Department of Justice and Attorney-General

Aboriginal and Torres Strait Islander People – Healing Project 2013

Victim Assist Queensland

eDOCS #2062351

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1. Definitions

Client
In the context of this research project, client is defined as *"an Indigenous victim of a violent personal crime, including and not limited to persons related to the primary victim, witnesses and other community members"*.

Culturally appropriate
In the context of this project, culturally appropriate is defined as *"an understanding of ones culture and to provide a culturally safe space for Indigenous clients to tell their story in order for the healing process to commence"*.

Indigenous
In the context of this project, Indigenous is defined as *"an Indigenous Australian person of Aboriginal or Torres Strait Islander descent"*.

Trauma
In the context of this project, trauma is defined as:
- a serious injury or shock to the body, from violence or an accident;
- an emotional wound or shock that creates substantial, lasting damage to the psychological development of a person; or
- an event or situation that causes great distress and disruption.

2. Background

2.1 Actions to respond to the needs of Aboriginal and Torres Strait Islander victims of crime

Victim Assist Queensland (Victim Assist) was established to provide a central point of contact for victims of violent crime to access financial assistance and goods and services to assist in their recovery. Prior to the introduction of Victim Assist on 1 December 2009, a comprehensive consultation process was undertaken to ensure that the new financial assistance scheme better met the needs of victims of violent crime in Queensland, than the now repealed criminal injury compensation schemes under the *Criminal Offences Victims Act 1995* (COVA) and the *Criminal Code Act 1899.* These schemes were 'lump sum' compensation schemes and were found to be overly legalistic and lengthy.

The financial assistance scheme administered by Victim Assist differs from COVA by focusing on the victim's recovery through the provision of timely referral to support services and granting of financial assistance. The Victim Assist scheme aims to facilitate greater access and use of services by victims of crime to assist them to heal both physically and psychologically.

It was acknowledged that the new service delivery focus of Victim Assist presented challenges for Aboriginal and Torres Strait Islander peoples, particularly those residing in regional and remote communities where fewer or no services were operating. In an effort to overcome this barrier and ensure that services were available, key government and non-government stakeholders from the North and Far North of Queensland were consulted and an action plan developed.

The action plan was published in a report titled *Victim Assist Queensland: Actions to respond to the needs of Aboriginal and Torres Strait Islander victims of crime* (the Plan). The Plan included 13 key actions. Action seven of the plan states that Victim Assist will "*undertake or commission research on best practice Aboriginal and Torres Strait Islander counselling models*". Recommendation seven of the Plan has given rise to this project.

2.2 *Victims of Crime Assistance Act 2009*

Victim Assist operates under the *Victims of Crime Assistance Act 2009.* This legislation makes provision for the appointment of a Victim Services Coordinator whose functions include:

- undertaking research or commissioning research about the needs of victims of crime;
- develop educational and other programs to promote awareness of the needs of victims of crime and the Fundamental Principles of Justice for Victims of Crime; and
- to distribute information about the operation of this Act, and the coordinator's functions, to victim service providers and the public generally.

To provide these services to the community, the Victim Services Coordinator manages the Victim Services Coordination Unit which consists of the following work units;

- Victims LinkUp – the gateway to Victim Assist. This information and referral service links victims of violent crime to appropriate services such as counselling;
- Regional Coordinators – Regional Coordinators are based in Cairns and Townsville. They are responsible for undertaking training sessions to services dealing with victims of violent crime, undertaking and implementing projects in their region, practical financial assistance (assisting with form filling etc) and responding to the needs of Indigenous victims of violent crime in remote communities and regional centres;
- Community Research and Liaison Officers – These positions are responsible for providing information sessions for stakeholders working with victims of violent crimes across the State. They are also responsible for conducting research projects; and
- Victim Coordination Officers in Ipswich, Rockhampton and Cairns – officers in these locations work with victim of crime services in their region to build capacity and can provide information about:
    - court processes, including potential timeframes;
    - referral to specialist agencies that can provide practical court support,
    - assistance writing a Victim Impact Statement and referral to counselling;
    - supporting clients through a court matter, including accompanying the victim and or their family to court, conferences and meetings in the courthouse; and
    - assisting clients to complete an application for financial assistance.

3. Statistical Snapshot

Victim Assist provides financial assistance for goods and services required by a victim to assist in their recovery. The below statistics in Table A reveal that 17.6% of applicants identify as Aboriginal or Torres Strait Islander. Given the focus of this project, Table B provides a snapshot of the amounts granted and paid to Indigenous applicants for each category of assistance. The figures show that Indigenous clients engage with counselling services at a particularly low rate compared to other services. It is useful to note here that a grant of assistance can be made for future expenses such as counselling, and can be paid on receipt of those services.

Table A: Total number of applicants and percentage (as of 4 June 2013)

APPLICANT CATEGORY	TOTAL NUMBER	TOTAL %
Aboriginal	710	14.85%
Aboriginal and Torres Strait Islander	73	1.53%
Torres Strait Islander	61	1.28%
Non-Indigenous	3317	69.39%
Unknown	619	12.95%
Total Aboriginal and/or Torres Strait Islander	**844**	**17.66%**
TOTAL	**4780**	**100%**

Table B: Total amount of assistance granted and paid to Indigenous applicants (as of 4 June 2013)

CATEGORY OF ASSISTANCE	GRANTED	PAID	PERCENTAGE PAID
Counselling	$30,947.09	$11,307.13	36.54%
Damage to Clothing	$26,779.68	$26,579.68	99.25%
Distress	$1,717,104.81	$1,707,104.81	99.42%
Funeral Expenses	$144,382.42	$142,762.42	98.88%
Incidental Travel	$44,139.54	$37,594.63	85.17%
Loss of Earnings	$367,340.37	$367,340.37	100%
Medical	$139,127.10	$71,231.07	51.20%
Other Expenses – Exceptional Circumstances	$154,695.54	$122,927.24	79.46%
Reasonable Legal Expenses	$18,392.53	$17,892.53	97.28%
Report Expenses	$3,865.30	$3,805.30	98.45%
Special Assistance	$1,623,007.00	$1,616,907.00	99.62%
TOTAL	**$4,335,567.42**	**$4,191,238.22**	

4. Purpose of the Project

The purpose of the Aboriginal and Torres Strait Islander Healing Research Project (the Project) led by John McKenna, Community Research and Liaison Officer, on behalf of the Victim Services Coordination Unit within Victim Assist was to investigate culturally appropriate models of service for Indigenous clients in South East Queensland, Townsville and Cairns by completing a:

1. Literature Review;

2. Service Scan; and

3. Survey.

The Project aim was to identify and explore alternative healing models for Indigenous people who have experienced personal trauma. Trauma in this context will have a limited definition as relating to psychological or spiritual damage which is caused through personal violence.

It was envisioned that this project would inform future therapeutic and practical approaches to working with Indigenous victims of crime. Recommendations from the Project will be implemented by Victim Assist by December 2014.

5. Outcomes

5.1 Literature Review

As the Project is set within an Australian context, the literature review (refer **Attachment 1**) incorporates Australian literature only. It was desirable to identify and prioritise Queensland based empirical research; however this was dependent on research breadth and availability.

The literature review was completed by Ms Kahlia Jackson, who as part of her studies through the University of Queensland (UQ), completed a student placement with Victim Assist Queensland under the supervision of Mr John McKenna.

The literature review confirmed that Indigenous Australians are widely reported as experiencing a disproportionately high volume of occurrences of violent crime including stabbings, bashings, and sexual assaults. As a result, it was concluded that there is a particular risk for the sustainment of trauma, defined in this context as psychological or spiritual damage, which is caused by an act of personal violence to Aboriginal and Torres Strait Islander victims.

The literature review identified and explored culturally appropriate strategies for "healing" or treatment for Indigenous people who have experienced personal trauma. To this end, 18 journal articles from the disciplines of healthcare, psychiatry, psychology and social work were reviewed.

