




Welcome To Culturally Responsive Trauma Informed Practice Training





**We Acknowledge the traditional owners of the lands we are on.
We pay our respects to Elders past and present, and to all Aboriginal resistance
warriors and activist.**

**Despite invasion and colonialism, First Nations people, our people and families
have resisted, survived and we are the oldest continuing culture in the world. We
acknowledge the work you are doing in partnership with Aboriginal people and
communities.**



Who we are

Yamurrah is a collective unlike any that operates across Australia. We are self-determined, and are focused on empowering and uplifting our communities, and those who may be working in the space of trauma, justice, health and education.

We are made up of Social Workers, Counsellors, Lawyers, Academics, Researchers and Educators. Collectively, we have many skills and years of experience – we do this work in solidarity and in the spirit of a community of care and consciousness. We work with professional and cultural ethics and values. We campaign for truth-telling/listening, justice and healing.

What we do

Yamurrah offers a range of services including:

- Clinical Services which includes -Counselling, Clinical Supervision and Cultural Supervision
- Training and Events
- Consultancy
- RISE

Our Values: Our ways of knowing, being and doing are informed by our values which include Connection, Integrity, Empowerment, Humility, Social Justice and Safety



You will walk away from this training with:

- Knowing why and how to provide trauma informed care in a culturally responsive way
- A good balance of theory, current context and frameworks to support your practice
- Justice driven trauma informed practice tools and skills
- An understanding of how to design your service and provide services in ways that don't re-traumatise people
- Worker wellbeing strategies
- New networks and connections

Day 1	
9:00am - 10:30am	<ul style="list-style-type: none">• Welcome and Connections• Our Ways• The River Line
10:30am - 10:45	Morning Tea
10:45am - 12:30pm	<ul style="list-style-type: none">• Oppression and Colonial Trauma• Compounding Trauma Model• Trauma Dynamics and Parallels
12:30pm - 1:15pm	Lunch
1:15pm - 2:30pm	<ul style="list-style-type: none">• Trauma informed Practice
2:30pm - 2:45pm	Afternoon Tea
2:45pm - 3:45pm	<ul style="list-style-type: none">• Decolonisation• Dadirri
4pm	Closing

Our Dreaming Plan (aka Learning Outcomes)



DEFINE TRAUMA
INFORMED CARE
AND APPLY LINKS
TO YOUR
PRACTICE



UNDERSTANDING
OUR FIRST
NATIONS
WORLDVIEWS,
VALUES AND
LINKS TO
PRACTISE



CONSIDER FIRST
NATIONS
TRAUMA &
HEALING LENS,
Strength based
narrative, etc.



IDENTIFY DYNAMICS
OF TRAUMA AND
REDUCE IMPACTS OF
RE-TRAUMATISATION
FOR CLIENTS

5



CONSIDER YOUR
WELL-BEING
STRATEGIES IN
YOUR PRACTISE



REFLECT ON
YOUR PRACTICE
IN THE CONTEXT
OF YOUR
LEARNING



CREATE YOUR
OWN TRAUMA
INFORMED
PRACTICE
FRAMEWORK



Setting the Scene

Cultural Responsiveness enables individuals and organisations to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognises, affirms, and values their worth

<https://www.childwelfare.gov/topics/systemwide/cultural/>

Trauma Informed Care - strengths based framework - understanding that trauma is defined by the impact that an experience has had on the individual rather than by the event itself.

Decolonisation

Decolonising processes directly oppose and challenge the oppressive ideas and beliefs constructed by colonisation. Within social work practice and human service agencies decolonising involves deconstructing the systems of oppression through construction of social justice methods (Bennett et al., 2013).

Aboriginal Healing Frameworks - there is not just one!



Our ways of
knowing,
doing and
being.

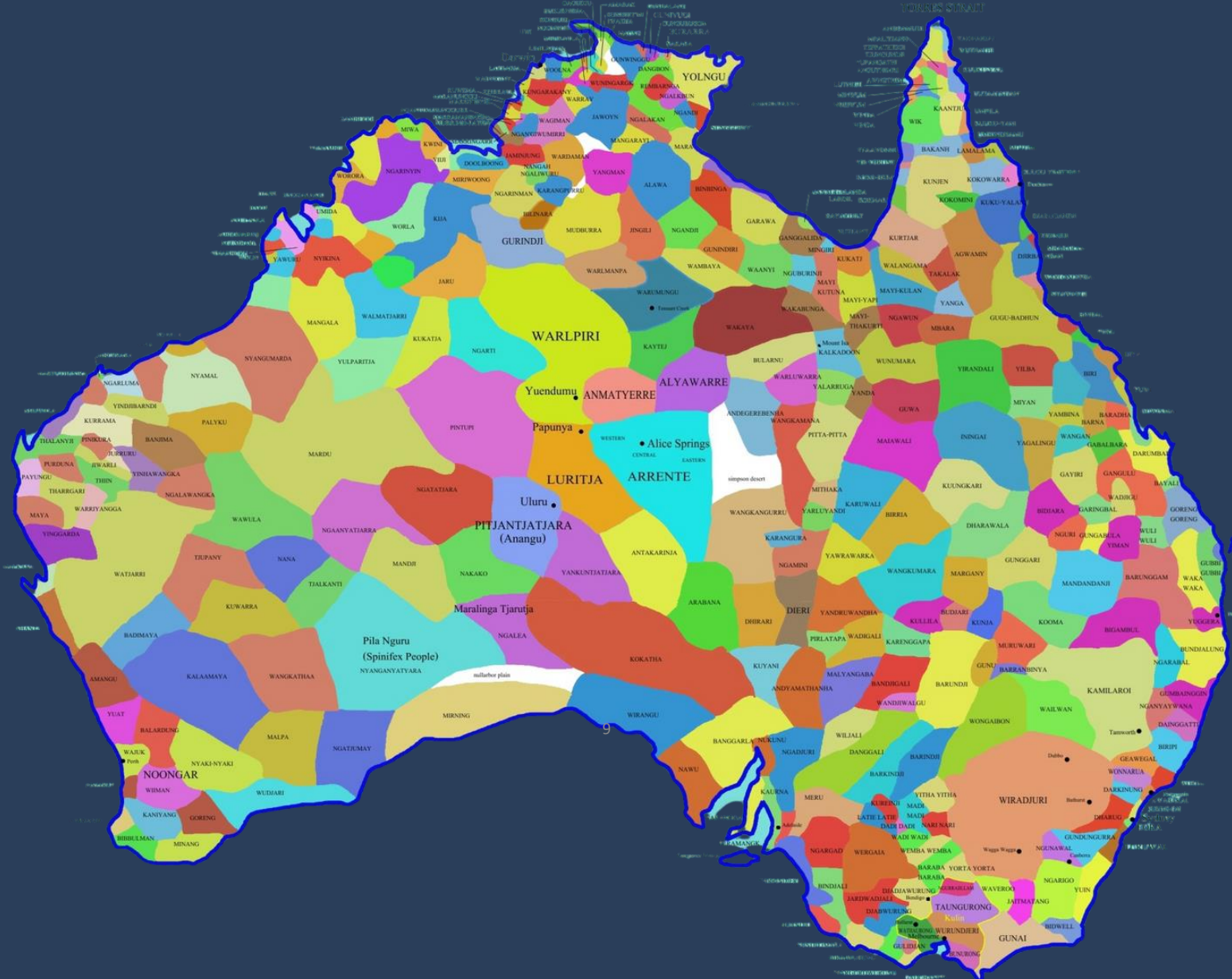
Aboriginal Worldviews

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

The nature of First Nations worldview their epistemology (ways of knowing) and axiology (ways of doing) and their ontology⁸ (ways of being) treasure and reveres the wisdom of Elders (cited in Terare 2020)



© Rowena Lawrie, 2010







Morning
Tea

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” ¹²

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

Bob Randall (2006) “Songman”





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”

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



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 Qld Aboriginies, vol.11, Bulletins 1-8, North Queensland Ethnology from the Home Secretary's Dept - Brisbane 1901-1908, Melbourne: Hesperian Press



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

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



<#>



“Whenever persons are badly treated, they resist. That is, alongside 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

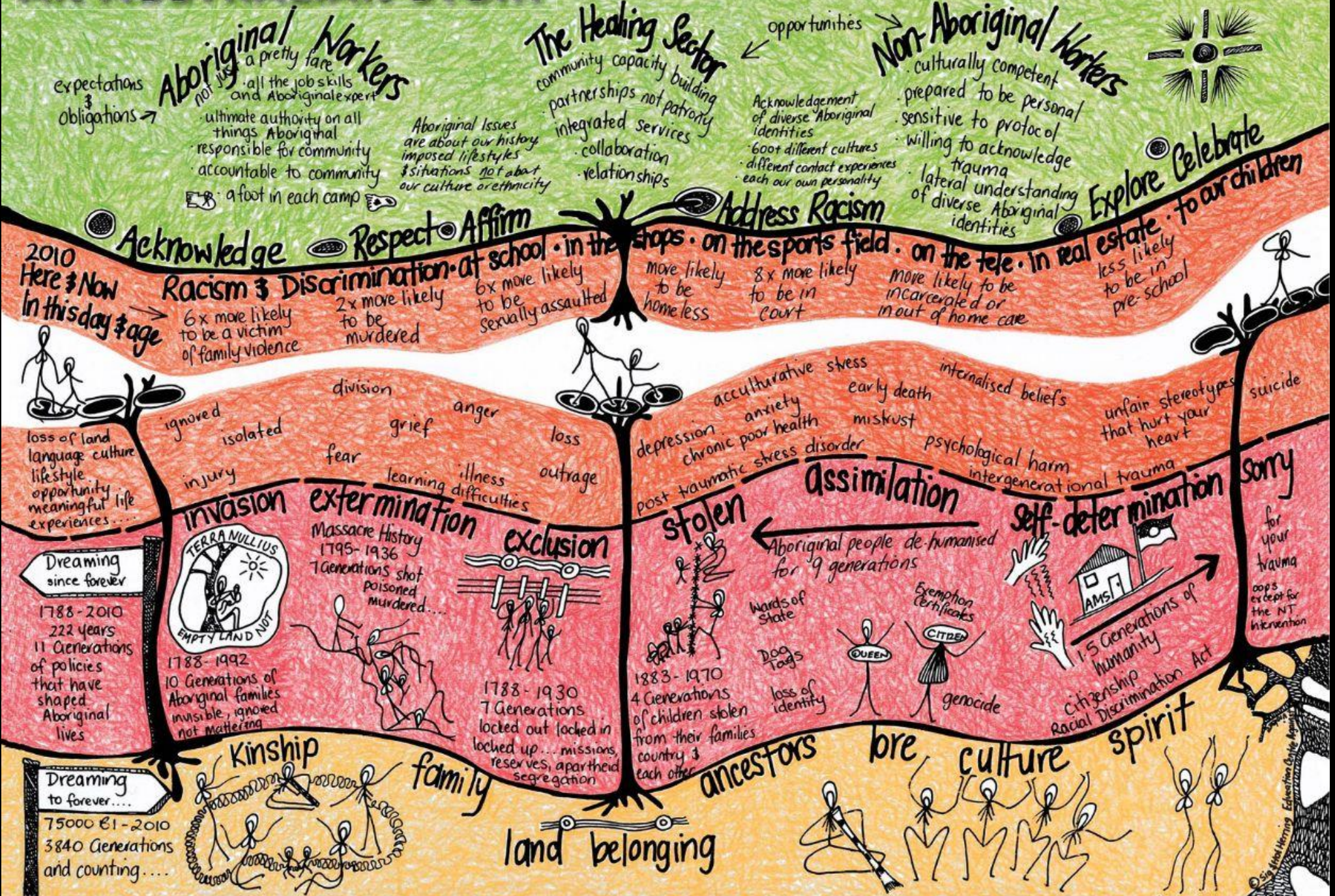
- The act or power of resisting, opposing, or withstanding.
- The opposition offered by one thing, force, etc., to another.
- Electricity. Also called [ohmic resistance](#). a property of a conductor by virtue of which the passage of current is opposed, causing electric energy to be transformed into 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](#).



