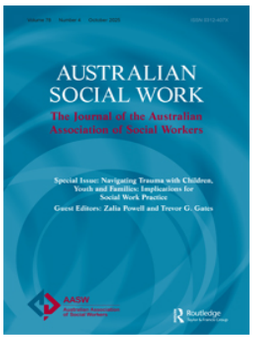

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Aboriginal Women Sharing Their Work: Conversations Inside a Women's Domestic and Family Violence Shelter

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ABSTRACT

Colonial systems and structures have influenced the lack of attention to, and documentation of, Aboriginal ways of responding to family and domestic violence. Detailed and contextualised data, and related theorising, of such work is necessary to realise fully, support, and strengthen the Aboriginal workforce. Through an in-depth focus group with Aboriginal women working in a family and domestic violence women's shelter, this article contributes to the building of such knowledge by providing a nuanced analysis of the nature and experience of domestic and family violence work by Aboriginal women for Aboriginal women. The findings highlight the material reality of the work through descriptions of day-to-day tasks and challenges; navigating the enduring structures and practices of colonisation; and celebrating Aboriginal culture and survivorship.

IMPLICATIONS

- Enabling feelings of identity and inclusion in community is critical in domestic and family violence work for Aboriginal workers and Aboriginal women fleeing violence.
- Aboriginal ways of knowing, being, and doing make it possible for healing work and crisis work to coexist.

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Domestic and Family Violence; DFV; Aboriginal; Women's Shelters; Colonial Structures; Systems; Aboriginal Culture; Healing; Australia; Social Work; Survivorship; Rapid Ethnography

Aboriginal women in Australia experience high levels of family violence. Research has established that they consistently experience higher rates of homicide compared to non-Aboriginal women and are more likely to be hospitalised for assault-related injuries (Cripps, 2023). As Cripps (2023, p. 294) pointed out, this is a grim picture, yet despite a Royal Commission and multiple inquests and inquiries in Australia, little has changed, and systems responses continue to fail Aboriginal women.

In an article for *Parity*, a journal published by the Council to Homeless Persons, Jo Doherty and Ella McNicol (2021) from Elizabeth Morgan House Aboriginal Women's

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Service (EMH) reflected on systemic limitations that leave Aboriginal women who choose to leave violent relationships at high risk of homelessness. Staying in the relationship, however, means continuing to live with significant danger and, where children are involved, facing the likely prospect of child protection intervention. Doherty and McNicol (2021) argued that systemic, social, and economic barriers, compounded by a lack of culturally responsive mainstream services, substantially contribute to the separation of Aboriginal children from their families.

The temporary crisis accommodation provided through mainstream domestic and family violence (DFV) shelters is a critical source of immediate safety for many women and children. In Australia, the average duration of a shelter stay is from 3 to 6 months[1]; however, research suggests that the longer women and children reside in the shelter, the more likely they are to benefit from their stay (Perez-Trujillo & Quintane, 2016). In Australia the demand for support, advocacy, and housing due to DFV remains high and there is a growing appreciation of both the complexities and intersections of domestic and family violence, and the multiplying and intensifying expectations these place on the domestic and family violence workforce. Importantly, these demands exist alongside organisational and sector-wide structures and processes that are largely unsupportive, both materially and symbolically (Cortis et al., 2018). Institutionalised competition and the associated demands for cost efficiency and risk management further serve to intensify such challenges (Baines et al., 2014; Charlesworth et al., 2015). These dynamics play out in particular and underresearched ways in DFV mainstream work settings.

Despite the continuing pressures and high demand faced by the DFV sector, few questions have been asked about the cumulative impacts of the reliance on tendering, short-term funding agreements, service rationing, and outcome measurement (Baines, 2016). Limited understandings of the work, much of which remains largely invisible in research and policy initiatives, is a particular source of tension, most notably for Aboriginal DFV services. There is very little recognition, for example, of how these dynamics uniquely impact on Aboriginal services and workforces. As Doherty and McNicol (2021) pointed out, Aboriginal women who are placed in culturally inappropriate or unsafe refuges are much more likely to return to their abuser. Moreover, crisis accommodation is just one element of DFV work and this is particularly so for Aboriginal services in which culturally safe spaces that enable genuine healing are critical. Thus, rather than reinforcing and continuing negative cycles due to lack of appropriate support services, Aboriginal family violence services primarily are concerned with the enabling of safe, culturally embedded, holistic healing (Doherty & McNicol, 2021).

