

## **Title**

Data for action: The Family and Community Safety for Aboriginal and Torres Strait Islander peoples (FaCtS) Study

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## Abstract

**Purpose:** The purpose of this paper is to describe the development, methodology, methods and final data resource for the Family and Community Safety for Aboriginal and Torres Strait Islander Peoples (FaCtS) Study. Improving family and community safety is a priority for Aboriginal and Torres Strait Islander communities and organisations, and governments, but to date there has been insufficient appropriate evidence to underpin action. The FaCtS Study aims to improve understanding of family and community safety and violence in Aboriginal and Torres Strait Islander communities, using mixed methods, Community-based Action Research.

**Methods:** The FaCtS Study is an Aboriginal and Torres Strait Islander-led and governed study, founded on principles of participation and collaboration. Key components included self-nomination of partner communities, establishment of study governance structures, co-development of data collection tools, locally-led data collection and collaborative decision-making around data ownership and use. The FaCtS Study is a mixed-method study in which Community Researchers were trained to undertake quantitative and qualitative research in communities, supported by the Study team. Primary data collection components included quantitative surveys and qualitative interviews and focus groups with community members and service provider staff, and identification (mapping) of services relevant to family and community violence operating in the communities.

**Results:** Eighteen communities covering very remote, remote, regional, and urban areas in Australia self-nominated to take part in the Study. A training resource was developed, and over 30 Community Researchers were trained across participating communities. A total of 1584 eligible community member surveys, 98 service provider surveys, 56 community focus groups, 49 community member interviews, and 41 service provider interviews are available for analysis. Community-specific data were provided to each of the 18 communities and are being, or can be, used to inform local planning and/or advocacy.

**Conclusions:** The FaCtS Study data resource provides valuable insight to inform effective community, policy, and service responses to support family and community safety and to improve service provision for those exposed to or involved in violence. It also serves as an exemplar of ethical research, demonstrating the application of Community-based Action Research principles, reciprocity, and local data ownership. To maximise the benefit that can come from the Study, confidentialised data will be available to communities, academics, services, and government agencies for approved research purposes under Indigenous data governance arrangements.

## Introduction

This paper describes the development, methodology, methods and final data resource for the Family and Community Safety for Aboriginal and Torres Strait Islander Peoples (FaCtS) Study. Improving family and community safety has been identified as a priority by Aboriginal and Torres Strait Islander communities and organisations, and Commonwealth, state and territory governments (Council of Australian Governments 2011, Secretariat of National Aboriginal and Islander Child Care, National Family Violence Prevention Legal Services Forum et al. 2017). A key report by peak bodies states that the enduring trauma caused by colonisation and oppression has led to high levels of violence in some Aboriginal and Torres Strait Islander communities (Secretariat of National Aboriginal and Islander Child Care, National Family Violence Prevention Legal Services Forum et al. 2017). Acknowledging this unique context, Aboriginal and Torres Strait Islander women and their children are a Key National Priority Area in the current and fourth Action Plan (2019–2022) of the *National Plan to Reduce Violence against Women and their Children 2010–2022* (Commonwealth of Australia 2019). There is, therefore, a clear need for approaches to improve safety, addressing inter-generational trauma and lasting inequities, that are appropriate and acceptable for Aboriginal and Torres Strait Islander peoples (Sherwood 2013, Secretariat of National Aboriginal and Islander Child Care, National Family Violence Prevention Legal Services Forum et al. 2017, The Lancet Public Health 2018).

The World Health Organization defines violence as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’ (Krug, Dahlberg et al. 2002:5). Violence takes many forms, including physical, verbal, emotional, economic and sexual violence (Andersson and Nahwegahbow 2010). The FaCtS Study defined family violence as violence between family members (including but not limited to intimate partner violence and domestic violence) which is commonly but not always experienced and perpetrated in the home (Krug, Dahlberg et al. 2002). Forms of violence included in the Study were physical, emotional (including verbal and financial), and sexual violence. The FaCtS Study defined community violence as violence between individuals who are not related, and which is commonly experienced and perpetrated outside of the home. Those experiencing community violence may or may not know the perpetrator of violence (Krug, Dahlberg et al. 2002).

Violence is among the leading causes of injury and death globally (Haagsma, Graetz et al. 2016, Naghavi, Abajobir et al. 2017). Within the Aboriginal and Torres Strait Islander population, family and community violence is a substantial cause of morbidity and mortality. For example, it was estimated to contribute to 11 percent of the burden of disease among Aboriginal and/or Torres Strait Islander women aged 18–44 years, more than any other single factor (Webster 2016). The FaCtS Study is focused on violence within Aboriginal and Torres Strait Islander communities, but it is critical to note that violence is not a part of Aboriginal and Torres Strait Islander culture (Secretariat of National Aboriginal and Islander Child Care, National Family Violence Prevention Legal Services Forum et al. 2017, Commonwealth of Australia 2019), and that violence is not an issue restricted to the Aboriginal and Torres Strait Islander communities; violence also occurs within the non-Indigenous population.