Seven predominant themes were identified including:
1. Culturally Indigenous concepts of mental health;
2. Importance of family involvement in treatment;
3. Need to accommodate cultural communication styles;
4. Value of incorporating cultural references into client materials and service environments;
5. Strategies for client-practitioner rapport-building;
6. Engagement of cultural consultants; and
7. Different models for cultural training.

The literature review makes three recommendations:
1. The cultural needs of Indigenous Australians need to be accommodated in service provision.
2. Further research needs to be undertaken about the particular cultural needs of Indigenous populations in Queensland.
3. Themes outlined in the literature review should be used as a starting point for the development of guidelines for the accommodation of Indigenous cultural considerations in service provision.

Since the completion of the literature review, the Closing the Gap Clearinghouse has released a Resource Sheet titled *Trauma-informed services and trauma-specific care for Indigenous Australian children*. The Resource Sheet examines the effect of childhood trauma drawing on documented practice experience and is informed by relevant literature from diverse fields. It provides a good overview and introduction on the topic of trauma and dedicates a portion of the paper to cultural approaches to trauma-specific care. The Resource Sheet supports the three recommendations made above regarding the need to develop culturally appropriate services for Indigenous Australians.

The Closing the Gap Clearinghouse (http://www.aihw.gov.au/closingthegap/) provides a central point to access research and evaluation evidence on what works to overcome Indigenous disadvantage and would be a valuable resource for further research on this topic.

5.2 Service Scan – Service mapping/environment scan

Central to this Project was the capacity to identify and meet personally with organisations working directly with Indigenous victims of crime. As a result, organisations within the Brisbane, Townsville and Cairns (and surrounding) areas were prioritised. As this Project is focused upon the delivery of therapeutic outcomes for victims of crime, only organisations which are funded to deliver therapeutic interventions to Indigenous clients were included in this research.

A service mapping exercise was conducted in parallel to the literature review in an attempt to identify all agencies funded to provide support and/or therapeutic services to Indigenous victims of crime.

Crime in this context extended to victims of domestic and family violence. This scan focused geographically on the south-east, far-northern and northern regions of Queensland. Attempts were made to gather basic details on identified organisations including management contact details, service scope and coverage and funding arrangements (where possible). The service scan concentrated on accessible areas to enable follow up face-to-face consultation.

Refer to **Attachment 2** for a list of the organisations consulted for the project.

6. Project Limitations

A number of limitations were identified during this project. Firstly, a limited time frame to design the research project, consult with agencies and write up the final report.

Secondly, it became increasingly clear that the project and in particular the literature review, was more complex than originally envisioned. Consultations with stakeholders to complete the survey was challenging with many organisations stating they did not have time or were not interested in taking part in the survey due to various reasons including limited resources and service priorities. Additionally, many respondent organisations and individuals were somewhat unfamiliar with Victim Assist Queensland including its processes and terminology.

7. Survey Themes

A survey was provided to thirty services identified in the service/environmental scan. Agencies were given from 1 August to 31 October 2012 to complete the survey either via email, phone or in person. As a result, a total of fifteen agencies completed surveys revealing a number of themes which are explored below.

7.1 Indigenous counsellors for Indigenous people who understand culturally appropriate counselling

It has been clear through the service scan, response to the survey findings and from the literature review research, that Indigenous Australians are best placed to provide counselling and healing services to Indigenous people. Indigenous counsellors understand the cultural barriers of Indigenous people.

Organisations surveyed indicated that Indigenous counsellors have a greater understanding of providing a culturally safe place for Indigenous clients to open up and tell their stories in order for the healing process to commence.

The research also showed that Indigenous counsellors are more aware of the following issues which are key in the recovery of Indigenous victims:

- having an understanding of diversity of Indigenous communities;
- understanding the importance of Indigenous people's values of family and the greater community which often stops them from reporting acts of violence to protect their family from shame and being ostracized from their community;
- awareness of generational trauma – disclosing current violent trauma may trigger events experienced in the past;
- being flexible with counselling sessions – attendance is often spasmodic due to factors such as family, transport and other issues;
- understanding that Indigenous people can often take more time to tell their story; and
- understanding the need for support – Indigenous clients will feel far more comfortable having a support person (usually family) attend sessions with them.

Yarning was one form of Indigenous specific counselling identified throughout this project. Yarning is an informal conversation that is culturally friendly and recognised by Aboriginal people as meaning to talk about issues in a relaxed and casual environment. The following link provides some general information about yarning - http://dtsc.com.au/wp-content/uploads/Dementia-Yarning-Presentation-310712.pdf

7.2 Funding

Services identified that a lack of recurrent funding to sustain, support and expand programs is a major operational issue for them. In some cases, services have extremely long wait times for counselling appointments due to the lack of counsellors the organisation is able to employ.

Many organisations expressed concern about the reduction and closure of services in the context of the tight fiscal environment and uncertainty around future funding levels.

7.3 Trust

Discussions with several services along with research from the literature review identified that a lack of trust exists between Aboriginal and Torres Strait Islander people and government and mainstream western organisations.

An example of this was given in response to a survey question which asked *"Are there other organisations or departments you consistently refer Aboriginal and Torres Strait Islander clients to?"* in which the response was *"No - majority of Aboriginal and Torres Strait Islander people do not want to go to government and non-indigenous organisations for help in regards to the emotional and social health wellbeing. This is due to past racist legislation and policies that have caused trans-generation grief and trauma."*

8. Victim Assist Queensland Responses

As a follow-up from the survey to agencies that support Indigenous clients, agencies were asked how Victim Assist could make its scheme more accessible to Indigenous people who are in need of financial assistance following an act of violence. The following suggestions were common responses.

8.1 Less paperwork

Organisations expressed concern that the volume of Victim Assist's application form would deter Indigenous clients from making an application for financial assistance.

8.2 Access to speak exclusively to an Indigenous worker at Victim Assist

Victim Assist currently has one staff member based in Townsville and one in Cairns who are available to talk with Indigenous clients and can assist them with information on how to apply for assistance. However, these officers do not assess the application for financial assistance.

8.3 Communication

Correspondence from agencies such as Victim Assist was identified as legalistic and difficult to understand for people with low literacy. Feedback received was that if an Indigenous person received a government stamped letter that they would not read it and it would most likely be "chucked out" because the letters are written in a way that is not easy to understand. A more appropriate method would be to contact the person via telephone clearly explaining the contents of the letter prior to sending it out.

8.4 Cultural training for all staff

Indigenous organisations recommended all staff undertake cross cultural training to ensure they are culturally aware of Indigenous people. Being more culturally aware will benefit staff when dealing with Indigenous clients who come to Victim Assist for financial assistance and to access counselling/healing services. In May 2013, Regional Coordinators from Cairns provided Victim Assist with cultural awareness training specific to dealing with Indigenous people.

9. Actions as a result of the Project findings

Victim Assist will develop and deliver a targeted training package to organisations identified in the environmental scan to ensure they are aware of the support that is available to victims of violent personal crimes in Queensland.

As a result of the findings of this Project, the following action items have been identified.

- Review and update the Victim Assist referral list on the Department of Justice and Attorney-General (DJAG) website to include organisations identified in the service scan (if requested). This will allow Victim Assist to refer Indigenous applicants to organisations who specialise in culturally appropriate healing and counselling services, for example, organisations offering yarning circles or Indigenous specific services.

- Indigenous representatives of the organisations identified in the service scan to be invited to attend relevant network meetings and professional development training opportunities. This recommendation represents an extension of Action 9 from the Victim Assist actions to respond to the needs of Aboriginal and Torres Strait Islander victims of crime report. This will assist in developing an environment of greater trust between Victim Assist and key Indigenous representatives and maintaining these relationships.

- Indigenous organisations should be consulted as a part of DJAG's five year review of the *Victims of Crime Assistance Act 2009* due for completion in December 2014.

- Investigate the opportunity for a facilitated referral of Indigenous clients to Relationships Australia Queensland who are a funded organisation of Victim Assist and have a dedicated Indigenous program.

