

Victorian Aboriginal services co-creating knowledge about healing and recovery for Aboriginal and Torres Strait Islander survivors of child sexual abuse: A study protocol



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Abstract

Child sexual abuse is a human rights and public health issue with harmful impacts on individuals, families and communities of all nations and cultures. There is a lack of research on healing and recovery from child sexual abuse for Aboriginal and Torres Strait Islander individuals, families and communities. This protocol describes a program of research that was co-designed with practitioners and senior staff from six Aboriginal partner services dedicated to supporting Aboriginal and Torres Strait Islander survivors of child sexual abuse in the Australian state of Victoria. This multi-method study is grounded in Indigenous research methodologies and methods of data generation, in addition to complementary Western methodologies and methods of data analysis. The overarching aim of the project that this program of research is situated within is to better understand and respond to the experiences and healing needs of Aboriginal and Torres Strait Islander peoples with lived experience of child sexual abuse.

The specific aims for the first phase of research outlined in this protocol are to: (1) strengthen the wellbeing and capacity of the workforce dedicated to supporting Aboriginal and Torres Strait Islander survivors of

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child sexual abuse; and (2) build a Victorian workforce understanding of the experiences and processes of healing in relation to child sexual abuse from Aboriginal and Torres Strait Islander perspectives. The protocol outlines three related research activities, which make up this first phase of the study. The first activity involves cultural wellbeing and yarning gatherings for staff of the partner services to yarn about healing from child sexual abuse. This research activity utilises yarning and a grounded theory approach. The second activity involves an evaluation of a community of practice for staff, utilising yarning and reflexive thematic analysis. The third activity is a scoping review that investigates Indigenous peoples' experiences of healing from child sexual abuse and utilises thematic analysis. This co-designed program of research focuses on supporting practitioners and services dedicated to survivors of child sexual abuse through the development of new knowledge inclusive of practice wisdom and privileging Aboriginal and Torres Strait Islander knowledges.

Keywords: Aboriginal and Torres Strait Islander research; Child sexual abuse; Healing; Recovery; Co-design

Highlights

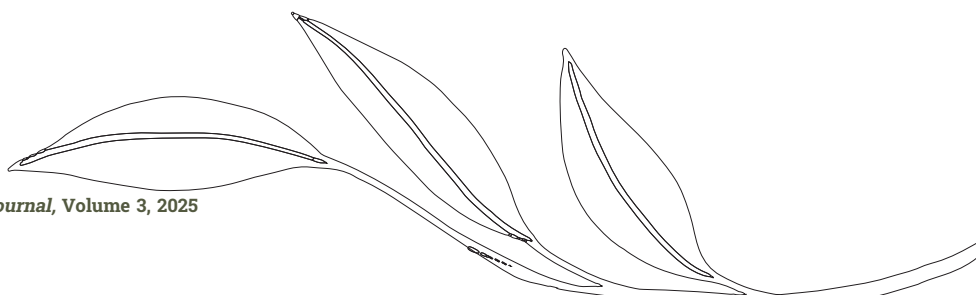
- This co-designed protocol privileges the experiences and wisdom of practitioners.
- In this under-researched area, the protocol outlines three key elements:
 - provides a theory of healing from child sexual abuse within Aboriginal contexts
 - documents the impacts and benefits of communities of practice for practitioners
 - collates international evidence of Indigenous peoples' experiences of healing.

Introduction

Child sexual abuse is a human rights and public health issue with harmful impacts on individuals, families and communities of all nations and cultures. There is a lack of research on healing and recovery from child sexual abuse for Aboriginal and Torres Strait Islander individuals, families and communities. A five-year, Aboriginal-led program of research has been designed to address this research gap. The program of research – to be conducted in the state of Victoria, Australia – will comprise three phases or 'Platforms'. This protocol describes Platform 1, which focuses on supporting practitioner wellbeing and generating knowledge to strengthen the capacity of services to support Aboriginal and Torres Strait Islander survivors of child sexual abuse. Platforms 2 and 3 will focus on responding to the needs of Aboriginal and Torres Strait

Islander survivors and developing and supporting community responses through early intervention and prevention. This protocol outlines the methodologies, models of Aboriginal governance and Indigenous data sovereignty, research aims, design and procedures for Platform 1.

Despite the widespread impacts of child sexual abuse, there is a lack of consistency concerning how child sexual abuse is defined and conceptualised. For this protocol, the World Health Organization (WHO) definition of child sexual abuse is used. The WHO defines child sexual abuse as 'the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or else that violates the laws





or social taboos of society' ([World Health Organization 1999](#), p. 15). There are significant challenges in measuring the extent of child sexual abuse in Australia and worldwide. Different data collection methods and current gaps in knowledge mean that there is variation in estimates of the prevalence. An international study covering 130 countries found that nearly one in five women and one in 10 men reported having been sexually abused as a child^a ([Butchart et al. 2015](#)). Systematic reviews and meta-analyses have estimated that 13% of adults worldwide (men and women combined) have experienced sexual abuse during childhood. Research on the prevalence of child sexual abuse consistently acknowledges that this is likely to be higher than what is reported, due to significant barriers related to disclosure and reporting.

Australian research has indicated similar prevalence as international data among men and higher prevalence among women ([Moody et al. 2018](#); [Stoltenborgh et al. 2015](#)). Although data are limited, it is estimated that Aboriginal and Torres Strait Islander peoples are between 1.5 and 3.5 times more likely to be victims of sexual violence than other Australians ([Australian Institute of Health and Welfare 2022](#); [Steering Committee for the Review of Government Service Provision \(SCRGSP\), 2009](#)). Recent findings from the first Australian Child Maltreatment Study found that 8,500 (28.5%) Australians in the survey reported experiencing child sexual abuse. Girls were twice as likely to experience child sexual abuse as boys (37.3% versus 18.8%) ([Haslam et al. 2023](#)).

The potential impacts of child sexual abuse are wide-ranging and well-documented ([Chen et al. 2010](#); [Hailes et al. 2019](#); [Maniglio 2009](#)). These can include long-

term mental health difficulties and broader personal, family, community and cultural impacts. Systematic reviews have found that experiences of child sexual abuse are associated with increased prevalence of post-traumatic stress disorder, depression, anxiety, psychosis, dissociation, substance abuse, and personal and relationship difficulties ([Maniglio 2009](#)). Child sexual abuse is also associated with poorer long-term physical health outcomes, such as increased risk of heart disease, obesity and stroke ([Goodwin and Stein 2004](#); [Rich-Edwards et al. 2012](#)). Other far-reaching effects include an increased likelihood of having contact with the justice system; poorer educational, social and economic outcomes; and an increased likelihood of self-harm and suicide ([Gallo et al. 2018](#)). In the Australian Child Maltreatment Study, respondents who reported having experienced sexual abuse were twice as likely to have experienced self-harm and attempted suicide in the past 12 months in comparison with those who did not report a history of sexual abuse. For those respondents who reported having experienced sexual abuse, there was almost a two-fold increase in the likelihood of experiencing post-traumatic stress disorder ([Haslam et al. 2023](#)). Despite these impacts, significant barriers to survivors receiving support remain ([Lemaigre et al. 2017](#)).

