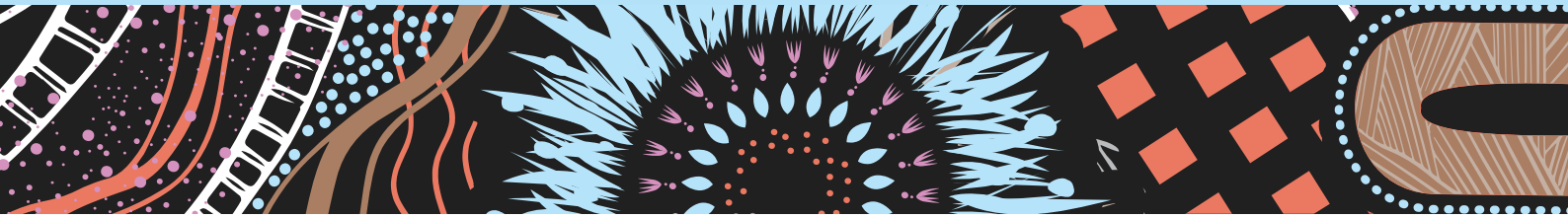
Australian Government
Australian Institute of Health and Welfare

INDIGENOUS
Mental Health and Suicide Prevention
Clearinghouse

Indigenous domestic and family violence, mental health and suicide

Summary paper



This paper is a summary of the *Indigenous domestic and family violence, mental health and suicide* publication by Kyllie Cripps. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76), Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

1800RESPECT
NATIONAL DOMESTIC FAMILY AND SEXUAL VIOLENCE COUNSELLING SERVICE

Key findings

- Aboriginal and Torres Strait Islander people are overrepresented as both victims and perpetrators of domestic and family violence (DFV).
- Family members, especially women and children, are most at risk of being victims of DFV (Langton 2008).
- Responses to DFV have traditionally had a heavy reliance on the law and the criminal justice system, however most literature indicates that criminal justice responses do not achieve positive outcomes for Indigenous families and communities.
- Criminal justice reforms have been helpful in holding perpetrators accountable, yet reforms are yet to fully accommodate the complexities of DFV and its intersections with mental health and suicide.
- Current services are focused on responding to actual situations of violence and death. Equal priority should be given to preventing suicide, abuse, homicide and crime through the provision of services and programs to keep families safe and improve their wellbeing.

- Integrated approaches are critical to the success of these national and state-based plans and policies. Evaluations of Australian integrated domestic and family violence models indicate that they work:
  - when perpetrators are held accountable
  - where victims are given more targeted service responses
  - where there are methods to enhance agency accountability
  - where there are stronger relationships among participating agencies and clear delineations regarding responsibilities
  - when participating agencies build community knowledge and awareness around these issues to prevent future violence (ARTD Consultancy 2019; Flanagan et al. 2019; Mossman et al. 2019; Putt et al. 2017; Territory Families 2018).
- Mental health, healing and trauma-informed practices that are centred around the individual, the family and the community should be at the heart of future integrated DFV service-response models.

What we know

Domestic and family violence (DFV) is recognised as a long-standing problem in Aboriginal and Torres Strait Islander (Indigenous Australian) communities.

Policy and program reforms have brought some positive outcomes to this complex issue for some DFV victims, but they have also increased the vulnerability of Indigenous populations and resulted in a range of unintended consequences (Cunneen 2009; Douglas and Fitzgerald 2018; Larsen and Guggisberg 2009; Nancarrow 2019). This field has many examples where victims have been criminalised for acts that are, arguably, committed in self-defence or for breaching domestic violence orders for helping their abusive partners to access housing or to visit children. These circumstances lead women to reconsider going to the police.

Aboriginal and Torres Strait Islander groups have advocated for a holistic response that supports victims, holds offenders accountable, and is equally focused on the healing of families and communities in the aftermath of DFV (Robertson 2000; Wild and Anderson 2007). This holistic response is particularly important when mental health issues may have been part of the reason the violence occurred in the first place.

In 2014–15, almost 6 in 10 Indigenous women (57%) who experienced family and domestic violence were physically injured (ABS 2019). In the same reference period, Indigenous women were 32 times as likely than non-Indigenous women to be hospitalised due to family violence (SCRGSP 2016). Furthermore, in 2016, Indigenous women were 21.2 times as likely to be imprisoned than non-Indigenous women (ALRC 2018).

