

# THE ALIVE NATIONAL **WRITER-IN-RESIDENCE** PROGRAM



## About the writer



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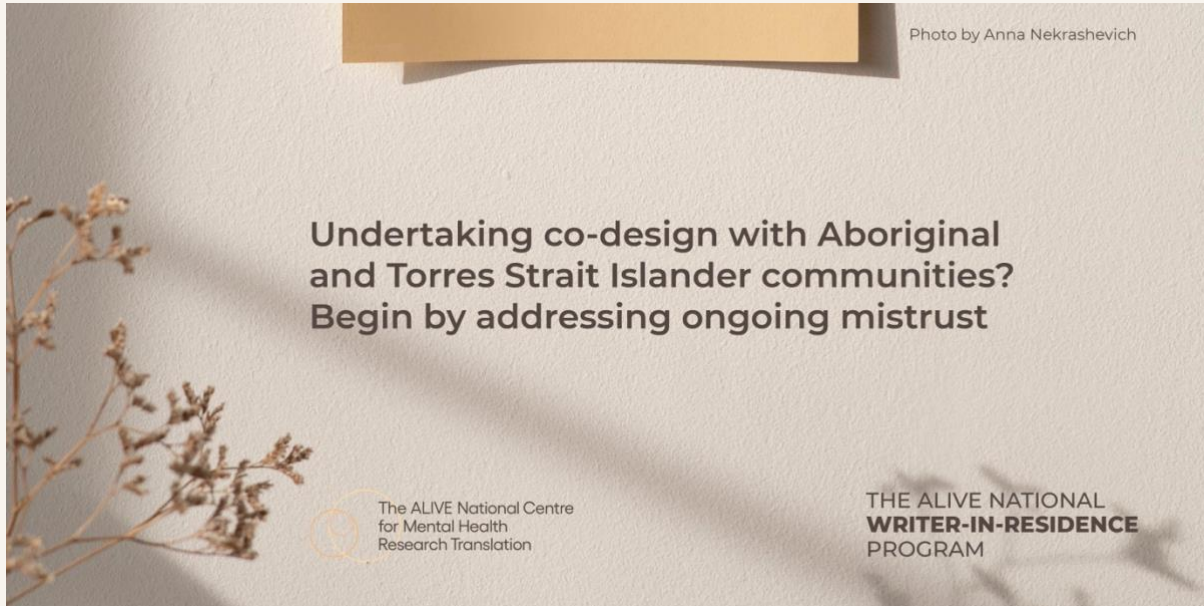
Renee Fiolet is a Research Fellow in the Safer Families Centre of Research Excellence in the Department of General Practice, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Prior to completing her PhD, Renee's background has been in nursing where she focused on paediatrics, primary health care and Aboriginal and Torres Strait Islander people's health before becoming a lecturer in nursing. Renee's research concentrates on family violence and Aboriginal and Torres Strait Islander people's health with an emphasis on Indigenous co-design and knowledge translation activities.

Renee is the President of the Nursing Network on Violence Against Women International (NNVAWI), the Chair of the Sexual Assault and Family Violence Centre (SAFV), Chair of Australasian Association for Academic Primary Care (AAAPC) Conference Committee and member of the Australian Council of Nurses (ACN) nurses and violence taskforce. Renee's lived experience of family violence, sexual assault and mental illness inform the work she does and inspires her desire to co-create spaces where people feel safe to heal. Her hobbies include drinking wine (not to excess!), eating good food, and spending time with friends and fur-babies.



## Issue 1

# Undertaking co-design with Aboriginal and Torres Strait Islander communities? Begin by addressing ongoing mistrust.



I want to begin this short piece by saying that I am a non-Indigenous nurse, turned researcher, who has experience in the Aboriginal and Torres Strait Islander co-design world, but also has loads more to learn in this space. I am speaking from my own experiences here, and I am most definitely not speaking for mob, because I am not mob. I never can be. I am the daughter of a Maltese father and English/Scottish mother. I often feel uncomfortable working in the Indigenous space as a researcher and spend a lot of time reflecting on the fact that as a non-Indigenous researcher I should sit with those feelings of discomfort and know my limitations. What I know I can do is try to work sensitively and appropriately with Aboriginal and Torres Strait Islanders, and it is from that view that I write this piece and share my learning with other non-Indigenous colleagues.

Sadly I've lost count of the amount of non-Indigenous researchers I have met who intend to work with Aboriginal and Torres Strait Islander communities "to help them" achieve improved health outcomes. Most have idealistic notions about the change



their research is going to make in “vulnerable” communities, and grand plans for sharing their “new knowledge” with the world.

Yet it is exactly these (probably) well-meaning researchers who exacerbate the issue of ongoing mistrust in research that exists for Aboriginal and Torres Strait Islanders. Historically, researchers and organisations enter community, collect data – oftentimes inappropriately – and are never heard from again by the Aboriginal and Torres Strait Islander communities who have welcomed them. This is only the tip of the iceberg for why Western researchers and organisations are often not trusted.

Evidence points to the ongoing exploitation of Aboriginal and Torres Strait Islanders by non-Indigenous researchers and organisations ([Rigney, 2001](#)), and has been faced by other colonised Indigenous communities, such as Māori peoples ([Mikahere-Hall, 2017](#)). Seeing little change to this over several decades, Aboriginal and Torres Strait Islanders question the benefit of research being done on their peoples ([Bainbridge et al., 2015](#)). Because, in essence, there is a strong tie between research and colonisation, particularly as those with privilege and power tend to control the research.

