., 2018). Neubauer and colleagues (2019) write, "The interpretive work of hermeneutic phenomenology is not bound to a single set of rule-bound analytical

techniques" (p. 95). Caelli (2001) writes of "the lack of articulated methods for achieving phenomenological research" (p. 276) and goes on to share that "there are surprisingly few sources of information that address the utilitarian aspects of how to actually carry out a phenomenological study" (p. 276). Caelli (2011) summarises: "It is the task of each phenomenological researcher to navigate the abundant and conflicting literature in phenomenology and articulate an appropriate process or method for achieving the aims of a particular project" (p. 275). Ho et al. (2017) conclude that thematic analysis is commonly used in interpretative phenomenology and yet how thematic analysis should be employed to interpret a phenomenon with the philosophical tenants of interpretative phenomenology is not clear or easily understood.

To guide the process of reflexive thematic analysis based on interpretive phenomenology, methodological principles grounded on interpretive phenomenology philosophy were used within the clear methods articulated by Braun and Clarke in relation to conducting reflexive thematic analysis (Braun & Clarke, 2006, 2012). These methodological principles include repeated engagement with the data including the process of writing and rewriting to develop the essential nature of the phenomenon being studied (Liamputtong, 2013; Usher & Jackson, 2017). In what is described as engaging in a hermeneutic circle, the researcher engages deeply with the data, reading, writing, re-reading, and re-writing. In these cycles of reading and writing, the researcher constructs an understanding of the lived experience (Neubauer et al., 2019). Through this process, codes and themes were refined. Presentation of findings as a series of themes is common in phenomenology (Usher & Jackson, 2017) and part of reflexive thematic analysis (Braun & Clarke, 2022). Findings were presented as a series of themes that captured the essential aspects of the *what* and *how* of healing in cultural programs for survivors. The themes developed describe the lived experience of survivors who shared their narratives, survivors who engaged in cultural healing programs, and young women who were part of the cultural strengthening program.

The term "lifeworld", according to Heidegger, is the concept that individuals' realities are influenced by the world in which they live (Lopez & Willis, 2004). In keeping with interpretative phenomenology principles, the participants' narratives were analysed

in the context of their lifeworld. The *lifeworld* is life as experienced rather than as it is conceptualised (Usher & Jackson, 2017). Adams and van Manen (2008) elaborate that people inhabit different lifeworlds—for example, the lifeworld of work and home—and that different lifeworlds may intersect. Interpretive phenomenology posits that human experience is informed by people's lifeworlds, and, therefore, experiences need to be interpreted through that background (Neubauer et al., 2019). Therefore, when exploring the meaning of lived experiences, being aware of the lifeworld is critical (Sundler et al., 2019). How people relate to, understand, and exist in the world are inextricably linked to context. A key concept to interpretive phenomenology is situated freedom; the idea that subjective experiences are situated within social, cultural, and political contexts (Lopez & Willis, 2004). The interpretation of participants' narratives in relation to context is a critical task in interpretive phenomenology (Lopez & Willis, 2004).

Another key consideration in interpretative phenomenology is the role of the researcher. Like the research participant, the researcher cannot be separated from their lifeworld. Personal knowledge is seen as both useful and necessary in interpretative phenomenology (Lopez & Willis, 2004). The presuppositions and knowledge of the researcher contribute to making the analysis meaningful (Lopez & Willis, 2004). Gadamer (2004) describes this is as overting what the researcher already knows, or thinks they know, about a phenomenon. My understanding of culture as strength, and the limitations of mainstream mental health systems for Aboriginal survivors of trauma, led me to explore the role of culture and cultural programs in healing. I brought curiosity to the task of searching for meaning in the data. As described by Sundler and collegues (2019), the researcher needs to be open, sensitive to their own understandings of the phenomenon and reflective towards the data. The questioning of one's pre-understandings is part of having a reflective approach (Sundler et al., 2019). The concepts of practicing openness, questioning pre-understanding, and adopting a reflective attitude are methodological principles of interpretative phenomenology (Sundler et al., 2019), which guided the analysis.

Another interpretive phenomenological concept used in the analysis was the fusion of horizons, which Gadamer (2004) referred to as the assumptions, ideas, meanings, and

experiences of both researcher and participant, and that the meanings researchers arrive at in interpretative phenomenology are a combination of the meaning of both researchers' and participants' meanings. This signifies that the process of interpretation is the result of the distinct and intersecting horizons of researcher and participant (Lopez & Willis, 2004). There is no single true meaning produced by an interpretive phenomenology study. Rather, the meanings conveyed in the findings need to be both logical and plausible (Lopez & Willis, 2004). In interpretative phenomenology, the researcher is required to interpret the meanings for practice, policy, education and further research (Lopez & Willis, 2004).

The voices, expertise and lived experiences of those who are not part of privileged groups are often ignored or discounted (Walklate, et al., 2019). The object of bringing the transformative and Indigenous research paradigms to the interpretive phenomenological approach is to make these voices heard. This research purposefully and necessarily included the historical context and how this impacted the present for Aboriginal people, and articulated how the dominance of Western paradigms and beliefs allow the lived experience of Aboriginal people and communities to be silenced.

In interpretive phenomenology, theories can be used to assist in understanding the findings of the research (Neubauer et al., 2019). Unlike descriptive phenomenology, interpretive phenomenology does not negate the use of theory. In interpretative phenomenology a theory or conceptual framework can be used as a frame of reference and to make explicit the research assumptions (Lopez & Willis, 2004). In this context the conceptual framework of Aboriginal SEWB (Gee et al., 2014) was used to interpret the findings. I did not use the framework when designing interview questions, but I did use it in the interpretation of data and in generating findings. The SEWB framework influenced the way in which the qualitative analysis was approached, fostering reflection on how participants spoke about the traumas of cultural disconnection and cultural abuse and the cultural connection, cultural strengthening, and cultural healing in relation to their experiences of the cultural programs. Thus, Aboriginal SEWB was used as a guiding framework to the analysis and integration of the qualitative findings.

While the approach taken to data analysis was largely similar for the three phases, there were some adjustments made due to Phase 2 data being generated from a

secondary data source, while Phases 3 and 4 were based on data collected from participants. For Phases 3 and 4, the audio-recorded interviews were manually transcribed verbatim. The transcripts were imported into NVivo12, along with surveys and journals. These texts became the data for analysis and allowed for triangulation. Braun and Clarke (2006) discuss that thematic analysis can be used to develop a detailed account of a particular aspect of a data set or a rich description of the entirety of a data set. In this research the approach used in the thematic analysis differed by phase. For Phase 2, reliant on secondary data, relevant aspects of the narratives were used that allowed the phase-specific research question to be addressed. For Phases 2 and 3 where the data was generated specifically to answer the phase-specific research question, the entirety of the data set was used in the thematic analysis. The use of quotes was central to the analysis and presentation of findings. When including quotes in the presentation of findings, repetitions, filler words, and utterances (such as “like”, “um”, and “yeah”) were removed to enhance clarity and meaning. The analysis and presentation of findings privileged the inclusion of quotes from participants as part of the commitment to amplify Aboriginal voices. In Phase 3, participants were identified as “participant” or “facilitator” to protect anonymity. Phase 4 participants were given pseudonyms and identifying information was not included, to ensure anonymity.

4.12. Chapter Summary

This chapter detailed a discussion of the methodology for the research as it pertains to each phase of the research. The chapter provided an overview of the variety of ethical considerations and the practical steps taken to support the conduct of ethical research. This was further developed by documenting my positionality as a researcher. The mixed-method design utilised was described and the rationale for this design choice was provided. The theoretical paradigms, conceptual framework, and methodological approaches were detailed. This then led to the presentation of the research purpose, aims, and questions, and how these questions were addressed by the methods of data generation, collection, and analysis.

5. Description and Presentation of Findings from Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care

5.1. Chapter Overview

This chapter presents the first of three qualitative phases of the research: Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care. Phase 2 was centred around Aboriginal survivors of child sexual abuse in out-of-home care who shared their stories in private sessions of the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017). This phase of the qualitative research unpacks the complexity and multiplicity of the trauma experienced and explored survivors' unmet healing needs, barriers to healing, and experiences of healing. This chapter first describes Phase 2 and then presents the findings. Common to each of the three qualitative phases is the privileging of quotes in the presentation of findings to promote the voices of Aboriginal lived experience. A book chapter has been written and published based on Phase 2, and this is included after the phase is introduced and after the findings are introduced.

5.2. Introduction to Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care

From 2013 to 2017, the Australian Royal Commission into Institutional Responses to Child Sexual Abuse was held (Commonwealth of Australia, 2017). A vital part of the Royal Commission was conducting private sessions, an opportunity for survivors to speak confidentially with one of the six commissioners about their childhood experiences. More than 8,000 survivors came forward to tell their stories in private sessions, including over 1,000 Aboriginal survivors representing 15% of all survivors who told their stories (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Where survivors gave permission, their de-identified stories were made publicly available. These publicly available narratives were the data source accessed and analysed for Phase 2 of this study. The use of secondary data was a trauma-informed approach to data generation as it avoided asking survivors to tell their stories again and risk re-traumatisation.

Using the inclusion criteria that the survivor was Aboriginal, that the institutional setting where the child sexual abuse occurred was out-of-home care, and that the institution was in Victoria, resulted in a sample of 51 survivor narratives (25 women and 26 men). The 51 narratives represented experiences of residential care, foster care, and adoption between the 1940s and 1990s. Over two-thirds of the survivors were removed from their parents and placed in out-of-home care during the Stolen Generations period. Importantly, eligibility to tell one's story to the Royal Commission was not capped at the 1990s. However, using the inclusion criteria set for this study resulted in no available narratives for the year 2000 or beyond. The Royal Commission found it takes survivors an average of 24 years to disclose child sexual abuse (Commonwealth of Australia, 2017), providing context to the lack of narratives for more recent years. For the five years of the Royal Commission, VACCA provided a Royal Commission Support Service, supporting clients in telling their stories to the commission. This was the only Aboriginal support service providing culturally safe support to survivors in Victoria. Given that the narratives analysed in this phase were de-identified, it is not possible to determine how many relate to survivors supported by VACCA's Royal Commission Support Service.

The research sub-question specific to this phase was: What are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing and barriers to healing? A thematic analysis of the narratives was conducted and revealed survivors' insights into healing from institutional child sexual abuse.

5.3. Introduction to Findings from Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care

A stark finding was the multiplicity of traumas and impacts. The institutional child sexual abuse occurred in the context of additional child abuse and neglect, additional institutional abuse, cultural abuse, and collective trauma. Impacts were multiple, lifelong, and intergenerational, and included severe mental health challenges, drug and alcohol use, relationship difficulties, and the continuation of child removal and institutional child sexual abuse in subsequent generations.

The narratives revealed an absence of therapeutic support being provided during childhood. The exceptions to this were five survivors who spoke of having access to counselling in childhood, four of whom never disclosed their sexual abuse. The powerlessness of children to disclose abuse in therapy was evident, as reflected by participant, Dallas: "I wouldn't talk. I wouldn't say nothing. I didn't know how". Similar to their experience in childhood, access to mental health services for survivors was also limited in adulthood. Some survivors were able to access mainstream counselling but found it to be unhelpful or inadequate. Survivors discussed barriers to accessing and benefiting from psychological support. They spoke of current services being fractured and insufficient and that having to retell their story and re-engage was a barrier. Similar to their experience in childhood, survivors shared experiences of going to counselling but not disclosing the child sexual abuse. Some survivors spoke of being able to access therapeutic support in prison that they did not have access to outside of prison. Some survivors shared that they benefited from Aboriginal approaches to healing, including through connection to culture, engaging in art, within supportive relationships, and by giving back to community. Some survivors shared that they found the holistic approach of ACCOs helped.

Some survivors spoke about healing in the context of it being something they could never attain, as revealed by Hilda, "I'll die with that hurt" and Gordo, "I'll never heal". Bridget Ann shared that as a child she "had no voice", and many survivors expressed similar sentiments. These survivors, as children, had no voice, were not listened to, and were not believed. This phase highlighted that Aboriginal survivors' voices are vital to meaningful research, the purpose of which is to impact policy and service design. Phase 2 has been published as an invited book chapter, "Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care" and is presented below.

5.4. Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care

11

Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care

Carlina Black, Muriel Bamblett, and Margarita Frederico

Introduction

This chapter highlights the importance of the voices and expertise of Aboriginal survivors of institutional child sexual abuse and explores their insights into healing including their healing needs, opportunities for healing and barriers and enablers for healing. The chapter presents themes developed from a phenomenological thematic analysis of 51

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narratives provided via private sessions at the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, conducted between 2012 and 2017. The narratives were provided by adult Aboriginal survivors who were abused in out-of-home care between the 1940s and the 1990s. Findings from the analysis of the narratives highlight that institutional child sexual abuse occurred in the context of cultural abuse and collective trauma. Avenues accessed for healing by Aboriginal survivors included mainstream services, Aboriginal-specific programmes as well as support and healing from engagement in art and creative pursuits, culture and relationships. Survivors' experiences of abuse and trauma and the lifelong and intergenerational impacts of abuse are presented as are their hopes for themselves and their insights for policy and practice needed for a responsive and effective healing response.

The Royal Commission private sessions highlight the importance of this truth-telling approach to counter the silencing of the voices of marginalised and discriminated communities. Whether it be Indigenous populations, people of colour or minority communities more broadly, these are voices research needs to seek out to ensure policy and practice is informed by lived experience evidence and is meaningful to those it seeks to benefit.

Colonisation and the Beginning of Institutional Sexual Abuse for Aboriginal Children

Institutional child sexual abuse in Australia dates back to the invasion and colonisation of Australia. The British invaded in 1788 and declared Australia part of the British colony. The land was stolen through the lie of terra *nullius*, meaning empty land, denying the sovereignty of Aboriginal peoples (Blackstock et al. 2020). This invasion marked the beginning of the violence, dispossession, genocide, colonisation and attempted eradication of Aboriginal people. The Frontier Wars, the massacres, wars and resistance, began in 1788 and continued until the 1930s.[1] Sexual abuse of Aboriginal women and children was a part of these wars (Libesman

and McGlade 2019). The first church missions were established in the 1820s. From the 1850s onwards, Aboriginal people were forcibly removed from their lands and placed on reserves and stations, where government 'protectors' controlled all aspects of Aboriginal peoples' lives (Human Rights and Equal Opportunity Commission 1997). The Stolen Generations period began from the mid-1800s. Between 1910 and the 1970s, between one in ten and one in three Aboriginal children were forcibly removed from their families (HREOC 1997). Initially, the Stolen Generations occurred under 'protectionism' policy and was based on the assumption Aboriginal people were a dying race (HREOC 1997). Later, forced removal happened under assimilation policy, with its stated intent being assimilation into white society (HREOC 1997). Assimilation became formal government policy in the 1930s but was already influential well before then. Both policies reflected the ideology of white superiority.

In Australia, both historical and contemporary child welfare legislation is the domain of the colonies, later states and territories. In 1869, Victoria became the first colony to pass laws authorising Aboriginal children's removal from their parents, with the passing of the *Aborigines Protection Act 1869* (Parliament of Victoria 1869). The Act legislated that government regulated the lives of Aboriginal people, including the power to make arrangements 'for the care custody and education of the children of aborigines' (Parliament of Victoria 1869: 2). This Act established the Board for the Protection of Aborigines, and imbued the board with the power to order the removal of any Aboriginal child from their family (Broome 2005). The legislation was amended with the introduction of the *Aborigines Protection Act 1886*, which changed the definition of Aboriginal to exclude those who were 'half-caste' (the offensive term used when one parent was Aboriginal). This commenced the policy of forcibly removing 'half-caste' Aboriginal people from missions and reserves and continued the removal of Aboriginal children from their families (Broome 2005; HREOC 1997).

The racist legislation no longer exists. By 1969, all states had repealed Aboriginal child removal legislation. Policy, including the Aboriginal Child Placement Principle, has been introduced to prioritise keeping children with families as the first priority and when removal is deemed

necessary, that placement with Aboriginal family or carers is prioritised (SNAICC—National Voice for our Children 2016). However, contemporary child welfare practice has not abated Aboriginal children being removed from their parents. The over-representation of Aboriginal children in out-of-home care occurs throughout Australia and is most pronounced in Victoria (Australian Institute of Health and Welfare 2022). Current figures reveal Aboriginal children in Victoria are 22 times more likely to be in out-of-home care than non-Aboriginal children. Other Australian jurisdictions range from Aboriginal children being 5–19 times more likely to be in out-of-home care, while the national figure is Aboriginal children are 12 times more likely to be in out-of-home care (AIHW 2022).

Importance of Aboriginal Survivor Voices and Expertise in Understanding Trauma and Healing

The Stolen Generations occurred because of the racist beliefs upon which the relevant policies and legislation were created and enacted. The continued legacy of the Stolen Generations is ongoing trauma impacting Aboriginal peoples (Atkinson 2002, 2019), continuing systemic racism and discrimination and current systems continuing to perpetuate harms on Aboriginal children, families and communities (Anderson et al. 2017). In recognition of this history and the continuing contemporary failures, a national inquiry into the removal of Aboriginal children was conducted from 1995 to 1997. For the first time mainstream Australia learnt of the horror of the Stolen Generations; the extent of forced removal of children, the genocide and the ongoing trauma (HREOC 1997). The process of truth-telling is ongoing and in many instances is in its infancy.

Hearing the voices of Aboriginal survivors is critical if the ramifications of previous racist policies are to be eradicated. Their lived experience provides insight into the actions that are required at policy and practice levels. The silencing and ignoring of Aboriginal expertise

including lived experience expertise is part of an ongoing failure to listen to Aboriginal communities, particularly women and children (Libesman and McGlade 2019). This silencing can be understood from an intersectional approach. Bamblett and colleagues reflect: 'The system includes different actors with varying degrees of power as well as resources. In this matrix the Indigenous community have the least control, power and resourcing' (Bamblett et al. 2018: 97). White, Western perspectives determine mental health practice and policy development. This is detrimental to Aboriginal people and other marginalised communities (State of Victoria 2021). Aboriginal knowledge and world views are also too often absent in research, with Western research models excluding Aboriginal voice and knowledge (Ryder et al. 2020). Without an intersectional focus, the distinct experiences and healing needs of Aboriginal survivors of institutional child sexual abuse can be overlooked.

Aboriginal survivors of institutional child sexual abuse in Australia represent the multiple traumas of complex childhood trauma in the context of cultural abuse and collective trauma. The extent of harm and wide-ranging impact of cultural abuse is highlighted in the following statement, developed by Stolen Generations survivors who were sexually abused in out-of-home care and were supported by an Aboriginal support service to explain cultural abuse in this context:

> The loss of cultural identity and sense of belonging in one's community; the loss of connection to family and kin; the loss of connection to spirituality and land; the denial of one's sovereign rights; the loss of connection to one's Elders and all of the knowledge and cultural systems of learning that are passed on through them; and the loss of parenting skills, cultural beliefs and values that could have been passed on to survivors' descendants if not for the cultural abuse.
>
> (Victorian Aboriginal Child Care Agency 2018: 9)

Collective trauma involves the shared and ongoing wounding across generations derived from mass group trauma experiences (Atkinson 2002; Menzies; 2019; Royal Commission into Institutional Responses to Child Sexual Abuse 2017). As Aboriginal researcher Emeritus Professor

Atkinson explains: 'it needs to be understood that, for Aboriginal peoples, trauma is both individual and collective wounding at multiple levels' (Atkinson 2019: 137).

About the Australian Royal Commission into Institutional Responses to Child Sexual Abuse

Australia's Royal Commission into Institutional Responses to Child Sexual Abuse was conducted between 2012 and 2017. The Commission followed numerous state inquires and significant survivor advocacy over decades (Parliament of Victoria 2013). There were three aspects to the Royal Commission; public hearings, research and policy; and private sessions. The private sessions were a unique aspect to an Australian Royal Commission and represented a truth-telling exercise, hearing directly from survivors. Survivors told their story to one of the six Commissioners and Royal Commission support staff and were welcome to bring a support person with them. Fifteen per cent of survivors who shared their story in a private session were Aboriginal (Royal Commission into Institutional Responses to Child Sexual Abuse 2017). This is in the context of Aboriginal adults making up 3% of the Australian population (Australian Bureau of Statistics 2021). This representation would not have been achieved without the advocacy and culturally safe support from the Aboriginal community controlled sector (Black et al. 2019). Forty-one per cent of survivors who told their story were sexually abused in out-of-home care, making it by far the largest institution type represented (Royal Commission into Institutional Responses to Child Sexual Abuse 2017).

Method and Approach to Analysis

As part of the process of telling their story at a private session, survivors were asked if they agreed to their stories being made publicly available. Royal Commission staff developed narratives based on the survivors' stories, relying heavily on direct quotes from survivors. In 2017, at the conclusion of the Royal Commission, the narratives were made available on the Commission website,[2] with survivors' names changed to maintain confidentiality. The authors analysed these publicly available narratives, rather than seeking to re-interview survivors, as retelling their stories would risk increasing survivors' trauma (Black et al. 2019). This approach allows the rich data of the narratives to progress research without the risk of re-traumatisation of survivors and thus is a trauma-aware approach. This is particularly pertinent in Australia, where Aboriginal people have been an over-researched population (Bainbridge et al. 2015; Ryder et al. 2020). This research was often unethical and immoral, as highlighted by Bamblett et al. (2012) and Raeburn et al. (2021).

Using the inclusion criteria of narratives of Aboriginal survivors who experienced sexual abuse in out-of-home care (residential care, foster care and adoption) and within the state of Victoria, resulted in 51 narratives being included (see Table 11.1 for demographics of survivors). A phenomenological approach to thematic analysis (Braun and Clarke 2022; Creswell and Poth 2018; Sundler et al. 2019) of the narratives of survivors was undertaken. This approach also involved descriptive interpretation and placing the narratives in context, both historical and current. The foundation of this approach is respecting and honouring Aboriginal knowledge and lived experience of Aboriginal survivors in order to amplify the voices of Aboriginal survivors of institutional child sexual abuse. The rational for a phenomenological approach is to generate knowledge about Aboriginal survivors' experience and their views on action required by describing and understanding survivors' healing journeys. Having this understanding allows survivors' healing needs to be contextualised and amplified and to inform practice and policy.

The narratives were mined for themes of healing, hopes for self, and the survivors' insights for policy and practice. Four broad categories

Table 11.1 Demographics of Aboriginal survivors abused in OOHC in Victoria, Australia

Survivors (*N* = 51) %		
Female	(25)	49%
Male	(26)	51%
Abuse in OOHC		
Foster care & adoption	(12)	24%[a]
Residential care	(36)	71%[a]
Both	(3)	6%[a]
Decade abuse began		
1940s	(1)	2%
1950s	(8)	16%
1960s	(17)	33%
1970s	(9)	18%
1980s	(9)	18%
1990s	(4)	8%
unknown	(3)	6%
OOHC management		
Government	(26)	51%
Non-government	(24)	47%
unknown	(1)	2%

Stolen Generations period

[a]Equals more than 100% due to rounding up

were developed from the narratives; removal from parents, institutional child sexual abuse, range of institutional abuses and impacts. The coding of data was focused on categorising the different types of institutional abuses, impacts, hopes and healing accessed and healing needs. Quotes from survivors are included throughout the Discussion and Analysis section to illustrate common and shared experiences and to amplify the voices of survivors directly.

