



HealingFoundation

Strong Spirit • Strong Culture • Strong People

Restoring our Spirits – Reshaping our Futures

*Creating a trauma aware, healing informed response
to the impacts of institutional child sexual abuse for
Aboriginal and Torres Strait Islander people*

DISCUSSION PAPER

Healing Foundation

The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation with a focus on community led healing solutions. Building culturally strong, community designed and delivered pathways to healing the Healing Foundation:

- funds and supports healing programs targeted at communities, families and individuals
- builds the evidence and knowledge base for best practice in Indigenous healing
- builds leadership and the capacity of communities and workers to respond to trauma through education and training

This discussion paper was written by Paul Testro Consultancy, Kelleigh Ryan and Lisa Hillan.

Contents

EXECUTIVE SUMMARY	3
<i>Recommendations</i>	<i>4</i>
INTRODUCTION	5
INCIDENCE	6
NATURE AND IMPACT OF TRAUMA	7
HEALING	9
<i>Healing practices</i>	<i>11</i>
HEALING RESPONSES	12
<i>Principles</i>	<i>12</i>
<i>Strategies</i>	<i>13</i>
<i>Elements</i>	<i>13</i>
<i>Emerging evidence</i>	<i>14</i>
<i>Cost benefit</i>	<i>15</i>
RESHAPING OUR FUTURE	16
<i>Increasing healing options</i>	<i>18</i>
<i>Policy</i>	<i>18</i>
<i>Program design and development</i>	<i>18</i>
<i>Building service and community capacity</i>	<i>19</i>
<i>Workforce capability</i>	<i>19</i>
<i>Funding</i>	<i>19</i>
<i>Collaboration</i>	<i>20</i>
<i>Monitoring and evaluation</i>	<i>20</i>
<i>Broader social, economic and political context</i>	<i>20</i>
RECOMMENDATIONS	21
CONCLUSION	22
REFERENCES	23

EXECUTIVE SUMMARY

In response to the Royal Commission into Institutional Responses to Child Sexual Abuse this report sets out a culturally based healing framework for understanding and responding to trauma experienced by Aboriginal and Torres Strait Islander people who as children were sexually abused within public or private institutions.

The report draws on the views of Aboriginal and Torres Strait Islander survivors and service providers involved in healing work, the work of the Healing Foundation and the broader literature on trauma and healing. It provides a cultural perspective on the incidence of child sexual abuse in this context, the nature and impact of trauma, healing strategies and practices, and healing responses.

Institutional sexual abuse continues to affect considerable numbers of Aboriginal and Torres Strait Islander people. The Royal Commission (2015) has estimated that 60,000 people may seek redress under proposed recommendations. Using the proportion of Aboriginal and/or Torres Strait Islander people who have shared their stories or are waiting to share their stories, up to 7680 (12.8%) of this 60,000 are likely to be Aboriginal and/or Torres Strait Islander. Taking into account the impact on each victim's parents and siblings, and later, on their partners and children, it is conservatively estimated that over 45,000 people would be directly affected. This does not include other family members such as aunts, uncles and cousins who, within collective cultures, also bear the burden of distress.

A culturally based approach to understanding trauma and to resourcing healing and recovery is required by Aboriginal and Torres Strait Islander people who have been sexually abused within public and private institutions in the past or may be in the future. Given the nature and impact of trauma, the following principles should inform Aboriginal and Torres Strait Islander healing responses:

- trauma has a profound impact on the individual's physical, social, emotional and spiritual wellbeing, and on family and community members; if left untreated it is often transmitted across generations
- trauma should be understood in the broader context of historical and continuing colonisation and the forced separation of children from their families
- Aboriginal and Torres Strait Islander peoples have the knowledge and skills to resource healing from trauma
- healing involves reconnection to culture and traditions including ceremony
- healing provides a safe place for people to share their stories, gain and sustain hope, develop their sense of identity and belonging, be empowered and seek renewal
- healing empowers individuals, families and communities to overcome trauma and its causes as well as its symptoms
- healing attends to the needs of both survivors and perpetrators
- healing is an ongoing journey to restore and sustain physical, social, emotional and spiritual wellbeing
- healing is most effective when designed, developed and delivered by Aboriginal and Torres Strait Islander people with and for their own communities
- Aboriginal and Torres Strait Islander peoples have shown great resilience over the generations, building on these strengths is critical.

The report further details culturally based approaches to healing in terms of strategies, elements, emerging evidence and cost benefits.

Aboriginal and Torres Strait Islander people's understanding, knowledge and wisdom about trauma and healing coupled with current efforts to provide healing responses and the emerging evidence base to support these efforts provide a sound foundation for effective culturally based approaches.

If Aboriginal and Torres Strait Islander survivors, their families and communities are to have access to quality culturally based healing centres and programs across Australia, current efforts need to be scaled up.

The Healing Foundation (2016) has identified three domains of change to support the sustained development and delivery of quality culturally based healing centres and programs: a policy context that enables healing, the identification of healing networks and champions to lead healing and the development of effective healing responses.

Key elements identified to support this scaling up include policy, program design and development, building service and community capacity including workforce capability, funding, collaboration and evaluation. The importance of locating culturally based healing within broader social, economic and political processes to address the collective trauma of colonisation and the forced separation of children is also highlighted.

Together these elements and the following recommendations provide a roadmap for creating change in communities, families and individuals to prevent the ongoing impacts of trauma caused by institutional sexual abuse.

Recommendations

1. That the Commonwealth Government supports and funds Aboriginal and Torres Strait Islander stakeholders to develop, implement and review a national strategy to address trauma and resource healing which:
 - acknowledges and respects the cultural knowledge and expertise of Aboriginal and Torres Strait Islander peoples
 - endorses the principles underpinning Aboriginal and Torres Strait Islander healing responses to trauma
 - acknowledges and addresses the challenges of building Aboriginal and Torres Strait Islander workforce capability within and across diverse organisations, communities and locations
 - supports the funding of Aboriginal and Torres Strait Islander organisations to deliver healing responses to Aboriginal and Torres Strait Islander people
 - provides a platform for integrating responses to the historical and continuing impact of trauma for children and adults, survivors and perpetrators
 - sets out principles and processes for collaboration at both policy and service levels
 - acknowledges the broader social, economic and political processes required to address collective trauma and makes links with initiatives to address socioeconomic disadvantage and promote reconciliation
 - provides a culturally appropriate monitoring and evaluation framework to support the effective implementation of healing responses, promote continuous improvement and improve outcomes for Aboriginal and Torres Strait Islander peoples
 - identifies key government and non-government stakeholders to support the development and implementation of the national strategy
2. That the Healing Foundation continues to be resourced to support Aboriginal and Torres Strait Islander organisations and communities to provide healing responses
3. That the Healing Foundation map existing capacity including healing services and resources available within Aboriginal and Torres Strait Islander communities
4. That the Healing Foundation be further resourced to facilitate community gatherings to engage people in identifying their needs, priorities and the opportunities for healing, and setting out the key steps to create healing spaces
5. That the Healing Foundation undertake further work to develop culturally based healing responses for victims of child sexual abuse and perpetrators of sexual abuse
6. That the Healing Foundation in partnership with key stakeholders develops and implements a workforce development strategy to grow the healing workforce and support quality healing responses for survivors and their families through better access to training, support, supervision and qualification pathways
7. That the Commonwealth Government in partnership with Aboriginal and Torres Strait Islander stakeholders amends government funding processes to increase Aboriginal and Torres Strait Islander organisations' access to funding and provide sustainable healing responses
8. That the management of grants to Aboriginal and Torres Strait Islander organisations for healing responses be undertaken by the Healing Foundation
9. That the Commonwealth Government and state and territory governments resource the Healing Foundation to implement these recommendations.

The Healing Foundation looks forward to working in partnership with the Royal Commission; governments; Aboriginal and Torres Strait Islander survivors, service providers and communities to restore the spirits and reshape the futures of Aboriginal and Torres Strait Islander survivors of institutional child sexual abuse.