Image source: <https://policyfix.ca/2014/08/11/justice-requires-hope/>

AN AUSTRALIAN STORY

Created by Sigrid Herring



Aboriginal Workers
 a pretty fare
 not just a pretty fare
 all the job skills and Aboriginal expertise
 expectations & obligations →
 ultimate authority on all things Aboriginal
 responsible for community
 accountable to community
 a foot in each camp

The Healing Sector
 community capacity building
 partnerships not patrony
 integrated services
 collaboration
 relationships

Non-Aboriginal Workers
 opportunities →
 Acknowledgement of diverse Aboriginal identities
 600+ different cultures
 different contact experiences
 each our own personality
 culturally competent
 prepared to be personal
 sensitive to protocol
 willing to acknowledge trauma
 lateral understanding of diverse Aboriginal identities

Acknowledge **Respect** **Affirm**
2010 Here & Now In this day & age
Racism & Discrimination at school
 6x more likely to be a victim of family violence
 2x more likely to be murdered
 6x more likely to be sexually assaulted
in the shops
 more likely to be homeless
on the sports field
 8x more likely to be in court
on the tele
 more likely to be incarcerated or in out of home care
Explore Celebrate to our children
 less likely to be in pre-school

loss of land
 language
 culture
 lifestyle
 opportunity
 meaningful life experiences

ignored
 isolated
 injury
 division
 grief
 fear
 anger
 learning difficulties
 illness
 outrage
 loss

Dreaming since forever
 1788-2010
 222 years
 11 Generations of policies that have shaped Aboriginal lives

invasion
 Terra Nullius
 Empty Land Not
 1788-1992
 10 Generations of Aboriginal families invisible, ignored not mattering

extermination
 Massacre History
 1795-1936
 7 Generations shot poisoned murdered...

exclusion
 1788-1930
 7 Generations locked out locked in locked up... missions, reserves, apartheid segregation

stolen
 1883-1970
 4 Generations of children stolen from their families country & each other
 depression
 chronic poor health
 post-traumatic stress disorder
 anxiety
 mistrust
 acculturative stress
 early death
 internalised beliefs
 unfair stereotypes that hurt your heart
 suicide
 psychological harm
 intergenerational trauma

Assimilation
 Aboriginal people de-humanised for 9 generations
 Wards of State
 Dog Tags
 loss of identity
 QUEEN
 CITIZEN
 genocide
 AMS
 1.5 Generations of humanity
 Citizenship Racial Discrimination Act

Self-determination
 sorry for your trauma
 ops except for the NT intervention

Dreaming to forever...
 75000 B1-2010
 3840 Generations and counting...

Kinship
 family

ancestors
 bre culture spirit
 land belonging

ancestors
 bre culture spirit

© Sigrid Herring Education On the Move

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)

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”

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





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 injuries**¹



Up to **90%** of Aboriginal and Torres Strait Islander women in prisons are **survivors of domestic, family, and/or sexual violence**³

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

Indigenous children were²⁴

7-times

more likely than non-Indigenous children to have **child protection reports substantiated** in 2016-17⁴



Infographic: Costello & Backhouse, 2019a.

Data sources: 1. [Productivity Commission, 2016](#); 2. National Minimum Dataset ([Australian Domestic and Family Violence Death Review Network, 2018](#)); 3. [Pathways to Justice \(Australian Law Reform Commission, 2018\)](#); 4. [AIHW, 2018](#)

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:



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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%)

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

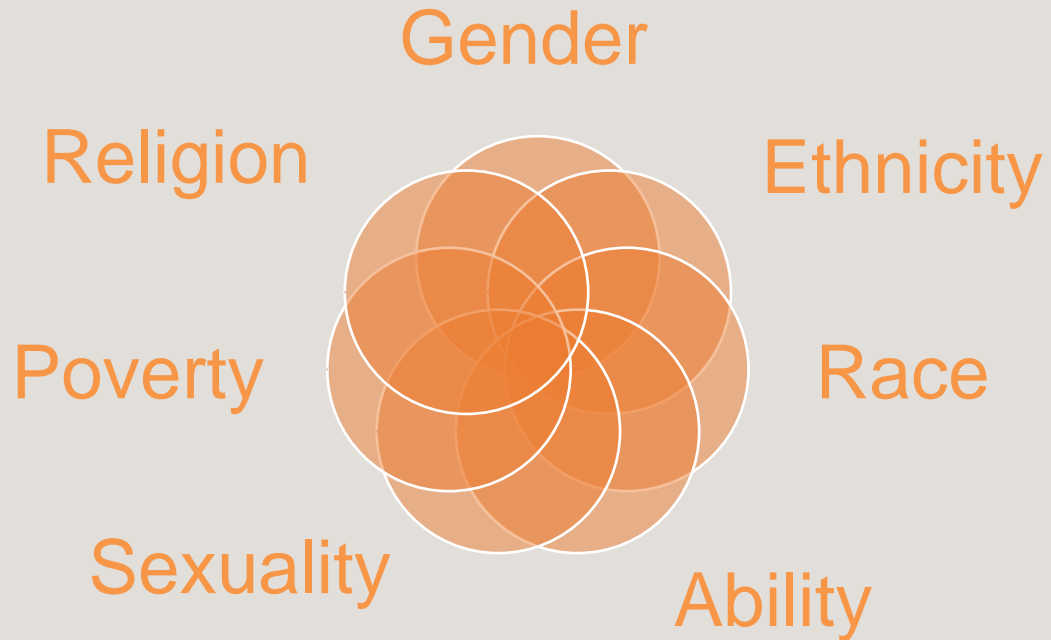
Categories	Cost (\$)
Pain, suffering and premature mortality of victims The pain and suffering experienced by the victim, which can lead to long-term effects on psychological and physical health, and premature mortality for victims	10.4 billion
Consumption Replacing damaged property, defaulting on bad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

Source: KPMG 2016.

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 symptomatology²⁷ 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.....



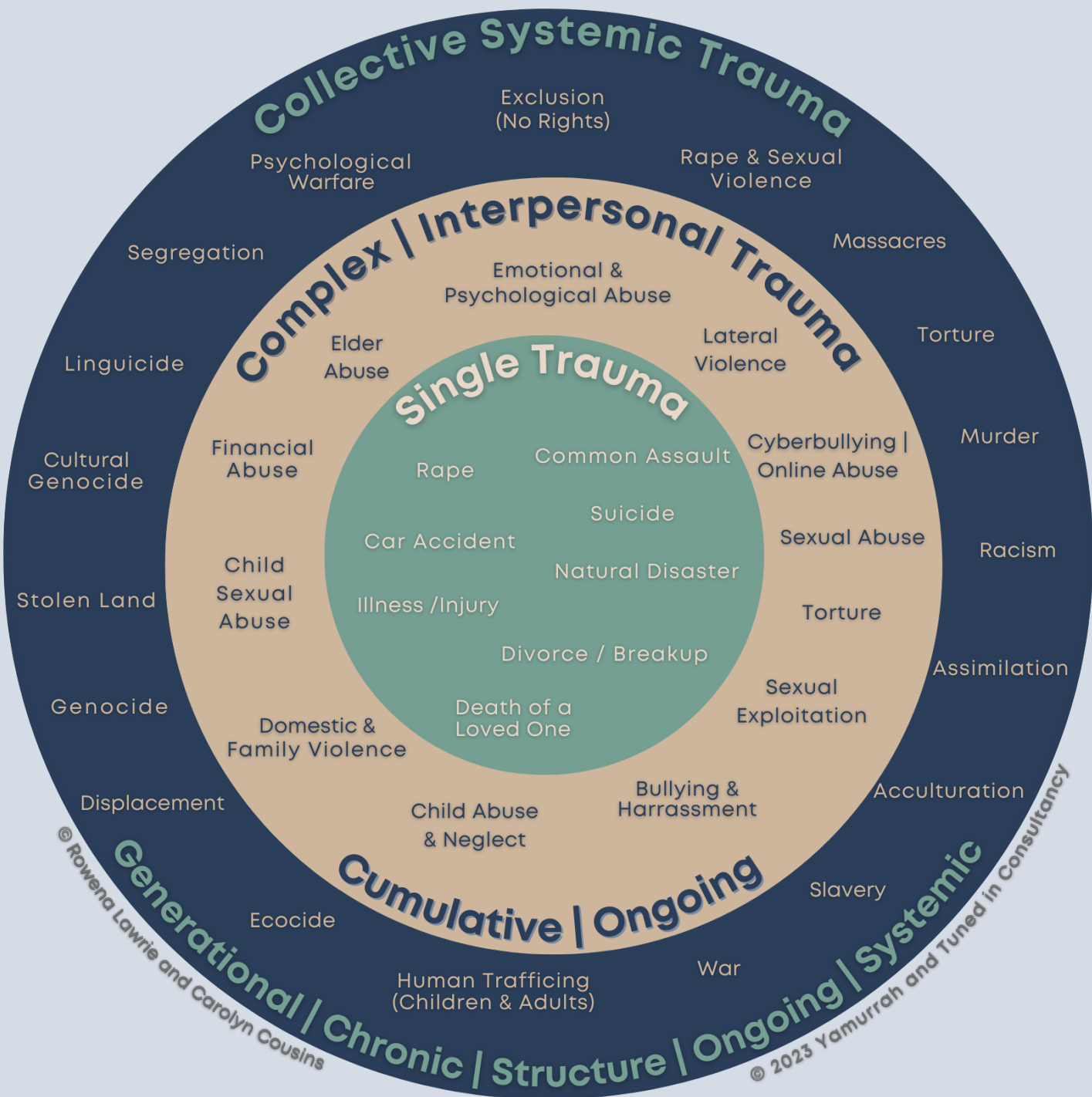


“Both intersectional discrimination and additive discrimination can be seen as different kinds of multiple discrimination”

Gauthier de Beco THE INTERNATIONAL JOURNAL OF HUMAN RIGHTS 2020, VOL. 24, NO. 5, 593–614

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

Compounding Trauma Model



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).



Lunch

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. ”

Sandra Bloom, Creator of the Sanctuary Model

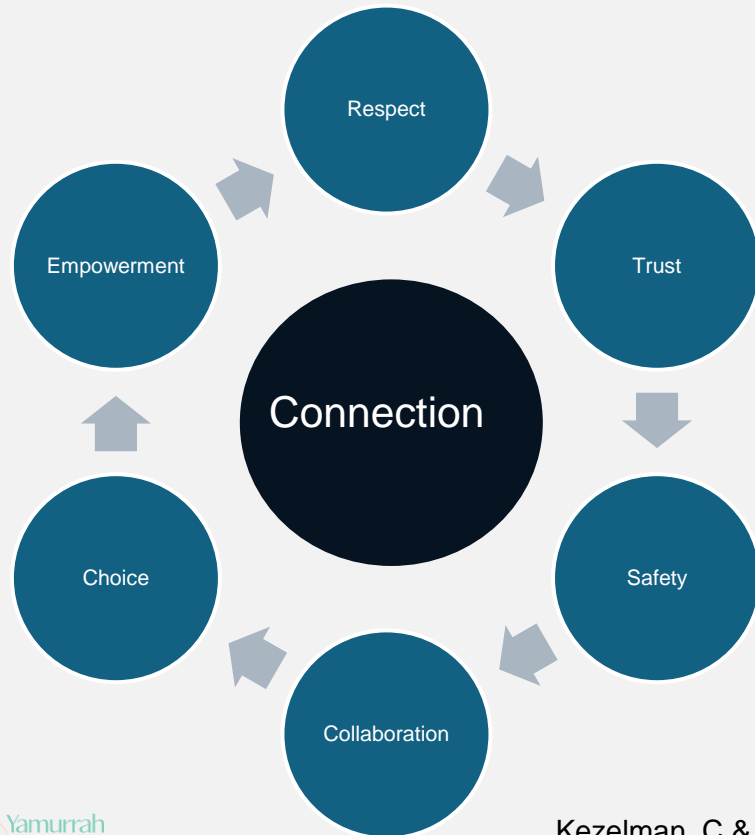
www.70-30.org.uk
@7030Campaign



Trauma informed care

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

Guiding principals



Kezelman, C & Stavropoulos,P (2012)

A trauma-informed service is one which:

- Commits to and acts upon the core principles
- Considers and evaluates all components of the system – critiquing power
- Designs services to reduce re-traumatisation
- Collaborative relationships with service providers / stakeholders



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.