Discussion and Analysis

Narrative Categories

Removal from Parents

All 51 survivors were placed in out-of-home care between the 1940s and the 1990s. The majority of the survivors were part of the Stolen Generations (see Table 11.1). Being placed in out-of-home care represented not only removal from parents, siblings and other family, but also removal from culture. All survivors had either been adopted by white families, fostered with white families or placed in mainstream residential facilities. The age the children were removed ranged from at birth to early teenage years. A recurring theme was the deception involved in being removed from their parents and a lack of information and understanding of why they were being removed. A common experience shared was of being removed with siblings but not placed with siblings. Rosemarie, Gordo, Robina and Jarrod share their experiences of removal:

> Rosemarie was taken from her teenage Aboriginal mother as a newborn baby. 'She [Rosemarie's mother] didn't sign any papers and she was actually breastfeeding me. And she went up there one night to feed me and I was gone'.
>
> Gordo was two years old when he was removed from his parents, along with his brother. 'I got taken out of the pram… They just grabbed us… I remember a black car with balloons hanging out and they said we was going to a party. That was welfare in the car'.
>
> Robina was four years old when she and her siblings were taken. 'We didn't know what was going on. We were just shoved in the police car and off we went… I remember Nan's house getting smaller and smaller'.
>
> Jarrod, removed at aged 10, shared: 'I remember it [life pre-removal] fondly. I also remember not so fondly being taken from that', as he described it, of being 'kidnapped'.

Survivors' descriptions of their removal from parents highlight the extreme vulnerability of these children as they entered out-of-home care. They felt, and they were, completely isolated from family and culture.

This removal, this kidnapping, as Jarrod described it, represents the beginning of the institutional abuse and institutional trauma for the children. Descriptions from survivors highlight the racism embedded within the removal and placement in out-of-home care:

> *Jan:* My mum was white and Dad was black and they said "that man couldn't look after his kids".
> *Marjorie Denise:* 'We had a grandmother that just so much wanted us, but they [child welfare] just wouldn't give us to her, and she wanted to bring some of our culture … I believe she died of a broken heart. That's the stories we get from our people'.

Institutional Child Sexual Abuse

The majority of survivors reported sexual abuse over a period of several years, by several perpetrators and for some at more than one out-of-home care setting, as well as in a school setting or youth detention. Being sexually abused on one occasion, by one perpetrator at a single institution was the exception. Perpetrators were most often male carers, but also included female carers either directly or complicit in the abuse. There were also narratives of children being sexually abused by young people with whom they were placed in out-of-home care. There were examples of non-penetrative abuse but most commonly the sexual abuse was penetrative. Several survivors shared that at the time of the abuse, they did not understand it as sexual abuse. Bec shared: 'I didn't know what it was. I didn't know it was rape… I'd never heard of rape in my life'.

Range of Institutional Abuses

Survivors' narratives reflected a childhood of abuse and trauma while in out-of-home care. The range of institutional abuses included neglect, emotional abuse, cultural abuse and racism, forced labour, physical punishment and physical abuse and witnessing other children being abused. The neglect included children's basic physical needs being denied and frequent emotional neglect. Anabel shared: 'For punishment then

I'd be starved. I wasn't getting fed meals'. Shauna Beth shared: 'I would rather have been living with a poor family that actually gave a shit about me and still be loved and belonged somewhere'. Much of the cultural abuse was related to carers' denigrating the child's family and denying and dismissing their culture. Table 11.2 provides examples of the sexual abuse, cultural abuse and racism being inextricably linked.

Physical abuse and torture were described in detail. Bridgit Ann shared that her carer would make her 'lie spread-eagle naked on the floor tied to the bed and she would stand over me with a belt'. Then the carer would put her 'on display outside the bedroom… I would put my hand over my breasts and vagina – she would smack my hands away and make me stand like a soldier'. Sometimes the carer would 'whip the dog into a frenzy so he would be attacking and biting me'. For some, the abuse was so severe as to cause lifelong damage, including not being able to have children. The trauma also included witnessing abuse, violence and suicide. Doug Warren, shared that his roommate 'hung himself in front of me. He was too heavy for me to lift down'.

Table 11.2 Connections between racism, cultural abuse and sexual abuse

Survivor	Quote
Gordo	'Get over there, you little black bastard… go and hide in the bush till these white people go' [said by Gordo's foster carer on the rare occasions welfare visited]
Hilda	'You're probably a whore like the rest of them' [stated by a male worker at the children's home following a medical examination that revealed Hilda had internal injuries and a sexually transmitted infection from the sexual abuse]
Anabel	'She [adoptive mother] wrote me a letter, said "You'll be a slut like the rest of the blacks… You'll just be in the gutter like the rest, you'll never move on"'
Meggie	'They [carers] blamed me [for multiple sexual assaults] because I was Aboriginal and I was "looking for it"'
Heidi	'They [foster family] didn't want anything to do with me because I was black'
Harvey Martin	'I'd cop it badder than other kids being the colour I are… They mentally abuse you by doing stuff like that… They try and take the black out of you to make you white'
Euan Frank	'I became a bit of a pet for older kids [who regularly sexually abused Euan Frank] because they always wanted to see the colour of my funk'

The trauma went beyond institutional child abuse and neglect. Also shared were examples of systems abuse and institutional betrayal. Annabel shared: 'No-one believed us. I mean who would've believed us, you know, being Aboriginal… And they [foster carers] were so well known in the society'. Phrases such as 'I was called a liar' and 'I was scared to tell' were common, as were 'I hardly seen the welfare' and 'no one come and visited me'. The abuse went beyond the out-of-home care setting and included child welfare, school and police, who did not believe, did not protect, did not listen, did not visit the children. Venessa tried to tell welfare workers about the abuse but 'nothing was done… I gave up on welfare because I felt like I was just talking to brick walls'. Ken Peter shared: 'You couldn't say anything to the cops because they used to take us Aboriginal children'. The systems abuse continued in adulthood and included frequent accounts of the distress of not being allowed to access their records and for those who tried to gain redress, receiving no compensation or grossly inadequate compensation. The systems abuse included the lack of leaving care support provided. Shauna Beth shared: 'It took years when I got dumped out of the home to actually try to even find a space in this world to belong'.

Impacts of Multiple Abuse

The impacts of the multiple abuse and traumas were evident in all aspects of life. These included education disruption, homelessness, reliance on alcohol and drugs, exposure to further abuse, trauma and violence in adulthood, prison sentences, strained relationships, abusive relationships, disconnection from family, struggling with parenting and mental health challenges. Survivors spoke of the pathway of childhood sexual abuse leading to drug and alcohol abuse, leading to contact with the criminal justice system. Hilda's story highlights the far-ranging impacts of the institutional abuse:

> Hilda's teenage mother was raped by a white man. Because Hilda was the only one of her siblings who was light-skinned she was the only one removed as part of the Stolen Generations. This happened when she was

five, the day before she was to start school. Up until then she remembered a happy family life. She was sent to a boarding house and into forced labour: 'I used to have to chop the wood, make the bread and dig the vegetables. I didn't get to go to school'. Then the emotional abuse began: 'your mother didn't want you'. Then the sexual abuse, by multiple perpetrators. In her 40s her mother found her and asked for forgiveness. Hilda rejected her mother, still believing the lies she was told in out-of-home care. By the time Hilda learnt the truth (of her forced removal) her mother had died. 'It's too late to say I know it's not her fault. She was left powerless. She wasn't an alcoholic, she wasn't a drug addict - she was black'.

Survivors shared a range of mental health impacts, including: anger, shame, guilt, lack of trust, isolating self, sexual identity confusion, depression, anxiety, fears, phobias, flashbacks, intrusive memories, sleep difficulties, suicidal ideation, suicide attempts and mental health diagnoses. Prior research has also demonstrated the negative mental health impacts of out-of-home care for Aboriginal children (HREOC 1997; Jackson et al. 2013; Mendes et al. 2020) and for Aboriginal children who have suffered institutional child sexual abuse (Royal Commission into Institutional Responses to Child Sexual Abuse 2017). Almost all survivors experienced alcohol or drug issues in adulthood, and for some this started while in out-of-home care. Survivors explicitly explained their use of drugs and/or alcohol as a way of coping with mental health symptoms of childhood abuse and trauma and of this being an attempt at psychological pain relief. Lauren shared: 'I was drinking and smoking back then [as an adolescent living between the streets and out-of-home care] just to like, to block out all the bad things that had happened. And then – I think I was 17 – I started using heroin because the alcohol wasn't helping and that blocked it out. But then once I'd come down the memories would come back so it was like an on-going process'. The insights shared of mental health challenges and reliance on alcohol and other drugs to self-medicate highlight the lack of accessibility of appropriate mental health services for Aboriginal clients.

Relationship difficulties with children, partners and parents were common among survivors. There were also stories shared of relationship absences, of not having children or partners due to the fear of

intimacy and inability to trust others. Intergenerational impacts were prevalent demonstrating the transmission of intergenerational trauma (Dudgeon 2020; Gee et al. 2014; Krakouer et al. 2018). Survivors' narratives evidenced intergenerational trauma, with many survivors sharing that their own children had been removed from them and placed in out-of-home care, with examples of these children also being sexually abused in out-of-home care. For some, their grandchildren were also in out-of-home care. Some survivors spoke of their own parents being in out-of-home care. Sabrina May shared: 'My children are now put in the system. So it's … my mother, myself and now my kids are in the [out-of-home care] system'. The negative impacts on cultural connection, identity and belonging were shared and included survivors sharing that they did not discover they were Aboriginal until adulthood (see Table 11.3).

Access to Healing

The narratives revealed an absence of therapeutic support being provided during childhood. Exceptions were five survivors who spoke of having access to counselling in childhood. These survivors were in out-of-home care in relatively more recent decades; one in the 1990s, two in the 1980s and two in the 1970s. Of these five survivors, only Frances was able to speak of the abuse during counselling. Frances shared that while in out-of-home care, she was taught how to speak about the abuse and went to groups where children from other children's homes were encouraged to talk about their sexual abuse. Frances believes that it is because she addressed the sexual abuse when she was young, by talking about it to others, that she does not need counselling now, as an adult. For the other four, they never disclosed the sexual abuse:

> Michael John saw several youth workers but never disclosed because 'it was personal and a shame job'. Caleb was concerned about saying too much: 'I used to tell him [youth worker] a little bit, but not the extent of it. I was always worried because I had nowhere else to go... I was always worried that obviously it [sexual abuse] would get worse and I'd get hurt more'.

Table 11.3 Cultural impacts of abuses

Survivor	Quote
Evelyn Grace	'From 23 to 30, 35, I think were my pretty vicious years. I call them vicious years because I was not only turning Aboriginal but my parents were old. I was starting to lose them'. [Evelyn Grace did not learn that she was Aboriginal until leaving out-of-home care.]
Hilda	'I never got to learn the stories of my culture. I never got to learn about my people. I didn't get any of that... I can remember slashing my arms and peeling bits off my skin because I thought I was black underneath. They took everything from me, that welfare'
Robina	'They'd look at me funny or someone would comment, "Wow, who's the little white girl?"... It wasn't my fault that I was taken away. It wasn't my fault that I speak the way I speak'
Harvey Martin	'When I got out... I didn't know any blackfellas, I didn't even know my own sister... Because you never lived there it's like you're not part of their family thing... Us people who have been taken and try and get back, then getting door shut in your face by your own mob'
Digby Williams	'Yes, I can speak some of my language, but not fluent. I speak in English, it's an embarrassment – I'll say this to the young ones – that I can't speak my language... I didn't know who I was, where I was, who I belonged to, and to this day now I still don't know who I am properly'
Ken Peter	'They took my culture off of me... I reckon I'm still shutdown with me brothers'

Bec and Dallas also spoke of not being able to disclose abuse yet still reflected on clinicians that 'stuck by' as Bec described. Dallas shared: 'Even though I was getting moved he [youth worker at an Aboriginal Community Controlled Organisation] made sure I was still seeing him [for over seven years as Dallas moved between foster carers, group homes and homelessness].' Dallas was grateful for the commitment but acknowledged 'I wouldn't talk, I wouldn't say nothing. I didn't know how.'

The powerlessness of children to disclose abuse in therapy was evident. This was due to the common experience of misplaced shame of child sexual abuse survivors. Shame is a particular issue in Aboriginal communities where the shame of experiencing child sexual abuse, reinforced by

the silencing and secrecy strategies of perpetrators, can be intertwined with the shame of being Aboriginal, created through racism, cultural abuse and the process of colonisation (Anderson et al. 2017; Child Wise and the Victorian Aboriginal Child Care Agency 2015). A related theme is the limitations of therapy prior to safety being established (Frederico et al. 2019). An additional theme was the value of continuity in the therapeutic relationship, in disrupted childhoods, which was the reality for these children.

In adulthood, many survivors had no access to psychological support. For some counselling only occurred while they were in prison; a positive experience for some, and not for others. Kane shared that he was having ongoing counselling in prison, which he found beneficial, but there was no support when he was to be released. Caleb had accessed counselling in prison but felt as if he is 'just another number in here… They don't really seem very helpful'. For Michael John, he was upset that access to prison mental health support was limited to people with serious mental illness: 'I want my time to serve me… so I'm screaming at these people now that I want to do programs. I want to become a better person. I don't want to be the same person 'cause when I get out I'm going to be angrier and then it escalates to the next level'.

Survivors discussed barriers to accessing and benefiting from psychological support. Experiences shared by survivors in childhood were shared by others in adulthood; of going to counselling but not disclosing the sexual abuse. As Anabel shared: 'To a lot of us, particularly Indigenous, it can be shameful to be talking about'. Robina shared that she never discussed her childhood abuse as she was scared she may not be able to cope with revisiting her traumatic past. Ann Meredith believes there needs to be lifetime counselling offered to survivors of childhood sexual abuse, reflecting that healing is a journey and survivors may need access to therapy at different life stages (Black et al. 2019). Having to re-tell their story and re-engage was experienced as a barrier. Doug Warren shared: 'Those counsellors aren't there forever. They're only there for three or four months… then you've got to repeat and tell your story again… It re-traumatises'. Survivors spoke of current services being fractured and insufficient: 'When one door opens, another door shuts, another one opens, another one shuts. It's a constant thing. And then

one day, you get trapped in the middle. Both doors are shut and you're trapped. The next thing is, you go back into old habits'. Some survivors spoke about healing in the context of it being something they could never attain. Hilda and Gordo shared, respectively, 'I'll die with that hurt' and 'I'll never heal'. Both were not believed when they disclosed the abuses and did not receive any access to healing when they were children.

Survivors shared helpful elements to accessing psychological support. Anabel shared: 'It helps to just talk about things and not bottle it up. Because if I bottle it up I'll get stressed and then I'll have a panic attack and I'll end up back in hospital'. Giles David shared that counselling had helped with his lack of confidence, for Ryan. it helped with his anger. Motivation for accessing psychological support was shared by survivors. The motivation for Amelia was experiencing crippling flashbacks in adulthood. For Bridget Ann, it was becoming a mother and experiencing positive feelings and affection for the first time and being confused: 'I couldn't understand the feelings that I was getting, because I had no positive feelings in the past… I hadn't received any love, hugs or whatever'. Of those who had not accessed psychological care, some spoke of wanting to access support in the future.

Linking Survivors Hopes with Policy and Practice Recommendations for Healing

The legacy of the Stolen Generations looms large and the impact of systemic racism and discrimination is evident in the growing overrepresentation of Aboriginal children in out-of-home care, abuse in care and the lack of accessible and culturally safe healing. For the first time, and in response to recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, data has been made public about the abuse of children in out-of-home care. In 2020–2021, almost half of the children abused in out-of-home care were Aboriginal (AIHW 2021). Several recent inquiries provide evidence of the damage of out-of-home care for Aboriginal children (Victorian Commission for Children and Young People 2019, 2020). Learning from the lived experience expertise shared in the survivor narratives can assist in designing

and developing trauma-informed and culturally safe healing models that target the entirety of social and emotional well-being (SEWB). An Aboriginal perspective of SEWB is a much broader concept than the Western conceptualisation of mental health. Dr. Graham Gee, Aboriginal clinical psychologist and researcher, has led the development of a much utilised and highly regarded model of Aboriginal SEWB. Importantly, the model has also been refined and endorsed by community involvement (Gee et al. 2014). Table 11.4 presents the seven interconnected elements of the model, including a conceptualisation of connection to culture.

The hopes and aspirations of survivors can be categorised into the different domains of Gee's model of Aboriginal SEWB, as illustrated in Table 11.5. Survivors' hopes for themselves were overwhelmingly

Table 11.4 An Aboriginal model of Social and Emotional Well-being (SEWB)[a]

Element of SEWB
Connection to Body, Mind and Emotions
Connection to body is about physical health
Connection to mind and emotions refers to experiences of mental well-being, safety and security, a sense of belonging, control or mastery, self-esteem, meaning-making, values and motivation and the need for secure relationships
Connection to Family, Kinship and Community
Connection to family and kinship systems maintains interconnectedness through relationships of caring, sharing, obligation and reciprocity
Connection to Community refers to a collective space where building a sense of identity and participating in family and kinship networks occurs, and where personal connections and sociocultural norms are maintained
Connection to Spirituality, Country and Culture
Connection to Spirituality includes traditional systems of knowledge left by the ancestral beings that typically include all the stories, rituals, ceremonies and cultural practices that connect person, land and place
Connection to Land or Country—an area to which people have a traditional or spiritual association, and the sense of connection as a deep experience, belief or feeling of belonging to Country
Connection to Culture—capacity and opportunity to sustain and (re)create a healthy, strong relationship to Aboriginal heritage. This includes systems of knowledge, law and practices; a secure sense of cultural identity and cultural values, and to participate in cultural practices that allow Aboriginal people to exercise their cultural rights and responsibilities

[a]Gee et al. (2014)

about family and kinship relationships. Many talked of aspirations they had for their children which included that their children should not experience the abuse and disconnection from culture that they experienced. Survivors wanted to connect to their culture both for themselves and their children. Many spoke of the importance of being able to contribute to community. Utilising Gee's model of Aboriginal SEWB helps design healing responses that are holistic and meaningful for Aboriginal survivors. It also helps to understand why it may be that mainstream therapeutic approaches are incomplete and inappropriate; they do not address the entirety of Aboriginal SEWB. Black and colleagues (2019) identified that not feeling culturally safe is an additional reason why Aboriginal survivors do not benefit from mainstream therapy. Cultural safety is more than the absence of racism and discrimination and more than cultural awareness, cultural sensitivity (Commonwealth of Australia 2021) and cultural competency. It includes the positive recognition and celebration of culture, it empowers, it ensures cultural respect, it enables feelings of safety (Commonwealth of Australia 2021) and thus leads to the experience of culturally safe care. If Aboriginal survivors cannot access culturally safe services, they are being disadvantaged and harmed (Black et al. 2019) and this represents profound social injustice.

Aboriginal-Specific Healing Approaches

Cultural connection contributes to positive social and emotional wellbeing for Aboriginal children, families and communities (Bourke et al. 2018; Dudgeon et al. 2021). This is understood when conceptualising social and emotional well-being from an Aboriginal perspective (see Table 11.4) where connection to community, spirituality, Country and culture is central (Gee et al. 2014). Survivors shared the value of cultural connection and cultural strengthening, specifically connecting or reconnecting with family, community and Elders and giving back to community. Survivors shared that they were provided with practical assistance, (such as food vouchers and cleaning), as well as mental health and other

Table 11.5 Survivors' hopes for self, categorised using Gee's model of Aboriginal SEWB

Survivor	Quote
Connection to Body, Mind and Emotions	
Evelyn Grace	'get to the bottom of all this crap... I wanna give up the grog if I can'
Ann Meredith	'You don't want to live in the past... You've got to move on, somehow, you've got to find a way... You've got to have that spirit otherwise you just fall into a heap'
Marjorie Denise	'sort of go and get hypnotised and forget ... clean my whole mind out'
Connection to Family, Kinship and Community	
Venessa	'I just want my babies home with me. I want to protect them, you know. I don't want them going through what I had to go through, 'cause I had a fucked up life'
Meggie	'It's [childhood trauma] a pain in my heart that I carry all the time. I can only hope that sharing my story will stop this from happening to my grandchildren and future generations'
Sabrina May	'[To be] the person that breaks this cycle [of three generations of her family in out-of-home care]. I would love to be'
Robina	'I've protected all of my children from people like that. I saw that was my goal in life, to protect my children. Children should be safe, no matter where they are. Children are so vulnerable. And precious'
Harvey Martin	'That's one thing I wanted to do for my children... Show 'em the things what I didn't have, and just show them that you got a family, always stay together and be strong and respect each other, and don't abuse people... We [Harvey Martin and his wife] didn't want our kids to go through what we went through in our lives'
Connection to Spirituality, Country and Culture	
Venessa	'I want my kids to be proud of who they are and know who their clan is'

medical support, through Aboriginal Community Controlled Organisations (ACCO), demonstrating the benefit of the holistic approach of ACCOs. Sabrina May shared: 'I went and got myself into therapist counselling through [an Aboriginal organisation]. I undertake anger management courses, loss and grief courses, and drug and alcohol courses… I've worked like fucking hell to get these little babies back [her children were removed by Child Protection]'.

Aboriginal culture has a collective outlook where both rights and responsibilities are critical (Gee et al. 2014). Multiple survivors shared that contributing to community is part of their healing. Survivors related that they had embraced their Aboriginal culture in adulthood and were proud of now being well regarded in community. Lewis Paul shared that he now works with Aboriginal young people as a mentor: 'we try to give them healing from the inside'. Gordo shared that he has been able to help others by sharing his story: 'When we go on healing camps with Link Up [Aboriginal support service for Stolen Generations], I'm the first one up to tell my story because I can see them [other survivors] hurting so much… I'll get up straight away because I know it was never, ever my fault'.

Role of art in Healing for Aboriginal Survivors

Engaging in art and creative pursuits, including visual art and the performing arts, were described as assisting in survivors' healing journeys. Survivors described art as a way to connect to culture, including connection to ancestors. Survivors spoke of not being able to put their feelings into words, but being able to express their feelings in art and of gaining strength from the practice of art. Some survivors shared that engaging in the arts had changed their life for the better and helped them to cope.

Importance of Relationships in Healing

Some survivors acknowledged their own strengths and these included their resilience, their spirit, their sense of humour and strength of relationships. A significant theme was of the power of relationships both in providing motivation and support in survivors' healing journeys. The healing power of relationships was discussed in many contexts; support provided by partners. wanting to be a better version of themselves for their children and grandchildren, and reconnecting with parents, family, community and Elders. Importantly, relationships were also mentioned in enabling connection to culture. This reflects that connection to culture

is predicated on relationships (Gee 2014; Dudgeon et al. 2021; Krakouer et al. 2018). Connection to culture cannot happen in isolation, cannot be learnt from a book or Google, rather connecting to culture is all about immersion in relationships.

Effective Healing Elements

Survivors' stories need to be placed in the context of social justice and intersectionality. Social justice has been described as the objective of intersectionality (Levac et al. 2018). Addressing intersectionality in research aims to redress inequality by identifying inequalities associated with the intersection of people's multiple oppressions and privileges, and analysing what this means for individuals, the collective and for systems and structures (Levac et al. 2018; Manuel 2018). An intersectional approach considers the entirety of Aboriginal survivors' lived experience and recognises the complex intersection of structural and systemic forms of discrimination, inequality and disadvantage. An intersectional approach thus assists in amplifying the voices of this multiply marginalised group, and highlights the need for specifically designed therapeutic interventions to counter discrimination, support social and emotional well-being and advocate for system change.