Several risk factors at individual, family, community and societal levels have been identified. Across cultures and societies, child abuse is more common among families and communities that experience compounding social inequalities – including poverty, poor health and poor access to services – and political inequalities, including racism, discrimination and violation of human rights ([Garbarino et al. 1995](#); [Tomison and Wise 1999](#); [Woloc and Horowitz 1984](#)). These factors are all relevant for Aboriginal and Torres Strait Islander peoples, as are the ongoing impacts of colonisation, including dispossession of land and

^aThe authors refer to designations of women and men acknowledging that these categories are not fixed and recognising diversities in gender identity.





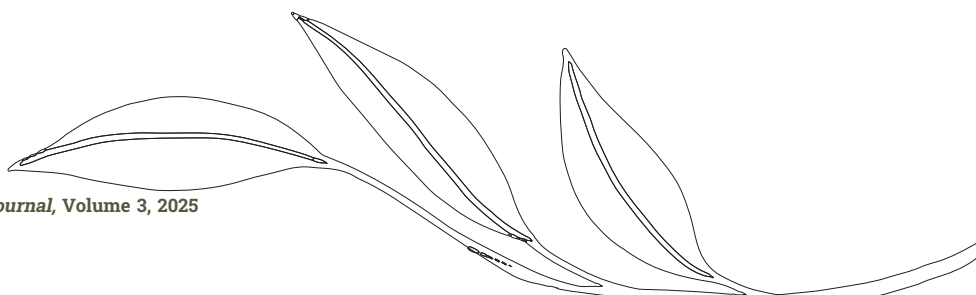
resources, forced child removal and other forms of structural violence.

Political responses to the issue of child sexual abuse within Aboriginal and Torres Strait Islander contexts have been mixed ([New South Wales Aboriginal Child Sexual Assault Taskforce 2006](#); [Wild and Anderson 2007](#)). For example, the heavy-handed Commonwealth government response to the Ampe Akelyernemane Meke Mekarle 'Little Children Are Sacred' report ([Wild and Anderson 2007](#)), which led to the Northern Territory Emergency Response, has been contested both nationally and internationally ([Amnesty International Australia 2007](#)). The 2010 United Nations Special Rapporteur report on the human rights and fundamental freedoms of Indigenous peoples concluded that the Northern Territory Emergency Response was both 'racially discriminatory' and 'incompatible with Australia's international human rights obligations' ([Anaya 2010](#)). Other national initiatives, such as the five-year Royal Commission into Institutional Responses to Child Sexual Abuse, have received more favourable responses from Aboriginal and Torres Strait Islander organisations ([Victorian Aboriginal Child Care Agency 2018](#)). Recommendations from the Royal Commission were instrumental in highlighting the lack of coordinated response across Australia with respect to addressing the impacts of child sexual abuse. Based on these recommendations, all Australian jurisdictions recently committed to the first National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 ([Commonwealth of Australia 2014](#)).

A systematic review by McCalman and colleagues concluded that there was 'insufficient evidence to confidently prescribe what works to effectively respond to Indigenous Australian sexual assault' ([McCalman et al. 2014](#), pp.1–2). The authors identified

broad-level promising approaches, such as the need for collaborative partnerships, coordinated approaches to service delivery, community-focused and defined services and programs and Indigenous justice models. However, they cautioned that these approaches were derived from descriptive literature from national strategic plans rather than locally based initiatives and 'without evidence for what works at local levels, there was no guidance on which services... could make decisions about situated responses to Indigenous sexual assault' ([McCalman et al. 2014](#), p. 11). The systematic review's findings accord with the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 acknowledgement of the lack of coordinated approaches to supporting survivors of child sexual abuse.

The issue of child sexual abuse has concerned Aboriginal and Torres Strait Islander communities for several decades. In Victoria, Australia, there has been a longstanding focus on healing, recovery and prevention of child sexual abuse. The Victorian Indigenous Family Violence Taskforce report ([Victorian Indigenous Family Violence Task Force 2003](#)) identified child sexual abuse as an important issue almost 20 years ago. Since then, many Elders and community members have collectively been committed to tackling this difficult issue; however, like many communities the world over, these years of effort and advocacy have not been documented in the existing literature ([Thorpe et al. 2004](#)). Child sexual abuse is not part of Aboriginal and Torres Strait Islander cultures; on this there is strong consensus across cultural groups and communities. Experiences of violence are linked to legacies of intergenerational trauma and colonisation ([New South Wales Aboriginal Child Sexual Assault Taskforce 2006](#); [Victorian Indigenous Family Violence Task Force 2003](#); [Wild and Anderson 2007](#)). However, it has rarely been acknowledged that child





sexual abuse and rape were part of the violence of colonisation (Libesman and McGlade 2019). The intersection between First Nations peoples' experiences of child sexual abuse, the impacts of colonisation, and the roles of gendered violence, justice and healing has been articulated by First Nations scholars (e.g. Deer 2015; McGlade 2012); however, more work is needed to further understand these complex areas of intersectionality.

Healing and recovery approaches need to be grounded in Aboriginal and Torres Strait Islander systems of knowledge and cultural values that prioritise the safety of children, adults and families and involve whole-of-community responses (Victorian Indigenous Family Violence Task Force 2003). Past inquiries and Australia's National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 have articulated a call for action (Commonwealth of Australia 2014; New South Wales Aboriginal Child Sexual Assault Taskforce 2006; Victorian Indigenous Family Violence Task Force 2003; Wild and Anderson 2007). However, there are major gaps in Aboriginal and Torres Strait Islander-led research evidence in relation to the healing and recovery needs of Aboriginal and Torres Strait Islander survivors and workforce education and support needs.

Over the past six years, Victorian Aboriginal^b and non-Indigenous services have been working together as a coalition of services committed to addressing healing, recovery and prevention of child sexual abuse within Victorian Aboriginal communities. Since 2019, the

Principal Investigator of the study described below has been an invited member of the coalition of services. Early discussions held over a two-year period included whether Aboriginal-led research could support the services' efforts. Subsequently, the program of research outlined in this protocol emerged from six months of co-design work with six service partners and the research team. This six-month period involved across-services and research team collaborations that were vital to strengthening relationships and trust, and which resulted in endorsement and formal partnerships with the six Victorian Aboriginal services. Ethics approval was provided by the Royal Children's Hospital (Victoria, Australia), Reference Number 94588, with a review process including two Aboriginal academics. Informed consent to participate in the study will be obtained from participants.

