



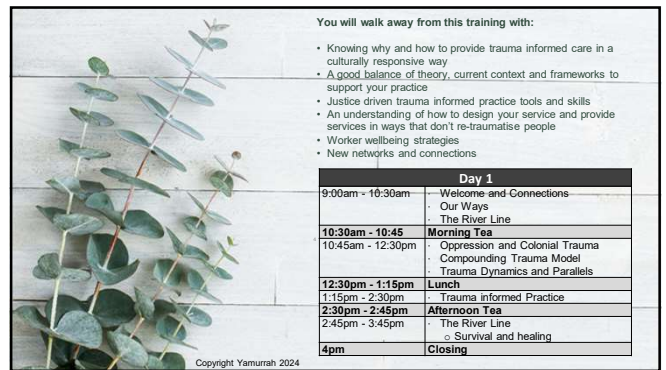
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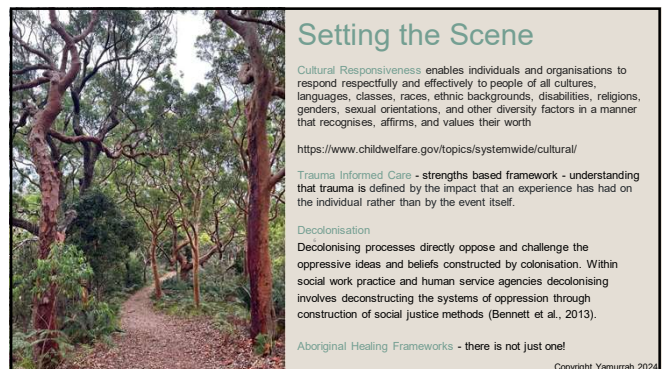
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Our ways of knowing, doing and being.

S Wilson 2009 - M Terere 2020

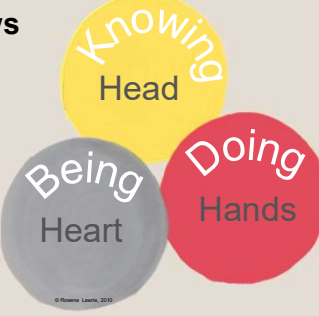
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Aboriginal Worldviews

Sherwood has argued Worldview provides: "Frameworks for interpreting and exploring the world, supporting the way we act and relate to our world" (cited in Terere 2020)

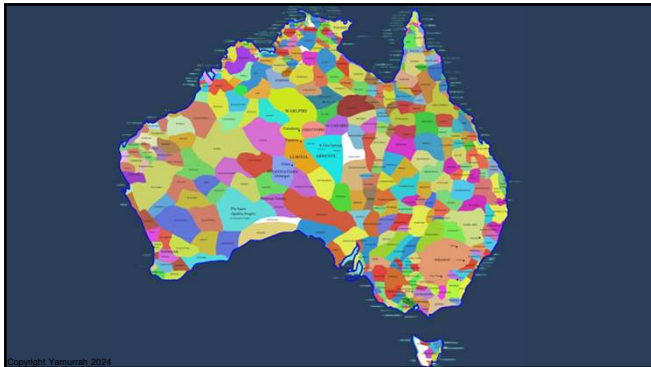
The nature of First Nations worldview their epistemology (ways of knowing) and axiology (ways of doing) and their ontology (ways of being) treasure and reveres the wisdom of Elders (cited in Terere 2020)



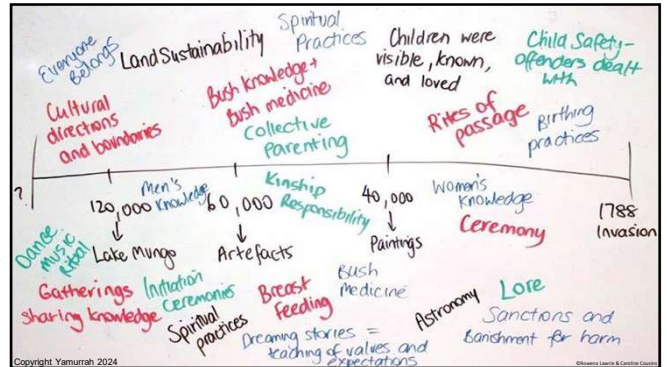
© Roberts, Leanne, 2012

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First Nations Worldviews through our eyes


"Our system of kinship, of family relationships, is how we express the connectedness of things through family"

"When you look at the Aboriginal family, there are many mothers and fathers"

"In our culture we do not separate the spiritual or sacred from the physical"

"As a child, I felt I had total freedom and could go wherever I wanted at any time..."

Bob Randall (2006) "Songman"



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First Nations Worldviews – through our eyes

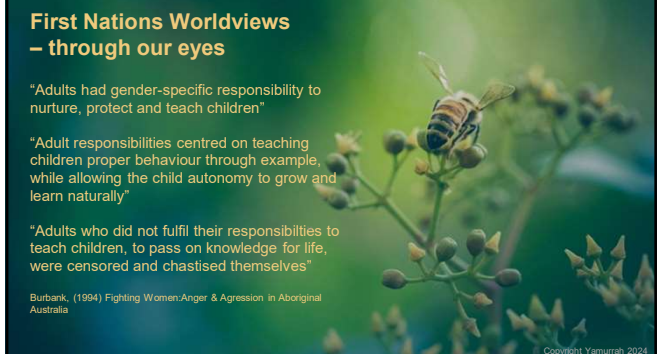
“As a child.....there were always the eyes of so many Aunties, Uncles, Mothers and Fathers watching for my safety. Everybody was responsible for each other. That is Kanyini”

All the elements of nature were part of our life experience...our actions were always determined by our needs....we were continually given information about our environment”

Bob Randall (2006) “Songman”

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First Nations Worldviews – through our eyes

“Adults had gender-specific responsibility to nurture, protect and teach children”

“Adult responsibilities centred on teaching children proper behaviour through example, while allowing the child autonomy to grow and learn naturally”

“Adults who did not fulfil their responsibilities to teach children, to pass on knowledge for life, were censored and chastised themselves”

Burbank, (1994) Fighting Women: Anger & Aggression in Aboriginal Australia

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First Nations Worldviews

“Any adult who allowed a child to be severely hurt would themselves be punished for their negligence”


“To actually harm a child would attract severe punishment. While children were reproached, severe physical punishment of a child was unheard of.”