Naming and defining domestic and family violence

Naming and defining violence as it occurs within families is an ongoing challenge. It is constantly evolving; shaped by societal values, community expectations and the disciplines and professions involved in responding to the harms associated with violence. Law reforms have played a significant role in defining terms, relationships and behaviours that constitute 'domestic and family violence' (and will continue to do so).

'Family' violence is now commonly understood to include all family relationships, including 'relatives' according to Indigenous tradition or contemporary social practice. It may also include a person who has provided paid or unpaid care to someone who is dependent or partially dependent on that person (Blagg et al. 2018).

The term domestic and family violence is now understood to include behaviours along a wide spectrum ranging from physical abuse to cultural and or spiritual abuse (Blagg et al. 2018; Cripps and Adams 2014). It also recognises the influence of 'coercive control' which is understood as a pattern of behaviour that denies victims/survivors their autonomy and independence by controlling, threatening or intimidating them (Moulding et al. 2021; Stark 2012).

It has also been widely accepted in most Australian states and territories, that the experience of Indigenous family violence extends beyond intimate partner violence to include:

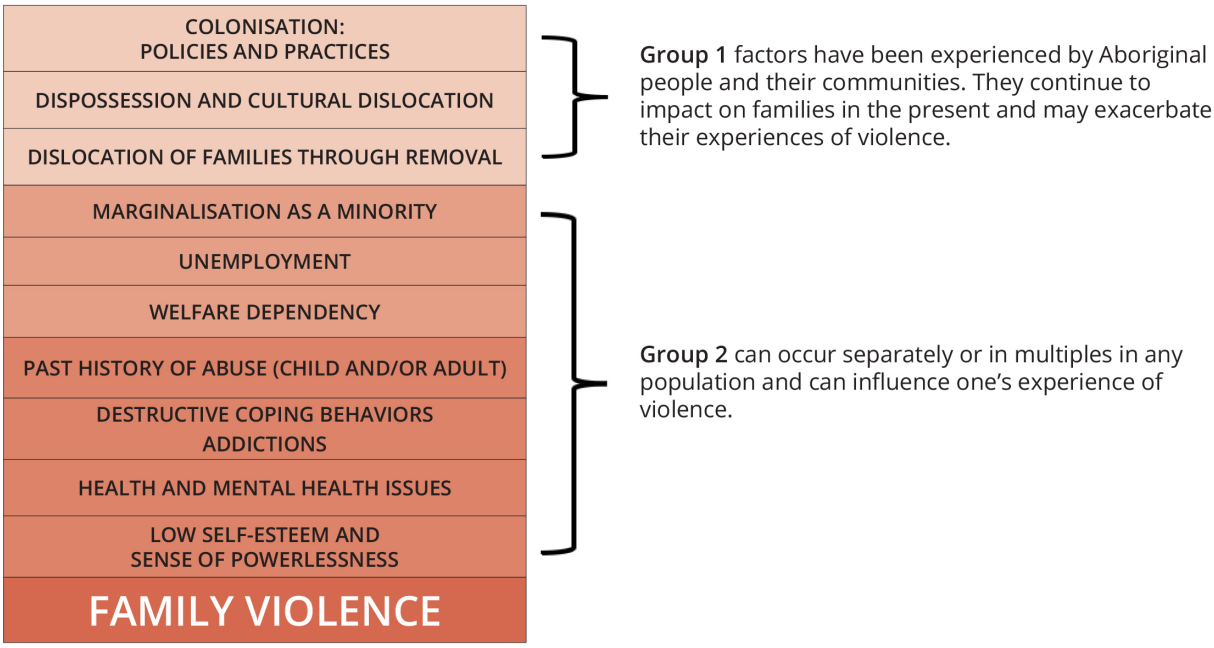
> Physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers, as well as self-harm, injury and suicide (Family Safety Victoria 2018:54).