INTRODUCTION

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) is shining a light on the profound impact of child sexual abuse that occurred through the action or inaction of people in positions of authority and trust within public and private institutions. The Royal Commission's terms of reference (2014) define institutions as "any public or private body, agency, association, club, institution, organisation or other entity or group of entities of any kind..."

This includes institutions:

- providing care for children who were separated from their families such as dormitories, orphanages, residential care, foster care and boarding schools
- engaging children living with their families, for example, educational, therapeutic, sporting and recreational programs and activities.

The Royal Commission has encouraged people who have been sexually abused within institutions to come forward and share their stories to inform the development of strategies and recommendations to ensure the future safety of children and alleviate the impact of past and future child sexual abuse. As a result, many people have come forward in good faith and with courage to share their stories. Others have not yet come forward but are aware of the Royal Commission and are waiting to see what will happen as a result of its work. Some are not aware of the Royal Commission but may come forward in the future. The decision about whether or not to share experiences of institutional child sexual abuse with the Royal Commission is an intensely personal one. Such is the impact of the abuse and the system's failure to protect that many victims do not report the abuse or share their story with anyone let alone a public inquiry.

The next steps in terms of the Royal Commission's recommendations and the responses of Australian governments are therefore critical in honouring the courageous efforts of those who have come forward, encouraging others to come forward and contributing to their healing. If these efforts are not rewarded with tangible, accessible and equitable redress and strategies to prevent future sexual abuse of children, the hopes of those who have come forward will not be realised leading to further trauma and adding to their sense of betrayal and abandonment. Further, the chances of others coming forward in the future may be severely diminished if people feel their voices will not be heard.

We all share responsibility for informing the Royal Commission and contributing to its findings and recommendations. It is in this context that the Healing Foundation has sought to ensure the voices and perspectives of Aboriginal and Torres Strait Islander peoples on healing and moving forward are represented. This report sets out a culturally based framework for understanding and responding to trauma including:

- consideration of the incidence of institutional child sexual abuse
- examination of the nature and impact of individual and collective trauma
- exploration of the concept of healing and healing practices
- identification of culturally based responses to trauma including principles, key elements, emerging evidence and cost benefit
- discussion about the key barriers to scaling up healing.

The report has drawn on the views of Aboriginal and Torres Strait Islander service providers and survivors involved in healing work, the work of the Healing Foundation and literature on trauma and healing.

The report aims to inform discussions with the Royal Commission and the ongoing work of the Healing Foundation in exploring and supporting the development of culturally based healing responses to trauma.

INCIDENCE

It is difficult to quantify the number of people who have been sexually abused within public and private institutions due to under reporting and delays in coming forward given the difficulties and barriers a lack of standard data collection within or across Australian states and territories.

The Royal Commission has noted these difficulties (2014, 2015). Discussions with Aboriginal and Torres Strait Islander service providers indicated that finding survivors of institutional abuse can be hard due to fear, the failure of the system to protect them from harm, the shame they feel as a result of being abused and the lack of trust that any action will be taken. Analysis of early private sessions held by the Royal Commission (2014) found that on average survivors of sexual abuse took 22 years to disclose the abuse. This section considers what is known about the incidence of sexual abuse within institutions.

As of 29 April 2016, the Royal Commission had held 5111 private sessions with people who reported having been sexually abused in an institution. A further 1544 people had been accepted for a private session and were waiting to meet with a Commissioner (Chair of the Royal Commission into Institutional Responses to Child Sexual Abuse announcement, 29 April 2016 - <http://www.childabuseroyalcommission.gov.au/>). Private sessions allow people to share their stories with Commissioners. Royal Commission figures indicate that 561 (11.0%) of the 5111 people who have shared their stories and 293 (19%) of the 1544 people waiting to share their stories are Aboriginal and/or Torres Strait Islander.

Combining the number of people who have shared their stories with those who are waiting, 854 (12.8%) of the 6655 people who have come forward so far are Aboriginal and/or Torres Strait Islander. Aboriginal and Torres Strait Islander people comprise only 3% (ABS 2011) of the population and are therefore significantly overrepresented.

Based on actuarial modelling from Finity Consulting Pty Ltd and data obtained from state and territory government redress schemes and organisation based schemes, the Royal Commission (2015) has estimated that 60,000 people may seek redress under proposed recommendations. Using the proportion of Aboriginal and/or Torres Strait Islander peoples who have shared their stories or are waiting to share their stories, up to 7680 (12.8%) of this 60,000 are likely to be Aboriginal and/or Torres Strait Islander. Of course the individual is not the only person affected by institutional child sexual abuse.

Taking into account the impact on each victim's parents and siblings and later on their partners and children, it is conservatively estimated that more than 45,000 people¹ would be directly affected. This does not include other family members such as aunts, uncles and cousins who within collective cultures also bear the burden of distress.

The number and proportion of Aboriginal and/or Torres Strait Islander people coming forward and projections of how many people may seek redress highlight the challenge of identifying and responding to their needs and those of their families and communities. While such figures are useful from a planning perspective, given the difficulties previously noted in people coming forward to report sexual abuse, they are likely to significantly underestimate the number of children sexually abused within institutions. In addition, children continue to be sexually abused in the care of institutions and, while some may disclose the abuse as children, many will not disclose the abuse until adulthood. The number of people sexually abused is therefore difficult to quantify and is likely to increase over time.

¹ Based on each victim having two parents, one sibling and then partnering and having two children.

NATURE AND IMPACT OF TRAUMA

Evidence suggests that sexual abuse of children within institutions by people who were in a position of authority and responsibility (including carers, teachers and clergy) is likely to cause complex trauma and severely affect development and the capacity to manage stress. It should be noted that sexual abuse does not occur in isolation from other forms of abuse and is often accompanied by physical abuse and/or emotional abuse (CAFCA 2014). This section examines the nature and impact of trauma both individually and collectively.

Trauma affects a person's physical or emotional safety and is often caused by a psychologically stressful event or series of events. The person may respond with feelings of intense fear, helplessness or horror. Trauma can affect a person for many decades and in many different ways

(Healing Foundation 2015a).

Aboriginal and Torres Strait Islander people who were sexually abused in institutions are not a homogenous group. The trauma experienced by each person depends on a range of factors including their experience of the abuse; the relationship of the person to the perpetrator; whether the person was separated from their family, community and culture at the time; and their broader experiences including exposure to other trauma as a child or an adult. According to the Aboriginal and Torres Strait Islander service providers consulted, the needs of community members vary according to:

- age (e.g. the health and care needs of older people)
- gender (e.g. men's and women's health issues)
- shame and impact on relationships with others
- needs of Aboriginal and Torres Strait Islander people in prison were also stressed including the importance of providing assistance while they are in prison and on release and following their return to their families and communities.

The impact of trauma is multi-layered and affects the social, emotional, physical, cultural and spiritual aspects of functioning (Caruana 2010; Healing Foundation 2013; Kelly, Dudgeon, Gee and Glaskin 2009). Van der Kolk (2005) refers to complex trauma as "... the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early life onset". His research outlines how complex trauma impacts the operation of the brain and nervous system, the capacity to trust and form relationships and general functioning.

The Adverse Childhood Experience Study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss and Marks 1998) found that traumatic experiences are linked to:

- social, emotional and cognitive impairment
- risky health behaviours
- chronic health conditions
- low life potential
- early death.

This indicates a long-term relationship between adverse childhood experiences and adult social and emotional functioning, risky behaviours and health and social problems (Blue Knot Foundation 2012; Felitti et. al. 1998). Aboriginal and Torres Strait Islander service providers stated their concern at the continuing failure of government bodies and mainstream service providers to understand this link and reflect that understanding by responding to both the symptoms (e.g. drug and alcohol abuse) and the cause (trauma). Attempting to treat the symptoms without addressing the cause can result in people withdrawing from services and lead to further trauma. Understanding this link and the importance of addressing trauma as well as the myriad ways it can manifest is critical to developing effective responses.