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

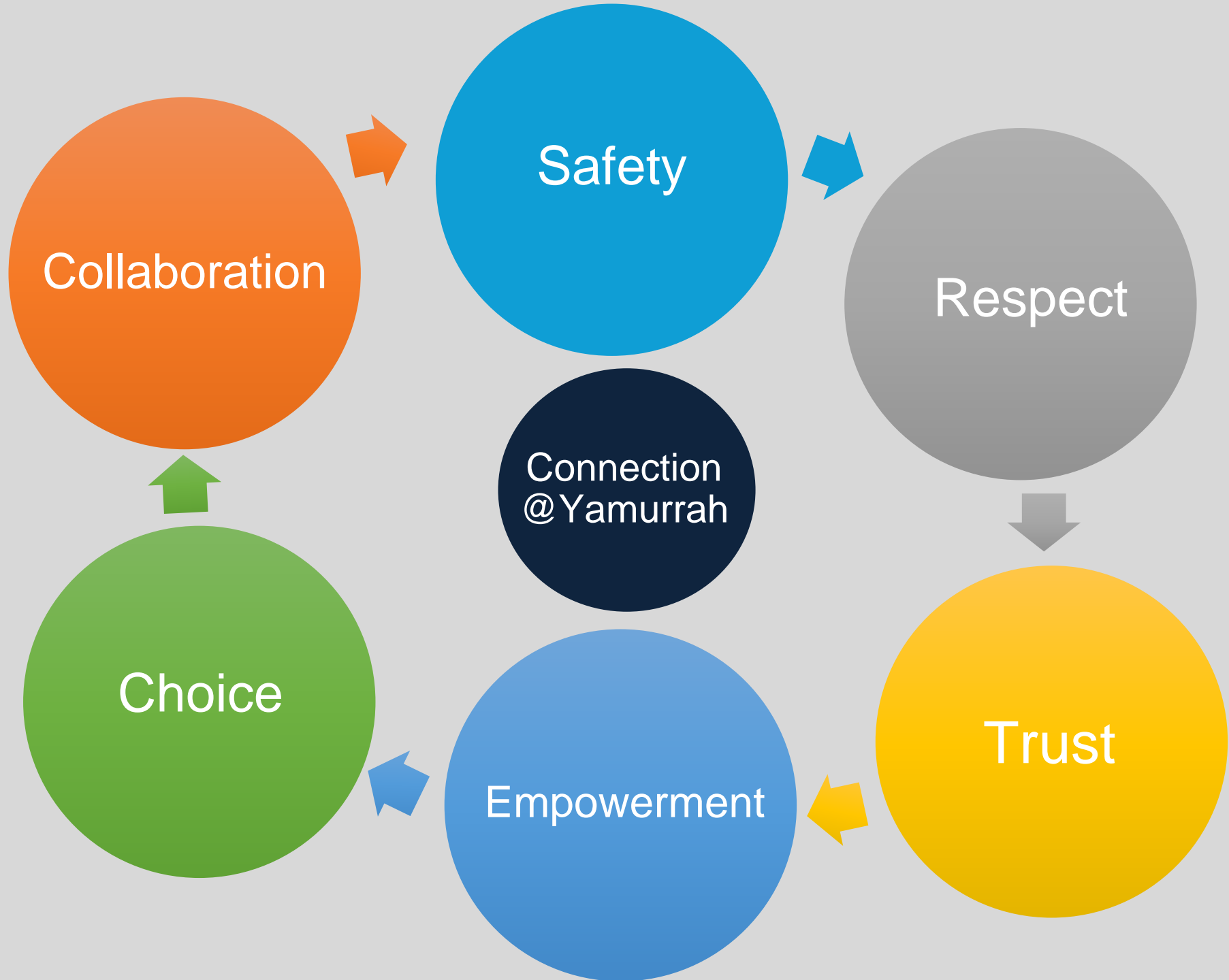
Support victims/survivors to regain a sense of control over their lives: actively involve them in the healing journey

Share power: involve community members in design & evaluation of programs

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Holistic and integrated care

Support safe relationship building as a means of promoting healing & recovery

Approaches / services informed by Indigenous culture



Afternoon Tea





Everyday Acts of Resistance

- Everyday people resist violence and oppression in clever and creative ways
- Resistance has many faces – and people can do this creatively, in the arts, in their lifestyle, the choices they make, the way they raise families, have relationships, the boundaries they make, the courses they study, protests, policy, law reform
- Standing in solidarity (against injustice)
- Upholding integrity, dignity and self-love

Decolonization Is for Everyone | Nikki Sanchez | TEDxSFU
<https://www.youtube.com/watch?v=QP9x1NnCWNy>



Increase understanding, self-reflection and action

Our approach to effective learning and change

Awareness



Knowing

*Knowing and understanding
Aboriginal cultures, histories
and beliefs.*

Confidence



Being

*Self-reflection and openness to
examining own culture, values,
bias and prejudice.*

Responsiveness



Doing

*Culturally safe actions and
behaviours – embedding
learning into practice.*

Being - reflecting on values, biases, and privileges

What lands do you currently live on?

What have been the experiences of the people who lands you occupy on?

What are the privileges you live with to be able to live on the lands you are occupying?

What are your values and ethics?

How are you actively using your privilege?

How can you improve your race literacy?

A photograph of a forest with sunlight filtering through tall trees onto a mossy forest floor. The sun is low in the sky, creating a warm, golden glow and long shadows. The forest floor is covered in green moss and small plants. The trees are tall and thin, with some larger trees in the foreground.

Day 1 Closing



Day 2

Culturally Responsive Trauma Informed Practice Training



Day 2	
9:00am – 10:30am	<ul style="list-style-type: none">• Neurobiology of trauma
	<ul style="list-style-type: none">• ACEs• Neuroplasticity and Culture
10:30am -10:45	Morning Tea
10:45am 12:30pm	<ul style="list-style-type: none">• Trauma triggers activity• The River Ecology
12:30pm-1:15pm	Lunch
1:15pm – 2:30pm	<ul style="list-style-type: none">• Taking care of yourself in trauma work
2:30pm – 2:45pm	Afternoon Tea
2:45pm – 3:45pm	<ul style="list-style-type: none">• Your Practise Framework
4pm	Closing

Key Takeaways – Day 2



**1. NEUROSCIENCE &
CULTURE**



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**2. PRACTICAL
APPLICATION
RIVER ECOLOGY**



**3. WORKER
WELLBEING & BLAK
JOY**



When trauma occurs there is
disconnection and
dis-empowerment.

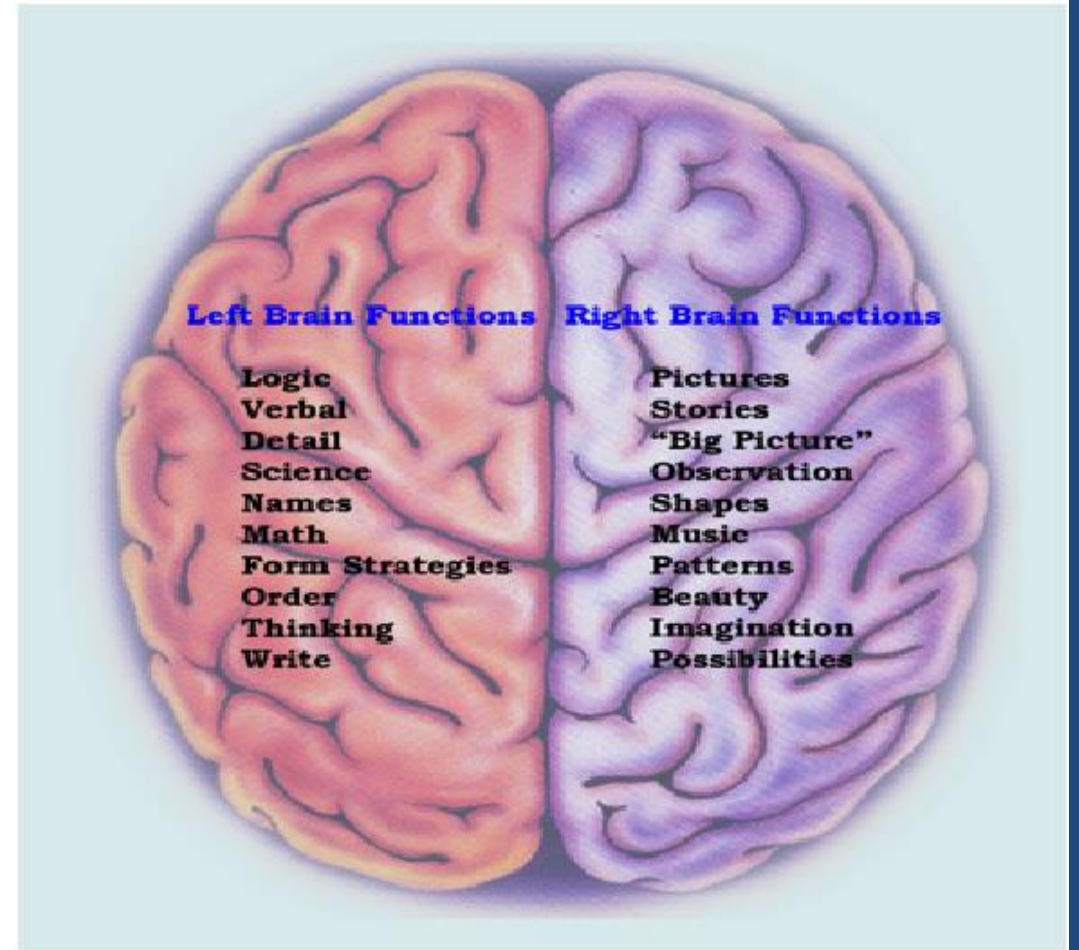
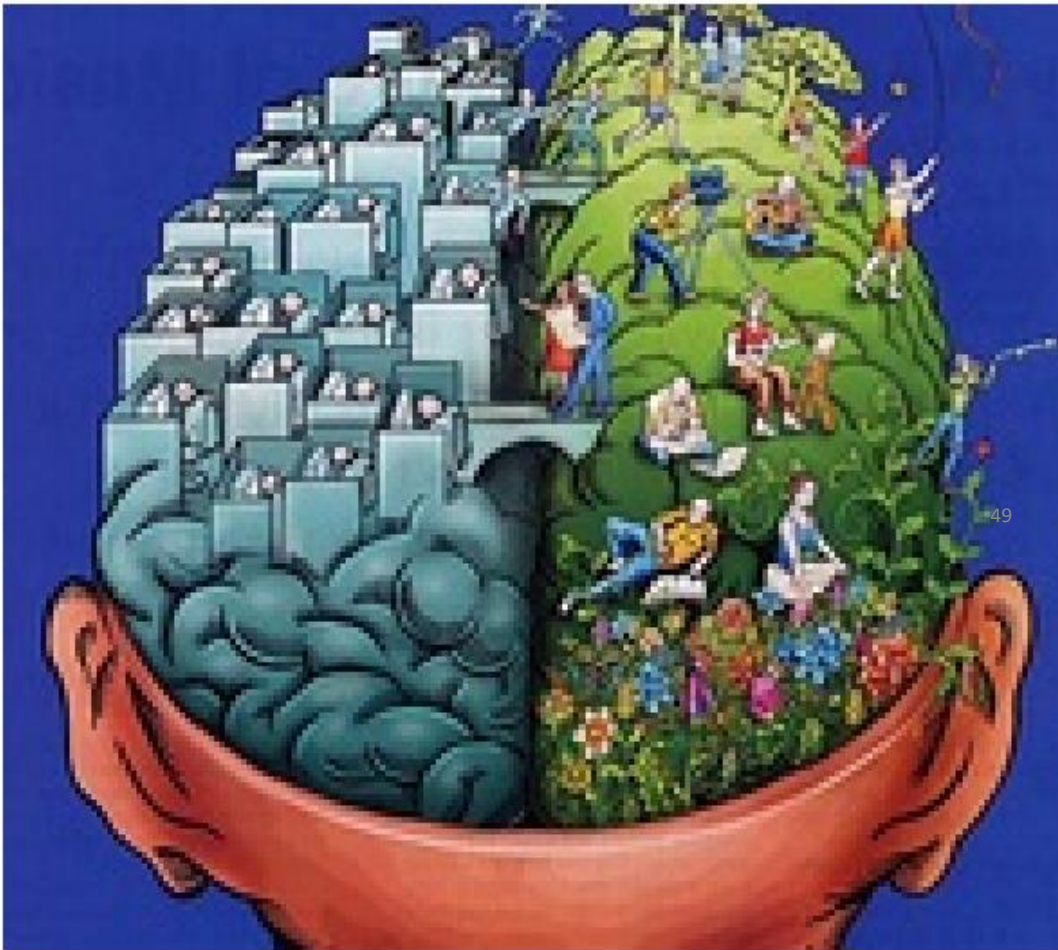
With recovery there should be a
focus of on
reconnection and
re-empowerment