- Victim Assist to consider opportunities for the employment of a dedicated staff member to provide continuity as a liaison point for Indigenous clients throughout the financial assistance application process. Alternatively, Victim Assist may consider utilising the services of a cultural consultant to provide advice to officers dealing with Indigenous clients on a regular basis.

- Internal policies and procedures to be reviewed to give clear direction on best practice communication channels, plain English communication in writing and telephone communication as a preferred tool, for example, where telephone communication is possible and preferred this will be the practice for communication.

- Ensure all staff within Victim Assist completes annual cross cultural training to gain a greater understanding of the Indigenous culture, the needs of Aboriginal and Torres Strait Islander victims of crime and available services for this vulnerable cohort of victim. This will also be included in any induction training for new staff members.

Future Action

- That the seven key themes outlined in the literature review at section 5.1 and section 7 be used as a starting point for:
  - the development of an internal Guideline about Indigenous healing options; and
  - to review and update internal Victim Assist policies and procedures to ensure that they are culturally appropriate and represent best practice for Aboriginal and Torres Strait Islander victims of crime.

10. Implementation Schedule

Actions	Responsible officer	What	Start date	End date
Victim Assist will offer training to all organisations identified in the environmental scan to ensure they are aware of the support that is available to victims of violent personal crimes in Queensland.	Community Research and Liaison Officers Regional Coordinators	Officers will contact all organisations identified in the service scan to offer training sessions to staff. Training can include a general overview of the services Victim Assist offers and form filling training which will enable organisations to help clients complete the application form. Victim Assist will consult with identified services on the content of the training package to ensure a tailored training package is developed.	1 July 2013	1 July 2014
Ensure all staff within Victim Assist have completed cross cultural training to gain a greater understanding of the Indigenous culture with a focus on Aboriginal and Torres Strait Islander victims of crime. This will ensure staff are better equipped to assist this vulnerable cohort of victim.	Community Research and Liaison Officer	Community Research and Liaison Officer will organise all Victim Assist staff attend cross cultural training.	Training to be completed no later than 30 June 2013	Annual

Actions	Responsible officer	What	Start date	End date
Review and update Victim Assist referral list on the DJAG website to include organisations identified in the service scan (if requested). This will allow Victim Assist to direct Indigenous applicants to organisations who specialise in culturally appropriate healing and counselling services.	Community Research and Liaison Officers Victims LinkUp Team Leader	Victims LinkUp Team Leader to work with Community Research and Liaison Officers to identify services which can be added to Victim Assist's referral database.	Ongoing	Ongoing
Indigenous representatives of the organisations identified in the service scan to be invited to attend relevant network meetings and professional development training opportunities. This recommendation represents an extension of Action 9 from the Victim Assist actions to respond to the needs of Aboriginal and Torres Strait Islander victims of crime report.	Victim Services Coordinator Community Research and Liaison Officers Local Victim Coordination Officers	Victim Services Coordination Unit to ensure that Indigenous representatives are involved in relevant current and future networks.	Ongoing	Ongoing
Indigenous organisations will be consulted as part of DJAG's five year review of the *Victims of Crime Assistance Act 2009* due for completion in December 2014.	Director Victim Services Coordinator	The Director and Victim Services Coordinator will invite input from Indigenous organisations for this review.	Ongoing	December 2014

Actions	Responsible officer	What	Start date	End date
Investigate the opportunity for a facilitated referral of Indigenous clients to Relationships Australia Queensland (Townsville) who are a funded organisation of Victim Assist and have a dedicated Indigenous program.	Regional Coordinator, Townsville	Victim Assist is currently in the process of trialling a facilitated referral system for counselling of Indigenous clients through the Relationships Australia counselling service for victims of crime.	August 2013	Dependant on trial results and feedback with Indigenous clients, Relationships Australia and the Regional Coordinator Townsville
Internally review communication practice with Aboriginal and Torres Strait Islander clients to ensure that where telephone is possible and preferred that telephone is the primary mechanism for communication.	Community Research and Liaison Officers	Review and updating of internal policies and procedures.	August 2013	November 2013
That the seven key themes outlined in the literature review be used as a starting point for the development of guidelines for the accommodation of Indigenous cultural considerations in service provision.	Community Research and Liaison Officers	Review and update internal policies, procedures and Guidelines in line with the seven key themes outlined in the literature review.	February 2014	December 2014

11. ATTACHMENT 1: LITERATURE REVIEW

Literature Review: Indigenous Healing Models ***Author: Kahlia Jackson***

1.0 Introduction

Indigenous Australians represent a uniquely vulnerable demographic in terms of exposure to violence. In particular, predominantly Indigenous communities are widely reported as experiencing a disproportionately high volume of occurrences of violent crime: the *Aboriginal and Torres Strait Islander Women's Task Force Report* describes "eyewitness accounts of horrific injuries, scarred bodies, stabbings, bashings, and sexual assaults," as "resembling reports from war zones," (State of Queensland 2000: 92). As a result, this demographic is at particular risk for the sustainment of trauma, defined in this context as psychological or spiritual damage which is caused by personal violence. This is manifest in the pervasiveness of mental illness among Indigenous Australians. In 2008, it was reported that Indigenous patients with a principle diagnosis of mental illness were admitted to hospital at 1.8 times the rate for non-Indigenous patients (Australian Institute of Health and Welfare 2008, in Isaacs et al. 2010: 76). Furthermore, it is predicted that Indigenous Australians fail to access mental health services at a rate commensurate with their need (Dudgeon et al. 1993 and Garvey 2000 in Westerman 2004:1; Isaacs et al. 2010: 76).

Though reasons for this are myriad, a failure on the part of service providers to accommodate the particular cultural needs of Indigenous clients has been widely identified as a major barrier to access (Westerman 2004: 1; Isaacs et al. 2010: 76; Thomson 2005, in Downing, Kowal & Paradies 2010: 247). In light of this, this report aims to identify and explore culturally appropriate strategies for "healing" or treatment for Indigenous people who have experienced personal trauma. Seven predominant themes were identified: culturally Indigenous concepts of mental health; the importance of family involvement in treatment; the need to accommodate cultural communication styles; the value of incorporating cultural references into client materials and service environments; strategies for client-practitioner rapport-building; the use of cultural consultants; and different models for cultural training.

2.0 Methodology and limitations

Eighteen journal articles from the disciplines of healthcare, psychiatry, psychology and social work were reviewed. Only articles published after the year 2000 were reviewed, to ensure relevance and appropriateness of the information sourced. Given the context of this report, a body of research focused solely on Queensland would have been preferable.

Unfortunately, scholarship on the topic being limited, it was necessary to include findings from across Australia. As Indigenous Australians are not a culturally homogenous group (Isaacs et al. 76: 2010), it is potentially inappropriate to apply findings from outside regions for use in a Queensland context. In order to mitigate this risk, where findings from outside Queensland have been used, they have been corroborated with both findings from a broader Australian context, and findings from other regional settings. This is aimed at ensuring that findings from outside Queensland can safely be applied to a generalised Australian context.

3.0 Themes

3.1 Indigenous concepts of mental health

Eight of the articles reviewed discuss the ways in which Indigenous concepts of health (specifically, with regard to mental health) are culturally informed. Of these, six explicitly characterise the Indigenous approach to mental health as a 'holistic' one, but each differs slightly in their interpretation of what this entails. Three prevalent sets of (occasionally overlapping) meanings arise from the use of the word 'holistic' in describing Indigenous concepts of mental health. These are firstly, 'holistic' as referring to an integrated concept of self and community; secondly, as referring to the embedding of spiritual beliefs in mental health concepts; and finally, as referring to the ways in which people seeking treatment communicate the problems necessitating this.