In addition to the impact of sexual abuse on the individual, other family and community members are likely to be affected, particularly if the trauma remains unresolved. Trauma is likely to cause difficulties in developing relationships with others and parenting and to be transmitted across generations (Van der Kolk 2005; Zubrick, Silburn, Lawrence, Mitrou, Dalby, Blair, Griffin, Milroy, De Maio, and Li 2005). Aboriginal and Torres Strait Islander service providers highlighted that abuse may not be spoken about within the family and children may not be aware of what happened to their mother or father and how this has affected their capacity to form relationships and provide care. They identified that an adult's disconnection from culture can also result in a loss of identity for children. In some instances men had decided not to have children and/or to limit their contact with children as a result of being abused as children.

Milroy (in Zubrick et. al. 2005) explains how trauma is transmitted across generations and the role of community networks in this transmission:

The transgenerational effects of trauma occur via a variety of mechanisms including the impact on the attachment relationship with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatising where children witness the ongoing effect of the original trauma, which a parent or other family member has experienced. Even where children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health, family dysfunction, community violence, psychological morbidity and early mortality.

As a result of psychological impacts of abuse, children who are sexually abused may become perpetrators of abuse as adults (Atkinson, Nelson, Brooks, Atkinson and Ryan 2014; CAFCA 2014; Van der Kolk 2005). Atkinson (2008) found that a significant proportion of Aboriginal and/or Torres Strait Islander men who were incarcerated for violent offending reported experiencing traumatic and violent events in their childhood including being victims of sexual abuse from early ages. This notes the strong causal links between being harmed and the subsequent psychological burden that drives negative pain based behaviours as a means to cope with distress. More broadly, Van der Kolk (2005) suggests "that most interpersonal violence on children is perpetuated by victims who grow up to become perpetrators of or repeat victims of violence. This tendency to repeat represents an integral aspect of the cycle of violence."

Most survivors of child sexual abuse or other violence do not grow up to perpetrate sexual abuse or other violence (CAFCA 2014). This section outlines specifically some of the additional burden that many have to cover in their recovery.

Aboriginal and Torres Strait Islander service providers highlighted the importance of recognising and understanding this link in protecting children from further harm and supporting perpetrators to prevent repetition. The need to stop victim shaming and protecting perpetrators within communities is critical to stopping the cycle of intergenerational harm.

For Aboriginal and Torres Strait Islander people the experience of trauma as a result of child sexual abuse must also be understood in the broader context of colonisation and the forced removal of children from their families, communities and culture. This is often referred to as collective or historical trauma. Milroy, Dudgeon and Walker (2014) identify the nature of trauma in this context as:

- “the extreme sense of powerlessness and loss of control
- the profound sense of loss, grief and disconnection
- the overwhelming sense of trauma and helplessness”.

The continuing impact of colonisation and forced removal of children is widely documented including:

- disconnection from family, community, language, culture, land and sea
- social and economic disadvantage
- poor safety, health, education, housing and employment outcomes
- difficulties in taking up life opportunities (Atkinson, Nelson, Brooks, Atkinson and Ryan 2014; National Aboriginal and Torres Strait Islander Social Survey 2008; Van der Kolk 2005; Zubrick, Silburn, Lawrence, Mitrou, Dalby, Blair, Griffin, Milroy, De Maio and Li 2005).

The recent National Aboriginal and Torres Strait Islander Suicide Prevention Conference (May 2016) highlighted that Aboriginal and Torres Strait Islander people are more likely to die as a result of suicide than non-Indigenous people. “Suicides accounted for 4.2% of all registered deaths of people identified as Aboriginal and Torres Strait Islander in 2010, compared with 1.6% for all Australians” (ABS 2010). The difference in rates of suicide is greatest in the 15-19 age group for both males and females (ABS 2010). Milroy (2016) addressed the devastating impact of past and present racism on children and young people in her presentation to the Suicide Prevention Conference. She emphasised how racism results in isolation and alienation, leading to highly damaging feelings of inferiority that stay with children and young people and increase the risk of self-harm and suicide.

The Western Australian Aboriginal Health Survey (Zubrick et. al. 2005) identified the intergenerational effects of forced separations and removals. It found that children whose primary carer was forcibly separated were more than twice as likely to be at high risk of emotional or behavioural difficulties compared to children living with Aboriginal primary carers who were not forcibly separated. More generally, the survey found that children whose primary carers were forcibly separated experience many negative life outcomes when compared with children whose carers were not forcibly separated.

Considered together, the impact of sexual abuse of children in institutions, its broader impact on family and community members, and the continuing impact of colonisation and the forced removal of children illustrate the complex nature of trauma and its pervasive and multi-layered impact on Aboriginal and Torres Strait Islander individuals, families and communities. The nature and impact of this trauma must be understood, acknowledged and reflected in healing responses if the underlying trauma and its symptoms are to be effectively addressed and not passed down to future generations.

HEALING

The pervasive nature and impact of trauma on individuals, families, communities and society highlighted in this report amplify the need for healing. This section explores what healing means and identifies key healing strategies that can support change.

Aboriginal and Torres Strait Islander service providers stated that healing refers to gaining and sustaining hope, a sense of identity and belonging, wellbeing, empowerment, control and renewal. Healing is a journey.

Healing is not an outcome or a cure but a process; a process that is unique to each individual. It enables individuals, families and communities to gain control over the direction of their lives and reach their full potential. Healing continues throughout a person’s lifetime and across generations. It can take many forms and is underpinned by a strong cultural and spiritual base

(Healing Foundation 2015a).

For Aboriginal and Torres Strait Islander people, the centrality of culture to the healing process is critical. Culture is a process through which healing takes place (Healing Foundation 2014a).

In the Stolen Generations Initiative, culture as the process for healing was demonstrated through:

- *a recognition of the pain, hurt and suffering associated with the loss of connection to culture, and the permission and support provided to regain this important aspect of self and identity*
- *the use of cultural activities and practices to reduce distress and regulate emotions*
- *culture being a means to reconnect with self, family and community*
- *the value of being on country and visiting significant cultural sites to reconnecting to culture and one's cultural heritage* (Healing Foundation 2016a).

As previously noted, healing trauma is fundamental to addressing symptoms which arise as a result of trauma. “We cannot create healing by focusing on the symptoms of trauma, such as substance addiction, violence, and poor economic engagement, alone. It is essential that we develop a deeper understanding of trauma in Aboriginal and Torres Strait Islander communities” (Healing Foundation 2014a). While healing can be a precursor to addressing the symptoms of trauma, seeking assistance to address those symptoms may also be a pathway to healing.

Collective healing is a culturally based group approach which views the individual in the context of their family, community, culture and country. It has a number of key features.

Firstly, it reflects a holistic understanding of, and response to, wellbeing encompassing social, physical, emotional, cultural and spiritual dimensions (Healing Foundation 2013; Healing Foundation 2016a; Parker and Milroy in Dudgeon, Milroy and Walker 2014; Williams et. al. 2011).

Secondly, it acknowledges the impact of trauma on the individual and their family and community, including its intergenerational transmission, and therefore engages the individual, family and community in the healing process (Healing Foundation 2014b; Sheehan 2012).

Thirdly, it understands that people who suffered trauma in a similar context and were ‘cared’ for within the same institution may benefit from coming together and sharing their stories of pain, hope and renewal. This is particularly important as it contributes to people’s sense of family and identity (Healing Foundation 2014b; Healing Foundation 2016a).

Fourthly, it understands that for Aboriginal and Torres Strait Islander peoples, individual trauma must be understood in the broader context of the collective trauma of colonisation and the forced removal of children (Healing Foundation 2013a; Healing Foundation 2016a; Wilson 1997).

Lastly “it broadens the scope of who *does* healing and who healing is *for*. It means moving from a model where expert professionals work with individuals to a model where individuals develop their own skills and capacity to empower healing in themselves and their families and communities” (Healing Foundation 2014b). Through the use of cultural strengths and traditional healing ways collective healing engages all participants “as workers for healing so that working together we grow the wider circles of relationships necessary to develop healing communities” (Sheehan 2012).