Roth (ethnographer & medical doctor) found no instance of what would now be called “child abuse by white society” during all the time of his work with tribal groups.

Roth, W.E (1984) The Old Aborigines, vol. 11, Bulletins 1-8, North Queensland Ethnology from the Home Secretary's Dept - Brisbane 1901-1908, Melbourne: Hesperian Press

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Supporting First Nations ways of child rearing

- Richer relational environments – extended family environments
- Collective Parenting – complex and reciprocal obligations
- Neurological benefits
- Protection against risk – greater number of carers
- Nurturing, educating and keeping children safe
- Anticipation and planning for children's needs
- Bringing this into current case management, cultural care plans

Lawrie and Cousins (2018) Reclaiming Our Safe Ways of Parenting – How Trauma Research is supporting Aboriginal ways of child rearing

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“Whenever persons are badly treated, they resist. That is, along-side each history of violence and oppression, there runs a parallel history of prudent, creative, and determined resistance”


(Allan Wade 1997)

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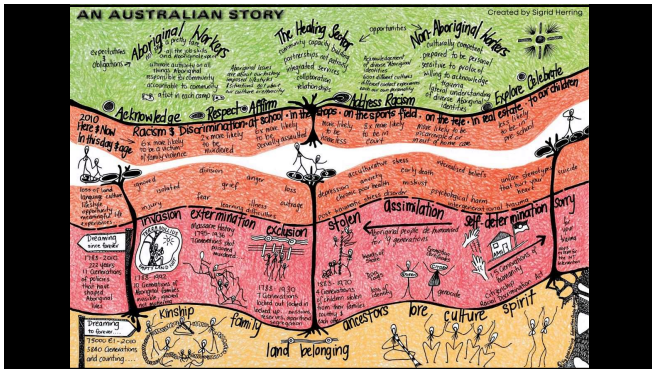
234 years of Resistance

- The act or power of resisting, opposing, or withstanding.
- The opposition offered by one thing, force, etc., to another.
- Electricity. Also called ohmic resistance, a property of a conductor by virtue of which the passage of current is opposed, causing electric energy to be transformed into heat: equal to the voltage across the conductor divided by the current flowing in the conductor: usually measured in ohms. Abbreviation: R
- A conductor or coil offering such opposition; resistor.
- Psychiatry, opposition to an attempt to bring repressed thoughts or feelings into consciousness.
- (Often initial capital letter) an underground organization composed of groups of private individuals working as an opposition force in a conquered country to overthrow the occupying power, usually by acts of sabotage, guerrilla warfare, etc.: the resistance during the German occupation in World War II.
- Stock Exchange. resistance level.




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Defining Trauma




A traumatic event is one in which “a person experienced, witnessed or was confronted with an event/s that involved actual or threatened death or serious injury or threat to the physical integrity of self or others” and “the person’s response involved intense fear, helplessness or horror”

Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

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Defining Trauma



The Healing Foundation:


- and “the person’s response involved intense fear, helplessness or horror... These traumas occur at a personal or at a collective level (war, natural disasters, or genocide).
- Trauma can affect a person for many decades and in many different ways. If people have not had the opportunity to heal, then they may act out their pain in negative ways including physical or emotional violence, abuse or addiction”

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Defining Trauma

- Trauma – is an event or process which overwhelms the individual, family or community, and the ability to cope in mind, body, soul, spirit
- Inter-generational – Intergenerational trauma is passed down directly from one generation to the next
- Trans-generational trauma – is transmitted across a number of generations
- Racial Trauma or race-based traumatic stress, is the cumulative effects of racism on an individual’s mental and physical health https://en.wikipedia.org/wiki/Racial_trauma
- Oppression trauma



Judy Atkinson (2002) Trauma Trails Recreating Songlines
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Trauma in Context




- 1) Violence is ‘always embedded in a social structure that permits the abuse and exploitation of a subordinate group’
- 2) Trauma robs the victim of a sense of power and control, the guiding principal of recovery is to restore control to the survivor”

Judith Herman, 1992, p. 159
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Aboriginal and Torres Strait Islander people’s experiences of violence, abuse and neglect



Data on Indigenous people’s experiences of family violence is limited, and must be understood with recognition of the impacts of colonisation, systemic disadvantage, forced removal of children, land dispossession, racism and discrimination, and the intergenerational trauma that these factors have significantly contributed to.

- Indigenous women are **32x** more likely than non-Indigenous women to be hospitalised due to family violence injuries¹
- 1 in 5** **WOMEN** killed by a male partner* identified as Aboriginal (22.3% or 27)
- * of 121 female victims of intimate partner homicide in Australia between 2010-2014²**
- Up to **90%** of Aboriginal and Torres Strait Islander women in prisons are survivors of domestic, family, and/or sexual violence³
- Indigenous children were **7-times** more likely than non-Indigenous children to have child protection reports substantiated in 2016-17⁴

Data sources: 1. Productivity Commission, 2016; 2. National Minimum Dataset (Domestic, Family Violence, Death Review Network, 2018); 3. Pathways to Justice (Australian Law Reform Commission, 2018); 4. ABSW, 2018
Infographic: Costello & Bachhoue, 2019a
NSW Health
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Aboriginal and Torres Strait Islander women's experiences of domestic and family violence

Most Aboriginal and Torres Strait Islander women trust their doctors and health workers have an important role to play in prevention and early intervention of domestic and family violence through collaborative and integrated service provision.

