University of Central Lancashire
UCLan

Central Lancashire Online Knowledge (CLoK)

Title	Responses to the primary health care needs of Aboriginal and Torres Strait Islander women experiencing violence: A scoping review of policy and practice guidelines
Type	Article
URL	https://clok.uclan.ac.uk/id/eprint/34825/
DOI	https://doi.org/10.1002/hpja.417
Date	2021
Citation	Walker, Natasha, Mackean, Tamara, Longbottom, Marlene, Coombes, Julieann, Bennett-Brook, Keziah, Clapham, Kathleen, Ivers, Rebecca, Hackett, Maree, Redfern, Julie et al (2021) Responses to the primary health care needs of Aboriginal and Torres Strait Islander women experiencing violence: A scoping review of policy and practice guidelines. Health Promotion Journal of Australia, 32 (2). pp. 40-53.
Creators	Walker, Natasha, Mackean, Tamara, Longbottom, Marlene, Coombes, Julieann, Bennett-Brook, Keziah, Clapham, Kathleen, Ivers, Rebecca, Hackett, Maree, Redfern, Julie and Cullen, Patricia

It is advisable to refer to the publisher's version if you intend to cite from the work.
https://doi.org/10.1002/hpja.417

For information about Research at UCLan please go to http://www.uclan.ac.uk/research/

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the http://clok.uclan.ac.uk/policies/

Table 1 Definitions of concepts identified as key components within federal, state and territory policy that addresses the primary health care needs of Aboriginal and Torres Strait Islander women experiencing violence who seek support from primary health care providers

Family Violence	An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities.[1] It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.[1]
Violence against Aboriginal and Torres Strait Islander Women	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm to or suffering of Aboriginal and Torres Strait Islander women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.[2] Violence against Aboriginal and Torres Strait Islander girls and women cannot be separated from the wider context of discrimination and exclusion to which Aboriginal and Torres Strait Islander peoples are exposed in social, economic, cultural and political life. Challenges – such as dispossession, conflict, insecurity, displacement, low rates of birth registration, limited access to culturally appropriate (including sexual and reproductive) health, lack of access to justice and other essential services, including social services – create conditions that affect development, human security and fulfilment of human rights.[3]
Social Determinants of Aboriginal and Torres Strait Islander Health and Wellbeing	The social determinants of health are the conditions that influence an individual's or communities' health and wellbeing. Social determinants that contribute to the positive health and wellbeing of Aboriginal and Torres Strait Islander people include oral history, cultural survival, family support and connection, emotional wellbeing, community control, self-determination and affirmation of cultural practices.[4] Conversely, social determinants that contribute to the negative health and wellbeing of Aboriginal and Torres Strait Islander people include housing, education, access to income, economic resources, employment and racism.[4]
Cultural Safety	Cultural safety is an approach to care that puts the onus for change on the health service provider rather than on the patient. It is an undertaking to consider the things that make the patient unique and provide care that takes account of these differences.[5] Cultural safety in the context of providing care to Aboriginal and Torres Strait Islander women includes having regard to differences, decolonisation, considering power relationships, reflexivity and engaging the patient in dialogue to determine what safety means to them.[5] Cultural safety includes cultural awareness, cultural respect and cultural competency.[5]
Holistic Health	The concept of holistic health is not just the physical well-being of the individual, but the social, emotional and cultural well-being of the whole community; this is a whole of life view and also includes the cyclical concept of life-death-life.[6]
Trauma	Trauma refers to an event that is psychologically overwhelming for an individual, the event involves a threat (real or perceived) to the individual's physical or emotional wellbeing.[7] Complex trauma results from an individual's exposure to multiple or prolonged traumatic events that do not