Methods

The primary research question to be addressed over the course of the five-year program of research is: How do Aboriginal and Torres Strait Islander children, adults and families heal from child sexual abuse? The research will address five sub-questions:

1. Which messages promote safety, strength and hope for healing, recovery, early intervention and prevention of child sexual abuse?
2. What are the impacts and healing needs for Aboriginal and Torres Strait Islander survivors of child sexual abuse?
3. How is healing understood by Aboriginal and Torres Strait Islander survivors of child sexual abuse?
4. What is the role of culture in healing for Aboriginal and Torres Strait Islander survivors of child sexual abuse?
5. How can practitioners working with Aboriginal and Torres Strait Islander survivors of child sexual abuse be better supported?

^bThere are many diverse Aboriginal and Torres Strait Islander cultural groups in Australia. Within Victoria, Aboriginal community-controlled organisations and related services often respectfully use the term 'Aboriginal' in their organisation name, and to also respectfully refer to services that are inclusive of, and offered to, Aboriginal and Torres Strait Islander peoples. This research project involves partnerships with six Victorian Aboriginal services and, accordingly, hereafter the term 'Aboriginal' is used to refer to Aboriginal and Torres Strait Islander cultural groups utilising these services.





The overarching aims of the five-year program, which this protocol and first phase of research sits within, are to: (1) understand the experiences and processes of healing from child sexual abuse from Aboriginal and Torres Strait Islander perspectives; (2) support effective responses to the healing and recovery needs of Aboriginal and Torres Strait Islander survivors of child sexual abuse; (3) strengthen the wellbeing and capacity of the workforce dedicated to supporting Aboriginal and Torres Strait Islander survivors of child sexual abuse; and (4) support the development of prevention and early intervention practices and responses to child sexual abuse within a Victorian Aboriginal and Torres Strait Islander community context.

The five-year program will be conducted in three phases or ‘Platforms’ of research. Platform 1 involves partnering with six services to support healing and recovery of child sexual abuse within Victorian Aboriginal communities. [Figure 1](#) places this study protocol (represented as Platform 1) in the broader context of the five-year multiphase study.

The research questions for the three research activities that make up Platform 1 are outlined below. The first research activity, utilising a grounded theory approach, involves cultural wellbeing and yarning gatherings for partner services to participate in yarning about healing and recovery from child sexual abuse.



Figure 1: Platforms of research across five years.

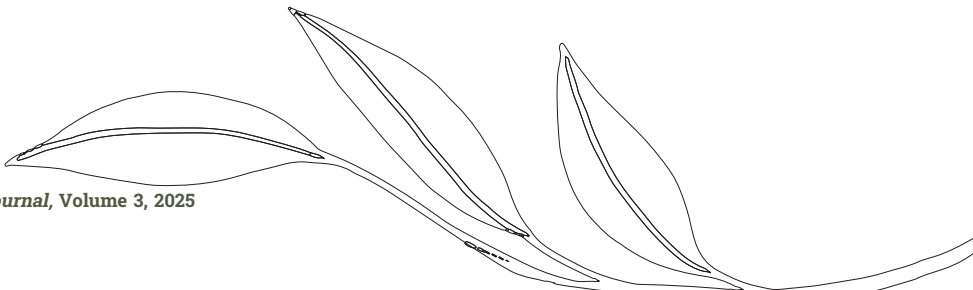
The associated research question is: how do practitioners and workforce from dedicated Aboriginal healing services understand and support healing for individuals, families and communities experiencing the impacts of child sexual abuse? The second activity is an evaluation of an eight-month community of practice and has three associated research questions: (1) How was a culturally informed community of practice experienced by participants? (2) What were the key elements of the model? and (3) What is needed to sustain a culturally grounded community of practice for this workforce? The third activity is a scoping review that investigates Indigenous peoples’ experiences of healing and recovery from child sexual abuse. The scoping review includes four research questions: (1) What are the barriers to and enablers of disclosure for Indigenous survivors of childhood sexual abuse? (2) What are the barriers to and enablers of access and engagement with services for Indigenous survivors of childhood sexual abuse? (3) How do Aboriginal and other Indigenous survivors of childhood sexual abuse experience healing and recovery? and (4) What are the cultural components of healing and recovery from childhood sexual abuse for Aboriginal and other Indigenous peoples?

Aims

The aims of Platform 1 are: (1) to strengthen the wellbeing and capacity of the workforce dedicated to supporting Aboriginal and Torres Strait Islander survivors of child sexual abuse, and (2) to build a Victorian workforce understanding of the experiences and processes of healing in relation to child sexual abuse from Aboriginal and Torres Strait Islander perspectives.

Study investigators, collaborating partner services and Aboriginal governance group

The program is led by the Aboriginal and Torres Strait Islander Health Research Program at Murdoch





Children's Research Institute (MCRI). The principal investigator (GG) is an Aboriginal clinical psychologist and researcher. The research team includes Aboriginal and non-Indigenous investigators who share an agreed set of core values. First and foremost is the recognition of culture as a foundation of wellbeing for Aboriginal and Torres Strait Islander peoples. The authors view culture as constituting a body of collectively shared values, principles, practices, customs and traditions. From an Aboriginal and Torres Strait Islander child developmental perspective, which is important to consider within the context of healing and recovery from child sexual abuse, cultural connection is fundamental to the development of self-worth, a strong identity and healthy relationships (Bamblett et al. 2010; Bamblett et al. 2012). Within the context of colonisation, the emphasis on the importance of culture means a strong commitment to decolonising practices, both within a research context and more broadly regarding social justice, human rights and self-determination. The values driving this research are aligned with the United Nations Convention on the Rights of the Child (United Nations 1989) and the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007).

Co-researchers/participants are practitioners and senior staff from six Victorian Aboriginal partner services involved in supporting Aboriginal survivors of child sexual abuse. Four partner services provide direct therapeutic support to Aboriginal and Torres Strait Islander survivors of child sexual abuse: (1) Yoowinna Wurnalung Aboriginal Healing Service; (2) Garra Kombrook, Victorian Aboriginal Health Service (VAHS); (3) Victorian Aboriginal Child Care Agency (VACCA) (Nowunun Murrumbununner Yearkun Southern Aboriginal Sexual Assault Support Service and Healing Our Way Western Sexual Assault Support Service); and (4) Nyaal Kolima, Ballarat and District

Aboriginal Cooperative. In addition to the client services, two other agencies are participating. The Safe Pathways to Healing Sexual Assault Prevention Working Group is a sexual assault prevention and healing-focused working group that includes representation of multiple organisations. The sixth partner service is the Victorian Aboriginal Community Controlled Health Organisation, a peak body that provides training to the Aboriginal community health sector, among other duties. Three partner service members are senior Aboriginal Elders and many of the partner service staff are Aboriginal. This research involves a culturally diverse group of Aboriginal researchers and participants and multiple Victorian Aboriginal services situated on multiple clan group areas of Country in the state of Victoria, Australia.

Partner services have endorsed the establishment of an Aboriginal governance group for this research. The Aboriginal governance group will have equal representation from all partner services. Each partner service will select two representatives to be on the Aboriginal governance group, with a majority of Aboriginal members.