Another layer of mistrust lies with non-Indigenous health care professionals. Health care providers were involved throughout the stolen generations ([Clarke, Andrews, & Austin, 2000](#)). With Aboriginal and Torres Strait Islander children continuing to be removed at rates ten times higher than non-Indigenous children ([O'Donnell et al., 2019](#)) a significant amount of mistrust and fear is felt towards those involved.

Further, mistrust is exacerbated when non-Indigenous researchers planning to undertake co-design research with an Aboriginal and/or Torres Strait Islander population fail to engage with community until project conceptualisation and program logics are a distant memory. Instead, their delayed attempts are perceived as tokenistic rather than an authentic desire for co-design. This is something that [Phillip Orcher](#) and his colleagues speak about in their [recently recorded video on](#)



[inclusion and diversity within mob co-design](#), which echo the words of Aunty Pat Anderson (then Interim Chair of the [Lowitja Institute](#)) when she said back in 2010:

*"There is no point doing health research for Aboriginal and Torres Strait Islander people unless it involves Indigenous stakeholders at every step along the way and where their priorities are the ones that matter most"*

### So what can non-Indigenous researchers do to begin to address mistrust?

To address mistrust and mitigate barriers to active participation in co-design for Aboriginal and Torres Strait Islanders, non-Indigenous researchers must **build trust by developing a genuine relationship** with the community they want to work with. This takes time. It takes effort. Often that effort will require the researcher to go well and truly beyond the hours, resources and capacity they have to do the work, but it has to be done. Demonstrating a willingness to establish meaningful relationships also requires the researcher to give some of themselves/show vulnerability to the community to demonstrate that they are deserving of trust.

Researchers need to **check their privilege** and try to view opportunities through the eyes of those who may not have led the same advantaged existence as them. They must question whether they want to leave Aboriginal and Torres Strait Islander people feeling like they had been researched “on” rather than “with” ([Bainbridge et al., 2015](#); [Drawson, Toombs, & Mushquash, 2017](#)). As non-Indigenous researchers, the least we can do is **ensure that Aboriginal and Torres Strait Islander voices are centred in the research** we do with them, and **be respectful of Indigenous ways and knowing**.

### Some practical tips

Make sure there is a **reversal of power** in the way you do your research with Aboriginal and Torres Strait Islander peoples. Encourage the community to determine the needs they want addressed, the methods appropriate for addressing them, and



support community to lead the implementation of change within their own mob – it doesn't need to be you!

You can start doing this by **asking for permission** to speak with community and making sure that community are willing to engage in research. Use an approach that **ensures Indigenous governance** over the research begins at conceptualisation of research. It also helps to **prioritise working on Terms of Reference** with the community early on in the research, where they can clearly articulate what they expect of you as the researcher and your organisation. Most of all, show the community how you plan to give back – **reciprocity is essential** when working with communities whose knowledge has traditionally been stolen from them. I plan to talk much more about reciprocity and beneficence in my next Writer-in-Residence piece!

For those wanting more information about some of the ways to work safely with mob in co-design, check out the [“Working Together with Aboriginal Communities” section of the co-design toolkit](#) put together by the Agency for Clinical Innovation (NSW Government). Alternatively, you may want to know a little more about [recommendations from the Lowitja Institute on undertaking research respectfully](#) with Aboriginal and Torres Strait Islander communities.

*I'm looking forward to sharing some of my other learnings here over the next few months and thank the Wadawurrung community for having the trust in me to allow me to work with them in co-design.*

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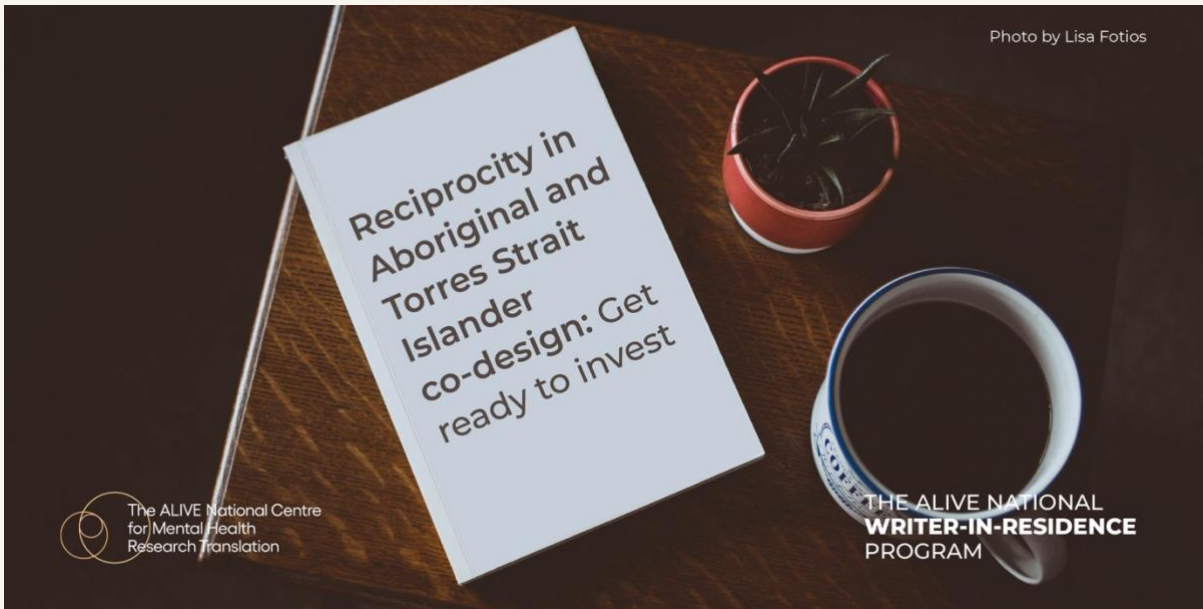
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## Issue 2

