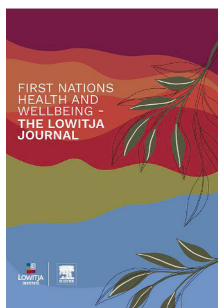
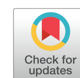


Original Research

Acceptability of Aboriginal and Torres Strait Islander co-designed resources to increase awareness of complex trauma during the perinatal period: Perspectives of parents, service providers and pilot implementation stakeholders



Georgia E. Bartlett[a], Helen Henderson[a,], Renee Fiolet[b,c], Debra Bowman[a,d], Emma Stubbs[e], Kimberley A. Jones[a], Yvonne Clark[f], Alison Elliott[g], Catherine Chamberlain[a]*

[a]Onemda Aboriginal and Torres Strait Islander Health and Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia
[b]General Practice and Primary Care, The University of Melbourne, Melbourne, Victoria, Australia
[c]Centre for Quality and Patient Safety, Deakin University, Geelong, Victoria, Australia
[d]Waminda - South Coast Women's Health & Wellbeing Aboriginal Corporation, Nowra, New South Wales, Australia
[e]Central Australian Aboriginal Congress, Mparntwe (Alice Springs), Northen Territory, Australia
[f]The South Australian Health and Medical Research Institute, Adelaide (Kaurna Country), South Australia, Australia
[g]La Trobe University, Melbourne, Victoria, Australia

Abstract

Purpose The Aboriginal-led Healing the Past by Nurturing the Future project was conceptualised to co-design safe, acceptable and feasible strategies for supporting Aboriginal and Torres Strait Islander parents experiencing complex trauma in the perinatal period. Six strategies have been co-designed to increase complex trauma awareness amongst both parents and service providers in perinatal health settings: three resources for Aboriginal and Torres Strait Islander parents, alongside three training courses designed for perinatal service providers. This paper reports on the perceived acceptability and usefulness of the proposed project strategies from the perspectives of parents and service providers who participated in a series of national in-person discussion groups, as well as key stakeholders of a Victorian pilot implementation site who participated in an online workshop.

*Corresponding author.
E-mail address: helenh@unimelb.edu.au (H. Henderson).
© 2026 The Author(s). Published by Elsevier B.V. on behalf of Lowitja Institute (National Institute for Aboriginal and Torres Strait Islander Health Research Ltd). This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
https://doi.org/10.1016/j.fnhli.2026.100116

Methods Using a participatory action research approach, 21 Aboriginal parents participated in six discussion groups; and 20 service providers (seven Aboriginal; 13 non-Indigenous) participated in four discussion groups in 2022 in the Northen Territory, South Australia and Victoria. Fifty-seven key implementation site stakeholder participants attended the online workshop held in 2022. Most participants were from Victoria (56%) and South Australia (18%). Just under half of the participants identified as Aboriginal and/or Torres Strait Islander. Data were compiled and thematically analysed by Aboriginal and Torres Strait Islander and non-Indigenous researchers.

Main findings Four major themes were generated from the discussion group and workshop data: 1) Who gets to tell the story on trauma? Doing it the right way for every community; 2) Listening to unlearn; decolonising practice in perinatal settings; 3) A two-way learning opportunity about parenthood beyond trauma; and 4) Strength in culture; ensuring cultural and emotional safety of parents through strengths-based approaches.

Principal conclusions The research findings reflect established principles for researching and implementing programs designed for and by Aboriginal and Torres Strait Islander communities, emphasising community ownership, contextual relevance, cultural safety and shared learning. The findings have been used to inform the co-design and dissemination of resources; identify barriers and facilitators to project implementation; and to inform future evaluation of complex trauma awareness resources for Aboriginal and Torres Strait Islander parents, with a focus on the perinatal period.

Keywords: Trauma-informed care; Perinatal care; Aboriginal and Torres Strait Islander Peoples; Research co-design; Action research; Implementation science

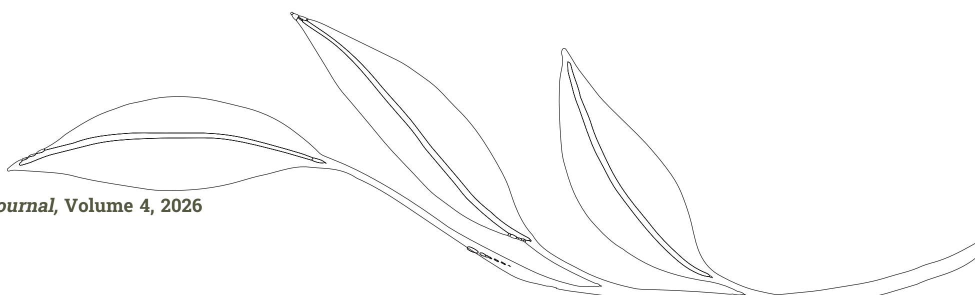
Highlights

- Improved awareness of complex trauma during the perinatal period is needed.
- Developed resources should be community-driven and contextually relevant.
- Embedding culturally safe practice into service provider training is essential.
- Research insights informed an Aboriginal-led participatory action research project.

Introduction

Aboriginal and Torres Strait Islander communities have thrived for thousands of generations, with family and kinship systems at the centre of the social fabric (Langton and Corn 2023). Despite these strengths, historical and ongoing colonial processes – such as cultural dispossession, geographical displacement, institutional and interpersonal racism, disparate rates of incarceration, and the Stolen Generations of forced child removal – have left a legacy of collective and intergenerational trauma (Atkinson et al. 2010; Dunstan et al. 2020; Menzies 2019), including complex post-traumatic stress disorder (Dudgeon et al. 2017; Singh et al. 2021).

Complex trauma is caused by repeated or prolonged trauma exposures (Cloitre et al. 2019; Kliethermes et al.



2014; Singh et al. 2021), with effects including impaired relational capacity, emotional dysregulation and negative self-concept (Cloitre et al. 2019; Cook et al. 2005; Danese and Baldwin 2017). These effects may be particularly pronounced during parenthood and, without intervention, risk reinforcing generational cycles of trauma (Reese et al. 2022). During the transition to parenthood, parents may be more likely to experience complex trauma-related distress due to the intense emotional and social upheaval of pregnancy, birth, breastfeeding, the intimate nature of interactions with healthcare services during this period, and the attachment demands of parenting (Amos et al. 2011; Banyard et al. 2003; Chamberlain et al. 2019c; Fava et al. 2016). This distress applies to both mothers and fathers but is especially pronounced for women, who are often viewed as, or take on the role of, primary carer and are more commonly the recipients of both pre- and postnatal child protection reports (O'Donnell et al. 2019; Taplin 2017).

Notably, against a backdrop of the Stolen Generations and ongoing, systematic removal of Aboriginal and Torres Strait Islander children from their families, Aboriginal parents are more likely to be subject to child protection notifications (Dunstan et al. 2020; Newton 2025; O'Donnell et al. 2019). Aboriginal and Torres Strait Islander children continue to be overrepresented in out-of-home care and are removed at 11 times the rate of non-Indigenous families, despite long-standing national policy commitments to close this gap (Australian Institute of Health and Welfare 2024; National Family Matters Leadership Group et al. 2024). Additionally, Aboriginal and Torres Strait Islander infants are disproportionately removed from their families in the first month of life, as child protection notifications are increasingly made during pregnancy (Australian Institute of Health and Welfare 2024; Chamberlain et al. 2022a; Wise and Corrales 2023). This systemic threat, fear and reality of child removal can lead to healthcare avoidance in the perinatal period (pregnancy to two years after birth), as well as psychosocial distress that can compound complex trauma among both parents and their children, as well as broader family and kinship networks (Broadhurst and Mason 2020).

Research indicates that culturally responsive early support in the perinatal period may work towards disrupting cycles of intergenerational trauma in Aboriginal and Torres Strait Islander families (Chamberlain et al. 2019b; Fava et al. 2016; Gee et al. 2020; O'Dea et al. 2024). However, awareness of trauma is limited amongst both parents and service providers within perinatal and general health settings (Chamberlain et al. 2019c; Jukes et al. 2024). Research also indicates that perinatal healthcare providers lack the awareness, skills, knowledge and support to provide trauma-informed and culturally aware care, which may lead to Aboriginal and Torres Strait Islander parents and families experiencing inappropriate responses by perinatal service providers (Fiolet et al. 2021). Without appropriate support for parents experiencing complex trauma and strategies to improve the cultural safety of the health and child protection systems, damaging trauma cycles may be reinforced and imposed on the next generation (Broadhurst and Mason 2020; Chamberlain et al. 2022b; Menzies 2019).

Healing the Past by Nurturing the Future project

The Aboriginal-led Healing the Past by Nurturing the Future (HPNF) project was conceptualised using an intervention mapping approach to co-design safe, acceptable and feasible strategies for Aboriginal and Torres Strait Islander parents experiencing complex

trauma (Chamberlain et al. 2019a; Jones et al. 2024). These strategies address four domains identified as critical in a community co-design workshop: awareness of trauma and 'trauma-informed' perinatal care to increase safety and minimise re-traumatisation; safe recognition of parents who may benefit from assessment; culturally validated assessment of complex trauma symptoms; and support strategies for parents experiencing complex trauma. This paper reports on the pre-implementation phases of the HPNF co-design project in relation to awareness of trauma and trauma-informed perinatal care.

The four phases of this co-design process are summarised in Figure 1. Phases three and four of the co-design process focused on optimising the implementation of the co-designed strategies developed in phases one and two. The full HPNF protocol and findings from the earlier phase of co-design have been published elsewhere (Chamberlain et al. 2019a; Chamberlain et al. 2020; Chamberlain et al. 2022b; Clark et al. 2021; Fiolet et al. 2022; Gee et al. 2020; Reid et al. 2022a; Reid et al. 2022b).

During the co-design phase, six resources were proposed to address complex trauma awareness in perinatal health settings (Fiolet et al. 2022). Three resources are aimed at parents and families – a storybook, a pack specifically designed for dads' needs, and a childrearing and child development resource – hereafter collectively referred to as 'parent resources'. Alongside the parent resources are three training courses aimed at perinatal service providers – introductory online training modules, intermediate face-to-face training, advanced mentoring and wellbeing champion training – hereafter collectively referred to as 'service provider training'. A summary of each resource is presented in Table 1.

