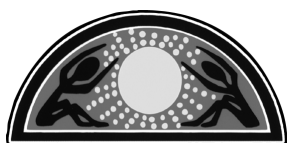


Submission to the Australian Human Rights Commission National Children's Commissioner's examination of intentional self-harm and suicidal behaviour in children June 2014

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A strong voice for our children and families

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SNAICC is the national non-government peak body
that advocates on behalf of Aboriginal and Torres
Strait Islander children and families.

Submission to the Australian Human Rights Commission National Children’s Commissioner’s examination of intentional self-harm and suicidal behaviour in children

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1. Introduction

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) welcomes the National Children's Commissioner's important examination of intentional self-harm and suicidal behaviour in children. This critical issue is having devastating impacts on Aboriginal and Torres Strait Islander families and communities and SNAICC appreciates the opportunity to contribute to the examination.

SNAICC was established as a non-government, not-for-profit organisation in 1981. It is the national peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and their families. Further information on SNAICC is available online at www.snaicc.org.au.

The suicide rate for Aboriginal and Torres Strait Islander peoples is 2.6 times the rate for non-Indigenous Australians.¹ Aboriginal and Torres Strait Islander people commit suicide at much younger ages than members of the general population with a predominance of suicide deaths before the age of 35 years.² The suicide rates for Aboriginal and Torres Strait Islander females aged 15–19 years were 5.9 times higher than other young people in the same age group, while for Aboriginal and Torres Strait Islander males the corresponding rate ratio was 4.4 times higher.³

This year over 30 Aboriginal Elders from Australia's Top End have released a new report in which they discuss the alarming increase of youth suicide and self-harm in their communities. The Elders' Report into Preventing Indigenous Self-harm and Youth Suicide (The Elder's Report) describes that over the last 30 years, an increasing number of Aboriginal and Torres Strait Islander people, in particular youth, are taking or attempting to take their own lives. Almost non-existent before the 1980s, Aboriginal and Torres Strait Islander youth suicide across the entire top end of Australia has now reached crisis proportions.⁴

This submission first addresses factors that contribute to Aboriginal and Torres Strait Islander children and young people engaging in self-harm and suicidal behaviour, and then describes programs and practices that aid prevention. SNAICC contends that factors around entrenched poverty and continuing disruption of, and disconnection from, family, community and cultural life for Aboriginal and Torres Strait Islander children are contributing strongly to suicidal behaviours. This situation requires urgent redress through measures that heal and strengthen Aboriginal and Torres Strait Islander families and communities, with a focus on cultural connection and community development.

2. Why children and young people engage in intentional self-harm and suicidal behaviour.

Suicide has complex, multiple causes, including risk factors in human development and trauma related issues affecting communities and families. In particular, for Aboriginal and Torres Strait Islander youth and children, fracturing from culture and identity as a result of colonisation and the Stolen Generations is a major risk factor for intentional self-harm and suicide. The report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander children from their families '*Bringing Them Home*', highlights the mental health consequences of government child removal policies:

'Subsequent generations continue to suffer the effects of parents and grandparents

*having been forcibly removed, institutionalised, denied contact with their
Aboriginality and in some cases traumatised and abused.*⁵

The ongoing impact of the past government policies leads to emotional distress, violence, self-harm, substance abuse and anti-social behaviour.⁶

2.1 Access to cultural continuity and identity

A conceptual understanding of suicidal behaviours looks at how radical changes to the hardware of personal identity, for example, dramatic changes in physical appearance and personality organisation, can overload existing cognitive mechanisms responsible for the maintenance of a sense of self-continuity.⁷ In short, personal care and wellbeing rely on an individual being able to view their identity and culture as continuous in time.⁸

There are international models of suicide prevention with Indigenous communities that recognise the ongoing impact of colonisation as a risk factor in self-harm and suicide. The Kia Piki Te Ora O Te Taitamariki: The Maori Youth Suicide Prevention Strategy in New Zealand illustrated the strengths and resilience associated with a strong cultural identity, and the imperative that suicide among Maori youth be considered as an issue of individual and collective authority and self determination.⁹ Kia Pika recognises the need for Maori to control their own responses to suicide by rebuilding, reclaiming, healing and restoring the collective and traditional cultural structures such as the *whanau* (family), *hapu* and *iwi* (sub-tribe and tribe).¹⁰