This approach is in stark contrast to the individualised focus of mainstream services. While some Aboriginal and Torres Strait Islander people choose to use mainstream services, they must also have access to culturally safe collective healing services so they can exercise choice. Aboriginal and Torres Strait Islander service providers identified that the continued funding of mainstream services does not recognise that the needs of Aboriginal and Torres Strait Islander people are often best met in different ways to those of non-Indigenous people.

Mainstream services struggle to recognise that the cultural needs of Aboriginal and Torres Strait Islander peoples are paramount or reflect this in how they deliver services. Specifically concerns were expressed about:

- not allowing sufficient time to establish relationships
- seeing people individually rather than with family
- failing to understand the impact of trauma on a person’s spirit and misdiagnosing the resulting deprivation and stress as a mental health issue
- referring people for counselling for drug and alcohol or mental health issues before cultural counselling is in place and they are ready to address these issues
- misinterpreting lack of engagement and/or sporadic contact with mainstream services as the person not wanting help.

For many Aboriginal and Torres Strait Islander people, a lack of understanding of their cultures and traditions on the part of mainstream service providers and the provision of non-culturally based individualised services can adversely impact their sense of trust and safety and cause further trauma. Together these concerns highlight the importance of the cultural context of trauma for Aboriginal and Torres Strait Islander people and the need for collective healing and multiple and ongoing layers of trauma responses.

Service providers emphasised that for Aboriginal and Torres Strait Islander people who were sexually abused within institutions, healing and seeking redress are not separate and may need to be addressed in parallel. VACCA (2015) stated “...the social justice and personal experiences of healing are intertwined ... advocacy is often an important part of the healing process that co-occurs alongside personal therapeutic processes”.

Healing practices

Healing practices recognise and value traditional knowledge and expertise by drawing on Aboriginal and Torres Strait Islander culture and tradition. Practices include:

- storytelling
- yarning circles
- singing
- painting
- craft
- dancing
- family gatherings
- camps
- reunions for those from institutions, dormitories or missions
- visits to country and culturally significant sites
- language revitalisation
- bush medicine
- traditional healing (e.g. Ngangkari – Ngaanyatjarra Pitjantatjara Yankunytjara – NPY - Lands)
- traditional ceremony and ritual.

Together these practices create safety and resource people to share their stories; create spaces for them to regulate emotions; strengthen their connections to family, community and culture; and improve their capacity to take up opportunities such as education and employment. Service providers stressed the need to give people ‘language’ to make sense of trauma and support healing, and to acknowledge different stages of ‘sharing up’. When discussing healing practices from Aboriginal cultures across the world, Perry (2012) identified a set of core elements including:

... an overarching belief system – a rationale, a belief, a reason for the pain, injury, loss; a retelling or re-enactment of the trauma in words, dance or song; a set of somato-sensory experiences – all provided in an intensely relational experience with family and clan participating in the ritual. The most remarkable quality of these elements is that together they create a total neurobiological experience influence ... not unlike the pervasive neurobiological impact of trauma.

There is much to learn from our ancestors (Perry 2012) and current Aboriginal and Torres Strait Islander trauma informed practices. Culturally based approaches to healing trauma are critical in meeting the needs of Aboriginal and Torres Strait Islander people who have been sexually abused within institutions. The impact of trauma on individuals, families, communities and society highlights what can occur when effective healing responses are not available.

HEALING RESPONSES

Culturally based responses to trauma reflect an understanding of the nature and impact of trauma on Aboriginal and Torres Strait Islander people, and relevant cultural knowledge and practices.

This section outlines culturally based approaches to healing in terms of:

- principles
- strategies
- elements
- emerging evidence
- cost benefit.

Principles

Based on this understanding of trauma and healing the following principles should inform Aboriginal and Torres Strait Islander healing responses:

- trauma has a profound impact on the individual's physical, social, emotional and spiritual wellbeing, and on family and community members; if left untreated it is often transmitted across generations
- trauma should be understood in the broader context of historical and continuing colonisation and the forced separation of children from their families
- Aboriginal and Torres Strait Islander peoples have the knowledge and skills to resource healing from trauma
- healing involves reconnection to culture and traditions including ceremony
- healing provides a safe place for people to share their stories, gain and sustain hope, develop their sense of identity and belonging, and be empowered and seek renewal
- healing empowers individuals, families and communities to overcome trauma and its causes as well as its symptoms
- healing attends to the needs of both survivors and perpetrators
- healing is an ongoing journey to restore and sustain physical, social, emotional and spiritual wellbeing
- healing is most effective when designed, developed and delivered by Aboriginal and Torres Strait Islander people with and for their own communities
- Aboriginal and Torres Strait Islander peoples have shown great resilience over the generations, building on these strengths is critical.

Strategies

There are a range of ways in which healing practices can be organised and delivered in responding to the needs of Aboriginal and Torres Strait Islander people who have been sexually abused. Discussions with service providers and a review of the literature indicate responses may vary according to who they are targeting and their purpose.

Responses may be targeted at particular groups of people including by:

- age e.g. children and young people
- gender e.g. men's and women's business
- shared experiences e.g. Stolen Generations
- shared experiences and living situations e.g. dormitory, children's home
- geographic location e.g. mission, country
- status e.g. offenders, perpetrators.

Responses may be targeted across more than one of these groups. For example Cherbourg's Dormitory Boys, a peer support group for men who lived in the dormitory on the mission and Coota (Cootamundra) Girls Corporation, a peer support group for women who lived in the Cootamundra Girls Home.

Responses may have different purposes:

- developmental in bringing people together to discuss trauma and healing and developing responses e.g. the Mapu Yaan Gurri, Mapu Marrunggirr – Healing Our Way forum in New South Wales (NSW Government 2014) and the Iling Sidaun Torres Strait Islander healing gathering on Thursday Island (Healing Foundation 2014c)
- culturally based training for survivors and workers to assist in understanding and responding to trauma e.g. Marumali, We-Ai-Li and Gallang Place (certificate and diploma courses)
- specific purpose gatherings and camps e.g. Yorgum Aboriginal Corporation brings together people in regional and remote Western Australia; Gurriny Yealamucka Health Centre held a healing camp on country for Stolen Generations members from a number of Queensland communities
- ongoing programs e.g. the Tiwi Men's Healing Program which involves a range of activities including a men's counselling group, fishing trips, youth camps, a men's shed and cultural education (to strengthen, support and empower Aboriginal men through cultural, educational and therapeutic healing activities).

Responses may also be supported from a healing centre. The Akeyulerrre Healing Centre (Arnott, Guenther, Davis, Foster, Cummings 2010) provides a range of healing activities for Arrernte people in the Alice Springs region. It focuses on keeping culture strong, reconnecting with country and building a sense of belonging. Services are provided from a drop in centre and on country.

Elements

A literature review of Indigenous healing programs in Australia, New Zealand, Canada and the United States identified eight elements common to all quality healing programs regardless of where they were located, who they were delivering services to and what outcomes they were working towards (Healing Foundation 2013a).

These are:

- developed to address local issues
- driven by local leadership
- have a developed theory and evidence base
- combine Western methodologies and Indigenous healing
- understand the impact of colonisation and transgenerational trauma and grief
- build individual and family capacity
- proactive rather than reactive
- incorporate strong evaluation frameworks.

These elements have been used to develop and refine healing responses over time through continuous improvement and evaluation.

Emerging evidence

The evidence base for Aboriginal and Torres Strait Islander healing is emerging just as it is for all trauma informed interventions (Blue Knot Foundation 2014; Healing Foundation 2013b).

In a review of 21 projects supported by the Healing Foundation and implemented between January 2011 and June 2013, the Healing Foundation (2013b) identified the following ten emerging evidence themes for Aboriginal and Torres Strait Islander healing:

1. identifying with our cultural lineage makes us proud and dignified
2. preserving and sharing cultural heritage gives us a sense of future
3. connecting with land, country and our history makes us strong
4. following our cultural ways makes us feel good and builds our spirits
5. strengthening our community gives us belonging and protection
6. acknowledging leadership allows us to mentor our future leaders
7. respecting self and others is an important cultural value that guides us
8. using our cultural skills in our work makes us feel valuable and rewards us
9. grieving space and healing time let us take care of hurt
10. reconnecting with our spiritual selves is powerful and makes us whole.