Aboriginal-Run Women's Shelters

This article intentionally references Aboriginal researchers and authors to guide its contribution to studies about Aboriginal women's shelters. It centralises Aboriginal women's voices in discussions about DFV and what needs to be done to stop such violence.

Through the Australian National Research Organisation for Women's Safety (ANROWS), First Nations women have produced seminal research on "what works" in responding to DFV in Aboriginal communities. Professor Bronwyn Carlson and colleagues, for example, published a qualitative exploration of Aboriginal and Torres Strait Islander healing programs for family violence. They identified several foundational

factors in this space, including understanding trauma in the context of family and community, recognising the impacts of colonisation and intergenerational trauma, and seeing people as more than just users or victims of violence. They emphasised the importance of safe and familiar places for program delivery, strengths-based and healing-informed approaches, prevention, and keeping families together. Workers with lived experience and connection to community were emphasised as critical for engaging with women and supporting the empathic relationship building that is integral to healing. They pointed out that healing work is long-term work and should be funded accordingly (Carlson et al., 2024).

In their exploration of Indigenous communities' perspectives on "what works" in responding to family violence, Olsen and Lovett (2016) emphasised the importance of First Nations-led services that focus on both community healing and restoration of family cohesion, as well as processes to enable healing for both victims and perpetrators of family violence (Olsen & Lovett, 2016). Research conducted by Professor Marica Langton and colleagues (2020) examined the capabilities of frontline family violence services across both Aboriginal-controlled and non-Aboriginal settings. A key finding of their study was the substantial fear of child removal, homelessness, and isolation from family and community commonly experienced by Aboriginal women. Langton et al. (2020) argued that Aboriginal service providers are especially critical in Australia given the lack of dedicated and culturally appropriate housing and early intervention services for Aboriginal women.

Morgan et al.'s (2022) research on strengthening service responses for Aboriginal and Torres Strait Islander children and young people who are experiencing DFV highlighted the need for services that move beyond the incident focus associated with mainstream services. Instead, they argued, by resourcing Aboriginal services to build strengths in the community and recognising the significance of trauma and centrality of healing to change, more holistic responses to domestic and family violence are possible. To drive change, systems must embody culturally strong foundations with a focus on empowering Aboriginal and Torres Strait Islander communities; this requires systems that are designed, developed, and led by First Nations people.

An important point made by Carlson et al. (2021) is the lack of attention to, and documentation of, Aboriginal ways of responding to DFV. Symptomatic of colonising systems and structures, inadequate funding for evaluating the effectiveness of programs and services further contributes to an evidence base dominated by mainstream programs. Carlson et al. (2021) highlighted that, because some practices of healing are held sacred, there may be resistance to this being articulated and measured. Detailed and contextualised data, and its related theorising of DFV work is nonetheless critical to realise fully and strengthen the work and understand its particular complexities and demands in Aboriginal services to address the marginalisation of Aboriginal women's work in this space.

Despite growing recognition of the challenges facing Aboriginal workers and organisations, comparatively little discussion and research has been devoted to these challenges. In this article, we argue that detailed and contextualised data, and its related theorising of DFV work is necessary to fully realise, support, and strengthen the workforce. Without a clear understanding of the nature and complexity of the work, Government and the sector will struggle to improve responses to DFV and the work of Aboriginal women will remain marginalised. In this article we aim to contribute to

this conversation by providing a nuanced analysis of the nature and experience of Aboriginal DFV work by Aboriginal women for Aboriginal women.