International and Australian evidence reinforces that positive self-identity for Indigenous children is reinforced by cultural and community connections.¹¹ Canadian studies have linked cultural continuity at the community-level to positive self-identity, reflected in reduced rates of youth suicide.¹² Review of data emerging from the Longitudinal Study of Indigenous Children (LSIC) in Australia by Colquhoun and Dockery (2012) considers what Aboriginal and Torres Strait Islander people say about how culture contributes to grow children up strong. They draw links between the key themes identified as culturally supportive and factors that contribute to resilience for Aboriginal and Torres Strait Islander children.¹³

The strengths of Aboriginal and Torres Strait Islander cultures in creating protective and supportive environments for children are evident and strongly recognised. Protective factors common to Aboriginal and Torres Strait Islander cultures have been identified to include:

- Kin and community caring systems where many people are caring, looking out for and supporting children;¹⁴
- Strong kin and community networks through which Aboriginal and Torres Strait Islander parents and carers are more likely to have support for parenting and less likely to be isolated;¹⁵ and
- Autonomy and community socialisation for young children supporting development of independence, self-confidence and self-protective behaviours.¹⁶

Colonisation and assimilation processes aimed at redefining identity through judicial, political and community-based ideologies have targeted and are continuing to dislocate Aboriginal and Torres Strait Islander children and youth from positive cultural identity and the strength of community supports identified above. These include, but are not limited to, the prohibition of Indigenous languages and the implementation of removal policies that caused the Stolen Generations. These policies have created disconnect between the

Indigenous self and culture; and between generations of Aboriginal and Torres Strait Islander peoples.¹⁷

This disconnect is particularly continued and exacerbated by high levels of child protection intervention in Aboriginal and Torres Strait Islander family and community life. The long-term impacts of past policies of forced child removal and the current ten times overrepresentation of Aboriginal and Torres Strait Islander children in out-of-home care,¹⁸ are breaking down quality of care and support for children. The potential for further damage to the connectedness and survival of Aboriginal and Torres Strait Islander cultures, communities and families through child removal reinforces this as a priority area for redress of risk factors for suicide and self-harm.¹⁹ There is a significant evidence gap in understanding the likely connections between contact for children with child protection systems and suicide and self-harm, and further research is needed in this area.

Identity is fundamental for Aboriginal and Torres Strait Islander children and youth as they begin to figure out their place in society. While identity has a strong individual component, Aboriginal and Torres Strait Islander identity is also attached to the land, language, traditional livelihoods, ceremonies, family members, friends and society as a whole.²⁰

Identity is transferred through family ties, the transmission of the history of the land and the transfer of knowledge. Aboriginal and Torres Strait Islander youth are challenged by having to “walk between two worlds” as members of Indigenous communities and members of a broader society within which their cultural identity is commonly marginalised and discriminated against. Therefore, it is important that there be an intergenerational dialogue with youth and Elders, to reinforce positive identity,²¹ and efforts to ensure recognition and respect for Indigenous culture in the broader community.

The ‘*National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2004-2009*’ attributes high rates of Aboriginal and Torres Strait Islander suicide to a broader set of social, economic and historic determinations. The framework draws a distinction between the concepts of ‘social and emotional wellbeing’ and ‘mental health’.²² Social and emotional wellbeing is about being well and being able to grow within the context of family, community, and culture and from the Aboriginal and Torres Strait Islander view, it recognises the importance of connection to land, culture, spirituality, ancestry, family and community.²³

Although there is a lack of empirical evidence to link the breakdown of cultural identity, and family and community cohesion directly to youth suicide in Australia, wide ranging impacts on wellbeing for Aboriginal and Torres Strait Islander children strongly suggest these links. Further targeted research is required, but its absence should not hold back urgent efforts needed to redress evident cultural identity loss for Aboriginal and Torres Strait Islander children and young people.

2.2 Over-representation in the criminal justice system

SNAICC is concerned that the chronic over-representation of Aboriginal and Torres Strait Islander peoples in the criminal justice system is a risk factor for intentional self-harm and suicide. Aboriginal and Torres Strait Islander peoples are incarcerated at a rate 14 times higher than non-Aboriginal and Torres Strait Islander peoples.²⁴ The detention rate for Aboriginal and Torres Strait Islander juveniles is 28 times higher than the rate for non-Indigenous juveniles.²⁵ The Australian House of Representatives inquiry into Aboriginal and

Torres Strait Islander youth and the criminal justice system has described this rate of overrepresentation of youth as a national crisis.²⁶

Given the over-representation of Aboriginal and Torres Strait Islander peoples in Australia's prisons, sub-standard conditions in detention are a significant risk factor in intentional self-harm and suicide. The National Aboriginal and Torres Strait Islander Legal Services has identified that poor or inappropriate accommodation is a major catalyst for critical incidents such as riots, self-harm, suicide and other non-compliant behaviors among prisoner populations.²⁷ Many Australian prisons are reported to be overcrowded and aspects of prison environments have been termed 'unsafe' and appear to fall below the level articulated in international and national standards and guidelines.²⁸