Research design – the research paradigm, Indigenous and Western research methodologies and methods

Research paradigm – Indigenous ways of knowing, being and doing

Through the co-design work that led to this protocol, it became clear that there was a mutual commitment between Aboriginal and non-Indigenous participants for the research to be driven by Indigenous methodologies. Specifically, the research is shaped by four aspects of Indigenous ways of knowing, being and doing, as described by Indigenous scholars such as Rigney (2001), Smith (1999) and Wilson (2001):



- An ontology or understanding of reality that recognises continual connection with ancestors and a cosmos that is holistic and spiritual
- An epistemology or understanding of knowledge as being generated within the context of relationships and connections
- An axiology or understanding of values as being driven by collective and cultural obligations, including respect, accountability and reciprocity
- An Indigenous research methodology (based on processes and approaches to research) grounded in cultural protocols and cultural practices.

These four aspects of Indigenous ways of knowing, being and doing shape the Indigenous research methodologies and methods of the research activities.

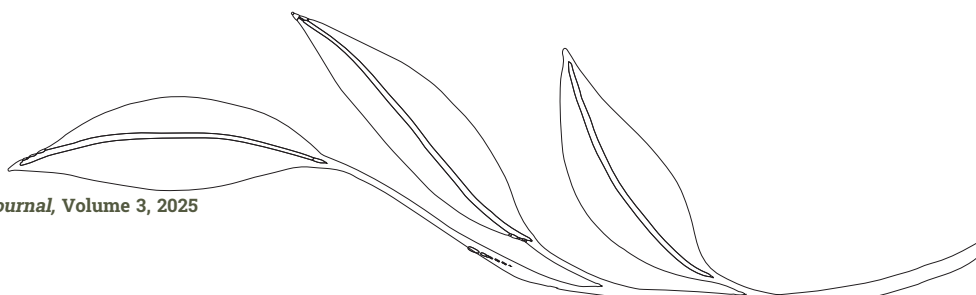
Indigenous research methodologies: Just as there is no single, homogenous Aboriginal or Torres Strait Islander culture, there is no single Indigenous research methodology. Pioneering Māori scholar Professor Linda Tuhiwai Smith (1999) described some of the features and purposes of Indigenous research methodologies:

Indigenous methodologies tend to approach cultural protocols, values and behaviours as an integral part of methodology. They are ‘factors’ to be built into research explicitly, to be thought about reflexively, to be declared openly as part of the research design, to be discussed as part of the final results of a study and to be disseminated back to the people in culturally appropriate ways and in a language that can be understood (p.15).

Indigenous research methodologies need to be applied at a local level so that they accord with local cultural protocols, knowledges and practices. They need to involve local input and collaboration to ensure that the

research has benefits for and meets the needs of local communities. Two complementary Indigenous research methodologies underpin this research: Professor Lester-Irabinna Rigney’s Indigenous Research Methodology (Rigney 2001) and Dadirri (Ungunmerr-Baumann 1988; Ungunmerr-Baumann et al. 2022).

Lester-Irabinna Rigney’s Indigenous research methodology: Rigney has defined an Indigenous research methodology as comprising three interrelated principles: privileging Aboriginal voices, political integrity and resistance as the emancipatory imperative. This research privileges Aboriginal voices in the leadership and design of the project and privileges Aboriginal knowledge systems. The project enacts Rigney’s principles of political integrity and resistance as an emancipatory imperative through supporting the ethos of self-determination, with most partner services being Aboriginal community-controlled services, and by resisting the passive acceptance of knowledge about healing and recovery from child sexual abuse from a non-Indigenous perspective (whilst not excluding all knowledge from this area). It also does this by explicitly committing to the inclusion of cultural knowledge belonging to Aboriginal and Torres Strait Islander practitioners to strengthen the evidence base and support the capacity of Victorian Aboriginal services to deliver cultural and therapeutic care for survivors of child sexual abuse. Also, consistent with Rigney’s principles, Aboriginal leadership and governance are central to the research. The research team recognises the sovereign knowledge of Indigenous peoples through the development of an Indigenous data sovereignty model. Rigney’s three interrelated principles will ensure that the Victorian Aboriginal partner services and practitioners are leading this area of work, so that the





research is culturally safe, aligns with service and community priorities, is co-designed to meet community needs and is built on community engagement. This is consistent with the Australian National Health and Medical Research Council (NHMRC) Ethical guidelines for research with Aboriginal and Torres Strait Islander peoples and Road Map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research (National Health and Medical Research Council 2018a, 2018b).

Dadirri – deep listening: The second Indigenous research methodology is Dadirri, a cultural practice gifted to the field of Indigenous research by Senior Elder, Dr Miriam Rose Ungunmerr Baumann, an educator from the Ngan'gikurunggurr people of the Daly River region, Northern Territory (Ungunmerr-Baumann 1988; Ungunmerr-Baumann et al. 2022). Dadirri has been formally articulated as a research methodology by a colleague of Dr Ungunmerr Baumann, Senior Elder and trauma specialist Emeritus Professor Judy Atkinson (Atkinson 2002). In their recent work with colleagues (Ungunmerr-Baumann et al. 2022), they describe Dadirri as:

the art of being present, being still, connecting with yourself and the environment in such a profound way that it creates space for deep relationships. Dadirri encourages cyclical, deep listening, and reflection. Through Dadirri, relationships are built on trust and respect, which provides opportunities to create the co-directional sharing of knowledge and privileges Indigenous voices. Dadirri listens and knows, witnesses, feels, empathises in the pain of the Indigenous experience of trauma (p. 96).

This methodology was chosen as it captures the kinds of relationships and connections that are hoped to be

created as a foundation for this research design. It is hoped that this research brings together and builds a community of people dedicated to healing child sexual abuse. This aligns with the principles and functions of Dadirri, as described by Professor Atkinson: 'Dadirri at its deepest level is the search for understanding and meaning. It is listening and learning at its most profound level – more than just listening by the ear, but listening from the heart' (Atkinson, p. 19).

Yarning as a method of data generation: Data generation will be undertaken through yarning. Yarning is integral to many Aboriginal and Torres Strait Islander cultural groups and communities and emerged as a formal Indigenous method of research enquiry a decade ago (Bessarab and Ng'andu 2010; Chamberlain et al. 2021). The term yarning refers to communication processes that involve storytelling and sharing of knowledge and experiences in ways that build connection and relationships between Aboriginal and Torres Strait Islander peoples. Bessarab and Ng'andu (2010) were possibly the first Aboriginal researchers to formally describe the use of yarning as a research method. They described yarning processes as a form of sharing that honours relationships within Indigenous contexts of reciprocity, storytelling and accountability. They identified four non-linear types of yarning: (1) 'social yarning', which involves informal discussion to help establish relationships between participants and researchers; (2) 'research topic yarning', which describes conversation with a purpose (i.e. a topic of research); (3) 'collaborative yarning', which refers to sharing information about the research (e.g. dissemination); and (4) 'therapeutic yarning', where conversations can include sharing and disclosure about potentially personal emotional experiences, such as healing or trauma (Bessarab and Ng'andu, p. 40).