Survivors' narratives highlighted practice and policy actions which are required to address Aboriginal survivors' healing needs. These include the need for healing services to address the entirety of the traumas and impacts experienced by Aboriginal survivors. Survivors' stories illustrate that complex childhood trauma, including but not limited to the institutional child sexual abuse, occurs in the context of collective trauma and cultural abuse (Table 11.2) and impacts on all aspects of survivors' lives, including cultural disconnection (Table 11.3). Across all areas analysed, racism was evident; from children's removal from parents, examples of differential abuse experienced, the ongoing impacts experienced and survivors' healing needs.

Historic and current racism needs to be understood when designing responsive mental health models, programmes and service systems, as does the unique culturally specific needs of Aboriginal survivors.

Systemic racism and the culturally specific unmet needs of Aboriginal survivors explain why Aboriginal healing solutions cannot simply replicate a mainstream approach. Aboriginal-specific healing needs to differ from mainstream therapeutic interventions in important ways. These include cultural safety, addressing shame, the importance of cultural connection and the centrality of relationships. Services need to be accessible, holistic, relationally based and address all domains of Aboriginal SEWB (Gee et al. 2014). These policy and practice insights are relevant to services in prevention and early intervention, out-of-home care, leaving care and child and adult mental health systems. It is likely that these policy and practice measures can benefit beyond Aboriginal survivors to include other Indigenous populations, people of colour or minority communities more broadly. Healing approaches designed and developed specifically for the survivor group, with the survivor group, incorporating art in healing and privileging the importance of relationships in therapeutic support are touchstones that can benefit many minority communities.

Intersectionality provides a framework to understand how systems and structures can undermine Aboriginal survivors' access to equitable therapeutic services. The cumulative disadvantages underpinning survivors' lived experience demonstrate the intersectional complexity. An intersectional focus also allows a space for Indigenous ways of knowing to be incorporated (Levac et al. 2018). Understanding the impact of ongoing processes of colonisation, the power of cultural connection and equally the devastation of cultural disconnection helps understand Aboriginal survivors' experience. Recommendations reflect elements of intersectionality including the importance of addressing all aspects of healing from the entirety of abuse and traumas.

Conclusion

The multiple, intersecting traumas experienced by the survivors whose stories have been analysed in this chapter, highlight the wide-ranging, traumatic, lifelong and intergenerational impacts. Today, the harm continues. The escalating over-representation of Aboriginal children in

out-of-home care is one of the most shameful impacts of past and present racism and discrimination and is a key reason why truth-telling and recognition of history and ongoing colonisation must be a part of system reform. Providing meaningful healing is an issue of social justice. There needs to be Aboriginal informed and led healing responses for Aboriginal survivors, now adults, such as those who shared their stories at the Royal Commission. Survivors' stories showed the damage and devastation of disconnection from culture. Also shared was that healing came from being able to reconnect with culture, and draw on their experiences to contribute to community. Children today, also need to receive contemporaneous healing, something survivors, in the majority, did not receive.

Having a voice to share their experiences and knowledge was denied to survivors as children in out-of-home care, where the power differential was vast due to the intersection of vulnerabilities. 'I had no voice', Bridget Ann shared in her Royal Commission private session. Many survivors expressed a similar sentiment. These survivors, as children, had no voice, were not listened too and were not believed. No longer can it be considered legitimate or valid to research the experiences of Aboriginal people and communities without being informed by their voices, knowledge, lived experience and Aboriginal expertise centring and leading the research. Aboriginal survivors' voices and expertise are essential in developing policies and designing services that are holistic, anti-racist and accessible at all stages of the journey towards healing. Survivors have shown bravery in coming forward to tell their story. We must also find courage to listen deeply, to learn and to respond. We must respect the expertise of lived experience, and act on it.

Summary Box: Implications of the Key Issues Discussed for Practice, Policy and Research

- The impacts of invasion, colonisation and systematic racism and discrimination need to inform models of healing for Aboriginal survivors.
- The breadth of traumatic experiences and impacts must be accommodated in treatment models.

- Individual, collective and intergenerational trauma are interrelated and all need to be addressed in healing for Aboriginal survivors.
- Connection to culture, engaging in art and relationships are described as important to healing and positive SEWB and can be successfully incorporated in healing models.
- Listening to and learning from lived experience experts informs healing models that are culturally informed and culturally safe. This is critical to developing a culturally responsive service system.

Notes

1. The University of Newcastle has an ongoing research project updating all massacre sites and the data is available at https://c21ch.newcastle.edu.au/colonialmassacres/map.php.
2. Source: https://www.childabuseroyalcommission.gov.au/private-sessions.

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5.5. Chapter Summary

This chapter presented the findings from Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care, the first of three qualitative phases of this mixed-methods research study. Phase 2 addressed the research question: What are the healing experiences of Aboriginal people who have experienced child complex trauma and out-of-home care, including their healing needs, opportunities for healing and barriers to healing? The narratives of survivors of child sexual abuse in out-of-home care, the focus of Phase 2, highlighted survivors' experiences of multiple childhood traumas and the far-ranging harmful impacts. This phase highlighted the need for healing, the lack of access to healing in childhood, and barriers to healing in adulthood. The next chapter, Chapter 6, presents Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care. Phase 3 explored experiences of healing through cultural healing programs developed, designed, and delivered by VACCA for Aboriginal survivors of child sexual abuse in out-of-home care.

6. Description and Presentation of Findings from Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care

6.1. Chapter Overview

This chapter presents the data and findings of the second of three qualitative phases of this research: Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care. Phase 3 (like Phase 2, presented in the previous chapter) was centred around Aboriginal survivors of child sexual abuse in out-of-home care who shared their stories in the private sessions of the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017). Phases 2 and 3 are companion pieces, with Phase 2 unpacking the complexity and multiplicity of trauma experienced and documenting survivors' unmet healing needs, barriers to healing, and experiences of healing. Thus, Phase 2 highlights *why* the cultural healing programs examined in Phase 3 are needed. Phase 3 presented the lived experiences of survivors' healing through engagement in VACCA's cultural healing programs and the practice wisdom of the facilitators of the programs. A journal article has been written and published based on Phase 3, and the relevant paper is included after each phase is introduced.

6.2. Introduction to Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care

Phase 3 explored both participants and facilitators' experiences of healing via engagement in cultural healing programs. The setting for Phase 3 was VACCA's Royal Commission into Institutional Responses to Child Sexual Abuse Support Service. The support service was established by VACCA at the commencement of the Royal Commission, so that Aboriginal survivors who shared their stories in a private session with the Royal Commission had access to culturally based support in the lead-up, during, and after sharing their stories. Over time, VACCA's Royal Commission Support Service staff felt they could not provide their clients with the level of service and healing they needed through the individual support they provided to their clients. Clients were also asking for group-based cultural healing opportunities. Thus, with client input, the staff team

designed, developed, and delivered four separate cultural programs for clients to positively impact SEWB and support their healing. The programs provided were cultural healing programs for Aboriginal adult survivors of child sexual abuse in out-of-home care, the majority of whom were from the Stolen Generations. In total, the programs reached over 30 survivors and were supported by four facilitators. The four programs were: a five-day cultural healing camp on Yorta Yorta Country, a fortnightly women's healing day program held on Wurrundjeri Country, a three-day community healing gathering held on Dja Dja Wurrung Country gathering, and a women's cultural healing gathering held on Dja Dja Wurrung Country. The lived experience and practice wisdom of clients and staff who were part of the four programs was the focus of Phase 3. Participants attended one or two of the four programs. Data was generated from semi-structured interviews with clients, client surveys, focus groups with facilitators, and facilitator reflective journals, and was supplemented with participant observation and short films developed by the staff team. Data collection took place on country during the delivery of the cultural programs. Reflexive thematic analysis was undertaken from the data generated (interviews, surveys, and journals) and incorporated phenomenological and Indigenous research methodologies. The research sub-question for this phase was: How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care?

6.3. Introduction to Findings from Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care

The presentation of findings amplified the reflections of participants by incorporating quotes that highlighted the themes developed. One of the themes developed was the significance of program design and implementation. This included the priority of creating safety and the role of facilitators in creating this. A second theme was the variety of critical healing elements of the cultural healing programs identified, all of which included a cultural element. These elements included healing through culture, expressed by one survivor as "knowing culture is powerful, it helps you know your

strength". Healing together included the importance of connection and belonging: "It is so much better to heal together. It is so hard to heal in isolation". Additional elements included: the healing power of ceremony, the value of cultural arts and crafts activities, the importance of family to healing, the importance of being on country and elder engagement. These critical healing elements do not occur in isolation from each other. This interconnectedness was highlighted by a facilitator sharing how connection to culture and country occurred through elder engagement, sharing that at the gathering it was an Aboriginal elder who "was the key to enabling people to connect with culture and country". The third theme developed was understanding healing as a journey, which included unpacking how culture contributes to healing, the importance of empowerment, acknowledgement of future healing needs, and the positive impacts of healing, including indicators of change in wellbeing. The positive SEWB impacts of healing were varied, as highlighted by reflections from two survivors: "We no longer feel we have to be ashamed or hide," and "Each time I have told my story [it] heals me and makes me stronger".

This phase demonstrated the necessity of lived experience and practice wisdom to understanding the experiences of healing through cultural programs and the value of amplifying these voices for meaningfully contributing to program design and broader service development. Phase 3 was published in *The British Journal of Social Work* as part of a special issue: *Indigenous People and the Social Determinants of Health: Weaving Tradition and Innovation to Advance Health for All* and is presented below.

6.4. Healing Through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse

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Healing through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal Survivors of Institutional Child Sexual Abuse

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Abstract

The wrongs experienced by Aboriginal people have caused life-long and intergenerational impacts that demand culturally grounded healing approaches, yet this is not experienced by Aboriginal people in mainstream services. This article details a culturally informed approach by sharing the findings of a Cultural Healing Program (CHP) designed, developed and delivered by an Aboriginal Community Controlled Organisation. The program was for Aboriginal survivors of institutional child sexual abuse who had also experienced cultural abuse having been forcibly removed from their families as children and in the process disconnected from their communities, culture and land. This study of the development, implementation and evaluation of the CHP included a review of literature, interviews with survivors and facilitators, pre- and post-participant surveys, facilitator journals, participant–observer reflections and short films exploring impacts. The study drew upon the experiences of the survivors and facilitators to identify outcomes of the program. Connection with culture and the collective approach were key to healing for all survivors. The paper identifies key

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learnings that can inform social work practice and discusses implications regarding program design and implementation.

Keywords: child abuse, human rights, racism, research and evaluation, Trauma

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Introduction

Australia's Royal Commission into Institutional Responses to Child Sexual Abuse was conducted between 2013 and 2017. Public hearings, roundtables and research reports revealed the extent of institutional abuse and the devestating impacts (Commonwealth of Australia, 2017). The Commission also held private sessions where survivors told their stories. During the five-year period, the Victorian Aboriginal Child Care Agency (VACCA), an Aboriginal Community Controlled Organisation operated a Royal Commission Support Service to provide a culturally safe and supported avenue for Aboriginal survivors to be heard and believed. Sharing their stories at the Royal Commission had numerous consequences for Aboriginal survivors. Staff of the Support Service noticed short-term benefits for clients; being validated had immediate positive impact on individuals' sense of wellbeing. However, staff also noticed that these benefits were not sustained and in fact, for many clients their symptoms worsened following initial gains. Survivors reported increasing intrusive thoughts and flashbacks and more distressing memories surfacing after telling their story; symptoms of re-traumatisation.

Almost all clients of VACCA's Royal Commission Support Service identified that they wanted and needed a healing service but either did not access mainstream counselling, or where it was accessed, it was insufficient for their healing. Clients relayed personal experiences of mainstream services providing Western therapeutic approaches that were not helpful and experienced as not culturally informed or sensitive to their specific needs. Other clients had not accessed mainstream approaches believing that they would not be of benefit, having heard from other community members that these did not meet their needs. Overall, mainstream therapeutic services did not have the appropriate frameworks or the cultural safety for addressing the unique experiences of multiple traumas, disconnection, loss and grief for Aboriginal peoples. This is a major concern; if Aboriginal people are not provided with culturally sensitive programs they are yet again disadvantaged and harmed.

The Support Service staff wanted to ensure that in sharing their stories of past abuse, survivors were not re-abused and any re-traumatisation was kept to a minimum. They identified the need for a

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group cultural healing approach to support clients' healing journeys. Clients were also vocal in stating that they wanted group cultural healing. Following advocacy by VACCA, funding for a group healing program was obtained from Commonwealth and State Governments.

The Cultural Healing Program (CHP) was designed, developed and delivered by VACCA to assist survivors in their healing journey. The CHP was established in recognition that survivors had untreated healing needs as a result of the traumas of childhood institutional sexual abuse (Commonwealth of Australia, 2017) and cultural abuse occurring due to the policy of forced removal of Aboriginal children from their families, known as the Stolen Generations (Human Rights and Equal Opportunity Commission, 1997).

The aim of this article is to demonstrate the design, development and outcomes of a cultural healing program. The purpose of the study was fourfold: to identify key factors in the successful implementation of the CHP; to identify outcomes for survivors drawing on their experiences; to contribute to the evidence-base on the effectiveness of cultural healing interventions on the wellbeing of Aboriginal people who have experienced multiple forms of trauma and to inform social work practice so that Abroginal survivors can receive services which will benefit them.

Context

It is critical that cultural healing is understood and situated within the broader context of Australia's history and today's context including the impacts of invasion and colonisation; racist legislation, policies and practices including frontier wars, assimilation, forced removal of children from their families; entrenched systemic racism and discrimination, poverty and intergenerational disadvantage which affect Aboriginal communities, families and individuals. Similar experiences are evident in Indigenous communities in other invaded and colonised lands (Bamblett *et al.*, 2018).

Australia's colonial history has resulted in devastating consequences for Aboriginal communities. Generations of children were forcibly taken from their families and institutionalised, often in abusive circumstances. The lifelong and intergenerational consequences of disconnecting Aboriginal children from family, community, country and culture has been clearly articulated in *Bringing Them Home: Report on the National Inquiry into, the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (Human Rights and Equal Opportunity Commission, 1997).

Colonisation destroyed a way of life that had sustained Aboriginal peoples for over 65,000 years. Aboriginal communities and cultures are based around kinship, lore and spirituality. Aboriginal worldviews value

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kinship as the foundation of social life. Children are seen as central to life and sacred. Children develop identity in the context of community and learn their culture through family and community. The oral tradition of storytelling is privileged with stories passed down to children from their elders (Bamblett *et al.*, 2012; Pascoe, 2014).

It is not only the children removed who have been negatively impacted. The families left behind suffered. The mothers, fathers, families and communities of the Stolen Generations speak of being traumatised, of living with grief and loss. Families whose children were not taken lived in constant fear. Children and grandchildren of Stolen Generations experience ongoing trauma. This is the ongoing legacy of the Stolen Generations: Aboriginal communities experiencing intergenerational and community trauma.

The harm done is incalculable and Aboriginal peoples continue to suffer from the effects, including poor health, reduced life expectancy and hugely disproportionate numbers of Aboriginal people in child protection, out-of-home care, and youth and adult justice (AIHW, 2018a,b). Aboriginal people in these systems are particularly vulnerable to abuse (Anderson *et al.*, 2017).

Western approaches that fail to take into account Aboriginal knowledges are not the answer to healing the unresolved traumas within Aboriginal individuals, families and communities. Aboriginal-lead solutions are required. As an Aboriginal Community Controlled Organisation, VACCA is part of and engages with Aboriginal communities to support positive change. This approach is demonstrated in the CHP.

Literature review

There is no single definition of 'healing' found amongst Indigenous peoples. Australia's Healing Foundation defines healing as:

> Healing refers to recovery from the psychological and physical impacts of trauma. For Aboriginal and Torres Strait Islander people this trauma is predominantly the result of colonisation and past government policies. Healing is not an outcome or a cure but a process; a process that is unique to each individual. It enables individuals, families and communities to gain control over the direction of their lives and reach their full potential. Healing continues throughout a person's lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base'. (Healing Foundation, 2014, p. 1)

As this definition promotes, culture is foundational to healing. Zubrick *et al.* (2014) report that connection to Aboriginal culture influences health and is a source of resilience.

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Connection to country

Research has shown an association between connection to land and improved health. For Aboriginal people there is a strong spiritual nature to connection to land and caring for country. CHPs that build upon connection to land support individual and community wellbeing (Burgess *et al.*, 2009; Chandler and Lalonde, 1998; Dobson and Brazzoni, 2015; Rowley *et al.*, 2008). The value of being on country, including visiting significant cultural sites as a means to reconnecting to culture and connecting with country and history is experienced by Stolen Generations as making them strong (Gilmour, 2013).

Elder involvement and connection to community

Studies with Canadian residential school survivors show that the incorporation of elders and sharing circles within CHPs is associated with a significant reduction in trauma and grief symptoms (Marsh *et al.*, 2016). Chandler's research demonstrated that elder involvement provided protection against both self-harm and suicide (Chandler and Lalonde, 2004).

Community control and self-determination

Research in Canadian First Nations communities reveals that when communities have control over and input into governance, health, education, policing, resources and seeking title to land, youth suicide is less prevalent (Chandler and Lalonde, 1998, 2004).

Cultural activities and practices

There are significant relationships between strengthened connection to culture and improved health and social and emotional wellbeing for Indigenous people and for strong, healthy communities (Chandler and Lalonde, 1998, 2004; Colquhoun and Dockery, 2012; King *et al.*, 2009). Similar findings have also been found specifically in studies amongst Indigenous survivors of sexual traumas (Reeves and Stewart, 2015).

In the Australian context, the National Empowerment Project demonstrated the importance of culture, and that strengthened connection to culture is related to improved health and wellbeing (Dudgeon *et al.*, 2014) and that a strong connection to culture is protective (Silburn *et al.*, 2006). Engagement in cultural activities and practices has been shown to reduce distress and regulate emotions as well as provide a means to reconnect with self, family and community (Gilmour, 2013).

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Social work practice and Aboriginal communities

Indigenous and non-Indigenous social workers have addressed the need for culturally sensitive approaches for social work practice (e.g. Briskman, 2014; Calma 2008; Sinclair, 2004). Culturally sensitive practice is multi-dimensional and ongoing and includes: understanding the past and its impacts today, including structural inequalities, socio-economic disadvantage and systemic racism; understanding of Aboriginal culture and its role in strengths-based and holistic practice; awareness of how mainstream culture provides privileges and power; demonstrating respect; modelling the message that valuing difference is essential; promoting self-determination and continual self-reflection (Bamblett *et al.*, 2018). Sinclair identified that there are 'risks that result from an assumption that current cross-cultural and anti-oppressive approaches are an effective lens through which to regard hundreds of years of oppression and cultural destruction' (Sinclair, 2004, p. 49). A fundamental gap in cross-cultural and anti-oppressive practices is that there is insufficient acknowledgement of the different ontologies of Aboriginal and Western knowledges. Walter and Anderson (2013) define the Euro-Australian ontological frame as 'a presumption of pejorative Indigenous racial/cultural difference and a norm of Indigenous deficit' (p. 35). Aboriginal ontologies are not homogenous, nor static and are no more easily defined than Western ontologies. A unifying factor is the premise of relatedness. The centrality of relationships includes inherently inter-related and interdependent relationships with family, kinship, community, land and spirituality (e.g. Grieves, 2009; Martin, 2008; Walter and Anderson, 2013).

The human rights approach to social work (Briskman, 2014; Calma 2008) can only be effectively implemented with Aboriginal communities if the framework is informed by Aboriginal knowledge and cultures. Indigenous Peoples have rights under the United Nations Declaration of the Rights of Indigenous Peoples and the United Nations Convention of the Rights of the Child. It is important to adopt an Indigenous rights framework based on self-determination that encompasses Aboriginal people as culturally distinct with cultural and spiritual needs and an association with land as the original custodians as this provides a holistic and strength-based approach.

Despite increasing demand and expectation from funders and governments for programs to be evidence-based, most programs for Aboriginal people and communities have little evidence of their effectiveness (Day and Francisco, 2013; Muir and Dean, 2017; Osborne *et al.*, 2013). To ensure that programs are responding to the needs of communities and achieving positive outcomes for participants, it is vital that programs are evaluated to determine impacts. Despite the evidence of the relationship

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Table 1. Description of the key stages of the study

Stage	Description
1. Program development	• Literature review focused on the role of culture in healing and evidence of the impact of cultural connection and cultural strengthening on social and emotional well-being outcomes • Workshop with researchers and staff explicating a descripiton of CHP • Ensuring the voice of survivors is privileged
2. Identification of culturally sensitive approaches to data collection	Identifying indicators of change and methods of data collection. to ensure data collection focused on how participants and facilitators experienced the program elements
3. Data collection	Undertaking data collection for all four sub-programs of the CHP
4. Data analysis	Analysis of the data and presenting the findings of the process and outcomes evaluation

between cultural connection and social and emotional wellbeing within Aboriginal communities, program models have often failed to fully implement an Aboriginal worldview, highlighting the need for culturally sensitive evaluation of these programs.

In presenting the design and implementation of the CHP this article demonstrates how Aboriginal knowledge and understanding is engaged to build an effective program.

Methods

The study was undertaken in partnership between VACCA staff and La Trobe University researchers. The study was in accordance with the *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for researchers and stakeholders* (National Health and Medical Research Council (NHMRC), 2018). Ethics approval was obtained from the La Trobe University Human Research Ethics Committee and participants gave informed consent. The non-Aboriginal researchers were vouched for by survivors, facilitators, elders and communities. This was vital to ensuring the integrity of the evaluation process.

An iterative action research approach was utilsied to ensure that the lessons from each stage could inform the ongoing design and implementation. It was informed by a phenomological approach (Barnacle, 2005) to ensure that survivors' voices and experiences were central in all steps of the process. Embedding Aboriginal knowledge systems and leadership within the design ensured the application of Aboriginal frameworks and generated accurate representations of Aboriginal peoples and cultures.

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The study was organised around four key stages (Table 1). Aboriginal involvement and input was crucial to the program design, process and evaluation.

Design of the program (Stage 1)

A workshop was held with Aboriginal program designers and identified the following elements driving program design.

1. Context and knowledges:
- Aboriginal people and communities have been traumatised by a history of invasion, colonisation and consequent racist legislation, policies and practices leading to the Stolen Generations and the destruction, denigration and denial of kinship, community, country, lore, spirituality, language and culture.
- Aboriginal people suffered severe abuse in institutions they were placed in as children. This includes sexual abuse, physical abuse, emotional abuse and neglect and is inextricably linked to cultural abuse.
- Aboriginal knowledge have been denigrated and denied during invasion and colonisation and its aftermath and still today. As Aboriginal knowledge has been subjugated, this means that culturally informed healing interventions have not been available for people traumatised by abuse.
- Survivors' engagement in the development of the program is empowering.

2. Cultural connection and cultural healing:
- The foundational knowledge of the program is that cultural connection promotes healing, that the collective nature of healing was essential and that healing is a journey.
- Cultural connectedness is in one's identity as an Aboriginal person. It is connection with and integration in cultural knowledge, values, beliefs, practices, ceremonies and traditions. The stronger the connection, the stronger identity will be.
- The process of the individual developing stronger cultural connections and identity includes the individual feeling safe to be able to listen to the cultural knowledge.
- Cultural connection was achieved by engaging participants in Aboriginal cultural activities and practices and strengthening connections to elders, each other, culture, land and community.
- Understanding healing being embedded in a trauma framework. This includes survivors' understanding the impact of their trauma on their lives and the lives of their families.

