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Supplementary file 1: Summary of key concepts in policies addressing primary health care support for Aboriginal and Torres Strait Islander women experiencing violence

1. Family Violence

The National Plan defines family violence as:

A broader term that refers to violence between family members, as well as violence between intimate partners...the term ‘family violence’ is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur.¹

It states family violence involves the same behaviours as domestic violence, which is defined as:

An ongoing pattern of behaviour aimed at controlled a partner through fear... in most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal. Domestic violence includes physical, sexual, emotional and psychological abuse.¹

The National Plan explains best practice involves providing incentives and support payments for nurses and Aboriginal Family Health Workers in regional and rural areas to complete domestic violence training.¹

Minymaku Kutju Tjukurpa defines ‘domestic and family violence’ as a ‘crime’ that is:

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‘usually directed at an intimate partner – spouse, girlfriend, ex-partner, child. Can involve sexual, physical, emotional, or economic violence, threats of violence, behaviour that causes fear.’²

Child neglect, abuse, sexual abuse is further defined as ‘part of continuing and growing pattern of behaviour that may escalate – could go from emotional to physical violence’.²

Minymaku Kutju Tjukurpa has a specific section (p.324-326) that states best clinical practice when domestic and family violence is suspected.² It also outlines the following circumstances that practitioners must consider domestic and family violence suspicious:

‘injury doesn’t match story of how it happened; injuries covered by clothing — breasts, abdomen, chest, unusual or hidden places on body; injuries to abdomen or private parts (genitals), injuries when pregnant; treating women with gynaecological or anxiety problems; person repeatedly comes to clinic with injuries or vague symptoms; delay in seeking medical attention, doesn't want to talk about what happened; or if concerned about a child.’²

The Third Action Plan defines family violence as:

a broader term that generally extends to violence between family members as well as violence between intimate partners... (it) is the preferred term to identify violence experienced by Aboriginal and Torres Strait Islander people, where violence can occur between people from a range of marital and kinship relationships.³

The National Plan¹ and Third Action Plan³ do not cover all typologies of violence.

The White Book⁴ defines ‘Aboriginal and Torres Strait Islander violence’ as per the definition in the Victorian Indigenous Family Violence Task Force Report:

a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses, one-on-one fighting, self-harm, injury and suicide that occur within families, intimate relationships, extended families, kinship networks and communities.^{4,5}

The NSW AFHW Operational Guidelines⁶ defines family violence as per the Aboriginal Child Sexual Assault Taskforce’s definition:

Family violence describes all forms of violence (including physical, emotional, sexual, sociological, economic and spiritual) in intimate, family and other relationships of mutual obligation and support.⁷

The NSW AFHW Operational Guidelines additionally states:

Family violence encapsulates the extended nature of Aboriginal families and takes account of the diversity and complexity of kinship ties in Aboriginal communities. It recognises that Aboriginal family violence impacts on a wide range of kin and community members.⁶

The WA Reference Manual⁸ defines family violence with reference to the *WA State Government Strategic Plan for Family and Domestic Violence 2009-2013*:

Family and domestic violence is usually not an isolated event but is a pattern of ongoing, repetitive and purposeful use of physical, emotional, social, financial and/or sexual abuse used to intimidate or instil fear. Such behaviour enables the one person to control and have power over the other person in an ‘intimate’ or family relationship. It is considered to be behaviour which results in physical, sexual and/or psychological damage, forced social isolation, economic deprivation or behaviour which causes a person to live in fear.⁸

2. Violence against Aboriginal and Torres Strait Islander women

The National Plan defines Violence against Aboriginal and Torres Strait Islander women and girls by the higher prevalence of hospitalisation as a result of family violence¹ and as per the United Nations Declaration on the Elimination of Violence Against Women.⁹ The concept is embedded.¹ Best practice is stated as fostering the leadership of Aboriginal and Torres Strait Islander women within communities and broader Australian society, and improving their access to appropriate services.¹