The first set of interpretations of what constitutes a 'holistic approach' demonstrate a perceived indivisibility of self from community (and by extension, culture) in identifying and resolving mental health issues. For example, according to Vicary & Andrews, Indigenous cultures strongly emphasise "connections between individuals and community," and thus designate responsibility for responding to individual problems or afflictions to communities (2007: 182). Isaacs et al. reaffirm this approach, claiming that Indigenous cultures regard mental health as being in part "an interaction between the individual [and] the community," (2010: 76). In the same vein, McClelland, Gould & Parker define a 'holistic' approach to mental health as understood by Indigenous Australians as encompassing "not just the well-being...of the individual, but the emotional, spiritual and cultural well-being of the whole

community," (2007: 209). From a Western perspective, it is perhaps difficult to imagine how such an attitude might translate to tangible action. Vicary & Andrews offer an example, based on possible solutions to the issue of alcohol abuse. They argue that a Western practitioner, operating from individualistic cultural perspective, might respond to an individual seeking help for alcoholism by prescribing individual treatment. However, in the same situation, an Indigenous cultural approach might instead focus on external reasons for the individual problem (such as racism or pervasive unemployment), recognise the impact of these factors on the whole community and direct this understanding towards a solution (2007: 182).

The second group of interpretations use the term 'holistic' to argue for the centrality of Indigenous spiritual and religious beliefs to conceptions of mental health. For example, O'Brien writes that a "holistic perspective...involves kinship, the land, [and] spirituality," (2006: 24). Arguably, given the significance of land and kinship within Indigenous spiritual beliefs, these can be designated as falling under the 'spirituality' umbrella. Furthermore, Vicary & Andrews argue that because "spirituality pervades the lives of people from most indigenous cultures...it is essential that non-Aboriginal mental health professionals have an understanding of indigenous spirituality before attempting therapy" (2007: 182).

Westerman (2004: 3), McClelland et al. (2007: 209) and Isaacs et al. (2010: 77), also make reference to Indigenous approaches to mental health as encompassing spiritual beliefs. Furthermore, Westerman discusses examples of how spiritual beliefs might manifest in discussion of mental health issues, writing that "when ill health occurs, individuals will most likely attribute this to some external wrongdoing which is most likely to be culturally based,". As such, individuals affected by mental illness might interpret it as retribution for spiritual wrongdoing (2004: 3).

The final group of interpretations uses the word 'holistic' to describe how individuals suffering mental illness are likely to experience and communicate their afflictions, and is predominantly seen in Tracy Westerman's work. In claiming that Indigenous Australians perceive mental health "holistically," Westerman means to say that Indigenous sufferers of mental illness experience their illness as a homogenous entity, rather than as a discrete set of symptoms:

> It is not uncommon for example, for Indigenous people to speak of 'being unwell within themselves' or feeling that 'things are not quite right,' without necessarily translating this to physical signs or mood states (Roe, 2000 in Westerman 2004: 3). In a later article she reiterates this, adding that "practitioners must therefore resist commenting upon discrete symptoms or emotional labels" (Roe, 2000 in Westerman 2010: 215).

3.2 Importance of family involvement in treatment

Six of the sources reviewed advocated for a high degree of family and (to a lesser extent) community involvement in treatment. According to Isaacs et al., this is rooted in Indigenous cultural norms: "mental illness among Aboriginal people is first managed by the family, and if this fails, the extended family is involved and later the community elders, if needed," (Vicary & Bishop, in Isaacs et al. 2010:77). In support of this, Westerman notes that "referrals to mental health services are predominately received by…significant family or community member[s]," arguing that "this is consistent with traditional healing models in which access to healers…occurs via a family member or appropriate others approaching the healer on behalf of the individual who is unwell," (Westerman 2010: 220). Cripps & McGlade also write that Indigenous Australians typically rely on "informal helping systems," as their "first line of support," in traumatic circumstances, rather than seeking professional help (2008: 242). However, it should be noted that this claim does necessarily not in and of itself indicate a cultural basis for the involvement of family in resolving negative emotional responses to trauma: other factors, such as lack of service availability, could inform this. Additionally, Hart et al. point out that "in Aboriginal communities…broad family connections are central to identities," and that social networks in these communities "involve increased responsibility and reciprocity," (2011: 2).

McBain-Rigg & Veitch argue that the lack of communal involvement typical to traditional Western health care models as a barrier to access for Indigenous Australians. Between 2007 and 2009, the authors conducted twelve interviews with both Indigenous locals and healthcare professionals in the Mount Isa region to identify barriers to service accessibility (2011: 71). Participants were selected on the basis of "their personal experiences of interactions within the health care system, and ability to identify potential barriers for Aboriginal people that might be present within this system," (McBain-Rigg & Veitch 2011: 71). This was done in response two major concerns expressed by both health care practitioners and members of the local Indigenous community: firstly, a lack of uptake of Indigenous patients of mainstream health services, and secondly, an overburdening of Aboriginal and Torres Strait Islander specific services in the region (McBain-Rigg & Veitch 2011: 71). Indigenous participants identified fear of isolation "from kin and other social networks," as a major barrier to access (McBain-Rigg & Veitch 2011: 72). In evaluating the significance of this response, the small sample size of the study must be noted: of the 12 interviewees, the authors fail to report how many were of Aboriginal or Torres Strait Islander descent. However, given the basis on which participants were chosen (2011: 71), a degree of credence should be given to the results.

Trish Nagel provides a tangible example of how treatment can be centred around family and community involvement. She discusses a study conducted by the Australian Integrated Mental Health Initiative (AIMHi), which examined the effectiveness of a culturally-based "self-management intervention," in managing mental health concerns (2008: 996). The study sourced 49 Indigenous patients from two remote communities in the Northern Territory as respondents (2008: 997). Respondents participated in two treatment sessions each: the first asked respondents to reflect on and identify "important and supportive family members," and to set three realistic goals; while the second examined progress made in achieving these goals (2008:998). Respondents most frequently chose "family support," as one of the strategies they would employ in reaching their chosen goals (2008:999).

Nagel reports that the study demonstrated the intervention strategy used to be a successful one. She notes "a high level of engagement and retention in the study," with 74% of participants followed up in the final assessment (2008:999). Furthermore, 32% of respondents had achieved two goals after only one treatment session (2008:999). However, there are some limitations as to citing the study as evidence for the effectiveness of a "family-orientated," approach to treatment. Nagel does not report the progress of respondents following the second session. Moreover, successes on the part of respondents in reaching their nominated goals could have ostensibly been encouraged by other factors: for example, elements of the therapy sessions not relating to or involving family.

Finally, it is important to note that the study did not take into account cultural differences that may occur regionally, as respondents were all from the same area. Despite this, given the centrality of family to the content discussed within the treatment – both as required by the treatment and as initiated by participants – and the reported successes on the part of respondents in meeting their nominated goals, the results of the study can be provisionally taken as evidence for the value of family engagement in treatment.

3.3 Accommodation of cultural communication styles

Three sources advocated for an understanding of Indigenous communication styles to be incorporated into treatment. All three sources argued that clients from Indigenous cultural backgrounds generally favoured a 'narrative' mode of communication. Firstly, in a survey of 19 social workers conducted by Bennett, Zubrzycki & Bacon, "the skill of providing...space for a person to tell their story without interruption," (2011:26) was identified as key to "culturally sensitive and appropriate social work practice," (2011: 23). Despite the small sample size, the study's credibility is supported by two factors. Respondents were sourced from every state and territory apart from Victoria and Tasmania (2011: 22), allowing cultural differences across

region to be largely accounted for. In addition to this, respondents had all worked in Indigenous communities for at least five years and had been 'vouched for' as being well-regarded by members of these communities (2011:23), according them a degree of experience and authority. Secondly, a study of 70 Indigenous Australians from metropolitan Perth and the Kimberley Region showed that most respondents preferred to communicate their problems as a narrative or "yarn," (2004: 8).

Finally, Westerman, citing Harris (1977) and Malin (1997), mentions that a "focus on the narrative," in client-practitioner interactions is "consistently cited as...[an] effective approach." (2004:3).