@Judith Herman

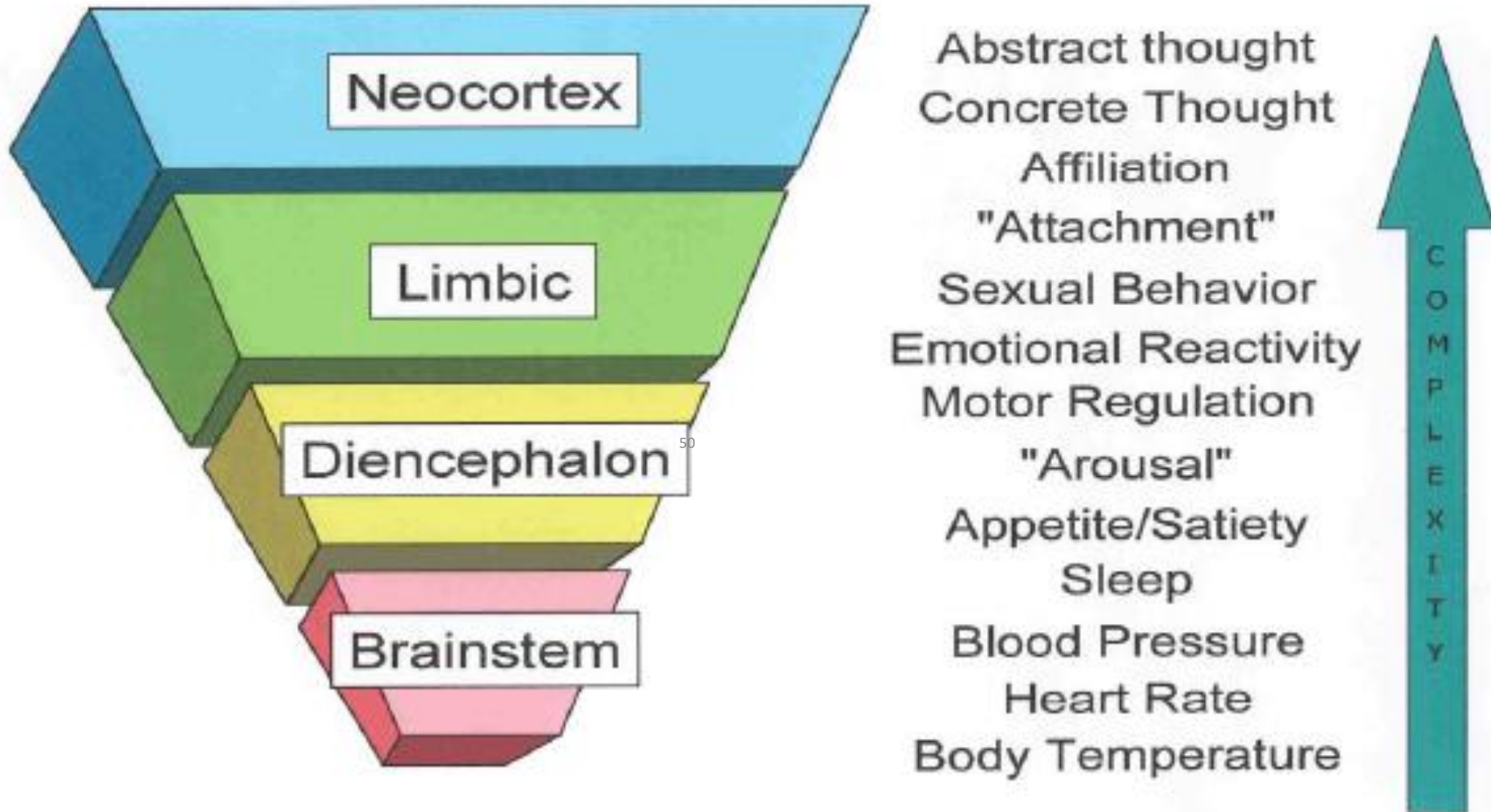


Brain Development & Trauma

Left & Right Hemispheres



Dr. Bruce Perry's Slide





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**Adverse
childhood
experiences
influence adult
health status**

**EARLY
DEATH**

**DISEASE &
DISABILITY**

**HEALTH RISK
BEHAVIOURS**

**SOCIAL, EMOTIONAL AND
COGNITIVE IMPAIRMENT**

**ADVERSE CHILDHOOD
EXPERIENCES**

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.

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.

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.

Aboriginal people are 3 times more likely to complete suicide than non-Aboriginal people. Aboriginal people higher prevalence of psychological distress (anxiety and depression symptoms).

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

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.

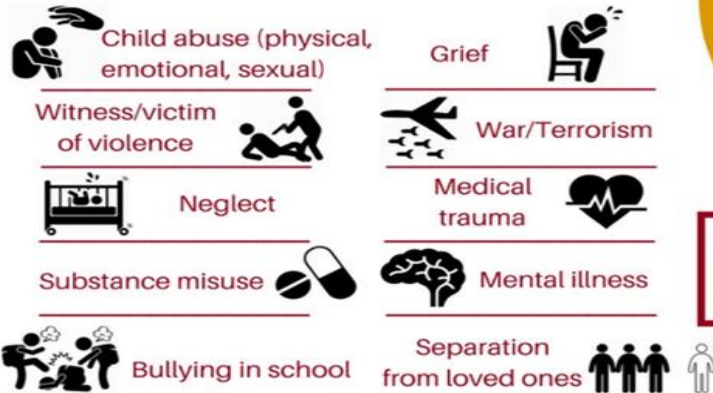
2x

more likely to develop
DEPRESSION

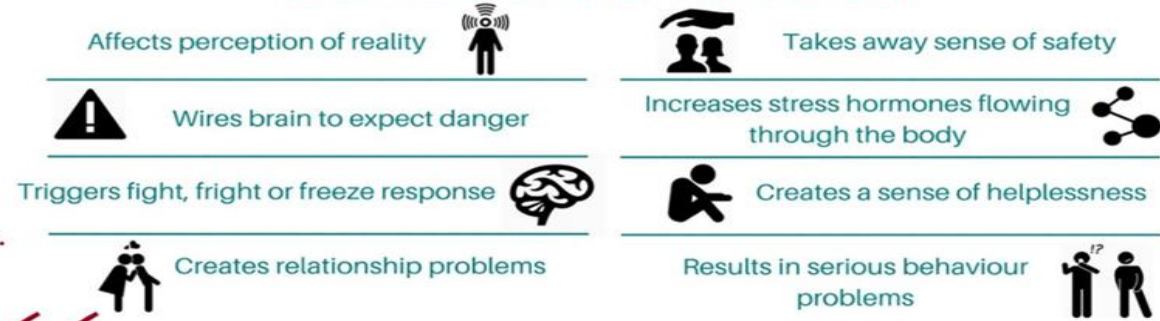
3x

more likely to develop
ANXIETY DISORDERS

Common causes:



LONG-TERM IMPACTS:



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

PREFRONTAL CORTEX (PFC)

"Thinking Centre"

Underactivated

Difficulties concentrating & learning.

A traumatised brain is

"**bottom heavy**"

ANTERIOR CINGULATE CORTEX (ACC)

"Emotion Regulation Centre"

Underactivated

Difficulties with managing emotions.

AMYGDALA

"Fear Centre"

Overactivated

Difficulty feeling safe, calming down, sleeping

Complex Trauma: a result of repetitive, prolonged trauma



www.70-30.org.uk
@7030Campaign

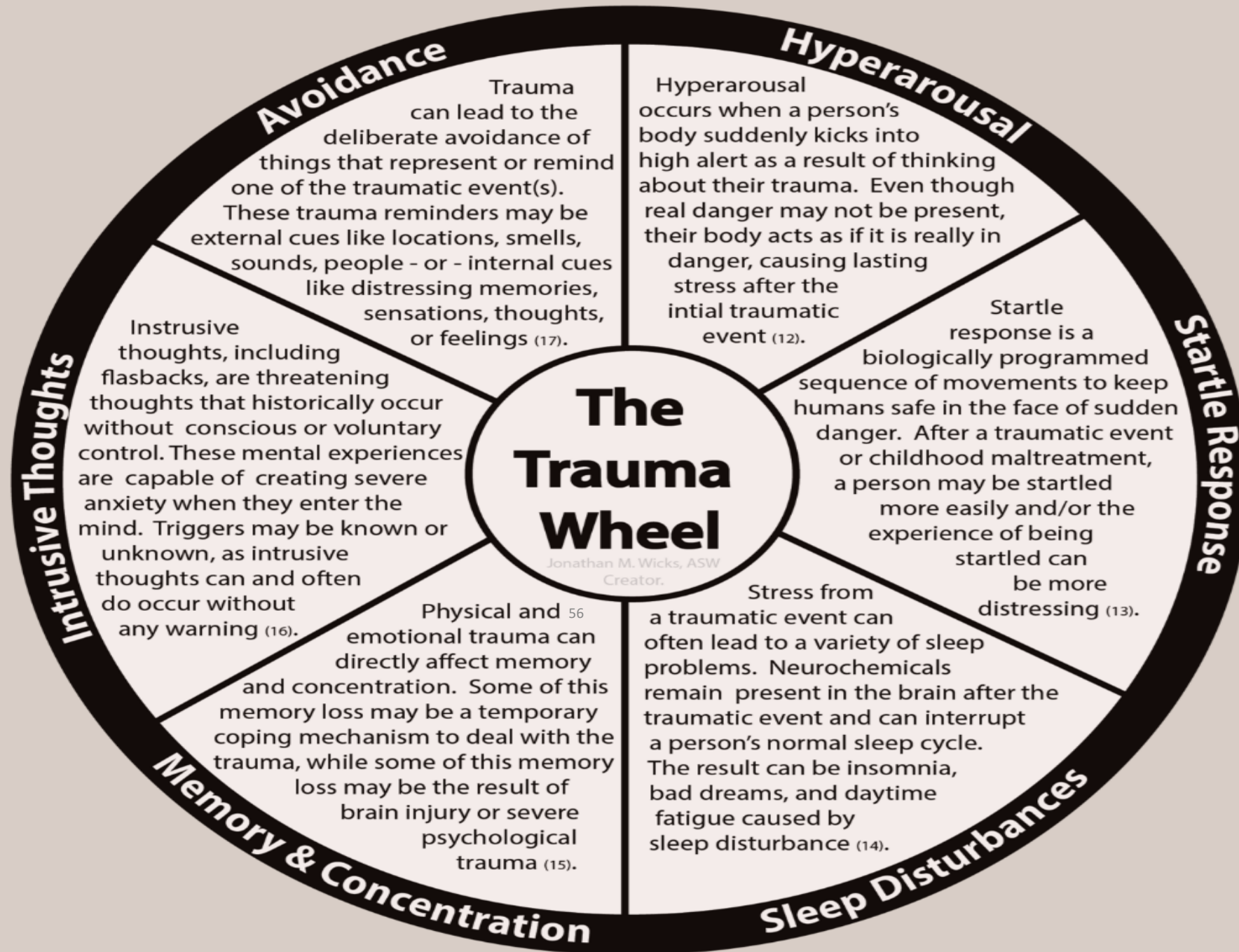
Trauma Responses

Flight	Fight	Freeze	Flop	Friend
<p>Workaholic</p> <p>Over-thinker</p> <p>Anxiety, panic, OCD</p> <p>Difficulty sitting still</p> <p>Avoidance</p> <p>Hyperactivity</p> <p>Sadness in loneliness</p>	<p>Anger</p> <p>Outburst</p> <p>Controlling</p> <p>“The bully”</p> <p>Explosive behaviour</p> <p>Judgement</p> <p>Slamming door</p> <p>Self harm</p>	<p>Difficulty making decisions</p> <p>Feeling stuck</p> <p>Dissociation</p> <p>Isolating</p> <p>⁵⁴ Numb</p> <p>Shut down</p> <p>Exhaustion</p> <p>Indecision</p> <p>Sleeps a lot</p>	<p>Collapse</p> <p>People pleaser</p> <p>No boundaries</p> <p>Lack of identity</p> <p>Sad</p> <p>Depressed</p> <p>Hopeless</p> <p>Apathetic</p> <p>Hard time saying no</p>	<p>Befriending the person who is dangerous.</p> <p>Trauma bonding</p> <p>Stockholm syndrome</p> <p>Highly concerned with fitting in</p> <p>Avoids conflict</p>

”

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



What is the context 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



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

What adds to this load

- Being isolated
- Westernised framework
- 'No self determination
- Replicating dynamics for worker
- Biases – and this doubling down for Aboriginal workforces
- Racist and unsafe work practices
- Working in systems unwilling to address the structural load or minimises racism
- Providing additional work and expertise - unpaid e.g. cultural consults



What is the Child Placement Principle?