Integrating Western research methodologies – grounded theory and reflexive thematic analysis

In addition to using an Indigenous paradigm, methodology and methods, the research also draws on Western research methodologies, including grounded theory and reflexive thematic analysis, to help answer the overarching research question ‘How do Aboriginal and Torres Strait Islander children, adults and families heal from child sexual abuse?’ The main purpose of grounded theory is theory development and generation. Grounded theory has increasingly been utilised by Indigenous researchers situated within Indigenous methodologies and paradigms as a feasible way of generating theories to help explain cultural safety, mental health, trauma and healing (Bainbridge et al. 2013; McCalman et al. 2021; McGough 2018). There is little research on understanding the processes of healing and recovery from child sexual abuse from Aboriginal and Torres Strait Islander perspectives. Therefore, there is no existing theory to test. Accordingly, this research aims to develop and generate a theory. Theory generation will begin in Platform 1 with engaging practitioners and senior staff from partner services to develop understandings of the processes of healing and recovery from child sexual abuse from a workforce perspective. Subsequent platforms will involve engagement and centring the voices and needs of survivors of child

sexual abuse. The use of grounded theory is situated within the Indigenous research paradigm and methodologies. This ensures that the theory produced is grounded in practice wisdom and lived experience reflecting Aboriginal and Torres Strait Islander ways of knowing, being and doing. Figure 2 summarises the project method, methodologies, research paradigm and values.

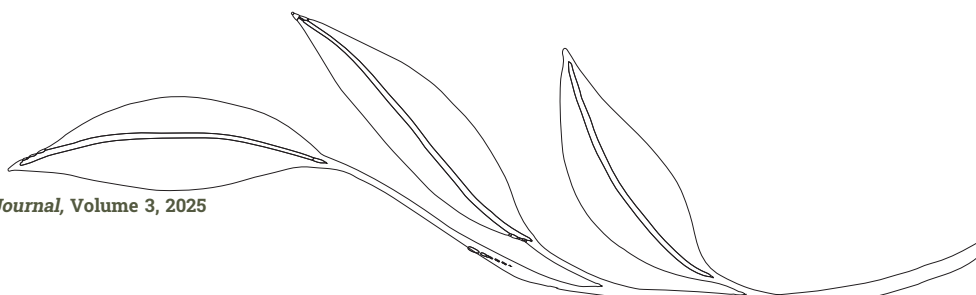
Reflexive thematic analysis (Braun and Clarke 2006; 2019; 2022) will be utilised to explore participants’ experiences of the community of practice. Data will be iteratively analysed drawing on Braun and Clarke’s reflexive thematic analysis approach (Braun and Clarke 2006; 2019; 2022). The team members will review coding decisions and strategies over time to progressively develop shared codes and themes. Proposed findings will be presented to the Aboriginal governance group for feedback.

Procedures

The study protocol consists of three research activities: Research Activity 1: Cultural wellbeing and yarning gatherings; Research Activity 2: Community of practice; and Research Activity 3: A scoping review about healing from child sexual abuse within Indigenous contexts. This section outlines the approach to participant recruitment, participant safety



Figure 2: Method, methodologies, research paradigm and values.





and wellbeing protocol, data management, the research activities included in Platform 1 and the Indigenous data sovereignty model that has been agreed to with partner services.

Recruitment

Practitioners and senior staff from the six partner services that work with Aboriginal and Torres Strait Islander child or adult survivors of child sexual abuse will be invited to participate in Research Activities 1 and 2. Research Activity 1 will involve recruitment of 18 to 30 participants from the six partner services. Research Activity 2 will involve recruitment of 10 to 20 practitioners and four to five senior staff. Inclusion criteria for participation in both research activities are: aged ≥ 18 years; and employed by one of the partner services to support Aboriginal and Torres Strait Islander children, adults and families of those with lived experience of child sexual abuse. Participants may be Aboriginal and Torres Strait Islander or non-Indigenous.

Participant safety and wellbeing

A participant safety and distress protocol has been developed with multiple strategies in place to support participant wellbeing, minimise risk of participant distress and respond to participant distress if required. It includes a series of sequential, coordinated steps for the research team to follow should a participant become distressed because of engaging in the research.

To support participant wellbeing, the research activities include a range of cultural activities, including use of ceremony and cultural wellbeing activities to help foster connection and wellbeing. In addition, the research activities incorporate cultural safety protocols, such as Welcome to Country and Acknowledgement of Country, taking time for cultural introductions and use of cultural artefacts.

The services of an Aboriginal psychologist and a non-Indigenous social worker have been secured for the duration of the research. The psychologist and social worker will provide confidential therapeutic support to any participant who requests support during or following the research activities. Strategies have also been put in place to support research team member wellbeing.

Data management

A REDCap (Research Electronic Data Capture) ([Harris et al. 2009](#)) participant database will be developed for the project. Data generated in the research activities will be stored in a de-identified format. Informed consent will be obtained for data collection including consent for audio recording. Data generated will be imported into NVivo 14 (QSR International, Burlington, USA) for analysis.

Research Activity 1: Cultural wellbeing and yarning gatherings

In the formative co-design work that led to this study protocol, there was consensus among partner services that the research needed to be conducted in a way that did not overburden practitioners. Equally important was the identified need for the research to be grounded in Indigenous ways of knowing, being and doing that privileged cultural processes in the design. There was consensus among partner services that the best approach and structure to do this would be three two-day gatherings over an eight-month period, with each gathering incorporating a focus on culture, ceremony and wellbeing. The elements of culture, connection and Aboriginal governance are fundamental to all aspects of the research process and will fulfil dual roles: (1) Ceremony is a cultural practice for most Aboriginal and Torres Strait Islander peoples that involves locating people and place (i.e. kinship connections); is an expression of respect for Elders and Country; and is a sacred process that





creates connection and belonging (Atkinson 2002; Gee et al. 2014) and (2) Participation in cultural practices strengthens cultural connection and wellbeing and, from a trauma-informed perspective, helps establish safety, trust and a sense of shared purpose (Substance Abuse and Mental Health Services Administration 2014). Cultural practices for each gathering will vary depending on the traditional lands on which the gathering is held and the aspirations of participants. Broadly, every gathering will include the use of Ceremony (Welcome to Country, smoking ceremony, Traditional Owner dances) in addition to cultural wellbeing activities.