Understanding Indigenous violence in its historical and cultural context

Historical and intergenerational trauma develop over an individual's lifetime and across generations because of a group's collective trauma. For Indigenous Australians this ongoing trauma originates from a history of community massacres; genocidal policies and practices; forced relocation; forced removal of children; and assimilative actions that prohibited the practice and handing-down of Indigenous cultures (Brave Heart et al. 2011; Evans-Campbell 2008, Menzies 2019). Social marginalisation, incarceration and racism reinforce the trauma. It is further compounded when individuals encounter domestic and family violence such that typical symptoms that can develop include a deep mistrust of self and others, including family; fear and anticipation of betrayal; shame and humiliation; suicide and risk-taking behaviour; as well as substance abuse (Atkinson 2002; Evans-Campbell 2008; Krieg 2009; Menzies 2019; Tilbury 2009).

A multitude of factors operate collectively to produce a violent event or a series of violent events, in an environment where power and control is held by the person exerting the violence (Blagg et al. 2018; Cripps and Adams 2014) (Figure 1).

Figure 1: Intersecting factors leading to family violence



Source: Cripps 2004; Cripps and Adams 2014:405.

DFV and mental health

For Indigenous Australians, good mental health reforms are those that include a recognition of their history of trauma, grief and loss; together with a cultivation of their cultural and spiritual wellness; and coupled with a belief in their capacity for self-determination. However, merely focusing on the capacity for self-determination and community action will not be enough if structures continue to perpetuate a cycle of violence and discrimination, without provision for resources to support individuals (AHRC 2020).

There is only limited research on DFV and mental health focused on Indigenous Australians. Carlin et al. (2022) found that the most noted psychosocial stressors included recurrent family violence, alcohol and other drug (AOD) use, housing problems and family conflict, and that these were usually presented with mental ill-health, suicide or self-harm.

Mental health service providers who identify or respond to DFV rarely treat 'mental health as a symptom of abuse' (Humphreys et al. 2021:300; Nyame et al. 2013; Trevillion et al. 2016). Many victims struggle with a formal diagnosis of mental illness, expressing that this can feel that it ignores the violence and makes them the problem (Moulding et al. 2021). The subsequent fixation then by health professionals on treating symptoms such as anxiety, or depression as separate from the women's experience of DFV can be re-traumatising and damaging (Humphreys 2021; Sweeney et al. 2018).

People who experience DFV rely on the police and the criminal justice system to keep themselves and their children safe, with protection orders offering an element of assurance. However, people with mental illness often report negative perceptions of police treatment (Morgan 2021). Research by Morgan (2021) found that a police officer's attitude and perception of people with mental illness will likely determine that person's fate. The added complexity of race is also important, given the historical and contemporary relationships with police in Indigenous communities.

DFV as a risk factor for suicide

Studies have shown that violent behaviour is a risk factor for suicide, irrespective of the presence of other mental health conditions, or of alcohol or drug use (Fitzpatrick et al. 2022; O'Donnell 2015; Scourfield et al. 2012; Stenbacka et al. 2012). The relationship between mental illness, AOD use, violence and suicide are complex (Fitzpatrick et al. 2022; O'Donnell et al. 2015; Varshney et al. 2016), and further confounded by criminal justice issues, socioeconomic issues and family disruption (Fitzpatrick et al. 2022).

In a report of Indigenous Australian suicides in Victoria from 2009 to 2016, major interpersonal stressors identified in suicides were: conflicts with a partner (44.9%); conflicts with family members (43.5%); and experiences of family violence with a partner (36.2%) (where the deceased was either the perpetrator or the victim) (Coroners Court of Victoria 2020).

Policy context

Key policies dedicated to responding to both domestic and family violence, to improving Indigenous mental health and to preventing suicide and suicide-related behaviour are outlined below. Integrated approaches are critical to the success of these national and state-based plans and policies, with significant overlap across responsible portfolios.

National Plan on Violence against Women and their Children – National Plans covering the periods 2010–2022 and 2022–2032 have been released. These outline a shared government commitment to reducing/ending and preventing violence against women (COAG 2016; COAG 2019). The newer plan established Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS), the 1800RESPECT helpline and the Stop it at the Start campaign. It reported that the 2010–2022 National Plan had been unsuccessful in its goal of significantly reducing violence against women and children (DSS 2022). It also mentioned the planned development of a stand-alone First Nations National Plan (DSS 2022:42) to address the disproportionately higher rates of violence experienced by Aboriginal and Torres Strait Islander women and their children.