An evaluation of *Our Men Our Healing*, three pilot men's healing projects in remote Northern Territory communities (Healing Foundation 2015b) found:

- a reported decrease in incidence of family and domestic violence and less violence generally in communities
- reduced observable rates of self-harm and suicide during the life of the program in two of the communities
- at Wurrumiyanga where the program had been running the longest, a reported 50% reduction in the number of men registered with the NT Department of Correctional Services and a significant reduction in rates of recidivism and reoffending over the life of the program
- women were feeling safer and more supported by the men in their families and communities
- increased health and emotional wellbeing among men in the communities and increased leadership as men took responsibility for their past, present and future
- an increased re-emergence of cultural celebrations and ceremonies, some of which had not occurred in the communities for decades.

A review of 31 Stolen Generations projects operating between January 2013 and December 2014 (2016a) showed:

- 77% of participants reported an increased sense of belonging and connection to culture
- 72% reported increased understanding and strength in caring for their loss and grief
- 68% reported increased knowledge and confidence in utilising available support services.

There is increasing emphasis on the need for healing centres (AbSec 2015; Healing Foundation 2012; Healing Foundation 2013a). The Healing Foundation (2013a) found:

The development of healing centres is emerging as an important approach towards addressing the healing needs of Aboriginal and Torres Strait Islander communities. In the evaluation of the Canadian Aboriginal Healing Foundation, healing centres were shown as one of the most effective investments towards positive outcomes for those suffering from the impact of intergenerational trauma and grief. These investments would seek to address the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander people.

In a review of healing centres the Healing Foundation (2012) identified common design principles:

- are physically, socially and culturally safe and meaningful spaces
- strengthen positive relationships with culture, land and community as well as self and society
- proactively identify and focus on meeting their community's healing needs
- facilitate healing through an experiential approach and an emphasis on 'what works'.

An evaluation of the Akeyulere Healing Centre (Arnott et. al. 2010) reported "(It) provides a foundation for engaged families that will support them to overcome the effects of trauma, loss of culture and disengagement from social supports". In its submission to the Royal Commission AbSec (2015) called for the establishment of healing centres as part of "... a holistic Aboriginal child and family service system, embedded in Aboriginal communities to deliver culturally appropriate support tailored to individual needs, recognising the broad and lifelong intergenerational impacts of child sexual abuse".

Perry (in Malchiodi 2008) reminds us that:

Amid the current pressure for "evidence-based practice" parameters ... the most powerful evidence is that which comes from hundreds of separate cultures across thousands of generations independently converging on rhythm, touch, storytelling, and reconnection to the community as the core ingredients to coping with and healing from trauma ...

As previously noted in this report, people who were sexually abused as children may go on to perpetrate abuse as young people or adults. It is therefore imperative steps are taken to both protect children from sexual abuse and provide healing for sexual perpetrators. While some work has occurred in this area overseas, limited work has been undertaken in Australia beyond identifying the issues (Healing Foundation 2013a). Buller (2005) identifies the Hollow Water First Nation's Community Holistic Circle healing process as "... arguably the most mature healing process in Canada; addressing the needs of sexual assault victims and victimizers since 1985". It seeks to integrate responses to the victim, offender, their families and the community. More broadly, Hovane et. al. (2014) outline the need for culturally secure, relevant and effective rehabilitation programs grounded in Aboriginal law and culture for Aboriginal people within the criminal justice system. Service providers highlighted the difficulties in working with survivors and perpetrators at the same time and managing issues of safety. Further work is required to review the evidence in relation to working with and healing perpetrators of sexual abuse.

Together, the above body of work represents a growing evidence base about what works in healing for Aboriginal and Torres Strait Islander people. It establishes culturally based healing as a major strategy in responding to the challenge of addressing existing trauma and preventing future trauma.

Cost benefit

Deloitte Access Economics (2012) identified the following costs of some of the consequences of Aboriginal and Torres Strait Islander trauma:

- the total estimated financial cost of Indigenous family violence in 2011 was \$2.3 billion
- the total estimated financial cost of Indigenous sentencing was \$1.17 billion in 2011; if burden of disease costs are included this increased to \$11.8 billion
- the estimated national costs of petrol sniffing were around \$348 million per year in 2011 dollars.

In 2014, Deloitte Access Economics undertook a cost benefit analysis of healing centres on behalf of the Healing Foundation. The cost of a healing centre was estimated at \$539,000 in the first year (establishment cost of \$75,000 and operational costs of \$464,039). Based on similar healing initiatives overseas a benefit to cost ratio of over 4 to 1 was identified, primarily from reduced rates of incarceration and recidivism.

Adopting a breakeven analysis of the costs of healing centres and the cost of incarceration, Deloitte Access Economics (Healing Foundation 2014d) found that if a centre diverted one person from jail each year it would more than break even.

Evidence showed that individual centres where actual re-incarcerations are calculable divert one or two participants from jail annually. In addition to the quantitative evidence in relation to breakeven returns from reduced justice system costs, qualitative evidence indicates that Indigenous healing results in even greater benefits in areas such as improved education, employment and family violence outcomes. While even more difficult to quantify, the benefits from reconnection to community, to country and to dreaming are the most substantial from an Indigenous perspective.

Initial work on the cost benefit of healing indicates significant social and economic benefits. As noted above, the qualitative evidence as supported by the views of Aboriginal and Torres Strait Islander service providers indicates that Indigenous healing has even greater personal benefits in terms of reconnection to culture and country and improved health, education and employment outcomes.

RESHAPING OUR FUTURE

The breadth and scope of trauma being uncovered by the Royal Commission requires a significant and mindful response. Waiting until the final recommendations are released will mean many Aboriginal and Torres Strait Islander community organisations will struggle to respond effectively, and the impacts of this trauma will continue to be felt within the negative statistics of mental health and suicide for our people.

This section outlines the critical issues that must be addressed and the elements and core healing responses required to ensure recovery and prevent the ongoing transmission of intergenerational trauma.

Aboriginal and Torres Strait Islander service providers have highlighted a range of issues with current efforts to provide healing responses. These must be addressed as part of a planned scaling up of healing programs and include:

- access and equity – number and capacity of current services to meet the projected level of need
- workforce capability – number and spread of people trained and supported to work with people and communities impacted by trauma
- funding – volume of funds, focus on short term funding and funding processes
- partnerships – respectful collaboration with government and mainstream non-government services
- policy – focus on trauma and healing within and across government portfolios
- knowledge sharing – brokerage and retaining intellectual property.