The Aboriginal and Torres Strait Islander Child Placement Principle aims to keep children connected to their families, communities, cultures and country and to ensure the participation of Aboriginal and Torres Strait Islander people in decisions about their children's care and protection.

1. ensure an understanding that culture underpins and is integral to safety and wellbeing for Aboriginal and Torres Strait Islander children is embedded in policy and practice;

2. recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities in child welfare matters;

3. increase the level of self-determination of Aboriginal and Torres Strait Islander people in child welfare matters; and

4. Reduce the over-representation of Aboriginal and Torres Strait Islander children in child protection and out-of-home care systems.

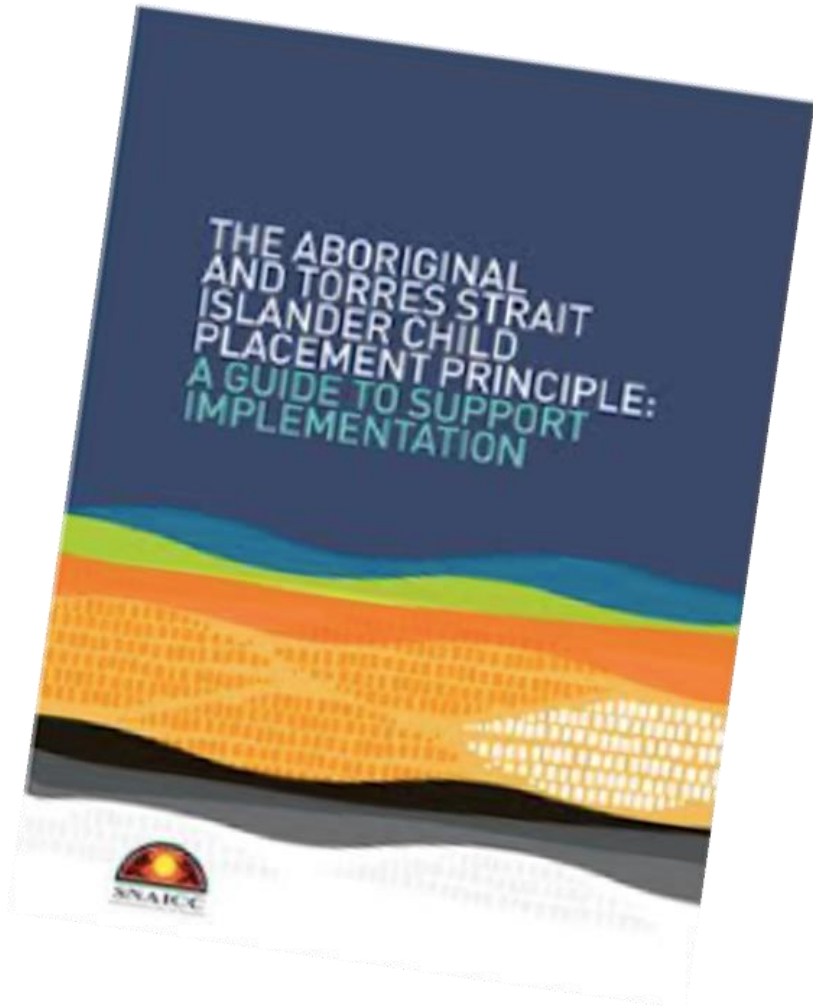




What are the five principles?

Related to these aims are five inter-related elements of the Principle: **Placement, Connection, Prevention, Partnership** and **Participation,**

The Principle was developed in recognition of the devastating effects of forced separation of Aboriginal and Torres Strait Islander children from families, communities and culture and exists in legislation and policy in all Australian jurisdictions.



Aboriginal and Torres Strait Islander Child Placement Principle history

Activism

- 1978 Indian Child Welfare Act
- 1984 ATSI CPP established

International Human Rights

- 1990 UN Convention on the Rights of the Child
- 2008 UN Declaration on the Rights of Indigenous Peoples

Best practice to address ATSI CPP elements: Active efforts (pg. 4 &5)

‘Active efforts means affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian Child with his or her family’

Guidelines for Implementing the Indian Child Welfare Act (2016)

Family Matters Report

Family Matters Report Card – a traffic light assessment of the progress of each state and territory to implement the four Family Matters building blocks.



-  1. All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive
-  2. Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children
-  3. Law, policy and practice in child and family welfare are culturally safe and responsive
-  4. Governments and services are accountable to Aboriginal and Torres Strait Islander people

Current data for Aboriginal and Torres Strait Islander children and families.

The year in review. This part outlines a range of legislative, policy, program, practice and system developments over the previous year at state, territory and national levels

Case studies of Aboriginal and Torres Strait Islander-led transformation:

Conclusion and recommendations

Headline indicator Over-representation in OOHC + TPPRO [rate]		BUILDING BLOCK 1 Universal and targeted services	BUILDING BLOCK 2 Participation, control and self-determination	BUILDING BLOCK 3 Culturally safe and responsive systems	BUILDING BLOCK 4 Accountability
ACT	14	<ul style="list-style-type: none"> Over-representation in OOHC above national average Third highest proportion of investment in ACCOs for family support and IFS (17.5%) Proportion of expenditure on family support and IFS below national average (12%) Second lowest rate of Aboriginal children on track in all 5 AEDC domains (27.3%) 	<ul style="list-style-type: none"> Progress made on investment to ACCOs, but continuing distrust between sector and government Lack of resources for ACCOs to support families to participate in child protection processes, including AFLDM Co-design network provides Aboriginal community advice based on lived and living experience 	<ul style="list-style-type: none"> Highest placement with Aboriginal kin (42.6%) Second highest reunification rate for Aboriginal children (12.3%) Did not provide data on relationship status of carer for children on TPPROs in accordance with request Community identifies practice improvement, including promising Aboriginal restoration taskforce 	<ul style="list-style-type: none"> Interim Aboriginal Children's Advocate appointed and Aboriginal Children's Commissioner legislated Independent Aboriginal oversight body monitors implementation of Our Booris, Our Way review Community voices highlight improvements in partnerships with ACCOs and community for reform
NSW	10.5	<ul style="list-style-type: none"> Reduced rate of Aboriginal children in OOHC over past 3-years, but over-representation continues to rise Proportion of expenditure on family support and IFS below national average and dropping (12.1%) Relatively low proportion of investment in ACCOs for family support and IFS (7.7%) Highest rate of Aboriginal children on track in all 5 AEDC domains (38.8%) 	<ul style="list-style-type: none"> Highest proportion of investment in ACCOs for care services (7.4%) Minimal progress to transfer case management to ACCOs – lack of plan, resources and accountability Peak and sector representatives highlight poor transparency and lack of partnership in reform Case consultation and family participation largely internalised rather than with independent ACCOs 	<ul style="list-style-type: none"> Third highest rate of Aboriginal children on long-term orders (63.4/1,000) Only state to adopt out Aboriginal children in 21-22 (5 of 6 children adopted by non-Indigenous carers) Lowest reunification of Aboriginal children (2.3%) Poor transparency in review of decision-making tools and low implementation of Aboriginal Case Management Policy 	<ul style="list-style-type: none"> Lack of plan and demonstrated progress to implement recommendations from Family is Culture review 4-years after it was completed Deputy Aboriginal Children's Guardian role vacant since 2022 and new Aboriginal Advocate for Children appointed but without community consultation Officer Level Working Group to progress Closing the Gap Target 12 ineffective and has stalled – a Ministerial Aboriginal Partnership Group is still being established
NT	14.8	<ul style="list-style-type: none"> Reduced rate of Aboriginal children in OOHC over past 3-years, but over-representation continues to rise Second lowest rate of Aboriginal entry to OOHC (6.2/1,000) Highest proportion of expenditure on family support and IFS (29.4%) but second lowest expenditure per child on IFS (\$34,860) Lowest rate of Aboriginal children on track in all 5 AEDC domains (16.4%) 	<ul style="list-style-type: none"> Increases in ACCO family support, but investment in ACCOs remains low overall in a system that predominantly engages Aboriginal children No AFLDM model implemented despite commitment 5 years ago Limited access to legal services for families and low referrals to Aboriginal legal services 	<ul style="list-style-type: none"> Third lowest placement with Aboriginal kin (25.5%) Lowest rate of Aboriginal children on long-term orders (23/1,000) Investment increasing in purchased home based care despite commitment to phase it out in favour of kinship and foster care Third highest reunification of Aboriginal children (9.3%) 	<ul style="list-style-type: none"> Delays and lack of resources to implement 10-year <i>Generational Strategy for children and families</i> No dedicated Commissioner for Aboriginal Children and Young People Tripartite Forum with APO NT membership guides government reform for children and families No peak body for Aboriginal children and families
QLD	9.2	<ul style="list-style-type: none"> Second lowest rate but increasing over-representation in OOHC, with third highest Aboriginal entry (13.3/1,000) Proportion of expenditure on family support and IFS below national average and dropping (12.3%) High proportion of family support and IFS provided by ACCOs (20%), but dropping Budget allocation to expand ACCO Family Wellbeing 	<ul style="list-style-type: none"> Commitment to transfer services for Aboriginal children and families to ACCOs within 10 -years Equal funded teams in peak body (QATSICPP) and Department of Child Safety, Seniors and Disability Services to support expansion of ACCO delegated authority Budget allocation to expand ACCO Family Participation Program Enhanced role of peak body in strategy, policy, co-design and sector development 	<ul style="list-style-type: none"> Second lowest placement with Aboriginal kin (22.8%) Increasing number of Aboriginal children in residential care, including younger children Planned implementation of Family Caring for Family and Delegated Authority by ACCOs will increase family and community care for children Child Placement Principle included in legislation to standard of Active Efforts, but work needed on quality implementation 	<ul style="list-style-type: none"> Queensland First Children and Families Board oversees Our Way Strategy Aboriginal leadership and peak body partnership to develop the Breaking Cycles Action Plan Action plan includes driving better reporting and monitoring – data improvements needed No dedicated Commissioner for Aboriginal Children and Young People
SA	11.4	<ul style="list-style-type: none"> Second highest Aboriginal entry to OOHC (15.2/1,000) Second lowest proportion of expenditure on family support and IFS (9.8%) Third highest expenditure per child on IFS (\$111,580) Relatively low proportion of investment in ACCOs for family support and IFS (6.9%) 	<ul style="list-style-type: none"> Investment in family group conferencing is promising, but not delivered through ACCOs Commissioner identifies limited engagement of Aboriginal stakeholders in legislative review Advancing new peak body through Aboriginal-led process to input to service and system design Limited scope of Gazetted Organisation role 	<ul style="list-style-type: none"> Second highest rate of Aboriginal children on long-term orders (81.3/1,000) and low placement of children on TPPROs with Aboriginal carers (38.3%) Second lowest reunification rate for Aboriginal children (3.8%) Service model design led by government resulting in services unsuitable to meet Aboriginal family needs 	<ul style="list-style-type: none"> New Aboriginal children and families peak body establishment in process with ongoing funding committed Fully legislated independent Commissioner for Aboriginal Children and Young People Lack of a dedicated plan to address over-representation overseen by Aboriginal people
TAS	5.2	<ul style="list-style-type: none"> Lowest over-representation in OOHC, but community concern about identification practice Lowest Aboriginal entry to OOHC (6.2/1,000) Early Intervention Unit being established in partnership with Tasmanian Aboriginal Legal Service and Tasmanian Legal Aid to deliver pre-litigation advocacy for families Second highest rate of Aboriginal children on track in all 5 AEDC domains (38.3%) 	<ul style="list-style-type: none"> No Aboriginal Family Group Conference facilitators employed despite government commitments No policy or program for ACCO involvement in child protection decisions or AFLDM Commission of Inquiry identified ad hoc approach to engaging ACCOs in child protection decisions 	<ul style="list-style-type: none"> Lowest placement with Aboriginal kin (12%) Second lowest rate of Aboriginal children on long-term orders (26.3/1,000) Third lowest reunification rate for Aboriginal children (4.3%) Peak body reports that the Child Placement Principle is being ignored in child protection decisions 	<ul style="list-style-type: none"> Funding to the TAC to develop an evidence-based strategy and action plan to address over-representation in OOHC in Tasmania No dedicated commissioner for Aboriginal children Commission of Inquiry identified ad hoc engagement with ACCOs and recommended reform and investment to increase ACCO authority
VIC	17.3	<ul style="list-style-type: none"> Second highest over-representation in OOHC Highest Aboriginal entry to OOHC by far (31.9/1,000) Second highest proportion of expenditure on family support and IFS (28.1%) Highest expenditure per child on IFS (\$149,730) Lowest over-representation of Aboriginal children commencing IFS (7.3) 	<ul style="list-style-type: none"> Second highest proportion of investment in ACCOs for care services (5.3%) Progress remains stalled on case management transfer to ACCOs for Aboriginal children (48%) Trial extension of ACCO delegation to investigations AFLDM program statewide, but only implemented in 24% of cases and only after harm is substantiated 	<ul style="list-style-type: none"> Second highest placement with Aboriginal kin (39.6%) Highest rate of Aboriginal children on long-term orders (83.1/1,000) Highest reunification rate for Aboriginal children (22.6%) Legislative change to include the 5 elements of the Child Placement Principle and extend ACCO delegation to investigation 	<ul style="list-style-type: none"> Partnership with ACCOs through the Aboriginal Children's Forum and the <i>Wungurilwil Gagapduir Agreement</i>, but Aboriginal community voices identify a lack of genuine partnership Dedicated Commissioner for Aboriginal Children and Young People, but the role is not in legislation Yoorrook Commission found lack of accountability of Victorian Government for improving outcomes
WA	19.1	<ul style="list-style-type: none"> Highest over-representation in OOHC Reduced rate of Aboriginal children in OOHC over past 3-years, but over-representation continues to rise Lowest proportion of expenditure on family support and IFS (5%) and lowest expenditure per child on IFS (\$24,080) – high proportion invested in ACCOs (21.1%) 	<ul style="list-style-type: none"> Prescriptive program requirements and short-term pilots limit potential for ACCO-led service delivery AFLDM continues to only be implemented in 2 locations with no commitment to broader roll-out Aboriginal Representative Organisation pilot has not met community expectations with limited authority and resources for ACCOs 	<ul style="list-style-type: none"> Third highest placement with Aboriginal kin (38.8%) Highest over-representation of Aboriginal children on long-term orders (19.4) Recommissioning of some OOHC services to ACCOs in progress Community voices highlight major gaps in culturally safe and trauma-informed services and harmful child protection practice across the state 	<ul style="list-style-type: none"> WA 10-year Roadmap to address over-representation completed with extensive state-wide community consultation and leadership but not yet committed to by government No dedicated Commissioner for Aboriginal Children and Young People No Aboriginal child and family peak body resourced for state-wide leadership