National Agreement on Closing the Gap – signed in July 2020, this is the formal partnership between the Australian Government, state and territory governments, the Coalition of Aboriginal and Torres Islander Peak Organisations, and the Australian Local Government Association. Relevant to this review are:

- Target 13, which aims to reduce the rate of all forms of DFV against women and children by at least 50% by 2031.
- Target 12, which aims to reduce the rate of over-representation of Indigenous children in out-of-home care by 45%.
- Target 14 aims for people to enjoy high levels of social and emotional wellbeing through a significant and sustained reduction in suicide within the Aboriginal and Torres Strait Islander population.

More detail on the Australian Government, state and territory frameworks and strategies is available in Chapter 5 and Appendix A of the *Indigenous domestic and family violence, mental health and suicide* publication.

Developments in law, policies and programs

Important developments in DFV include:

- Coercive control – there have been several propositions for law reforms related to coercive control due to the mishandling of specific cases in the past – sometimes due to a misidentification of victims and perpetrators.
- Co-location of specialist services – the program for co-location of community-based specialist domestic violence services at police stations (NSW Domestic Violence Death Review Team 2020) came out of the National Plan to Reduce Violence Against Women and Their Children.
- Indigenous specialist courts – these are a state-based policy that seek to protect Indigenous defendants and their children via culturally appropriate processing and sentencing. They are led by local community justice groups comprising Elders and respected persons (Radke and Douglas 2020).

Integrated responses, programs and frameworks

Two examples of integrated frameworks are outlined below:

- Northern Territory's Domestic, Family and Sexual Violence Reduction Framework (DFSV) – This 10-year strategy has an emphasis on reducing and preventing violence. It includes early identification of people at risk of experiencing violence and provision of effective interventions, clear policy and information-sharing (Northern Territory Government 2018). Expert DFV sectors, government agencies and other advocates carry out the strategies to implement 3 action plans covered by the framework.

- Queensland's Domestic and Family Violence Common Risk and Safety Framework (DFV CRASF) – This framework, developed by ANROWS, recommends the use of integrated service systems with responses for risk assessment and safety management. It provides different tools for use by all sectors working with victim-survivors of DFV (DCSYW 2020). A review of the Framework in 2022 emphasised the risks of exposure to and experience of DFV on children, resulting in the addition of new child-specific screening tools.

While both of these frameworks seek to incorporate mental health services and aim to be responsive to mental health issues including suicide ideation, a 2020 report found that they have yet to demonstrate effective and positive outcomes, especially for Indigenous communities (AHRC 2020).

Problems identified in similar frameworks in other states and territories include:

- They are heavily influenced by law and legal agencies resulting in an 'integrated criminal justice response' (Success Works 2009:10).
- They maintain a traditional criminal justice response that assumes a universal experience of DFV, thereby adopting a 'one-size-fits-all' approach (Fotheringham et al. 2021).
- State funding for agencies working within these frameworks is for a maximum of 3 years which affects program continuity and sustainability and may inhibit the model's long-term effectiveness (Cripps and Davis 2012; Cripps 2007; Cripps and Habibis 2019).
- Information sharing may occur across agencies without the consent of victims, their family and kinship groups (Cripps 2020).
- There is limited evidence of the involvement of Indigenous Australians in the design, delivery and evaluation of most DFV frameworks (COAG 2016:98; Productivity Commission 2020).

The Kunga Stopping Violence Program (KSVP)

The KSVP was designed to align with the Northern Territory DFSV Framework and is a good example of how programs can respect the intersectionality of DFV with mental health. Operating out of Alice Springs, the KSVP is one of the few programs focused on the throughcare of Indigenous women on remand or serving sentences in the Alice Springs Correctional Centre. This voluntary program provides responsive holistic case management for 12 months or longer following release, via assistance with safety planning; medical treatment; employment; family reunification; legal assistance; and court support. There is a significant focus placed on developing trusting relationships (Bevis et al. 2020). Many of these women also have untreated mental health issues; suicidal ideation; acquired brain injuries; and/or other disabilities from the violence they have endured.

An evaluation of the KSVP indicates that the program was client-focused and used a compassionate approach. The program provided effective trauma-informed training and is well-regarded in the Alice Springs community as it is able to provide support not only to those incarcerated, but to their families as well (Anderson 2021).

What works

Much can be learnt about best practice from the following two models.