Potential barriers to change occurring were also identified. These include survivors experiencing: fear; low self-esteem; lack of trust; shame

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Table 2. Number of participants and facilitators for each sub-program of the CHP

Sub-program	Survivors	Family and Community	Facilitators
1. Yorta Yorta Cultural Healing Camp	12		4
2. Wurundjeri Women's Healing Program	6		2
3. Dja Dja Wurrong Community Healing Gathering	7	26	4
4. Dja Dja Wurrong Women's Cultural Healing Gathering	11		3

of not knowing their culture; shame of their experience, trauma and behaviour; kinship breakdowns and disconnections with family structure and cultural load. Cultural load refers to the accumulation of stresses and responsibilities that can burden Aboriginal people and may include caring responsibilities for their own children and others, their extended family and broader community, obligations of being part of community, regular attendance at funerals and sorry business, and the daily experiences of casual and systemic racism and discrimination.

Description of the CHP

The CHP is an Aboriginal community led initiative based on Aboriginal knowledges and culture and consisting of four sub-programs: a five-day cultural healing camp, a fortnightly women's healing program, a three-day cultural healing gathering and a five-day women's cultural healing gathering. Table 2 documents the number of participants as well as the number of facilitators required to provide each sub-program. Participants attended one or more of the four sub-programs.

The program design ensured survivors were able to engage in a range of cultural activities and practices that were at times divided into separate men's and women's business. Each of these sub-programs included:

- Ceremonies: Welcome to Country, smoking ceremonies, closing ceremony, song and dance.
- Cultural practices: a range of arts and crafts, painting canvases, coolamons, clap sticks, boomerangs, and rocks; basket weaving; making nulla nullas and boondis; Koorie jewellery making; and creating possum skin cloaks.
- Explore and strengthen identity and connection to community: tracing family history and cultural tours.
- Self-care, healing and wellbeing activities.
- Sharing of knowledge of past policies, laws and history of removal, impact of removal and losses.
- Storytelling and yarning: yarning circles, elders' yarns, cultural storytelling with cultural custodians.
- Sharing of meals.

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- Transport, where needed.

Facilitators

Four facilitators were involved in delivering the CHP, three of whom were Aboriginal. The non-Aboriginal facilitator was strongly connected to Aboriginal community and has worked in community for over 35 years. Facilitators were either social work or family therapy trained.

Participant recruitment

Participants for the CHP were drawn from the client group of VACCA's Royal Commission Support Service. All participants had experienced institutional child sexual abuse. All participants were Stolen Generations or adult children of Stolen Generations. Some participants had reconnected with their family and were strong in their culture. Others had only recently found family or were yet to find family, did not know their mob and were not connected to their culture. Some had shared their experiences of institutional child sexual abuse, others had only recently spoken of their abuse to a trusted few and others still were entering the program having not told family or anyone outside of the Royal Commission Support Service staff.

Exclusion criteria

At the discretion of the Royal Commission Support Service staff, some clients were not invited to attend the first sub-program due to significant mental health concerns which could put the individuals at risk of increased mental health concerns and severely intrude on other participants' experience of the camp. As the following sub-programs were offered, staff relaxed this exclusion criteria as they identified that the program could hold people with significant mental health concerns.

Identification of culturally sensitive approaches to data collection (Stage 2)

Outcomes for participants were identified and analysed within the Aboriginal cultural framework. Aboriginal staff held that the changes of social and emotional wellbeing are seen in the stories told by survivors about the impact of the program on them and their families. The indicators of outcomes or change were survivors' and facilitators' perception of change. These assessments of how specific program elements

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Table 3. Description of each of the data sources

Data sources	Description
Pre- and post-program participant surveys	To identify motivation for attending, how the program was experienced and the outcomes for individuals
Facilitator journals	To track how the program was being implemented and reflection on outcomes
Semi-structured interviews with participants	To explore in more depth experiences of the program and description of how outcomes were experienced
Semi-structured interviews with facilitators	To explore the impact of delivering the program on facilitators and to obtain their assessment of the process and outcomes for participants
Participant–observer	One of the researchers was authorised by community to take the role of participant observer. The community's agreement for the participant observer role highlighted that they were comfortable with the individual evaluator and the evaluation process
Short films	To explore the impact of the program from survivors' and facilitators' perspectives

impacted upon survivors were collected from several data sources (Table 3).

Data collection (Stage 3)

A qualitative methodology was used with six data collection sources (Table 3).

Findings (Stage 4)

This section integrates findings from the study. The data from each of the six different sources were triangulated and thematic analysis was undertaken and are presented under three broad themes of program design and implementation, healing elements and healing journeys. The films are included as a way of powerfully portraying the cultural strength of the program and the value it provided to survivors. This is conveyed particularly poignantly in the voice, body language, expressions and interactions of survivors and the visual imagery of place, cultural practices and ceremonies. An additional benefit of this creative data source was providing survivors with copies of the films. Survivors spoke about these being something they could access as a reminder of their strength and journey to healing and of being able to share the films with family, children and grandchildren as a way of helping family to understand them and their healing journey.

Quotes included are from the pre- and post-program participant surveys, facilitator journals and semi-structured interviews with participants and facilitators.

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Program design and implementation

Facilitators ensured the program was placed within the context of Aboriginal knowledge and culture. Acknowledging the impact of colonisation and racism on the experiences of Aboriginal people and Aboriginal knowledge of healing informing the program was seen as essential. The flexibility of the program approach and design was important in being able to engage all survivors regardless of their stage in the healing journey.

Role of facilitators

Facilitators were available for counselling and support and were mindful of when to step away from these roles and allow survivors to support each other. This purposeful approach allowed survivors to contribute to the healing of others through listening to each other's stories and providing support, advice and empathy, thus increasing their feelings of self-worth and empowerment.

Creating safety

All survivors described feeling safe when attending the program. The level of support provided by facilitators, being in the company of other survivors and the setting of the program were all identified as contributing to safety. Survivors spoke about the group looking after each other and that there was trust and respect within the group and with the facilitators. Being able to talk about 'the hard stuff' and the lack of lateral violence experienced or witnessed in the program were also mentioned as contributing to feeling safe:

> 'The respect of others, no judgement, no feelings of lateral violence within mob'. (Survivor)
>
> 'I was respected as an Aunty. Being fair, this isn't always the case. I felt safe here'. (Survivor)

Healing elements

Healing through culture

There was a consensus from both survivors and facilitators that participation in the program served to reinforce the belief that individuals are stronger if they are secure within their identity and culture.

'Knowing culture is powerful, it helps you know your strength'. (Survivor)

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In pointing out that it is all aspects of the CHP that are culturally significant, one facilitator explained:

> 'It is so hard to put into words the cultural significance. It's something you feel and experience—it's spiritual, a knowing'. (Facilitator)

Healing together

A very strong theme that emerged was about connecting and belonging. This was described in a variety of ways: interrupting the feeling of isolation; knowing you are not alone; being with others who have similar experiences; gaining a sense of acceptance and belonging; developing friendships; sharing of stories for others to listen, understand, show they care and provide support; opportunity to heal together and to bring community together. Survivors shared the following reflections:

> 'My mob is telling their story and it makes me feel good'. (Survivor)
>
> 'To meet other Stolen Generations community, sharing our story and Survival and the long Journey'. (Survivor)
>
> 'I love our people and Community and it is so much better to heal together. It is so hard to heal in isolation'. (Survivor)
>
> 'Being brought up in the white Western world, missed the culture—learning from others has been important'. (Survivor)

Connecting with community and with family and the importance of intergenerational passing down of stories as well as the opportunity to gain cultural knowledge and to have that knowledge to pass on to children and grandchildren was also important:

> 'I think it is important I am telling stories of people who have passed, stories I have been told and kept as a secret for more than twenty years. I know justice won't happen, but it helps knowing the dead are not forgotten'. (Survivor)
>
> 'To socialise, laugh, listen, cry, to feel a sense of belonging. An opportunity to learn and fill in all/some of the cultural gaps I have been denied in my formative years so I can pass on whatever knowledge to my children and grandbabies'. (Survivor)

Importance of being on country and elder engagement

Survivors spoke of the power of visiting significant cultural sites and the safety and healing force of the CHP being situated on country.

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> 'Felt safe by being here—safe environment and surrounds where it is located, the bush is healing and relaxing'. (Survivor)

The elders empowered others to embrace their culture, through their strong sense of family and kinship, sharing their vast cultural knowledge and connection to survivors' families, which was described as healing.

> '[Aboriginal Elder] was the key to enabling people to connect with culture and country'. (Facilitator)

Healing power of ceremony

The power of ceremony was evident. The Welcome to Country and smoking ceremonies were described as a powerful way to start the gathering and set the scene for healing and togetherness and that it 'felt like it came from the heart', 'it bought all of us together as one' and 'smoking ceremonies work, keep bad spirits away'.

> 'I could feel the spirit out here. Welcome to Country I could feel it through the vibrations, because we called the spirits. We don't do ceremony anymore, we don't call on the spirits because we are disconnected'. (Survivor)

The facilitators commented that these ceremonies 'set the perfect tone of mutual respect and support' and were 'grounding' and that the smoking ceremonies 'help clients let go of a lot of grief they were still holding'.

Value of the cultural arts and crafts activities

Survivors identified how learning and creating art helped them share and understand their own journeys. The artefacts being created demonstrated their spiritual beliefs and were a way of 'showing my journey', cleansing oneself of 'evil spirits' and 'was healing through art'.

Another benefit described was being able to give to others through sharing their knowledge and skill of cultural practices with children and grandchildren.

Importance of family in healing

Survivors spoke of their distress at being separated from their families and raised in neglectful and abusive institutional settings and then 'spend[ing] much of our lives finding our families'. Survivors spoke positively of having family members attend the program and connecting with family. There was a clear sense of pride from survivors who had

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their family join them. One survivor powerfully described the impact of being able to include family:

> As an older person with children and grandbabies, the burden of me being excluded in my formative years from my identity, culture, spiritual, kinship, blood lines and displaced from country is one of the most profound sadness' I have. To be able to share this experience with my offspring utilising the knowledge of this Stolen Generation mob is a surrogate to us not having any bloodline kinship and guidance. (Survivor)

Survivors who did not have their own family attend still appreciated family being a part of the program. Some shared that they would have liked their family to come but it was hard due to their own commitments. Several saw the broader community as family:

> 'Been fun having the young ones here, this is my family as community are family'. (Survivor)

Healing journeys

How culture heals

Survivors were asked what it is about culture that helps in healing and specifically as part of the CHP, what role culture had in the healing process. The following themes were evident in responses: providing something that was stolen; being engaged in cultural activities and practices; feeling connected, togetherness and belonging; gaining confidence and acceptance; gaining cultural knowledge; safety of being on country, and a shared language and a shared understanding. Below are some of the reflections provided by survivors in relation to how they experienced the process of healing:

> 'When I found out about my culture, who I was, belonging that had been taken away—you are wanted, spirit telling me you belong here'. (Survivor)
>
> 'Culture has been taken. If culture is not allowed it is still controlling, still supressing. White people need healing'. (Survivor)
>
> 'The tangible; working with hands to create. The intangible; the deep spiritual connection to mother earth and from where we have come from although there are many of us who still don't know where we belong'. (Survivor)
>
> 'Culture is a part of your soul and a part of your spirit. When you go through huge trauma your spirit leaves. Aboriginal people are storytellers so not sharing is a suppression. It is so important to touch the ground, connection to mother earth and to connect to family'. (Survivor)

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> 'Our culture has different levels. Spirit connects us to nature. It is through interconnectedness that we stay strong. Introduction of drugs and alcohol and violence takes us further away from culture. Our cultural lore keeps as strong'. (Survivor)

Impacts of healing: indicators of change in wellbeing

All survivors articulated positive impacts of having attended the CHP. Survivors reported that as a result of the program they felt better, found 'peace and happiness', that the program had 'cleared my mind' and facilitated one survivor 'to keep my culture, identity and my dignity and who I am'. A clear impact articulated was connection and that it provided tangible comfort to survivors:

> 'I am a different person since becoming involved with the Royal Commission [CHP], and having contact with the local community'. (Survivor)
>
> 'Because I have no extended family I feel connected to this mob in a spiritual sense'. (Survivor)

The power in storytelling: sharing, talking and listening to others' stories was described as significant:

> 'Has been an impact for me, each time I have told my story heals me and makes me stronger'. (Survivor)

The liberation of being able to share one's stories and connecting was a noted powerful indicator of improved wellbeing. One facilitator spoke about the survivor she saw as having made the most significant changes since attending the program. When the survivor first became a client, she was very reluctant to talk about her story to anyone other than her support worker, but since participating in the CHP with other women that have had similar experiences she connected with these women and was able to share her story, which helped her process her pain and trauma.

Attendance and participation are important indicators of change in wellbeing when taken in the context of the significant trauma and challenges survivors experienced. One survivor who surprised himself that he found the courage to attend explained that 'my spirit was called'. One facilitator reflected on a particular survivor who experienced significant generalised anxiety and social anxiety and was virtually housebound, venturing to the shops after dark to minimise interactions with others. The facilitator spoke of the remarkable courage and strength of this individual in attending the CHP as a first step in healing. For

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another survivor, she acknowledged that leaving home to attend the camp was indicative of considerable change:

> '"I said, I can't make it but spoke to self, you might get some healing from it, get it from the other women". [Researcher asks, "and did you?"] "YES"'. (Survivor)

Empowerment

Evidence of empowerment following engagement in the CHP was survivors sharing that they were strengthened by their connection to and knowledge of culture, and were able to speak up for themselves. Recognition that their trauma was a result of the consequences of invasion and colonisation was an important step in feeling empowered. Survivors identified they were able to reclaim what has been taken from them and were empowered in the process. Survivors reported feeling liberated from the shame of child sexual abuse and of not knowing their culture and family origins:

> 'They are the guilty ones not us, we no longer feel we have to be ashamed or hide'. (Survivor)
>
> 'Feeling empowered to teach my children about past history to ensure it never happens again'. (Survivor)

Many survivors were empowered to advocate and have their voices heard including wanting funding for cultural healing to continue:

> 'Taking our stories to Parliament to let them know we are healing but need more money to continue our healing programs'. (Survivor)

Future healing needs

Survivors reflected that healing is a journey and often a long journey with daily struggles. For example, survivors reflected the desire for more healing opportunities:

> 'The challenge is to move forward with the legacy left with us from this gathering. Many years have passed filled with betrayal, sadness, abuse, exclusion—it will take more than a "sorry" and stand-alone gatherings to help facilitate the personal journey of repair and healing'. (Survivor)
>
> 'Healing is about connection and identity, but it's not to say that this cultural program is everything that people need and might be about getting people to a place where they can access services they need'. (Survivor)

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Facilitators commented on the 'need for this mob to continue doing healing work in their community'. One facilitator noted the struggles of a survivor who was experiencing unfinished business:

> 'He wanted to be able to have a graveside reunion at his mother's grave and be supported to place a headstone at the unmarked grave'. (Facilitator)

Discussion

The evaluation findings supported the research literature demonstrating that cultural connection and cultural healing have positive impacts on social, emotional and community wellbeing.

The evaluation privileged the voices of survivors and facilitators and in doing so provides lessons on how engagement with Aboriginal knowledge and culture is the healing 'intervention'. The CHP was identified by survivors and facilitators as positively impacting on survivors' healing journeys. The program filled a gap in services available to Aboriginal survivors. The collective approach of healing and being able to contribute to the healing of others was of benefit to survivors and aligns with Aboriginal approaches to kinship systems. Engaging survivors in the design and development of the program ensured that the healing activities were relevant for all survivors. The importance of family and how generations have been denied access to culture was also highlighted.

It is unrealistic to assume that the experience of the CHP can of itself heal the traumas survivors have experienced over many years and many generations. However, the CHP enabled survivors to reclaim their cultural identity and cultural pride and build on their cultural knowledge. It facilitated the development of mutually supportive relationships between survivors through their similar histories, empowered survivors to continue their healing journey and fuelled a sense of hope.

Implications for social work practice

Mainstream approaches are not meeting the healing needs of Aboriginal survivors. This is evidenced in both the lack of engagement with and the lack of effectiveness of mainstream (Western) services. These barriers to engagement and effectiveness are identified in numerous reports and inquiries and are consistent with the experiences of survivors of the CHP. Barriers to Aboriginal people accessing mainstream services include a lack of culturally safe services, a lack of awareness of available services, racism, shame, fear, complex administrative processes and unaffordability. Barriers to mainstream services being effective for Aboriginal people

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include experiences of being negatively judged by non-Aboriginal workers, lack of understanding of sexual abuse and trauma in Aboriginal communities, and lack of understanding of the impacts of colonization and past experiences of injustice (Commonwealth of Australia, 2017; Human Rights and Equal Opportunities Commission (HREOC), 1997; Victorian Auditor General's Office (VAGO), 2014). To restore connections to Aboriginal identity, spirit and spirituality and improve social, emotional and community wellbeing grounded in Aboriginal knowledge systems, informed by culture and imbedded in culture, practice needs to be informed and led by Aboriginal practitioners, communities and elders (Dudgeon *et al.*, 2014).

The design and evaluation of this program and its impact on the healing of survivors provides evidence for the importance of ensuring Aboriginal people are engaged in designing healing programs; survivors should be encouraged to identify what they find effective and to be considered partners in the process of the healing intervention. Understanding community context and engagement of Aboriginal survivors in co-designing their own healing intervention are lessons which arise from this program.

The roles and responsibilities in culturally educating children were removed from family, parents and community when children were forcibly removed. The children, now adults, often still today, cannot fulfil their cultural roles and responsibilities. The regeneration and revitalisation of culture is healing for individuals and community. The CHP contributed to returning these cultural knowledge, stories, ceremonies and practices thus helping to repair the damaged link in intergenerational cultural transmission.

Conclusion

Aboriginal people in Australia remain highly dependent on Western models of healing as the only service type available to them. Aboriginal survivors of institutional child sexual abuse need options beyond mainstream services. There is a dearth of culturally grounded services for Aboriginal adult survivors of child sexual abuse.

The interruption of intergenerational immersion and learning of culture following the Stolen Generations and other colonial attempts to remove Aboriginal culture has created serious barriers for access to culture for subsequent generations.

Cultural healing works, it returns what was taken; this is healing. Strengthening and practicing culture is itself healing. Cultural healing is based on thousands of years of wisdom and the potential power of cultural healing needs to be acknowledged and amplified. The lack of more widespread implementation of this approach suggests there are barriers

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to acceptance of the role of Aboriginal knowledge as equal and different to Western knowledge. Identifying and removing these barriers and providing access to cultural healing will further Aboriginal peoples human rights including the rights to cultural integrity, healing and self-determination.

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6.5. Chapter Summary

Phase 3 addressed the research question: How do lived experience and practice wisdom inform how healing through engagement in cultural programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care? This phase focused on cultural healing programs established due to this identified lack of access to culturally based healing for survivors of child sexual abuse in out-of-home care.

The next chapter, Chapter 7, presents Phase 4: Young People's Experiences of Cultural Strengthening Programs. Phase 4 focused on the experiences of Aboriginal young people who were currently engaged in a cultural strengthening program designed for young people who grew up in out-of-home care, and their experiences of cultural strengthening programs in childhood and adolescence. The cultural programs that were the focus of Phases 3 and 4 were designed, developed, and delivered by VACCA, the setting for this research. Both these phases explored the healing experiences of engagement in these cultural programs as shared by the participants and the practice wisdom of the facilitators of the programs. Taken together, these phases promote the expertise of lived experience and practice wisdom in relation to healing for Aboriginal people with experiences of childhood trauma and out-of-home care.

7. Description and Presentation of Findings from Phase 4: Young People's Experiences of Cultural Strengthening Programs

7.1. Chapter Overview

Phase 4 presents the lived experiences of participants who engaged in an innovative cultural strengthening program, VACCA's Narrun Yana, designed for Aboriginal young people who were in out-of-home care in childhood. Phase 4 examined experiences of engagement with Narrun Yana as well as other cultural strengthening programs attended in childhood and adolescence. This chapter first introduces Phase 4, then introduces the findings from the phase and then presents the journal article written and published on Phase 4. The chapter concludes with a brief chapter summary.

7.2. Introduction to Phase 4: Young People's Experiences of Cultural Strengthening Programs

Phase 4: Young People's Experiences of Cultural Strengthening Programs, explored the lived experience of engagement in cultural programs. The setting for Phase 4 was VACCA's Children and Youth Programs, the program area that designs, develops, and delivers VACCA's cultural strengthening programs for children in out-of-home care and for young people who were in out-of-home care in childhood. The program area provides a range of cultural strengthening programs, including Narrun Yana, an innovative art collective and the focus of this phase.

In this phase the experiences and meanings attached to healing achieved through Narrun Yana were explored. In addition, the young people's experience of prior engagement in cultural strengthening programs in childhood and adolescence were explored. This phase involved semi-structured interviews or written responses to interview questions, with three Aboriginal young people who were engaged with Narrun Yana. An interview with the team leader of VACCA's Children and Youth Programs was also conducted. Data generated from the interviews was then analysed using reflexive thematic analysis, informed by incorporating phenomenological and Indigenous research methodologies. As with Phase 3, the research sub-question for this phase was: How do lived experience and practice wisdom inform how healing through engagement in cultural

programs contributes to improved SEWB for Aboriginal people who have experienced child complex trauma and out-of-home care?

7.3. Introduction to Findings from Phase 4: Young People's Experiences of Cultural Strengthening Programs

Themes developed in this phase included young people's experience of cultural programs in childhood, which encompassed development of cultural pride, strengthening of cultural identity, and gaining a sense of belonging and connection. One young person shared that without access to cultural programs in childhood, "I don't think I would be as proud in my culture and as sure of my identity". The lifelong benefit of access to community was also part of this theme. One young person reflected that without cultural programs in childhood they would now be "very isolated and very alienated". This theme also included that cultural programs in childhood helped participants build resilience; cope with racism; sit with grief and loss; understand intergenerational trauma; and address the resultant impacts, including barriers to the transmission of culture. Engagement in cultural programs in childhood provided cultural transmission: 'Not only did I learn about my culture and my history, I met other kids that were like me".

A further theme developed was young people's experience of Narran Yana, which included the benefits of strengthened connections and the power of the collective. Trusting relationships between the art collective members provided caring peer relationships, an informal support network, the experience of belonging, and safe sharing of feelings: "I knew that if I was ever feeling flat, I could have a yarn with them [other collective members] about it" shared one young person. This theme also included that being a part of the collective contributed to the development of a positive sense of self and identity and increased confidence and empowerment. One young person reflected, "Being surrounded by such strong women, it's hard not to be inspired to do better". Connection to community and culture was central to the young people's experiences of Narran Yana and this occurred through creating art work and continuing cultural practices. Young people shared their story through their art. Art practice as a mechanism for truth-

telling and storytelling was experienced as healing: “It’s our way of connecting, sharing and healing”.

Based on her experiences, one young person came up with a definition of cultural strengthening programs as “healing through culture is probably a way to put it; cultural knowledge and practices that enable mob to strengthen and heal themselves”. This phase amplified the voices of Aboriginal young people and gave voice to their experiences of “healing through culture” via engagement in cultural strengthening programs in childhood, adolescence, and the present. Phase 4 was published in a special issue of the international journal *Child Abuse and Neglect* focused on Indigenous wellbeing, risk, and resilience. The article is presented below.