This paper aimed to understand the perceived acceptability and usefulness of the proposed co-designed complex trauma awareness resources, from the perspectives of parents and service providers who participated in in-person discussion groups, as well as key stakeholders of a Victorian pilot implementation site (hereafter referred to as 'key stakeholders') who participated in an online workshop. Due to the strong alignment of the aims, methods and analysis of the discussion groups and workshop activities, the findings are presented together.

Methods

Objectives

This study used participatory action research as the qualitative inquiry approach. More specifically, the

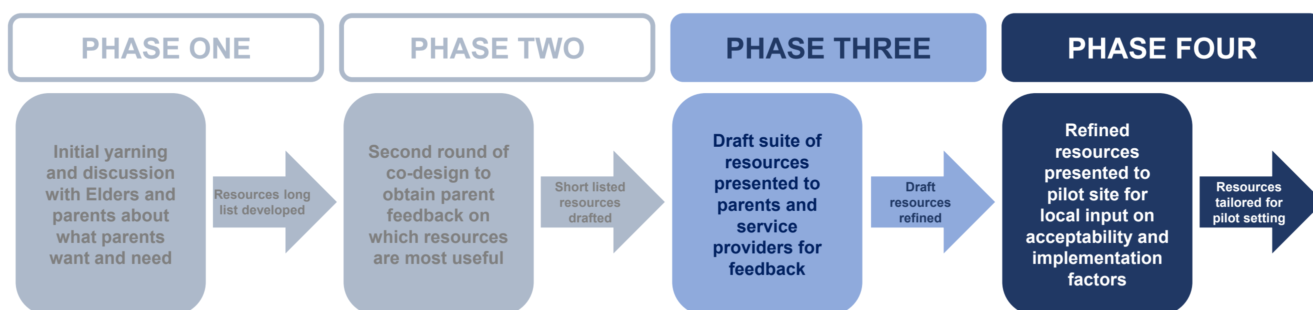
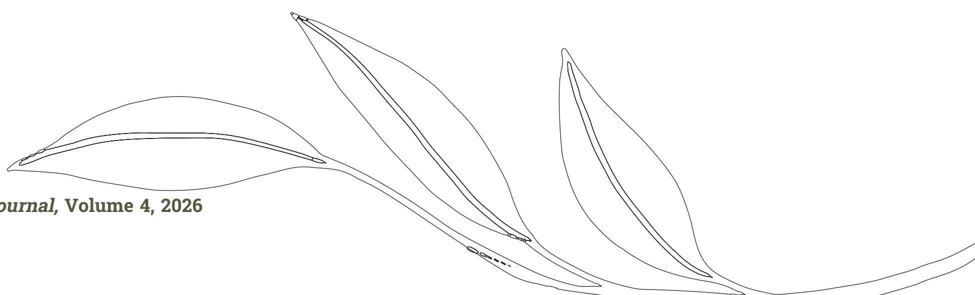


Figure 1: Summary of the Healing the Past by Nurturing the Future co-design process.



Parent resources		
Storybook	**Dads' resources**	**Childrearing and child development resource**
To help parents understand what complex trauma is and how to help children to grow up safe and strong. The picture-based storybook is intended to offer opportunities for families to reflect on the story and how they may relate to it.	A resource pack for fathers to support their journey into parenthood, as they have historically been under-supported and have access to few resources that are designed to support their role as a parent.	Information about Aboriginal and Torres Strait Islander ways of parenting. The resource will specifically provide information about child development and child rearing principles.
Service provider training		
Introductory online training modules	**Intermediate face-to-face training**	**Advanced mentoring and wellbeing champion training**
Provides service providers with basic awareness about trauma, building genuine partnerships with Aboriginal and Torres Strait Islander children, families and communities, and ways to work safely with Aboriginal and Torres Strait Islander families.	Provides service providers with skills and knowledge to deepen their understanding of complex trauma and develop strategies for working with Aboriginal and Torres Strait Islander families and communities in the perinatal period.	For service providers interested in becoming experts in trauma-integrated care provision to support parents who have experienced trauma and become leaders in their organisation (wellbeing champions) ensuring implementation and sustainability of culturally safe, trauma-integrated care.

Table 1: Summary of Healing the Past by Nurturing the Future proposed resources addressing awareness of complex trauma in perinatal healthcare settings

approach was informed, shaped and strengthened by key principles of Aboriginal Participatory Action Research (Lowitja Institute 2020). This included embedding Indigenous worldviews, emphasising self-determination and centring community voices in all research stages (Lowitja Institute 2020). Discussion groups were held with parents and service providers to assess the acceptability of the awareness resources as conceptual proposals, prior to the development of any prototype or tangible resources. An additional workshop (Workshop 4) with HPNF project team members and key stakeholders of the pilot implementation site was held to discuss the findings of the discussion groups, and to assess the acceptability of implementing the awareness resources in a pilot perinatal health setting.

Setting

Parent and service provider discussion groups were conducted in-person in three Australian jurisdictions in both regional (Northern Territory [NT]) and urban (South Australia [SA] and Victoria [Vic]) sites from March to April 2022. Workshop 4 was conducted online via Zoom in August 2022 due to COVID-19 restrictions.

Positionality of the research team

This research project was led by Aboriginal and Torres Strait Islander researchers. Data were collected by a team of Aboriginal (CC, DB, ES, YC, AE) and non-Indigenous (RF) researchers. Data were also analysed collaboratively by Aboriginal (CC, DB, ES) and non-Indigenous (GB, RF, KAJ) researchers, as described below. The team brings extensive experience working alongside communities, health services and in health promotion.

Sampling and recruitment

Discussion groups

Partner organisations in the Northern Territory (Central Australian Aboriginal Congress), South Australia (Nunkuwarrin Yunti) and Victoria (Bouverie Family Centre) supported discussion group participant recruitment. This involved identifying eligible participants, providing information about the study, and asking for permission to provide contact details to the study coordinator. Potential participants could also contact the study coordinator directly via flyers shared at health services and through community networks.

Parents were eligible to participate if they: identified as Aboriginal and/or Torres Strait Islander; were aged

16 years or older; they or their partner were currently pregnant or had a child under two years of age; and were able to provide informed consent. Service providers were eligible to participate if they: provided care for Aboriginal and/or Torres Strait Islander parents; were aged 18 years or older; and were able to provide informed consent.

Workshop

Key stakeholders included Aboriginal service providers, organisational or community group representatives, researchers, policymakers, and community leaders working with Aboriginal and Torres Strait Islander families. Associated organisations and relevant individuals were sent information about the purpose of the workshop and were invited by email to participate.

Ethical considerations

Three jurisdictional Human Research Ethics Committees (HREC) approved ethical procedures (St Vincent's Hospital Melbourne HREC 060/20, Aboriginal Health Council of South Australia 04-20873, and Central Australian Human Research Ethics Committee CA 20-3705). All discussion group participants received plain language participant information prior to and on the day of the discussion group, and signed consent forms, which were explained by a researcher. Workshop participants received the same information and were asked to return their consent forms prior to the online workshop.

The cultural and emotional safety of all participants was paramount throughout the study, informed by a cultural and emotional safety framework developed as part of the HPNF project (Clark et al. 2020). Time was spent introducing the research team at the start of the discussion groups and workshop, to help build rapport with participants and to provide transparency about their roles, responsibilities and research objectives. Participants were advised they were not expected to share their own personal experiences. Psychological support was made available to participants before, during and after the study activities, and grounding strategies including mindfulness activities were used throughout the discussions and workshop. Nobody else was present during the research activities. Parent participants were reimbursed for their time, provided with transport support, and received an Aboriginal-authored book for their child/ren.

Both the discussion groups and the workshop were facilitated by Aboriginal and non-Indigenous researchers. All facilitators had prior training and experience working with Aboriginal and Torres Strait Islander Peoples and on qualitative research projects.

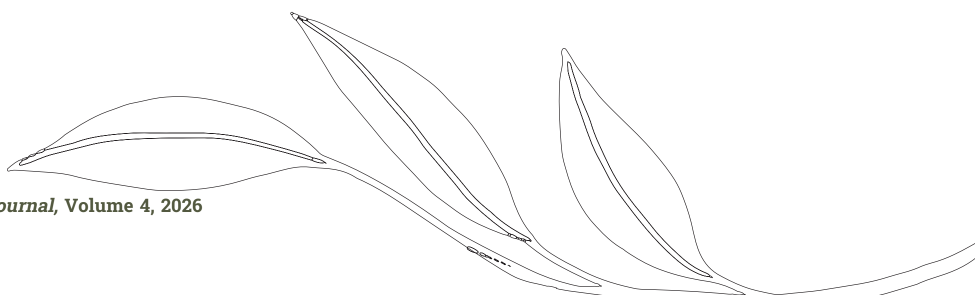
Data collection process

Discussion groups and workshop

Discussion guides for both the discussion groups and workshop were developed in collaboration with Aboriginal and non-Indigenous researchers and clinicians with expertise in mental health and perinatal health, and were pilot tested with Aboriginal women (Clark et al. 2021).

In-person discussion groups were gender-specific and structured around a 'talking circle' to create a safe and equal shared space. The aim of this circle setting was to promote active listening to everyone's stories, and to help moderate possible power imbalances between parents and researchers (Brown and Di Lallo 2020). Researchers (CC, DB, RF, ES, AE) and participants introduced themselves using 'strengths cards' to build rapport, safety and trust. The in-person discussion groups ended with the sharing of a meal and a yarn.

In the online workshop, participants were randomly allocated to smaller groups using the Zoom breakout



room function to replicate the discussion groups model. Participants could respond and participate in the discussion either verbally or via the Zoom chat function.