Integrated Safety Response to Family Violence (ISR)

Based in New Zealand, the ISR is a multiagency intervention that adopts a whole-of-family approach, whereby the agencies focus on both the perpetrator and the other affected members of a family unit. Key features include funded dedicated staff and specialist services; risk assessment and triage systems; family safety plans; and case-management systems – all designed to reduce family violence, reoffending and revictimisation (NZ Police n.d.). The model relies heavily on skilled case-management and information-sharing among organisations (Mossman et al. 2017).

Following feedback from the Maori community, ISR designers employed Maori people to help assess and improve the ISR model. Through this involvement, culturally appropriate approaches were slowly integrated.

The ISR model may serve as an exemplar for best practice in the field. Consistent with Australian models, it:

- triages new episodes of DFV
- holds perpetrators accountable
- secures the safety and wellbeing of victims and children.

Evaluations have reported families feeling safer and better connected to their communities and an 18% reduction in revictimisation in ISR sites, compared with control groups elsewhere in New Zealand (Mossman et al. 2017, Mossman et al. 2019).

The ISR model successfully proved that programs can address the intersectionality of violence and mental health.

Uti Kulintjaku Watiku Project

This Anangu-led initiative by the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC) is based in Alice Springs. Workshops, headed by a community leader, use storytelling and sharing among participants. Leaders encourage men and young people to talk while practicing and respecting the Anangu culture. This then fosters, and builds the resilience of, all who participate, and it enables them to learn skills that steer them away from violent behaviour (Togni 2019).

The program integrates traditional healing practices with trauma-informed practices across its program areas. This gives respect to the interplays of cultural knowledge and practices, creates new ways to strengthen Anangu wellbeing and prevent and reduce DFV.

In Togni's (2019) review key factors supporting success included the privileging of Anangu culture and language, using creativity and energy to develop innovative resources that build on strengths that inspire hope. Achievements of the program include:

- Proper representation of Anangu men's voices in violence prevention and in supporting young people's wellbeing.
- Building Anangu men's confidence and capacity to establish healthier intergenerational relationships.
- Violence prevention through an emphasis on strengths and relationship-building (Togni 2019).

Details of the programs discussed are included in Table 1.

Table 1: Program descriptions and evaluation information

Name and brief description	Location / Indigenous-specific?	Evaluation
New Zealand's Integrated Safety Response to Family Violence (ISR) model A multi-agency intervention designed to ensure the immediate safety of victims and children, and to work with perpetrators to prevent further violence.	New Zealand Indigenous-specific – No	Mossman et al. (2017) Mossman et al. (2019)
Kunga Stopping Violence Program (KSVP) Program for women who have been incarcerated in Alice Springs Correctional Centre with a history of violent offending. It seeks to help women break cycles of violence in their lives and to keep them out of prison	Alice Springs Indigenous-specific – Yes	Anderson (2021)
Uti Kulintjaku Watiku Project An innovative, Anangu-led initiative to develop community capacity and resilience and prevent family violence.	Alice Springs Indigenous-specific – Yes	Togni (2019)

Conclusions

The recommendations in this report reflect the strategies outlined in the *National Plan to End Violence against Women and their Children 2022–2032*.

Fundamental findings of this review are the need for:

- understanding the intersection of DFV with mental health
- responsive institutions, policies and programs that understand the complexity and respond holistically.

There is a lack of formal evaluations of DFV programs (Productivity Commission 2020; Cripps and Davis 2012) as well as literature on the impacts of DFV on the mental health of Indigenous populations. Many evaluations have been limited in scope, being largely offender-focused, with few considering the impact for victims, children and other family and community members. Current policies and programs need regular evaluation, especially important where there is evidence of failure.

Also absent are adequate social and public policies and programs that recognise the intersections of DFV with (a) health in general and mental health in particular, and (b) the intergenerational trauma experienced by Indigenous groups brought about by systemic violence.

The heavy reliance on law and order needs review to determine whether it creates unintended consequences for those experiencing violence. Alternative pathways to justice need to be considered when domestic and family violence intersects with mental health. Also largely absent from the DFV research, policy and program responses is how to target the significant number of men who attempt, or die by, suicide.

Integrated service frameworks and programs need to be enhanced, bringing together different sectors and partners with Indigenous members of each community. Policy responses need to be Indigenous-informed, trauma-informed and community controlled, able to cater to complex situations, environments and diversity. Addressing Indigenous wellbeing within the larger contexts of DFV and intergenerational trauma should go beyond treatment of individual symptoms to include healing at the community level.