Each source advised that in order to facilitate use of the "narrative," mode on the part of clients, practitioners should refrain from interrupting or asking too many questions. Bennett et al. explain that this demonstrates respect for the client and thus facilitates rapport-building (2011:28). Vicary and Westerman's study further supports this: "Many participants stated that they felt that it was rude when counsellors interrupted to summarize or ask questions without first listening to the whole story," (2011:8). Additionally, Westerman distinguishes between "open-ended," questions, which are conducive to a narrative style, and "direct," questions, which may inadvertently "shame," the client (Malin 1997, in Westerman 2004:3). As she explains, "the level of 'shame' felt by Indigenous people who are spotlighted to provide a direct answer to a direct question can be such that any response, whether it is correct or not, is often provided simply to take them out of the spotlight," (Malin 1997, in Westerman 2004:3 – 4).

3.4. Use of relevant cultural references

Five of the articles reviewed discussed the incorporation of cultural references into client materials and service delivery environments. According to Isaacs et al. , the display of visual cultural references in service contexts is an effective means of engaging clients from Indigenous cultural backgrounds:

Indigenous people look for something 'to identify with' in the clinic, and displaying Aboriginal posters and art on the walls makes them feel more comfortable and also promotes trust in the mainstream service (Hyman et al. 2009 & Teasdale et al. 2008 in Isaacs et al. 2010: 79).

McBain-Rigg and Veitch agree to an extent, claiming that "[the display of] artwork is a signifier of a potential respectful relationship, demonstrating at least an awareness of Aboriginal culture and the significance of stories that artwork tell," (2011: 73). However, they caution that

“it is not the first and last step in creating a trusting and respectful relationship between patients and practitioners,” (2011:73).

In this vein, a 1995 study of Indigenous residents of Inala (a south-western Brisbane suburb with a large Indigenous population) identifies a failure to thus incorporate cultural references as a potential impediment to service access (Hayman, White & Spurling 2009: 605). The study was undertaken after the Inala Indigenous Health Service (IIHS) was established to address under-representation of Indigenous patients among clients of the previously-existing mainstream service, the Inala Health Centre General Practice (2009: 604). The results of telephone interviews and a focus group (both targeting Indigenous local residents) were used to determine the reasons for poor levels of service engagement and, by extension, to develop strategies to combat these. The focus group comprised eight Indigenous community members (including one Elder), while telephone interviews were conducted with ten clients of the Practice (2009: 605).

According to the authors, one of the barriers to access identified by the study was “a lack of items (eg. artwork) that Indigenous people could identify with,” (2009: 604). In response to this, the development of a “culturally appropriate waiting room,” was identified as one of the five key strategies for better engagement of the local Aboriginal community (2009: 604). This involved the display of “culturally appropriate health posters and artefacts,” and the regular “play[ing] of Aboriginal Radio Station Murri Country,” (2009: 604). Between 1995 and 2000, the IIHS attracted 889 new patients and saw a dramatic increase in subsequent (ie. returning) patient consultations: from 720 in 1995 to 2546 in 2000, indicating a dramatic improvement in client satisfaction (2009: 605). According to the authors, in 1998 the results of a client satisfaction questionnaire involving 35 client interviews “confirmed...the service’s Indigenous focus,” as one of “the main reasons for a high level of satisfaction,” (2009: 605). It should be noted that two other strategies geared toward client satisfaction– the employment of more Indigenous staff, and the provision of cultural awareness training to all staff (2009: 605) – were arguably somewhat more substantial and thus more likely to be greater contributors to this increase.

However, given that the lack of any cultural display was noted as a “barrier to access,” in the 1995 survey, it is reasonable to interpret the improved level of patient satisfaction as recorded in 1998 (and as evidenced in the increase of return visits) as having been to some extent influenced by the “waiting room,” strategy.

Also of relevance is the joint development of "Yarnabout Cards," as a therapeutic resource by Suncoast Cooloola Outreach Prevention (SCOPE), a domestic and family violence service, and the Nungeena Aboriginal Coorporation for Women's Business, a healing centre for women who have experienced abuse (Nickson et al. 2011: 85). Following the establishment of SCOPE in 2002 and the formation of its partnership with Nungeena, the organisations conducted a series of focus groups with Indigenous women in the region "in order to understand their reluctance to access mainstream support services," (Nickson 2011: 86).

One key reason identified was that "the fact that most of the resource tools targeted towards therapeutic use or group-work...lacked relevance to Indigenous people," (Nickson et al. 2011: 86). One resource thus criticised were the "St Luke's Strength Cards," which are designed to aid personal reflection and prompt discussions, often in therapeutic settings (Nickson et al. 2011: 89). For this reason, the two organisations undertook the task of developing a similar resource – "Yarnabout Cards," - tailored to meet the cultural specificities of the local Indigenous community. According to the authors, the idea was largely praised by the individuals and community organisations from whom feedback was sought (2011: 90). The project specifically aimed to use "photography and artwork significant to the Indigenous community," (Nickson et al. 2011: 87).

For this reason, the project team canvassed the community for donations of photographic images, the final selection of which was chosen by a panel of stakeholders (Nickson et al. 2011: 89). According to the authors, the card sets attracted high demand upon their initial launch, with most of the initial run of 200 having been sold or distributed soon afterwards (2011:91). Though information as to the efficacy of the cards as a therapeutic tool is unavailable, the demand for them – as indicated both by early stakeholder feedback and by uptake upon their release – indicates at least the merit of the concept as perceived by these groups.

3.5 Client-Practitioner Rapport-Building

Four articles discussed the importance of client-practitioner rapport, and gave advice as to how this should be facilitated. Of these, two noted that the first meeting between client and practitioner has significant bearing on whether the therapeutic relationship will be a successful one, and must include discussion of familial background. According to Bennett, Zubrzycki & Bacon, this is true of situations involving both Indigenous and non-Indigenous healthcare professionals. "For Aboriginal workers," they write, "this introduction process involves introducing country, family, and community and taking the time to share stories about these connections," (2011: 27). This is necessary in order to "clarif[y]whether or not the worker may

have kinship links with the person, which can have significant implications regarding the existence of familial and community obligations," (2011:27).

Additionally, non-Indigenous workers should display a "willingness to share aspects of the personal and cultural self…so that connections can be made on a person to person level," (2011:27). Westerman also writes that "[non-Indigenous] clinicians should be comfortable discussing relationships and connections to land with Indigenous people," in part because this demonstrates the practicioner's "understanding that Indigenous people relate to land, country and genealogy," (2004: 2). Furthermore, they "should also have an understanding of different language and family groups within the region in which they work," so as to facilitate reciprocation (2004: 2).

Additionally, three of the four articles discuss the practice of "vouching," and its importance in relationship-building. In this context, "vouching," refers to a process by which clients seek information about and approval of potential practitioners from members of their community prior to committing to engagement with the practitioner (Vicary & Westerman 2004:8; Cleworth, Smith & Sealey 2006: 392). According to Vicary & Westerman, a study of 70 Indigenous Australians from metropolitan Perth and the Kimberley Region showed that 92% of respondents "would not see a non-Aboriginal practitioner unless another Aboriginal person had vouched for them," (2004:8). The authors write that "Aboriginal people often go to great lengths to obtain this information," and note that the willingness of the person (and, on occasion, entire families or communities) to engage with the practitioner is largely contingent on whether information received is positive or negative (2004: 8). It is unclear whether this is intended to refer to Aboriginal people from the two regions studied or to Aboriginal Australians in general.

Another article by Westerman indicates the latter: she writes that "the use of cultural consultants [as a means of facilitating "vouching,"] should become standard practice throughout mental health services working with Indigenous people," (2004: 3). However, she cites her study with Westerman in support of this claim, calling into question its legitimacy: given that only two regions were represented among respondents, the decision to generalize the findings as being applicable to Indigenous cultural groups Australia-wide is problematic. However, an article by Bennett, Zubrzycki & Bacon which does not explicitly discuss the practice but does refer to its use may indicate that it is found across Australia. The authors document a study for which respondents were in part selected on the basis of having been "vouched," for by their respective communities (which spanned the ACT, the Northern Territory, Queensland, New South Wales, and Western Australia) (2011: 22). That the authors

chose this as a method of selection indicates that they considered it to be relevant and appropriate across each of the communities included.