7.4. “Healing Through Culture”: Aboriginal Young People’s Experiences of Social and Emotional Wellbeing Impacts of Cultural Strengthening Programs

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'Healing through culture': Aboriginal young people's experiences of social and emotional wellbeing impacts of cultural strengthening programs

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ABSTRACT

Background: Cultural connection for Aboriginal young people promotes wellbeing, resilience and healing. There is little research on the social and emotional wellbeing (SEWB) impacts of cultural strengthening programs for Aboriginal young people, especially research that includes the perspectives of young people. There is even less research that includes the experiences of Aboriginal young people who have been in out-of-home care.
Objective: The current study sought to address these research gaps by exploring the SEWB impacts of cultural strengthening programs by amplifying the voice of Aboriginal young people, including those who have been in out-of-home care.
Participants and setting: Aboriginal young people involved in an innovative cultural strengthening program, the Narrun Yana art collective, established by the Victorian Aboriginal Child Care Agency (VACCA). Also participating was VACCA's Team Leader of Children and Youth Programs, thus providing both experiences of participating in and of organising cultural programs.
Method: A qualitative phenomenological approach was taken. Data consisted of semi-structured interviews with the team leader and two young people and written responses to the interview questions from one young person.
Results: Lived experience provided evidence that cultural strengthening programs; help strengthen SEWB, including connection to self, relationships, community and culture; contribute to building resilience in the context of intergenerational trauma, cultural loss and racism; and encourage help-seeking, both informal support and accessing mental health services. Young people also viewed participating in the research as worthwhile.
Conclusions: Findings highlighted the importance of Aboriginal young people having opportunities to; connect to culture through participation in cultural strengthening programs, and engage in the design of these programs.

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1. Introduction

1.1. Cultural connection and Aboriginal young people's social and emotional wellbeing

Cultural connection for Aboriginal young people promotes wellbeing, resilience and healing (Bourke et al., 2018; Butler et al., 2019; Salmon et al., 2019). The devastating impacts of cultural disconnection are most powerfully demonstrated in the Bringing them Home Report (Human Rights and Equal Opportunity Commission HREOC, 1997); the culmination of the Human Rights and Equal Opportunities Commission national inquiry into the forced removal of Aboriginal children from their parents, communities, cultures and lands between 1910 and the 1970s (Human Rights and Equal Opportunity Commission HREOC, 1997), known as the Stolen Generations. Subsequent to the landmark Bringing them Home Report, national and state-based inquiries have continued to demonstrate the negative impacts of cultural disconnection, reinforced the importance of cultural connection, and highlighted that Aboriginal children in out-of-home care remain at risk of not being connected to culture (Commission for Children and Young People CCYP, 2016; Davis, 2019). Today, many Aboriginal young people in Australia experience intergenerational trauma, adversities and associated mental health challenges stemming from the ongoing impacts of the past racist laws, policies and practices of the Stolen Generations combined with the broader context of invasion, ongoing colonisation and systemic and institutional racism and ever-expanding child welfare intervention (Australian Institute of Health and Welfare, 2022a; Dudgeon, Derry, Mascall, & Ryder, 2022; Krakouer, Wise, & Connolly, 2018; Murrup-Stewart, Whyman, Jobson, & Adams, 2021a).

Considerable research outlines increased levels of psychological distress among Aboriginal youth compared to non-Aboriginal youth (Azzopardi et al., 2018; Dudgeon, Milroy, & Walker, 2014) and provides an understanding of the determinants which contribute to these higher levels of distress (Dudgeon et al., 2021). Aboriginal young people experience racism in schools (Moore, Bennett, & McArthur, 2007), mental health services (State of Victoria, 2021), health services (Paradies, 2018) and child welfare services (Commission for Children and Young People CCYP, 2016; Davis, 2019; Moore et al., 2007). Aboriginal young people experience higher levels of trauma and out-of-home care than non-Aboriginal young people (AIHW, 2022a, 2022b), which contributes to poorer mental health. In addition, Aboriginal young people in out-of-home care often do not have the protection of consistent family relationships and cultural connection (Commission for Children and Young People CCYP, 2016; Davis, 2019; Mendes et al., 2020; SNAICC, 2021). Aboriginal young people also have less access to resources, including culturally-safe mental health care, which can mitigate mental health challenges (Azzopardi et al., 2018; State of Victoria, 2021).

There is also significant research on social and emotional wellbeing (SEWB) from Indigenous worldviews and how this differs from western conceptualisations of mental health (Dudgeon et al., 2014). Within Aboriginal cultures, SEWB is a holistic, multidimensional concept broader than reflected in the concepts of mental health or mental illness. Aboriginal SEWB honours connections; connection to body, mind, emotions, family, kinship, community, spirituality, Country and culture (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014). Thus, SEWB is intricately linked to and can not be separated from the concepts of cultural connection and cultural disconnection. There is also strong connection between individual wellbeing and community wellbeing. Intergenerational trauma continues to affect the SEWB of Aboriginal young people, families and communities (Menzies, 2019). Aboriginal experts in healing programs for Aboriginal people impacted by intergenerational trauma, state that Aboriginal trauma-specific programs that incorporate Aboriginal concepts of SEWB are vital to support wellbeing (Atkinson, Nelson, Brooks, Atkinson, & Ryan, 2014; Peeters, Harman, & Kelly, 2014). The inability of mainstream programs and services to incorporate or accommodate Aboriginal concepts of SEWB has long been recognised (Peeters et al., 2014).

There is little research exploring how Aboriginal young people make sense of their SEWB or how they connect to culture, let alone how they experience the interconnections between SEWB and culture (Bamblett et al., 2012; Murrup-Stewart, Searle, Jobson, & Adams, 2019). The research of Murrup-Stewart and colleagues with Aboriginal young people living in Naarm (Melbourne, Victoria, Australia) is an exception (2021a, 2021b). The research found that perceived connection or disconnection to culture significantly influences Aboriginal young people's wellbeing. The current research complements Murrup-Stewart and colleagues' research by examining the role of participation in cultural programs on the relationship between SEWB and cultural connection. Exploring young people's understanding of the SEWB impacts of cultural programs is a vital part of informing practice and policies designed to support SEWB and mental health among Aboriginal young people. Including Aboriginal young people with experience of out-of-home care is critical, given that it is acknowledged that this setting threatens cultural connection (Commission for Children and Young People CCYP, 2016; Davis, 2019; Krakouer et al., 2018; Mendes et al., 2020) and the increasing numbers of Aboriginal children and young people removed from their parents and placed in out-of-home care (AIHW, 2022a).

1.2. Victorian Aboriginal Child Care Agency's cultural strengthening programs and the creation of Narrun Yana

The Victorian Aboriginal Child Care Agency (VACCA) is a state-wide Aboriginal Community Controlled Organisation and the lead Aboriginal child and family welfare organisation in Victoria, Australia. VACCA is committed to ensuring the cultural rights of Aboriginal children and young people, including through cultural strengthening, regeneration and prioritisation. VACCA has significant expertise in designing, developing and delivering cultural programs. Programs include cultural healing programs for Stolen Generations and adult survivors of institutional child sexual abuse (Black, Frederico & Bamblett, 2019) as well as a range of cultural

strengthening programs for children and young people in out-of-home care. These include Koorie Tiddas youth choir, Koorie youth leadership, possum-skin cloak-making, art mentoring, film making, Books in Homes, cultural camps and Return to Country[1] (Bamblett, 2014; VACCA, 2015; VACCA, 2017).

Building on its knowledge and expertise VACCA launched Narrun Yana, an art collective, in 2017. Narrun Yana is an innovative cultural strengthening program, designed by young people for young people. With the approval of the Wurundjeri Council,[2] the young people named the collective Narrun Yana, which translates as *Spirit Journey* in the Woiwurrung language of the Wurundjeri people. The young people shared what the name means to them: '*We feel this is fitting for our Collective because it reflects our journey from out of home care and high school into adulthood. It also reflects our journey as artists and contributors to our community* (Black Dot Gallery, 2021).' In 2019 a formative evaluation of Narrun Yana was completed, with input from the collective members (Clear Horizon, 2019). The collective aims to provide wellbeing support, artistic training, mentoring, and business skill development. Collective activities include workshop sessions with both Aboriginal art mentors and Aboriginal business mentors, progressing visual art practices, creating art, learning cultural practices (such as possum-skin cloak-making), learning new artistic techniques, and building capacity in business and marketing. The collective has created a variety of artworks across different mediums, led cultural programs for children, been invited to participate in First Nations arts festivals, created street art, and received commissions to create public art. The collective members have also sold their art online and at markets. To date the collective has held two exhibitions, in 2018 and in 2021.

1.3. The current study

This paper, focuses on the role of cultural strengthening programs in supporting SEWB as understood by three Aboriginal young people who are a part of the Narran Yana art collective, and VACCA's Team Leader of Children and Youth Programs. This research explores the role of cultural strengthening programs in contributing to positive SEWB and does this by privileging the voice of Aboriginal young people sharing their experiences of Narrun Yana, as well as VACCA cultural strengthening programs they participated in during childhood and adolescence. There were two aims of the research: (1) to explore the contribution of cultural strengthening programs to improved SEWB for Aboriginal young people and (2) to amplify Aboriginal young people's experiences and voices.

2. Method

2.1. Research design and approach

The research design, approach and ethical processes were informed by and consistent with Indigenous research principles (Martin, 2003; Martin, 2008; Rigney, 1999, 2001) and included that the research was of value to Aboriginal community, Aboriginal oversight, and privileging Aboriginal voices. The research utilised a phenomenological qualitative design (Creswell & Poth, 2018; van Manen, 2014). The primary focus was on the nature of the young people's experiences of cultural strengthening programs and how they believed their experiences shaped their SEWB. Particular attention was given to understanding the meaning they attach to lived experiences; giving voice to the young people's SEWB journeys within the context of participation in cultural strengthening programs in childhood and adolescence, and currently. A phenomenological thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2022) was employed as the methodological approach because it privileges the lived experiences of young people and the meanings they attribute to their experiences (Creswell & Poth, 2018; van Manen, 2014). This approach is based on the examination of reflective personal accounts of how people make sense of life experiences (Smith, 2015), capturing both richness and diversity of accounts.

The researchers committed to and complied with the principles of the National Health and Medical Research Council (2018) and Australian Institute of Aboriginal and Torres Strait Islander Studies (2020) research ethics frameworks. Ethical approval was provided by La Trobe University and VACCA.

2.2. Participants

2.2.1. The Narrun Yana collective members

Three current members of the collective participated. The three young women are aged in their early to mid-twenties and living in Naarm (Melbourne, Victoria, Australia) on Wurrundjeri Country of the Kulin Nation. Their Countries are from around Australia; for two of the young people their Countries are in the state of Victoria, and for the other young woman, her Countries are interstate. Two young people had out-of-home care experience. Participants' names have been changed, and identifying information is not included to maintain anonymity.

[1] Return to Country is a program for Aboriginal children in out-of-home care and Aboriginal adults who grew up in out-of-home care to visit the Country of their language or clan groups, (VACCA, 2017).

[2] The Wurundjeri Council is the representative body of the Traditional Owners of Melbourne (https://www.wurundjeri.com.au). It is cultural protocol to engage with Traditional Owners to seek permission and guidance to use their language. Language use protocols ensure the cultural integrity of language use.

2.2.2. Team leader of children and youth programs

VACCA's Team Leader of Children and Youth Programs has nearly 20 years experience working at VACCA, firstly in education support and then 15 years with cultural programs. The team leader is non-Aboriginal, has been a foster carer and respite carer for Aboriginal children is strongly connected to Aboriginal community and has known the participants for between 5 and 15 years.

2.3. Data sources and data collection

The four current members of the collective were invited to participate. All four agreed, however, this reduced to three participating when data collection needed to be modified from in-person interviews to online videoconferencing due to the Covid-19-related restrictions in place at the time. Anderson et al. (2021) found that the use of web conferencing was an acceptable and feasible alternative to in-person methods to engage Aboriginal young people in research. Their findings included that it was experienced as less intimidating and the quality of data elicited was at least as rich as in-person methods (Anderson et al., 2021). For any young person who did not feel comfortable participating in an online interview, the option of providing written responses to interview questions was offered. Semi-structured interviews were conducted and recorded with two members of the collective and the team leader of VACCA's Children and Youth Programs. One young person provided written responses to the interview questions. Using this flexible approach reflected the commitment to giving the young people who had agreed to participate in the research a way to be heard in a format that they felt comfortable with.

All authors developed the interview questions, and the first author conducted the interviews. Each participant was given the questions in advance. The topics of the questions included: (1) experience participating in cultural strengthening programs; (2) cultural strengthening programs and SWEB impacts; (3) racism, trauma and cultural loss; (4) anything else that is important about culture, cultural healing and cultural strengthening programs that they would like to share, and (5) how they felt about contributing to the research. At the conclusion of the interviews, young people were asked for feedback on the questions. The first interviewee added a question about the role of community and this question was included in the subsequent interviews. Interviews lasted between 50 and 60 minutes and were conducted between October 2021 and April 2022. All participants were given a $50 gift voucher to an Aboriginal social enterprise clothing store, *Clothing the Gaps*, as acknowledgement of their time and commitment to participating in the research. The choice of voucher reflects the commitment to promoting Aboriginal values in all aspects of the research.

2.4. Data analysis

Interviews were transcribed verbatim and the transcripts were imported into NVivo. Each data source was analysed in detail (Smith, 2015). Prior to the commencement of coding, the first author familiarized herself with the data by reading the interview transcripts and survey responses several times. Following this, coding involved the notation of initial thoughts and ideas (Smith, 2015). Codes of convergence and divergence were highlighted within and across data sources. Coding was verified by the second author and where necessary, codes were revised following discussion between the first and second authors. The themes were organised from collating the codes and were deliberated and explored by the two authors (Braun & Clarke, 2006; Braun & Clarke, 2022). The narrative includes quotes to illustrate themes and amplify the voices of those involved in the cultural programs.

3. Findings

The findings are presented first from the Team Leader of Children and Youth and then from the young people. The interview with the team leader was developed into the themes of the establishment of Narrun Yana and the program elements contributing to SEWB benefits for the young women involved in the collective. The data from the young people was developed into the interconnected themes of; the essential elements of cultural strengthening programs, young people's SEWB journeys, young people's experiences of cultural strengthening programs in childhood and adolescence, young people's experiences of Narrun Yana, the importance of culture, and involvement in research.

3.1. Team leader of children and youth programs

3.1.1. Establishment of Narrun Yana

The impetus for the collective was to give young people the opportunity to '*grow and learn*' while staying culturally connected and supported in that '*really troubling time*' between late adolescence and early adulthood. Initially, the idea of Narrun Yana was to support young people who had been in out-of-home care. The team leader reflected: '*I could see a gap that these young people left care and then didn't have anyone or anything consistent to link into that was not just around case management*'. The collective also attracted young women who did not have an out-of-home care experience: '*I saw the value of that because, even at 18 and with family support, you can still be vulnerable… there are not places where there's a physical place for them to come weekly and yarn*[3] *and spend time with community members and aunties and yarn about all sorts of different things, not just art.*' From the team leader's perspective having the collection accessible to both young people with and without out-of-home care experience is beneficial: '*I think the beauty is the peer mentoring that comes through*

[3] Yarning is an Aboriginal cultural practice of conversation and knowledge sharing (Besserab & Ng'andu, 2010).

really strongly'. According to the team leader, the key feature of the Narrun Yana model development stemmed from its uniqueness; it provided support but was not limited to case management and it differed from other cultural programs in that it gave the young people who were the participants of the program the opportunity to '*design and develop and create*' the program.

> *The big shift with Narrun Yana, was that the young people who were part of the beginning of it really led the creation and development of what they wanted and what it needed to look like for them. So it was a real departure from going in and anticipating things for children and young people and listening and being guided by Aboriginal workers or Elders or cultural facilitators. We actually listened to these young women.*

The team leader explained that the young people led and she guided, supported and organised. As a non-Aboriginal person she saw her role as: '*being an advocate for self-determination*' and that '*it's not my place to share or be a facilitator of any cultural knowledge or practice*'. The foundations of Narrun Yana were based around the young people's nominated requirements of being grounded in culture, respect for cultural protocols and establishing cultural safety ('*We very quickly developed something where they all felt very safe*'). Unpacking what these concepts meant to the young people and how they would be prioritized was a process. This included being clear on who they wanted coming into their space and how they safely share their stories. Early in the development of the collective, they invited an Aboriginal communications consultant to guide them in the sharing of narrative ('*We looked at guidance on not just arts practice, but the whole understanding of narrative; What's my story? What am I happy to share*?').

3.1.2. Program elements supporting SEWB

Improved SEWB was a goal of the program. The team leader identified that all the young women had mental health challenges and all experienced positive SEWB impacts through their involvement with the collective. The SEWB benefits included: safety and security ('*It gave her a space to learn from others and grow in herself and feel very safe*'), increased self-esteem and self-worth, security and growth in relationships ('*It gave her a place where people understood her and held her*'), and empowerment and increased confidence ('*I think a really amazing outcome is the confidence it's given these young women… their confidence to be able to create and feel comfortable to have a narrative and to talk. In the beginning, no one would talk.*'). SEWB impacts also included: connection to community, opportunity to strengthen connection to culture and cultural practices, and a secure sense of cultural identity ('*To feel comfortable and understand what it means to be an Aboriginal artist was huge. She really fought against that* [*prior to Narrun Yana*]').

The program elements identified as contributing to the SEWB benefits were: cultural safety, connection to culture, the prioritisation of relationships and a trauma-informed approach. The team leader discussed the vital role of cultural safety in contributing to the young women's mental health journeys including allowing the young women to be vulnerable and supporting them to seek out mental health support.

> *Narrun Yana to outsiders might look like an art collective but inside was a safe space for them to not only learn and blossom and grow in their arts practice and cultural protocol understanding and cultural practice. But it was also a place where they could be vulnerable and reach out for help and support.*

The team leader witnessed connection to culture directly supporting young women's SEWB. She shared by way of example; a weekend away with an Elder who gifted them with cultural knowledge and the empowerment this provided.

> *She* [*Elder*] *as a cultural facilitator and an Elder to the young women was passing on her cultural knowledge… What was beautiful, was seeing what everyone got out of that generosity. They felt empowered because they knew that they're being taught by someone whose* [*cultural*] *protocols were really clear and strong. I think there's that direct example of the power of culture.*

The team leader reflected on the power of being entrusted as cultural knowledge holders ('*it was being passed on to them to then be able to pass on to others*'). This passing on of culture was an area where the team leader felt the collective could be doing more and was stymied by the COVID-19 pandemic and associated stay-at-home restrictions. In unpacking the concept that culture heals, the team leader described the program elements as interconnected ('*I think culture heals… I think the layers of what's happening is what heals. It's the relationships and the learnings and the sharing of knowledge, being with each other and the empowerment that brings*'). The team leader also raised the need to address the complexity of needs for young people who have been in out-of-home care, including attachment issues and impacts of removal, and that this requires a holistic response: '*It's powerful, but it's not the only answer… I don't want to put that onto culture as being the answer to everything.*'

The team leader provided evidence of the centrality of relationships ('*It's 100% relational*'), including the benefit of nurturing by Aboriginal mentors and Elders, and her own strong, trusting and lasting relationships with the young people ('*I've got not only good relationships, but I've got longevity in those relationships*'). Also significant was the support of each other ('*this really genuine endorsement of what each other brought*'). These supportive peer relationships provided the safety to discuss both their mental health challenges and the mental health services they were accessing ('*They have been very vocal about discussing their mental health journeys and the treatment they're seeking and sharing that with each other. This really beautiful opportunity to yarn about that and not feel stigmatized*'). The team leader described the program as based on trauma-informed practice and principles. Providing tailored and holistic support dependent on what is needed for each young person, a flexible approach, and the longevity of the program were crucial. There is no end date to the program and the young people can come in and out: '*It's definitely a set up without a rigid criteria or expectation*'. The team leader demonstrated these trauma-informed principles in action by providing an example.

> *There was a point when she decided she was ready to seek help for her mental health. A lot of these young people don't have significant Elders, adults in their life. And she asked if I'd take her to her first doctor's appointments to get a referral to a psychologist. I think this wouldn't happen necessarily in any other program; I did it on a Saturday. I would make myself available because I felt that those were such important steps young women were making. And if I didn't support that or they couldn't talk about it, it would be such a lost opportunity.*

3.2. Young people

3.2.1. Exploring what is a cultural strengthening program: 'safe spaces for mob'

Revealing consistency in ideas, young people described critical elements required of cultural strengthening programs and these were; Aboriginal-leadership, community involvement, cultural safety and sharing of cultural knowledge and practices. Being Aboriginal-led was a non-negotiable requirement for a cultural program ('*If not Aboriginal led… then it's just a program*') and this included that the program was Aboriginal-designed, delivered with community, driven by self-determination and all cultural knowledges were shared by Aboriginal people. The need for community endorsement, engagement and involvement was also seen as critical. The concept of vouching, of needing community support to attract participants was important ('*If community don't want a bar of it* [*program*], *then they won't send kids to it*'). Cultural strengthening programs were described as spaces where young people felt culturally safe, empowered, nurtured and that their voice was heard ('*programs that are safe enough for kids, young people, even adults, to be able to open up about their struggles in life*'). Sharing and broadening cultural knowledge and cultural practices was seen as important, with one young person defining cultural strengthening programs as: '*Healing through culture is probably a way to put it; cultural knowledge and practices that enable mob to strengthen and heal themselves*'.

3.2.2. Young people's SEWB journeys: 'it is hard to talk about your trauma, your pain'

Young people shared lived experience of a range of adversities, traumas and mental health challenges. The range of challenges and experiences included; grief and loss, including the death of family members; cultural loss; the loss of family growing up in out-of-home care; and mental health issues. Other challenges included experiencing significant racism and bullying particularly pronounced at school, on social media, and around specific dates such as the 'Australia Day' public holiday which is marked on the anniversary of the invasion of Australia.

Cora shared: '*Due to growing up in foster care I definitely felt culture loss… Growing up I struggled a lot with my identity due to being fairer*'. She also shared; '*I'm someone who lives with severe social anxiety.*' Aida experienced mental distress in the context of significant bullying and racism in the school setting, with concurrent mental health decline in adolescence resulting in an admission to hospital in an inpatient mental health ward. For Bindi, growing up in out-of-home care, her mother's experience of intergenerational trauma, her mother's early death and not having family in Melbourne where she lives and grew up meant; '*I didn't have much family here. My mum was down here but, I guess she was quite absent quite a lot of the time… she was going through her own trauma and her own grief*'.

3.2.3. Young people's experience of cultural strengthening programs in childhood: 'proud of who I am'

The SEWB impacts of attending a variety of cultural strengthening programs provided by VACCA in childhood and adolescence was profound, in particular around the development of cultural pride and strengthening of cultural identity, something all three young people experienced ('*Without them* [*cultural programs in childhood*] *I don't think I would be as proud in my culture and as sure of my identity*'). Young people also gained a sense of belonging, and connection to peers who were Aboriginal and who were in out-of-home care ('*Not only did I learn about my culture, and my history, I met other kids that were like me*'). For one young person, she described that she '*needed culture to continue going to school*'.

> *For me, because I wasn't culturally safe at school and there was a lot of racism particularly targeted at me, coming back to something where I felt culturally safe and I could learn about my culture… That was something for me that empowered me and my voice, which also made me want to stand up to the racism at school. I think that in itself encouraged me to continue at school.*

One young person shared that without engagement in cultural strengthening programs in childhood they would now be '*very isolated and very alienated*'. Involvement in cultural strengthening programs from a young age had lifelong benefits of access to community and a sense of belonging and support in this connection.

> *Since I was put into those programs from an early age, now I know people, know their parents… It's because they* [VACCA] *connected me in with the Victorian community, to the point where this community down here is my family. This is my home, even though I'm not from Victoria… this community is all I've ever really known. And there's people in this community that I love dearly, that I will go to whenever I need some help or some guidance.*

Cultural strengthening programs helped to build young people's resilience; to cope with racism, understand intergenerational trauma, sit with loss and grief, and address the resultant impacts; the lack of transmission of culture ('*I think for a while I felt like I had to be an expert on everything Aboriginal. But didn't have the space to grow and to learn about myself. For me, these programs really nurtured that. And helped me want to learn more and felt comfortable to be able to do that, safe enough*').