Programs should accommodate and respond to a range of issues, including physical injuries; mental health and trauma; housing and security; AOD; and supporting children and their schooling. Program and service responses need to coordinate immediate, ongoing and after-care support services so that victims and family members are not overburdened with meeting the demands of various agencies.

There are inconsistencies with which DFV policy and practice procedures are applied by police when engaging with victims of violence. This results in further harm. New law reforms (specifically related to coercive control) rely on consistency in training, policy and practice at all levels of policing. Psychoeducational programs are needed that address the use of suicide as a form of coercive control.

Current models require support and resourcing in workforce development to evolve and improve.

Enhancements for the future

Mental health, healing and trauma-informed practices that are centred around the individual, the family and the community should be at the heart of future integrated DFV service-response models. Intervention and prevention need to be underpinned by a focus on social and emotional wellbeing. It is essential for policymakers and program developers to perceive wellbeing more holistically since DFV can impact the wellbeing of the whole community.

Our future generations deserve nothing less than to live free of violence.

References

ABS (2019) 'Aboriginal and Torres Strait Islander women's experiences of family and domestic violence', *National Aboriginal and Torres Strait Islander Social Survey, 2014–15*, ABS, Australian Government, accessed 5 May 2023.

AHRC (Australian Human Rights Commission) (2020) *Wiyi Yani U Thangani (Women's Voices): securing our rights, securing our future report*, Australian Human Rights Commission, Australian Government.

ALRC (Australian Law Reform Commission) (2018) *Pathways to Justice – Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples*, ALRC Report 133,

Anderson H (2021) '*It's good to know each other, to be Kungas' final report: an evaluation report for the Kunga Stopping Violence Program*, Griffith University.

ARTD Consultancy (2019) *Safer Pathway evaluation: final report*, Women NSW, NSW Government.

Atkinson J (2002) *Trauma trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia, Spinifex Press*, North Melbourne.

Bevis M, Atkinson J, McCarthy L and Sweet M (2020) *Kungas' trauma experiences and effects on behaviour in Central Australia*, ANROWS, Sydney.

Blagg H, Williams E, Cummings E, Hovane V, Torres M and Woodley KN (2018) *Innovative models in addressing violence against Indigenous women: final report*, ANROWS Horizons, Sydney.

Brave Heart MJ, Chase J, Elkins J, and Altschul, D (2011) 'Historical trauma among Indigenous peoples of the Americas: concepts, research, and clinical considerations', *Journal of Psychoactive Drugs* 43(4):282–90.

Carlin E, Cox Z, Orazi K, Derry K and Dudgeon P (2022) 'Exploring mental health presentations in remote Aboriginal Community Controlled Health Services in the Kimberley Region of Western Australia using an audit and file reviews', *International Journal of Environmental Research and Public Health* 19(3):1743–1755, doi:10.3390/ijerph19031743.

COAG (Council of Australian Governments) (2016) *COAG advisory panel on reducing violence against women and their children final report*, Commonwealth of Australia.

COAG (2019) Fourth Action Plan—*National Plan to Reduce Violence against Women and their Children 2010–2022*, Commonwealth of Australia, accessed 6 September 2022. https://www.dss.gov.au/women-publications-articles-reducing-violence/fourth-action-plan

Coroners Court of Victoria (2020) *Victorian suicides of Aboriginal and Torres Strait Islander People*, Coroners Court of Victoria, Victorian Government.

Cripps K (2004) *Enough family fighting: Indigenous community responses to addressing family violence in Australia and the United States* [unpublished PhD thesis], Monash University.

Cripps K (2007) 'Indigenous family violence: from emergency measures to committed long-term action', *Australian Indigenous Law Review* 11(2):6–18.

Cripps K (2020) *Implementation options and evaluation of integrated service model responses to address family violence in remote Aboriginal and Torres Strait Islander communities*, Indigenous Justice Clearinghouse, Research Brief 30, Australian Institute of Criminology, Australian Government.

Cripps K and Adams M (2014) 'Indigenous family violence: pathways forward', in Walker R, Dudgeon P and Milroy H (eds) *Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Department of the Prime Minister and Cabinet: Canberra, Australian Government.