Note on data: The reference date and source for data is often excluded in this abbreviated table, but is available in the relevant sections of the report. The headline indicator is based on children in 'out-of-home care' and on third-party parental responsibility orders.

	Headline indicator Over-representation in OOHC [rate]	Building Block 1 Universal and targeted services	Building Block 2 Participation, control and self-determination	Building Block 3 Culturally safe and responsive systems	Building Block 4 Accountability
ACT	13.9	<ul style="list-style-type: none"> Third highest rate of over-representation in OOHC New family support program delivered by an ACCO (Family Functional Therapy through Child Welfare) Highest comparative rate of pre-school attendance Second lowest proportional investment in family support and intensive family support (15.3%) 	<ul style="list-style-type: none"> Pilot of family group conferencing for Aboriginal families with \$1.44m funding committed for 4 years Current low investment in ACCOs for child protection & OOHC (0%) and family support (6%) Increased Aboriginal participation to influence policy through <i>Our Booris, Our Way</i> review 	<ul style="list-style-type: none"> Placement with Aboriginal and Torres Strait Islander carers well below the national average (38.6%) No ACCO roles directly in child protection services and no apparent strategy for ACCO investment Review of Aboriginal children in OOHC in progress 	<ul style="list-style-type: none"> Review of Aboriginal children in OOHC overseen by Aboriginal steering committee, with some early reform recommendations made and progressed Provided significant data to inform this report No independent Aboriginal and Torres Strait Islander system oversight body
NSW	10.8	<ul style="list-style-type: none"> Over-representation in OOHC over national average High comparative Aboriginal pre-school attendance Largest investment in intensive family support relative to population, but reported limited engagement with ACCOs in design and delivery Commitment of 30% targeted early intervention funds to ACCOs, but lack of plan for achievement 	<ul style="list-style-type: none"> Community voices report low partnerships with ACCOs to follow-through on reform commitments Aboriginal peak resourced for policy input, but reports lack of consultation, incl. high concern regarding recently announced legislative changes Lack of implemented statewide representative or family participation in case decisions 	<ul style="list-style-type: none"> Concerning level of policy priority to adoption and inflexible timeframes for legal permanent care Highest rate of placement with Aboriginal and Torres Strait Islander carers (63.6%), but community concerns about data accuracy Stated commitments to ACCO service delivery, however largely unfunded commitments 	<ul style="list-style-type: none"> No independent Aboriginal system oversight body Provided no data to inform this report and broader concerns raised regarding transparency No dedicated and monitored strategy to address over-representation Community voices report low engagement with Aboriginal people on reform implementation
NT	11.5	<ul style="list-style-type: none"> Over-representation in OOHC over national average Commenced establishment and expansion for 17 children and family centres (\$28.7m over five years) Largest disparity in pre-school & child care attendance and early developmental outcomes Highest proportional investment in family support and intensive family support services (25.3%) 	<ul style="list-style-type: none"> Developing family group conferencing consulting with ACCOs (target: 350 conferences in 3 years) Developing an ACCO OOHC strategy supported by local and national Aboriginal peak organisations No Territory-wide model for representative organisation or family participation in case decisions, but commitment to establish these 	<ul style="list-style-type: none"> New program for kinship care placement finding and support through ACCOs (\$4.2m over 4 years) Highest rate of reunification relative to admission to child protection orders of states providing data Consulting ACCOs to establish ACCO-run OOHC Second lowest rate of placement with Aboriginal and Torres Strait Islander carers (32.3%) 	<ul style="list-style-type: none"> New 5 year strategy to improve outcomes for vulnerable children and families Reforms directed through an Aboriginal chaired tripartite forum with ACCO representation Provided significant data to inform this report No independent Aboriginal and Torres Strait Islander system oversight body
QLD	8.7	<ul style="list-style-type: none"> Second lowest rate of over-representation in OOHC Continued funding of \$33.3m annually to support 33 ACCO family wellbeing services Aboriginal children less than half as likely to attend child care Second lowest disparity in early developmental vulnerability 	<ul style="list-style-type: none"> Legislation recognises self-determination, applies the ATSI CPP 5 elements across the Act & requires Independent Entity facilitates family participation A far greater amount of funding provided to ACCOs than any other jurisdiction providing data Aboriginal and Torres Strait Islander peak roles in strategy, policy co-design & sector development 	<ul style="list-style-type: none"> Placement with Aboriginal and Torres Strait Islander carers well below the national average and trending downwards for the last 4 years (36.5%) Legislation includes all 5 ATSI CPP elements & allows for delegation of all powers & functions to ACCOs Aboriginal and Torres Strait Islander peak roles in strategy, policy co-design & sector development 	<ul style="list-style-type: none"> Continued implementation of the <i>Our Way</i> strategy to eliminate over-representation First Children and Families Board established for oversight of the <i>Our Way</i> strategy Provided significant data to inform this report Identified commissioner role but no dedicated independent Commissioner for Aboriginal Children
SA	10.8	<ul style="list-style-type: none"> Over-representation in OOHC over national average Second largest disparity in child care attendance Highest representation of Aboriginal children commencing intensive family support Fifth highest proportional investment in family support and intensive family support Aboriginal Leaders Group for early intervention 	<ul style="list-style-type: none"> Community voices report lack of engagement with ACCOs and Aboriginal representative groups Legislated family group conferencing and trialing of Aboriginal family-led decision-making Stated intention to increase the number and role of Gazetted Organisations to input to decision-making No Aboriginal peak for children and families 	<ul style="list-style-type: none"> Placement with Aboriginal and Torres Strait Islander carers well below the national average (39.7%) Development of culturally adapted carer assessment and case planning tools Some significant investment in ACCO child protection, but data to quantify not available Significant role of Principal Aboriginal Consultants 	<ul style="list-style-type: none"> Community voices report lack of engagement with ACCOs and Aboriginal representative groups Appointed Aboriginal Children's Commissioner, but concerns raised that role & powers are not equivalent to the "principal commissioner" Developing strategy to address over-representation Provided significant data to inform this report
TAS	3.4	<ul style="list-style-type: none"> Lowest rate of over-representation in OOHC Increased early intervention funds to Tasmanian Aboriginal Centre & planned expansion of intensive family support (\$7.5m over 3 years) Lowest disparity in early developmental vulnerability 	<ul style="list-style-type: none"> No Aboriginal peak for children and families or policy roles for ACCOs New commitment to contact an ACCO when a family is identified as at-risk No statewide models for representative or family participation in case decisions 	<ul style="list-style-type: none"> Lowest rate of placement with Aboriginal and Torres Strait Islander carers (17.5%) Limited or no funding to ACCOs directly for child protection services and no data to quantify Cultural awareness training pilot to respond to over-representation 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body No dedicated and monitored strategy to address over-representation Provided very limited data to inform this report
VIC	15.8	<ul style="list-style-type: none"> Second highest rate of over-representation in OOHC Near highest rate of pre-school attendance for Aboriginal children, compared to non-Indigenous Second highest proportional investment in family support and intensive family support (25.2%) Lowest rate of Aboriginal children commencing intensive family support 	<ul style="list-style-type: none"> ACCOs resourced for policy input, advice on case decisions and to facilitate family decision-making High growth & targets for ACCO OOHC case management (28% at June 2018 & 100% target by 2021) Expansion of delegated statutory functions to ACCOs for Aboriginal children in OOHC 	<ul style="list-style-type: none"> Increased cultural plan funding (\$11.9m over 4 years) including cultural advisors in ACCOs Second highest rate of placement with Aboriginal and Torres Strait Islander carers (48.3%) and only state with significant upward trend High use of long-term and permanent care orders, but some oversight by ACCOs for permanent care 	<ul style="list-style-type: none"> High accountability and collaborative work with ACCOs through the Aboriginal Children's Forum and the Wungurilwil Gaggapdair agreement Only state with a dedicated Commissioner for Aboriginal Children and Young People and who leads independent systemic inquiries Provided some new data to inform this report
WA	17.8	<ul style="list-style-type: none"> Highest over-representation in OOHC nationally 12 ACCOs newly funded for early intervention either independently or in partnerships Low Aboriginal participation in child care & second highest disparity in early development vulnerability Lowest proportional investment in family support and intensive family support (6.7%) 	<ul style="list-style-type: none"> Commenced ACCO Strategy with ACCO procurement and capacity building focus, and some significant new investments in ACCO services Proposed legislative amendment to require ACCO participation in some child protection decisions No statewide peak body or model for ACCO supported family participation in case decisions 	<ul style="list-style-type: none"> Some funding to ACCOs for OOHC and flagged expansion in the state ACCO Strategy Family Care Support service prioritising Aboriginal families to support family and cultural connections High use of long-term and permanent orders for Aboriginal and Torres Strait Islander children Significant role of Aboriginal Practice Leaders 	<ul style="list-style-type: none"> No independent Aboriginal and Torres Strait Islander system oversight body Strategies developed for OOHC reform and early intervention reform, including ACCO Strategy Provided some new data to inform this report Increased engagement with representatives through Noongar CP Council & Family Matters WA



Earth Jurisprudence - Water Rights

Earth Jurisprudence stresses human interconnectedness and dependence with the natural world. Recognition of human interconnectedness with nature is a prerequisite for ecological sustainability and should be recognised as the foundation of our legal system. <https://www.earthlaws.org.au/what-is-earth-jurisprudence/>

Indigenous peoples' right to self-determination and sovereignty, application of traditional knowledge, and cultural practices to protect the water are being disregarded, violated and disrespected.

Our first environment is water. We live in water throughout gestation inside our mother who then gives birth through water - *Mni Wiconi*

https://docs.google.com/presentation/d/1ZwNnoM-E3i4h9WaHoZDZxXyqMIZ0udSUUnhhUfdw4hs/edit#slide=id.g276d260f9aa_0_143

In 2016 and early 2017, the voice of “*Mni Wiconi*” (Water is Life) was heard globally as the Standing Rock Sioux Tribe in the upper prairie lands of the United States sent a call out for support as they begin the fight to stop the new 1,172 mile Dakota Access Pipeline (DAPL).

Global examples of Water Rights

Which countries have Rights of Nature laws?

Rights of nature laws and policies now exist in several countries. The rights of nature were enshrined in Ecuador's 2008 Constitution, Bolivia's 2010 'Rights of Mother Earth' Act and are now present in more than three dozen local laws in the USA. In New Zealand, several ecosystems now have legal rights, including the Whanganui River and the Urewera Forest.