For one young person, the involvement in cultural strengthening programs while in out-of-home care was not enough to overcome the experience of cultural loss: '*Although I was exposed to programs, I feel at times it doesn't make up for the cultural connection you could achieve being surrounded by family*'.

3.2.4. Young people's experience of Narran Yana: 'my safe space, for me'

Two young people joined Narran Yana following their involvement in VACCA's's art mentoring program. Both were inaugural members of the art collective and are still current members. One young person joined later, left, re-joined and is also a current member. She had been feeling overwhelmed with schoolwork and uncertainty about the validity of her artistic contributions. The significance of trusting relationships and needing a creative outlet were critical to her returning and remaining with the collective; '*After a while I rejoined after having a chat with* [*team leader*] *about how I could be involved as I needed a creative outlet and was in a better headspace.*' Strong and lasting relationships with the manager were important to engagement and ongoing involvement in Narrun Yana as were the supportive peer relationships and the shared interest in art practices. Creating and spending time with peers who have shared interests and experiences allowed relationships to build, trust to develop and connections to strengthen. Young people experienced a sense of belonging; '*I've done Narran Yana with people that I was very close with, that were basically like friends, basically like family. I knew that if I was ever feeling flat, I could have a yarn with them about it.*' This creation of an informal support network extended beyond the group structure, with a young person describing how they could also go to others in the group for support outside of the group activities. Being part of the collective contributed to the development of a positive sense of self and identity and increased confidence. For one young person, their involvement in Narrun Yana has been a journey of self-belief and self-worth, aided by supportive peer relationships with the collective members.

> *There are times where I don't feel good enough or like I belong in the collective. I'm surrounded by such incredible women with extraordinary talents. Some are a lot more connected to culture and their roots so at times I feel a bit insecure… Other than this though, I am very appreciative of the collective as it has made me start to realise that I am just as important and that my art is also worthy. Also being surrounded by such strong women, it's hard not to be inspired to do better.*

The establishment of cultural safety allowed for learning, strengthening of identity, safe sharing of feelings and the gaining of empowerment ("*Sometimes people say, 'oh, yeah, we're listening'. But this is a space where I actually felt like my voice was being heard and that whatever I contributed was valuable.*"). Young people experienced a sense of ownership over the collective, it was not something they participated in, in a passive sense. Rather it was theirs and it developed and evolved because of them.

Connection to community was central, with purposeful, deliberate engagement at the community level. This included learning about, respecting, and adhering to, cultural protocols. Mentoring from Aboriginal artists and Elders was highly valued. Young people also reflected on involvement in cultural strengthening programs as a way to help others. One young person believed Narran Yana could be running more cultural programs for community to increase intergenerational impacts: '*I think that sometimes we look for ways to learn and to be immersed in culture, but then there's not always an opportunity to jump at. And I think that Narrun Yana definitely has the opportunity to be able to teach other young mob and children.*'

Young people experienced interconnections between the practicing of art, storytelling and empowerment. The opportunity to advocate and amplify through their art was described as important; both for themselves and on behalf of their Elders who did not have the same opportunities ("*I think it's so important that now with Narran Yana we have that platform to amplify voice, our voice, but also when I do my art I like to tell the stories of my grandmothers as well, because they didn't have that platform*"). Young people shared their story through their art. Art practice as a mechanism for truth-telling and storytelling was experienced as healing (*I think when we are able to tell those truths and share our story, we're able to heal ourselves. That's another way of healing that we don't always think of, that is just telling that story. And I tell mine by painting or by digital art*). Connection to culture through art practice and continuing cultural practices provided empowerment and healing.

> *Looking at the different symbols that I would use. That in itself was empowering, knowing that this is something that my people used… Knowing that I was living that, that I was creating that. That's also why it was so healing, I was able to connect myself to my artwork, connect myself to my people and my culture even when I wasn't on my Country.*

The practice of creating art helped the young people experience a range of SEWB benefits including relaxation and emotional regulation ('*it refocuses my energy*'; '*it sets the mood for the rest of the day*'; '*sometimes just doing art was more beneficial than actually talking*'). One young person shared that since discovering the impact on her wellbeing from practising art she regularly prioritises artwork in her life; '*I'm always doing art now, every week*'.

> *So I'm not a very patient person, so I thought I wouldn't be able to sit, wouldn't be able to do that* [create art] *for so long, but it really just helped calm me… it also took my mind off things that I didn't need to focus on in that time. It gave me a break from all that emotional stress.*

Young people shared examples of mastery and learning; of a range of life skills developed as well as skill development in arts-based practices. An example shared demonstrated increased confidence in skills; '*we were all really awkward when we first started out doing markets… in the end I kind of learnt to be a little bit more confident.*' Involvement in Narrun Yana has impacted the young people's life trajectories; they have become successful artists, receiving commissions for their artwork. One young person has started work in an Aboriginal Community Controlled Organisation as a cultural support worker and case worker and reflected: 'I'll *be looking at having programs there as I know how much impact that culture has on our wellbeing and our health… the fact that it's helped me is why I want to be able to have it out there for other mob to be a part of*'.

3.2.5. Importance of culture: 'it's our way of connecting, sharing, healing'

Young people described the importance of connection to culture ('*culture in itself can be healing*'; '*culture is grounding*'). Young people connected to culture in a range of ways, in addition to cultural programs, and this led to healing and positive SEWB benefits. Being on Country, yarning with Elders in their family ('*Having a yarn with my nan sometimes is just something that I need to just get back on track*'), learning language, '*connecting with mob*', connecting with community organisations and attending community events were all ways young people connected to culture.

Young people discussed the uniqueness of each person's healing journey ('*Everyone has different trauma, different issues and different backgrounds*'), stigma and shame that can be connected to trauma ('*Some people still can't even talk about theirs* [story]') and the role of cultural connection and truth-telling for trauma recovery.

> *I think there is a general idea that healing; once you're healed that's it. Like it's just a wound and you put a Band-Aid over it and it's all better. Then you think of the scars. You think about if the Band-Aid slipped off. Everyone's journey is completely different. I think that's important when thinking about culture as well, because people are on different journeys, learning about culture, learning about themselves.*

When developing cultural strengthening programs, one young person expressed the importance of listening and developing programs around young people's needs and interests: '*Listen to what they want and what they're interested in*'. Young people spoke with passion of the importance of Aboriginal children being engaged in cultural programs from a young age so that culture is something they are immersed in rather than introduced to. One young person described the reassurance she gained from witnessing the transmission of culture for her young son; '*Seeing him immersed in culture and how much that's strengthened him as a little boy who is real confident in who he is. I think that in itself is also reassuring and empowering, knowing that the future generations have that culture immersed in everyday routine.*' Young people believed cultural strengthening programs were particularly needed for children who have experienced trauma and children in out-of-home care to ensure cultural and community connections. Challenges in adulthood if not connected to community during childhood were identified; '*There's people now that are trying to come into community and find out who they are. And because people might not know who they are, they're alienated. Which is sad.*' One young person highlighted the need for readily available access to cultural programs for the sake of Aboriginal cultural continuity ('*Our young ones are going to grow up and they're our next generation. They're the future. And if we don't support and nurture them and teach them, then our culture's just going to disappear*').

3.2.6. Involvement in the research: 'it could potentially influence'

All three young people reported enjoying the process of engaging in research and the resultant reflections on their experiences ('*I really enjoyed our yarn and it had me reflecting*'). Young people believe that it is vital that Aboriginal young people's voices are heard in research that is about them ('*People cannot speak about the lives or experiences of those they have not lived. It makes no sense*'). They appreciated the opportunity to have their voices heard ('*It's been good to be able to engage in this conversation because they're not always ones that are being told*'). For one young person this was important as a way to contribute to reducing shame for others ('*I think it often gets hard trying to talk about your journey, but… you want to be able to share and eliminate any kind of shame that goes with it*'). For another young person, it was important to amplify on behalf of others.

> *I really liked talking about my experiences in care as a Aboriginal and Torres Strait Islander woman and being able to have my voice heard. I think it's important because there's other kids that didn't get the same opportunities that I did growing up in care; that weren't connected in with culture.*

4. Discussion

The young women joined the Narrun Yana collective in adolescence and emerging adulthood and continue their involvement as young women. According to both the team leader's and young people's accounts key SEWB benefits were in the areas of self-esteem, self-worth, confidence and emotional regulation. Also experienced was a strengthened understanding of themselves including strong, secure relationship to their Aboriginal identity. Participation strengthened their connections to each other, culture and community. This included sharing of culture, mastery of cultural practices and arts, respecting cultural protocols, obligations and reciprocity and thereby exercising their cultural rights and responsibilities. In addition, young people provided evidence that Narrun Yana increased empowerment and agency; they developed capacity for self-expression, were empowered to influence and impact, and had an increased sense of purpose and fulfilment. Young people learnt life skills including improved interpersonal skills and the acquisition of vocational and creative skills.

Importantly, the benefits of Narrun Yana followed participation in VACCA's cultural strengthening programs in childhood and adolescence. The SEWB successes of these programs were life-altering and included strengthened connection to community and culture. Program involvement resulted in a strong sense of cultural pride and identity, not felt prior to involvement in the programs; and belonging, not available in the outside world of school and other settings. For the two young people who grew up in out-of-home care, it was only through involvement in VACCA's cultural strengthening programs that they learnt of their culture, experienced cultural pride and connected to community. Community members are now a source of ongoing guidance, support and love and they experienced belonging by being with other young Aboriginal people. This wide range of reported SEWB benefits from both childhood cultural strengthening programs and Narrun Yana reflects Aboriginal conceptualisations of SEWB which include connections to self, community and culture (Gee et al., 2014) and was described in Murrup-Stewart's research exploring the relationships between cultural connection and SEWB (Murrup-Stewart et al., 2021a).

Cora, while describing multiple significant positive impacts of cultural strengthening programs, also reflected that '*it doesn't make up for the cultural connection you could achieve being surrounded by family*'. This is a reminder that more must be done to support families so that children are able to be raised by their parents and support connecting children to families when children need to be in out-of-home care. Supporting families and strengthening family relationships need to be prioritized both to strengthen cultural connection and to privilege reunification (Krakouer et al., 2018; SNAICC, 2021).

Engagement in cultural programs strengthened young people's resilience in the face of intergenerational trauma, racism, cultural loss and other adversities. This aligns with Murrup-Stewart and colleagues' research which found that culture provided young people with a buffer from difficult experiences associated with being Aboriginal in a white-dominant society (2021b). Aboriginal gathering places have also been found to be important in linking Aboriginal people in to positive social, emotional, and spiritual experiences that increased resilience (Kingsley, Munro-Harrison, Jenkins, & Thorpe, 2018). A striking example in the current research of increased resilience gained to handle adversities in their lives was Aida sharing that without cultural strengthening programs she would not have finished high school.

VACCA's Team Leader of Children and Youth cautioned that cultural strengthening programs cannot be weighed down with the expectation of being a single solution to the complexity of Aboriginal children and young people's experiences including adversities, intergenerational trauma and racism. This highlights the importance of access to a broad range of services and programs. In addition to cultural programs, VACCA has a wide array of services young people can be connected to, including education support, leaving care and homelessness support. As evidenced by Narrun Yana, engagement in a safe cultural strengthening program, with supportive peers and trusting relationships can be the stepping stone to accessing mental health services. Similarly, Aboriginal gathering places, cultural hubs and healing centres were found to provide connection to place, Aboriginal culture, and healing as well as connection to mainstream health services (Kingsley, Munro-Harrison, Jenkins, & Thorpe, 2021). These findings are significant as Aboriginal young people, and particularly Aboriginal young people leaving care have poor mental health (Mendes et al., 2020) and are also less likely to access mental health services than non-Aboriginal young people. The recent Royal Commission into Victoria's Mental Health System elucidated many of these reasons, building on the earlier findings of the Victorian Auditor General Office's audit on the accessibility of mainstream services for Aboriginal Victorians (State of Victoria, 2021; Victorian Auditor General's Office, 2014). Cultural programs cannot make up for these deficiencies, and the mainstream mental health system has been identified as needing transformational reform (State of Victoria, 2021). Mental health services need to be accessible, effective, trauma-informed, culturally responsive, culturally safe and available when Aboriginal young people seek them out. A reformed mental health system is needed to take full advantage of this benefit of cultural programs as an access point to mental health care.

The program elements required to achieve the identified SEWB benefits, strengthening of resilience and help seeking were identified. Cultural safety, Aboriginal-led, involvement of community, sharing of cultural knowledge and cultural practices and upholding of cultural protocols were identified as key elements of cultural strengthening programs. The findings highlight that cultural connection is relational and mediated through relationships. This supports the findings of Murrup-Stewart and colleagues who found that relationships was a key theme in describing culture in the yarns conducted with Aboriginal young people living in Naarm and that culture was understood as embedded within relationships (Murrup-Stewart, Whyman, Jobson, & Adams, 2021b). Critical to the success of Narrun Yana was the centrality of relationships; trusting, lasting relationships with the manger, secure, supportive relationships with each other and the two-way involvement of community; being taught by Elders and mentors and as cultural knowledge holders being entrusted to share this knowledge with community. The collective supported the young people's shared interest in art practice and allowed for sharing of culture and storytelling through their art. Key also was the trauma-informed model of Narrun Yana, based on values of strengths-based, holistic, flexible, ongoing, and promoting empowerment through co-design.

Young people experienced '*healing through culture*' by engaging in cultural strengthening programs and more broadly; young people connected to culture outside of organised cultural programs. Young people with an out-of-home care experience needed the introduction of cultural strengthening programs to develop cultural pride, and connections and security in community, to seek out broader opportunities to connect to culture. All three young people wanted cultural programs to be readily accessible for all Aboriginal children and young people and especially for children and young people in out-of-home care or having left out-of-home care. Young people spoke of the need for children and young people to be supported to connect to culture for their SEWB benefit and for the ongoing transmission, sustainability and survival of Aboriginal cultures. This aligns with Murrup-Stewart and colleagues' findings that being strong in culture was often difficult to attain for Aboriginal young people living in Naarm (Murrup-Stewart et al., 2021b), reinforcing the value of accessible cultural programs. It is Aboriginal children's right to know and practice their culture (Blackstock, Bamblett & Black, 2020; United Nations, 1989; United Nations, 2007). Survival of culture is essential, and the future of culture relies on youth participation, engagement, and intergenerational sharing of culture. Bamblett highlighted this: "*The importance of culture and the protective and healing power culture provides for Aboriginal children is not fully understood or appreciated. In Victoria, cultural regeneration must be acknowledged as a priority as a state without culture is a diminished state*" (Blackstock et al., 2020). It is hoped that this research can contribute in a small part to the healing power of culture being understood and appreciated beyond Aboriginal communities. Cultural strengthening programs, such as those discussed here, contribute to cultural regeneration and support transmission of culture to the next generation. Supporting, resourcing and funding cultural programs can contribute to this needed cultural regeneration and could contribute to building both individual resilience and community resilience.

4.1. Implications for practice and policy

The young person led art collective Narrun Yana, followed involvement in a range of cultural strengthening programs during childhood and adolescence, all managed by a consistent, committed worker; thus, engagement privileged time, trust and relationships.

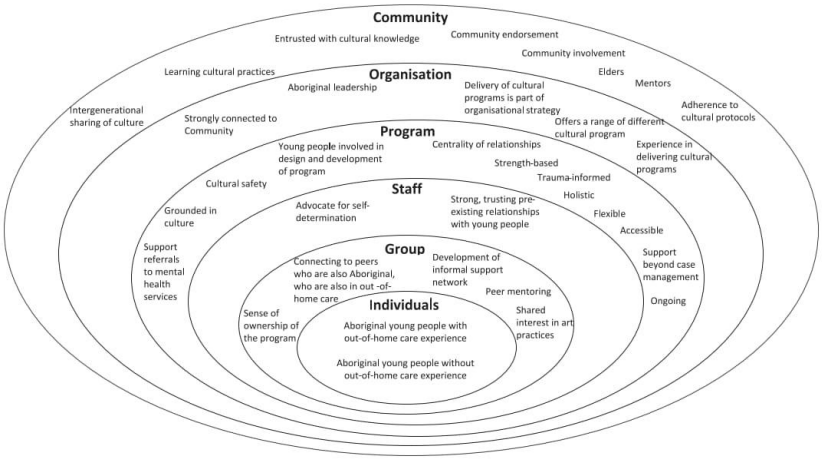


Fig. 1. Critical elements of Narrun Yana.

Young people explained that trauma is experienced differently, healing journeys are different for everyone, and cultural programs need to reflect this diversity. VACCA's practice of aiming cultural strengthening programs at children and young people with out-of-home care experience while being accessible to Aboriginal children and young people more broadly has been a successful model. This research highlights the benefit of Aboriginal Community Controlled Organisations providing a suite of cultural programs to Aboriginal children and young people so that there is a range of programs on offer and to cater to different needs and interests so that young people can experience cultural and community connection over time. Design, development and delivery of cultural programs need to be part of organisational strategy to have longevity and impact. The successful delivery of cultural programs needs support from the organisation to provide the time, commitment and resources required: time to build relationships, time to co-design the model, and time to engage with community.

Resourcing community and community organisations to lead the design, development and delivery of cultural programs is needed. The voices of Aboriginal young people with lived experience are critical to developing programs and shaping policies. Critical elements of cultural strengthening programs identified in this research could be considered, translated and adopted by other Aboriginal Community Controlled Organisations to develop locally-based cultural programs privileging lived experience and community leadership. Fig. 1 illustrates elements that were critical to successfully supporting the young people's social and emotional wellbeing, and incudes elements at the individual, group, staff, program, organisation and community level.

Narrun Yana does not have ongoing funding, rather it is funded via sporadic philanthropic funding, which is a resource intensive process to secure. Access to cultural strengthening programs needs to be available for all Aboriginal children in out-of-home care and all Aboriginal young people who have left out-of-home care and this requires a significant change to secure ongoing and non-restrictive funding from governments.

There needs to be strong commitment to protecting, promoting, reviving and celebrating Aboriginal culture. Cultural strengthening, improved SEWB, and reducing the over-representation of Aboriginal children in out-of-home care are newly introduced indicators in the Commonwealth Government's Closing the Gap policy commitments (Commonwealth of Australia, 2020). Embedding cultural strengthening programs across the child and family welfare, mental health and education sectors so that all Aboriginal children and young people have access to cultural connection and strengthening would be a strong, practical implementation of these commitments and should also be seen as a form of restorative justice; restoring what was deliberately damaged by successive governments' laws, policies and practices (Human Rights and Equal Opportunity Commission HREOC, 1997).

4.2. Limitations

A limitation was the hybrid approach to data collection, where two young people participated in interviews and one young person provided written responses to the interview questions. Less data was available from the written responses compared to the interviews and there was not the option to ask additional, prompting questions. Another limitation was the small sample, meaning the findings cannot be generalized. However, the findings do offer a valuable contribution to understanding the experience of participation in cultural strengthening programs, an area where there is limited research and the research design and approach allowed for a focus on depth rather than breadth.

4.3. Suggestions for further research

The young people reflected positively on being involved in the research. This is an important reminder; young people can be committed to participate and being heard when the research is experienced as safe, respectful and meaningful. This was also the experience of young people who had been in out-of-home care, including Indigenous youth, involved in participatory research in Canada (Doucet, Pratt, Dzhenganin, & Read, 2022) and Aboriginal adults participating in Aboriginal-designed empowerment programs (Gee et al., 2022).

This research centered the voice of young people. Research led or co-designed by young people themselves is needed. A stand-out example from Australia is the Koorie Youth Council's *Ngada-Dji* (hear me): *Young voices creating change for justice*; a research project highlighting the experiences of Aboriginal young people connected to the youth justice system. The research was led by Aboriginal young people and had a strong policy and advocacy focus (Koorie Youth Council, 2018). An overseas example, which was not specific to Indigenous youth but included Indigenous young people, was a Canadian participatory art-facilitated research approach with young people who had been in out-of-home care as co-researchers (Doucet et al., 2022). An impactful research design is the research-as-healing approach powerfully used by Andrews (2020) where Aboriginal women created possum-skin cloaks as part of the research sharing their experiences of family violence. Research needs to prioritise participation, advocacy and self-determination and embrace innovation and creativity. The present research and other examples discussed amplified the voices of Aboriginal young people and adults. Research is also needed that amplifies the voices of Aboriginal children.

5. Conclusion

The voices of Aboriginal young people can educate. Much is written about the need to hear the voices of young people in research. When we do hear their voices we need to respond, to advocate, to act. Hearing is a two-way process; to be heard and to hear. Aboriginal children and young people have the right to their culture, to an Aboriginal childhood and are the hope of the future for Aboriginal cultures. It is important to ensure Aboriginal young people are strengthened and empowered, that they see themselves as positive contributors and cultural custodians, learning, sharing and passing on culture; for the future of culture and for young people's SEWB.

This research highlighted the importance of privileging Aboriginal young people's voices. In research, this promotes policy and practice that is informed by lived experience and is meaningful to those it seeks to benefit. In practice, this contributes to countering the impacts of intergenerational trauma; empowerment via truth-telling and storytelling.

Data availability

The authors do not have permission to share data.

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7.5. Chapter Summary

This chapter presented the findings from Phase 4, the third of the three qualitative phases of the mixed-methods research study, and as with Phase 3 (Chapter 6), this chapter focused on the experiences and meanings of cultural programs. Phase 3 focused on cultural healing programs established due to the identified lack of access to culturally based healing for survivors of child sexual abuse in out-of-home care. Phase 4 focused on the experiences of Aboriginal young people who were currently engaged in a cultural strengthening program designed for young people who grew up in out-of-home care, and their experiences of cultural strengthening programs in childhood and adolescence. The cultural programs that were the focus of Phases 3 and 4 were designed, developed, and delivered by VACCA, the setting for this research. Both these phases explored the healing experiences of engagement in these cultural programs as shared by the participants and the practice wisdom of the facilitators of the programs. Taken together, these phases promote the expertise of lived experience and practice wisdom in relation to healing for Aboriginal people with experiences of childhood trauma and out-of-home care.

The next chapter, Discussion, is the final chapter and integrates the findings presented in this chapter to address the overall research question and each of the phase-specific sub-questions. The limitations of the research are detailed and include not hearing directly from the voice of the child. The chapter also discusses the significance of the research and implications for practice, policy, and further research. It is anticipated this research can be of value to ACCOs in promoting their work, and value, and in guiding mainstream organisations in their advocacy for, and partnerships with, ACCOs.

8. Discussion

8.1. Chapter Overview

This chapter integrates the research findings presented in Chapters 2 (Phase 1), 5 (Phase 2), 6 (Phase 3) and 7 (Phase 4). The purpose of this chapter is to address the research questions for this research. Each of the three phase-specific sub-questions are addressed and then the overarching research question is addressed. Following the integration of findings, the implications for policy, practice, and research are discussed. Then follows a discussion of the limitations of the research and, finally, a brief conclusion.

8.2. Integration of the Findings

This research is based on a research design that incorporated Western and Indigenous forms of knowledge and sought to privilege the expertise and voices of Aboriginal people, including those with lived experience. Adopting a strengths-based approach, the research findings are grounded in Aboriginal knowledge, voice, and intergenerational experience. In integrating the findings, the broader context has been incorporated. In keeping with the principles of interpretive phenomenology, the interpretation of findings was not and cannot be separated from, or be independent of, context. This principle is also important in Indigenous research methodologies. In keeping with interpretative phenomenology, a guiding framework was used in the integration of findings—that of the conceptual model of Aboriginal social and emotional wellbeing (SEWB) (Gee et al., 2014).