3.6 Use of cultural consultants

Five articles endorsed the engagement of a cultural consultant in the therapeutic process, and discussed how this role might manifest. The role of the cultural consultant is to liaise with practitioners and clients so as to establish a cultural context for diagnosis and treatment (Westerman 2004: 89; Slattery 1987 in Isaacs et al. 2010: 79). Though not explicitly articulated, it can be inferred that the cultural consultant should ideally be of an Indigenous cultural background (Isaacs et al 2010: 80; Vicary & Westerman 2004: 7). According to Isaacs et al., the cultural consultant should offer information about "Indigenous beliefs and practices," and "assist with the referral process," (Slattery 1987, in Isaacs et al. 2010: 79). Additionally, Cleworth, Smith & Sealey discuss the engagement of cultural consultants over a twelve-month period at the Durri Aboriginal Corporation Medical Service's "Social and Well-Being Team," (2006:392). The authors report that Indigenous Australians in the New South Wales town of Kempsey (where the Service is based) are three times more likely than their non-Aboriginal peers to be admitted for "mental and behavioural disorders," inducing high demand for the service (2006: 390). They write that the engagement of cultural consultants proved "essential to provid[ing] cultural context to patient histories," (2006:392) and giving insight into "how a patient's behaviour was viewed by the Aboriginal community," (2006: 393):

One of the tasks of the Cultural Consultant was to make an assessment of the patient's beliefs – were these ideas normally held by a particular family or cultural group or were they alien or too extreme? (Cleworth, Smith & Sealey 2006: 323).

Furthermore, the authors report that cultural consultants were able to give perspective on clients' anxieties around the potential for mistreatment within healthcare institutions based on historical circumstances (2006:323).

Four of these articles cite the engagement of Indigenous cultural consultants as crucial to establishing clients' trust in the service or practitioner. Isaacs et al. argue that the presence of Indigenous cultural consultants aids in "promoting a strong sense of identity for the service as being appropriate for Aboriginal people," (2010:78). Moreover, they claim that:

Indigenous staff and Aboriginal health workers who are employed in mainstream mental health services help to remove the misconceptions associated with those services and can provide a key role in boosting the confidence of clients within the service (2010:78).

Similarly, Westerman claims that the Indigenous cultural consultants can facilitate trust in the service or practitioner in question by vouching for them to prospective clients (2004: 89). An example of this occurring is found in a case study discussed by Vicary & Andrews involving the treatment of a 9-year-old girl. In this case, the cultural consultant effectively vouched for the practitioner in question (a psychologist) to the family of the girl twice: firstly, by referring the girl's parents to the psychologist (2000: 182); and secondly, by assuring the family that the psychologist was "okay," during the initial session of treatment (2000: 183). Furthermore, Vicary & Westerman's 2004 study offers some evidence to suggest that failure to engage cultural consultants can limit the success of treatment.

Respondents considered "Non-Aboriginal therapists undertaking therapy without consulting with Aboriginal colleagues," an inappropriate practice (2004: 7). They also identified other failures on the part of practitioners (examples given include "mistakes such as visiting a client's home and expecting to come inside," and "assuming homogeneity of Aboriginal people," as arising from the lack of cultural consultants (Vicary & Westerman 2004: 7).

Additionally, Westerman argues that a lack of accepted guidelines around the engagement of cultural consultants limits the strategy's effectiveness (2010: 215). In light of this, she presents a number of culturally-grounded rules for the appropriate use of cultural consultants.

Firstly, she writes that due to the hierarchical nature of Aboriginal culture, the right "level," of consultant for the problem at hand must be engaged: because "individuals hold different levels of power," they also have differing capacities in terms of "the ability to resolve certain culturally-related transgressions," (2010:216). Secondly, because "gender is a subculture within Aboriginal culture," the consultant (and practitioner) should ideally be of the same gender as the client (2010:216). Thirdly, the cultural consultant must not be in an avoidance relationship with the patient; fourthly, the consultant must be of the same tribal or language group as the client; and finally, the consultant must not be engaged in a feud with the family of the client (2010: 216).

3.7 Cultural training models

Based on a meta-analysis of approximately 120 articles, Downing, Kowal & Paradies identify six models of cultural training for healthcare professionals who work with indigenous peoples: cultural awareness, cultural competence, trans-cultural care, cultural safety, cultural security and cultural respect (2011: 248). The review "focuses on countries with a history of settler colonialism," and thus includes sources from Australia, New Zealand, Canada, and the USA

(2011:248). Of the above models, all except trans-cultural care are identified as being used in Australian settings (2011: 248) The authors define "cultural awareness," training as aiming to educate around cultural, historical, and social factors which apply to indigenous people and communities, "as well as promoting participants' self-reflection on their own cultures," (2011: 248). They claim that this model is the most prevalent form of training for Australian health workers (2011: 248). The authors identify "cultural competence," based training as both building awareness of cultural factors and prescribing a cohesive set of skills and policies geared towards managing these factors (2011: 248). They define "cultural safety," a model recognized as having emerged in New Zealand, as being "designed to address the way in which colonial processes and structures shape and negatively impact [indigenous] health," (2011: 249). Unlike the "cultural awareness," and "cultural competence," models, "cultural safety," training emphasises awareness of "social, political and historical processes," over familiarity with "culture-specific beliefs," (2011: 249). The authors write that the model is becoming increasingly common in Australia (2011:249). The authors identify "cultural security," a model developed in Australia, as focusing on systemic reform within healthcare institutions (2011: 250). The model seeks to facilitate client-practitioner interactions in which Indigenous cultural perceptions and values are recognised as legitimate and are not compromised (2011: 250).

The authors criticise the approach, claiming that "there is currently little guidance on how the cultural security model can be achieved," (2011: 50). Finally, the authors explain the "cultural respect," model as similar to cultural security insofar as it aims to implement systemic change (2011: 50). They also criticise the nebulousness of prescriptions offered by this model, and (perhaps for this reason) do not offer any ways in which it differs from "cultural security," (2011:50).

In a later article, Downing and Kowal employ a postcolonialist theoretical framework to critique the "cultural awareness," model. According to the authors,

Postcolonial theory emphasises the way in which colonialism not only privileges and legitimises certain points of view and knowledge – namely, those of the dominant, colonising culture – but also maintains this power imbalance through the creation and dissemination of knowledge about the culture of the colonised 'other' (Bhabha 2003, in Downing & Kowal 2011: 8).

The authors make three main criticisms of the cultural awareness training model. Firstly, they argue that the cultural awareness model is informed by the "unquestioned assumption that the

dominant culture of the Australian health system is the norm," the effects of which are twofold: the creation a false dichotomy between Indigenous and non-Indigenous cultures; and the marginalisation of Indigenous cultures (2011: 8). As such, the model risks "generating and perpetuating power imbalances in health service provision in which certain cultural beliefs of mores are privileged over others," (2011: 8). This, the authors argue, creates a barrier to service accessibility (2011: 08).

There are myriad problems with this argument. Institutions (in this context, healthcare institutions) are inevitably shaped by the dominant cultures which produce them. To suggest that this is an avoidable flaw is to falsely assume that institutions are capable of operating in a cultural vacuum. Furthermore, in framing discussion and education around cultural difference in terms of the extent to which it risks perpetuating "otherness," (and by extension, cultural marginalisation), the authors neglect to consider the significantly greater extent to which avoiding discussion of cultural differences marginalises the culture in question.