# Reciprocity in Aboriginal and Torres Strait Islander co-design: Is it worth the investment?



*I'm going to start this piece in a similar way to the first I wrote by introducing myself as a non-Indigenous woman who works in the Aboriginal and Torres Strait Islander research space; I want readers to know I am speaking from my own perspective. I'm not speaking for Indigenous peoples and would never presume to.*

Aboriginal and Torres Strait Islander communities and individuals have the right to not only engage in the research being undertaken on and with their peoples, but to benefit from it. To enable this to occur, genuine **reciprocity** in research with Aboriginal and Torres Strait Islanders is an absolute must!

I recall reading about reciprocity in the National Health and Medical Research Council's guidelines on Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities (2018). It made sense! It was wonderful to read. However, I also recall thinking *'how the hell am I going to manage that as a PhD candidate who is under-resourced and already overwhelmed by the doctoral*





*journey*? My great learning was that achieving a reciprocal relationship with the Wadawurrung community was the most rewarding part of the four years I spent working with them on a co-design project.

Reciprocity is one of the core values that underpin the NHMRC (2018) guidelines for working ethically with Aboriginal and Torres Strait Islander peoples and communities, yet it is largely misunderstood and often perceived to be quite burdensome. Aboriginal and Torres Strait Islanders have been engaging in reciprocal relationships within and between communities for a very long time; it is a value they have lived by and I'm sure it is why so many of them have fantastic skills in the co-design space. Demonstrating reciprocity is important when undertaking co-design because it can contribute to some of the important elements necessary for effective co-creation. It can enable the development of relationships, it shows that the researcher is willing to invest their time, and it builds trust.

Dean and Timmermans – in an editorial piece earlier this year - spoke to the need to ensure that reciprocity is more than simply arranging for participant payment and appearing at community events. They stated, “[r]eciprocity requires more than turning up or being present. It calls for investment and mutually beneficial exchange” (Dean and Timmermans, 2022, p.217).

### **So how did I demonstrate reciprocity in a co-design project undertaken on Wadawurrung Dja (country)?**

The most important thing for the Wadawurrung community was that we were not just doing research for the sake of doing it; there had to be some kind of tangible benefit for the community at the end. The co-design project did result in **Burdawan** – an online resource for those within the community who were experiencing, using or worried about family violence. This resource is about to celebrate its 3<sup>rd</sup> birthday, and is still being used by members of the community to assess family violence, act on their priorities for the future, and for beginning their healing journey. There were a lot of smaller efforts at reciprocity also within this project. Each research participant was



remunerated for their time in the focus groups and interviews. The Aboriginal Community Advisory Group (ACAG) members had the opportunity to engage in research training in a capacity building effort. All ACAG members received payment for regular meeting attendance; these meetings also took place over a provided dinner. Although these measures required me to source external funding, they were absolutely worth doing and in line with guidelines recommended by the NHMRC (National Health and Medical Research Council, 2018). I think the ACAG really enjoyed getting to be co-authors on papers, attend media interviews, present to the community on the work they had done (including presenting them with a co-authored community report) and even do things like speak on the radio and at conferences.

I knew I needed to do more than that though. I not only attended numerous community events, but helped in organising some too. I was there for some of the less notable activities such as setting up prior to/cleaning up after community activities. Admittedly I had never even imagined that my research role might require me picking up trash; but honestly, it is a small price to pay when community members see that you are there to give back.

You can hear The [ALIVE National Centre](#) Aboriginal researcher Phillip Orcher speak to the topic of reciprocity more in the [video](#) the Centre recently released. If you are looking for a great example of different ways to provide recognition and demonstrate reciprocity you can listen to [Dr Sarah Ireland from Charles Darwin University in this video as she speaks about her research endeavours with Aboriginal and Torres Strait Islander women in Arnhem land!](#)

### How can you offer reciprocity in your co-design relationships?

If you're not sure what to offer in the way of reciprocity, begin with the community and ask them what they want (it will make for a more meaningful exchange and is just good sense). You can also look to recent evidence on methods undertaken by other researchers exploring this space and question how they went about it. I would



begin by looking at what Indigenous researchers are doing. They are fabulous at leading the way here because they genuinely understand how important it is for the contribution of Aboriginal knowledge to be recognised. In fact, it is a really good practice to just question methods used by Aboriginal and Torres Strait Islander researchers in general, and then compare them to the work done by non-Indigenous researchers. Ask yourself “how are Aboriginal and Torres Strait Islanders playing a governance role in research projects and how are their efforts being reciprocated”?