Minymaku Kutju Tjukurpa defines Violence against Aboriginal and Torres Strait Islander women and children as including domestic and family violence (see section 1.1 for definition and best practice).²

The Third Action Plan defines violence against Aboriginal and Torres Strait Islander women as more prevalent and complex than violence against non-Aboriginal and Torres Strait Islander women.³ It distinguishes violence against all women as more severe and part of an ongoing pattern of intimidation and control, compared to violence against men.³ The concept is embedded.³

The White Book defines the predominant proportion of people who experience violence as Aboriginal and Torres Strait Islander women when compared to Aboriginal and Torres Strait Islander men and children.⁴ The concept is embedded.⁴

The WA Reference Manual defines family and domestic violence as a gendered crime of violence against women when it is between men and women.⁸ The concept is embedded.⁸

The policies that define the specific context of violence against Aboriginal and Torres Strait Islander women beyond its disproportionate prevalence are discussed below.

3. Social Determinants of Aboriginal and Torres Strait Islander Health and Wellbeing

The National Plan defines family violence experienced by Aboriginal and Torres Strait Islander women as unique due to the significant disadvantage experienced by Aboriginal and Torres Strait Islander peoples creating complex issues and requiring extra effort to reduce violence.¹ Best practice is explained as fostering the leadership of Aboriginal and Torres Strait Islander women; improving economic status; funding initiatives to close the gap in housing, health, early childhood, economic participation and remote service delivery; and improving access to appropriate services for women and their children.¹

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126 The Third Action Plan refers to the intersecting factors influencing violence. It states the need
127 for an ‘Indigenous-specific’ policy resource; further research on the social impacts of
128 violence; support for female leadership, education and workforce participation; and
129 wraparound, case-managed support for families.³

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131 The White Book acknowledges family violence against Aboriginal and Torres Strait Islander
132 women is influenced by colonisation policies and practices, dispossession and cultural
133 dislocation, dislocation of families through removal, marginalisation as a minority,
134 unemployment, welfare dependency, addictions, health and mental health issues, low self-
135 esteem and a sense of powerlessness.⁴ It does explain the factors or the role of GPs in
136 addressing them.⁴

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138 The NSW AFHW Operational Guidelines refers to the core role of AFHW including family
139 support focused activities, such as initial crisis support, advocacy and referral to other
140 services.⁶ Further explanation of those core roles is embedded throughout the policy,
141 including an emphasis on the role of the AFHW as a liaison with government and non-
142 government agencies.⁶

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144 The WA Reference Manual advises practitioners to consider the ‘big picture’ when working
145 with Aboriginal and Torres Strait Islander clients and that the violence may be part of an
146 ‘underlying bigger problem’.⁸ The policy also advises practitioners to consider language
147 barriers and potential fears or doubts and lack of knowledge or understanding of legal
148 services and the police.⁸ The WA Guideline includes Aboriginal Medical Services as a
149 referral agency on the ‘FDV Assessment Outcome Recording’ Form.⁸

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151 Minymaku Kutju Tjukurpa refers to the importance of family support and connection, and
152 cultural practices in clinical appointments.² Additionally, in the setting where domestic and
153 family violence is suspected, ensuring the patient has adequate housing is emphasised.²

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155 4. Cultural Safety

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157 In the WA Reference Manual cultural safety is a role of WA health professionals. It is
158 described as taking into account and not diminishing or threatening the differences, cultural
159 rights, expectations or practices of Aboriginal and Torres Strait Islander people and families
160 and reflecting on the historical and personal context.⁸ Best practice is explained as
161 understanding the context of ‘racism, dispossession, marginalisation, poverty and separation
162 of children from their parents’, establishing a long term involvement with the patient to build
163 trust, understanding ‘Aboriginal families view their family structure and relationships
164 differently to the mainstream community’ and ‘providing same-sex staff to assess and treat
165 the client’.⁸