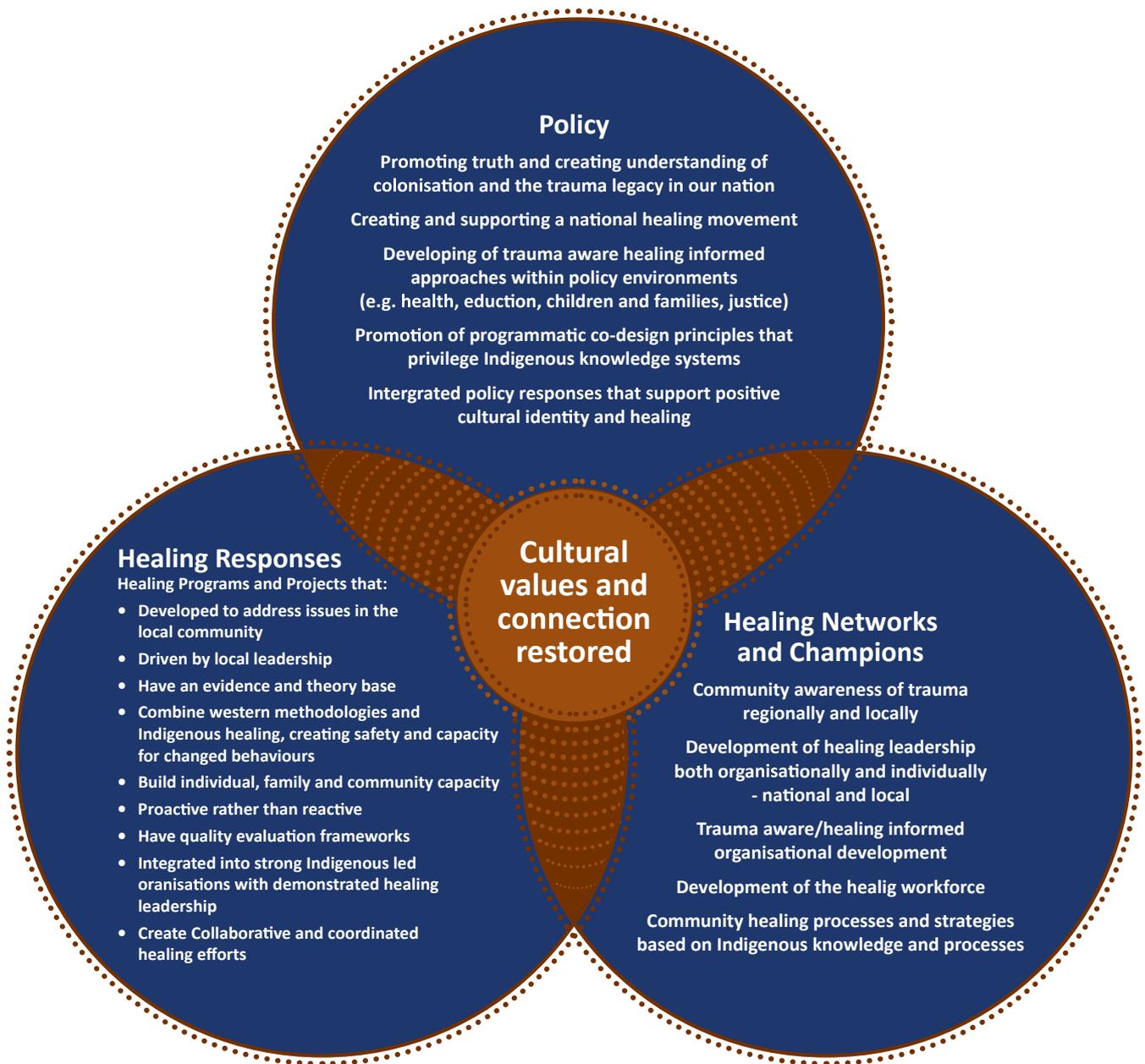
In responding to sexual abuse within institutions healing centres or programs need to focus on:

- children and young people who have been sexually abused
- adult survivors of child sexual abuse
- adult survivors of child sexual abuse who are in prison (including those transitioning to family and community)
- adult survivors of child sexual abuse who have themselves sexually abused children
- family and community members of children, young people and adults impacted by sexual abuse
- children engaging in problem sexual behaviours and young people engaging in sexually abusive behaviours (VACCA 2015).

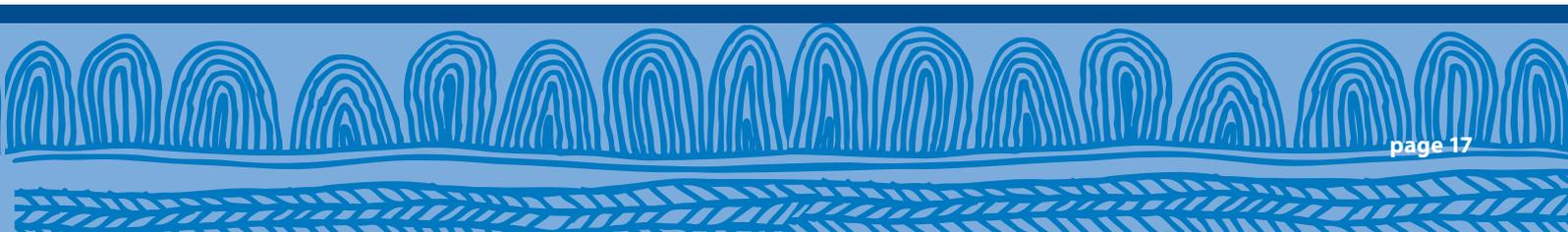
The Healing Foundation's theory of change (2016b) identifies three domains of change for healing:

1. Policy context for enabling healing
2. Healing networks and champions to lead healing
3. Healing responses to deliver healing.

This diagram details the three domains of change and the critical elements within each domain that current international and national evidence indicates are required to create sustainable healing.



This theory of change helps to increase understanding of trauma recovery within a collective based culture. Where there is alignment across these three domains sustained and positive change is more likely to occur.



Increasing healing options

In view of the number of people likely to be impacted by institutional child sexual abuse, and the nature and impact of trauma on Aboriginal and Torres Strait Islander people, building on current efforts to provide healing and the emerging evidence base for healing is critical.

The diagram elements are essential to increase culturally based healing programs and reach larger numbers of people and communities impacted by trauma. Each element must reflect an understanding of cultural safety; the diversity of Aboriginal and Torres Strait Islander cultures and traditions; the geographic diversity of communities in terms of urban, regional, rural and remote areas; contextual factors in local communities; the need for localised responses; and Aboriginal and Torres Strait Islander governance. The elements must be considered together if the scaling up of healing is to be effective and sustained over time.

Policy

Government policy must recognise and respect the cultural knowledge and expertise of Aboriginal and Torres Strait Islander people in healing and reflect the principles underpinning it.

Government has a pivotal role in healing through a commitment to:

- providing greater access to healing programs
- supporting the ongoing design, development and delivery of culturally based trauma centres and programs;
- enabling services and communities to build capacity including:
 - cultural frameworks in education and academic training;
 - establishing appropriate funding processes and providing funding
 - enabling collaboration at service and policy levels
 - resourcing continuous improvement through evaluation and review.

In order to succeed responsibility must be divested to Aboriginal and Torres Strait Islander organisations. Shared responsibility will promote effective responses and ensure the efficient use of government funds.

A whole of government response linking the outcomes of the inquiry with other initiatives such as the Indigenous Advancement Strategy, mental health reforms and close the gap is required. Healing centres and programs must be at the forefront of government responses to the range of social, emotional and economic symptoms of trauma.

A whole of government response would be best achieved through the development, implementation and review of a national strategy to address Aboriginal and Torres Strait Islander trauma and resource healing. A national strategy would provide a platform for integrating responses to the historical and continuing impact of trauma on children and adults, survivors and perpetrators. Aboriginal and Torres Strait Islander stakeholders must lead the development, implementation and review of such a strategy.

Program design and development

Drawing on the efforts of individuals and organisations, evaluations of culturally based healing responses and the emerging evidence base, significant work has been undertaken to develop and refine a program logic (Healing Foundation 2012; Healing Foundation 2014b) and theory of change for healing (Healing Foundation 2016b). This work provides the foundation for guiding the planned expansion of healing centres and programs. This includes an understanding of the individual, collective and intergenerational nature of trauma for Aboriginal and Torres Strait Islander people; its impact on individual, family and community functioning; the journey of healing; the central role of culture in the healing process; and the key principles, elements and activities of a culturally based approach. Continuing work is required to refine the program logic and theory of change through its application and evaluation in practice.

This approach acknowledges the diversity of Aboriginal and Torres Strait Islander cultures and traditions and preserves the flexibility of localised responses to community needs and circumstances while resourcing services and communities in their endeavours.

Based on the existing program logic and theory of change, further work is required to develop culturally based healing responses for victims of child sexual abuse and perpetrators of sexual abuse. This work should be undertaken by Aboriginal and Torres Strait Islander stakeholders.