Cripps K and Davis M (2012) *Communities working to reduce Indigenous family violence*. Research brief 12, June 2012, Indigenous Justice Clearing House, Australian Institute of Criminology, Australian Government, accessed 3 May 2023. https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/publications/

files/brief012-v1.pdf

Cripps K and Habibis D (2019) *Improving housing and service responses to domestic and family violence for Indigenous individuals and families: final report* 320, Australian Housing and Urban Research Institute Limited, Melbourne, doi:10.18408/ahuri-7116201.

Cunneen C (2009). 'Indigenous incarceration: the violence of colonial law and justice', in Scraton P and McCulloch K (eds) *The violence of incarceration*, Routledge Taylor and Francis Group, London: 209–224.

DCSYW (Department of Child Safety Youth and Women) (2020) *Domestic and Family Violence Common Risk and Safety Framework*, Department of Justice and Attorney General, Queensland Government.

Douglas H and Fitzgerald R (2018) 'The domestic violence protection order system as entry to the criminal justice system for Aboriginal and Torres Strait Islander people', *International Journal for Crime, Justice and Social Democracy* 7(3):41–57.

DSS (Department of Social Services) (2022) *The National Plan to End Violence Against Women and Children 2022–2032*, DSS, Australian Government, accessed 31 October 2022. https://www.dss.gov.au/ending-violence

Evans-Campbell T (2008) 'Historical trauma in American Indian/Native Alaska communities: a multilevel framework for exploring impacts on individuals, families, and communities', *Journal of Interpersonal Violence* 23(3):316–38.

Family Safety Victoria (2018) Family Violence Multi-Agency Risk Assessment and Management Framework: A shared responsibility for assessing and managing family violence risk, Victorian Government, Melbourne.

Fitzpatrick SJ, Brew BK, Handley T and Perkins D (2022) 'Men, suicide, and family and interpersonal violence: a mixed methods exploratory study', *Sociology of Health & Illness* 44(6):991–1008, doi:10.1111/1467-9566.13476.

Flanagan K, Blunden H, valentine k and Henriette J (2019) *Housing outcomes after domestic and family violence, AHURI final report 311*, Australian Housing and Urban Research Institute Limited, Melbourne.

Fotheringham S, Wells L and Goulet S (2021) 'Strengthening the circle: An international review of government domestic violence prevention plans and inclusion of Indigenous peoples', *Violence Against Women* 27(3–4):425–446, doi:10.1177/1077801219897846.

Humphreys C, Heward-Belle S, Tsantefski M, Isobe J and Healey L (2021) 'Beyond co-occurrence: addressing the intersections of domestic violence, mental health and substance misuse', *Child & Family Social Work* 27(2):299–310, doi:10.1111/cfs.12885.

Krieg A (2009) 'The experience of collective trauma in Australian Indigenous communities', *Australasian Psychiatry* 17(S1):28–32.

Langton M (2008) 'The end of "big men" politics', *Griffith Review* 22 (Summer 2008/9):48–73.

Larsen A and Guggisberg M (2009) 'Police officers, women and intimate partner violence: giving primacy to social context', *Australian Journal of Gender and Law* 1:1–18.

Menzies K (2019) 'Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma', *International Social Work* 62(6):1522–1534, doi:10.1177/0020872819870585.

Morgan M (2021) 'Police responses to persons with mental illness: the policy and procedures manual of one Australian police agency and "procedural justice policy"', *Social Sciences* 10(2):42, doi:10.3390/socsci10020042.

Mossman SE, Paulin J and Wehipeihana N (2017) *Evaluation of the Family Violence Integrated Safety Response pilot: final report*, Social Policy Evaluation and Research Unit (Superu), Social Wellbeing Agency, Wellington.

Mossman E, Wehipeihana N and Bealing M (2019) *Evaluation of the family violence integrated safety response*

pilot: Phase II – Years 2 & 3: final report, Joint Venture Business Unit, Wellington, New Zealand.

Moulding N, Franzway S, Wendt S, Zufferey C and Chung D (2021) 'Rethinking women's mental health after intimate partner violence', *Violence Against Women* 27(8):1064–1090, doi:10.1177/1077801220921937.

Nancarrow H (2019) *Unintended consequences of domestic violence law: gendered aspirations and racialised realities*, Palgrave Macmillan, Sydney.