Existing evidence about Aboriginal and Torres Strait Islander peoples' experiences of violence is limited to national quantitative surveys conducted by the Australian Bureau of Statistics (ABS), the National Community Attitudes towards Violence against Women Survey (NCAS), and small-scale localised studies and program evaluations (Olsen and Lovett 2016). The ABS surveys collect data on the prevalence of exposure to physical or threatened physical violence, and the relationship between the person experiencing and perpetrating the violence. This data has been useful for estimating the prevalence of physical and threatened physical violence; however, it does not capture other experiences of violence, nor does it enable contextualisation of violent experiences, or provide information on service gaps. NCAS collects information on understandings of, and attitudes about, violence against women, attitudes about gender equity, and preparedness to intervene when witnessing violence (Cripps, Diemer et al. 2019). It includes a small sample of Aboriginal and Torres Strait Islander peoples (n=342 in the 2017 survey). While contributing important information, NCAS only considers violence against women, and assumes a conception of gender equity that does not necessarily resonate with Aboriginal and Torres Strait Islander peoples' culture and may not be appropriate for understanding violence in Aboriginal and Torres Strait Islander communities. Family and community violence in Aboriginal and Torres Strait Islander communities is understood to be caused by underlying factors such as colonisation and family structure breakdown – rather than gender equity beliefs (Partridge, McGrady et al. 2018). Further, these data collections were not developed or conducted in partnership with Aboriginal and Torres Strait Islander peoples and communities, and therefore have insufficient inclusion of Aboriginal and Torres Strait Islander perspectives and methodologies.

While there has been an increase in Aboriginal and Torres Strait Islander-led responses to family violence in the last 20 years, we lack a published evidence base on the effectiveness of these approaches (Olsen and Lovett 2016).

None of the existing Aboriginal and Torres Strait Islander-specific data resources enable a comprehensive exploration of: the nature of violence experienced by men and women; the root causes of violence; use of existing individual, family, and community-level supports and services by those experiencing and using violence (Al-Yaman, Mieke Van Doeland et al. 2006, Australian Institute of Health and Welfare 2018); opportunities to improve service responses; or opportunities for violence prevention (Olsen and Lovett 2016). This information is required to inform approaches to reduce the burden of family and community violence among Aboriginal and Torres Strait Islander peoples and communities (Olsen and Lovett 2016, Australian Institute of Health and Welfare 2018). Furthermore, it is critical that this information is generated by and for Aboriginal and Torres Strait Islander peoples, to ensure the relevance and appropriateness of findings (Commonwealth of Australia 2019). Use of Indigenous methodologies is also essential for producing ethical, informed, and actionable research. However, to date, there have been no national studies that have been Aboriginal and/or Torres Strait Islander-led and incorporated Indigenous methodologies.

Recognising these evidence and methodological gaps, and the importance of Aboriginal and/or Torres Strait Islander-led and governed research, the FaCtS Study was funded by the Australian Government Department of Social Services to contribute to answering the overarching question: *What would it take to effectively address family and community violence in Aboriginal and Torres Strait Islander communities?* The key aims of the FaCtS Study were:

1. The extent of exposure to violence among participants;
2. Social impacts of violence, including on relationships, health, wellbeing, education, and workforce participation;
3. Availability, access, usage and effectiveness of services or other supports relating to violence; and
4. What is needed to reduce exposure to, and the effects of, violence in communities.

## Methods

### Ethics

The FaCtS Study was conducted with ethical approval from the following institutions and Human Research Ethics Committees (HRECs): the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) HREC (Protocol: EO55-01052017), which provides national approval for research involving Aboriginal and Torres Strait Islander peoples, and from the Australian National University HREC (Protocol: 2017/657). In addition, approval has been obtained from regional ethics committees relevant to participating communities: Western Australian Aboriginal HREC (Protocol WAAHEC HREC 845); Central Australian Aboriginal Congress HREC (CA-18-3061); South Metro Health Queensland HREC (Protocol HREC/18/QPAH/313).

Aboriginal and Torres Strait Islander leadership is critical to generating meaningful data and findings that can underpin action with the greatest potential for impact. In line with this, the FaCtS Study was Aboriginal-led with an Aboriginal and Torres Strait Islander governance structure. The Study design was informed by Aboriginal and Torres Strait Islander stakeholders and ethical principles (Australian Institute of Aboriginal and Torres Strait Islander Studies 2012, National Health and Medical Research Council 2018). Given the sensitive nature of the Study, the names of participating communities are kept confidential, including in any publications arising from the data.

### Governance

The FaCtS Study was governed by an Aboriginal and Torres Strait Islander Study Advisory Group (SAG), Aboriginal and Torres Strait Islander Community Advisory Groups (CAGs) in each participating community, and the Study Executive Group. More information on these groups and the governance structure is outlined in Supplementary material 1: Governance.

### Study population

The FaCtS Study was conducted in partnership with 18 communities. The Study team sought nominations from communities to participate, rather than adopting the traditional approach of recruiting specific communities. Self-nomination was crucial to communities being ready to engage with the Study. The opportunity for community self-nomination was promoted through existing research-community relationships, local community organisations and events, conference stalls, and social and traditional media. To nominate, a community organisation was required to complete a self-nomination form and sign a service-level agreement. The

agreement outlined the responsibilities required and associated funding provided to the community to conduct the research.

Participating communities were from very remote, remote, regional, and urban areas in Australia and represented diversity in terms of the availability of violence-related services in their communities. The Study was not designed to be nationally representative. A nationally representative sample was not necessary or desirable to achieve the Study's aims (Rothman, Gallacher et al. 2013). It was vital to the community-based nature of the Study that communities self-nominated: this precluded nationally representative data being obtained. Further, available resources (funding and time) limited the number of communities that could be included in the Study.