This research was designed to address an overarching research question and sub-questions specific to each phase (with Phases 3 and 4 both addressing the same sub-question). In this section, the research findings are integrated with the research questions, first via the three research sub-questions, followed by the overarching research question. As the research developed, it was evident that the data generated in Phases 3 and 4 also contributed to answering sub-question 2 (designed to be addressed by Phase 2), by adding further insights. It is not surprising that participants and facilitators of cultural programs did not focus exclusively on healing experiences but also shared impacts of their out-of-home care experience and trauma, as well as healing needs and barriers to healing. A

specific phase (Phase 2) was designed to answer this question of impacts of traumas, and healing needs and barriers, relying on secondary data, not wanting to burden participants. Nonetheless, this was shared to some extent by participants in Phases 3 and 4, and the data generated is therefore included in addressing this research question.

This research is based on the integration of research literature, lived experience, and practice wisdom. The three are interrelated and inform each other. The literature review revealed the paucity of research that is specific to cultural programs for Aboriginal people with experiences of childhood trauma and out-of-home care that is also inclusive of lived experience and practice wisdom. The descriptive statistical analysis (Phase 1) in this mixed-methods research provided context to the qualitative phases that followed. Phase 2 provided a phenomenology of the experiences of multiple traumas; the ensuing multiple impacts; and the healing needs, barriers, and experiences. Phases 3 and 4 provided a phenomenology of the experiences of healing and associated SEWB impacts gained from participation in cultural programs. Untreated trauma has negative SEWB impacts (Atkinson, 2002; Milroy et al., 2014). Given this knowledge, it is significant that programs explored in this research were experienced as meaningful, impactful, and much needed. Importantly, the voices privileged in this research highlight the strength of Aboriginal people and cultures, given the historical, political, and social contexts of colonisation, violence, dislocation, and racism.

8.2.1. Research Question 1: How Does the Out-of-Home Care System Impact on Cultural Disconnection of Aboriginal Children?

The quantitative approach of Phase 1 centred around the over-representation of Aboriginal children in out-of-home care and the associated cultural disconnection this creates. This is well known and well documented in the research literature (O'Donnell, et al., 2019; SNAICC, 2021). What is not featured in the research literature is that the State of Victoria, Australia, has the highest over-representation of Aboriginal children in out-of-home care in Australia, coupled with the lowest rate of non-Indigenous children in out-of-home care in the country. This non-Indigenous rate has been stable over the last five years, while the number of Aboriginal children in out-of-home care has escalated year on year in

Victoria. This demonstrates the importance of disaggregating data, as championed by Walter and Anderson (2016), and put to powerful effect in the landmark research of Chandler and Lalonde (2008), which demonstrated widely different suicide rates in different Indigenous bands in Canada. Comparing rates of Aboriginal and non-Indigenous children at the national level reveals the over-representation of Aboriginal children in out-of-home care but not that Victoria's rate is nearly twice the national figure. Examining the data by jurisdiction reveals that Victoria has the lowest rate of out-of-home care but hides the fact that it has the worst over-representation of Aboriginal children in out-of-home care in the country. It is only an analysis by both jurisdiction and Aboriginal status of the child that reveals Victoria's status as the jurisdiction with the highest over-representation of Aboriginal children in out-of-home care. Importantly this research also included analysis of Permanent Care data despite this no longer being included in the national definition of out-of-home care (Productivity Commission, 2022). Aboriginal children in permanent care, are children removed from their parents who are at risk of disconnection from culture (SNAICC, 2021) and therefore the inclusion of this data allows the full extent of cultural disconnection in the child welfare system to be highlighted.

Also not evident in the research literature was a quantitative analysis of out-of-home care data in conjunction with the intensive family support services (IFSS) data, a government-funded service system with the express aim of preventing children from being removed from their parents' care and placed in out-of-home care. The analysis undertaken as part of this phase of the research found that Aboriginal children make up 28% of children in out-of-home care in Victoria and yet the allocation of funding of IFSS for Aboriginal children is less than half this, at 11%. This is entrenched inequity as a policy choice—a clear example of systemic racism.

The undertaking of this comparative statistical analysis is an evidence-based approach to countering the deficit lens. A deficit lens may attribute the escalating rates of Aboriginal children in out-of-home care to something flawed or at fault with Aboriginal culture, Aboriginal community, or Aboriginal approaches to parenting. A deficit lens focuses on an individual responsibility narrative that situates blame within traumatised individuals and families. A strengths-based approach that is trauma informed

acknowledges, and is aware of, traumas, adverse experiences, racism, and poverty that are inflicted on Aboriginal people from ongoing colonisation and ongoing discrimination and racism. Awareness of the traumas, the impacts of trauma, and the need for culturally relevant healing is necessary to effect meaningful change.

The quantitative analysis of child protection, out-of-home care, and family services data undertaken in this phase revealed the following status of Aboriginal children in Victoria's out-of-home care system: the number of Aboriginal children in out-of-home care has increased and there is not equitable provision of intensive family support, with more support provided to non-Indigenous children thereby reducing the likelihood of keeping Aboriginal children out of out-of-home care. When Aboriginal children are in care the majority are not placed with Aboriginal family. Moreover, they are kept in out-of-home care for longer than non-Indigenous children and reunifications are more likely to fail within 12 months post-reunification than in any other Australian jurisdiction. Taken together, the findings demonstrate that in Victoria, child welfare outcomes are not achieving the stated policy goals of keeping Aboriginal children connected to their families and cultures, and the situation is worsening. This over-representation will continue if the approach and practice leading to these figures continues.

However, there is cause for cautious optimism. Policy analysis conducted alongside the statistical analysis revealed the strengths of other jurisdictions in their approaches to resourcing IFSS, with several states introducing policies that actively include equity measures in relation to service provision for Aboriginal children and families. Victoria has examples to learn from. Furthermore, data analysis of recent Victorian Aboriginal child welfare reforms reveals that the number of children impacted are small but the results are significant and provide promise of what is possible under an Aboriginal self-determined child welfare system. Reform has continued and expanded in the last year. With greater Aboriginal community control, there is an opportunity for the systemic environment to more effectively embed culturally-based healing practices. It is also to be expected that a reformed child welfare system in Victoria driven by self-determination and community control will see fewer Aboriginal children entering out-of-home care and less loss of family

and cultural connections when Aboriginal children do need to be placed in out-of-home care.

This phase was important to provide the context for the exploration of experiences of healing for Aboriginal people who have experienced out-of-home care. It also provided an important policy analysis, including historical context. Since the Stolen Generations era, legislation has changed, the policy climate has changed, and yet the practice of removing Aboriginal children from their families and cultures at rates far exceeding their non-Indigenous counterparts has not changed. With the increasing number of Aboriginal children in out-of-home care, the need for culturally grounded therapeutic intervention grows. As the following section explores, the need for healing for Aboriginal people who experienced childhood traumas in the context of out-of-home care is unmet and much needed.

8.2.2. Research Question 2: What are the Healing Experiences of Aboriginal People Who Have Experienced Child Complex Trauma and Out-of-Home Care, Including Their Healing Needs, Opportunities for Healing and Barriers to Healing?

This question was explored in Phase 2 via thematic analysis of 51 survivor narratives provided to the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017). All the survivors had been sexually abused in out-of-home care as well as having experienced multiple additional traumas. The adult survivors were children in out-of-home care during the 1940s to the 1990s. Over two-thirds of survivors were removed from their parents during the Stolen Generations era of authorised forced removal of Aboriginal children from their parents (HREOC, 1997).

8.2.2.1. Healing Needs are Understood by Understanding the Traumas and Impacts of Traumas.

The harrowing accounts from the 51 survivors demonstrated the chronic, extended, and multiple traumas experienced by these children. The child sexual abuse was a trauma among many traumas. Also present were: serious physical abuse, including torture; chronic neglect, including starvation; emotional abuse; and cultural abuse, including having their culture denied or denigrated. Not only have the survivors all

experienced multiple institutional abuses, but the context in which this trauma took place was that they were placed in the institutions where the abuse occurred after being removed from their families. For the majority of the survivors, removal from family was a part of the racist and genocidal practices, policies, and legislations of the Stolen Generations (HREOC, 1997). Not only were they stolen from their families, but they were disconnected from their communities, culture, language, and land.

An inextricable connection between the sexual abuse and cultural abuse that occurred when Aboriginal children were removed from their families was evident because of their Aboriginality, and this represented a deliberate disconnection from family, community, culture, and land, and removed the critical protective and resilience factors of the Aboriginal child. To isolate child sexual abuse from co-occurring cultural abuse does not provide a complete understanding of the trauma, the impacts, and the healing needs of Aboriginal people. Survivors have experienced community trauma in addition to the individual childhood trauma of sexual abuse and institutional betrayal. The trauma these survivors have experienced is multilayered and compounded by adult experiences. The traumas experienced did not conclude with childhood; they were compounded by ongoing experiences of institutional betrayal, discrimination, and racism.

The impacts of trauma in childhood were multiple and cumulative, and often lifelong and intergenerational. The range of impacts of the multiple abuses and traumas included: education disruption; homelessness; drug and alcohol dependence; exposure to further abuse; trauma and violence in adulthood; prison sentences; relationship difficulties, including avoidance of relationships, abusive relationships, and struggles with parenting; and mental health challenges. The survivors shared experiences of: disconnection from family, community, culture, language, and country; shame; loss of childhood and innocence; and institutional betrayal, including further punishment and denial of justice. Many of these long-term impacts associated with child sexual abuse have been documented (Commonwealth of Australia, 2017; McGlade, 2012). What this thematic analysis provided was a qualitative approach privileging survivors' voices rather than empirical research, including survivors' understandings of the pathways of childhood

traumas leading to trauma impacts, including drug and alcohol abuse and contact with the criminal justice system.

It is important to understand and acknowledge the depth and complexity of the trauma experienced. This survivor group needed healing not only from their experiences of individual trauma in childhood but also community trauma, historical trauma, and intergenerational trauma compounded by traumas experienced in adulthood and ongoing systemic discrimination and racism. Understanding this experience of multiple traumas and their impacts demonstrates the need for meaningful and effective healing.

8.2.2.2. Opportunities for Healing.

Survivors' stories demonstrated that these healing needs were largely unmet. In terms of access to healing, most survivors had not had any therapeutic intervention in childhood, and of the few that had, only one survivor had felt safe to disclose the sexual abuse. In adulthood, access to mental health services remained limited, and experiences were mixed. Of those with prison experiences, some felt this had been an opportunity to access healing not provided outside of the prison context. For others, there was the frustration that even in prison they could not access healing services. Others found healing informally, through art, in supportive relationships, and by giving back to community. Some found that the holistic approach of support from ACCOs helped.

8.2.2.3. Barriers to Healing.

Some survivors accessed mainstream counselling but found it did not benefit them. In some instances, survivors did not disclose the child sexual abuse and for some, this was due to shame. Having to retell their story and re-engage with different workers and services were experienced as barriers, and the mental health system was experienced as fractured and insufficient. This is consistent with findings made in a range of inquiries, including the Victorian Auditor-General Office's report, *Accessibility of Mainstream Services for Aboriginal Victorians* (2014), and Victoria's recent Royal Commission into Mental Health Services (State of Victoria, 2021b), both of which identified barriers to access of mainstream services for Aboriginal people, including a lack of culturally safe

services, a lack of awareness of available services, complex processes, racism, shame, and fear.

Phases 3 and 4, which explored experiences of healing from cultural programs, also provided insights into barriers to healing. The cultural healing programs examined in Phase 3 were established in recognition that survivors had untreated healing needs as a result of the traumas of childhood institutional sexual abuse and cultural abuse, and due to the lifelong and intergenerational impacts of the Stolen Generations' policies and practices of forced removal of children from their families. An important finding from Phase 3 was that the Aboriginal survivors of childhood trauma reported not receiving benefits from mainstream therapeutic interventions. Survivors shared that mainstream, one-on-one counselling did not meet their needs and that this was for a variety of reasons. Reasons provided included having had personal experiences with mainstream mental health services and experiencing the service as not culturally informed or sensitive to their specific needs, or clients hearing from other community members that mainstream counselling did not meet their needs. VACCA staff felt they were unable to provide their clients with the level of healing they needed as they were restricted by the individual support model that they were funded to provide—hence VACCA's decision to develop their cultural healing programs. In relation to Phase 4, the impetus for developing the cultural strengthening program was the recognition that there was no program, service, or system of culturally embedded support for Aboriginal care leavers aside from case management, with its limitations as a Western mainstream model of individual support.

Addressing this question around healing needs, access to healing, and barriers to healing provides the context for Phase 3; it unpacks the complexity, demonstrates difference, and explains why a different approach is needed. The next research question explored healing obtained through participation in two different cultural programs, both provided by VACCA.

8.2.3. Research Question 3: How do Lived Experience and Practice Wisdom Inform How Healing Through Engagement in Cultural Programs Contributes to Improved Social and Emotional Wellbeing for Aboriginal People who Have Experienced Child Complex Trauma and Out-of-Home Care?

Experiences of healing were explored through engagement with two different cultural programs designed, developed, and delivered by VACCA. The first suite of programs included four time-limited cultural healing programs provided to Aboriginal adult survivors of child sexual abuse in out-of-home care who were clients of VACCA's Royal Commission into Institutional Responses to Child Sexual Abuse Support Service. The second program explored was an ongoing cultural strengthening program for Aboriginal young people who had been in out-of-home care in childhood and was also open to Aboriginal young people without childhood experience of out-of-home care. The program was an art collective, Narrun Yana, developed for and by Aboriginal young people. The young people who were a part of Narrun Yana also shared their experiences of participation in a range of VACCA's cultural strengthening programs during their childhood. For both cultural programs, in addition to participants' involvement, the practice wisdom of program staff was also explored.

8.2.3.1. Principles and Elements of VACCA's Cultural Programs That Make the Cultural Programs Impactful on SEWB.

The research setting of this research was VACCA, the largest provider of child welfare services for Aboriginal children and families in Victoria. VACCA was selected because of their leadership and experience in delivering cultural programs for Aboriginal children, families, and communities involved with the child protection and out-of-home care systems. A critical finding was the importance of the cultural programs being delivered by an Aboriginal-led organisation that has experience working with children, young people, and adults with out-of-home care experiences and of providing cultural programs. The programs being designed, developed, and delivered by an ACCO provided Aboriginal-led healing and a culturally safe model. Engaging participants in the design and development of the programs was important. For the cultural healing programs (Phase 3)

this ensured the healing activities were relevant to all participants and for Narun Yana (Phase 4) it meant the young women had a sense of ownership of, and deep engagement with, the program. Key to improved SEWB for all participants of the cultural programs was their connection to culture, which was central to the program design and delivery. Elements critical to the success of the programs were learning and sharing cultural knowledge, cultural activities, cultural practices, and the power of ceremony.

The level of support provided by the experienced program staff, who were both culturally and trauma informed, was critical. The facilitators' own life experiences, their immersion in culture, and their capacity to give of themselves ensured all program participants felt safe and participant wellbeing was promoted. The connections that program staff had with participants were based on already established relationships. The facilitators of the cultural healing programs were also the ongoing support workers for participants and had been supporting them prior to attendance at the program; this ongoing support continued post-programs. This meant the participants were already well known to the facilitators and engagement had been established and trust secured. This gave the participants the confidence to attend the programs and, once participating, to get the most out of them. Unlike the cultural healing programs, Narran Yana was an ongoing program and the program team leader provided ongoing support outside of the cultural programs.

The prioritisation of relationships and the collective approach were central elements of the programs. The programs well-established links to, and involvement of, community were considered vital. Learning and sharing from elders was invaluable and was key to the impact of the programs. The group approach and the sharing that occurred among peers was critical. Being with other Aboriginal participants who had similar experiences and shared histories was a beneficial aspect of the program and helped participants support each other. There was a clear comradery among the participants. When participants asked for support or advice from others in the group, this was provided willingly and thoughtfully. The concept of collective healing, or healing together, was evident and provided a sense of hope. The programs created spaces for participants to connect and feel supported.

Participants of the cultural healing programs could access one or more of the programs. This is important as survivors' healing journeys are ongoing and the fixed-session approach attached to many mental health services' funding arrangements is inappropriate for this client group. For many, and especially this group, short-term therapeutic intervention is not sufficient to address a stolen childhood, childhood abuses, a lifetime of betrayals, and the intergenerational impacts of disconnection from family, community, culture, and country. Similarly, a key feature of cultural strengthening programs provided for children in out-of-home care is the ongoing relationships and the multiplicity of programs provided. For Narun Yana, a key strength was that the program was ongoing. Participants of the programs were empowered to continue their healing beyond the confines of the program, fuelling a sense of hope.

8.2.3.2. SEWB Impacts of Cultural Programs.

The cultural programs were guided by trauma-informed, culturally grounded, survivor-informed principles, and a holistic approach. The holistic and wide-ranging nature of the SEWB impacts described in both VACCA's cultural healing programs and cultural strengthening program was a significant finding and is consistent with Aboriginal conceptualisations of SEWB that emphasise the interconnections between physical and mental health and social, emotional, and cultural dimensions of wellbeing.

Reported impacts on SEWB included survivors describing impacts of growth, empowerment, and hope. Experiences shared illustrated the growth and empowerment that is achieved when survivors embark on a journey of healing. Cultural strengthening programs were described and defined as spaces where young people felt culturally safe and nurtured, their voices could be heard, and their contributions were valued. Positive impacts of the programs include that they helped in young people's mental health recovery journey with a positive sense of self. The participants reported that cultural strengthening programs provided opportunities for healing. They also reported that cultural strengthening programs during childhood helped in dealing with racism at school and with their positive identity as Aboriginal children and develop long-lasting connections to other community members.

A strong theme was of connection and belonging. This was described in a variety of ways: interrupting the feelings of isolation; knowing you are not alone; and exploring and strengthening identity and connection to community. Participants experienced the programs as allowing them to reclaim their cultural identity and cultural pride, and build on their cultural knowledge.

8.2.4. Overarching Research Question: What is the Meaning and Experience of Healing Through Cultural Programs for Aboriginal People with Experiences of Childhood Trauma and Out-of-Home Care?

Findings from the multi-method, multi-phase research have provided evidence to answer the overarching question of the research. Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System, highlighted the scope in need for healing for Aboriginal people with experiences of childhood trauma and out-of-home care with both the increasing numbers of Aboriginal children in out-of-home care and the inequitable provision of intensive family support services for Aboriginal children and families. Phase 2: Narratives of Survivors of Child Sexual Abuse in Out-of-Home Care, provided evidence of the need for cultural healing approaches, showing mainstream therapeutic services to be inaccessible, ineffective or unwanted and accounts of healing experienced informally through the support of art practices, relationships and community. Phase 3: Experiences of Cultural Healing Programs for Survivors of Child Sexual Abuse in Out-of-Home Care and Phase 4: Young People's Experiences of Cultural Strengthening Programs, revealed that cultural connection and collectivist approaches are key to healing.

Together, the research findings begin a phenomenology of healing through engagement in cultural programs for Aboriginal people with experiences of child trauma and out-of-home care. In keeping with interpretive phenomenology (Lopez & Willis, 2004), this research produced a holistic account of healing through cultural programs from the perspectives of survivors and healers of institutional child sexual abuse, and from the perspectives of participants and the team leader of cultural programs for young people. The privileging of lived experience and practice wisdom helped explain and explore what it is to heal through cultural programs. The cultural programs were experienced as impactful

and meaningful, with self-reported benefits from all participants, which were also recognised by program staff.

Cultural safety and safety more broadly were of paramount importance in both cultural programs. This is in keeping with the foundational principles of trauma practice (Herman, 1992) that must first establish safety. A strengths-based approach recognises the strengths of Aboriginal cultures and the healing wisdom inherent within Aboriginal cultures. Programs featured in this research made use of this culturally informed healing, resulting in identified positive impacts across the domains of Aboriginal SEWB: self, family, kinship, community, spirituality, country, and culture. The complex multilayered traumas experienced by Aboriginal survivors require a broad, holistic conceptualisation to healing, incorporating an Aboriginal conceptualisation of SEWB-enabled cultural programs. Key elements of Aboriginal healing include: spirituality, representing connectedness and belonging; the importance of kinship, elders, land and lore; a narrative approach, highlighting the importance of storytelling; a group approach, sharing with peers and learning from elders; and intergenerational and community healing. Past government policies and practices that forcibly separated Aboriginal children from their families, segregation and assimilation as well as entrenched racism, poverty, and intergenerational disadvantage, have caused enormous trauma and disengagement from cultural healing practices.

Key to the experience of healing through the cultural programs was the centrality of connections and the role of relationships, including with elders, facilitators, and each other. This fits with research into the primacy of relationships in the therapeutic process. Dr Bruce Perry, child psychiatrist and neuroscientist (2008, 2009), developed a theoretical model informed by neuroscience, the *neurosequential model*, and suggested that the model aligns with Indigenous cultural healing practices and rituals, including that they privilege the power of relational health to promote healing and recovery. Emeritus Professor Judy Atkinson, reflecting on Perry's work suggests "a convergence between modern concepts of neurodevelopment and the traditional healing practices of Indigenous people" (Atkinson, 2013, p. 13).

Participants experienced healing as a journey and that these programs, in isolation, were not enough. It was imperative that the cultural healing program be situated within ongoing therapeutic relationships with the facilitators, and within community, minimising the impact of the short-term nature of the programs. For the young people, the cultural strengthening program was ongoing, although impacted by COVID-19 interruptions, and one of its strength was referrals to therapeutic support outside of the program.

Cultural connection and cultural expression were experienced as healing. There was a strongly communicated belief that to heal, Aboriginal participants needed to do so *in* culture and to be healed *by* culture. For millennia Aboriginal people had a wide range of methods of healing (Atkinson, 2002). These traditions were displaced and actively suppressed by successive governments since colonisation. The recovery of cultural practices, knowledge, and ceremonies is healing in itself, both at individual and collective levels. Efforts to revive and transmit cultural practices can be seen as acts of healing. Retrieving and transmitting the knowledge associated with cultural healing practices reaffirms core cultural values and maintains the historical continuity of Aboriginal cultures.

Stolen Generations survivors feel traumatised by not having the opportunity to carry out their different roles in culturally educating their children. These roles and responsibilities were removed from family, parents, and community when children were forcibly removed. The children, now adults, often still today cannot fulfil their cultural roles and responsibilities. The regeneration and revitalisation of culture is healing for individuals and community. The cultural programs examined in this research contributed to returning these cultural knowledges, stories, ceremonies, and practices, thus helping to repair the broken link in intergenerational cultural transmission. Young people feel the privilege and the significance of participating in the transmission of culture and telling their ancestors' stories through their cultural practices.

There are multiple ways in which culture was experienced as healing through engagement in the cultural programs; the cultural program models were experienced as healing. Further, the transmission of culture and the practicing of culture made inroads into restoring what was taken from Aboriginal people and communities and this restoration of rights was experienced as healing. Another way the cultural programs were

experienced as healing was by opening up other healing opportunities in the journey of healing, including informal support, peer support, and warm referrals to mainstream services. The Healing Foundation (2021) refers to culture as "the gateway to healing" (p. 46); this is equally apt to each of these ways that culture was experienced as healing.