The structure and sequence of questions asked during the discussion groups and the workshop were similar. Participants were first introduced to the HPNF project, then listened to a short conceptual description of each of the six awareness resources proposed in previous co-design workshops. Participants were prompted to provide feedback on the appropriateness, usefulness, acceptability (all participants) and feasibility (service providers and key stakeholders only) of the resources using participatory methods, including verbal discussion, short surveys and worksheets. All discussions were audio-recorded. The discussions groups lasted from 60 to 180 minutes (median duration: 120 minutes), and the online workshop included two three-hour sessions (morning and afternoon) across one day. The research team made individual and group reflexive field notes after each discussion group and workshop activity. Quantitative data collected from the survey worksheets are presented in Supplementary material S1.

Data management and analysis

Audio-recordings of the discussion groups and workshop were transcribed verbatim by a third-party transcription service (SMART Docs, n.d.). Transcripts were compared to audio-recordings by research team members (RF, DB, GB [workshop only]) to ensure accuracy and enhance familiarisation with the data. Field notes from the discussion groups and workshop were also used in the analysis process. Computer software NVivo (version 14) was used to support data management and storage.

Data from the discussion groups and workshop were initially coded separately by both Indigenous and non-Indigenous coders with experience in Aboriginal health research [discussion groups; DB, RF, ES, CC; workshop; GB, DB, KAJ] using a predominantly inductive approach and guided by reflexive thematic analysis (Braun et al. 2019). Preliminary codes were then used to collaboratively generate and define research themes across the two datasets. Indigenous perspectives were prioritised throughout the analysis process. Regular check-ins between Indigenous and non-Indigenous coders guided coding decisions, interpretations and the cultural meaning of the data. Indigenous team members provided cultural guidance to ensure that themes reflected Aboriginal and Torres Strait Islander worldviews, and the team engaged in ongoing reflexive discussions to address assumptions or biases that did not align with Indigenous knowledge systems.

The study was reported using the Consolidated Criteria for Strengthening Reporting of Health Research involving Indigenous Peoples: the CONSIDER statement (Huria et al. 2019) (Supplementary material S2) and the Consolidated Criteria for Reporting Qualitative Research checklist (Tong et al. 2007) (Supplementary material S3) as guides.

Findings

Twenty-one Aboriginal and Torres Strait Islander parents (18 women, three men) participated in six discussion groups; and 20 service providers (all women; seven Aboriginal and Torres Strait Islander Peoples and 13 non-Indigenous) participated in four discussion groups in 2022. Discussion group participants were based in the Northern Territory (44%), South Australia (29%) and Victoria (27%). All participants were aged 18 years and over.

Fifty-seven key stakeholder participants attended the online workshop (52 women, five men) held in 2022.

Most participants were from Victoria (56%) and South Australia (18%). Just under half of the participants identified as Aboriginal and/or Torres Strait Islander (46%). Sociodemographic details of participants are provided in Table 2.

Participant characteristics	Discussion groups		Workshop
	Parents	Service providers	Stakeholders
Gender			
Women	18	20	52
Men	3	0	5
Indigenous			
Aboriginal and/or Torres Strait Islander	21	7	26
Non-Indigenous	0	13	28
Missing	0	0	3
Location			
Northern Territory	8	10	2
South Australia	9	3	10
Victoria	0	7	32
Western Australia	0	0	4
New South Wales	0	0	3
Queensland	0	0	2
Tasmania	0	0	2
Australian Capital Territory	0	0	2
Total	**21**	**20**	**57**
Total study participants		**98**	

Table 2: Sociodemographic summary of participants involved in discussion groups and the online workshop

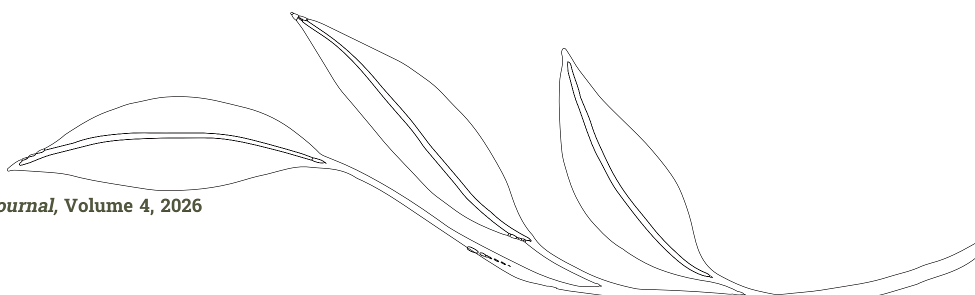
Four themes were generated from the discussion group and workshop data as reflecting the perceived enablers or indicators of resource acceptability shared across each of the parent, service providers and participant groups: 1) Who gets to tell the story on trauma? Doing it the right way for every community; 2) Listening to unlearn; decolonising practice in perinatal settings; 3) A two-way learning opportunity about parenthood beyond trauma; and 4) Strength in culture; ensuring cultural and emotional safety of parents through strengths-based approaches. In-text quotes are used to highlight the voice of participants, which informed data coding and indicated as workshop or discussion group participant. Section break quotes are illustrative of the broader theme. All participant quotes presented are verbatim.

Who gets to tell the story on trauma? Doing it the right way for every community

Across the parent, service provider and key stakeholder groups, many participants reiterated this sentiment of 'doing it right'. Multiple factors emerged as contributing towards the resources being 'right'. Participants identified that resources must be 'right for that place and for those people' [workshop] and will be most useful if grounded in the local context of each community. When reflecting on the storybook resource specifically, key stakeholders questioned how the story would be developed, emphasising that each community is different and that 'what works in one region won't work everywhere' [workshop]. Participants queried whose story would be told and whether there would be one story or many to capture the diversity of Aboriginal and Torres Strait Islander communities:

> *You'll have young parents with kids here* [in Adelaide] *who wouldn't want something that's developed up in the Northern Territory or in Victoria. They'd just look at it and say 'no, that's got nothing to do with me'.* (Parent/female, SA*)*

Community ownership of the storybook was deemed essential for it being acceptable to communities, with images and language tailored to the community at which it is aimed. Participants also noted that trauma and healing looks different for every individual and every community. Participants in both the discussion groups and workshop agreed that Elders must lead the process, as they would be most familiar with what is relevant and appropriate. However, participants also identified the importance of including the voices of



young mothers and fathers who are the target of these resources, but who may be less familiar with what trauma looks like, and who may be experiencing disconnection from culture. Ensuring that the resources were provided in accessible and non-stigmatising formats for parents with low-literacy was also critical for parents. For example, using animations or an illustrated book with narrated audio for the storybook and childrearing and development resource:

> *Loved the idea and the illustrations are so beautiful. In working with young Aboriginal parents, if they have limited literacy, YouTube is great… tools that young people are familiar with. Showing text can elicit shame or bad feelings and memories from school.* (Workshop participant/Aboriginal, female)

Key stakeholders found the proposed childrearing and development resource to be particularly acceptable and thought it would be useful if developed in the 'right way'. One male stakeholder noted that this included '…attaching back to protective factors of Aboriginal and parenting practices and principles' [workshop], as well as using messaging that is supportive across the diversity of experiences and that 'draws us back to a place of cultural strength' [workshop]. Workshop participants were enthusiastic about the value of this resource in perinatal settings as long it was accessible to all parents and developed with relatable themes, such as 'Blak humour' [workshop].

> [It] *would enable families to talk up their style of parenting* [and] *advocate better for themselves… that's the first step to advocating for yourself with child protection, hospitals schools, preschools.* (Workshop participant/Aboriginal, male)

'Doing it right' was also a strong sentiment in regard to the service provider training. Parent participants highlighted that the face-to-face training would be more meaningful if run by Indigenous facilitators, while workshop participants were keen to see parents, alongside Elders, contribute to the development of the training. Integrating lived experience of trauma and trauma-informed care from both parent and service providers was also important for all participants.

> *The challenge is that… the Aboriginal voice is primary through the conversations and consultations… how do we ensure through this project that cultural authority is not just acknowledged but also respected as fundamental to the therapeutic journey of a new mother, child, family?* (Workshop participant/ Aboriginal, female)

Listening to unlearn; decolonising practice in perinatal settings

Participants emphasised that centring the voices of parents and community is critical, but only meaningful if non-Indigenous service providers and services are prepared to listen and unlearn potentially harmful Western ways of practice. Specifically, parent participants reflected that their voices were often not heard and most parents are afraid to talk about Aboriginal ways of parenting with non-Indigenous service providers due to a lack of understanding and respect for doing things differently:

> *Mothers are having babies today, and they want to have a voice. It's their child, they want to raise the child. Because you're Aboriginal they say, 'No you can't birth, it's not the way', and you say, 'Yeah well you do that in your white man's way, but this is our way.' So people still haven't got it right… Too many mothers are still being told what to do.* (Parent/female, SA)

Parents also reflected that 'fathers get missed' [discussion group] and healthcare providers created barriers for fathers to be involved, with their voices too

often absent from both resources and conversations about parenting. The dads' resource was regarded as particularly valuable for fathers to break down those barriers, but that making space for dads had to be supported by service providers, including Aboriginal and Torres Strait Islander providers, as the disconnect between fathers and parenting has become the norm.

> *They didn't get us involved into that stuff. We wanted to be more involved in that part, [but] only women are allowed to go there. So it made us feel like - we stayed home*. (Parent/male, NT)

> *Dads or men coming into services, if even game enough to walk in, are not acknowledged in any way. Anything given to them sends a message we are thinking of them and including them* [is good]. (Workshop participant/Aboriginal, female)

Ensuring that service providers are listening to parents and integrating the voice of Aboriginal and Torres Strait Islander parents in the service provider training was raised by workshop participants as critical to the training being acceptable amongst community. Mirroring concerns about training being a 'tick box' exercise, it was important for both parents and service providers that training to improve awareness of complex trauma was delivered in a way that reflected real-life experiences, as opposed to solely focusing on clinical diagnoses or treatments for complex trauma.