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167 Minymaku Kutju Tjukurpa defines cultural safety as a health care environment that is
168 culturally safe and secure with practitioners that are culturally aware and competent. Best
169 practice is referred to as learning about the local culture, being respectful.² Best practice for
170 considering cultural beliefs, effective communication and methods of questioning patients is
171 explained in detail and practitioners are given instructions and examples (pg.3).²

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173 The National Plan argues cultural competence of mainstream and specialist services is
174 important for improving access for Aboriginal and Torres Strait Islander women.¹ The onus

for change is on the health service provider,¹⁰ however there is no explanation of what cultural competency includes.

The NSW AFHW Operational Guidelines does not mention cultural safety in the context of PHC for Aboriginal and Torres Strait Islander women experiencing violence.⁶ Within the first month of employment AFHWs are required learn how ‘they meet the needs of Aboriginal communities in a culturally appropriate manner’.⁶ The onus is on the AFHW to provide culturally appropriate care¹⁰ but it is not defined.

A key action in the Third Action Plan is to establish culturally appropriate support for Aboriginal and Torres Strait Islander women.³ The importance of culturally appropriate policy, programs and primary prevention activities is mentioned in the Aboriginal and Torres Strait Islander women and their children priority area.³ The policy does not indicate who the onus for change is on or define culturally appropriate support, policy, programs or activities.

5. Holistic Health

The Third Action Plan mentioned holistic health in the context of establishing improved community-driven, trauma-informed supports to Aboriginal and Torres Strait Islander women and their children who have experienced violence.³

The NSW AFHW Operational Guidelines defined holistic health as a:

perspective which acknowledges that solutions to family violence are to be found in local communities. They (AFHW) recognise the historical, cultural, legal, social,

political and personal power relations affecting Aboriginal and Torres Strait Islander communities.⁶

The WA Reference Manual defined a whole-of-life view of health in the ‘key points to remember when working with Aboriginal people’ as a:

social, emotional and cultural wellbeing of not just the individual but the whole community and includes the cyclical nature of life-death-life.⁸

Both definitions draw from the definition of holistic health in the NAHS.

Minymaku Kutju Tjukurpa mentions concepts relating to holistic health throughout the guidelines, in particular in the sections ‘cultural safety tips’ (p.3) and ‘looking after women’s health’ (p.6).²

6. Trauma

The National Plan mentions the need to heal trauma in order to build community capacity at the local level.¹ The Third Action Plan recognises the impacts of past trauma resulting from colonisation and social disadvantage.³ The WA Reference Manual highlights the importance of recognising trauma and loss.⁸ Minymaku Kutju Tjukurpa refers to trauma associated with women’s health issues, such as sexual assault, and delineates between primary, life threatening, trauma and secondary trauma.²

7. Patient Centred Care

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226 The WA Reference Manual referred to patient centred care as client centred under the role of
227 WA Health.⁸ The practice points for ‘Aboriginal Peoples and Families’ include, taking into
228 account cultural rights, expectations or practices, developing trust and working in partnership
229 with clients, considering the client’s preferences, being flexible in service delivery, offering a
230 range of services and respecting the client’s choice.⁸ While client centred care is not defined,
231 the core aspects of this concept are embedded. The basis of Minymaku Kutju Tjukurpa is
232 patient centred care as it is designed specifically for Aboriginal and Torres Strait Islander
233 women in the health care setting.²

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235 8. Trauma and Violence Informed Care (TVIC)

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237 A key action in the Third Action Plan is to establish trauma-informed support for Aboriginal
238 and Torres Strait Islander women who have experienced violence.³ There is no definition of
239 TVIC. Of the five best practice examples, two reflect TVIC: develop wraparound, case-
240 managed support and improve service delivery to provide intensive, holistic, culturally
241 sensitive responses.³ The guidelines in Minymaku Kutju Tjukurpa emphasise the need for
242 safe and understanding environments, which is informed by a TVIC approach.²

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