8 in 10 Aboriginal and Torres Strait Islander **WOMEN** agreed or strongly agreed that they could trust their own doctor

This includes:

- 77% Aboriginal and Torres Strait Islander women who had experienced domestic and family violence*
- 83% Aboriginal and Torres Strait Islander women who had not experienced any physical violence

Compared to women who had not experienced physical violence, Aboriginal and Torres Strait Islander women who had experienced domestic and family violence*, were:

- More likely to report high or very high psychological stress (69% compared with 34%)
- More likely to have a mental health condition (53% compared with 31%)
- More likely to have experienced homelessness (55% compared with 26%)
- Less likely to trust local police (44% compared with 62%)

* Domestic and family violence measure is based on 12-month physical violence incident data only. Data source: 2014-15 National Aboriginal and Torres Strait Islander Social Survey (NATSIS 2015)

NSW Health

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Economic impacts – violence against women

Victims

The most significant cost impact of violence to women and the economy is from pain, suffering and premature mortality, and is estimated at **\$10.4 billion**

Health

The impact of violence on the private and public health systems is estimated to cost victims, their communities and government **\$1.4 billion**

What do the costs include?
The 2015-16, Australian cost estimates were divided into seven categories (Table 6.2).

Table 6.2 Estimated costs to the Australian economy of violence against women and children, 2015-16

Categories	Cost (\$)
Pain, suffering and premature mortality of victims	10.4 billion
The pain and suffering experienced by the victim, which can lead to long-term effects on psychological and physical health, and premature mortality for victims	
Consumption	4.4 billion
Replacing damaged property, defaulting on bad debts, and the costs of moving	
Production	1.9 billion
Being absent from work, and employer administrative costs (for example, employee replacement)	
Administrative	1.7 billion
Police, incarceration, court system costs, counselling, and violence prevention programs	
Transfer payments	1.6 billion
Loss of income tax of victims/survivors, perpetrators and employers; additional social welfare payments; victim compensation payments and other government services	
Health system	1.4 billion
Public and private health system costs associated with treating the effects of violence against women	
Second generation	333 million
The costs of children witnessing and living with violence, including child protection services and increased juvenile and adult crime	
Total	21.7 billion

Source: AFSSG 2016.

NSW Health

Infographic and data source: [ICSMG, 2019](#)

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Racism and its impacts

- The majority of Aboriginal people in this study, racism was experienced regularly and perceived to have a negative impact on health, supporting a large literature that links racism to poorer health outcomes (Brondolo et al., 2003; Kessler et al., 1999; Krieger, 1999, 2000; Paradies, 2006a; Pascoe & Richman, 2009; Williams & Mohammed, 2009; Williams et al., 2003)
- The study demonstrated the effect of racism on the socio-emotional wellbeing of Aboriginal Australian children aged 6 to 12 years. Differences of this effect within subgroups based on age were observed, with important implications for identification of exposure to racism and management of specific symptomatology in children. Neglecting such signs could contribute to the perpetuation of the intergenerational effect of racism experiences. (D. M. Macedo , L. G. Smithers , R. M. Roberts , Y. Paradies and L. M. Jamieson 2019)
- A word on vicarious racism....

NSW Health

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“Both intersectional discrimination and additive discrimination can be seen as different kinds of multiple discrimination”

Gauthier de Beco THE INTERNATIONAL JOURNAL OF HUMAN RIGHTS 2020, VOL. 24, NO. 5, 583-614

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- <https://healingfoundation.org.au/timeline-trauma-healing-australia/>
- <https://healingfoundation.org.au/intergenerational-trauma/>
- <https://healingfoundation.org.au/intergenerational-trauma/ourfuture>

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Compounding Trauma Model

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Secrecy Where the offender uses deception and secrecy to conceal their actions and maintain control over the child, this creates a web of silence and entrapment around the child. They do this by employing tactics of tricks, lies or threats to prevent the child from disclosing the abuse or seeking help.

Responsibility Perpetrators often shift the responsibility away from themselves and blame the child directly - 'I know you wanted this' - or blame their mother by planting the idea with the child that their mother knows about it. This encourages blame and shame and entrenches the secrecy further.

Protection / Loyalty As a consequence of enforcing secrecy and shifting responsibility onto children, this burdens them with the responsibility for taking care of others and putting their loyalty to their family before their own safety and wellbeing. Often children believe it's their fault to put up with the abuse to protect their siblings.

Resistance The perpetrators' use of secrecy, shifting the blame and exploiting a child's loyalty to their family can be viewed as their efforts to overcome and dismantle a child's resistance. Given the power imbalance between perpetrators and victims (adult-child) most forms of resistance are subtle and indirect but nonetheless brave acts that require close attention to help shift shame and self-blame and rebuild dignity and respect (White, 2007; Wade, 1997).

(Tolliday et al 2018)
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Adverse Childhood Experiences (ACEs)
70-30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Trauma-Informed Care (TIC)
It's about asking what's happened to a person, not what's wrong with them.
TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

5 KEY PRINCIPLES:
Safety Creating areas that promote a sense of safety.
Trust Providing clear and consistent information.
Choice Providing options for treatment and care.
Collaboration Maximising collaboration between health care staff, patients and their families.
Empowerment Building upon a patient's strengths and experiences.