If you are unsure about what questions to ask, you can refer to the [Aboriginal and Torres Strait Islander Quality Appraisal Tool](#) by Harfield et al (2020), specifically questions 11, 12, 13 and 13. An example is question 12: Did the research benefit the participants and Aboriginal and Torres Strait Islander communities? I’ve often found – when critiquing research led by non-Indigenous researched - there is no end-game to the research being proposed/nothing really tangible left for the community at the end. The questions have helped guide some of the research I have been involved in co-designing too. I think if you can meet the criteria set out in the quality appraisal tool above, then you will be well on your way to undertaking ethical and meaningful research with Aboriginal and Torres Strait Islander communities.

## Concluding comments

Make sure you are ready to invest in being reciprocal in the relationship you want to undertake with Aboriginal and Torres Strait Islander communities prior to starting the work. It will help you develop relationships and the community are more likely to trust in your intentions and your work, but more than that, it is just the right thing to do!

## References

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National Health and Medical Research Council. (2018). Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders. <https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples>



## Issue 3

# It's a jungle out there: being triggered by Lived-Experience Research



I was exhausted towards the end of 2022. I know I'm not alone, but awareness that I am surrounded by thousands of others in similar circumstances is not providing solace, nor it should. Being a lived-experience researcher is, at times, the most rewarding experience and you feel like you can make a real difference. There are also times where it can be downright gruelling.

I don't think it is just an end-of-year type exhaustion I was experiencing – although what a year hey! Seriously though, the exhaustion came from someone who has lived-experience of both family violence and sexual assault, advocates and volunteers in the space, and made the decision years ago to also undertake research in the area. There have been times when having that lived-experience has not only felt rewarding and empowering for me, but I believe has also given me greater insight as a researcher, particularly with regards to understanding those who participate in the research we conduct. But at times – like towards the end of last year – that I have felt particularly washed out.



This feeling of overwhelming tiredness and consuming exhaustion is because despite currently “celebrating” the [16 days of Activism during November/December](#), sexual assault survivors were seeing yet another man accused of rape walk free in the Lerhmann trial. Never heard of the Lerhmann trial? That is because it has been commonly cited as the “Higgins” trial by the media and unfortunately our justice system has allowed the survivor, Brittany Higgins, to become the accused, like so many survivors before her. The ruthless cross-examination of Brittany Higgins left her with such poor mental health that the case has been abandoned, the charges dropped.

This is devastating for survivors who were looking to this trial to be a time of change. It was supposed to be the moment Australian survivors were able to say “our country is serious about tackling sexual assault”. Instead, there is a woman in need of serious healing and an alleged rapist who hasn’t had to face any questioning at trial. An accused former AFL player also had charges dropped that same week. Can you feel the exhaustion?

If not, consider those who discovered during December that breaches of Apprehended Violence Orders (AVOs) are reaching an all-time high. Or the fact that over 50 women and as many more children have been murdered because of family and domestic violence this year (in fact I think the deadliest month might have ended up being December – but don’t quote me on that). Sometimes it just feels like we are getting nowhere.

I am rarely triggered by stories I hear, but I think my exhaustion had lowered my personal threshold. So, when a friend told me about the threats their ex-partner had made regarding hurting their pets, it sparked that feeling of being overwhelmed by what I was hearing. It was far from the worst thing I had heard or read recently, and yet it was the trigger, the ignition. The familiar feelings of irritability, discouragement, and then withdrawal started to invade. The one small story – usually something that my experiences and training have helped me to manage appropriately - made me feel like I had to shut down and go into protect mode. So I did for a couple of days.



I am really lucky to be a part of a great team at the [Safer Families Centre of Research Excellence](#), and we care very much about the potential for vicarious trauma among staff and how those with lived-experience can be triggered. We make sure we look after each other, we have relaxation and grounding exercises initiated two times per week during the wellbeing session our leader runs. We also structure regular debriefs between researchers, and it has always been encouraged to catch-up with a mentor after interviewing survivors. We speak to each other about what we can do in our down-time to give our brains a rest from the work, especially when some of us have that lived-experience and know just how easy it is to deeply reflect on our own experiences a little too much unless we put strategies in place to stop that from occurring.

Having said that, we are also aware that we don't always get it right and so actively look for ways to become better in that space. We are currently reviewing some of our policies and our procedures, and in doing so we have been looking at [the Researching with HART \(Healing and Resilience after Trauma\) case study and report](#). A combined effort by HART, the Sexual Violence Research Initiative (SVRI) and the United States Agency for International Development (USAID), the document on *promoting researcher wellbeing through self and collective care* contains information on risk factors for vicarious trauma as well as some strategies around trauma-informed workload management. Although some of the strategies they suggest are already a part of what we do at the Safer Families CRE, they equally made some points we hadn't considered previously.

I was triggered on a Saturday morning – I didn't have my work colleagues to turn to. So, when I was at the Guns N Roses concert that night (don't judge), and Axl Rose screamed into the microphone [“Welcome to the jungle baby”](#), I could really resonate, and knew that I would need to spend a couple of days in self-care mode to feel good again. Rather than explain to you what that involved, I'm going to let the following photographs do the talking and will finish this piece by wishing all fellow lived-experience researchers every bit of strength for the next time they are triggered!





BTW I'm doing real good again.