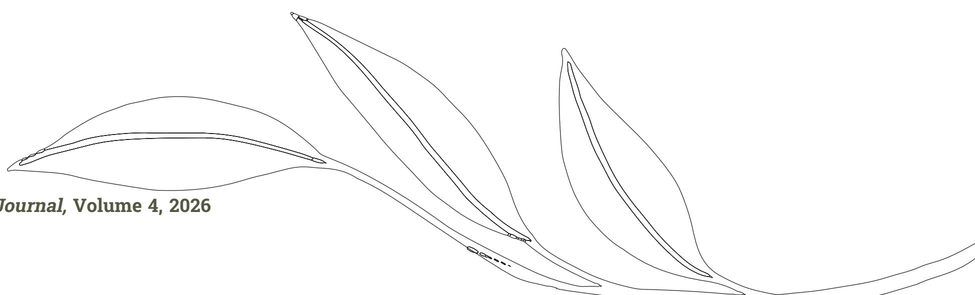
> *What is going to strengthen practitioners is listening to community and allowing community to come forward and have a conversation*. (Workshop participant/Aboriginal, male).

Participants' views of the acceptability of the proposed service provider training were also moderated by concerns about current shortcomings in culturally safe practice in perinatal health settings. The online modules component was perceived by most participants as a good way to begin challenging ideas, while recognising that service providers will bring different knowledge and experiences of both complex trauma and working with Aboriginal and Torres Strait Islander communities. However, parent and stakeholder participants raised concerns about providers assuming they were culturally competent after completing the modules and not having an opportunity to receive feedback, ask questions or reflect on their (un)learning:

> *How do we engage people to reflect on their own experiences in this space? Also on their own context and place in relation to the content? Self-reflection reveals a lot to you in the context of these kinds of complex areas of work*. (Workshop participant/Aboriginal, female)

Specifically, processes of shifting language and challenging thinking in perinatal service provision were identified by participants as crucial to promoting respect and creating culturally safe spaces for Aboriginal and Torres Strait Islander parents. Some participants queried how this would be achieved and if the online modules were intensive enough to challenge entrenched biases, reflecting hesitation from parent participants as to whether the training would actually improve the cultural safety of health services when only aimed at individual practitioners, rather than achieving organisational- or system-level change.

Once it was clarified that the three training courses would follow a prerequisite format, whereby service providers must complete each level of the training before moving to the next, most participants were supportive of the online modules as an accessible and feasible starting point. Some provider participants



raised concerns about the feasibility of getting time off to do the additional training, especially in sectors with high staff turnover. Others regarded the training as so critical that it needs to be taught earlier and be included in university training, such as for midwifery or social work, and embedded in funding policies of perinatal services:

> *This* [training] *should be embedded in policy. It should be part of the funding agreement, to ensure no harm is done. It should be a non-negotiable. It's a reflection of systemic racism* [that training is not available]. (Workshop participant/Aboriginal, female)

A two-way learning opportunity about parenthood beyond trauma

Across the parent, service provider and stakeholder groups, there was agreement that parents should not be expected to shoulder the burden of raising awareness of complex trauma if perinatal service providers are not equally engaged in their own learning journeys. The sentiment that awareness of complex trauma should be equally shared between Aboriginal and Torres Strait Islander parents and non-Indigenous service providers fed into the notion of it being a 'two-way learning' opportunity for both parents and service providers about both complex trauma and Aboriginal ways of parenting:

> *It's all very well if parents feel empowered, but if the services… don't understand the value of Aboriginal ways of parenting,* [the parents] *are still going to be told they're doing wrong, judged in negative ways.* (Workshop participant/Aboriginal, female)

Participants emphasised that providers, particularly midwives and nurses in the perinatal setting, needed to learn not only about trauma, but also about Aboriginal ways of parenting, as it was perceived that these healthcare providers were critical of their parenting choices. Similarly, when discussing the service provider training, workshop participants reflected on personal anecdotes of negative experiences in working with child protection services who were not equipped with knowledge of Aboriginal ways of parenting or experiences of trauma:

> *I think the topic of trauma for Aboriginal people can be so far out of the box for mainstream people that they're learning from scratch again. We have suffered issues that they never will, simply because of colonisation, simply because we're First Peoples of this particular country, so that level of trauma is on top of other traumas and you can't actually teach that online.* (Service provider/Aboriginal, female, Vic)

In addition to a two-way learning approach, parent participants also highlighted the importance of incorporating processes of self-reflection in all three of the service provider trainings. Ensuring that encouragement and space were given to providers to reflect on their practice, beliefs and biases was noted by participants as critical:

> *I think it's essential. I think all services should have a resource that helps them understand their privilege… I just feel like a lot of service providers – they don't have the same experience, so they need to understand some way or another and I think it would be very helpful and very useful to them.* (Parent/female, SA)

In contrast to the service provider resources, participants were particularly supportive of the way the parent resources had been designed to focus on strengthening connection to culture through parenting, rather than exclusively or explicitly talking about trauma. Having a dads' resource was found to be highly acceptable across all participants; most participants reflected that, if done well, a resource could enable mutual learning about culture, identity

and ways of parenting for both fathers and service providers. Participants noted that it is important to talk directly to fathers, as their experience is markedly different from mothers in navigating the perinatal period, particularly as an opportunity for complex trauma healing. Male parents and key stakeholders advocated for a strengths-based resource that recognises their important and practical role both within the family and the community more broadly, noting that fathers '...want to have a place, but space has not opened up for them yet' [workshop]:

> *I think as well, just having some – there could be some testimonials, some other men telling their stories and if they found it difficult or challenging, I think that would be good for them to hear, that it's not just them.* (Parent/female, SA)

Parent participants also reflected on how colonisation has impacted the perceived role of men and on Aboriginal family dynamics. For example, some parents described service providers having an expectation that the connection between fathers and children was not going to be positive, or assuming that fathers didn't want to be involved:

> *... So when you get an Aboriginal father sitting in there, they just don't know how to engage with them [or] include you in that process. So you're just left out, you're like a fly on the wall.* (Parent/male, NT)

A dads' resource was perceived as something tangible that could act as a learning opportunity for both fathers and service providers alike. Implementation site stakeholders also believed that the dads' resource could have a significant impact in starting conversations about trauma between fathers, as well as restoring their connection to parenting more broadly:

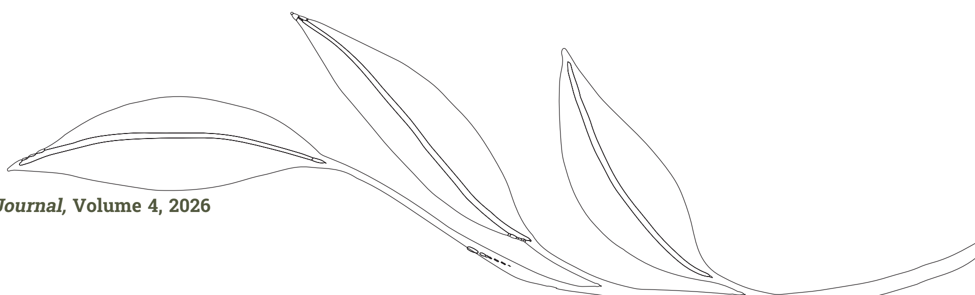
> *I think this is very important that fathers' voices should be heard. Dads have been left behind in family dynamics, the women gets things done and are strong which can leave the dadas behind. Historically, dadas were removed from families, they need to be put back so the connection between the whole family is stronger.* (Workshop participant/Aboriginal, female)

Strength in culture; ensuring cultural and emotional safety of parents through strengths-based approaches

Participants across the discussion groups and workshops were conscious of why these resources were being developed and advocated for a sensitive and strengths-based approach to talking about the impacts of trauma on Aboriginal and Torres Strait Islander families. Participants found the storybook to be an acceptable way to safely introduce the concept of complex trauma to parents who may not recognise they have trauma or how it can be triggered during parenthood:

> *So many people have experienced trauma, but not everyone will recognise trauma. Stories are a safe way of introducing and dealing with trauma without exposure.* (Workshop participant/Aboriginal, male)

However, both parents and service providers expressed the importance of getting the message right so that parents who use the storybook can see positive outcomes. Parent participants noted that it would be particularly useful for young parents if the story depicted a strengths-based message about a family overcoming trauma, and to have messaging from families who have survived tough experiences. This sentiment around extending the message beyond awareness raising towards healing from trauma was also reflected by key stakeholders, who agreed that the storybook was 'a non-intrusive way of exposing



families to stories about trauma, and more importantly healing' [workshop]. Similarly for the childrearing and development resource, participants wanted to see this resource 'talking up our ways of parenting' and acknowledging the strength and safety in Aboriginal ways of parenting, especially for parents who receive mixed messages about what is 'right' when bringing up children:

> *That's who we are, where we root ourselves. That's our being, culture and identity… Some young parents or first-time parents don't have the support of nana or mum, so giving them some knowledge around childrearing and childbirth, that process, it gives them a sense of identity as well.* (Parent/female, NT)

Although generally supportive of the suite of resources, some key stakeholders were wary of assuming that parents, as well as the services who provide their perinatal care, were ready to identify or deal with complex trauma when the cultural safety of the service is not assured:

> *Trauma is a very sensitive area. There is a lot going on down here and a lot of healing to be done. And it's how to make it appropriate so we're not unpacking or revisiting trauma… It's good for parents to understand trauma, because I don't think young mums and parents realise what trauma is until they're faced with it.* (Workshop participant/Aboriginal, female)

> [It depends] *how you use it – a failure to implement other cultural safety tools may not provide the best foundation for trauma awareness raising, and could be more traumatising. A lot of work needs to happen before introducing a story. Not to say it's not powerful, but work needs to be done to make it effective.* (Workshop participant/Aboriginal, female)

Likewise, some participants noted that as awareness of complex trauma becomes common-place in perinatal settings, there also needs to be culturally safe supports in place for parents who are struggling:

> *As more and more knowledge of complex trauma moves to everyday staff knowledge and awareness, there needs to be fundamental things around safety, stability, support and strategies to have in the training. Like the unmet needs and the area to explore difficult things.* (Workshop participant)

Notably, one provider reflected on her own cultural safety training to date, noting that the proposed training would be more useful and impactful for both complex trauma awareness and cultural safety than what currently exists in the perinatal care sector:

> *It* [existing training] *goes for 30 minutes and you can just flick through if you really wanted to. So I think that's amazing that you're going to do a five-hour module teaching service providers about that sort of stuff and also building relationships and understanding why trauma affects them.* (Service provider/Aboriginal, female, SA)

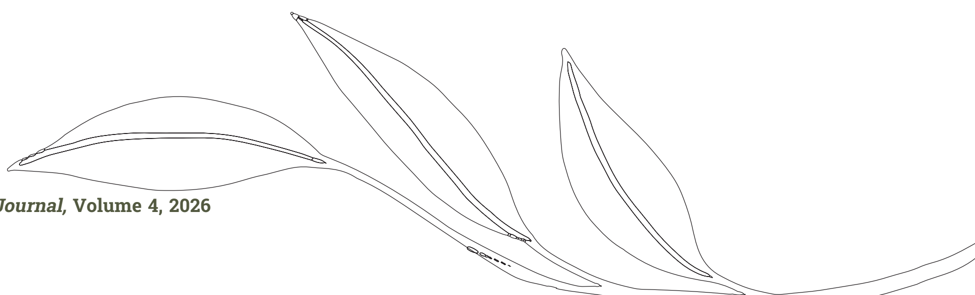
Discussion

This study sought to explore and formatively evaluate the acceptability and usefulness of proposed resources designed to increase awareness of complex trauma amongst Aboriginal and Torres Strait Islander parents in perinatal settings prior to pilot implementation. Parents, service providers and key stakeholders emphasised four key indicators of acceptability: doing it the right way in each community; decolonising perinatal service provision; promoting two-way learning about Aboriginal ways parenting; and embedding strengths-based approaches and cultural safety.

The findings of this study reinforce the fundamental principles of research with and strategies for Aboriginal and Torres Strait Islander communities, and are reflective of similar research exploring perceptions of social and emotional wellbeing interventions in the perinatal period (Department of Health and Human Services 2019; Jamieson et al. 2012). These studies found that the most acceptable programs aimed at improving health and social outcomes for Aboriginal families are those that are community-owned and Indigenous-led, value the voices and experiences of parents, foster trust between parents and service providers, and create inclusive, accessible and safe service settings (Clifford-Motopi et al. 2022; Lloyd-Johnsen et al. 2023; McCalman et al. 2024; Menzies and Grace 2022; Murrup-Stewart et al. 2019). These factors, as identified across the literature and strengthened by the findings in this study, can be acknowledged as integral to implementing acceptable, appropriate, useful and feasible complex trauma awareness resources in perinatal health settings.

As with all programs designed by and with Aboriginal and Torres Strait Islander Peoples, there is a fundamental need to uphold respect for cultural authority and to integrate Aboriginal and Torres Strait Islander epistemologies of culture, kinship and identity (AIATSIS 2020). Participants in this study particularly wanted to see resources that celebrated and reinforced connection to culture as a pathway towards healing from trauma (Transforming Indigenous Mental Health and Wellbeing Project 2021). Krakouer et al. conceptualise connection to culture as enabling a sense of belonging, identity and Indigeneity, which for many Aboriginal and Torres Strait Islander families has been disrupted by policies of forced child removal and out-of-home care (Krakouer et al. 2023). Like other programs that situate these traumas within processes of colonisation, the proposed awareness resources concepts and the co-designed ideas behind each of the resources were found to be highly acceptable due to this focus on embedding Aboriginal identities and connection to culture as a strength (Menzies and Grace 2022). Parent and Aboriginal stakeholder participants were particularly cognisant of avoiding stereotypes and stigmatising parents with complex trauma, which is understood as the 'deficit data-problematic people' by Walter (2016), whereby the narrative around Aboriginal people's lives is controlled by disparity-based statistics and notions of familial dysfunction. Strengths-based approaches that avoid this deficit discourse and which uphold foundational principles of community empowerment, collective identity and Indigenous leadership have been conceptualised as integral to any meaningful intervention in Aboriginal and Torres Strait Islander communities – each of which were found to be integral to the acceptability of the resources in this study (Bryant et al. 2021; Bulloch et al. 2019; Fogarty et al. 2018).

Giving voice to parents and using the resources to facilitate a two-way learning process about Aboriginal ways of knowing and doing was identified as a way to foster trust between parents and services providers. Two-way learning is a common concept in Aboriginal and Torres Strait Islander social research and is the process of connecting people from different cultures or backgrounds and enabling them to learn with and from one another (Purdie 2011). In healthcare, two-way learning is critical to bridging the divide between Aboriginal and Torres Strait Islander conceptualisations of health and wellbeing and Western medical practice (Gatwiri et al. 2021; Parter et al. 2024). This extends to Aboriginal and Torres Strait Islander birthing practices, family structures, ways of parenting, and kinship caring roles and



responsibilities that may differ from service providers' expectations (Hartz et al. 2019; Parter et al. 2024). In the current study, two-way learning was particularly important for Aboriginal fathers, who are routinely neglected or stigmatised in perinatal health settings; yet research shows that inclusive parenting programs specifically aimed at Aboriginal fathers can dually equip both fathers and service providers to acknowledge their vital parenting role (Canuto et al. 2019; Prehn et al. 2024).

Likewise, embedding cultural safety as a fundamental component of the service provider training was deemed as essential by all participants. Culturally safe practice is critical to addressing the deeply embedded institutional racism that contributes to barriers for Aboriginal and Torres Strait Islander Peoples in accessing healthcare and other services (Coalition of Peaks and Australian Governments 2020). Reflecting ongoing advocacy in this space, it was particularly important for the acceptability of the training that service providers had adequate understanding of the purpose of the training so that it does not become a 'tick-box' or replace ongoing cultural safety training (Tujague and Ryan 2021). This included recommendations that service providers have time to self-reflect on their assumptions and biases that shape their practice, and how these can be unlearned in the context of engaging with Aboriginal and Torres Strait Islander parents (McGough et al. 2022; Tujague and Ryan 2021). Moreover, evidence from a similar Canadian study (Bruno et al. 2022) indicates that Indigenous- and community-led learning, such as that proposed by participants in the current study, are highly effective in improving non-Indigenous service providers' capacity to provide culturally safe care (Bruno et al. 2022). However, the findings also indicate that the feasibility of the provider training requires organisational buy-in to ensure that service providers feel supported and capable to re-learn ways of working with Aboriginal and Torres Strait Islander parents experiencing complex trauma in a culturally safe and trauma-informed way (Menzies and Grace 2022).

Strengths and limitations

Although acceptability is a common outcome in implementation research, few studies have explicitly explored the acceptability of Aboriginal and Torres Strait Islander co-designed proposed resources in the formative stage of implementation (Proctor et al. 2011). Thus, a key strength of this study is its situation within a broader Aboriginal-led, participatory research project (HPNF) that has sought to engage and empower Aboriginal and Torres Strait Islander parents throughout the conceptualisation, design, refinement, implementation and evaluation of the program. The study was ultimately guided by the values embedded within the HPNF conceptual framework, including safety, empowerment and choice, collaboration, culture, holistic care and compassion, and reflects best practice in research with Indigenous populations (AIATSIS 2020; Chamberlain et al. 2019a).

Although Aboriginal and Torres Strait Islander perspectives were strongly represented within the discussions analysed in this study, their views do not necessarily reflect the diversity of experiences, attitudes or perspectives of the Aboriginal and Torres Strait Islander parents who will participate in the pilot implementation of the complex trauma awareness resources. Likewise, participants self-selected to participate and were not part of the initial co-design phases. Participants were presented with concepts of the complex trauma awareness resources as opposed to tangible resource prototypes, which may have limited their ability to engage with the resources and

may have promoted a social desirability bias towards acceptability. There was also a limited number of men involved in this study; this reflects the absence of men's voices in both research and programs in perinatal care more broadly (Canuto et al. 2019; Jukes et al. 2024), but is a shortcoming in relation to the acceptability of the dads' resource aimed at fathers in particular. To better understand the acceptability of the dads' resources, there is need for ongoing and thoughtful engagement with Aboriginal and Torres Strait Islander men (for example, through men's groups and within the health sector).

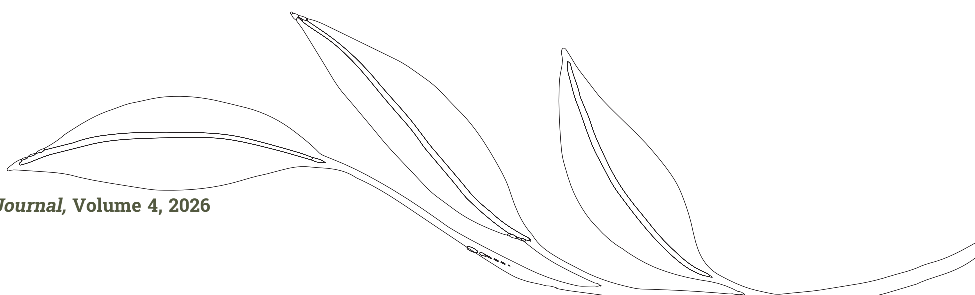
The findings of this study in the context of the HPNF project demonstrate that the implementation of acceptable, appropriate and useful complex trauma awareness resources is urgently needed in Australian perinatal settings (Hine et al. 2023; Sperlich et al. 2017). Expectant or new parents are likely to have frequent, scheduled contact with primary healthcare providers; for some Aboriginal and Torres Strait Islander parents, this may be a period of significantly increased healthcare service contact compared with other times in their lives. The perinatal period therefore presents ideal opportunities for healing by way of intervening in the cycle of complex trauma and equipping parents with the resources, capacity and sense of emotional safety to manage trauma responses (Chamberlain et al. 2019b; Gee et al. 2020; Hine et al. 2023; Sperlich et al. 2017). The findings of this study point to a critical need to ensure that the complex trauma awareness raising resources are contextually relevant to the Aboriginal and Torres Strait Islander parents and perinatal settings in the communities they are designed for. Learnings from this study have guided the next phase of the HPNF project, including the production, implementation and evaluation of the complex trauma awareness resources in the pilot implementation site (Jones et al. 2024). Outcomes of these phases will be explored in future research.