Methodology

Research Design

The qualitative study on which this article is based collected data from an Aboriginal women's shelter (Ninko Kurtangga Patpangga, Women's Safety Service South Australia) involved in providing a range of support services, including counselling and assistance with housing, legal, financial, parenting, welfare, and health issues, to Aboriginal women, children, and young people. Women's Safety Services South Australia participated in a larger Australian Research Council (ARC) Discovery Project titled Strengthening Australia's Domestic and Family Violence Workforce (DP210101214). The ARC study set out to understand the domestic and family violence workforce in Australia and the work that it undertakes. It focused specifically on how the work is done and experienced, why it is done in particular ways, and the structural and organisational contexts that shape this work. The guiding research question was "What is the nature and experience of DFV work?"

Rapid ethnography was chosen to guide the qualitative study because it focuses on the complexities and conditions of work, encompassing both workplace culture and individual practices (Baines & Cunningham, 2011) as well as structural and discursive drivers. Rapid ethnography enabled a focus across the macro and micro levels, on the social relations, structures, and institutions that organise the everyday world of individuals as evident in the micro-level experiences of workers (Acker, 2006).

The stated position of the shelter was that DFV does not originate in Aboriginal culture and instead must be understood within the historical context of white settlement and colonisation. The everyday practice of the shelter was shaped by recognition of the continuing impacts of colonisation and settlement including cultural dispossession, intergenerational grief and trauma, the breakdown of community kinship systems and Aboriginal law, loss of identity, stolen generations, and loss of land (Bennett & Green, 2019). Shelter workers focused on—and explored in their practice with women and their children—family violence within the context of the multiple social, community, and individual impacts of colonisation.

Recruitment and Sample

Recognition, respect, and authenticity guided recruitment for this study. Highlighting the importance of relational aspects to research (Culbong et al., 2024), the non-Aboriginal lead researcher and two Aboriginal leaders at Ninko Kurtangga Patpangga, Women's Safety Service South Australia had known each other, and established trust and collegiality, over a 10-year period. This relationship provided the basis for discussion about the study, its purpose, and what participation might look like, enabling an open and collaborative approach with a focus on ensuring free expression for all participants (Bull, 2010). The right of Aboriginal and Torres Strait Islander peoples to be "engaged in research that affects or is of particular significance to them" (AIATSIS, 2020, p. 12) is

a fundamental principle underpinning ethical research practice in Australia. Engagement requires the establishment of relationships of trust, as evident here, "from which respect and the integrity of the research can flow" (AIATSIS, 2020, p. 12).

Ensuring that Aboriginal and Torres Strait Islander peoples are "properly and fully" informed regarding the aims and methods of research, including its "implications and potential outcomes" is critical, enabling them to "determine the extent to which they may want or need to be involved" in this research (AIATSIS, 2020, p. 14). Recognising the importance of the shelter, as a community, being comfortable with their involvement in the study, the Aboriginal leaders at (names shelter) shared information about the study with their team before, together, deciding on a focus group, held on-site at a time that suited the everyday operations of the shelter. The leaders' existing relationship with the lead researcher was significant as a display of trust for the shelter staff in reaching this decision. The facilitative role of the lead researcher—in introducing the two other, non-Aboriginal, researchers to each of the shelter staff—enabled the focus group discussions.

The focus group consisted of six shelter staff, including the two leaders and authors of this article (a manager, who is a Boroloola and Ngarrindjeri woman, and a team leader, who is a Narungga woman), in addition to the three members of the research team, totalling nine participants.

Informed Consent

The study was approved by the Flinders University Human Research Ethics Committee—Project no. 5195, and the Aboriginal Health Research Ethics Committee in South Australia—Application HEG5195-1. Informed consent was approached in two ways. First, collective consent was sought from the shelter staff as a group, thus recognising the "collective rights, interests or knowledge" (AIATSIS, 2020, p. 15) of the Aboriginal people involved. Second, written consent was sought from each of the individual focus group participants at the beginning of the focus group.

Procedure

The questions guiding the focus group were provided to staff in advance at their request. This ensured that they had the opportunity, both individually and as a group, to think about and prepare their responses. Reflecting the research priority of generating a qualitative evidence base on Aboriginal people's perspectives on the nature and challenges of DFV work in Aboriginal specific services, the questions included:

1. Who does the work? (e.g., roles, sociodemographics, divisions of labour)
2. What is the work? (e.g., programs, formal and informal tasks, clients, what is done, what should be done)
3. Where is the work? (e.g., geographical location, local contexts, on site/off site, technologies)
4. How is the work organised? (e.g., practice frameworks and modalities, organisational structures and policies, funding)
5. Why is the work organised as it is? (e.g., discursive, logical/practical, historical drivers).