The gatherings will also focus on conducting yarning circles. The research team will utilise the principles of Dadirri (deep listening), the method of yarning, and a grounded theory approach for data and theory generation. The Aboriginal researchers who will facilitate the yarning circles all have experience working with Victorian Aboriginal communities and supporting the cultural and emotional safety of participants. The yarning circles will be 60 to 90 minutes in duration. It is expected that in open dialogue participants may fluidly move between social,

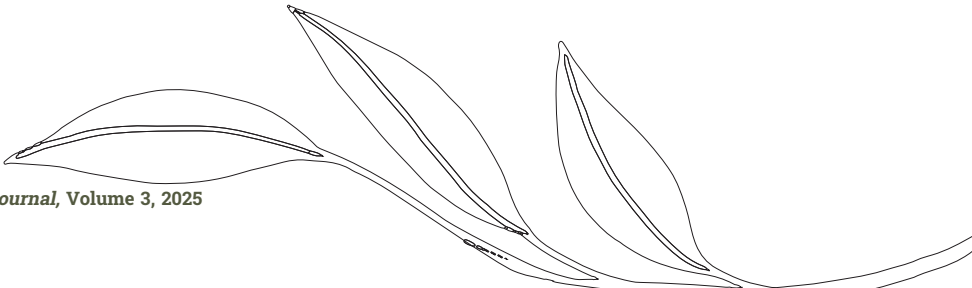
research topics, collaborative and therapeutic yarning processes. Indicative questions for each gathering are shown in Table 1. The iterative development of new questions and lines of inquiry is typical within grounded theory. Gatherings will conclude with group reflections, a check-in about participant wellbeing and a closing ceremony.

Data will be analysed using grounded theory methodology and methods. This will involve multiple iterative processes including purposive sampling, memo writing, initial coding and categorisation of data, concurrent data generation and constant comparative analysis, theoretical sampling, intermediate coding, theoretical sensitivity and saturation, advanced coding and theoretical integration (Birks and Mills 2013). The draft theory will be iteratively taken to participants and the Aboriginal governance group for feedback and to ensure accuracy and that their wisdom informs future data and theory generation activities.

During the process of theory generation, the research team will gather information identified as important to partner services during the formative co-design workshops. This includes, for example, identifying

Gathering 1	Gathering 2	Gathering 3
What are the impacts and healing needs for Aboriginal and Torres Strait Islander survivors of child sexual abuse?	What is the role of culture in healing for Aboriginal and Torres Strait Islander survivors of child sexual abuse?	How do Aboriginal healing services support survivors of child sexual abuse?
What is healing in relation to how Aboriginal and Torres Strait Islander peoples heal from child sexual abuse?	How do you work with strengthening culture and identity for survivors of child sexual abuse?	What processes do Aboriginal healing services use to support healing for survivors of child sexual abuse?
What works (and what does not work) to support healing for Aboriginal and Torres Strait Islander survivors of child sexual abuse? And why?	What approaches do Aboriginal healing services use that are specific to supporting survivors of child sexual abuse, and how do approaches differ from other family violence work?	What are the core elements of care for supporting survivors of child sexual abuse?
What types of cultural and therapeutic practices heal and how?	How do approaches used by Aboriginal healing services differ from non-Indigenous services that work with survivors of child sexual abuse?	

Table 1: Indicative questions for the gathering yarning circles





promising practices (i.e. what is working) and core elements of care central to supporting survivors of child sexual abuse (i.e. what is unique to Aboriginal healing services in supporting survivors).

Research Activity 2. Community of practice

The research questions for Research Activity 2 are twofold: (1) How can practitioners working with Aboriginal and Torres Strait Islander survivors of child sexual abuse be better supported? and (2) What are the benefits, impacts and challenges of implementing a culturally-informed community of practice for practitioners and senior staff who support Aboriginal survivors of child sexual abuse?

The community of practice groups will be run using a process developed within narrative therapy. Narrative therapy and related narrative practices and approaches have been documented as one Western modality of therapy that may align with Indigenous ways of using story and constructing meaning (Wingard et al. 2017). The community of practice groups will be run via Zoom and co-facilitated by a therapist experienced in both group-based and narrative therapy and the principal investigator (PI). The PI has more than a decade of experience as a clinical psychologist working within the Aboriginal community-controlled health sector, with a specialisation in the areas of healing and recovery from complex trauma. The community of practice groups will run once a month, for 90 minutes per session, for a period of eight months. Each group will have less than 10 members and the intention is that membership remains unchanged throughout the eight-month period. There will be multiple groups for practitioners and one group for senior staff (e.g. program managers) from the partner services. The facilitation process for the community of practice groups will be based on the ‘outsider witness’ process

developed from narrative therapy (Wingard et al. 2017). This process is based on active listening, respectful witnessing and reflective exploring.

A formative evaluation of the community of practice will be conducted to investigate the potential benefits to participants. Practitioners and senior staff participating in the community of practice groups will be invited to participate in two yarning circles with their respective group members. The yarning circles will be conducted at the mid-point and following the end of the community of practice. The yarning circles will be structured around open-ended questions. Yarning circle questions include experiences of participating, impacts of participation on professional role and wellbeing, and suggestions for improvement.

Research Activity 3. Scoping review: Healing from child sexual abuse within Indigenous contexts

A scoping review will be conducted to collate and review literature related to healing from child sexual abuse within Indigenous contexts. The scoping review protocol (Gibbs et al. 2024) outlines six First Nations regions to be included: Aboriginal and Torres Strait Islander peoples from Australia; Māori peoples from Aotearoa (New Zealand); First Nations, Inuit and Métis peoples from Canada; Native American peoples from North America; Native peoples from Alaska; and the Sámi peoples of the Sámi region in Northern Europe. The scoping review search strategy will include the following areas: barriers and enablers to disclosure; barriers and enablers to access and engagement with services; Indigenous survivors’ experiences of healing and the cultural components of healing for Indigenous peoples.

Indigenous data sovereignty model

The importance of Indigenous ownership and control over data is now increasingly being recognised. Data sovereignty has been defined as Indigenous peoples’





'right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as their right to maintain, control, protect and develop their intellectual property over these' (Kukatai and Taylor 2016). For this project, the research team worked collaboratively with the six Victorian Aboriginal partner services to co-design an Indigenous data sovereignty model that protected their cultural and intellectual property rights and needs. The Indigenous data sovereignty model ensures that ownership and control of all data knowledge belongs to Aboriginal and Torres Strait Islander participants and the Aboriginal services involved. The MCRI research team is the custodian of the data during the life of the project and will seek permission to use the data as directed by the Aboriginal governance group to generate knowledge and disseminate findings.