### Community-based Action Research

A Community-based Action Research framework underpinned the Study to support meaningful community participation and ensure community benefit from the research (see Supplementary material 2: Using the Community-based Action Research process for more information). Within this framework, a strengths-based approach was applied; for example, factors protective against violence, and characteristics that support effective service provision were investigated. A mixed-methods approach was employed, integrating qualitative and quantitative research components with service mapping.

The development, modification and implementation of the interview schedule and survey instruments were led by Aboriginal and Torres Strait Islander people. The Study was purposefully designed to avoid reifying de-contextualised assumptions about violence and its causes. As such, the Study was designed to capture information about a breadth of historical, social, cultural, and environmental factors and their relationship to violence. Further, it was designed to capture exposure to and use of violence for both men and women, and their corresponding service needs. This recognises that many Aboriginal and Torres Strait Islander peoples, regardless of gender, have been exposed to early life trauma or adverse experiences, which may increase their later risk of exposure to or use of violence (Atkinson 2002). The Study did not assume a common definition of violent behaviours but allowed participants to report specific types of behaviours that they had been exposed to, and to identify what they considered to constitute violence.

## Study components

Study components comprised Community Researcher capacity building, service mapping, surveys of community members and service providers, interviews and focus groups with community members, and interviews with service providers (Table 1). The Community Researcher and participant recruitment methods varied by community, according to the approach deemed most suitable by that CAG. For example, some communities recruited participants using advertising in local media, and/or through existing community groups (such as Elders groups, Men's groups, and Women's groups).

Community members participated in the research by either completing a survey, participating in a focus group, and/or interview, and were compensated for their contribution with a voucher. The value of the voucher was at the discretion of the CAG. In most communities, it was \$30. In some communities, participants decided to collectively donate their vouchers to a local violence support service. Service providers participated in the research by either completing a survey and/or an interview, but were not eligible to receive a voucher: it was deemed that they were providing information in line with their occupational role and were supported by their employer to do so during work hours.

The Study components are outlined below.

### (1) Community Researcher capacity building

With assistance from its CAG, each participating community identified one individual as a local co-ordinator to drive the research process at the community-level and to serve as the main point of contact for the Study team. Communities also identified (usually two) people suitable to work as Community Researchers, based on their professional, cultural and community experience. While all communities identified local people to be trained as Community Researchers, the FaCtS Study team provided the option of having a Study team member conduct interviews and focus groups, should a community feel it was not appropriate for a community member to do so.

A Community Researcher training manual was developed for each community and used by FaCtS Study team members to deliver face-to-face training to the Community Researchers in that community. Training took a minimum of three hours. It focused on practical research skills for conducting focus groups, interviews, and surveys of community members. It also outlines recruitment requirements and strategies, data collection, and safety and distress protocols for



participants and themselves. The Study team provided ongoing support to the Community Researchers following completion of training.

After the training, Community Researchers conducted quantitative and qualitative data collection in their community, in collaboration with the FaCtS Study team.

### (2) Service mapping

The Study team worked with each community to identify services in the local area that could provide support around the experience or use of violence. Mapping included a breadth of services, including but not limited to: domestic and family violence services, legal services, medical services, hostels and other safe accommodation, women's services, counselling, programs, and police. The scope of each service was determined and used to inform potential service gaps in the community.

A desktop review of current services was undertaken by the Study team. Initial findings were discussed, updated, and confirmed with the CAG. Details on community members' awareness of services and perspectives on their accessibility and appropriateness were captured through the quantitative and qualitative study components.

### (3) Community Member Survey

A Community Member Survey (CMS) collected information about Aboriginal and Torres Strait Islander peoples' experience and definition of family and community safety and violence; the impacts of violence; service availability, use, and gaps; culture and cultural identity; demographic information; and social factors. In developing the CMS, the first step was to collate potential items from existing surveys (including ABS and NCAS), with a preference for those that had been validated for and/or tested or developed with Aboriginal and/or Torres Strait Islander peoples. An iterative process, incorporating feedback from a pilot with one community, was employed to refine survey items, (more information in Supplementary material 2: Using the Community-based Action Research process), and feedback from the Study team and the SAG.

While it was important that the survey covered diverse constructs, particularly given the insufficient evidence in this field, it was vital to limit its length to reduce respondent burden and to support completion. The longer the survey instrument, the smaller the sample size that could be achieved within the available funding. We undertook a process to reduce the length of the survey (to 57 questions) so that, on average, it could be completed within a 45-minute time limit. Each community had the opportunity to add up to five questions based on their local

needs to the final survey: these questions were asked of participants in that community only. Four of the 18 communities took up this opportunity, adding additional questions about the local context, attitudes about their community, experiences of and responses to violence, and support systems.

The Study goal was to have a minimum of 1500 participants in the CMS across all participating communities, and to capture diversity in age and gender within each community. Broad sample quotas were used in each community to ensure that there was adequate power to disaggregate data by age group and gender.

Given that the FaCtS Study is about improving safety in Aboriginal and Torres Strait Islander families and communities, it was relevant to include non-Indigenous peoples who were part of these families and communities. In each community, the CMS was conducted with Aboriginal and/or Torres Strait Islander people and a small number of non-Indigenous community members who had Aboriginal and/or Torres Strait Islander family. The FaCtS Community Researchers invited non-Indigenous participants who they considered to be part of the community; in most cases, they were partners of Aboriginal and/or Torres Strait Islander people.