“Māori cosmology understands we are part of the universe,” said Gerrard Albert, lead negotiator for the Whanganui River *iwi*(tribe), “the mountains and rivers are our ancestors. Our cultural identity as a people is inseparable from the river—it is more than water and sand, it is a living spiritual being.” Indeed, the Whanganui *iwi* are known as the River People, who often say, “*Ko au te awa. Ko te awa ko au*” translated as “I am the river. The river is me.”

In a February 2016 opinion, the Ut-tarakhand court wrote:

“All the rivers have the basic right to maintain their purity and to maintain free and natural flow.”

<https://www.ienearth.org/wp-content/uploads/2017/11/RONME-RightsBasedLaw-final-1.pdf>



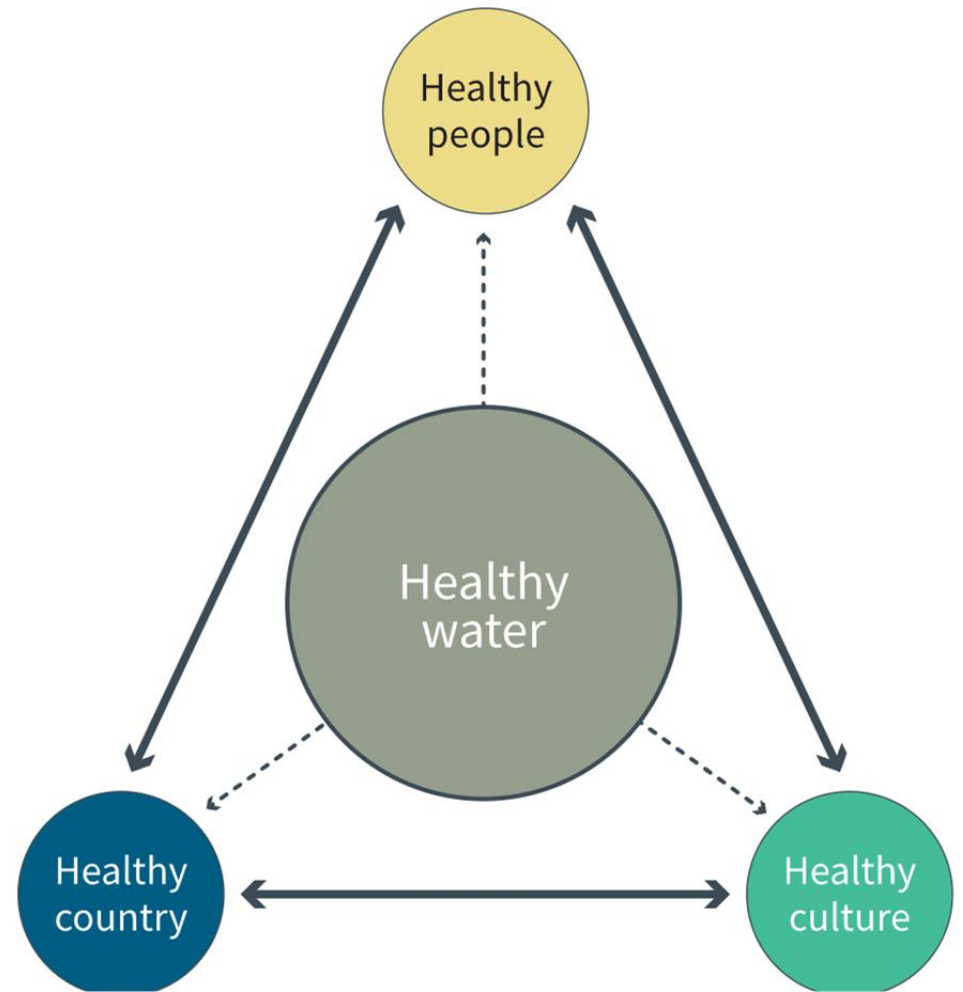
“Healthy water is central to First Nations life, including culture, Country and People. Without healthy water, the three aspects will be in decline.”

Green JH, Moggridge BJ (2021)

“If the water is healthy, Country is healthy. If Country is healthy then the People and Culture will be healthy”

Brad Moggridge, Kamilaroi man¹

¹ Adapted from Moggridge B 2010, Aboriginal Water Knowledge & Connections, in: Water and its Interdependencies in the Australian Economy, 22 to 23 June 2010, Australian Academy of Technological Sciences and Engineering, Sydney.



THE RIVER ECOLOGY: MANAGING THE FLOW OF EMOTIONS, THOUGHTS AND BEHAVIOUR



THE RIVER ECOLOGY: MANAGING THE FLOW OF EMOTIONS, THOUGHTS AND BEHAVIOUR



DISSOCIATION, NUMB, LOSS OF PLEASURE, FOGGY THOUGHTS, AVOIDANCE, INDECISIVE, TEARFUL, DEPRESSED, EMPTY, HOPELESS, WORTHLESS, FATIGUE, AGGRESSION AND SUICIDE PLANS

ALIVE , HOPEFUL, CONNECTED, HEALTH MIND, BODY, SPIRIT, CALM, HAPPY, CONNECTED TO COUNTRY AND NATURE, EMPOWERED, RESTED, GOOD ENERGY, SELF ESTEEM AND FLOURISHING

FEARFUL, PANIC ATTACKS, DISTRESS, OVERWHELM, RACING THOUGHTS AND SPEECH, RESTLESSNESS, INSOMNIA, PHYSICAL SYMPTOMS (DIZZINESS, NAUSEA, NUMBING /TINGLING, TREMBLING/SHAKING)

THE RIVER ECOLOGY: MANAGING THE FLOW OF EMOTIONS, THOUGHTS AND BEHAVIOUR



Fatigue
Underwhelm
Changes in the
our thoughts
Slack ways/no motivation
Depression
Feeling hopeless

Connected & Connecting
Feeling hopeful
Grounded
Eating & Sleeping well
Exercise
Making good decisions

Anxiety
Stress
Overwhelm
Cycling thoughts
Can't switch off
Changes in appetite
Changes in social
connections



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.



**“When people are harmed
- they are harmed on Country
- this is against the law of the land
- the harm happens on Country”
(as spoken by Auntie Oomera Edwards).**

**“Crimes that occur against children are crimes against Country,
because Aboriginal people are of, and related to, Country;
and as the harm happens on Country; it is violations of her laws
and a crime against Country”. If you hurt Country - you hurt me.
- and furthermore, the healing happens with and on Country.
(Lawrie, R 2024)**

**Country must be centred in trauma
recovery and healing frameworks
(Lawrie, R 2024)**

NEUROplasticity & CULTURE



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

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>



Aboriginal Healing Models

The Dance of Life is a series of paintings by psychiatrist Professor Helen Milroy, depicting a multi-dimensional model of health and wellbeing from an Aboriginal perspective.

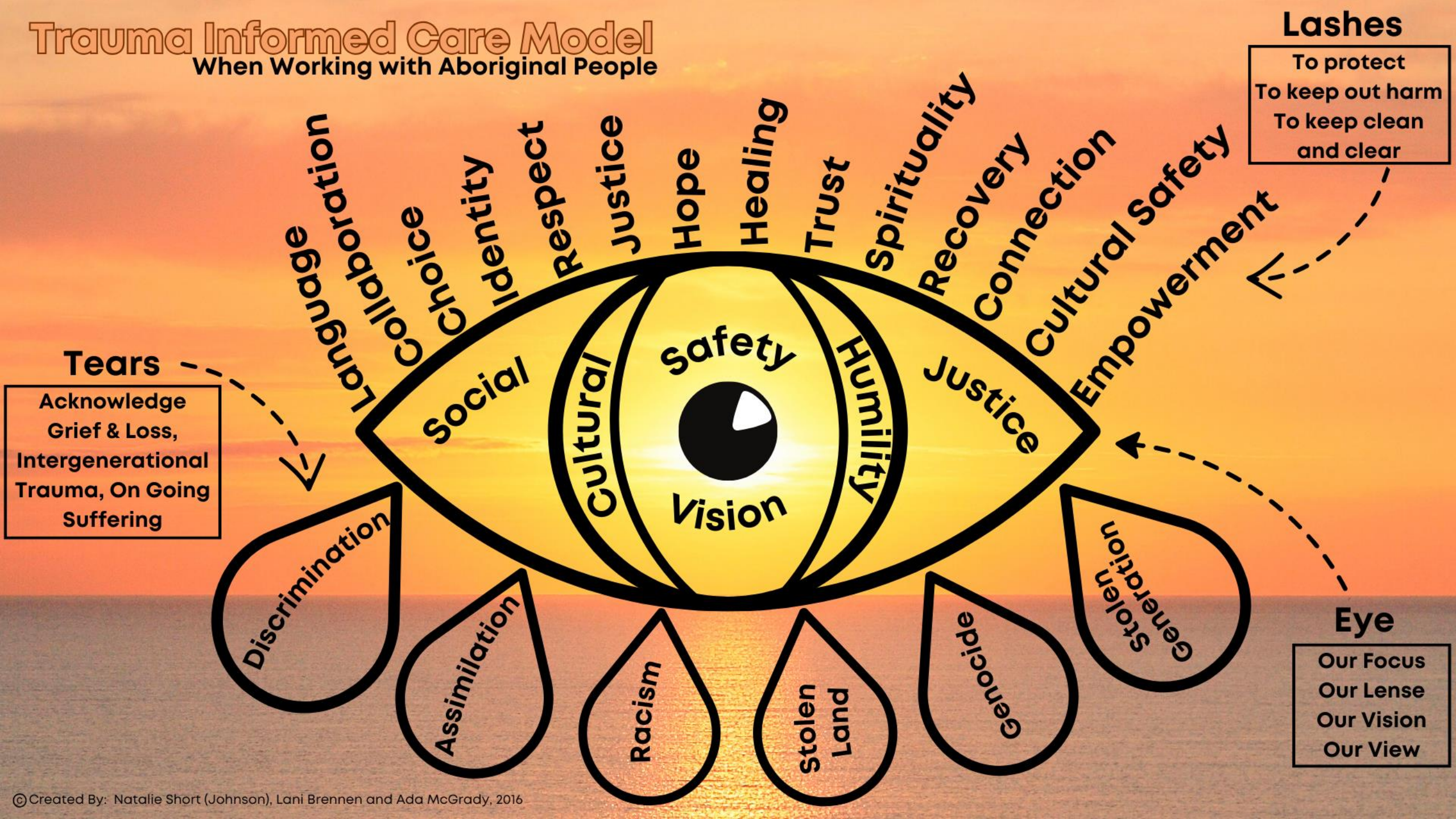
<https://www.ranzcp.org/clinical-guidelines-publications/in-focus-topics/aboriginal-and-torres-strait-islander-mental-health/the-dance-of-life>



The Dance of Life. Professor Helen Milroy, 2006.

Trauma Informed Care Model

When Working with Aboriginal People



Lashes

To protect
To keep out harm
To keep clean
and clear

Tears

Acknowledge
Grief & Loss,
Intergenerational
Trauma, On Going
Suffering

Eye

Our Focus
Our Lense
Our Vision
Our View



Birds, Safety and Healing

Birds signal, communicate and call on each other when there is danger; bird calls can signal a distress call.

Birds socialise in flocks and communicate with other bird species when there is a threat or predators.

Birds work together as communities to protect and guard against predators and dangers.



Acts of Resistance and Strengths

Survivors demonstrate creative, prudent acts of resistance and live incredible lives, despite the harm that has been done to them. (Wade, et al 1997)

Birds display acts of resistance too. A study found that metal spikes which were placed on buildings to deter birds from landing on have since been used by birds to design their nests. Crows and magpies, who are well-known for their cognitive skills, have included the metal spikes as part of their nest structure which ultimately protects the nests from other predators – the birds now utilising the very thing that was designed to restrict them. (Hiemstra, A.F. et al 2021)

Holding space for stories of hearing the harm that may have happened for a victim - survivor, as well as listening for how they have survived is important in the recovery and healing process.



Methodology

- Literature review
- Legislative review across jurisdictions
- Review of training across jurisdictions



- Yarning circles
- Decolonised research methodologies
- Listening to Country

BIRD FRAMEWORK

Child sexual assault in Aboriginal communities cannot be understood in isolation from the ongoing impacts of colonial invasion, genocide, assimilation, institutionalised racism, and severe socio-economic deprivation. Service responses to child and adult survivors of child sexual assault are often experienced as “racist, culturally unsafe, financially and/or geographically inaccessible” (Funston, 2013)

The BIRD framework can be utilised by professionals in all settings to embed ways in which individuals, communities and services can collectively work together in a culturally responsive and trauma informed way ;to believe, inquire and respond to disclosures of child sexual abuse.