THE FOUR R'S OF TIC
REALISE All people at all levels, have a basic realisation about trauma, and how it can affect individuals, families, and communities.
RESIST RE-TRAUMATISATION Organisational practices may compound trauma unintentionally; trauma-informed organisations avoid this.
RECOGNISE People within organisations are able to recognise the signs and symptoms of trauma.
RESPOND Programmes, organisations and communities respond by practising a trauma-informed approach.

UNIVERSAL SCREENING Prevents misdiagnosis and inappropriate treatment planning.
 Trying to implement trauma-specific clinical practices without first implementing trauma-informed organisational culture change is like throwing seeds on dry land.
 Sandrine Bloom, Creator of the Sanctuary Model
 www.70-30.org.uk
 #7030Campaign
 Infographics: 70-30 Campaign (WAVS Trust, 2018)
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Trauma informed care

A trauma-informed service is one which:

- Service design and delivery
- Leaderships, supervision and management
- Evaluation and review
- Worker well-being

Guiding principals

Kezeman, C & Stavropoulos P (2012)
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A photograph of a group of people sitting on the floor in a room, engaged in a community meeting or discussion.

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A Trauma Informed Response

Acknowledging the prevalence of trauma, as well as impacts and dynamics and presenting a (therapeutic) service based on key principles:

Shift from "what is wrong with you" to "what happened to you"?

Consideration of what has happened to a person and a how they have kept going.

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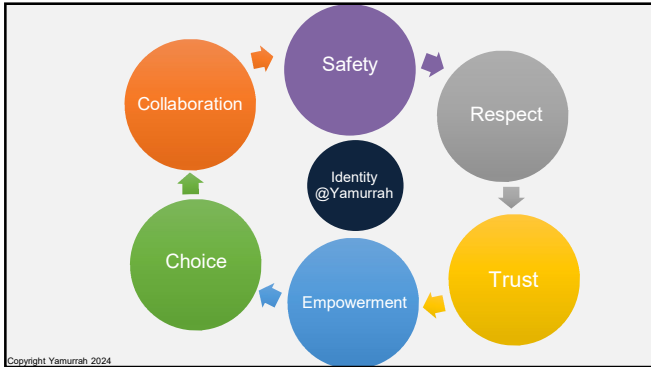
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Cultural Approaches to Trauma Informed Care & Practice

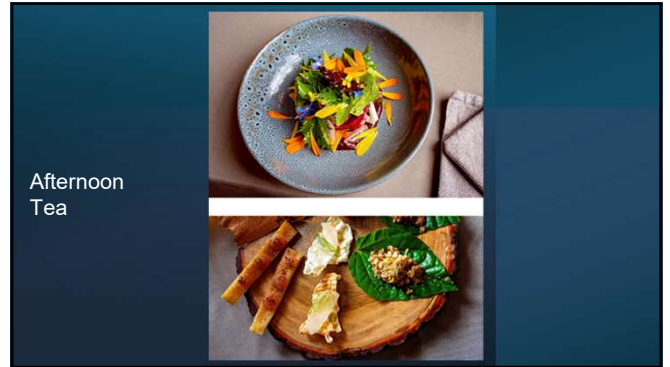
Understand trauma & its impact on individuals, families & communal groups	Create environments in which people feel safe	Employ culturally competent staff & adopt practices that acknowledge & demonstrate respect for specific cultural backgrounds	Support victims/survivors to regain a sense of control over their lives: actively involve them in the healing journey
Share power: Involve community members in design & evaluation of programs	Holistic and integrated care	Support safe relationship building as a means of promoting healing & recovery	Approaches / services informed by Indigenous culture

Copyright Yamurrah 2024 [McKinnon, 2013, P. 2]

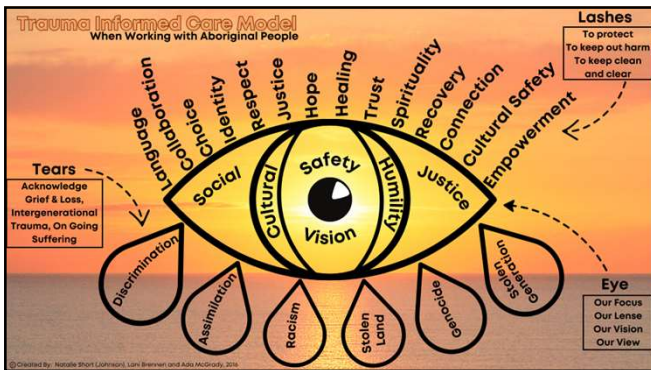
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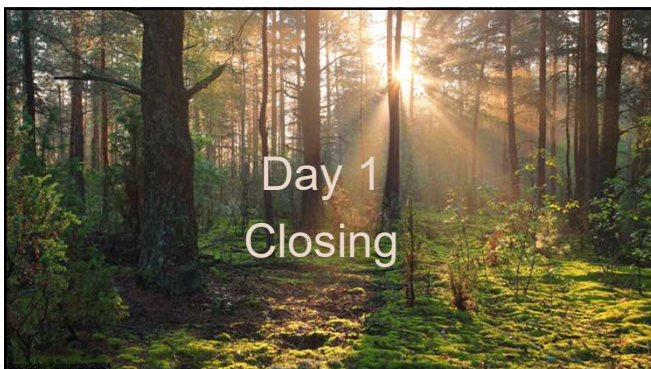