The CMS was restricted to people aged 16 years and older. Written voluntary informed consent was obtained from participants. Participants aged 16 or 17 years required additional written consent from a parent or carer. During the CMS consent process, participants were invited to provide their contact details if they were also willing to participate in a focus group and/or an interview. Community Researchers and/or FaCtS Study team members were available for literacy support and to answer questions about the Study from potential participants.

Participants had the option to complete the CMS face-to-face with a Community Researcher, on a tablet, or through a paper-based survey. Most participants chose the paper-based option. Across all modes of survey completion, participants could self-complete the questionnaire or have the Community Researcher assist with completion.

#### (4) Community member interviews and focus groups

To capture detailed information and diverse views on family and community safety and violence, and community needs, interviews and focus groups were conducted with men, women, and youth (aged 16 to 17 years) in all communities. In addition, some communities specifically sought input from Elders through a separate focus group. Youth focus groups were separated by gender in many communities, according to their preference. Focus groups and

interviews were co-facilitated by Community Researchers and members of the FaCtS Study team. Focus group and interview topic areas included: perceptions of violence in the community, impacts of violence in the community, resilience and protective factors in the community, what community safety looks like, how safety can be improved, what responses to violence are working, and what other responses to violence are needed.

The focus groups and interviews were purposefully designed not to collect data about individual experiences of violence. This approach was used to protect the participants and Community Researchers from re-experiencing or vicariously experiencing traumatic events being recounted. Protocols were in place to support any participants or Community Researchers who may have become distressed.

The Study aimed to complete a total of four focus groups and three interviews in each community, with six to ten participants in each focus group. An additional focus group was offered where more than ten community members wanted to participate in any given focus group.

Written voluntary informed consent was obtained from participants. Participants aged 16 or 17 years required additional written consent from a parent or carer. Community Researchers and/or FaCtS Study team members were available to answer questions about the Study from potential participants. If consent was provided, the interview (individual consent) or focus group (consent from all participants) was audio recorded; if any participant did not want the session to be audio recorded, notes were taken. Audio recordings were transcribed by a transcription service, under confidentiality clauses.

#### **(5) Service Provider Survey**

The Service Provider Survey (SPS) was designed to collect information from staff working in services supporting people using and/or experiencing violence. The SPS focus was on the availability of services, collaboration between organisations, responses to violence, cultural safety, gaps in service provision, and perceived barriers and enablers to improved service delivery. Data were collected through a 42-question online survey. The SPS was developed by the FaCtS Study team based on existing and new questionnaire items and refined through input from the SAG.

Adults aged 18 years and over were eligible to participate in the SPS if they were recognised as employees of services located in the community, or services that provided outreach support or services for the community. Both Aboriginal and/or Torres Strait Islander staff and

non-Indigenous staff were eligible to complete the SPS. Employees of a broad range of services were considered eligible, on the basis that they provided support to Aboriginal and/or Torres Strait Islander people and/or their families who experienced or were involved in family and/or community violence. These included: police, Aboriginal Medical Services or other health services, education services, women's organisations, men's organisations, rehabilitation and detox-related services, counselling services and other mental health services, shelters and refuges, other housing and homelessness services, legal services, justice and correctional services, family violence services, family support services, night patrol, neighbourhood centres, youth services, and other community organisations.

Drawing on the service mapping, a list of potentially relevant services was developed by the Study team and CAGs. Where possible, the organisations were contacted via phone to inform them about the survey and seek permission and support from the service for their staff members to participate in the SPS.

The survey was conducted by Ipsos, a global market research and consulting firm using a two-phased approach. In the first phase, an email was sent to 434 potential participants across communities, with an information sheet and unique web-link to the online SPS. The survey could commence only once the potential participant confirmed they were aged 18 years or over and provided consent. In the second phase, service providers were followed up by phone to remind them to complete the survey, identify an alternate contact, or complete the survey over the phone in which case the participant provided verbal consent.

#### **(6) Service provider interviews**

All service providers who completed the SPS were invited to provide their contact details if they were interested in participating in an interview. The aim of the interviews with service providers was to capture views on the accessibility and effectiveness of current services, and to identify service gaps and opportunities for improved service delivery. Interviews were conducted with a staff from a range of the participating communities. Participants included both Aboriginal and Torres Strait Islander staff as well as non-Indigenous staff. The interviews were conducted by Aboriginal and non-Indigenous Study team members over the phone using an interview schedule.

## Outputs

### Community Researcher capacity building

Over 30 Aboriginal and Torres Strait Islander adults completed the Community Researcher training with the FaCtS team. This team of Aboriginal and Torres Strait Islander Community Researchers successfully completed data collection within a short project timeframe.

### Service mapping

Service mapping was conducted in all 18 communities. A brochure with the identified services was shared with communities. The service mapping indicated that all participating communities had a family violence service and an Aboriginal/Torres Strait Islander Community Controlled Organisation. All but one community had a safe house and police services. Most communities had legal services; housing services; a shelter, refuge, or hostel; an Aboriginal Medical Service or Health Service; a counselling or mental health service; and child protection or community services. Fewer than a third of communities had night patrol. There was some discrepancy between the services identified through service mapping and community members' perceptions on local service availability and/accessibility. This may be for several reasons, including: the boundaries used for service mapping may be broader than how community members self-defined their community's borders, variable or limited service availability (days and times open; outreach services provided versus services based within the community), barriers to accessing services such as lack of transport, and/or a lack of awareness of services available. As a result, data from service mapping should be used in combination with other data sources and in collaboration with communities.