	categorically fit psychiatric criteria for post-traumatic stress disorder.[7] A consequence of secondary exposure to trauma is intergenerational trauma, which can be transferred from the first generation of survivors that have experienced (or witnessed) traumatic events to the second and further generations of descendants of the survivors.[7] Historical trauma is a type of trauma transmitted across generations, it is a subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclical processes.[7]
Patient Centred Care	The core concepts of patient centred care include respect for patients' preferences and values, emotional support, physical comfort, information, communication and education, continuity and transition, coordination of care, the involvement of family and friends, access to care,[8] sensitivity to nonmedical and spiritual dimensions of care,[9,10] informing and involving patients, engaging patients in the care process and designing care processes to suit patient needs, not providers.[11] Patient centred care includes responsiveness [12], consumer-centred care, person-centred care, personalised care, family-centred care and relationship-centred care.[13]
Trauma and Violence Informed Care (TVIC)	Care that is informed by a decolonised understanding of trauma.[14] It recognises the historic and ongoing systemic inequalities manifesting as structural violence and trauma. TVIC consists of respectful, empowerment practices to facilitate healing, with a focus on reducing re-traumatisation.[7] The intention is not 'trauma treatment', such as talking therapies[15] but rather creating an environment that is safe and understanding. TVIC also recognises and contextualises the health issues that intersect with experiences of trauma and violence, including chronic health issues, mental health issues and substance abuse.[14]

References

1. Victorian Indigenous Task Force. Victorian Indigenous Family Violence Task Force Final Report. Melbourne: Aboriginal Affairs Department for Victorian Communities; 2003.

2. The United Nations General Assembly. Declaration on the Elimination of Violence against Women [Internet]. The United Nations; 1993 [cited 2019 Jan 24]. Report No.: A/RES/48/104. Available from: http://www.un.org/documents/ga/res/48/a48r104.htm

3. United Nations Statistics Division. Violence Against Women. In: The World's Women 2015 Trends and Statistics. The United Nations; 2015.

4. Australian Association for Adolescent Health (AAAH). The Health and Wellbeing of Aboriginal and Torres Strait Islander Young Peoples: Position Paper. 2019.

5. Taylor K, Guerin P. Health care and Indigenous Australians : cultural safety in practice [Internet]. 1st ed. South Yarra, Vic. : Elizabeth Vella on behalf of Palgrave Macmillan; 2010 [cited 2019 Jan 24]. Available from: https://trove.nla.gov.au/work/28373091

6. National Aboriginal Health Strategy Working Party, Mayers N. National Aboriginal Health Strategy [Internet]. Canberra: National Aboriginal Health Strategy Working Party; 1989 [cited 2019 Jan 23]. Available from: https://trove.nla.gov.au/version/45735722

7. Atkinson J. Trauma-informed services and trauma-specific care for Indigenous Australian children [Internet]. Closing the Gap Clearinghouse; 2013. Report No.: 21. Available from: https://www.aihw.gov.au/getmedia/e322914f-ac63-44f1-8c2f-4d84938fcd41/ctg-rs21.pdf.aspx?inline=true

8. Gerteis M, Edgman-Levitan S, Daley J, Delbanco TL, editors. Treating Patients as Individuals. In: Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care [Internet]. First edition. San Francisco : Jossey-Bass; 1993 [cited 2019 Jan 23]. Available from: https://trove.nla.gov.au/version/44880712

9. Shaller D, Consulting S. Patient-Centered Care: What Does It Take? Picker Institute and the Commonwealth Fund; 2007 p. 34.

10. International Alliance of Patient's Organisations (IAPO). What is Patient-Centred Health Care? A Review of Definitions and Principles. London: IAPO; 2007 p. 1–34.

11. Robb G, Seddon M, Effective Practice Informatics and Quality (EPIQ). Quality improvement in New Zealand healthcare. Part 6: keeping the patient front and centre to improve healthcare quality. N Z Med J. 2006 Sep 22;119(1242):U2174.

12. The World Health Report 2000: health systems: improving performance. Geneva: World Health Organisation; 2000 p. 1–215.

13. Australian Commission on Safety and Quality in Health Care (ACSQHC). Patient-centred care: improving quality and safety through partnerships with patients and consumers. Darlinghurst, N.S.W.: ACSQHC; 2011.

14. Browne AJ, Varcoe C, Lavoie J, Smye V, Wong ST, Krause M, et al. Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study. BMC Health Services Research [Internet]. 2016 Dec [cited 2018 Nov 14];16(1). Available from: http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1707-9

15. Browne AJ, Varcoe CM, Wong ST, Smye VL, Lavoie J, Littlejohn D, et al. Closing the health equity gap: evidence-based strategies for primary health care organizations. International Journal for Equity in Health. 2012;11(1):59.