Conclusion

The proposed co-designed resources reviewed in this study were found to be acceptable, useful and feasible overall for raising awareness of complex trauma for Aboriginal and Torres Strait Islander parents and service providers in perinatal health settings. The high level of perceived acceptability of these resources highlights the importance of co-designing resources at a local level by and with communities, and ensuring that any intervention is responsive to parent and community readiness to heal from trauma. Key to this is ensuring any resource development is grounded by principles of community control, cultural safety, strengths-based approaches, two-way learning, empowerment and voice, and decolonised service provision.

Author contributions

G. Bartlett: Data curation, formal analysis, visualisation, writing – original draft, writing – review and editing. H. Henderson: Visualisation, writing – original draft, writing – review and editing. R. Fiolet: Data curation, formal analysis, investigation, project administration, supervision, writing – review and editing. D. Bowman: Data curation, formal analysis, investigation, supervision, writing – review and editing. E. Stubbs: Data curation, formal analysis, investigation, writing – review and editing. K.A. Jones: Data curation, formal analysis, funding acquisition, investigation, methodology, project administration, supervision, visualisation, writing – review and editing. Y. Clark: Data curation, investigation, methodology, writing – review and editing. A. Elliott: Data curation, investigation, writing – review and editing. C. Chamberlain: Conceptualisation, data



curation, funding acquisition, investigation, methodology, project administration, supervision, visualisation, writing – original draft, writing – review and editing.

Data sharing

The data/transcripts are not publicly available due to the need to protect participant confidentiality but may be made available on reasonable request to the corresponding author.

Declaration of interests

Professor Catherine Chamberlain is an Editor-in-Chief of First Nations Health and Wellbeing – The Lowitja Journal. Professor Yvonne Clark is an Associate Editor of First Nations Health and Wellbeing – The Lowitja Journal.

Funding

This project is funded by a National Health and Medical Research (NHMRC) Grant (#1141593) and Ian Potter Foundation funding. Professor Catherine Chamberlain is funded by an NHMRC Leadership Fellowship (GNT2025437).

Acknowledgements

Sincere thanks to all the participants and community partners who made this research possible. Oversight of this research was provided by the Healing the Past by Nurturing the Future Investigator Group, including Graham Gee, Stephanie Brown, Jan Nicholson, Judy Atkinson, Helen Herrman, Deirdre Gartland, Karen Glover, Fiona Mensah, Helen McLachlan, Tanja Hirvonen and Sue Brennan. We also acknowledge our partner organisations for their leadership in this project. We thank Rhonda Marriott and Jane Fisher for their 'critical friendship' to the project. Thank you to Kelsey Madden for your valuable contributions and support.

Author biographies

Ms Georgia Bartlett is a non-Indigenous early career researcher at the University of Melbourne. She worked on the Healing the Past by Nurturing the Future project as part of a research capstone while completing a Master of Public Health.

Dr Helen Henderson is a Research Fellow with the Indigenous Health Equity Unit at the University of Melbourne. She is a non-Indigenous public health professional specialising in sexual and reproductive health and rights. She has extensive experience working with community in the co-design of research projects, with a focus on participatory and qualitative research approaches.

Dr Renee Fiolet is a non-Indigenous Research Fellow in Knowledge Translation at the Centre for Quality and Patient Safety in Research, Institute for Health Transformation at Deakin University. Her research primarily focusses on trauma and violence using co-design methods, and she holds an Honorary Fellow position at the Safer Families Centre for Research Excellence, University of Melbourne.

Ms Debra Bowman is a proud Ngemba woman from Brewarrina, NSW, and is living on Jerrinja land, part of the 13 tribes of the Yuin Nation on the southeast coast of Australia. Deb is a proud mum to four adult children and nan to six beautiful grandchildren. She is a narrative practitioner and grateful to find herself working at the University of Melbourne on Wurundjeri Country as a Research Assistant with the Indigenous Health Equity Unit. She has a background in women's health and disabilities. She is passionate about elevating Indigenous voices of community to challenge the discourses of colonisation and racism

and question why there is still so much inequality in our health and education systems.

Ms Emm**a** Stubbs is a Pitjantjatjara, Yankunytjatjara, Arabana and Adnyamathanha woman based in Mparntwe (Alice Springs) on Arrernte Country. She works as a Community Researcher at the Central Australian Aboriginal Congress, contributing to Aboriginal-led projects that centre cultural knowledge, community priorities and strength-based approaches. Emma brings lived experience, strong community connections and a commitment to working in culturally safe and inclusive ways.

Dr Kimberley Jones is a non-Indigenous senior researcher in the Indigenous Health Equity Unit at the University of Melbourne. She works on projects addressing intergenerational trauma in Aboriginal and Torres Strait Islander communities, and is committed to driving health system reform and decolonising health policy and practice. She coordinates the Healing the Past by Nurturing the Future project, a community co-designed implementation project aiming to improve support for Aboriginal parents with complex trauma in the perinatal period. Kim has expertise in trauma research and training.

Professor Yvonne Clark is a Kokatha/Wirangu woman from South Australia, a clinically endorsed psychologist and researcher. Within the Aboriginal communities and Families Health Research Alliance within SAHMRI Women and Kids theme she co-leads various research projects related to cultural and strength-based resources during pregnancy, the early years and youth to empower Aboriginal and Torres Strait Islander families in South Australia.

Ms Alison Elliott is a Clinical Family Therapist with extensive experience working with children and families through the Workin' with the Mob Program at the Bouverie Centre and in women's prisons. She also teaches in the Centre's Indigenous Family Therapy Program and conducted a Lowitja Institute-funded evaluation of its Graduate Certificate. Alison holds a Bachelor of Applied Science (Health Promotion) and a Master of Indigenous Studies (Wellbeing), based on Professor Judy Atkinson's We Al Li program. A lead We Al Li facilitator, she has delivered trauma healing workshops in Australia and internationally, and has a particular interest in supporting children and families through creative, narrative-based approaches.

Professor Catherine Chamberlain is a Trawlwoolway woman (Tasmania), National Health and Medical Research Council (NHMRC) Leadership Fellow (2024-2028) and Head of the Indigenous Health Equity Unit in the Melbourne School of Population and Global Health, the University of Melbourne. A Registered Midwife and public health researcher, her research focus is on perinatal opportunities to improve health equity.

Supplementary material

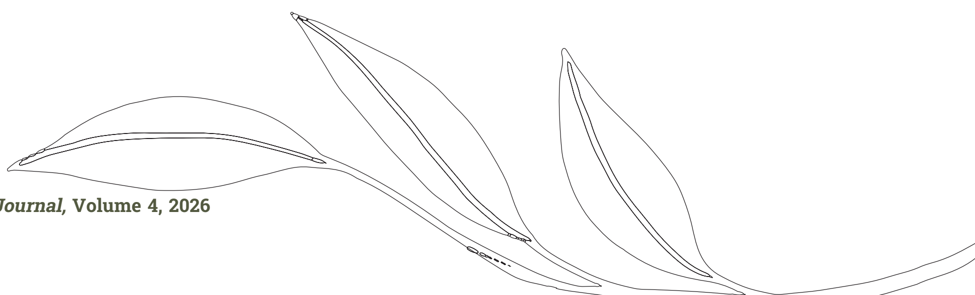
Supplementary material associated with this article can be found in the online version at 10.1016/j.fnhli.2026.100116.

References

AIATSIS, 2020. AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research. Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, Australia.

Amos, J., Furber, G., Segal, L., 2011. Understanding maltreating mothers: a synthesis of relational trauma, attachment disorganization, structural dissociation of the personality, and experiential avoidance. J Trauma Dissociation 12, 495–509. https://doi.org/10.1080/15299732.2011.593259.

Atkinson, J., Nelson, J., Atkinson, C., 2010. Trauma transgenerational transfer and effects on community



wellbeing. In: Purdie, N., Dudgeon, P., Walker, R. (Eds.), Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. Australian Institute of Health and Welfare, Canberra, Australia, pp. 135–144.

Australian Institute of Health and Welfare, 2024. Child protection Australia 2022–23. Australian Government, Canberra, Australia. Accessed on March 15, 2025 at: https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2022-23/contents/child-protection-system-in-australia.

Banyard, V.L., Williams, L.M., Siegel, J.A., 2003. The Impact of Complex Trauma and Depression on Parenting: An Exploration of Mediating Risk and Protective Factors. Child Maltreatment 8, 334–349. https://doi.org/10.1177/1077559503257106.

Braun, V., Clarke, V., Hayfield, N., Terry, G., 2019. Thematic Analysis. In: Liamputtong, P. (Ed.), Handbook of research methods in health social sciences. Springer, Singapore, pp. 843–860.

Broadhurst, K., Mason, C., 2020. Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. Qual Soc Work 19, 15–37. https://doi.org/10.1177/1473325019893412.

Brown, M.A., Di Lallo, S., 2020. Talking Circles: A Culturally Responsive Evaluation Practice. Am J Eval 41, 367–383. https://doi.org/10.1177/1098214019899164.

Bruno, G., Bell, R.C., Parlee, B., Lightning, P., Bull, I., Cutknife, B., Oster, R.T., 2022. Mâmawihitowin (bringing the camps together): Perinatal healthcare provider and staff participation in an Indigenous-led experiential intervention for enhancing culturally informed care—a mixed methods study. Int J Equity Health 21, 164. https://doi.org/10.1186/s12939-022-01764-8.

Bryant, J., Bolt, R., Botfield, J.R., Martin, K., Doyle, M., Murphy, D., Graham, S., Newman, C.E., Bell, S., Treloar, C., Browne, A.J., Aggleton, P., 2021. Beyond deficit: 'strengths-based approaches' in Indigenous health research. Sociol Health Illn 43, 1405–1421. https://doi.org/10.1111/1467-9566.13311.