### Community Member Survey

Completion time for the final CMS was 25–35 minutes for most participants; duration was longer for participants with English language and/or literacy barriers, or if the survey was conducted face-to-face rather than self-completed.

The 18 participating communities spanned all States and Territories excluding the Australian Capital Territory and Tasmania. Across the 18 participating communities, a total of 1,626 CMS surveys were completed (Table 2). The final sample, after excluding ineligible participants, was 1,584 participants. The average number of participants per community was 88, ranging from 62 to 105. The sample comprised two communities in major cities (n=197 participants, 12% of total sample), four in inner regional areas (n=431, 27%), five in outer regional areas (n=431, 27%), three in remote areas (n=254, 16%), and four in very remote areas (n=359, 23%).

The mean age of participants was 38 years, ranging from 16 to >80 years (Table 3). The majority (58%) of participants were female, 42% were male, and less than 1% selected other for gender. All but 67 participants identified as Aboriginal and Torres Strait Islander; this 4% of participants identified as non-Indigenous but had Aboriginal and/or Torres Strait Islander family.

### Service Provider Survey

A total of 98 service providers participated in the SPS across the 18 communities (Table 4). Almost one-third of participants identified as Aboriginal and/or Torres Strait Islander (n=37, 28%), and around one-third of participants were male (n=32, 33%). Half of SPS participants were from remote or very remote areas (n=66, 51%), around one-third from inner or outer regional areas (n=50, 30%), and around twenty percent from major cities (n=19, 19%). SPS participants were employed in a range of roles, including manager (n=29, 29%), co-ordinator or team leader (n=20, 20%), CEO or Deputy CEO (n=10, 10%), and Case or Support worker (n=10, 10%). Participants were employed in a diversity of services, including health services (22, n=22%), family support services (n=26, 26%) women's services (n=20, 20%), family violence services (n=16, 16%), and youth services (n=16, 16%). Not all services were primarily targeting Aboriginal and/or Torres Strait Islander clients, but all provided support for Aboriginal and Torres Strait Islander peoples.

### Focus groups and interviews (community members and service providers)

Focus groups and/or interviews were conducted across all 18 communities; interviewees included community members and service providers working in these communities. A total of 56 focus groups and 96 interviews were conducted, with an average of 8 audio recordings in each community (range 3 to 13). Data from 54 focus groups and 90 interviews were eligible for analysis. This included 19 focus groups with females, 17 with males, 9 with combined male and female youth, 2 with female youth, 2 with male youth, and 5 with Elders; and 22 interviews with female community members, 17 with males, 10 with youth, and 41 with service providers. Interviews and focus groups ranged from 30 to 180 minutes' duration.

## Discussion

Over fifteen hundred Aboriginal and Torres Strait Islander community members shared their experiences and views regarding violence in a survey, and hundreds provided insights into problems of, and solutions to, violence in interviews and focus groups. This was supplemented by qualitative and quantitative data from hundreds of service providers. The FaCtS data

resource, one of the largest of its kind, represents a diversity of Aboriginal and Torres Strait Islander voices which provide unique and unparalleled insight into opportunities and approaches to improve family and community safety, greatly extending the evidence base. This data resource can inform community and policy action.

The success of the FaCtS Study in attracting 18 communities to self-nominate to participate, and in collecting extensive sensitive data from participants in a short funding period (three years), is a testament to the principles and approach underpinning the Study. The Study would not have been successful without Aboriginal and Torres Strait Islander research leadership and community partnerships. The FaCtS Study is Aboriginal-led, and the majority of people governing and conducting the Study are Aboriginal and/or Torres Strait Islander. In addition to the self-nomination process, local community groups played a substantive role in study development and implementation. The commitment to mutual capacity building was essential to recruiting and retaining communities, and to generating meaningful outcomes. Through outlining these processes and this way of working, we hope to support other communities and researchers to adopt Community-based Action Research approaches.

### **Exemplifying Community-based Action Research**

Partnerships between communities and the FaCtS Study team were central to the Study and the Community-based Action Research approach. Partnerships with communities contributed to capacity building within the FaCtS Study team. This included: establishing and sustaining genuine partnerships between researchers, community members, and service providers; improved research transfer and implementation to community and services; improved data collection instruments and evaluation methods; improved understanding of the data needs of community and services; enhanced interpretation of data based on community members' and service providers' experience and cultural knowledge; and, learning community members' and service providers' approaches to research processes. Ongoing feedback processes incorporated local community expertise and suggestions into the conduct of the Study, including on the Study design, conduct of fieldwork, and interpretation, presentation, and feedback of results. This process was integral to study feasibility, appropriateness, and acceptability across participating communities.

Community capacity building focused on embedding research skills and knowledge within each community, and returning findings from the overarching Study, as well as community-specific data. The aim was to provide research skills transferrable to other projects,

and to support ongoing data-informed approaches to improving family and community safety locally and nationally.