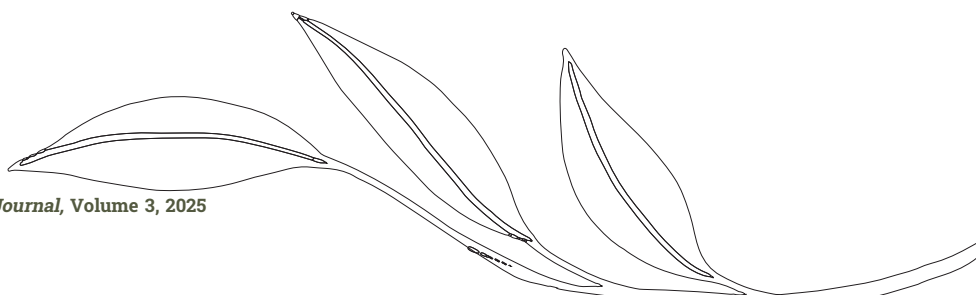
Discussion

This study protocol has undergone a peer review process with an Aboriginal researcher with a PhD and clinical psychology qualifications and background in Aboriginal social and emotional wellbeing and mental health. The project received ethics approval from the Royal Children's Hospital Human Research Ethics Committee in April 2023 (HREC ID 94588). The ethics committee process also included review of the protocol by a senior Aboriginal researcher/Elder with specific content expertise in the area of child sexual abuse. The research team has extensive experience in the areas of complex trauma and child sexual abuse. This includes an Aboriginal psychologist (GG) with over a decade of therapeutic experience supporting survivors, and an Aboriginal psychiatrist (HM) with 30 years of experience working with children and families, in addition to previous responsibilities as a Commissioner on the Royal Commission into Institutional Responses to Child Sexual Abuse. Both

investigators also hold national advisory roles with initiatives connected to the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–30 (Commonwealth of Australia 2014). Half of the research team are Aboriginal (GG, JG, HK and HM), and experience includes psychiatry, psychology, clinical care and management in the Aboriginal community-controlled health sector, qualitative research expertise and extensive experience co-designing research with Aboriginal communities and services.

The planned outcomes from Platform 1 include: (1) practice-based evidence of promising cultural and therapeutic practices that support survivors of child sexual abuse and core elements of care specific to Aboriginal healing services; (2) preliminary evidence about the type of support that can help to maintain or strengthen wellbeing in this complex area of work; and (3) an overview of current international evidence for Indigenous peoples' experiences of healing and recovery from child sexual abuse. In addition, Platform 1 lays the foundations for the development of a grounded theory to explain how Aboriginal and Torres Strait Islander children, adults and families heal and recover from child sexual abuse. Findings will be shared through community and conference presentations, publications and the production of audio-visual materials for a broad range of audiences.

A key topic of discussion and concern explored during the co-design processes with the six Victorian Aboriginal services was the difficult and sensitive nature of the issue of child sexual abuse within Victorian Aboriginal communities. There was agreement that cohesion, trust and safety needed to be established first with the partner services, before extending the project to working directly with survivors of child sexual abuse and to developing community-led early intervention and prevention. Critical to the





success and outcomes of the co-design process has been a firm commitment from the research team to place culture (in all its facets) front and centre with respect to both the processes of engaging the services partners, and the methodologies, design and activities that were collectively developed. The passion and commitment from the three participating senior Aboriginal Elders – and their generosity in providing leadership and guidance to the project – has meant that the co-design process was located in a space where cultural authority, cultural values, such as relationality, and cultural connection were central to the process of building trust and safety. This is consistent with literature that has argued that co-design processes within First Nations contexts must ‘truly reposition power to First Nations peoples... centre First Nations cultures and perspectives of health, and lived experiences’ (Gerrard et al. 2025) and allow for enough time and the use of cultural mediums such as storytelling and yarning to create safe spaces (Milroy et al. 2022).

There is an expectation among the six Victorian Aboriginal services that Platform 1 will involve the exploration and development of safe research processes for working with survivors, in addition to co-designed specific research processes and activities for Platforms 2 and 3.

A core strength of the research is the Aboriginal-led research team and the prioritisation of Aboriginal knowledge and relationality. Further strengths include the extensive consultation and service engagement that preceded and informed the development of the protocol; the use of Indigenous methodologies blended, where culturally appropriate, with Western methodologies and methods; the development of an Aboriginal governance group and Indigenous data sovereignty framework; and careful consideration of

participant safety and wellbeing. A significant strength demonstrated through the development of the protocol is the investment and trust of partner services. The development of a community with shared passion is already evident.

There are likely to be challenges in implementing a protocol of this scope and sensitivity. To mitigate potential challenges, a risk matrix has been developed. Potential challenges identified include the need to avoid over-committing the participant/co-researchers. Based on discussions with the partner services during the formative co-design work, it was acknowledged that in some instances, practitioner workload may prevent participation in the gatherings. Accordingly, the research team and partner services have agreed that there may be a need for service site visits and online meetings to facilitate interviews with practitioners or senior staff members. There is also the inherent challenge of doing research on a topic that is very sensitive and around which there can be denial and harmful messaging. The authors acknowledge that there may be a need to formally review and amend the ethics protocol as the project progresses, in ways that will enhance the safety and impact of this work.

Conclusion

Child sexual abuse is a sensitive, complex and painful issue. Many Victorian Aboriginal Elders, leaders and practitioners from different communities have been collectively committed to tackling this difficult issue for decades. This protocol represents a partnership with six Victorian Aboriginal partner services committed to addressing the issue of child sexual abuse. Together, they are co-designing a program of research focusing on supporting practitioners and services. Implementing this protocol will address research gaps in the child





sexual abuse literature. This research will particularly address the need of practitioners, managers and services in Victoria working in the area of healing to develop and co-create new understandings of interventions that are inclusive of practice wisdom and privilege Aboriginal knowledges. It is anticipated that findings from this research will build knowledge about healing from child sexual abuse for Aboriginal and Torres Strait Islander survivors. The protocol represents iterative knowledge creation. Post Platform 1, the research will introduce lived experience perspectives and turn towards developing new healing and recovery responses based on the voices and needs of survivors and investigating early intervention initiatives within community contexts. Central to this protocol is that the findings are of use to research and practice. Importantly, the co-design process ensures that the process and findings are meaningful and useful to Victorian Aboriginal communities and services.

Author contributions

G. Gee is the study principal investigator and responsible for funding acquisition. G. Gee, S. Mulder, C. Black, J. Gibbs, H. Milroy, S. Brown and L. Biggs were responsible for the conceptualisation and methodology of the study. G. Gee, H. Kennedy and J. Gibbs will be responsible for conducting the yarning circles, with support from S. Mulder, C. Black and L. Biggs. G. Gee, J. Gibbs, S. Mulder, C. Black and L. Biggs will be responsible for primary data extraction, curation and analysis. H. Milroy and S. Brown will provide supervision and an advisory role regarding interpretation of data. G. Gee and C. Black led the original draft preparation and writing, and S. Mulder, J. Gibbs, S. Brown and H. Milroy all contributed to writing. All authors have read and agreed to the published version of the manuscript.