Secondly, they argue that cultural awareness training risks "essentialising," Indigenous cultures: that is, "perpetuat[ing]...the false perception that there is a unified entity called 'Indigenous culture' that can be described, taught and understood," (2011: 9). The authors criticise cultural awareness training as offering a "narrow, stereotypical understanding of what 'Indigenous culture' is, what it means for Indigenous peoples and how it will be an 'issue' in the health care setting," (2011: 9).

The authors caution that this could lead practitioners to make erroneous assumptions about clients that are rooted in cultural expectations (2011: 9). However, while the authors may have identified essentialist concepts of Indigenous cultures in the sources reviewed, whether essentialism is a problem inherent to the actual model is questionable.

Tracy Westerman addresses this, acknowledging that the extent of diversity within Indigenous cultures is commonly seen as a barrier to the development of best practice frameworks (212: 2010). Despite this, she argues that "it is possible to develop universal models that can be applied to Aboriginal people as long as these models require that cultural diversity (via an exploration of individual cultural identity and beliefs) is a primary foundation of all practice," (212: 2010). Other strategies may also be deployed to mitigate the risk of essentialisation. For example, Vicary and Andrews recommend that practitioners be open with clients as to the potential limitations of their cultural knowledge, and invite clients to correct them where necessary (2000: 183). Another example is the engagement of cultural consultants who are from tribal or language group as the client, as advocated by Westerman (2010: 216).

In any case, Downing and Kowal's warning that practitioners may be inclined to misidentify problems as culturally-rooted as a result of having undergone cultural awareness training is an invalid criticism of the model: to suggest this is to suggest that cultural training be withheld from practitioners simply because they may misapply it, ignoring the capacity to mitigate these risks and the potential for positive outcomes arising from correct application of the training.

4.0 Conclusions and Recommendations of the Literature Review

Having reviewed eighteen articles across the fields of healthcare, psychology, psychiatry, and social work, this report has identified seven themes prevalent in the literature. The first of these is discussion around how "mental health," is conceptualised in Indigenous cultures. It is found that Indigenous concepts of "mental health," are generally described as being "holistic," but there is a lack of consensus as to the meaning of this term in the context of Indigenous mental health.

Three predominant meanings are identified: firstly, "holistic," as referring to the indivisibility of self from community in resolving mental health issues; secondly, "holistic," as referring to centrality of Indigenous spirituality to concepts of mental health; and finally, "holistic," as referring to the ways in which individuals suffering from mental illness are inclined to express the nature of their illness. The second of these themes is advocacy for family and community involvement in treatment, based on the centrality of family and community to traditional "healing," interventions. The third centres on the need to understand and accommodate cultural communication styles, explaining that a "narrative," approach to communication is preferred in Indigenous cultural contexts. The fourth theme discussed is the value of incorporating cultural references into service environments and client materials, based on the notion that this aids in promoting trust in services. The fifth discusses strategies for client-practitioner rapport-building, including the need for practitioners to be open with clients about their personal familial and cultural contexts, as well as the centrality of the Indigenous practice of "vouching," to the establishment of positive relationships. The sixth theme centres on the endorsement of cultural consultants, and guidelines around their appropriate engagement. Finally, the seventh theme discusses different models for the cultural training of staff in service contexts, focusing particularly on evaluating the "cultural awareness," model.

This report makes three recommendations. Firstly, given the particular risks faced by the Indigenous Australians with regard to experiencing violence and subsequent trauma, in conjunction with their reluctance to access mental health services due to poor accommodation of cultural needs, it is recommended that greater effort be made on the part of service

providers in attempting to accommodate these needs. Secondly, given the paucity of research as to culturally appropriate strategies for treatment relevant to culturally Indigenous groups in Queensland, it is recommended that more extensive research be undertaken into the particular cultural needs of Indigenous peoples from this area. Finally, it is recommended that the themes identified by this report be used as a starting point for the development of guidelines for service providers seeking to better accommodate the cultural needs of Indigenous Australians.

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12. ATTACHMENT 2: LIST OF ORGANISATIONS CONSULTED

Organisation	Address	Phone	Email
Aboriginal and Torres Strait Islander Legal Service	Head Office Level 5, 183 North Quay BRISBANE QLD 4000 Cairns Regional Office 78 Spence Street CAIRNS QLD 4870 Townsville Regional Office	3025 3888 4046 6400 4722 5111	info@atsils.org.au
Aboriginal Hostels Limited	Northern QLD Regional Office 110 McLeod Street CAIRNS QLD 4870 Southern QLD Regional Office Level 4, 231 North Quay BRISBANE QLD 4000 Jane Arnold Hostel 155 Moray Street NEW FARM QLD 4005 Jessie Budby Healing Centre (Substance Abuse Rehabilitation) 27 Llewellyn Street NEW FARM QLD 4005 Stagpole Street Hostel (Substance Abuse Rehabilitation) 7–9 Stagpole Street TOWNSVILLE QLD 4810	4051 4588 3221 3866 3358 2694 3358 5855 4771 5655	
Kummara Indigenous Family Care	21 Boundary Street WEST END QLD 4101 PO Box 5465 WEST END QLD 4101	3846 5654	administration@kummara.org.au
Link Up QLD Aboriginal Corporation	Brisbane Office 3-5 Reid Street Woolloongabba QLD 4102	3034 8444	contact@qld.link-up.org.au

Ms Catherine Illin (Counsellor)	PO Box 3229 SOUTH BRISBANE QLD 4101 Cairns Office 18 Scott Street Parramatta Park CAIRNS QLD 4870 PO Box 12045 CAIRNS DC Q 4870	4041 7403	cillin@qld.link-up.org.au
RAATSICC	PO Box 6242 CAIRNS QLD 4870	4030 0900	info@raatsicc.org.au
Dr. Greta Galloway, Alan Webster Constancies	PO Box 211R REDLYNCH QLD 4870	4058 1477	Greta.galloway@iij.com.au
Mareeba Information and Support Service	122 Walsh Street MAREEBA QLD 4880	4092 1948	miscmanager@westnet.com.au
Cairns Sexual Assault Service	PO Box 1678 CAIRNS QLD 4870	4031 3590	
Wuchopperan Health Service	PO Box 878 MANUNDA QLD 4870	4080 1080	inquiries@wuchopperen.com
Social Emotional and Spiritual Well-Being Program Primary Health Care Centre	PO Box 624 THURSDAY ISLAND QLD 4875	4069 0441 0428 766 704	Marsat_Ketchell@health.qld.gov.au
Mura Kosker Sorority Latoya Nakata, Manager	Thursday Island	4069 1663	Manager@MuraKosker.org.au
Lena Passi Womens Shelter Julia Yorkston, Acting Manager	Thursday Island	4069 1366	lenapassishelter@bigpond.com
Townsville City Council Inclusion Support Agency	Community Services Department Townsville City Council PO Box 1268 TOWNSVILLE QLD 4810	4727 9683	ngisa@townsville.qld.gov.au

Nalingu Aboriginal and Torres Strait Islander Home and Community Care	PO Box 310 96 Hanford Road ZILLMERE QLD 4034	3865 1162	
Office of the Registrar of Indigenous Corporations	32 Corinna Street Woden ACT 2606 PO Box 2029 WODEN ACT 2606	1800 622 431	info@oric.gov.au
Tenrikyo Oceania Centre	179 Benhiam St., CALAMVALE QLD 4116	3273 4033	
Aboriginal and Torres Strait Islander Women's Legal and Advocacy Service Contact: Bettina Terkovits (Victim Support Officer)	Unit 26 Milton Village 43 Lang Parade MILTON QLD 4064 PO Box 5631 WEST END QLD 4101	3720 9089	
Aboriginal and Torres Strait Islander Community Health Service Brisbane	Brisbane Office/Clinic 55 Annerley Road, WOOLLOONGABBA QLD 4102 Healing Centre (Mental Health Clinic) 55 Annerley Road, WOOLLOONGABBA QLD 4102	3240 8924 3240 8900 3240 8907	
Synapse: Brain Injury Association QLD	262 Montague Rd WEST END QLD 4101	3137 7400	info@synapse.org.au
QLD Aboriginal and Islander Corporation Drug and Dependence Services	27 Llewellyn Street NEW FARM QLD 4005	3358 5111	
Alternatives to Violence Project QLD	Secretary AVPQ PO Box 78 SHERWOOD QLD 4075 (Nb. There is no central office)	3286 2593 0435 007 405	