Serious concerns have been raised as to the state of some of Australia's youth detention facilities and whether they protect the right of children not to be subjected to torture or other cruel, inhumane or degrading treatment or punishment. These concerns relate in particular to issues of over-crowding, personal safety, hygiene, appropriate heating and air-conditioning, given the extreme climates in Australia, and the mixing of remanded detainees with sentenced offenders.²⁹

Australia is yet to ratify the *Optional Protocol to the Convention Against Torture and Other Forms of Cruel, Inhuman and Degrading treatment or Punishment* and implement a National Preventative Mechanism. Doing so would be an important step towards ensuring that appropriate prevention and oversight mechanisms are in place in relation to youth detention centres.³⁰

Measures to prevent incarceration of Aboriginal and Torres Strait Islander children and young people are also needed such as justice reinvestment. Justice reinvestment is a criminal justice policy approach that diverts a portion of the funds from imprisonment to local communities where there is a high concentration of offenders. The money that would have been spent on imprisonment is reinvested into services that address the underlying causes of crime in these communities.³¹ Recently the Senate Legal and Constitutional Affairs References Committee Inquiry into the value of a justice reinvestment approach to criminal justice in Australia made recommendations that the Australian Government should support justice reinvestment trials.³²

2.3 Contagion and clustering involving children and young people

Suicide contagion refers to suicides directly related and linked to one another through geography, relationship or method.³³ While suicide can be seen as an indicator of distress in communities, it also has a wide impact affecting many people. A sense of loss, grief and mourning after suicide can spread outwards through the community and to other communities, particularly where families are highly interconnected and there are strong cultural obligations with regard to funerals and sorry business.³⁴

The Report of the Select Committee on Youth Suicide in the Northern Territory (NT) '*Gone Too Soon*' identified that imitation and contagion is more common in young people.³⁵ Contagion is known to be a significant contributor to suicides among children and adolescents, particularly in Aboriginal communities, including urban areas.³⁶ In the NT the youth suicide rate is 3.5 times the national average, and the overall rate is twice the national rate.³⁷ The suicide rate for Aboriginal and Torres Strait Islander population in the NT is particularly disturbing, with 75% of suicides of children from 2007 to 2011 in the NT being Aboriginal and around 50% of all suicides.³⁸ The suicide rate for Aboriginal and Torres Strait

Islander children under 15 years of age between 2001 and 2006 was five times the Australian rate.³⁹

It is of great concern that clustering is a feature of NT child and adolescent suicides. This reality places high burdens of grief; loss and stress on these communities, and can also result in complex after effects including feuds and payback responses, which can destabilise cohesion within a community.⁴⁰ 'Hotspots' for suicide have been identified in urban, rural and remote area based clusters and echo clusters of suicides in the same area.⁴¹

The Canadian Centre for Suicide Prevention defines two main types of clusters. A mass cluster involves suicides that cluster in time, irrespective of geography, and are often associated with the influence that media reports may have, such as suicides by celebrities.⁴² 'Point clusters' involve suicides that are close in time and/or space. They often occur within institutional settings such as hospitals, prisons, or schools, or within distinct communities.⁴³

The research from the Centre for Suicide Prevention has identified that point clusters are a major problem in some Indigenous communities in Canada. These communities have similar characteristics to Aboriginal and Torres Strait Islander communities that consist of individuals who are closely related and share the same social and economic inequalities, resulting in the impact of a single suicide being felt by the entire community. Because of the closeness of the community there is a greater risk of a cascading effect leading to a cluster of suicides.⁴⁴

The underlying causes of imitation and clustering of suicide risks need to be better understood and further research is required on the impact of clustering as a risk factor for Aboriginal and Torres Strait Islander children and youth. What realities in the NT do suggest is that the response needs to be community-focused. There is a need to address realities of poverty, disadvantage, and family and community breakdown that both contribute to and are compounded by youth suicides.