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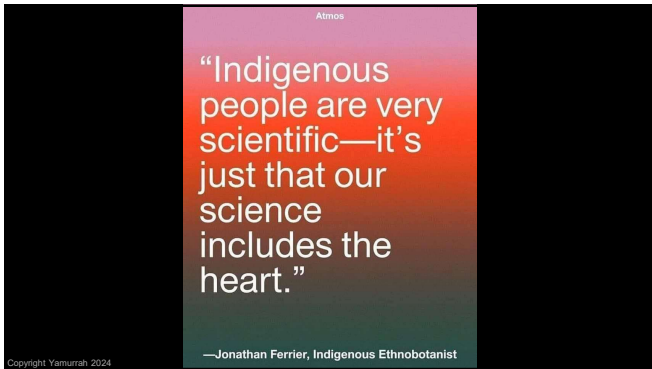
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Day 2	
9:00am – 10:30am	Neurobiology of trauma · ACEs · Neuroplasticity and Culture
10:30am -10:45	Morning Tea
10:45am 12:30pm	Trauma triggers activity The River Ecology A moment to heal ourselves
12:30pm-1:15pm	Lunch
1:15pm – 2:30pm	· Taking care of yourself in trauma work · Dadirri
2:30pm – 2:45pm	Afternoon Tea
2:45pm – 3:45pm	· Your Practise Framework · Blak Joy
4pm	Closing


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Key Takeaways – Day 2



1. NEUROSCIENCE & CULTURE




2. PRACTICAL APPLICATION RIVER ECOLOGY



3. WORKER WELLBEING & BLAK JOY

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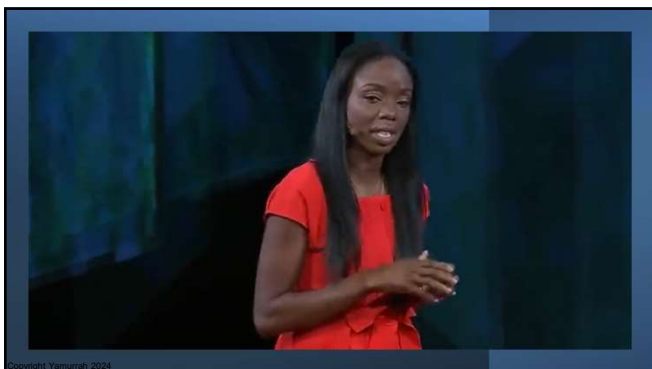
When trauma occurs there is disconnection and dis-empowerment.

With recovery there should be a focus of on reconnection and re-empowerment

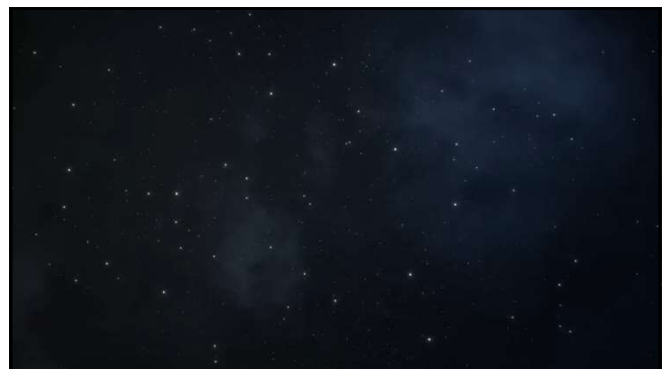
@Judith Herman

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Brain Development & Trauma Left & Right Hemispheres

Left Brain Functions: Logic, Verbal, Detail, Direction, Maths, Form Strategies, Order, Thinking, Write.

Right Brain Functions: Pictures, Stories, "Big Picture", Observation, Shapes, Patterns, Memory, Imagination, Personality.

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Dr. Bruce Perry's Slide

Neocortex: Abstract thought, Concrete Thought, Affiliation, "Attachment", Sexual Behavior, Emotional Reactivity, Motor Regulation, "Arousal".

Limbic: Appetite/Satiety, Sleep, Blood Pressure, Heart Rate, Body Temperature.

Diencephalon:

Brainstem:

↑ COMPLEXITY

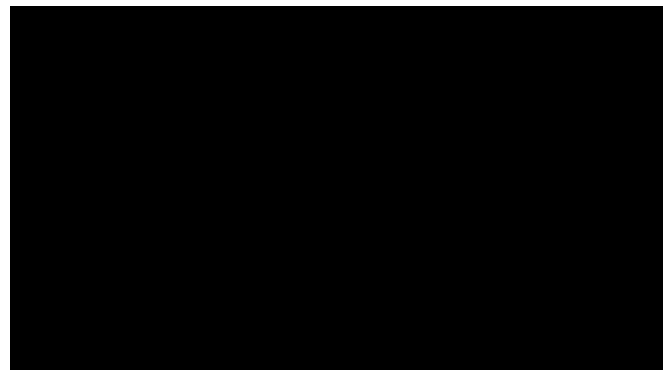
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Daniel Siegal
Clinical Professor of Psychiatry
UCLA School of Medicine

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Adverse childhood experiences influence adult health status

EARLY DEATH
Aboriginal health standards in Australia are now so low that almost half of Aboriginal men and over a third of women die before they turn 45. Aboriginal life expectancy is between 10 and 17 years below that of the average non-Aboriginal Australian.

DISEASE & DISABILITY
The five major underlying causes of Indigenous deaths between 2004-2008 were circulatory diseases, neoplasms (tumours), external causes (including injury, respiratory diseases and endocrine disorders). Suicide has become the 2nd leading cause of death for Aboriginal men in the Northern Territory.