Building service and community capacity

It is important to acknowledge and build upon existing Aboriginal and Torres Strait Islander service and community capacity when planning expansion. This is respectful, makes the most of existing knowledge and resources and maximises the effective use of additional resources. It involves mapping existing services and resources within and across communities and identifying leaders (both Aboriginal and Torres Strait Islander and non-Indigenous) within communities who are able to champion healing and lead its development locally.

At the same time areas or communities that have limited infrastructure in terms of people, services and buildings need to be identified and community engagement processes established for building capacity. Service providers stressed the importance of resourcing community gatherings to engage people in identifying local needs, priorities and opportunities for healing; identifying existing knowledge and resources; and setting out the key steps to create a healing space (Healing Foundation 2012). The importance of ensuring cultural safety in undertaking these processes was also stressed, including allowing sufficient time to engage the community and support decision-making.

Workforce capability

Aboriginal and Torres Strait Islander healing is best provided by people from the same culture (Aboriginal Healing Foundation 2006; Healing Foundation 2013a). Program expansion must therefore be supported by a strategy to build Aboriginal and Torres Strait Islander workforce capability through improved access to training, support, supervision and qualification pathways.

This involves:

- understanding the nature and impact of child sexual abuse
- understanding the impact of trauma on the individual as well as intergenerational trauma and collective trauma
- valuing the role of healing in addressing trauma and the people involved in delivering healing programs
- identifying the number, range and mix of people required to deliver healing programs
- identifying the knowledge and skills required to understand and respond to trauma
- identifying the knowledge and skills required to effectively work with perpetrators of sexual abuse
- mapping existing training against the knowledge and skills required to understand and effectively respond to trauma, and addressing any gaps
- identifying existing pathways for gaining and/or enhancing qualifications, and addressing any gaps
- setting out processes to support people to access and obtain qualifications
- identifying processes to support and supervise people delivering healing programs
- acknowledging the impact on staff (vicarious trauma) of working with people who have suffered trauma, and identifying organisational processes to build their resilience.

The strategy needs to acknowledge and address the challenges of building workforce capability within and across diverse organisations, communities and locations.

Funding

Funding for programs must be sustainable and take into account processes for developing and implementing local programs, the complex nature of trauma, the impact of trauma throughout the lifecycle and the fact that healing takes time.

The recent report of the Senate Finance and Public Administration Reference Committee (2016) in relation to the Commonwealth Indigenous Advancement Strategy tendering processes makes a number of recommendations that would substantially improve funding of Aboriginal and Torres Strait Islander organisations and therefore support the expansion of healing programs. These include:

- planning with a clear sense of service gaps and community need
- a tendering or alternative funding process which enhances the capacity of organisations to meet community needs, giving weight to the community contribution and effectiveness of Aboriginal and Torres Strait Islander organisations beyond existing arrangements
- longer contracts to ensure stability so organisations can plan and deliver sustainable services to their community.

It is critical government reviews its funding processes in line with the Senate Committee's recommendations.

Healing Foundation funding processes and frameworks provide an effective model for funding healing programs which could be replicated to support program expansion.

Collaboration

Collaboration is required at a number of levels to support the development of, and access to, healing programs. At the service level, collaboration between service providers can enhance access to knowledge and skills, infrastructure and referral points. At a policy level, collaboration is required to address silos within government departments and across sectors (such as child and family welfare, mental health, domestic and family violence, education and employment) and thereby support collaboration at the service level. At both service and policy levels, potential partners need to be identified and brought together to ascertain available knowledge, skills and resources allocate resources; and determine how the partnership will be managed.

Collaboration must be driven by Aboriginal and Torres Strait Islander people at both the service and policy levels. Effective collaboration is supported by respectful partnerships based on a shared responsibility for addressing trauma and a shared commitment to the principles informing healing responses. SNAICC (2012) outlines practical approaches to developing and maintaining genuine partnerships that address the needs of Aboriginal and Torres Strait Islander people and improve outcomes.

Monitoring and evaluation

Systems for monitoring and evaluation included in the implementation process will support continuous improvement. These systems need to:

- focus on both implementation of healing centres and programs (process) and the impact of healing centres and programs (outcomes)
- reflect the program logic and theory of change for healing centres and programs
- support evaluation of individual centres and programs and the ongoing development and refinement of the overall program.

This requires the identification of culturally appropriate systems, the costs of monitoring and evaluation to be included in funding and training and support in the systems selected.

Broader social, economic and political context

In considering scaling up healing responses it is important to acknowledge the broader social, economic and political processes required to address collective trauma and locate culturally based approaches to healing within these processes. Healing centres and programs alone cannot address collective trauma. Milroy et. al. (2014) identifies three pathways to recovery to address the impacts of colonisation and forced separation across generations:

- self-determination and community governance
- reconnection and community life
- restoration and community resilience.

Healing centres and programs, while important, are only one component of a comprehensive approach to addressing the continuing impact of colonisation and forced separation across generations. To be effective, healing must be clearly located within these broader pathways to recovery.

Healing must be supported through social, economic and political processes which:

- acknowledge and respect Aboriginal and Torres Strait Islander cultures and traditions
- recognise Aboriginal and Torres Strait Islander people as the traditional owners and custodians of this land
- address socioeconomic disadvantage and close the gap between Aboriginal and Torres Strait Islander people and non-Indigenous people.

RECOMMENDATIONS

1. That the Commonwealth Government supports and funds Aboriginal and Torres Strait Islander stakeholders to develop, implement and review a national strategy to address trauma and resource healing which:
 - acknowledges and respects the cultural knowledge and expertise of Aboriginal and Torres Strait Islander peoples
 - endorses the principles underpinning Aboriginal and Torres Strait Islander healing responses to trauma
 - acknowledges and addresses the challenges of building Aboriginal and Torres Strait Islander workforce capability within and across diverse organisations, communities and locations
 - supports the funding of Aboriginal and Torres Strait Islander organisations to deliver healing responses to Aboriginal and Torres Strait Islander people
 - provides a platform for integrating responses to the historical and continuing impact of trauma for children and adults, survivors and perpetrators
 - sets out principles and processes for collaboration at both policy and service levels
 - acknowledges the broader social, economic and political processes required to address collective trauma and makes links with initiatives to address socioeconomic disadvantage and promote reconciliation
 - provides a culturally appropriate monitoring and evaluation framework to support the effective implementation of healing responses, promote continuous improvement and improve outcomes for Aboriginal and Torres Strait Islander peoples
 - identifies key government and non-government stakeholders to support the development and implementation of the national strategy
 2. That the Healing Foundation continue to be resourced to support Aboriginal and Torres Strait Islander organisations and communities to provide healing responses
 3. That the Healing Foundation map existing capacity including healing services and resources available within Aboriginal and Torres Strait Islander communities
 4. That the Healing Foundation be further resourced to facilitate community gatherings to engage people in identifying their needs, priorities and the opportunities for healing, and setting out the key steps to create healing spaces
 5. That the Healing Foundation undertake further work to develop culturally based healing responses for victims of child sexual abuse and perpetrators of sexual abuse
 6. That the Healing Foundation in partnership with key stakeholders develop and implement a workforce development strategy to grow the healing workforce and support quality healing responses for survivors and their families through better access to training, support, supervision and qualification pathways
 7. That the Commonwealth Government in partnership with Aboriginal and Torres Strait Islander stakeholders amend government funding processes to increase Aboriginal and Torres Strait Islander organisations' access to funding and provide sustainable healing responses
 8. That the management of grants to Aboriginal and Torres Strait Islander organisations for healing responses be undertaken by the Healing Foundation
 9. That the Commonwealth Government and state and territory governments resource the Healing Foundation to implement these recommendations
-

CONCLUSION

The Royal Commission into Institutional Responses to Child Sexual Abuse provides a significant opportunity to address the systemic failure to protect children from harm within public and private institutions. This involves both preventing future harm to children and supporting those who have been harmed to heal and recover from the ensuing trauma.

Considerable numbers of Aboriginal and Torres Strait Islander people have been and continue to be affected by institutional sexual abuse and require culturally based healing responses.