Bulloch, H., Forgarty, W., Bellchambers, K., 2019. Aboriginal Health and Wellbeing Services: Putting community-driven, strengths-based approaches into practice. The Lowitja Institute, Melbourne, Australia. Accessed on March 15, 2025 at: https://www.lowitja.org.au/resource/aboriginal-health-and-wellbeing-services-putting-community-driven-strengths-based-approaches-into-practice/.

Canuto, K., Harfield, S., Canuto, K., Brown, A., 2019. Aboriginal and Torres Strait Islander men and parenting: a scoping review. Aust J Prim Health 26, 1–9. https://doi.org/10.1071/PY19106.

Chamberlain, C., Gee, G., Brown, S.J., Atkinson, J., Herrman, H., Gartland, D., Glover, K., Clark, Y., Campbell, S., Mensah, F.K., Atkinson, C., Brennan, S.E., McLachlan, H., Hirvonen, T., Dyall, D., Ralph, N., Hokke, S., Nicholson, J., 2019a. Healing the Past by Nurturing the Future—co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study. BMJ Open 9, e028397. https://doi.org/10.1136/bmjopen-2018-028397.

Chamberlain, C., Gee, G., Gartland, D., Mensah, F.K., Mares, S., Clark, Y., Ralph, N., Atkinson, C., Hirvonen, T., McLachlan, H., Edwards, T., Herrman, H., Brown, S.J., Nicholson, Jan, M., 2020. Community Perspectives of Complex Trauma Assessment for Aboriginal Parents: 'Its Important, but How These Discussions Are Held Is Critical'. Front Psychol 11, 2014. https://doi.org/10.3389/fpsyg.2020.02014.

Chamberlain, C., Gee, G., Harfield, S., Campbell, S., Brennan, S., Clark, Y., Mensah, F., Arabena, K., Herrman, H., Brown, S., 2019b. Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period. PLoS One 14, e0213460. https://doi.org/10.1371/journal.pone.0213460.

Chamberlain, C., Gray, P., Bennet, D., Elliott, A., Jackomos, M., Krakouer, J., Marriott, R., O'Dea, B., Andrews, J., Andrews, S., Atkinson, C., Atkinson, J., Bhathal, A., Bundle, G., Davies, S., Herrman, H., Hunter, S.A., Jones-Terare, G., Leane, C., Mares, S., McConachy, J., Mensah, F., Mills, C., Mohammed, J., Hetti Mudiyanselage, L., O'Donnell, M., Orr, E., Priest, N.,

Roe, Y., Smith, K., Waldby, C., Milroy, H., Langton, M., 2022a. Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start (SAFeST Start): Urgent call to action to address crisis in infant removals. Aust J Soc Issues 57, 252–273. https://doi.org/10.1002/ajs4.200.

Chamberlain, C., Gray, P., Herrman, H., Mensah, F., Andrews, S., Krakouer, J., McCalman, P., Elliott, A., Atkinson, J., O'Dea, B., Bhathal, A., Gee, G., 2022b. Community views on 'Can perinatal services safely identify Aboriginal and Torres Strait Islander parents experiencing complex trauma?'. Child Abuse Review, e2760. https://doi.org/10.1002/car.2760.

Chamberlain, C., Ralph, N., Hokke, S., Clark, Y., Gee, G., Stansfield, C., Sutcliffe, K., Brown, S.J., Brennan, S., 2019c. Healing The Past By Nurturing The Future: A qualitative systematic review and meta-synthesis of pregnancy, birth and early postpartum experiences and views of parents with a history of childhood maltreatment. PLoS One 14, e0225441. https://doi.org/10.1371/journal.pone.0225441.

Clark, Y., Chamberlain, C., Brown, S., Gee, G., Glover, K., McLachlan, H., Hirvonen, T., Trevorrow, G., 2021. Yarning with the Deadly Nannas about safe practices and trauma affecting Aboriginal perinatal parents: Healing the past by nurturing the future (HPNF) research. Aust Community Psychol 31 (2), 4–23.

Clark, Y., Gee, G., Ralph, N., Atkinson, C., Brown, S., Glover, K., McLachlan, H., Gartland, D., Hirvonen, T., Atkinson, J., Chamberlain, C., 2020. Healing the past by nurturing the future: Cultural and emotional safety framework. J Indigenous Wellbeing: Te Mauri-Pimatisiwin 5 (1).

Clifford-Motopi, A., Fisher, I., Kildea, S., Hickey, S., Roe, Y., Kruske, S., 2022. Hearing from First Nations Dads: Qualitative yarns informing service planning and practice in urban Australia. Fam Relat 71, 1933–1948. https://doi.org/10.1111/fare.12731.

Cloitre, M., Hyland, P., Bisson, J.I., Brewin, C.R., Roberts, N.P., Karatzias, T., Shevlin, M., 2019. ICD-11 Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder in the United States: A Population-Based Study. J Trauma Stress 32, 833–842. https://doi.org/10.1002/jts.22454.

Coalition of Peaks, Australian Governments, 2020. National Agreement on Closing the Gap. Australian Government, Canberra, Australia.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., van der Kolk, B., 2005. Complex Trauma in Children and Adolescents. Psychiatric Annals 35, 390–398. https://doi.org/10.3928/00485713-20050501-05.

Danese, A., Baldwin, J.R., 2017. Hidden Wounds? Inflammatory Links Between Childhood Trauma and Psychopathology. Annu Rev Psychol 68, 517–544. https://doi.org/10.1146/annurev-psych-010416-044208.

Department of Health and Human Services, 2019. Aboriginal and Torres Strait Islander Cultural Safety Framework. For the Victorian health, human and community services sector. Victorian Government, Melbourne, Australia.

Dudgeon, P., Watson, M., Holland, C., 2017. Trauma in the Aboriginal and Torres Strait Islander Population. Aust Clin Psychol 3 (1), 19–30.

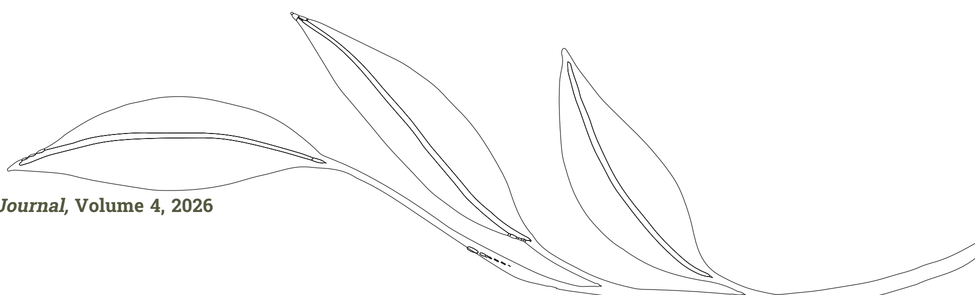
Dunstan, L., Hewitt, B., Nakata, S., 2020. Indigenous family life in Australia: A history of difference and deficit. Aust J Soc Issues 55, 323–338. https://doi.org/10.1002/ajs4.90.

Fava, N.M., Simon, V.A., Smith, E., Khan, M., Kovacevic, M., Rosenblum, K.L., Menke, R., Muzik, M., 2016. Perceptions of general and parenting-specific posttraumatic change among postpartum mothers with histories of childhood maltreatment. Child Abuse Negl 56, 20–29. https://doi.org/10.1016/j.chiabu.2016.04.007.

Fiolet, R., Roberts, V., Bloomer, M., 2021. Trauma-informed care: Why is it so important in primary health care? Collegian 28 (3), 253–254.

Fiolet, R., Woods, C., Moana, A.H., Reilly, R., Herrman, H., McLachlan, H., Fisher, J., Lynch, J., Chamberlain, C., 2022. Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. Women Birth 36 (2), e254–e262.

Fogarty, W., Lovell, M., Langenberg, J., Heron, M.-J.. Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and



Wellbeing. The Lowitja Institute, Melbourne, Australia. Accessed on March 15, 2025 at: https://www.lowitja.org.au/resource/deficit-discourse-strengths-based/.

Gatwiri, K., Rotumah, D., Rix, E., 2021. BlackLivesMatter in Healthcare: Racism and Implications for Health Inequity among Aboriginal and Torres Strait Islander Peoples in Australia. Int J Environ Res Public Health 18, 4399. https://doi.org/10.3390/ijerph18094399.

Gee, G., Lesniowska, R., Santhanam-Martin, R., Chamberlain, C., 2020. Breaking The Cycle of Trauma - Koori Parenting What Works For Us. First Peoples Child Family Rev, 15, 45–66. Accessed on March 15, 2025 at: https://fpcfr.com/index.php/FPCFR/article/view/471.

Hartz, D.L., Blain, J., Caplice, S., Allende, T., Anderson, S., Hall, B., McGrath, L., Williams, K., Jarman, H., Tracy, S.K., 2019. Evaluation of an Australian Aboriginal model of maternity care: The Malabar Community Midwifery Link Service. Women Birth 32, 427–436. https://doi.org/10.1016/j.wombi.2019.07.002.

Hine, R., Krakouer, J., Elston, J., Fredericks, B., Hunter, S.A., Taylor, K., Stephens, T., Couzens, V., Manahan, E., DeSouza, R., Boyle, J., Callander, E., Cunningham, H., Miller, R., Willey, S., Wilton, K., Skouteris, H., 2023. Identifying and dismantling racism in Australian perinatal settings: Reframing the narrative from a risk lens to intentionally prioritise connectedness and strengths in providing care to First Nations families. Women Birth 36, 136–140. https://doi.org/10.1016/j.wombi.2022.04.007.

Huria, T., Palmer, S.C., Pitama, S., Beckert, L., Lacey, C., Ewen, S., Smith, L.T., 2019. Consolidated criteria for strengthening reporting of health research involving indigenous peoples: the CONSIDER statement. BMC Med Res Methodol 19. https://doi.org/10.1186/s12874-019-0815-8.

Jamieson, L.M., Paradies, Y.C., Eades, S., Chong, A., Maple-Brown, L., Morris, P., Bailie, R., Cass, A., Roberts-Thomson, K., Brown, A., 2012. Ten principles relevant to health research among Indigenous Australian populations. Med J Aust 197, 16–18. https://doi.org/10.5694/mja11.11642.