HEALTH RISK BEHAVIOURS
Aboriginal women are 35 and 22 times more likely to be hospitalised due to family violence-related assaults and nearly ten times more likely to die due to assault. The burden of disease associated with alcohol use by Indigenous Australians is almost double that of the general Australian population.

SOCIAL, EMOTIONAL AND COGNITIVE IMPAIRMENT
Aboriginal people are 3 times more likely to complete suicide than non-Aboriginal people. Aboriginal people have a higher prevalence of psychological distress (anxiety and depression symptoms).

ADVERSE CHILDHOOD EXPERIENCES
Aboriginal and Torres Strait Children & young people are 6.6 times more likely to be victims of a sexual assault than non-Aboriginal children.

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Adverse Childhood Experiences (ACEs)

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Childhood Trauma

An event that a child finds overwhelmingly distressing or emotionally painful, often resulting in lasting mental and physical effects.

LONG-TERM IMPACTS:

- Affects perception of reality
- Wires brain to expect danger
- Triggers fight or freeze response
- Creates relationship problems
- Takes away sense of safety
- Increases stress hormones flowing through the body
- Creates a sense of helplessness
- Results in serious behaviour problems

2x more likely to develop DEPRESSION

3x more likely to develop ANXIETY DISORDERS

The initial trauma of a young child may go underground but it will return to haunt us

Common causes:

- Child abuse (physical, emotional, sexual)
- Witness/Victim of violence
- Parental divorce
- Substance misuse
- Bullying in school
- Goal
- Ward/Tenants
- Medical trauma
- Mental illness
- Separation from loved ones

PREFRONTAL CORTEX (PFC) "Thinking Centre"
Underactivated

AMYGDALA "Fear Centre"
Overactivated

ANTERIOR CINGULATE CORTEX (ACC) "Emotion Regulation Centre"
Underactivated

Complex Trauma: a result of repetitive, prolonged traumas

NSW Health | Infographic: 70/30 Campaign (WAVE Trust, 2018)

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Trauma Responses

Flight	Fight	Freeze	Flop	Friend
Workaholic	Anger Outburst	Difficulty making decisions	Collapse People pleaser	Befriending the person who is dangerous.
Over-thinker Anxiety, panic, OCD	Controlling "The bully"	Feeling stuck	No boundaries Lack of identity	Trauma bonding
Difficulty sitting still	Explosive behaviour	Dissociation	Sad	Stockholm syndrome
Avoidance	Judgement	Isolating Numb	Depressed	Highly concerned with fitting in
Hyperactivity	Slamming door	Shut down Exhaustion	Hopeless	Avoids conflict
Sadness in loneliness	Self harm	Indecision Sleeps a lot	Apathetic Hard time saying no	

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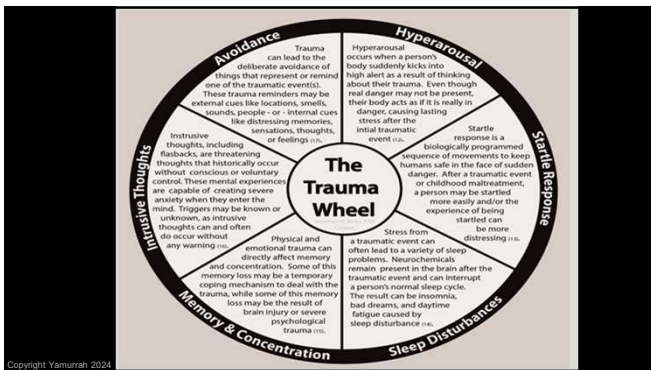
”

Glimmers refer to small moments when our biology is in a place of connection or regulation, which cues our nervous system to feel safe or calm. We're not talking great, big, expansive experiences of joy or safety or connection, these are micro moments that begin to shape our system in very gentle ways.

Deb Dana

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Trauma Triggers and Responses

Large Group Activity

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NEUROplasticity & CULTURE

REPEAT

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Theoretical framework for optimising child neurodevelopment


Source: Law 2000, from the work of Bruce Perry and Peter Levine.

Developmental age	Sensitive brain area	Critical functions	Primary goal of development	Optimising experiences	Enrichment Activities
0-1	Brainstem	Regulation of arousal	State Arousal Flexible stress response	Rhythmic and patterned sensory input Auditory or tactile	Massage Rhythm Touch
1-2	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control/affiliation	More complex movement Simple narrative	Music Movement Touch
1-4	Midbrain	Integration of multiple sensory inputs Motor regulation	Sensory integration Motor control/affiliation	More complex movement Simple narrative	Music Movement Touch
1-4	Limbic	Emotional states Social language Interpretation of social information	Emotional regulation Attachment Empathy	Complex movement Narrative Social experiences	Dance/play Art Nature discovery
2-6	Cortex	Abstract cognitive functions Social/emotional integration	Abstract reasoning Creativity	Complex conversation Social and emotional experiences	Story telling Drama Exposure to performing arts

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Services and Power



- Understanding and supporting the process of survivors making disclosures of violence and abuse.
- Providing a physically, emotionally and culturally safe service:
- Creating safety through listening and being guided by the expertise of the survivor.
- Demonstrating professional flexibility and availability to survivors.
- Building a trusting and respectful relationship
- Developing safety plans if a survivor is still at risk of harm and involving supports identified by the survivor
- Developing emotional and cultural safety plans
- Ensuring survivors are aware of their rights and the limitations of confidentiality.
- Utilising a Strengths-based approach
- Educating the survivor and their supports about the effects of trauma and the range of possible therapeutic resources.
- Adopting a collaborative approach in working with the young person based on their goals, interests, values and culture(s).
- Supporting a survivor to seek justice


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Letty Funston

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The Value add from Aboriginal workforces