Believe Inquire Response to Disclosures



Learning to fly

Professional development and learning to work alongside First Nations children, young people, families and communities - elevating their expertise and voices. Utilising cultural humility and life-long learning to work strategically within systems to resist racism and to support the social justice demands defined by First Nations people.



Territorial and protective

Fighting for justice and taking a stand against the perpetration of child sexual assault while supporting children, young people and families.



Flock and migration

Bringing together community and professional supports who are there for victim-survivors before, during and after they have disclosed. Disclosing child sexual assault take place across the life of a victim-survivor, and it is important that survivors have a “flock” of support through their life-journey.



Safety, nesting and nurturance

Just as birds feather their nest to make it safe, comfortable and nurturing for their young, responders can also prioritise safety and choice to support victim-survivors. Feathering the nest also makes space for celebrating Black love, Black cultures and Black joy.



Birds have powerful instincts and memories

Professional judgment informed by lived and living expertise of children and adult victim-survivors of child sexual assault. Empathy, deep listening, cultural care, cultural humility and working collectively with others are core practices.



Birds signal threat and safety through bird song

Responding to child sexual assault relies on ongoing collective and collaborative communication. Everyone has a collective responsibility to respond to child sexual assault and to uphold the safety and dignity of children. The BIRD Project Practice Framework is a holistic way of responding to and preventing violence and abuse against children and supporting adult survivors.

Songs of Survival, Resistance to Violence, Abuse an Racism, Connection to Culture, Identity and Truth

Dadirri

First Nations Worldviews

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The Value add from Aboriginal workforces

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

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

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





Personal: psychological, emotional, physical, spiritual

Professional

Organisational

Vicarious Resilience....

Story sharing

**Reframe to Vicarious
Healing**



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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 ⁹² community work, and is informed by a spirit of social justice, practices of solidarity, and an ethic of resistance”

(Reynolds 2002, 2008, 2010a).





Lunch

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 Minyingarla – Pandandus Dilly Bag)

Coolamon

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





Skills Applied

- Advocacy
- Complaints
- Checking in (with cultural care)
- Follow up
- Escalating unresolved issues
- Gathering information in a culturally safe way
- Reading the situation /story
- Sharing information /giving answers
- Strength focused
- Collaborating and negotiating (balancing culture and safety – ROSH)
- Being present (including DCJ visits)
- Goal setting /aspirations
- Documentation (hand written on DCJ visits)
- Referrals – knowing the right services / Aboriginal networks
- Cultural Responsiveness
- Connecting culturally
- Being on an equal level
- Approachable
- Care
- Honesty
- Transparency
- Building rapport & trust
- Taking time
- Participation
- Yarning Culture – “it comes with you”
- Personalised service
- Role modelling
- Referrals (eg Post natal)
- Navigating health system
- Positive health service experience – changing the health experience for Aboriginal people
- Patience

Practice Skills:

Methodology:

Play Therapy
Attachment Therapy
Micro-Skills
Motivational Interviewing
Active Listening

Critical Thinking
Assessment
Networking
Clarifying
8Ways Pedagogy

Conflict Management
Follow Up
Information Sharing
Ethical Decision Making
Transdisciplinary Model

Doing

Knowledge:

Epistemology:

Sources:

Critical Reflection
Supervision
Reading
Observation

Curiosity
CPD
Practice
Allyship

Types:

Rogerian Theory
Attachment Theory
Systems Theory
Rights Based

Trauma Informed
Intersectional Feminism
Aboriginal Ways of Healing (**Learning**)
Strengths Based

Knowing

Self:

Axiology:

Values:

Safety
Integrity
Equity

Empathy
Accountability
Self-Awareness⁹⁸

Non-Judgmental
Self-Determination
Informed Choice

Perspective Taking
Learning
Collaboration

Being

Ontology:

Constructionism

Subjectivity
Subtle Realism
Reflexivity

Reality is constructed by and between individuals, however also influenced by systems and power (such as media and education)

Critical Theory

Collective Solutions
Radical/Critical SW
Systems Focussed

Positionality:

CIS/Hetero Woman
Non-Aboriginal/White passing
Married
Mother

Able-bodied
Privileged
Team-Leader
Clinician



Afternoon Tea



First Nations Cycles of Healing and Resistance

Social Justice

Human Rights

Truth telling Truth Listening *
Rob Waters 2022

Listening

Co-creation

¹⁰⁰
Culture

Connection

Participation

A few inspirations.....

“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

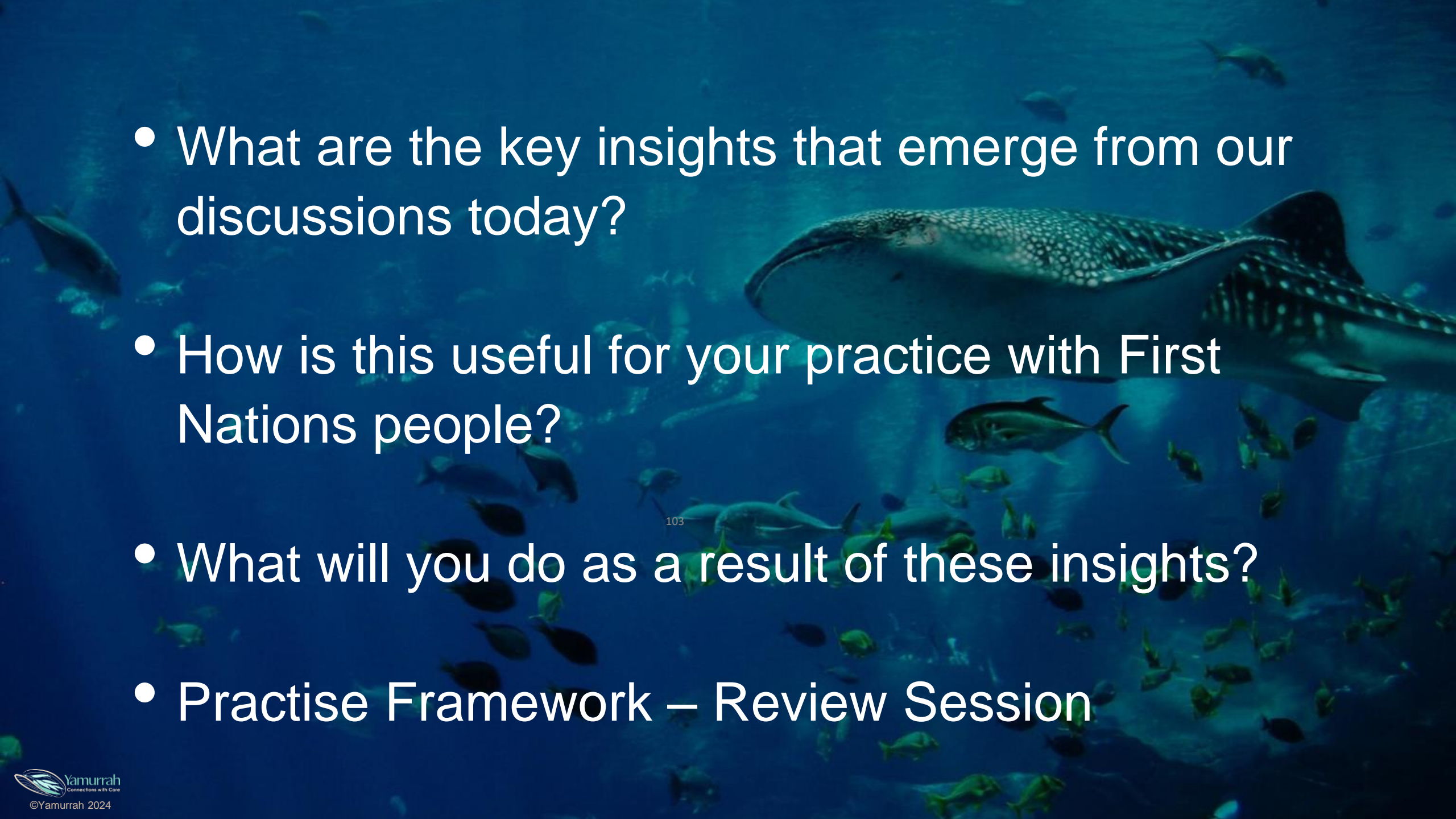
“Every living thing is family, and the proof of that is that you are alive” Uncle Bob Randle

SHINE
Bright



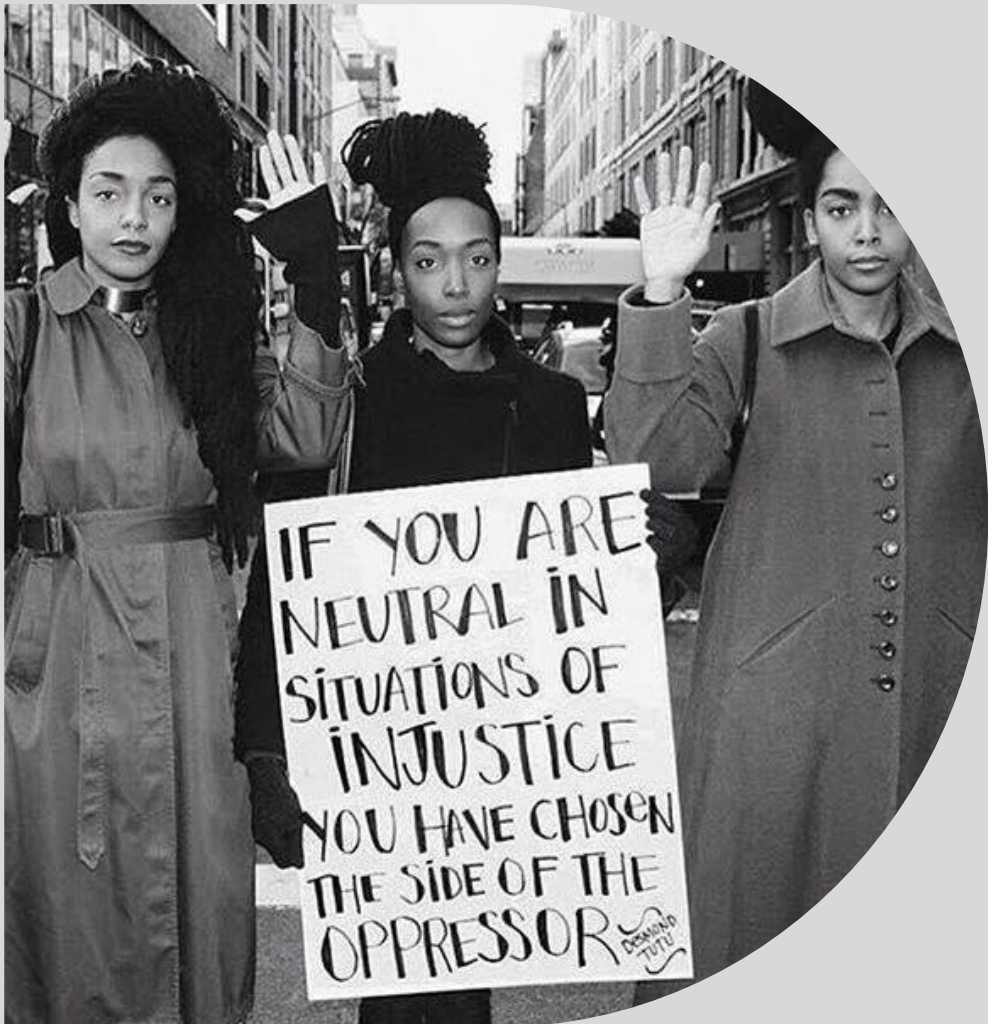
What deadly things are happening in your Community?

- Links to Timeline

- 
- What are the key insights that emerge from our discussions today?
 - How is this useful for your practice with First Nations people?
 - What will you do as a result of these insights?
 - Practise Framework – Review Session

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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

Letty Funston

A photograph of a forest with sunlight filtering through tall trees, creating a warm, golden glow. The forest floor is covered in green moss and small plants. The text "Day 2 Closing" is overlaid in white.

Day 2 Closing

A moment to heal ourselves

Written by Dr Carmen Parter, Delphine Fraser, Jennifer Stephensen
and Rowena Lawrie on Darkinjung Country

Spoken by Delephene Fraser

Music: A Beautiful Sky by UNIVERSFIELD Source: Free Music Archive (CC BY-SA)