3. Programs and practices that effectively support children and young people to prevent intentional self-harm and suicidal behaviours

Community control and empowerment are essential factors in preventing self-harm and suicide. Self-determination has been identified as a key factor influencing the risk of suicide. People who are empowered and self-determining are likely to be more resilient to challenging events in their lives, while people who cannot exercise self-determination are likely to experience feelings of hopelessness and a lack of control.⁴⁵ Canadian research has shown that communities that have taken active steps to preserve and rehabilitate culture have dramatically lower suicide rates. The study on '*Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*' identified indicators of 'protective factors' to measure cultural continuity such as land claims, self-government, education services, health services and cultural facilities.⁴⁶ The study demonstrates that where all the measures of cultural continuity were employed in a community it resulted in a youth suicide rate of zero.⁴⁷ Reflecting this, the programs and practices addressed below take a focus on measures that concurrently empower children, families, and communities, while contributing to create supportive environments for children.

3.1 Participation in decision-making and community controlled prevention strategies

Enabling participation of Aboriginal and Torres Strait Islander peoples in decision-making is fundamental to realising their human rights. All Australian governments have international legal obligations to ensure the realisation of these rights. The right to participate in decisions

comes primarily from the right to self-determination, which requires the empowerment of Indigenous peoples to have control over the decisions that affect their own lives.⁴⁸

Participation is also critical to realising the fundamental right of all children that their best interests are a primary consideration in all decision making. The United Nations Committee on the Rights of the Child has identified that participation of Indigenous peoples is necessary to ensure a cultural lens in determining the best interests of an Indigenous child.⁴⁹

The Elders Report contains interviews with Aboriginal Elders from 17 communities in which they examine the causes and solutions required to address the devastating issue of youth suicide. SNAICC asserts that this report, and information like it, that is based on community consultation and leadership, should be privileged in defining responses to issues of suicide and self-harm for Aboriginal and Torres Strait Islander children and young people. This is because the participation of the community that knows best the realities, causes and solutions is critical to enabling an effective response.

The Elders Report is different from other mainstream investigations into issues of self-harm and suicide because the solutions come from the people who know and understand the issues in the context of their cultures and communities. They have not been watered down, marginalised or interpreted by outside 'experts' or governments.⁵⁰

The Australian Government's recent National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (the Strategy) outlines a framework and action areas for the implementation of the strategy. The LiFE Framework of the Strategy outlines a number of key overall principles for the Strategy; in particular the framework is also set out as a guideline for funding suicide prevention activities and programs in Aboriginal and Torres Strait Islander communities.⁵¹ It is promising to see that the Strategy acknowledges the need for links and partnerships between mainstream specialist mental health services and community-controlled services. SNAICC recognises that the best preventative model is to empower our own services to deliver programs.

Many of our services do excellent work and employ the right people in the right places to make change. However, recently the Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda, identified that some of our organisations struggle to compete with the large NGOs in terms of cost, capacity and evaluation.⁵² The Elder's Report highlights the constant problem of inadequate and insecure funding for Aboriginal and Torres Strait Islander community controlled services and programs. SNAICC is concerned that funding for these programs is a matter of life and death in some Aboriginal and Torres Strait Islander Communities, as one elder from Hopevale in Queensland said:

'The funding ran out...That's when the deaths started again'.⁵³

Other difficulties arise when non-Indigenous organisations are not operating in a culturally secure way. Issues have been raised about these organisations not always having the requisite knowledge of local cultures, needs and relationships to make their service effective. This can make services less accessible and result in fewer Aboriginal and Torres Strait Islander people using them.⁵⁴

Aboriginal and Torres Strait Islander community controlled child and family organisations undertake vital cultural interventions with children and their families across the country. Local Aboriginal and Torres Strait Islander community controlled organisations are rooted in

their communities, cultures and country. As such, they play a significant role in supporting families and communities to raise children strong in culture. Large national or state-wide non-Indigenous child and family services cannot provide the appropriate support and cultural education to assist Aboriginal and Torres Strait Islander children to reconnect and stay connected with their culture, their mob and their family in ways that uphold the integrity of the child's particular culture or community.⁵⁵

As part of the Elder's report The Culture Is Life campaign was established with the aim to give Aboriginal and Torres Strait Islander Elders and community leaders a platform to influence public awareness, policy-making and service provision around Indigenous suicide prevention. The campaign promotes culture and connection to country as vital foundations for social and emotional wellbeing in Indigenous communities. The campaign is advocating for long term funding to be directed to grassroots community-based programs that are working on the frontline with at risk Aboriginal and Torres Strait Islander Youth.⁵⁶ More broadly SNAICC asserts that considerable efforts are needed to increase the capacity and role of Aboriginal and Torres Strait Islander communities in child and family service design and delivery, so that Aboriginal and Torres Strait Islander people are providing culturally strong service responses to the issues facing children and young people.