- Excellence
- Integrity
- Professionalism
- Go above and beyond
- Specialist knowledge & intelligence
- Blak joy
- High Standards
- Values Driven
- Honour

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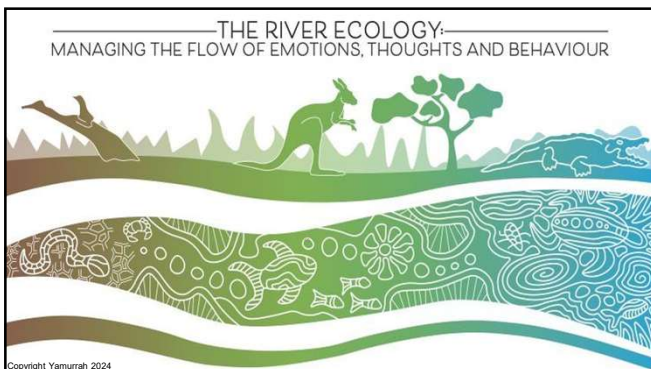
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Themes for Aboriginal workforces

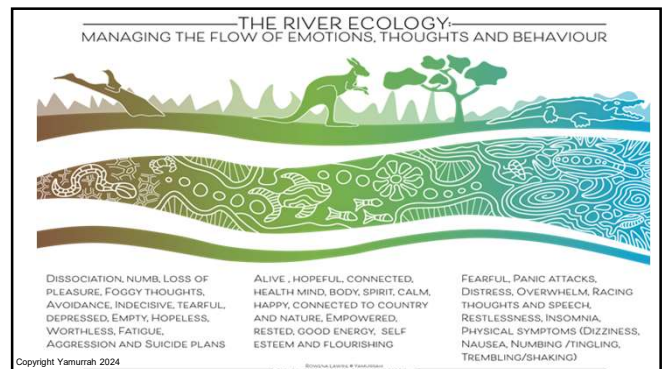
- Culturally unsafe working environments
- Trauma – vicarious, single, complex, systemic and generational
- Invisible and hidden racism and vicarious racism –both structurally and direct experiences
- Culturally isolated
- Additional loads as well as complex matters
- Limited professional supports
- Aboriginal representation of boards and senior executive positions
- Expectations and “the Expert”
- Lateral violence
- Cultural responsibilities and community accountability
- Acculturative stress
- Westernised standard and measures and dominant worldviews

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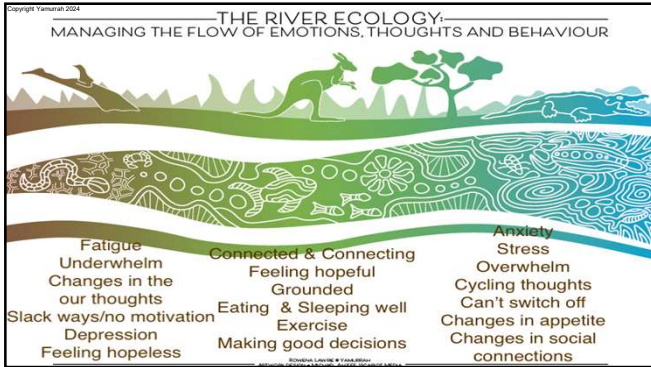
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What are the implications of framing this as Cultural Load?

- Places responsibility on Aboriginal People
- Implies cultures as a deficit - rather than strength
- Focuses on "fixing the load or burden for Aboriginal people" rather than structural issues which creates and adds loading to Aboriginal people
- The burnout doesn't come from culture – it comes from systems that are not culturally responsive, safe or one that understands culture nor investigates colonial load
- Becomes an "Aboriginal" load
- Additional loading from the system is creates additional risk and increased likelihood of burnout for Aboriginal people
- Culture is strength
- Aboriginal people aren't responsible for structural or colonial load

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Vicarious Trauma

"The transformation that occurs in the inner experience of the therapist (or worker) that comes about as a result of empathic engagement with clients' trauma material"
Pearlman & Saakvitne 1995

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Organisational Risk and Protective Factors

RISK	PROTECTIVE
lack of role clarity for staff	Good staff support and supervision including the opportunity to reflect on the impact of the work with supervisors
high client demands	Staff training, induction and orientation processes for staff
insufficient supervision	Support from co-workers/team
little feedback on performance	Support from family and friends
Few opportunities to participate in decision making	Meaningful processes that are consistently applied for staff to feel a sense of ownership of decisions that impact themselves and/or the young people
high/excessive workloads (hours, complexity, number of demands)	Well-balanced and manageable workload with commitment to work-life balance
lack of autonomy	Support to develop and grow in the role
insufficient control over resources needed to accomplish role	Clear processes for decision making and strong channels for communication about the rationale for decisions
lack of staff recognition	Reward and recognition for work contributions (i.e. financial, social, intrinsic)
Disconnected staff, (lacking in team environment)	Strong team culture
Perceived lack of fairness (inequity of workload or salary, lack of openness and respect regarding decision making)	Inclusive workplace with strong communication processes and staff engagement in the culture of the organisation
Poorly aligned values, priorities and ethics between organisation and staff	High levels of organisational congruence and openness to regularly review systems and processes
lack of access to external supports for staff where required	Provision of external supports such as Employee Assistance Programs, external supervision for staff
low levels of interagency collaboration re clients	Strong culture of collaboration and joint working

1. Burt et al., 2002; Lerner, 2000; Marshall et al., 2001; Gidycz and Douglas, 1992; Lee and Ashforth, 1992; Lloyd et al., 2002; Banks et al., 2003; Ray et al., 2013; O'Leary et al., 1999; Quah, 2011; Bray, 2010; Neuman and Gerlach, 1992; Ochs, 2011; Longene et al., 2004; Peacock, 2006; Van Deyn and Wain, 2006; McInerney and Talbot-Golden, 2016.