*For those who are in need of mental health support, consider some of the following resources:*

13 11 14  
[lifeline.org.au](https://lifeline.org.au)

#### SUICIDE CALLBACK SERVICE

1300 659 467  
[suicidecallbackservice.org.au](https://suicidecallbackservice.org.au)

#### BEYOND BLUE

1300 224 636

[If you are struggling with your own self-care, check out this really short but good reminder from Phoenix Australia on how to do it!](#)



## Issue 4

# When that one article just says it all: A review of “A Comprehensive Review of Optimal Approaches to Co-Design in Health with First Nations Australians”



You know when you stumble upon an article that makes so much sense to you and truly encapsulates everything you have been learning and so you keep saying “YES!!!” out loud as you turn the pages?!? That has happened to me and now I am going to share the paper with you because it is a great piece.

[“A Comprehensive Review of Optimal Approaches to Co-design in Health with First Nations Australians”](#) was published in December and led by a team of Authors (both Indigenous and non-Indigenous) from the School of Public Health in the Faculty of Medicine at the University of Queensland (Butler et al., 2022). The review was commissioned by Cancer Australia to determine how co-design had been operationalised with First Nations Australian Communities and to explore the optimal approaches to use when doing this important work.

The systematic review of literature included in the piece is right on point with studies I have been involved in, led or reviewed. I was so pleased to see the collective



knowledge brought together in one paper which (I believe) would be beneficial to any researcher wanting to undertake co-design with Aboriginal and Torres Strait Islander communities. As the authors rightly point out, their paper is only to be used as a blueprint or outline in doing co-design, and each individual project has to be adapted to the context and needs of the community/mob it is being done with. Yet it provides a fantastic summary of practical and ethical considerations necessary to achieving good co-design with First Nations people and communities.

Drawing on evidence from 99 Australian studies using co-design methods and undertaken with Aboriginal and Torres Strait Islander communities until December of 2021, the research team used Collaborative Yarning Methodology to identify six key themes that make a lot of sense. The themes are:

- First Nations Australians Leadership
- Culturally grounded approach
- Respect
- Benefit to First Nations Communities
- Inclusive partnerships; and
- Evidence-based decision making

Each of these key themes is further divided into sub-themes (there are 28 of these practical topics in total) and include great advice on essential elements such as Indigenous governance, adopting decolonising methodologies, cultural safety and the need to provide tangible outcomes for communities. Although I won't go into all themes or recommendations here ([I want you to read the article](#)), I provide an overview of the areas I thought were particularly useful.

I greatly appreciated the depth of discussion in the article regarding the need for flexibility when working with Aboriginal and Torres Strait Islander communities, and had the highlighter out for the following statement:



*While practices and principles may be applied in varying contexts, how they are operationalised in that community will depend on the specific community's needs and preferences" (Butler et al., 2022).*

I also thought it was great that the authors focused on acknowledging the diversity of First Nations peoples, something that we must be careful with when working with Indigenous Australians - who are amazing at identifying their heterogeneity and will be the first to tell you that they don't speak for all mob. It is these aspects of the article that will make it so useful for those starting out in the field or with limited knowledge about how to work respectfully with First Nations peoples and communities.

The authors also argue for regular and culturally appropriate communication which they acknowledge as central to nurturing relationships and partnerships. They suggest using culturally appropriate methods for communication and include story-telling, artwork and newsletters as examples (Butler et al., 2022).

It was great to see the authors collate the evidence on providing fair remuneration. Although this section of their review was brief, it has alerted me to the original studies I can use as evidence that research budgets need to allow for ample and sustainable remuneration, and that remuneration is not enough ie. there needs to be other benefits provided in exchange for the efforts communities put into co-design (Butler et al., 2022).

Importantly, the article covers the fact that when working with mob to co-design, it is essential to work on enhancing the capacity of the community members and to recognise the knowledge they bring to the project. There are suggestions regarding two-way learning, although I fear some researchers may ignore this advice. To be honest, I think that any researcher thinking that they cannot learn from their community co-researchers just doesn't deserve to work with them – am I right? So if

you are reading this – please make sure you prioritise how you are going to engage in two-way learning and respect Indigenous knowledges.

To summarise, my advice is to get reading this piece and add it to your list of resources on how to work in the co-design space with First Nations communities. In fact, your co-design work doesn't even need to be with Aboriginal and Torres Strait Islander communities because the themes and practical elements discussed in the paper should be used in co-design with any population. A big thanks to the authors on collating and analysing the data – you have provided a wonderful summary and I am so pleased to be able to share it with colleagues, friends and YOU!