Northern Territory Government (2018) *Northern Territory Domestic, Family and Sexual Violence Reduction Framework, 2018 – 2028: Safe, respected and free from violence*, Department of Families, Housing and Communities, Northern Territory Government, accessed 3 May 2023. https://tfhc.nt.gov.au/domestic-family-and-sexual-violence-reduction/domestic-and-family-violence-reduction-strategy

NSW Domestic Violence Death Review Team (2020) *Report 2017–2019*, Domestic Violence Death Review Team, Sydney.

Nyame S, Howard LM, Feder G and Trevillion K (2013) 'A survey of mental health professionals' knowledge and preparedness to respond to domestic violence', *Journal of Mental Health* 22(6):536–543, doi:10.3109/09638237.2013.841871.

NZ Police (New Zealand Police) (n.d.) *Integrated Safety Response* (ISR), NZ Police website, accessed 30 January 2024. https://www.police.govt.nz/about-us/programmes-and-initiatives/integrated-safety-response-isr

O'Donnell O, House A and Waterman M (2015) 'The co-occurrence of aggression and self-harm: systematic literature review', *Journal of Affective Disorders* 175:325–350.

Productivity Commission (2020) *Indigenous Evaluation Strategy: draft background paper*. Productivity Commission, Australian Government.

Putt J, Holder R and Shaw G (2017) *Alice Springs Integrated Response to Family and Domestic Violence Project: final evaluation report*, Territory Families, Northern Territory Government.

Radke A and Douglas H (2020) 'Indigenous Australians, specialist courts, and the intergenerational impacts of child removal in the criminal justice system', *International Journal of Children's Rights* 28:378–400.

Robertson B (2000) *Aboriginal and Torres Strait Islander Women's Task Force on Violence*, Queensland Department of Aboriginal and Torres Strait Islander Policy and Development, Queensland Government.

Scourfield J, Fincham B, Langer S, and Shiner M (2012) 'Sociological autopsy: an integrated approach to the study of suicide in men', *Social Science & Medicine* 74(4):466–473.

SCRGSP (Steering Committee for the Review of Government Service Provision) (2016) *Overcoming Indigenous disadvantage: key indicators 2016*, Productivity Commission, Australian Government.

Stark E (2012) 'Looking beyond domestic violence: policing coercive control', *Journal of Police Crisis Negotiations* 12(2):199–217. doi:10.1080/15332586.2012.725016

Stenbacka M, Moberg T, Romelsjö A, and Jokinen J (2012) 'Mortality and causes of death among violent offenders and victims: a Swedish population based longitudinal study', *BMC Public Health* 12:1–10.

Success Works (2009) *Review of the Integrated Response to Family Violence: final report*, Department of Justice, Tasmanian Government.

Sweeney A, Filson B, Kennedy A, Collinson L and Gillard S (2018) 'A paradigm shift: relationships in trauma-informed mental health services', *British Journal of Psychiatric Advances* 24(5):319–333, doi:10.1192/bja.2018.29.

Territory Families (2018) *Final Performance Report: The Northern Territory Domestic and Family Violence Reduction Strategy 2014–2017: Safety is Everyone's Right*, Territory Families, Northern Territory Government.

Tilbury C (2009) 'The over-representation of Indigenous children in the Australian Child Welfare System',

International Journal of Social Welfare 18(1):57–64.

Togni S (2019) *Uti Kulintjaku Watiku Project evaluation report*, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, Alice Springs.

Trevillion K, Corker E Capron LE and Oram S (2016) 'Improving mental health service responses to domestic violence and abuse', *International Review of Psychiatry* 28(5), 423–432. doi:10.1080/09540261.2016.1201053

Varshney M, Mahapatra A, Krishnan V, Gupta R and Deb KS (2016) 'Violence and mental illness: what is the true story?', *Journal of Epidemiology & Community Health*, 70:223–225, doi:10.1136/jech-2015-205546.

Wild R and Anderson P (2007) *Ampe Akelyernemane Meke Mekarle: 'Little Children are Sacred'. Report of the Northern Territory Government Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, Department of the Chief Minister, Northern Territory Government.

Cover art
Data & Diversity
Created by Jay Hobbs
Meriam-Mir and Kuku Yalanji man