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Vicarious Resilience

- Is the process of clinicians learning about overcoming adversity from the trauma survivors they work with.
- The resulting positive transformation and empowerment in those clinicians through their empathic engagement with the stories of trauma and resilience of their clients.

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Justice Doing

"The problem of burnout is not in our heads or in our hearts, but in the real world where there is a lack of justice. The people I work alongside don't burn me out and they don't hurt me, they transform me, challenge me and inspire me"

"What harms me are the injustices and indignities suffered by clients and my frustrating inability to personally change the unjust structures of society they struggle with and live in" (Reynolds, 2009).
"bridge the worlds of activism with therapy and community work, and is informed by a spirit of social justice, practices of solidarity, and an ethic of resistance"
(Reynolds 2002, 2008, 2010a).

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Shows some of the domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of Social, Emotional Well-being

This conception of self is grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community.

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Blak Joy as an Act of Resistance

- Celebration
- Expression
- Contributions
- Space
- Humour
- Pride
- Cultural connection

"My resistance was to talk of strength, to refuse the logic that insisted Blackness and wellness were mutually exclusive and that our apparent illness was not a product of Black lack".
(Chelsea Watogo 2021)

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Living Culture

• New York writer Kleaver Cruz started the Black Joy Project in 2015, a digital and real-world movement to centre Black joy — the message that "black joy is an act of resistance" is central to their coalition. "When we acknowledge that we exist in an anti-black world that is set up to ensure we do not live, to choose life and to choose to enjoy any aspect of that life is a radical act."

• "Amplifying black joy is not about dismissing or creating an 'alternative' black narrative that ignores the realities of our collective pain; rather, it is about holding the pain and injustices we experience as black folks around the world in tension with the joy we experience in pain's midst. It's about using that joy as an entry into understanding the oppressive forces we navigate through as a means to imagine and create a world free of them."

Aboriginal World Views
"Aboriginal worldviews lay the foundation for cultural safety, trauma informed and trauma specific care and practices for Aboriginal people"

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What are your experiences of blak joy?

Is it significant?

Where do you experience joy in your community?

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Consider stories of Resistance that you know (last ten years)...

- Black Lives Matter/ Black Deaths in Custody
- Invasion Day Protests
- Raise the Age
- Family Matters Campaign
- GMAR

What is behind these acts of resistance?

What themes of oppression are still present today?

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Practise Frameworks Our Voices

A framework of self-determination means not speaking on behalf of people – even as an advocate – but to create the environment and conditions for those who have been silenced to speak for themselves so their stories can change the world. (Behrendt 2019)

<https://www.abc.net.au/news/2022-01-27/nt-aboriginal-activist-rosalie-kunoth-monks-dies/100784500>



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Dilly bag of tools



- Taking time to get to know people is critical and can influence the success of your partnership and collaboration.
- Receiving guidance and permission from Aboriginal and Torres Strait Islander people and Elders
- Ability to appreciate story telling or yarning
- Requires genuine approach
- Cultural humility
- Capacity to be creative
- Listening, Narrative, Yarning, Story telling, be still.
- Open to working with uncertainty.

(Artist Shirley Mnyingarla – Pandanus Dilly Bag)

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Coolamon

- Creation, Connection Culture
- Holding (stories of identity, trauma, resilience, resistance)
- Gathering (practice ideas, frameworks, knowledge)
- Sharing (yarning, knowledge, culture)
- Support (being supported, accountability)




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Afternoon Tea



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Participant Feedback

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First Nations Cycles of Healing and Resistance

- Social Justice
- Human Rights
- Truth telling Truth Listening * Rob Waters 2022
- Listening
- Co-creation
- Culture
- Connection
- Participation

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A few inspirations....

SHINE Bright

"The moment we choose to love we begin to move towards freedom, to act in ways that liberate ourselves and others" Bell Hooks

"Don't Get Angry, Get Creative" Rowena Lawrie

"Don't get depressed, Get Angry" Dr Mareese Terare, Bundjalung, Goeranpul woman

"You can't break my soul" Beyonce

"Our love will always keep us strong" Archie Roach

"I am not the problem... I AM..." Aunty Rosalie Monuth

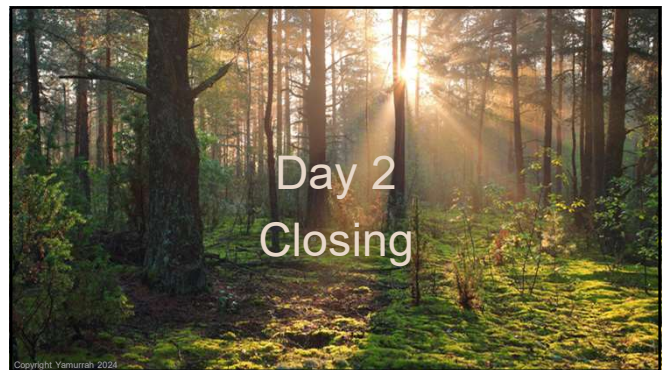
"Every living thing is family, and the proof of that is that you are alive" Uncle Bob Randle

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A moment to heal ourselves

Co-written by Rowena Lawrie, Dr Carmen Parter, Delephene Fraser, and Jennifer Stephensen on Darkinjung Country

On behalf of Our Ways: Supervision Alliance @Yamurrah

Spoken by Delephene Fraser on Ngunnawal Country
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