A leading expert in healing from trauma, Emeritus Professor Judy Atkinson, repeatedly makes the point that unhealed or unresolved trauma is associated with negative impacts. This distinction between trauma and unresolved trauma is too often lost in research focused on exploring the impacts of childhood trauma; these are impacts of unresolved trauma. It is vital that trauma is not framed as something it is assumed will not be healed from. Some people may not, and some may always be on the journey towards healing, but it is important not to impose an expectation that to be traumatised in childhood is a life sentence of unhealed trauma and sequelae of harmful impacts. This is not to minimise those who cannot heal; participants shared, "I will die with this hurt" and "I will never heal". In contrast, another participant shared that she healed because she received childhood therapeutic support in which she was able to disclose her abuse and able to experience sharing with other young people in out-of-home care.

8.3. Contributions of this Research

The findings of this research demonstrated the positive impacts of cultural programs designed, developed, and delivered by an ACCO for two groups of Aboriginal people who have experienced childhood trauma and out-of-home care. The findings support existing evidence (e.g., Gee et al., 2022; Peeters et al., 2014; Healing Foundation, 2021; VACCA, 2015) that Aboriginal-led group programs grounded in culture can be effective in improving SEWB. This research extends previous evidence by focusing specifically on the out-of-home-care context; previously, only Peeters and colleagues and the Healing Foundation (Stolen Generations) and VACCA (children in out-of-home care and young people who have recently exited out-of-home care) had researched cultural programs specific to this context. Furthermore, the phenomenological approach privileging lived experience contributed new knowledge. Critically, conducting research in partnership with an ACCO ensured that findings were embedded in real-world knowledge. Setting the

research within VACCA, in combination with the integration of Indigenous research paradigms, amplified Aboriginal knowledges and practices.

A plethora of research has established the deleterious impacts of childhood abuse, neglect, and trauma, including adversity across the lifespan and intergenerational impacts. However, research has focused heavily on the negative associations and outcomes resulting from child trauma and out-of-home care rather than the lived experiences of healing. This research focused on healing through engagement in cultural programs rather than healing more broadly because of identified barriers and concerns with mainstream approaches and the known benefits of cultural connection and cultural strengthening for Aboriginal people and communities.

The research had had its heart privileging Aboriginal voices, contributing to the findings being relevant and meaningful to Aboriginal communities. Much of the research literature focuses on diagnosis, impacts, and Westernised, (evidence-based) treatment for individuals exposed to childhood trauma and placed in out-of-home care. What is overlooked in the research literature are the experiences of people undertaking therapeutic interventions in these contexts. Such understandings can provide research that complements existing research literature, as well as ensure a range of therapeutic options are explored for Aboriginal people placed in out-of-home care in childhood that take into account their unique cumulative and collective experiences of trauma, as well as their cultural needs and rights. This research has contributed to understanding the critical role that culture has in healing. Healing through engagement in cultural programs needs to be understood within an Aboriginal conceptualisation of healing and an Aboriginal conceptualisation of SEWB. There was demonstrated SEWB benefit, as described by participants from engagement with cultural programs, with strong accessibility and acceptability experienced. Cultural programs, according to both participants and facilitators, contributed to a broad array of SEWB benefits, not limited to a reduction of psychological distress, often the sole focus in the treatment literature. Connections to culture, spirituality, country, community, and relationships were among the benefits expressed. Healing was expressed as a journey and as a holistic process that goes beyond

achieving a significant reduction in symptom severity in a qualified amount of time, as measured by standardised outcome measures or assessment tools.

The purpose of this research was twofold. First, its purpose was to contribute to the evidence base demonstrating the effectiveness of healing through engagement in cultural programs for Aboriginal people with childhood experiences of trauma and out-of-home care. This research contributed to the evidence base by privileging the experiences of those engaged in the cultural programs as well as the practice wisdom of the staff who delivered the programs. The second purpose of the research was to inform practice and policy so that Aboriginal people with experiences of childhood trauma and out-of-home care can receive services, support and healing opportunities that benefit them. The next subsection addresses these policy and practice imperatives.

8.3.1. Implications for Policy and Practice

This research provided an account of healing through engagement in cultural programs. The knowledge obtained from this research provides important understandings for policymakers and mental health systems in supporting the SEWB of Aboriginal people with childhood experiences of trauma and out-of-home care. Being based on lived experience and practice wisdom provides meaningful directions for practice and policy. The research provides implications for policy and practice for both ACCOs and mainstream services and programs.

The broader context of the need for cultural programs for Aboriginal people with out-of-home care experience is the increasing numbers of Aboriginal children placed in care and the large numbers disconnected from culture. As the quantitative data analysis of this research reinforced, a multi-pronged approach to reform is needed. As documented in Phase 1: Cultural Disconnection in Victoria's Out-of-Home Care System, key requirements include reducing the number of Aboriginal children placed in out-of-home care, ensuring out-of-home care is a culturally connected experience for Aboriginal children, ensuring Aboriginal children are in out-of-home care for the shortest period required, and equitable provision of intensive family services in relation to Aboriginal children. Recent Aboriginal child welfare reforms in Victoria have already shown promise; what is needed is wholesale

reform of the child protection, out-of-home care, and family services systems. Quantitative data analysis revealed inequitable service provision to Aboriginal children. The data is not available to conduct the same analysis for prevention and early intervention resourcing, but there is a need for equitable provision of all three services (prevention, early intervention, and intensive family support) to reduce the number of Aboriginal children entering and re-entering out-of-home care.

Lived experience and practice wisdom is needed to inform policy and practice, and yet child welfare policy and practice lacks lived-experience input. This is in stark contrast to Victoria's mental health systems, where there is the commitment to transforming the system by and with lived experience, which follows recommendations from the Royal Commission into Victoria's Mental Health System (State of Victoria, 2021b). A royal commission into Victoria's child protection system should not be necessary to apply this best practice approach across interconnected service systems.

This research has shown the benefit of involving those whom the programs are targeting in the design of the program itself, and doing this from the beginning of program design and development. This research highlights the need for a culturally grounded healing approach for Aboriginal people with experiences of childhood trauma and out-of-home care as an alternative to one-size-fits-all mainstream mental health services.

Aboriginal people with experiences of child trauma have reported not receiving benefit from mainstream therapeutic interventions. Inquiries and research reveal that mainstream or Western approaches have been ineffective in creating positive changes to Aboriginal people's wellbeing and in reducing the over-representation of poor mental health burden in Aboriginal communities. Mainstream therapeutic approaches are often not experienced as beneficial by Aboriginal people. Common experiences include not feeling culturally safe, not feeling understood, and feeling no better as a result. A mainstream, Western approach is not the solution to addressing the healing needs of Aboriginal children, families, or communities impacted by traumas. This is supported by multiple reports that have identified barriers to access to mainstream services, including the lack of culturally safe services, a lack of awareness of available services, racism, shame, and fear. VACCA clients participating in this research believe mainstream counselling has

not assisted them in recovering from their childhood experiences. Western approaches that fail to take into account Aboriginal knowledge are not the solution to healing the unresolved traumas with Aboriginal individuals, families, or communities.

Cultural healing is a right for Aboriginal survivors and a part of the process of reconciliation, as the origins of intergenerational and community trauma can be located in invasion; colonisation; destruction of culture; and disconnection from land, family, and community. There is a need for Aboriginal people to have the options for healing that they identify they need—those that will address their cultural and wellbeing needs. The findings of this research contribute knowledge informed by Aboriginal expertise, lived experience, practice wisdom, and cultural knowledge and can be used to inform the design and delivery of cultural programs for Aboriginal people with experiences of child complex trauma and out-of-home care. This research supports that this is a successful way to deliver healing and SEWB benefit.

The advocacy focus of this research involves being informed by human rights and social justice frameworks. Respecting Aboriginal human rights necessarily involves respect for Aboriginal cultural knowledge. The dissemination of the knowledge and experience of Aboriginal people with lived experience and practice wisdom is a matter of social justice and crucial for the wellbeing of future generations and for improved access to meaningful therapeutic intervention. To do better in policy and in practice there needs to be greater understanding and incorporation of Aboriginal perspectives and experiences, so that policy and services can be better developed.

The potential impacts of the findings for ACCOs, such as VACCA, include contributing to the evidence base that cultural programs are beneficial to healing and improved SEWB. This research could benefit other Aboriginal organisations interested in developing locally based cultural programs to meet local community needs. This research provides information for Aboriginal organisations wanting to develop local cultural healing or cultural strengthening programs. By utilising the common elements of the cultural programs, which are based on a trauma-informed and culturally grounded approach, it is anticipated that other programs will be received as beneficial, meaningful, and culturally safe by participants. Key considerations for ACCOs include that cultural programs should

not be held in isolation without ongoing support for participants. Pre- and post-program work with participants is critical, as is the ACCO being experienced in the provision of group programs for the target groups identified and the prioritisation of experienced program staff and facilitators. The VACCA program staff in this research had developed the programs; this meant the participants were well known to the facilitators (and vice versa) and that the program was developed and adapted in conjunction with clients and with a thorough understanding of their needs.

Self-determination is the key to affecting change. There is a need for the resourcing of culturally appropriate healing services for Aboriginal people. Providing cultural programs in an ongoing, predictable model requires government commitment to funding without the limits and restrictions inherent in funding for ACCOs. Funding is needed for both the development and delivery of cultural programs and for further Aboriginal-led research into cultural healing practices. The lack of resourcing for ACCOs to provide trauma-informed and holistic healing services, and the inaccessibility of mainstream services, results in Aboriginal survivors not getting the support services they require. The best way to deliver holistic healing services is to work with Aboriginal communities and support services that are run by ACCOs.

For mainstream services and programs, impacts for policy and practice include commitment to being a meaningful ally organisation, and advocating for, and advancing, self-determination. Mainstream interventions that are reflective of a one-size-fits-all approach have rendered Aboriginal people dependent on Western models of intervention and often do not address their specific needs. Experiences of cultural programs explored in this research demonstrate an alternative approach, one that is grounded in, and respectful of, Aboriginal healing practices. These cultural healing programs and cultural strengthening programs were both innovative and Aboriginal designed, developed and delivered programs. There is a role for mainstream CSOs to support cultural programs and establish or strengthen partnerships with ACCOs that allow Aboriginal clients accessing mainstream services and programs to also benefit from engagement with cultural programs. There is a need for mainstream services and programs to be a culturally safe adjunct referral option for participants of cultural programs. There is a need to recognise the importance of

cultural healing for Aboriginal people as an alternative to, or in collaboration with, Western therapeutic services.

This research has highlighted that there is a need for collective, cultural healing that goes beyond what a culturally informed non-Indigenous practitioner can provide, beyond what an Aboriginal practitioner can provide in a one-on-one counselling model. For Aboriginal people with lived experience of childhood trauma and out-of-home care, the research supports experiences that mainstream services do not necessarily meet their needs and that healing through engagement in cultural programs provides benefit and is what Aboriginal people want and feel they need. Participants were vocal in wanting cultural programs to support their healing and promote SEWB. In the spirit of self-determination, choice of healing modalities needs to be prioritised.

Stolen Generations survivors participating in this research were united in wanting to know that Aboriginal children today are safe and that history will not repeat itself. Young people participating in the research wanted these programs available for all Aboriginal young people in out-of-home care. Culturally grounded ways of healing are not routinely being provided; healing approaches known to be effective within Aboriginal worldviews and knowledge systems. In addition to the individual benefit of cultural programs, there is also wider community benefit. Cultural programs can contribute to cultural continuity via the transmission of culture, which is needed due to the destruction of cultures and traditions (see Bamblett in Blackstock et al., 2020). Cultural programs may also have a role in challenging racism by highlighting the strength and value of Aboriginal cultures (Doery et. al, 2023).

8.3.1.1. Inquiries.

This research supports the recommendations of several landmark inquiries, both nationally and in Victoria. At the national level, in 1997 the Bringing Them Home Report recommended that local Aboriginal community-based services and organisations be supported to lead and develop their own healing responses that would enable them to overcome the trauma of removal and assist them in limiting its intergenerational transfer (Human Rights and Equal Opportunity Commission, 1997). Twenty years later, the Royal

Commission into Institutional Responses to Child Sexual Abuse released its final report in 2017. Of particular relevance to this research is the Royal Commission's recommendation about funding and evaluating Aboriginal healing approaches **(**Recommendation 9.2): "The Australian Government and state and territory governments should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice" (Commonwealth of Australia, 2017, p. 30).

In Victoria, the Commission for Children and Young People have conducted a suite of systemic inquires in recent years. Always was, always will be Koorie children: Investigation into the circumstances of Aboriginal children and young people in out-of-home care in Victoria included the recommendation "Cultural programs for Aboriginal children in out-of-home care should be available on a local and regional basis, be recurrently funded and may include healing camps, access to the arts, connection to Country activities, recreation and educational opportunities" (Commission for Children and Young People, 2016, p. 82). The more recent Commission for Children and Young People inquiry, Out of Sight: Systematic inquiry into children and young people who are absent or missing from residential care (Commission for Children and Young People, 2021), found that one of the reasons Aboriginal children go missing from residential care is to try to reconnect with family, community, country and culture. Keep caring: systemic inquiry into services for young people transitioning from out-of-home care, found many Aboriginal young people still leave out-of-home care disconnected from culture and without the support they need to connect to culture (CCYP, 2020).

In 2021, in a national first, the Yoorrook Justice Commission was established (Yoorrook, meaning truth in the Wemba Wemba language). The Yoorrook Justice Commission is a truth telling inquiry, with the powers of a Royal Commission. It is examining the historical and ongoing injustices experienced by Aboriginal people in Victoria. In 2023 it included particular focus on the out-of-home care system. Its interim report that followed, included a recommendation for the child welfare legislation to be

urgently amended to “include in the decision-making principles a presumption that removal of a First Peoples child from their family or community causes harm” (Justice Commission, 2023, p. 32). Related recommendations included that child protection and the children’s court be required to record how they have considered the harm caused by removal in their decision to remove. While this suite of recommendations acknowledges the harm of removal for Aboriginal children in out-of-home care, the report’s recommendations do not reiterate the recommendations of the many inquiries preceding it is calling for cultural connection and healing programs for children in out-of-home care, transitioning from out-of-home care and adults whose childhood was spent in out-of-home care. The Commission missed an opportunity to add weight to these vital healing-related recommendations from previous inquiries. The Commission will hand down its final report in 2025, an opportunity to amplify the voices and needs of Aboriginal children in out-of-home care and prioritise the cultural connection and healing needs of these children.

8.3.2. Implications for Future Research

There is much written on Western approaches to trauma-informed therapeutic interventions. There is less in the published research literature from an Aboriginal perspective. A strength of this research was contributing to knowledge to address the identified knowledge gaps. There is minimal research exploring the meaning and experience of healing through cultural programs and it was important to honour the stories shared as part of this research. This research has led to a greater understanding of how to improve the SEWB of Aboriginal people with experiences of childhood trauma and out-of-home care, including processes related to strengthening culture and healing.

The setting within cultural programs provided by VACCA is a window into the range and variety of local cultural programs being provided across Australia that are not evaluated, researched, or published in the research literature. This research is therefore useful, due to lack of research in this area, as it highlights lived experience and practice wisdom and delivered by an ACCO with extensive experience in supporting cultural strengthening and cultural healing for Aboriginal children, young people, and adults with out-of-home care experiences. Further research is required examining healing through

cultural programs for a range of groups and contexts, given the growing literature showing the benefit of cultural connection and cultural strengthening for Aboriginal children, adults, and communities.

There is a need for research that utilises both Western and Aboriginal paradigms, methodologies, and methods. Research that incorporates Aboriginal knowledge, leadership, and lived experience has significant benefits. Basing the research within Victoria, Australia was critical to amplifying local knowledges and perspectives, with the aim of the research findings being relevant and accessible to Aboriginal communities in Victoria. This research was an opportunity to showcase Aboriginal-led, designed, and developed collective healing approaches. More research informed by lived experience is needed for social justice transformation.

Central to the success of this research was acknowledging and understanding the importance of the relational aspect of Aboriginal ways of doing research and the value of building in time for relationship building and genuine engagement. This research was possible due to pre-existing relationships I had with VACCA staff and their own pre-existing relationships with clients. Similar to the delivery of the cultural programs themselves, this research relied upon, and was successful based on, longstanding relationships. Many participants shared that they saw involvement in the research as an opportunity to be heard and to be heard for a purpose: to ensure better outcomes for future generations. Partnerships between researchers and ACCOs can contribute to research that is meaningful to the communities who contribute to the research.

The methods used were selected as appropriate approaches to address the research questions. Using multiple data sources was appropriate to unpack complexity (rather than attempting to ascertain a singular truth), in keeping with interpretive phenomenological methodology and Indigenous research paradigms. The multi-method approach to the research had strengths. The combining of different research methods allowed for triangulation, thus gaining the advantages of each method used while reducing the limitations of a single method (Walter, 2013). However, it also had limitations and these are discussed in the next section.

8.4. Limitations

The multi-phased mixed-method approach was a strength of the research and yet each phase had limitations. The first phase, the quantitative data analysis of child protection, out-of-home care, and family services data, was limited to what is publicly available. For the first qualitative phase, Phase 2, secondary data was used. A disadvantage of the use of secondary data is that because it was not collected for the purposes of the research, or the particular research questions for which it is being used, all the specific information required may not have been collected or may not have been collected in a way that increases its applicability to the specific research questions (Boslaugh, 2007). Using secondary data was influenced by awareness of trauma and avoiding asking trauma survivors to retell their experiences of trauma which they had already told as part of the Royal Commission into Institutional Response to Child Sexual Abuse (Commonwealth of Australia, 2017). The use of secondary data for research is an example of what has been referred to as "unobtrusive methods" (Liamputtong, 2013; Patton, 2015). It was considered that the advantages in this instance outweighed the disadvantages, given the ethical imperative to do no harm. The thematic analysis revealed the data was rich in addressing the relevant research question. This research focused on the out-of-home care context and was set within one state: Victoria. The remaining qualitative phases, Phases 3 and 4, were set within one ACCO: VACCA. The research findings cannot be assumed to be relevant to other settings and local communities.

A further limitation was the exclusion of the participation of children in the research. In this research, I asked young people in their early 20s about their childhood experiences of cultural programs. It would be helpful to ask children and adolescents at the time of undertaking cultural programs about their experiences. This approach is not without its challenges, including ethical considerations such as obtaining the required organisational ethical approval.

There are unavoidable limitations in terms of research translation and impact. No amount of adopting and implementing the findings from this research can be impactful enough without radical reform to acknowledge and address systemic racism in Victoria's child welfare services and systems. Cultural programs exist within broader systems and

society. Disconnection from culture is the result of invasion, ongoing colonisation, systemic racism and associated practices, policies and legislation perpetuating discrimination, dispossession, marginalisation, and poverty. Cultural healing needs to be considered within the broader context of invasion, and the ongoing impacts today in this broader context; cultural programs cannot challenge and overcome systemic racism, discrimination, and poverty.

8.5. Conclusion

Aboriginal people with experience of childhood trauma and out-of-home care have unaddressed healing needs. Mainstream approaches have been experienced as ineffective, insufficient, or avoided. After listening to the voices of Aboriginal people's lived experience and contextualising their experience of individual trauma in the broader experience of intergenerational and community trauma, and the lifelong and intergenerational impacts, it is evident that mainstream services do not have the appropriate frameworks or the cultural safety to adequately address the needs of these Aboriginal people or to provide a healing response that is culturally grounded, trauma-informed, and takes into account their experiences of trauma, disconnection, loss and grief.

This research places the healing narratives of survivors at the forefront. It has highlighted the particular need for healing in Victoria, which currently has the greatest over-representation of Aboriginal children in out-of-home care. The research also reveals the unmet healing needs and inadequacies of mainstream offerings for Aboriginal people with childhood experiences of trauma associated with past placement in out-of-home care and the lack of culturally designed group programs for recent care leavers and Aboriginal young people more broadly. This research showed the power and meaning of different cultural programs designed for different cohorts, but with many shared principles and elements.

This research drew on a recognition that Aboriginal people and communities have been severely wronged by past government policies and practices that have resulted in widespread harm and pervasive social and economic disadvantage for Aboriginal people. Social exclusion and systemic racism continue to impede efforts to heal Aboriginal

Victorians with out-of-home care experiences. There is an urgent need to recognise and support Aboriginal self-determination and to strengthen services to Aboriginal people by recognising the importance of a range of culturally relevant services being designed and delivered by Aboriginal community controlled services to Aboriginal children and families. Addressing disconnection from culture requires cultural strengthening and cultural connection. Addressing community traumas requires collective approaches.

There is not one approach or one model of Aboriginal healing. Aboriginal Australia is complex and diverse. Understanding and acknowledging these differences is important. It is important to learn from more than 65,000 years of wisdom. This research has highlighted that culture is healing, as stated by participants in this research. Approaches that are based on Aboriginal self-determination and connection to culture, and that build on the strengths of Aboriginal communities, can be successful in addressing the trauma. Investments in Aboriginal-led solutions must be made. Responses must be informed and led by Aboriginal services and local communities.

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Appendix 1. List of Published Articles and Conference Presentations During PhD Candidature

Conference Presentations During PhD Candidature

Black, C. (12 June 2018). *Integrating a neurodevelopmental perspective with cultural healing practices*. [Conference session]. Third International ChildTrauma Academy, Neurosequential Model Symposium, Banff, Canada (co-presented with Professor Muriel Bamblett and Professor Margarita Frederico).

Black, C. (22 July 20219). *Cultural healing for Aboriginal survivors of institutional child sexual abuse*. [Conference session]. Thirty-Sixth International Congress on Law and Mental Health, International Academy of Law and Mental Health, Rome, Italy.

Black, C. (3 December 2021). *Promoting progress by amplifying the voices of Aboriginal young people: Sharing stories of cultural healing*. [Conference session]. La Trobe University, School of Allied Health, Human Services and Sport, Promoting Progress Conference, Melbourne, Australia (awarded the Best Rapid Fire Presentation).

Relevant Publications Co-Authored During PhD Candidature

Bamblett, M., Blackstock, C., **Black., C**., & Salamone, C. (2018). Culturally respectful leadership: Indigenous staff and clients. In M. Frederico, M. Long & C. Cameron (Eds.), *Leadership in child and family practice* (pp. 83-99). Routledge.

Black, C., Frederico., M., & Bamblett, M. (22 October 2019). "My mob is telling their story and it makes me feel good": Here's what Aboriginal survivors of child sexual abuse told us they need. *The Conversation*. https://theconversation.com/my-mob-is-telling-their-story-and-it-makes-me-feel-good-heres-what-aboriginal-survivors-of-child-sexual-abuse-told-us-they-need-122645 (Reach: 11,020 readers as of 6 December 2023)

Blackstock, C., Bamblett, M. & **Black, C**. (2020). Indigenous ontology, international law and the application of the Convention to the over-representation of Indigenous children in out of home care in Canada and Australia. *Child Abuse & Neglect, 110*, 1–11, https://doi:10.1016/j.chiabu.2020.104587

Frederico, M., Jackson, A., **Black, C.,** Pawsey, R. & Cox, A. (2019). Take two—Implementing a therapeutic service for children who have experienced abuse and neglect: Beyond evidence-informed practice. *Child Abuse Review*, *28*(3), 225–239. https://doi:10.1002/car.2563

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Lindstedt, S., Moeller-Saxone, K., **Black, C.,** Herrman, H., & Szwarc, J. (2017). Realist review of programs, policies, and interventions to enhance the social, emotional, and spiritual well-being of Aboriginal and Torres Strait Islander young people living in out-of-home care. *International Indigenous Policy Journal*, *8*(3), Article 5. https://doi:10.18584/iipj.2017.8.3.5

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'Healing through culture': Aboriginal young people's experiences of social and emotional wellbeing impacts of cultural strengthening programs

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