## References

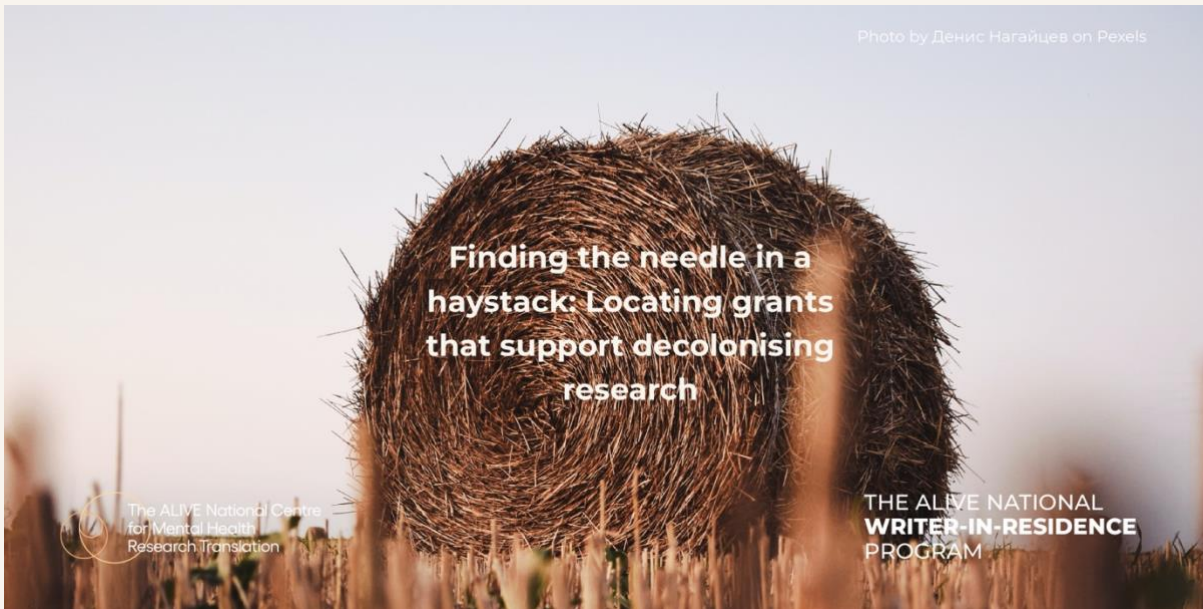
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## Issue 5

# Finding the needle in a haystack: Locating grants that support decolonising research



I'm working with the local Aboriginal community again to follow up on a request they made during my PhD work with them. The Wadawurrung community expressed a real need for the co-design of healing resources (such as videos of Elders) for their mob but it was not within the scope of my study at that time to do that work to the extent that it deserved because we were already working on a family violence resource together. However, I have recently accepted a position which is going to allow me to go back and work on that need identified by the Wadawurrung community. Yay! Right?

I've begun the process by checking in with some of the community members who had felt strongly about the need for healing and healing resources within the community. It turns out that nothing has changed – they are still expressing a real desire for the work to be done. Apparently, recent activities such as the preparedness for Treaty negotiations in Victoria, the Yoorook Justice System public hearings, and the establishment of the Stolen Generations reparation packages have been welcomed by most mob, but, of course, this has meant that people have been re-traumatised as they share their stories. The need for healing seems to be growing



according to the local mob. They are passionate to create meaningful change for their peoples.

As I begin these conversations with community members, the ideas are already piling in despite not being at the point of asking the community for permission as yet, nor have I begun to put together an Indigenous-led governance group.

I'm hearing about the potential to develop artworks, calls for a collection of stories, pleas for Elder's wisdom, suggestions for online resources, and even healing camps where people can reconnect to their country and culture. Each of these ideas encompass culturally important aspects of healing and would be driven by community. The best way to achieve this with community is to employ co-design principles and work to build the capacity of the community to drive this process and create sustainable outcomes. The reality however is that most funding and grant rounds don't provide (or require) the measurement and reporting of outcomes valued by community. There are also limited resources provided to engage in authentic capacity-building of the community I intend to work with, nor is funding ever flexible enough for true co-design.

I think it is going to be hard to reverse the impact colonisation has had in research when the funding/grant models don't appear to value research unless it is undertaken within Westernised methodologies and meets Westernised outcome measures. For too long research in this country has focused on Western ways of knowing and doing rather than valuing alternative and traditional knowledge. Most researchers I know believe we have a role in creating change and reversing the power-imbalance we often see in research, yet those who provide the funds to do research continue to endorse this imbalance through their rigid principles, guidelines and outcome measuring.

The grants researchers are constantly striving to attract are unfortunately supportive of colonial research practices that scholars should be pushing back against. An example is that budgets often direct the research agenda, rather than those who are experiencing health or social disadvantage. The fact that researchers are positioned





to compete against each other for funding is also supportive of our colonial past. Further, it is truly time to question how we can be expected to measure outcomes from Indigenous research against widely identified white measures of success rather than what is considered meaningful or impactful for First Nations Australians.

Government and other large funding bodies could create a space for equity through supporting decolonial discourse and understanding that the power imbalance so often seen in research is not doing anyone any favours. Funders can disrupt these power imbalances rather than supporting them, by valuing alternative knowledges; by promoting grants that centre diversity and equity; and by prioritising capacity building in populations that want to be leading research for their peoples.

Where are all of the community-led grants that will really allow me to respectfully build trusting and engaging relationships and provide appropriate research training to community researchers? Thank goodness there are small community grants/philanthropic organisations that offer more flexibility and support, but they are never going to be the resources for significant, long-term projects.

I want to urge large funders to think about the words of Ashuntantang et al (2021) when they are writing their principles, delivering their guidelines and evaluating the numerous grants submitted to their schemes:

*“there is an urgent need for an overarching ethics framework to guide research funding allocation, to ensure the following: (i) true participant collaboration and ownership by local experts and researchers; (ii) conduct of situation analyses to identify similar projects and funding activities, such that funding contributes to synergies rather than competition; (iii) capacity building is tangibly prioritised; and (iv) oversight of impact must include more than academic publications”.*

It is my position that if the “powers that be” in research funding were able to question what is perceived to be valuable knowledge, then perhaps we could begin to learn more from those who are a part of the oldest living culture in the world. As a society we owe a debt Aboriginal and Torres Strait Islander peoples who have been abused by our research methods for longer than any of us would care to admit. Let’s push



back and create ways for Indigenous Australians to truly have their knowledge valued. An ideal starting point is through real investment.