3.2 Culture as a protective factor

Cultural recovery, reinvigoration and renewal is needed to address cultural trauma. Cultural connections through family, Elders, country and language are some of the areas that inform culturally based healing programs. Today our young people are increasingly likely to miss out on their cultural education that directly affects their connection to country. There is a clear imbalance between efforts to provide a westernised education, and access to traditional cultural knowledge.⁵⁷ The Elders Report considers access to land, language and culture, as preventative measures for self-harm and suicide. The report talks about the importance of being 'on country' to learn and reaffirm culture and identity:

'Young people don't suicide in the homelands. They are proud there and they know who they are'.⁵⁸

The Elders Report also highlights the importance of the intergenerational transferal of knowledge and the place of elders in the community:

'The Elders are the most critical part of the program for healing - especially the Elders who hold Lore because the greatest healing aspect...is culture.'⁵⁹

For Aboriginal and Torres Strait Islander people, cultural identity is the foundation of who we are. Despite years of assimilationist policy, and the loss of so many of our customs and languages, Aboriginal people have demonstrated extraordinary cultural resilience and our Elders have been fundamental in this process.⁶⁰

SNAICC is particularly concerned by the ongoing loss of cultural connection and identity, as noted above, for the high number of Aboriginal and Torres Strait Islander children who are the subject of child protection intervention. For these children, trauma resulting from maltreatment is commonly compounded by realities of instability of care, loss of attachment with carers, and dislocation from community and culture.

For Aboriginal and Torres Strait Islander children who are placed in out-of-home care outside of their families and communities, efforts to support and maintain connections are

especially vital to their ongoing well-being and safety. Important aspects of cultural care include both the mapping of cultural connections through accurate genealogies, and the practical supports and resourcing for Aboriginal and Torres Strait Islander children in out-of-home care to connect with and participate in the cultural life of their families and communities.⁶¹ Requirements commonly exist for cultural care planning and support in Australia's child protection systems, but limited completion of plans, and limited resourcing and practical supports for implementation are endemic to these systems.⁶²

Efforts to maintain connections through out-of-home care placement with family, community and culture currently see only 54% of Aboriginal and Torres Strait Islander children placed with Indigenous carers.⁶³ Significant systems issues have been identified as contributing to this problem, including inadequate participation of Aboriginal and Torres Strait Islander communities in decision-making, lack of culturally appropriate carer recruitment and retention strategies, and inadequate supports for family preservation and reunification.⁶⁴

3.3 Healing practices

SNAICC has identified a set of promising healing practices that give Aboriginal and Torres Strait Islander people and communities ownership of their own healing journeys, by building capacity and readiness to begin. Healing initiatives must provide a safe space to understand history and one's place in it, to share one's story and have it acknowledged by others; and renew relationships with culture and cultural identity, land, community and family in holistic and culturally appropriate ways.⁶⁵ Appendix 1 is the principal elements of promising healing practices and models from the SNAICC resource *'Practice: Promising Practices in Healing Programs for Aboriginal and Torres Strait Islander Children'*.

The Aboriginal and Torres Strait Islander Healing Foundation (the Healing Foundation) plays a leading role in supporting the development of community-based healing programs for Aboriginal and Torres Strait Islander people. The principle elements identified by the Healing Foundation in practices and models responding to trauma are further discussed in Appendix 1. As part of the Our Healing Our Solutions initiative the Healing foundation has funded 21 projects that support recovery from the historical legacy of trauma as a result of colonisation, forced removals and other past government policies.⁶⁶ Programs funded under Our Healing Our Solutions have successfully increased support for wellbeing with 92 percent of participants reporting improved physical, emotional, social, spiritual and cultural wellbeing.⁶⁷ This highlights the importance of practices that reconnect people to spiritual and cultural identity, country and community.⁶⁸

4. Conclusion

The continuing trauma of colonisation and separation from culture and identity is a significant contributor to suicidal behaviors and self-harm for Aboriginal and Torres Strait Islander children and youth. Healing is a journey that takes time and requires the continuation of cultural practices and knowledge that is passed on by Elders. Responses to self-harm and suicide require that rights to participate in decision-making and the promotion and protection of our culture are recognised as part of the solutions. Long-term funding for community controlled services and proven programs, along with new and promising initiatives need to be prioritised to address the shocking rate of Aboriginal and Torres Strait Islander child and youth suicide and self-harm.