Lasting 3 hours, the focus group generated much conversation both in response to the set questions and beyond. Follow-up questions, spoken observations, and genuine curiosity enabled a rich, dynamic, and evolving discussion. The existing relationship between the Aboriginal leaders and the lead researcher seemed to play a critical part in generating the trust and respect necessary for open dialogue in the context of the tensions inherent in different world views. Thus, it was this relationality—that was already established and enacted in the group—that enabled a richness of experience and, in turn, the collection of deep, descriptive data (Wright et al., 2023).

Data Analysis

Thematic analysis techniques were used to analyse the focus group data. The transcribed focus group data were independently read and reread by each member of the research team and coded inductively in accordance with the overarching question of "What is the nature and experience of DFV work?" Once initial themes were identified, these were checked and confirmed with the two Aboriginal leaders. This method of thematic analysis supported the combined standard approach with Indigenous analysis to support the thematic interpretations, ensuring ethically integrated Aboriginal content and meaning (Pidgeon & Riley, 2021).

Findings

The focus group discussions with the Aboriginal participants were rich, multilayered and far-reaching, marked by moments of tension and uncertainty, and defying easy categorisation. We have opted to structure this article in line with our initial—descriptive—coding; by doing this we hope to capture the complexity of the issues raised without foreclosing Aboriginal perspectives regarding their broader meaning and implications.

Broadly, the three areas discussed here—crisis, care, and healing work—represent the "answer" to the question of "What constitutes DFV work in Aboriginal services?" In our discussion of these topics, we highlighted what we, as non-Aboriginal researchers, understand as the material and cultural "realities" of the work. Participants' descriptive accounts of their day-to-day work and associated challenges, for example, represent the *material reality* of the work—the visible, the tangible, and the practical in nature. In providing these accounts, though, the participants talked of navigating the enduring structures and practices of colonisation while celebrating Aboriginal culture and survivorship through their work with Aboriginal women and children. We think of this as the *cultural reality* of the work—the invisible and the unrecognised by the colonial state yet sacred and sovereign for Aboriginal Peoples.

Crisis Work

The crisis-dominated nature of DFV work was strongly apparent in participants' descriptions of their work. This meant always maintaining a clear focus on the needs of women and children, evident in their references to "needs assessments", "what are her immediate needs?", and "does she need clothing, food, healthcare, transport?", without losing sight of the perpetrator of the violence. Cleo, for example, explained:

> Where's the perpetrator? Does he have her phone number? Is he in jail? Have the police been contacted? Where does he live? Who is he connected to? Those kinds of things are the immediate first conversation that you need to have as a team and then with the woman who's just been traumatised, probably assaulted. [Cleo]

The multitude of tasks associated with women's immediate safety needs were described in detail including safety planning, transport, moving women and children into and out of motels, advocating with the housing authority to secure funding for accommodation. Participants talked about the need to balance such practical tasks with attending to women's emotional needs, emphasising the importance of workers remaining calm and steady to counter the impacts of trauma and upheaval. Patricia, for instance, described working with women while they are in temporary motel (crisis) accommodation:

> You can hear the panic … because of the crisis that she's in, she's heard she's got two nights in the motel, so we're like no, no, no, we'll continue to advocate for you. So, we'll let you know when you're moving somewhere else. Because there's a—there's panic right there. [Patricia]

Relatedly, participants talked about the importance of bringing a sense of calm and order to the working relationship. "Slowing down the pace" or "slowing the urgency" was seen as critical to balance the trauma, panic, and fear commonly experienced by women and children in DFV crisis situations—as Patricia went on to explain:

> You can slow down the pace, we don't pressure them, it's a space to just decompress and breathe. So, for example, we need time to work through complexity, depending on the woman and the children and what their needs are. We've got a family on site who she, the kids have got some special needs, mum gave her kids to family so she could do some rehab. She's come here as she fled DV, she came here, and she's now starting to gather her kids back up and bring them back in her care. We've been supporting that … she's blossomed and grown in all of that and she's proactive, and we are now working on the children's needs … We are immersed in sitting in the home with the family. So, being able to slow things down.