#### Feedback of Study findings to communities

Interim aggregate findings from all communities were provided to and discussed with all communities; community feedback informed the Interim and Final reports to the funding body. The FaCtS Study team is in the process of providing final feedback to each of the participating communities. Each is provided with an overview of findings from the overall Study. They are also provided with a Community Report (around 20 pages long) which presents an analysis of community-specific quantitative and qualitative data. Community Reports have been developed and revised in collaboration with the CAG and Community Researchers in each community. They are tailored to meet the communities' needs and include analysis of any community-specific questions added to the survey. Feedback from May 2020 onwards was delivered remotely, rather than in person, due to COVID-19 travel restrictions.

#### Data repatriation

In addition to providing overall and community-specific summaries of the FaCtS Study data, a community-specific CMS dataset is provided to each community, subject to data infrastructure and privacy conditions. A confidentialised file is provided via secure file transfer. If the community partner organisations cannot meet requirements for secure storage of unit-record data, aggregated data are provided in the form of frequency tables, with categories aggregated to ensure no small cells (<5) are presented.

#### Strengths and limitations

The FaCtS Study is the first Aboriginal-led and governed large-scale study of family and community safety in Aboriginal and Torres Strait Islander communities. The rich data resource contains a diversity of experience, knowledge, practice, and aspiration across participants and communities as well as a unifying message of resilience and hope. It provides the first large-scale data on the service and support needs and preferences of Aboriginal and Torres Strait Islander peoples and communities. This mixed-methods and Community-based Action Research approach is a best practice model that can be implemented in other community-based projects.

The Study team invested a substantial amount of time in disseminating information about the Study and in developing relationships with communities. Communities self-nominated to join the Study, until there a total of 18 participating communities was reached. This process



occurred over 18 months, starting in December 2017. After a community nominated, the CAG was established, and Community Researchers undertook training, before data collection commenced. Data collection was completed by April 2019.

Qualitative and quantitative data collection was based on self-report, which may lead to biases; however, triangulation of data from multiple sources and multiple data collection approaches enabled a more complete picture of family and community safety in these communities.

The primary quantitative data collection, the CMS, was not intended to be a representative sample of all Aboriginal and Torres Strait Islander peoples or communities. For example, the remoteness, age, and gender distribution of CMS participants does not align with that of the total population (Australian Bureau of Statistics 2018). It was neither feasible nor desirable to conduct a representative sample, given the aims of the Study, and the commitment to participatory research principles. The intention of the CMS design was to capture a diversity of perspectives across geographic locations, community contexts, age, gender, and experiences of violence; prevalence estimates are representative of the participant sample only. However, findings based on internal comparisons, that is relationships between exposures and outcomes, are understood to be generalizable beyond the Study cohort.

Further, while the original funding and timeframe enabled a single wave of data collection, the study design of the CMS allows for follow-up data collection and the potential establishment of a longitudinal cohort, and/or evaluation of community-specific initiatives to improve family and community safety (Andersson, Shea et al. 2010). Participants who were willing to be contacted for follow-up data collection provided their name and contact details; these are securely stored, separately from survey responses, and are not available to data analysts.

The SPS is also not intended to be representative of all service providers providing support for Aboriginal and Torres Strait Islander family and community safety. Service providers who received an invitation self-selected to participate. The pool of potential participants for the SPS varied across communities by factors including community size, availability of services, and services' capacity and willingness to participate. The SPS may have been received by multiple service providers within a single service, but responses cannot be linked to the service, as the name of the service was not recorded to protect confidentiality and privacy. Data from the SPS should be interpreted with these considerations in mind.

Recruitment for the qualitative interviews and focus groups employed convenience sampling which has limitations. To address some of the biasing impacts of this sampling methods, the

Study purposively recruited participants from specific populations, such as young people, men and service providers, to ensure variation across the sample.

Community Researchers enhanced the rigour of this Study through their capacity to recruit participants, their in-depth knowledge of the community and the different perspectives they brought to the research questions. Working with Community Researchers has been known to produce a ‘more open and sensitive’ approach (Smith, Monaghan et al. 2002:198) but also lead to inconsistency in collected data (Mooney-Somers and Olsen 2018). The ability to collect data in an open and sensitive way was vital to the Study, given the sensitive nature of the family and community violence. There is an ‘uneven’ (Smith, Monaghan et al. 2002:198) nature to some of the qualitative data, as a result of variation within and between academic and Community Researchers.

## Publications based on the FaCtS data resource

The initial findings from the FaCtS Study have been summarised in a report for the Department of Social Services, *“The answers were there before white man come in”: Stories of strength and resilience for responding to violence in Aboriginal and Torres Strait Islander communities Family and Community Safety (FaCtS) for Aboriginal and Torres Strait Islander Peoples Study report* (Guthrie, Katherine Thurber et al. 2020). The Report contains key findings, a literature review, an overview of the Study, and detailed findings on: the context of violence, catalysts and consequences of violence, perceptions and understandings of violence, the extent and types of violence experienced, resources to address violence, effective service responses, and implications.

## Access to data from the FaCtS Study

The FaCtS Study data is a valuable resource. It has great potential to be interrogated and analysed to increase the availability of published evidence to support improving services and supports focused on community safety for Aboriginal and Torres Strait Islander peoples. Confidentialised data can be made available to researchers under Indigenous data governance arrangements. The processes for access are currently being developed. Please contact [FaCtS.Study@anu.edu.au](mailto:FaCtS.Study@anu.edu.au) for more information.