Dundalli Youth Services	67 Somerset Street WINDSOR QLD 4030	3857 8244	
Gallang Place Aboriginal and Torres Strait Islander Corporation	31 Thomas Street WEST END QLD 4101	3844 2283	
Georgina Hostel and Aged Care Facility	694 Wynnum Rd MORNINGSIDE QLD 4170	3395 6888	
Indigenous Community Alcohol and Drug Team	270 Roma St Biala Building BRISBANE QLD 4000	3837 5633	
Integrate Place Contact: Dr Johanna Lynch (Founding director)	74 Stratton Tce MANLY QLD 4179 PO Box 8282 WYNNUM NORTH QLD 4178	3396 3128	
Murri Watch	Head Office 19 Brereton Street SOUTH BRISBANE QLD 4101 PO Box 3947 SOUTH BRISBANE QLD 4101 Cultural Resource Worker (Brisbane Youth Detention Centre) Cnr Aveyron and Wolston Park Roads WACOL QLD 4076	3844 1540 3271 0603 0421 574 603	
Red Dust Healing			randal@thereddust.com www.thereddust.com
Relationships Australia	13/107 Miles Platting Road EIGHT MILE PLAINS QLD 4113	1300 139 703	generalenquiries@relateqld.com.au
Murrigunyah Aboriginal and Torres Strait Islander Corporation for	PO Box 640 WOODRIDGE QLD 4114	3290 4254	

Women			
Ganyjuu Family Support Services	9/84 Wembley Road WOODRIDGE QLD 4114 PO Box 406 WOODRIDGE QLD 4114	3808 9957	info@ganyjuu.org.au
Kurbingui Youth Development	425 Zillmere Rd ZILLMERE QLD 4034 PO Box 163 ZILLMERE QLD 4034 Yeaca Dhargo Family Support Program Cultural Learning	3865 1462 3265 3260 3265 2055	admin@kurbingui.org.au cultural.worker@kurbingui.org.au

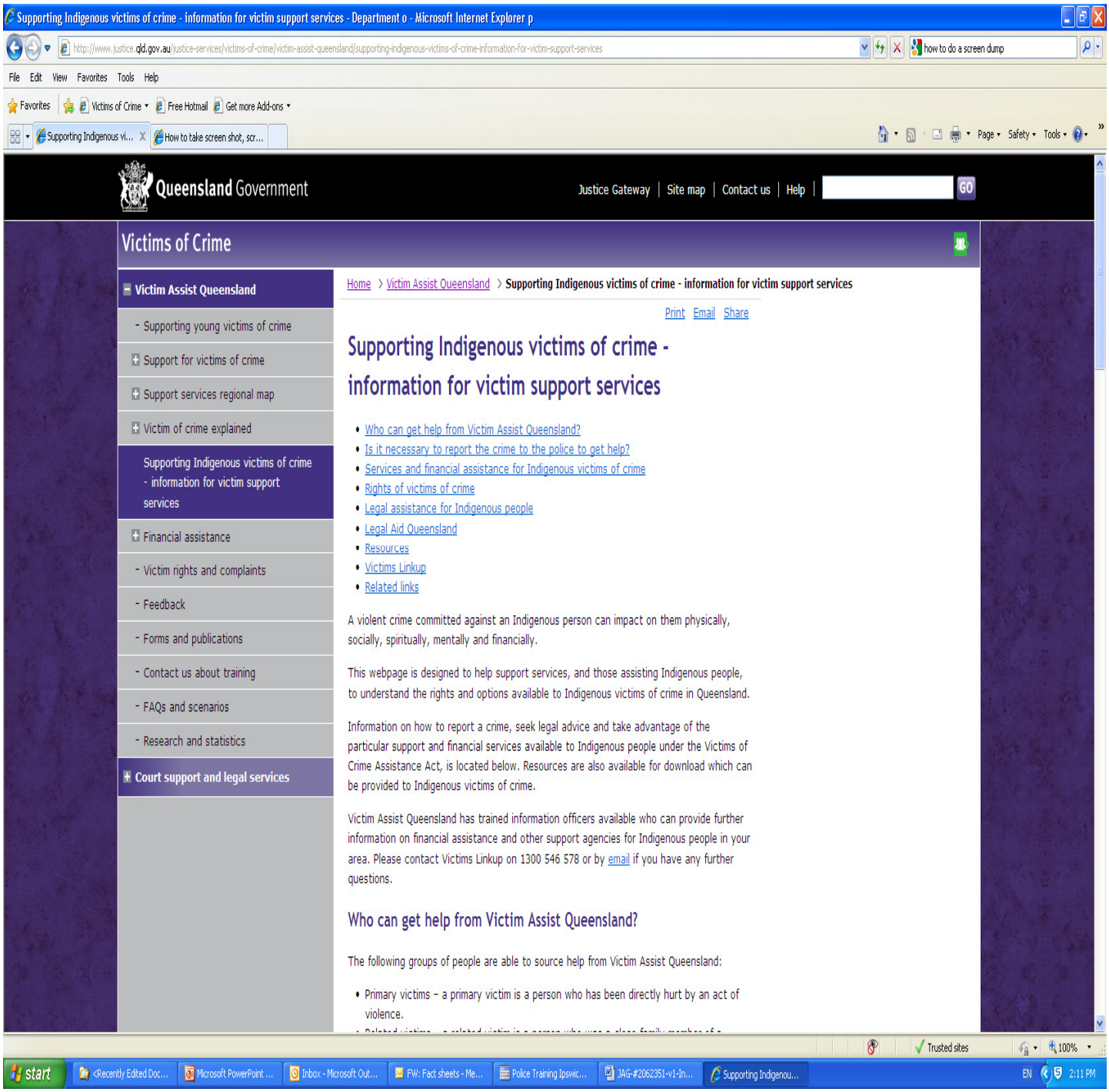
13. Attachment 3: Current Indigenous Victim Assist Resources


Department of Justice and Attorney-General
www.justice.qld.gov.au
Has someone injured you or your family?
Victim Assist Queensland may be able to help with costs or support services.
Call us on 1300 546 587
Queensland Government

I gad enibodi uda bin erte yu o pamle blo yu?

I gad olkain wei po gede elp.

Queensland Government


Supporting Indigenous victims of crime - information for victim support services - Department o - Microsoft Internet Explorer p
http://www.justice.qld.gov.au/justice-services/victims-of-crime/victim-assist-queensland/supporting-indigenous-victims-of-crime-information-for-victim-support-services
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Supporting Indigenous vi...
How to take screen shot, scr...
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Safety
Tools
Queensland Government
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A violent crime committed against an Indigenous person can impact on them physically, socially, spiritually, mentally and financially.
This webpage is designed to help support services, and those assisting Indigenous people, to understand the rights and options available to Indigenous victims of crime in Queensland.
Information on how to report a crime, seek legal advice and take advantage of the particular support and financial services available to Indigenous people under the Victims of Crime Assistance Act, is located below. Resources are also available for download which can be provided to Indigenous victims of crime.
Victim Assist Queensland has trained information officers available who can provide further information on financial assistance and other support agencies for Indigenous people in your area. Please contact Victims Linkup on 1300 546 578 or by email if you have any further questions.
Who can get help from Victim Assist Queensland?
The following groups of people are able to source help from Victim Assist Queensland:
Primary victims – a primary victim is a person who has been directly hurt by an act of violence.
Trusted sites
100%
start
<Recently Edited Doc...
Microsoft PowerPoint ...
Inbox - Microsoft Out...
FW: Fact sheets - Me...
Police Training Ipswic...
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