5. Appendix 1 – Extract from SNAICC (2012) Principal elements of promising healing practices and models

Safe spaces

Culturally and personally safe spaces are paramount during the difficult process of healing; a place to reclaim history, find fragmented and lost stories, and talk about a painful past; a place devoid of physical harm to property, oneself and others (Atkinson 2002: 193-5, 244). When in a culturally safe place a person can commit and participate in the making of behavioral rules, and can identify things from their culture or worldview (Atkinson 2002: 193). Many Aboriginal and Torres Strait Islander people have experienced unsafe places lacking in lore, family and community structure; or where discriminatory laws have been imposed (Atkinson 2002:194-5).

The essential nature of safety is recognised in a framework first developed by Take Two, Berry Street (Coade, Downey & McClung 2008:16) utilising the work of Judith Herman (1992). The recovery framework is part of the three-phased 'Spiral of Healing' - other phases are telling the story, and connection and empowerment – developed to help traumatised children and adolescents build relationships (Downey 2009:6-10). The safety phase of the framework is about:

- Being/feeling safe in places and relationships
 - Acknowledging past hurts and caring and thinking about what a child is doing and how they are feeling.
 - Creating fundamentally safe physical and emotional environments for young people and those that care and work with them.
- Sensing safety
 - Maintaining a connection to culture brings a sense of safety; and activities such as professional massage, dance and ceremony can help regulate emotions and the body.

Ownership

Aboriginal and Torres Strait Islander ownership of healing initiatives is one of four primary healing principles, given by the Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009: 6), that support healing journeys. Programs for Aboriginal and Torres Strait Islander people should ultimately be developed and delivered by and/or with Aboriginal and Torres Strait Islander people.

Independent Aboriginal service organisations are paramount in achieving culturally appropriate and accessible services for Aboriginal people (AHC 1994:29). The Victorian Aboriginal Child Care Agency (VACCA 2010:33-34) states that Aboriginal community controlled organisations understand, represent and are accountable to their community. They take pride in Aboriginal culture and have holistic and community based ways of knowing (VACCA 2010:33-34).

Following findings of the Canadian Aboriginal Healing Foundation, Feeney (2009:9) underlines the importance of being able to take control of one's own healing journey. 'At best, the role of government should be as an enabler or facilitator of healing, not as a controller or director', especially when the government's past actions are considered (Feeney 2009:10).

Holistic & relational worldview

Western individualistic understandings of issues such as health and family often drive Aboriginal and Torres Strait Islander SEWB programs with limited results (AHC 1994:24). Relevant programs are those that instead utilise Aboriginal and Torres Strait Islander holistic definitions and worldviews (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009: 6). Programs that focus on the entire family rather than the individual alone, for example, align with Aboriginal and Torres Strait Islander views of the family (see Feeney 2009:20).

Brian McCoy (2008:222) notes that Western medical health models cannot continue to ignore how 'desert people understand what it means to be well and sick'; because undermining health beliefs undermine wellbeing.¹ Both traditional and clinical health care is needed. 'While palya [good health] can be located in the physical body, it describes the person who is in relationship: with others, land, cosmic and spiritual forces' (McCoy 2008:76).

'Health is the spiritual, emotional, physical health of people connected very much to their sense of belonging to a place and belonging to people and belonging to specific groups of people' (McCoy 2008:214).

Many Aboriginal and Torres Strait Islander families and communities face complex difficulties, which can be better understood within a relational worldview framework (Coade, Downey & McClung 2008:12-13). 'In the relational worldview, helpers and healers understand problems through the balances and imbalances in the relational world [rather than through an individual-focused framework]. Interventions are focused on bringing into balance the mind, body, spirit and context of a person, family and Community' (Coade, Downey & McClung 2008:13).

Flexible

There are dangers in presuming any broad Aboriginal and Torres Strait Islander definitions, as not all communities are the same. Programs that work in one community may not work in another. 'Aboriginal people seeking healing come from a variety of cultures and nations...healing practices need to go beyond stereotypical and sometimes romantic views that Indigenous people have the same values and needs' (Feeney 2009: 19).

A limited recognition of Aboriginal diversity limits Aboriginal people's access to mainstream health services. It is often expected that one Aboriginal person can represent all Aboriginal people (AHC 1994:26). 'We need to be mindful of the diverse needs to be accounted for across Australia rather than be locked into a "one-size-fits-all" model' (Feeney 2009:24). Healing programs and funding must allow local Aboriginal and Torres Strait organisations and communities to help their own people heal with their own culture and stories.

Impart cultural knowledge and pride

Healing an individual heals the community and heals culture; just as cultural healing heals the community and individuals therein. Healing in culture reconnects Aboriginal and Torres Strait Islanders to community, country, and stories of belonging. There is not one generic Aboriginal or Torres Strait Islander culture but many separate Aboriginal or Torres Strait

¹ For further discussion on traditional concepts of health and illness see: McDonald (2006); Boulton-Lewis, Pillay & Lewis (2002).