And by the way, if anyone somehow comes across any grants that would be supportive of community capacity-building and co-design with Aboriginal and Torres Strait Islanders in need of healing, give me a yell!

## References

Ashuntantang, G., Luyckx, V., Naicker, S., & Venkatapuram, S. (2021). Reform of research funding processes could pave the way for progress in global health. *The Lancet Global Health*, 9(8), e1053-e1054.



## Issue 6

# Is trauma-informed care enough? Making a case for trauma and violence informed care in Australia



Australia has been improving their efforts in providing trauma-informed care over the last couple of decades, recognising that trauma is common amongst its populations. Trauma-informed care is founded on five core principles. These include the provision of safety, offering choice, creating a trusting environment, collaborating with the individual, and promoting empowerment in an aim to minimise harm and be sensitive to experiences of trauma (Fallot and Harris, 2009; Kezelman and Stavropoulos, 2018; Bateman et al., 2013).

Australia's trauma history is considerable, given the impact of colonisation, stolen generations, severe bushfires and floods, high rates of family violence, and poor treatment of refugees (Dudgeon, 2017; Dutta, 2016; Taylor and Haintz, 2018). Some estimates suggest that as many as three quarters of our Australia's population have experienced trauma (Australian Institute of Health and Welfare, 2020, 2022). Although trauma-informed care is predominantly offered in mental health care settings and specialist organisations (such as family violence services), there is increasing



recognition that application of trauma-informed care in broader settings is of necessity (Fiolet et al. 2021).

There has been a mounting effort to include trauma-informed care into health care training and education, particularly in nursing (McNaughton et al., 2022). Yet there is a need to recognise that trauma informed-care, whilst achieving great results in improved experiences of care (Wilson et al., 2017), it is missing a critical component.

The Equip Health Care program of research in Canada have been working on an approach that is inclusive of **violence** informed care, extending on trauma-informed care by acknowledging (and addressing) experiences of individual and structural violence) that can intersect with other trauma (Levine et al., 2021). Structural violence refers to the way institutions harm people by inhibiting them from meeting their most simple of needs and is most commonly seen in organisational racism that impacts policies and procedures (Lee, 2019).

In particular, the focus on structural violence encourages health practitioners to consider and challenge how some populations are further disadvantaged by rigid and discriminatory policies and practices within the organisations they work for (Wathen and Varcoe 2021). Training in violence informed care encourages practitioners to recognise and contest inflexible and prejudiced policies as well as focus on the social determinants of health impacting patient lives (Wathen and Varcoe 2021).

Trauma and violence informed care has been an important component of the Equity-oriented health care program being implemented in Canada (Browne et al., 2018). Given that equity in health care is a goal we should all be trying to achieve, I can't help but wonder if it is time that Australia look at implementing a similar approach, especially as there is evidence that the approach increased practitioner awareness and confidence in providing care that was relevant to their patient (Levine, et al., 2021).

Recent statistics indicate that health care provided in Australia needs to improve. The Australian Bureau of Statistics (ABS, 2022) indicate that many Australians are experiencing many barriers to care (such as increased costs, accessibility and delays in care), and are having less positive experiences during care encounters. Further, as many as 39% of people experiencing mental health issues either delayed or did not visit a health care practitioner when needing to (ABS, 2022). Surely this suggests that we need to adopt approaches that are more responsive to client needs, reduce inequities in care access and experiences, and provide opportunities for health care providers to recognise and challenge inequitable systems.

I would really like to see Trauma and Violence Informed Care implemented into the Australian health care system. To me it is a no brainer, and when I think about the care that I would like to receive, I find it hard to understand why we are not already doing this. For anyone wanting to know more about Trauma and Violence Informed Care and equity-oriented health care, please check out the great work of [Equip Health care in Canada](#).

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## Issue 7

# Wanting to decolonise your research approaches? Start the journey by uncovering your positionality as a researcher.



Decolonising research (disrupting the power imbalance seen in traditional acquisition of knowledge) is a huge goal that no single researcher can tackle on their own. Yet we have all read the inspirational quotes telling us that if many people make many small changes in the way they approach things, then greater shifts can occur and the world will be a better place, right? So, what better place to begin creating change in towards more ethical and equitable research processes, than by realising and owning your own **positionality** and recognising how it impacts the research you choose to pursue, the methods you undertake, the way you analyse data, and how you share findings. Unsure of what positionality is? Positionality refers to your identity or position, and is often informed by your values and experiences; but it might be easier to understand if I explain mine...

I identify as a non-Indigenous (white), English speaking, heterosexual, cisgendered Australian who was born on Wadawurrung Country of the Kulin Nation to a Maltese father and English/Irish/Scottish mother. Although we didn't have a lot of resources



when I was growing up, I was never short of a meal nor had problems accessing educational opportunities. Living in a regional area of Australia, I have always had reasonable (albeit not great) access to health care, community and other essential services. Essentially, I have led a pretty privileged existence.

That isn't to say that I have not experienced challenges – being a survivor of sexual assault and family violence, as well as having a history of mental ill-health and being a carer for someone with mental ill-health has been difficult – yet not nearly as difficult as it would have been if I also experienced racism, a disability, had poor educational outcomes or if I'd not been able to identify with the gender I was born into.