## Acknowledgements

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### **Study design, implementation, data generation**

#### *Conceptualisation of study*

Emily Banks<sup>1</sup>, Bianca Calabria<sup>1</sup>, Matthew Gray<sup>1</sup>, Jill Guthrie<sup>3</sup>, Raymond Lovett<sup>4</sup>, Anna Olsen<sup>1</sup>, Naomi Priest<sup>1</sup>, Katherine Thurber<sup>1</sup>

#### *Ethics applications*

Bianca Calabria<sup>1</sup>, Jill Guthrie<sup>3</sup>, Victoria Hovane<sup>5</sup>, Raymond Lovett<sup>4</sup>, Songhuizi Peng<sup>1</sup>, Lachlan Russell<sup>1</sup>, Karl Skewes<sup>1</sup>

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Damien Hart<sup>1</sup>, Maria Martin-Peterson<sup>5</sup>, Minette Salmon<sup>6</sup>, Shavaun Wells<sup>7</sup>

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#### *Training of Community researchers*

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#### *Data collection*

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### **Study Advisory Group**

Antoinette Braybrook<sup>11</sup>, Tom Calma<sup>12</sup>, Clara Mills<sup>13</sup>, Fiona Peterson<sup>14</sup>, Kathleen Pinkerton<sup>15</sup>, June Oscar<sup>16</sup>, Richard Weston<sup>17</sup>

### **Study Directors**

Jill Guthrie<sup>3</sup> (2020), Victoria Hovane<sup>5</sup> (2017–2019), Raymond Lovett<sup>4</sup> (2019)

1. Non-Indigenous person
2. Iwaidja people
3. Wiradjuri people
4. Wongaibon/Ngiyampaa people
5. Nguarluma, Gija and Gooinyandi peoples
6. Yuin people
7. Taungurong people
8. All Indigenous persons from various Nations
9. Arrente people
10. Darambul people
11. Kuku Yalanji people
12. Kungarakana and Iwaidja peoples
13. Lives and works on the lands of the Larrakia people
14. Wuthathi (Shelburne Bay) descendant with family roots in the Torres Straits
15. Yamatji people
16. Bunuba people
17. Meriam people of the Torres Strait

## Tables and Figures

*Table 1 Overview of FaCtS Study components*

FaCtS STUDY COMPONENT	Community Researcher Capacity building	Service mapping	Community members		Service providers	
			Survey (CMS)	Interviews and focus groups	Survey (SPS)	Interviews
<b>PARTICIPANTS</b>	>30	18 communities	1584	105	98	41
<b>CONTENT</b>	Practical research skills required to conduct focus groups and interviews, and to conduct a quantitative survey of community members, including: recruitment requirements and strategies, data collection, and safety and distress protocols.	Identification of services currently operating in the local area that could provide support around the experience or use of violence.	Experience and definition of family and community safety and violence; the impacts of violence; service availability, use, and gaps; culture and cultural identity; demographic information; and social factors.	Perception of violence in the community, impacts of violence in the community, resilience and protective factors in the community, what community safety looks like, how safety can be improved, what responses to violence are working, and what other responses to violence are needed.	Availability of services, collaboration between organisations, responses to violence, cultural safety, gaps in service provision, and perceived barriers and enablers to improved service delivery.	Accessibility and effectiveness of current services, service gaps, and opportunities for improved service delivery.

**Table 2 CMS participant numbers achieved across communities, and overall**

<b>Level of remoteness of community</b>	<b>Number of surveys received</b>	<b>Number of eligible surveys</b>
Major City	93	92
Major City	105	105
Inner Regional	62	62
Inner Regional	88	87
Inner Regional	95	95
Inner Regional	99	99
Outer Regional	100	100
Outer Regional	84	83
Outer Regional	99	99
Outer Regional	72	71
Outer Regional	84	78
Remote	100	96
Remote	88	86
Remote	95	72
Very Remote	103	100
Very Remote	92	92
Very Remote	77	77
Very Remote	90	90
<b>Total</b>	<b>1,626</b>	<b>1,584</b>

*Level of remoteness was coded according to the ASGS Remoteness Structure.*

**Table 3 Demographic characteristics of the CMS sample**

<b>Demographic characteristic</b>	<b>Number in sample</b>	<b>% of total sample</b>
<b>Remoteness</b>		
Major city	197	12.4
Inner regional	343	21.7
Outer regional	431	27.2
Remote	254	16.0
Very remote	359	22.7
<b>Age (years)</b>		
16-17	79	5.0
18-24	235	14.8
25-39	446	28.2
40-49	298	18.8
≥50	384	24.2
Not specified, ≥18	142	9.0
<b>Gender</b>		
Male	657	41.5
Female	926	58.5
Other	1	0.1
<b>Indigenous Identification</b>		
Aboriginal and/or Torres Strait Islander	1517	95.8
Family is Indigenous	67	4.2
<b>Family money situation</b>		
We run out of money or are spending more than we get	361	22.8
We have just enough	585	36.9
We have some or a lot of savings	489	30.9
Missing	149	9.4
<b>Education completion</b>		
No school or primary school	161	10.2
Year 10	783	49.4
Year 12 and beyond	609	38.5
Missing	31	2.0
<b>Employment Status</b>		
Not in paid employment*	811	51.2
In paid employment	570	36.0
Studying	64	4.0
Other	51	3.2
Missing	88	5.6

\* Includes participants participating in the Community Development Program (CDP) or the Work for the Dole program.