Islander countries, each with their own unique culture and stories that guide their community. To reconnect with culture an Aboriginal or Torres Strait Islander person must therefore learn about, and take pride in, their own community and cultural identity.

Strength based approach

Non-Indigenous Australians have a long history of using negative language and stereotypes to describe Indigenous people, which are sadly often 'echoed in the words used by Aboriginal people to describe themselves' (Gorringe, Ross & Fforde 2011:7). Yet negative perceptions of Aboriginal identity can be countered by 'focussing on successes and social capital', along with spiritual connection and cultural learning to build a 'resilient Aboriginal identity' (Gorringe, Ross & Fforde 2011:9).

A strength-based approach is one of the four primary principles identified by the Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009:5) as needed to support people on their healing journey. This approach looks for individual and cultural strengths and 'embraces concepts of empowerment, collaboration, healing from within and suspension of disbelief' (Libesman 2004:25).

Coade, Downey & McClung (2008:6) suggest drawing on the following prevailing strengths of Aboriginal and Torres Strait Islander people and communities to heal trauma:

- Connectedness to culture
- Support for one another
- Humour
- Courage
- Will to survive
- Desire for next generation to do well
- Resilience
- Adaptability to new environments
- Capacity to straddle two different cultures

Address causes

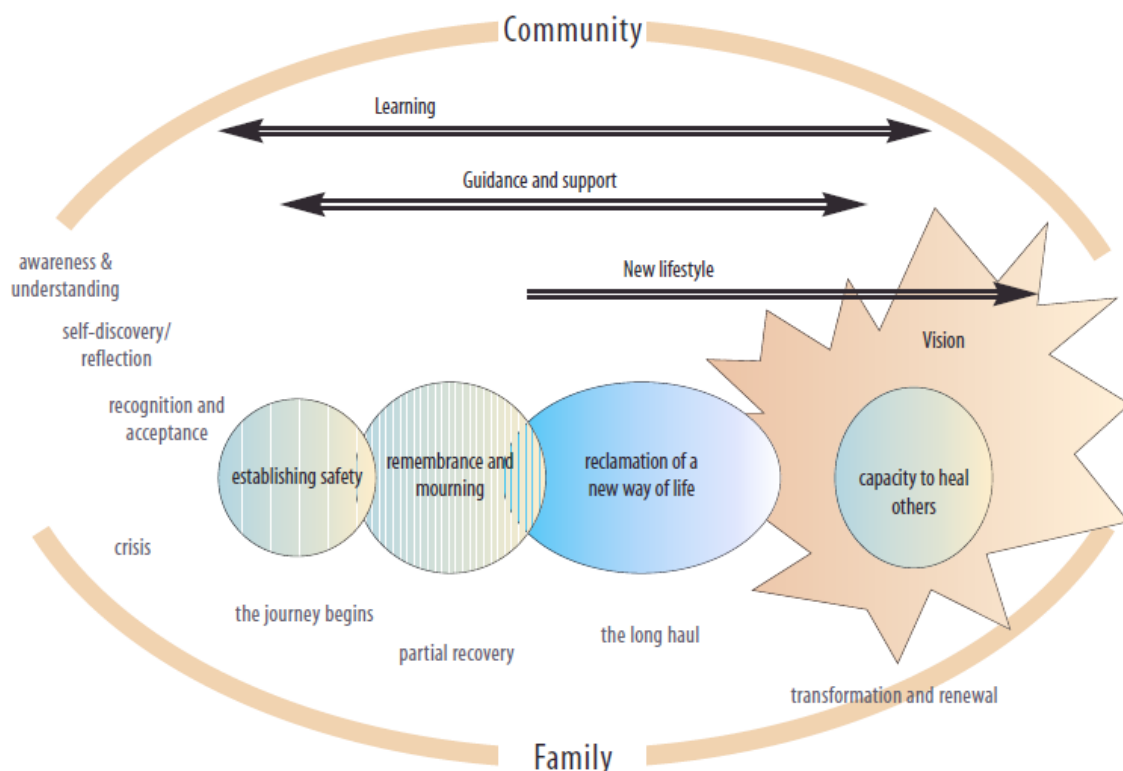
A healing principal from the Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009: 5) asks services not to focus on symptoms, as has happened in the past, but on the causes of trauma. The First Peoples of Australia have been seen and talked about within a deficit context of what to do about the 'Aboriginal problem' since colonisation. Aboriginal people are problematised and diagnosed by those who caused the problem (Garvey 2008: 4). Individualising Aboriginal people as the 'problem' avoids the broader historical and social context of what produced and continued the suffering of Aboriginal and Torres Strait Islander people.