**My experiences of privilege throughout my life have shaped who I am** today, how I view the world, and has informed my assumptions and beliefs. I have lived among many who have not enjoyed the same privilege as I. Equally, I have spent plenty of time amongst people who are as privileged as I but who are keenly aware of the barriers and challenges faced by others; their willingness to recognise their own privilege has inspired me. These somewhat small exposures have allowed me to appreciate my opportunities while also allowing me to challenge and question why so many inequities exist.

So as my research journey has taken shape, I have constantly reflected on – and occasionally challenged – my beliefs and what kind of research I want to do. I identify as an anti-oppressive, intersectional feminist researcher who is committed to decolonising research that I am involved in. When thinking about my positionality, it allows me to make sense of how to do research, who I want to do that research with, and how to make sense of the data we generate together.

Being an anti-oppressive researcher, particularly when working in the Aboriginal and Torres Strait Islander health space, means working to reverse the traditional significant power-imbalance we see in research where the relationship has been transactional and extractive and power rests with the researcher. Indigenous peoples



across all countries of the globe know what it is like to be research participants who never have a say in the research being done on them despite it being for their people. I can't do that, and I don't want that. Being an anti-oppressive researcher who wants to dismantle the structures that continue to do research on oppressed people rather than value their voices, it is important to me that I try to reverse the power-imbances that often exist in the research I am invited to join.

Reflecting on my values means that I can locate my position within the research I want to do. It helps me to realise that I want to facilitate research rather than impose it. My positionality allows me to recognise that traditional research roles and methods don't have to apply to all contexts (nor should they), and that I can take the time to build relationships with individuals and communities to determine how they are comfortable for research to be undertaken with their mob.

Until recently, I thought my positionality was important, but only to how I analysed research findings. Now that I have realised how essential it is for influencing my ongoing efforts to decolonise research that I am involved in, I am allowing it to influence the projects I choose to do, who I work with and how we do that work. Research is about much more than an end goal; it is about how you conduct yourself while doing it. So, if you want to join me in figuring out how you can add to the decolonisation of research so urgently needed in our country, start by thinking about how you currently position yourself in your research and what that means to your work.

## Issue 8

### #VoteYES with me



*Recognition of the First People of Australia through a voice to Parliament is a move towards celebrating culture and improving mental health outcomes for the most marginalised Australians.*

I feel like I am being a bit cheeky using my very last Writer In Residence piece to support a call to action but I need to be opportunistic with the timing!

Last week - Prime Minister of Australia announced the wording of the referendum 2023 question and proposed amendment. As he says – it is a very simple one:

**A Proposed Law: to alter the Constitution to recognise the First Peoples of Australia by establishing an Aboriginal and Torres Strait Islander Voice. Do you approve this proposed alteration?**

Those who have kept up with the narrative surrounding constitutional recognition through a voice to Parliament will know that there have been a minority of loud voices speaking out against the change. Today they have been silenced because the



Government have declared that the vote will absolutely go ahead. As the Minister for Indigenous Australians Linda Burney said following the announcement, it is a “simple but powerful act”. The Government have declared that they truly care for the future of Aboriginal and Torres Strait Islanders in pushing forward with the referendum.

I cannot even begin to express my awe for Aboriginal and Torres Strait Islander leaders such as Professor Megan Davis, Professor Marcia Langton AO, and Professor Pat Anderson AO; they are all fiercely passionate women and have been strong in their unwavering dedication to making this happen!

So just why am I writing about this on a post for the Alive National Centre for Mental Health Research Translation???

Well you don't need to be a rocket scientist to understand how much identity and recognition are essential to self-determination and social and emotional wellbeing. You only have to read the following lines from The Uluru Statement from the Heart (2017) to appreciate this further:

*We seek constitutional reforms to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.*

Aboriginal and Torres Strait Islander mental health has long been linked to the experience of racism (Dudgeon et al., 2010; Kairuz et al., 2021; Temple, Kelaher and Paradies, 2020) which is known to be a particular issue with Indigenous Australian youth (Priest et al., 2011). On the flip side, connection and engagement with culture is known to enhance social and emotional wellbeing (Murrup-Stewart et al., 2021), and being recognised (finally) in Australia's constitution as the first inhabitants of this land, will enable culture to flourish and be celebrated.



In fact, connecting to culture is known to be a protective factor in preventing mental illness, and is recommended in Aboriginal and Torres Strait Islander suicide prevention efforts (Dudgeon et al., 2016; Dudgeon et al., 2020). The work of Gee, Dudgeon, Schultz, Hart and Kelly in 2013 in creating the wheel of Social and Emotional Wellbeing from an Aboriginal and Torres Strait Islanders' Perspective shows how important **connection** is. Connection to kin, to country and to culture are essential to the health of Australia's First Nations peoples.



© Gee, Dudgeon, Schultz, Hart and Kelly, 2013

In my eyes, the referendum is giving Australians a chance to not only endorse constitutional recognition of Aboriginal and Torres Strait Islander peoples through a voice to parliament, it is giving us the opportunity to express our desire to walk alongside Indigenous Australians as they pursue their journey towards healing. It is a way in which we can say that we know that colonisation has caused pain. It is offering us the opportunity to support the celebration of a strong, resilient (and the oldest)

culture and that can lead to improved social and emotional wellbeing for the First Peoples of this country.

Who wouldn't say yes to that? Join me to #VoteYes

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