Aboriginal and Torres Strait Islander people's understanding, knowledge and wisdom about trauma and healing coupled with current efforts to provide healing and the emerging evidence base to support these efforts provide a sound foundation for effective culturally based approaches.

These efforts need to be increased to ensure survivors, their families and communities across Australia can access quality healing centres and programs.

The Healing Foundation (2016) identified three domains of change to support the sustained development and delivery of quality culturally based healing centres and programs: a policy context that enables healing, the identification of healing networks and champions to lead healing and the development of effective healing responses. Key elements to support effective scaling up of are identified.

Together these elements and the recommendations in this report provide a framework for creating change in communities, families and individuals to prevent the ongoing impacts of trauma caused by institutional sexual abuse.

The Healing Foundation looks forward to working in partnership with the Royal Commission; governments; Aboriginal and Torres Strait Islander survivors, service providers and communities and mainstream service providers to restore the spirits and reshape the futures of Aboriginal and Torres Strait Islander survivors of institutional child sexual abuse.

REFERENCES

- Aboriginal Child, Family and Community Care State Secretariat (2015) *Submission to Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services*. Sydney
- Aboriginal Healing Foundation (2006) *Final Report of the Aboriginal Healing Foundation. Volume 1 A Healing Journey: Reclaiming Wellness*. Ontario
- Arnott, A., Guenther, J., Davis, V., Foster, D. and Cummings, E. (2010) *Evaluation of the Akeyulerre Healing Centre*. Charles Darwin University, Darwin
- Atkinson C. *The Violence Continuum: Australian Aboriginal Male Violence and Generational Post-Traumatic Stress* [Unpublished PhD thesis]: Darwin: Charles Darwin University; 2008
- Atkinson, J., Nelson, J., Brooks, R., Atkinson, C. and Ryan, K. Chapter 17: *Addressing Individual and Community Transgenerational Trauma* in Dudgeon, P., Milroy, H. and Walker, R. (2014) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Telethon Institute for Child Health Research in collaboration with the University of Western Australia. Perth
- Australian Bureau of Statistics (2008) *National Aboriginal and Torres Strait Islander Social Survey*. Canberra
- Australian Bureau of Statistics (2010) *Suicides, Australia*. 3309.0. Canberra
- Australian Bureau of Statistics (2011) *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, 3238.0.55.001. Canberra
- Blue Knot Foundation (2012) *The Last Frontier: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*. Milsons Point NSW
- Buller, E. (2005) *Aboriginal Community Healing Processes in Canada*, Paper presented at the International Institute for Restorative Practices Conference, Manchester
- Carauna, C. (2010) Healing services for Indigenous people. *Family Relationships Quarterly No. 17*, AIFS, Child Family Community Australia. Melbourne.
- Child, Family, Community Australia (2014) *Effects of child abuse and neglect for adult survivors*. Resource Sheet. AIFS. Melbourne
- Deloitte Access Economics 2012, *Indigenous Safe Communities – the need for a strategy*. Report for the Department of Families, Housing, Community Services and Indigenous Affairs, August.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D.F., Spitz, A. M., Edwards, V., Koss, M. P. and Marks, J.S. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study, *American Journal of Preventive Medicine*, Vol. 14, No. 4
- Finity Consulting Pty Ltd (2015) *National Redress Scheme Participant and Cost Estimate*, Royal Commission into Institutional Responses to Child Sexual Abuse. Sydney
- Healing Foundation (2012) *Healing Centres Final Report*. Canberra
- Healing Foundation (2013a) *Aboriginal and Torres Strait Islander Healing Programs: A Literature Review*. Canberra
- Healing Foundation (2013b) *Our Healing Our Solutions: Sharing Our Evidence*. Canberra
- Healing Foundation (2014a) *Training and Education: Journey to Healing – December 2012-November 2013*. Canberra
- Healing Foundation (2014b) *A Resource for Collective Healing for Members of the Stolen Generation: Planning, implementing and evaluating effective local response*. Canberra
- Healing Foundation (2014c) *Iling Sidaun: Torres Strait Island Healing Gathering*. Canberra
- Healing Foundation (2014d) *Prospective Cost Benefit Analysis of Healing Centres*. Canberra
- Healing Foundation (2015a) *Glossary of Healing Terms*. Canberra
- Healing Foundation (2015b) *Our Men Our Healing: Evaluation Report*. Canberra
- Healing Foundation (2016a) *Healing for our Stolen Generations: Sharing Our Stories*. Canberra
- Healing Foundation (2016b) *A Theory of Change for Healing*. Canberra
- Hovane, V., Dalton (Jones), T. and Smith, P. Chapter 30 *Aboriginal Offender Rehabilitation Programs* in Dudgeon, P., Milroy, H. and Walker, R. (2014) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Telethon Institute for Child Health Research in collaboration with the University of Western Australia. Perth

- Kelly, K., Dudgeon, P., Gee, G., & Glaskin, B. (2009) *Living on the edge: Social and emotional wellbeing and risk and protective factors for serious psychological distress among Aboriginal and Torres Strait Islander people* (Discussion Paper No. 10). Cooperative Research Centre for Aboriginal Health. Darwin
- Milroy, H. in Zubrick, S. R., Silburn, S.R., Lawrence, D.M., Mitrou, F.G., Dalby, R.B., Blair, E.M, Griffin, J., Milroy, H., De Maio, J.A, Cox, A., and Li, J. (2005) The Western Australian Aboriginal Child Health Survey: *Forced Separation from Natural Family, Forced Relocation from Traditional Country or Homeland, and Social and Emotional Wellbeing of Aboriginal Children and Young People: Additional Note*. Curtin University of Technology and Telethon Institute for ChildHealth Research. Perth
- Milroy, H., Dudgeon, P. and Walker, R. Chapter 24 *Community Life and Development Programs – Pathways to Healing* in Dudgeon, P., Milroy, H. and Walker, R. (2014) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Telethon Institute for Child Health Research in collaboration with the University of Western Australia. Perth
- Parenting Research Centre, (2016). *Implementation best practice: A rapid evidence assessment*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney
- Perry, B.D. (2012) Foreword in Malchiodi. C.A. (Ed) *Creative Interventions with Traumatized Children*. The Guilford Press. New York
- Royal Commission into Institutional Responses to Child Sexual Abuse (2014) *Interim Report Volume One*. Canberra
- Royal Commission into Institutional Responses to Child Sexual Abuse (2015) *Consultation Paper into Redress and Civil Litigation*. Canberra
- Sheehan, N. (2012) *Stolen Generation Education: Aboriginal Cultural Strengths and Social and Emotional Well Being*. Link Up Queensland and Swinburne University of Technology. Brisbane
- Senate Finance and Public Administration Reference Committee (2016) *Commonwealth Indigenous Advancement Strategy tendering process*. Commonwealth of Australia. Canberra
- SNAICC (2012) *Opening Doors Through Partnerships. Practical approaches to developing genuine partnerships that address Aboriginal and Torres Strait Islander needs*. Melbourne
- Victorian Aboriginal Child Care Agency (2015) *Submission to Issues Paper 10 Advocacy and Support and Therapeutic Treatment Services*. Melbourne
- NSW Government (2015) *Mapu Yaan Gurri, Mapu Marrunggirr: Healing Our Way*. University of NSW, Sydney
- Van der Kolk (2005) Developmental Trauma Disorder, *Psychiatric Annals*, Vol.35, No.5
- Zubrick, S. R., Silburn, S.R., Lawrence, D.M., Mitrou, F.G., Dalby, R.B., Blair, E.M, Griffin, J., Milroy, H., De Maio, J.A, Cox, A., and Li, J. (2005) The Western Australian Aboriginal Child Health Survey: *Forced Separation from Natural Family, Forced Relocation from Traditional Country or Homeland, and Social and Emotional Wellbeing of Aboriginal Children and Young People: Additional Note*. Curtin University of Technology and Telethon Institute for ChildHealth Research. Perth
-

www.healingfoundation.org.au



www.facebook.com/healingfoundation



www.twitter.com/HealingOurWay