The historical and contextual factors of colonisation and racism, cultural dislocation, and past welfare practices continue to lead to trauma and intergenerational disadvantage (Higgins 2010:3). Accumulative stress and chaos, social inequality and exclusion, including the intergenerational effects of removing Aboriginal and Torres Strait Islander children from their families are the main constraints on the social and emotional development of children given in *The Western Australian Aboriginal Child Health Survey* (Zubrick *et al.* 2005: 558-563). The survey revealed that over one third of Western Australian Aboriginal children (0-17 years) are 'living in families where a carer or a carer's parent had been forcibly separated from their natural family' (Zubrick *et al.*, 2005:561).

Build capacity and readiness to heal

The Aboriginal Healing Foundation has identified the capacity to heal others as one of three necessary elements needed for a healing practice to succeed. People such as Elders, who have already begun their own healing journey and are ready to heal others, are those 'who are non-judgmental, who know their own strengths and limitations, and who are well respected in the community' (AHF 2006:12).

The following diagram shows the 'Survivors Healing Journey' where an Aboriginal person at crisis point begins their healing journey in a safe space where they can remember and mourn and make the long haul to a new way of life and build their capacity to heal others (AHF 2006:12).



However, some people are not ready to heal and some are insulted that they are expected to heal from losses that can never be fully healed (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009: 11). 'Thus healing practices need different engagement points to meet the need of the different target groups', such as children or men (Feeney 2009: 17). 'Cultural renewal programs and story telling opportunities' can be the first step (Feeney 2009:17).

Community readiness to heal should also be considered. Some Aboriginal or Torres Strait Islander people, who have come to know their story and are ready to find their community, find that their community is not ready for them.² A community needs to have begun its own healing journey in order to be a safe place that is ready to value and help others heal.

² In conversation with an Aboriginal member of staff at SNAICC, April 2011.

Community is really important to our kids. It is a cohesive group that gives them a sense of belonging. It is the next layer – not too far removed from family, and it's a way back to family, it has connections to family.
(Geraldine Atkinson, SNAICC National Executive)

Restore and build relationships

'Relationships appear at the heart of Aboriginal knowledge' and are symbolised through cultural practice (Thomas & Bellefeuille 2006:8). McCoy (2008:200) locates trauma in key relationships with family, country and dreaming that have been wounded, rather than physical or mental processes. Aboriginal and Torres Strait Islander people 'become whole selves through their interactions and not apart from them' (Grieves 2009:41). Restoring relationships with the land, between generations and with each other is thus vital to restoring Indigenous identity (Towney 2005:43).

'Relatedness provides an orientation for personal agency and strengthens one's place in the social world' (McEwan & Tsey 2009:15). Healing for Aboriginal and Torres Strait Islander people is therefore a journey best travelled with others and for others; for 'their healing depends on and contributes to healing among the wider community' (Brannigan 2005 cited in VACCA 2006: 10).

Feeney (2009:14), however, notes that 'healing projects should ideally include a combination of individual engagement in therapeutic activities and group involvement in community events that promote well-being'.

Community is the pulling together of the threads of our survival as a people.
(Sharron Williams, SNAICC National Executive)

4. Conclusion

To heal is to restore wellbeing. Yet healing from the continuing trauma of colonisation is not easy and restoring wellbeing may never be complete. Healing is a journey that takes time. Long-term funding for well-regarded and proven programs, along with new and promising initiatives, needs to continue. The Canadian Aboriginal Healing Foundation (AHF 2006:18) found 'an average of 10 years is required for a community to: reach out, dismantle denial, create safety, [and] engage participants in therapeutic healing'.

Promising healing practices are those that give Aboriginal and Torres Strait Islander people and communities ownership of their own healing journeys, by building capacity and readiness to begin. Healing initiatives must provide a safe space to understand history and one's place in it; share one's story and have it acknowledged by others; and renew relationships with culture and cultural identity, land, community and family in holistic and culturally appropriate ways.

Healing initiatives that strengthen Aboriginal and Torres Strait Islander culture, and the connecting relationships within, will strengthen identity. 'Children who are strong in their culture and see others value their culture are more likely to develop confidence, resilience, and positive identity' (VACCA 2010:14). Aboriginal and Torres Strait Islanders are diverse, strong and resilient people. Healing practices that draw on these strengths have great potential for engagement and success. Building on strengths also enables people to trust in the future and their capacity to bring about positive change on their healing journey.

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