Declarations of interests

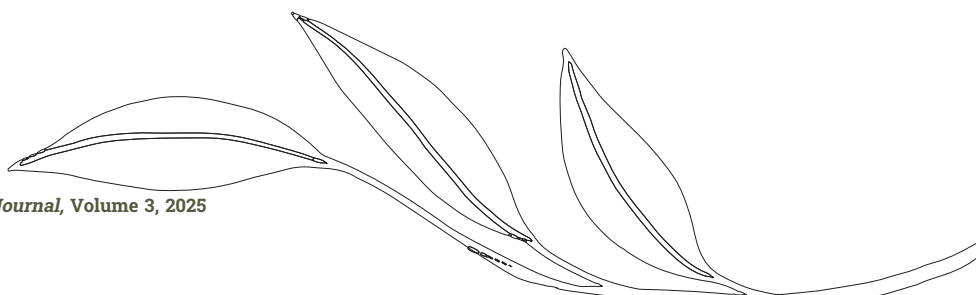
The authors declare no competing interests.

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Author biographies

Associate Professor Graham Gee:

Associate Professor Graham Gee is an Aboriginal-Chinese man, also with Celtic heritage, originally from Darwin. His Aboriginal-Chinese grandfather was born in a small Aboriginal community called Belyuen on Larrakia Country. Graham is a clinical psychologist and worked at the Victorian Aboriginal Health Service for 11 years before taking up a position at the Murdoch Children's Research Institute. In 2022-23, Graham received a Fellowship from the Eisen Family Private Fund and an NHMRC Emerging Leadership Investigator Grant to lead a 5-year project working with six Victorian Aboriginal service partners and supporting Aboriginal and Torres Strait Islander survivors of child sexual abuse.

Dr Carlina Black:

Carlina is a non-Indigenous researcher who lives and works on unceded Wurundjeri Country. Carlina has over 25 years of work experience in research, evaluation and social policy in the areas of therapeutic approaches and healing from complex child trauma, and Aboriginal designed programs, services and systems. A consistent theme in Carlina's research career has been partnering with and working alongside Aboriginal communities. Carlina was awarded the Robin Clark Postgraduate Scholarship for Research Excellence in Childhood Trauma and her PhD, in partnership with an Aboriginal community-controlled organisation, explored healing through cultural programs for Aboriginal people with childhood experiences of trauma.

Stella Mulder Stella Mulder is a qualitative researcher and project manager with experience in the international development, gender equality and First Nations research fields.

Professor Stephanie Brown: Stephanie Brown is a social epidemiologist and health services researcher whose work focuses on generating and translating knowledge to break cycles of intergenerational trauma, family violence and social inequity. She established and leads the Intergenerational Health group at the Murdoch Children's Research Institute, and is also Director of the Stronger Futures Centre of Research Excellence. Stephanie is of Celtic descent and lives and works on Wurundjeri and Boonwurrung Country.

Jordan Gibbs: Jordan Gibbs is a proud Peerapper and Anglo-Celtic man. He was born and raised off Country, living most of his life on Larrakia Country, and currently residing on Wurundjeri Country. Jordan is a provisional psychologist and PhD candidate at Swinburne University of Technology. He has worked in research since 2016, first at the Centre for Forensic Behavioural Science, and at the Murdoch Children's Research Institute since 2020. Jordan is a mainly qualitative researcher, working with Aboriginal and Torres Strait Islander peoples to understand their experiences of healing and recovery, access and engagement with health services, and experiences of racism.

Dr Laura Biggs: Laura is a non-Indigenous researcher with Germanic and Celtic heritage living and working on the unceded lands of the Wurundjeri and Taungurung peoples. She is a Research Fellow in the Intergenerational Health group at the Murdoch Children's Research Institute, and brings her background in midwifery practice and education to her research. Laura is passionate about the potential for ethical research to support social justice and system transformation, particularly through the use of qualitative, creative and participatory methodologies and methods.



Helen Kennedy: Helen Kennedy is a proud descendant of the Trawlwoolway people from North East Tasmania, also with Celtic heritage. Helen is a PhD student and CRE scholar with the Intergenerational Health Group at MCRI. Her PHD is focused on understanding the social and emotional wellbeing of Aboriginal young people and their careers in Aboriginal-led kinship care. Helen has over 25 years' experience working at senior levels in government, including supporting new policy frameworks to improve Aboriginal social and emotional wellbeing, and she managed the Aboriginal specialist VAHS Family Counselling Services for seven years, leading to a range of innovative service models and research initiatives.

Professor Helen Milroy: Helen Milroy is a Palyku woman whose homelands are in the Pilbara region of Western Australia. Helen is Australia's first Indigenous doctor and child psychiatrist. Currently Helen is the Stan Perron Professor of Child and Adolescent Psychiatry at the Perth Children's Hospital and University of Western Australia and Honorary Research at the Telethon Kids Institute. Helen is the Chair of the Gayaa Dhuwi Proud Spirit Australia organisation and a board member of Beyond Blue. In 2019 she was appointed the AFL's first Indigenous Commissioner. In 2020, Helen was the joint winner of the Australian Mental Health Prize and named the WA Australian of the Year for 2021. Helen was formerly a Commissioner with the Royal Commission into Institutional Responses to Child Sexual Abuse for 5 years as well as with the National Mental Health Commission. Helen is also an artist and published author and illustrator of children's books and has been shortlisted for several children's literature awards.

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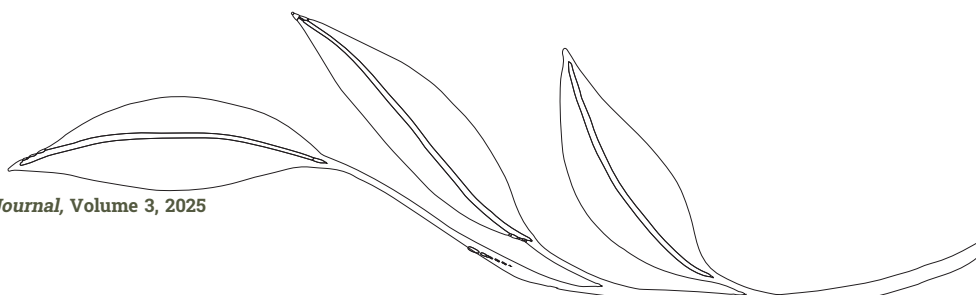
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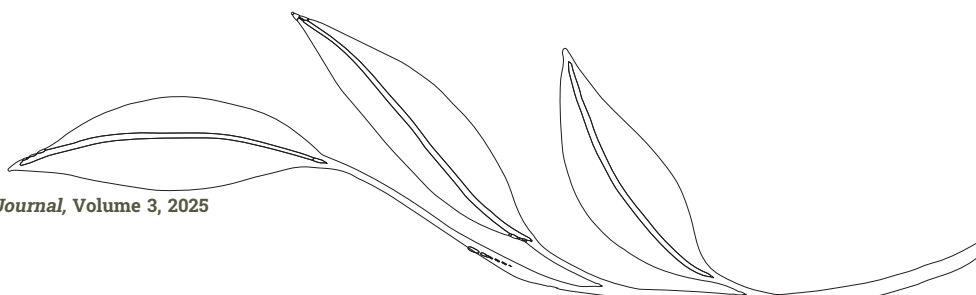
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