Jones, K.A., Henderson, H., Bright, T., Segal, L., Mauerhofer, O., Lake, K.J., Julian, R., Duncan, J., Raymond, A., Jones, A., Cameron, D., Fergie, D., Andrews, S., Stewart, S., Atkinson, C., Elliot, A., Crawford, B., Mohammed, J., Bundle, G., Hirvonen, T., Gnanamanickam, E., Davis, E., Gee, G., Herrman, H., Fisher, J., Lovett, R., Campbell, S., Forster, D.A., Clark, Y., Atkinson, J., Marriott, R., Chamberlain, C., 2024. Healing the Past by Nurturing the Future: trauma-aware, healing-informed care to improve support for Aboriginal and Torres Strait Islander families - implementation and evaluation study protocol. BMJ Open 14, e085555. https://doi.org/10.1136/bmjopen-2024-085555.

Jukes, L.M., Di Folco, S., Kearney, L., Sawrikar, V., 2024. Barriers and Facilitators to Engaging Mothers and Fathers in Family-Based Interventions: A Qualitative Systematic Review. Child Psychiatry Hum Dev 55, 137–151. https://doi.org/10.1007/s10578-022-01389-6.

Kliethermes, M., Schacht, M., Drewry, K., 2014. Complex trauma. Child Adolesc Psychiatr Clin N Am 23, 339–361, ix. https://doi.org/10.1016/j.chc.2013.12.009.

Krakouer, J., Nakata, S., Beaufils, J., Hunter, S.-A., Corrales, T., Morris, H., Skouteris, H., 2023. Resistance to Assimilation: Expanding Understandings of First Nations Cultural Connection in Child Protection and Out-of-home Care. Aust Social Work 76, 343–357. https://doi.org/10.1080/0312407X.2022.2106443.

Langton, M., Corn, A.D.S., 2023. Law: The Way of the Ancestors. Thames & Hudson, Port Melbourne, Australia.

Lloyd-Johnsen, C., Hampton, A., Stubbs, E., Moore, S., Eades, S., D'Aprano, A., Goldfeld, S., 2023. "It's gotta be done right way": a qualitative study exploring the acceptability of a proposed longitudinal cohort study of young Aboriginal children in Alice Springs. BMC Health Serv Res 23, 1210. https://doi.org/10.1186/s12913-023-10148-9.

Lowitja Institute, 2020. Aboriginal participatory action research: An Indigenous research methodology strengthening decolonisation and social and emotional wellbeing. Lowitja Institute, Melbourne, Australia.

McCalman, P., Forster, D., Newton, M., McLardie-Hore, F., McLachlan, H., 2024. "Safe, connected, supported in a

complex system." Exploring the views of women who had a First Nations baby at one of three maternity services offering culturally tailored continuity of midwife care in Victoria, Australia. A qualitative analysis of free-text survey responses. Women Birth 37, 101583. https://doi.org/10.1016/j.wombi.2024.01.009.

McGough, S., Wynaden, D., Gower, S., Duggan, R., Wilson, R., 2022. There is no health without Cultural Safety: why Cultural Safety matters. Contemp Nurse 58, 33–42. https://doi.org/10.1080/10376178.2022.2027254.

Menzies, K., 2019. Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. Int Social Work 62, 1522–1534. https://doi.org/10.1177/0020872819870585.

Menzies, K., Grace, R., 2022. The Efficacy of a Child Protection Training Program on the Historical Welfare Context and Aboriginal Trauma. Aust Soc Work 75, 62–75. https://doi.org/10.1080/0312407X.2020.1745857.

Murrup-Stewart, C., Searle, A.K., Jobson, L., Adams, K., 2019. Aboriginal perceptions of social and emotional wellbeing programs: A systematic review of literature assessing social and emotional wellbeing programs for Aboriginal and Torres Strait Islander Australians perspectives. Aust Psychol 54, 171–186. https://doi.org/10.1111/ap.12367.

National Family Matters Leadership Group, Liddle, C., Gray, P., Corrales, T., 2024. Family Matters Report 2024. SNAICC - National Voice for our Children.

Newton, B.J., 2025. No Child Left Behind: Insights from reunification research to liberate Aboriginal families from child abduction systems. Genealogy 9 (3), 74.

O'Dea, B., Roe, Y., Gao, Y., Kruske, S., Nelson, C., Hickey, S., Carson, A., Watego, K., Currie, J., Blackman, R., Reynolds, M., Wilson, K., Costello, J., Kildea, S., 2024. Breaking the cycle: Effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: A prospective, non-randomised, intervention study in urban Australia. Child Abuse Negl 149, 106664. https://doi.org/10.1016/j.chiabu.2024.106664.

O'Donnell, M., Taplin, S., Marriott, R., Lima, F., Stanley, F.J., 2019. Infant removals: The need to address the over-representation of Aboriginal infants and community concerns of another 'stolen generation'. Child Abuse Negl 90, 88–98. https://doi.org/10.1016/j.chiabu.2019.01.017.

Parter, C., Gwynn, J., Wilson, S., Skinner, J.C., Rix, E., Hartz, D., 2024. Putting Indigenous Cultures and Indigenous Knowledges Front and Centre to Clinical Practice: Katherine Hospital Case Example. Int J Environ Res Public Health 21, 3. https://doi.org/10.3390/ijerph21010003.

Prehn, J., Guerzoni, M.A., Peacock, H., Adams, M., Williamson, B., Collard, L., Canuto, K., 2024. Supports desired by Aboriginal and Torres Strait Islander males in fatherhood: Focussing on the social and cultural determinates of health and well-being. Australian Journal of Social Issues 59, 268–280. https://doi.org/10.1002/ajs4.313.

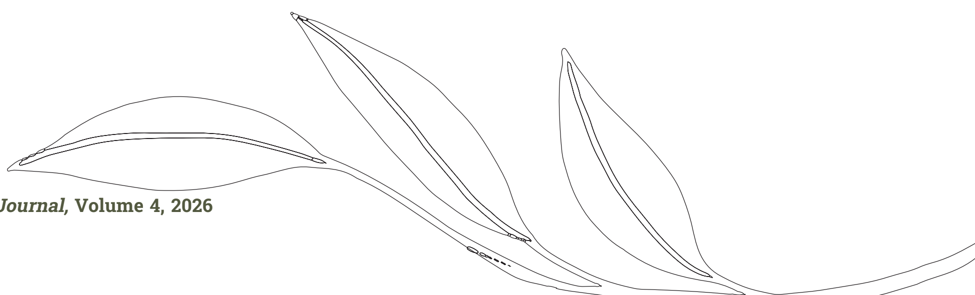
Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., Hensley, M., 2011. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health 38, 65–76. https://doi.org/10.1007/s10488-010-0319-7.

Purdie, N., 2011. Two Way Teaching and Learning: Toward Culturally Reflective and Relevant Education. ACER Press, Camberwell, Australia.

Reese, E.M., Barlow, M.J., Dillon, M., Villalon, S., Barnes, M.D., Crandall, A., 2022. Intergenerational Transmission of Trauma: The Mediating Effects of Family Health. Int J Environ Res Public Health 19. https://doi.org/10.3390/ijerph19105944.

Reid, C., Bennetts, S.K., Nicholson, J.M., Amir, L.H., Chamberlain, C., 2022a. Rural primary care workforce views on trauma-informed care for parents experiencing complex trauma: A descriptive study. Aust J Rural Health 00, 1–16. https://doi.org/10.1111/ajr.12922.

Reid, C., Gee, G., Bennetts, S.K., Clark, Y., Atkinson, C., Dyall, D., Nicholson, J.M., Chamberlain, C., 2022b. Using participatory action research to co-design perinatal support strategies for Aboriginal and Torres Strait



Islander parents experiencing complex trauma. Women Birth 35, e494–e501. https://doi.org/10.1016/j.wombi.2021.12.005.

Singh, J., Prakash, J., Yadav, P., Bharti, A., Chatterjee, K., 2021. Complex psychological trauma. Ind Psychiatry J 30, S305–S307. https://doi.org/10.4103/0972-6748.328837.

SMART Docs. Professional transcription servicesAccessed on March 15, 2025 at: https://www.smartdocstranscriptionservices.com.au/.

Sperlich, M., Seng, J., Rowe, H., Fisher, J., Cuthbert, C., Taylor, J., 2017. A Cycles-Breaking Framework to Disrupt Intergenerational Patterns of Maltreatment and Vulnerability During the Childbearing Year. J Obstet Gynecol Neonatal Nurs 46, 378–389. https://doi.org/10.1016/j.jogn.2016.11.017.

Taplin, S., 2017. Prenatal reporting to child protection: Characteristics and service responses in one Australian jurisdiction. Child Abuse Negl 65, 68–76. https://doi.org/10.1016/j.chiabu.2017.01.007.

Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care 19, 349–357. https://doi.org/10.1093/intqhc/mzm042.

Transforming Indigenous Mental Health and Wellbeing Project, 2021. Social and Emotional Wellbeing (SEWB) fact sheet. Transforming Indigenous Mental Health and Wellbeing. Accessed on March 15, 2025 at: https://timhwb.org.au/wp-content/uploads/2021/04/SEWB-fact-sheet.pdf.

Tujague, N.A., Ryan, K.L., 2021. Ticking the box of 'cultural safety' is not enough: why trauma-informed practice is critical to Indigenous healing. Rural Remote Health 21, 6411. https://doi.org/10.22605/rrh6411.

Walter, M., 2016. Data politics and Indigenous representation in Australian statistics. In: Kukutai, T., Taylor, J. (Eds.), Indigenous Data Sovereignty: Toward an agenda. ANU Press, Canberra, Australia. Accessed on March 15, 2025 at: http://doi.org/10.22459/CAEPR38.11.2016.

Wise, S., Corrales, T., 2023. Discussion of the Knowns and Unknowns of Child Protection During Pregnancy in Australia. Aust Social Work 76, 173–185. https://doi.org/10.1080/0312407X.2021.2001835.