When asked about the impacts of working with such pressure on an ongoing basis, the participants talked about the importance of the team and their support for each other. As Sabrina explained, this support is connected closely with cultural strength and identity:

> I think we just do it … If you actually focus on the pressure, then you wouldn't actually get anything done. And in reality, our duty of care is that we don't want women to die. So, I think we have a certain tenacity and resilience that enables us to meet the needs of the women that come into motel and then to us … It's in our DNA, and we train the younger women, it's inherited. I have taught them, role modelled resilience and tenacity. That's something that we do as Aboriginal women, have grown up with, needing to be resilient, strong women, adaptable, who have had to operate in a system that doesn't work for us. So, you can either choose to get caught up in that system or can choose to get on with it. [Sabrina]

In addition to assessment, planning, and facilitation of services to meet women's and children's specific needs, participants described the advocacy work that makes up a large part of their day-to-day activity. Women who are fleeing DFV often are placed in motels, as crisis accommodation, while other accommodation options are explored. Workers are required to advocate both for funding for the motel from the relevant state housing authority as well as for secure, longer-term housing. This was described as a constant strain, with the threat of the funding being refused always at front of mind. Cleo explained:

> You need to start having conversations with her around rentals because—so you're trying to do this best practice, crisis, trauma-informed work, but we work in a system that means even though I know that's what she needs, I know that if I don't have this conversation with her about, hey, you need to start looking for rentals right now, then she'll get kicked out of that motel and she won't be safe. Ultimately, we have to have those conversations because it links back into her safety and having somewhere to be … so we advocate and then they fund that … [Then] we advocate for a housing needs assessment … we advocate when there is a vacancy in a shelter, or a transitional accommodation, and then furniture, household needs, schools. [Cleo]

As Cleo observed, housing-related advocacy and trauma-informed care are not necessarily compatible, captured in the following exchange between Cleo and Harper:

> [Cleo] It is hard to build rapport with a woman when you are always talking about the next housing, rent, application.
>
> [Harper] And it becomes, your work just becomes solely about housing outcomes and there's not much space for counselling or therapeutic domestic violence work.

Central to participants' accounts of advocacy was the recognition that they are working in a service that, as Sabrina pointed out, "doesn't work for us". Cultural leadership and education, including informing women of their rights and how to exercise these in a colonial system, was an important part of the work. For example, they supported women to complete forms, to gather evidence of need, and to apply for the supports available to them. Advocacy work was about confronting discrimination, naming gender and racial inequality, and contextualising women's needs within an overall social justice agenda, as articulated by Sabrina:

> I would actually like to reflect on the conversation and how Aboriginal women are often discriminated against … I actually have a physical emotional response rising up in my body, because I understand what it means to be discriminated against. So, how do women that don't have a landlord to write a glowing support letter for them, land a property? How do women, Aboriginal women, traditional women, how do they go? There is next to no rental available, there's a housing crisis, yet the colonial system keeps asking them arbitrary, meaningless things. But they have to keep doing it. So, we teach them how to deal with this, that [although] they don't care if you're going to get a property or not, we care and will advocate for a tenable option for you. [Sabrina]

Care Work

The challenges of working in a colonial system with strident constructions of eligibility, alongside experiences of discrimination, marginalisation, and dispossession, were key concerns for the focus group participants. Importantly, though, these structural and systemic issues were centred in the workplace, positioned as foundational to the work itself. Participants said that they spent time talking about the consequences of colonialisation both with each other and with the women/service users. Advocating for systemic and structural change was embedded in the everyday. Although this might be seen as political work, through the participants accounts of the work as informed by, and an expression of, their love for one another, their families, and their communities, we came to understand this as *cultural care work*. As articulated so powerfully by Patricia, this is work for the community and not confined to the 9 am to 5 pm of a working day:

> We have been told by the colonial state that we are lazy, dysfunctional … this is what we've received. This is what we're told. The reality is, we're extremely tough, we're extremely resilient, smart, and intelligent. We do go to work here 9 to 5 and then go home and I'm dealing with family and community, and I can come here and debrief with my colleagues on all that … But this is what we have always done. It doesn't matter what role we're in, as Aboriginal people, we're a resource to our community. It doesn't matter if I work in a school or if I work at a car yard or if I'm a mechanic or if I'm a DV counsellor or what[ever], you're a resource. So, we have to give back. So, that's our accountability. We do it because we're Aboriginal; that's our superpower. The past 200-odd years that have challenged us, that we have to then step into this space and we have to continuously prove our existence, our wealth, our worth. But we know our worth. [Patricia]

Indeed, it seemed clear that, in choosing to do DFV work, participants were enacting their responsibility to give to their community, providing a safe place within the colonial state. Cultural accountability and recognition of their shared colonial history could be seen as an expression of serving community. As explained by Sandra, for example:

> We are in a community that's connected in a most beautiful way. And I think about how our work and our place and what it is doing for our community because that's our story, it's about how do we give back to our community. My mother worked at [names an Aboriginal shelter], so after having children, and they'd gone off to school, I want to draw on my passions. You go through healing. You gain strength from women in roles like this. I think it's a cycle being silently done for our people and how we give back and how we go through life. So, let's talk about spirit, let's talk about how we're guided and how we give back and we think about the story of that. It's really beautiful. So, we're all connected and it's about where do we want to be. This is a silent truth. [Sandra]

Participants talked about their care for each other and described this caring as inherent to the work; they knew each other's lives, history, family, community. Being with each other was experienced as nurturing and safe while enabling them to do the work:

> Coming here is like healing. I couldn't do this work if I worked in another team. I couldn't do this work if I worked in a white workplace. Nobody else is going to have my back when I start ranting about whatever stupid thing the government's done this day or whatever thing I see in the news. We do that filling up each other's cup. And that's what allows us to continue doing the work that we do. I show up for these women as much as I show up for the women who are my clients. [Cleo]

Participants who were more senior in the service talked about caring for the younger women they worked with. As leaders, they took seriously their role in teaching them to be political, to advocate for social justice, to work together, and to use their collective voice to create meaningful change, not only for their service users but for community. Sabrina, for example, talked about accompanying younger staff to public protests concerning both DFV homicides and Black Lives Matter:

> Because at the end of the day, it's our passion for the women and children that come into this service that's important to us. We are Aboriginal led, that's something that feeds our souls. It feeds our souls … We are passionate women who strive to make changes in a system that excludes … It's knowing that we've grown up Black, who we are and how we represent our community … We're led to do this, our spirit, it's our accountability. [Sabrina]

Healing Work

The centrality of healing to DFV work was emphasised by the focus group participants as an increasingly pressing concern given the overriding focus on accommodation and administrative accountability to funding bodies. This is at the expense of connection and relationships with women and children as the work of attending to their emotional and spiritual needs becomes devalued:

> I think for, what we do here is we work with our community in keeping them safe, women and children, keeping them safe. And when I say keeping them safe, I think for us, there's an element that's missing and that's the healing process, which we can't get to because of system requirements and admin and all that kind of stuff. If a system valued healing, you would give time for therapeutic work, but contracts do not allow for this. We need healing led by Aboriginal people for Aboriginal people. [Sabrina]

Participants pointed out that the importance of healing work is not confined to DFV; instead, healing is holistic, encompassing spiritual needs and connection to culture, family, and land. While the shelter had a worker whose own connection to culture, ancestry, and spirit enabled her to undertake healing work, work such as this is not recognised, let alone funded, in a colonial system. As expressed by Sabrina, having to explain and justify such work within a system that has, itself, perpetrated violence and abuse is profoundly wearying:

> A woman said to me, I'm tired of people thinking because I'm Aboriginal, that violence is a normal part of my life. I was blown away that, for her to heal, she needed something that was really appropriate for her, but yet the system didn't allow for that. And yet she could vocalise that and say that, that she didn't want to be in violence anymore. I wanted to work with that but often the opportunity isn't there, the time … as an Aboriginal woman to deal with intergenerational grief and loss, the intergenerational poverty, with the compounded trauma … how do I fit that in the schedule of making sure that women move on as quickly as possible in terms of housing … I try and work with some women but we're not doing it for all women. So, I think there is an inequity in that. I think a system that values healing would not link DV and housing together. I think a system that values healing would recognise that women need, anybody needs, a safe and secure home to be able to do any kind of work and healing. [Sabrina]

Participants emphasised work with children as a critical need to ensure that the material and healing needs of children as well as their mothers are met. As Patricia explained, in advocating extensively for a "children's worker" to be funded:

> What we wanted was to try to have something where we put the kids as the focus, put the kids front and centre, alleviate some of that from the case managers, and also have some therapeutic connection around what's happening for these children. [Patricia]

Discussion

In this article we aimed to generate nuanced conversation concerning the nature and experience of DFV work by Aboriginal women for Aboriginal women and their children and embed the findings in Aboriginal-led research regarding women' shelters. In identifying the specific challenges commonly faced by Aboriginal DFV workers and organisations, we have highlighted the many layers and complexities of DFV work. This includes the material realities

of the work, associated with addressing the basic material and safety needs of women and children as well as the centring of perpetrators to assess safety and risk. Findings have drawn attention to the importance of Aboriginal-led teams for enabling support and solidarity and, hence, the space in which to critically reflect on the systems and structures that shape their work and how to navigate these systems. Enabling feelings of identity and inclusion in community (Wills & Fitts, 2024), this scaffolding of support is critical both for Aboriginal DFV workers and Aboriginal women fleeing violence, and is the cultural reality of the work (Doherty & McNicol, 2021).

Work with DFV victims commonly is dominated by crises associated with the high risk and trauma experienced by women and children. As explored here, much can be learnt from the accounts of Aboriginal practitioners with their emphasis on care, connection, healing, and "slowing down" as well as the weaving together of history, culture, and spirit. This is vital for both their own social and emotional wellbeing and that of the women and children they support (Culbong et al., 2022), and highlights the importance of sustaining such knowing, doing, and being (Carlson et al., 2024). As an expression of Indigenous sovereignty, that is, relationality between Aboriginal people (Cantley, 2025), this is work that is not recognised in mainstream services, systems, and funding arrangements (Carlson et al., 2021). Time to engage in anything other than crisis work is scarce in DFV work but necessary to build spaces that enable healing and relationality. Yet, as these findings have shown, valuing and centring healing knowledge can make it possible for healing work and crisis work to coexist (Olsen & Lovett, 2016). Although this is, in itself, important, we emphasise this as indicative of the need for deeper recognition of the material and cultural nature of the work undertaken by Aboriginal women for Aboriginal women in the DFV context (Lindeman & Togni, 2022).

Limitations

This article has reported findings from a small sample size, representing one Aboriginal women's shelter, making it more difficult to share a range of perspectives that reflect broader Aboriginal community experiences. On the other hand, small samples often are necessary and appropriate in Aboriginal contexts, where research is built on trust, relationships, and cultural protocols—as was described in the recruitment and sample section of this article. Working closely with a smaller group enabled the authors to create the depth, relational accountability, and cultural safety needed to generate the nuanced meanings of work inside an Aboriginal women's shelter (Pidgeon & Riley, 2021).

Conclusion

By centring Aboriginal voices and ways of doing DFV work with women and children, this article has highlighted critical insights about what constitutes effective work in this space and has made visible the nuances of such work. We have shown that Aboriginal ways of knowing, being, and doing are ever-present in DFV work, capturing the complexity of such work being navigated within the pervasive reality of colonisation. However, Aboriginal approaches remain underdocumented and underfunded, leaving the Aboriginal workforce and women's contributions marginalised. We argue for

detailed, contextualised evidence to strengthen Aboriginal women's DFV work and ensure it is fully recognised and supported.

Note

1. https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-22-23/contents/clients-who-experienced-fdv

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