**Table 4. Characteristics of SPS participants**

<b>Demographic characteristic</b>	<b>Number in sample</b>	<b>% of total sample</b>
<b>Indigenous Identification</b>		
Aboriginal and/or Torres Strait Islander	37	37.8
Non-Indigenous	61	62.2
<b>Remoteness</b>		
Major city	19	19.4
Inner or outer regional	50	29.6
Remote or very remote	29	51.0
<b>Gender</b>		
Male	32	32.7
Female	66	67.3
<b>Age (years)</b>		
20-29	11	11.8
30-39	11	11.8
40-49	32	34.4
50-59	26	28.0
≥60	13	14.0
<b>Highest level of education</b>		
No School	0	0.0
Primary School	0	0.0
Secondary School	9	9.1
Certificate or diploma	29	29.3
University degree	54	54.5
<b>Job Role</b>		
CEO or Deputy CEO	10	10.1
Manager	29	29.3
Co-ordinator or Team leader	20	20.2
Health Professional	9	9.1
Aboriginal Health Worker	4	4.0
Case or Support Worker	10	10.1
Engagement or Liaison Worker	3	3.0
Administration	6	6.1
Other	8	8.1
<b>Which type of service do you work for? (Multiple responses possible)</b>		
Police	6	6.1
Legal service	5	5.1
Justice or correctional service	6	6.1
Family violence service	16	16.2
Family support service	26	26.3
Night patrol or community patrol	4	4.0
Neighbourhood Centre	3	3.0
Land Council or Homeland Association	1	1.0
Prescribed body corporate	0	0.0
Women's service	20	20.2
Men's service	9	9.1
Health service	22	22.2
Rehab, Detox or Sobering Up	6	6.1
Counselling or mental health service	13	13.1
Shelter, refuge, or hostel	6	6.1
Housing service	5	5.1
Homelessness service	12	12.1
Youth service	16	16.2
Other	20	20.2

## Supplementary material 1: Governance

### Study Advisory Group

The FaCtS Study had an Aboriginal and Torres Strait Islander Study Advisory Group, comprised of experts from a diversity of Aboriginal and Torres Strait Islander family and sexual violence services. The purpose of the Study Advisory Group was to provide expert advice to the Study team about aspects of the Study for the duration of the project, including on research questions, data collection, and interpretation of findings.

### Study Executive Group

The Study Executive Group comprised the Study Director, two additional senior members of the Study team, and one representative from the funding body. This group was responsible for overseeing the design and implementation of the Study.

### Aboriginal and Torres Strait Islander Community Advisory Groups

Aboriginal and Torres Strait Islander Community Advisory Groups (CAGs) were established in each participating community. Membership and size of the CAG was determined by the community and included Aboriginal and/or Torres Strait Islander and non-Indigenous staff from key local organisations, health service staff, violence service staff, police, council members, corrections staff and community members. The partnership between the CAGs and the Study team supported the inclusion of community knowledge, needs and preferences into the FaCtS Study, and supported the integration of the expertise of community members and of the Study team.

## Supplementary material 2: Using the Community-based Action

### Research process

Each phase of the Study was informed by the Community-based Action Research process to facilitate shared ownership of the Study among communities and to ensure that the research is appropriate and applicable in each setting.

#### Plan

The research questions and instruments (survey, interview and focus group guide and service mapping) underlying this project were developed by the Aboriginal and Torres Strait Islander-led, inter-disciplinary Study team, in collaboration with the funders and a pilot community, to ensure that the research questions were sensitive to the needs of Aboriginal and Torres Strait Islander communities, as well as to policy processes.

The Community Member Survey (CMS) used in the FaCtS Study was informed by *Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing* (Jones, Thurber et al. 2018). The Mayi Kuwayu Study co-developed measures of culture and wellbeing in consultation with Aboriginal and Torres Strait Islander communities across Australia; many of these measures were used, or adapted for use, in the FaCtS Study.

The FaCtS research instruments were also piloted with one community to ensure that they were suitable and useful. Study team members worked with community members both as participants and as Community Researchers to test, receive feedback, and refine the Community Researcher training, the CMS questions and design, and the interview and focus group questions. Key findings from the piloting of the CMS were to ensure questions did not split across pages, shorten the length of the survey and staple them into booklets rather than in the corner. The pilot also provided valuable information about the environment that was best suited to facilitating quality data collection, including providing entertainment for children while their parents completed the survey, and ensuring that participants in focus groups were comfortable with all people present to facilitated openness. For example, it was identified that in some cases (such as for youth), limiting the presence of observers of focus groups – particularly those in authority positions – supported participants to feel free in sharing their experiences. The learnings from the pilot study were incorporated into the Study.

The Community-based Action Research process was used to engage a broad range of community members and service organisations. Importantly, the FaCtS Study invited

communities to self-nominate to be involved and to define their identity/boundaries as a community. Aboriginal and/or Torres Strait Islander people defined their communities for this Study, and these could be areas also populated by non-Indigenous people whose views and experiences were not the focus of this Study but who may have perpetrated violence within these communities.

### Observe

Participating communities were involved in the planning and implementation of the FaCtS Study. This included recruiting services and local staff, discussing the local context, establishing local Community Advisory Groups, and training Community Researchers. Key to this process was the identification and employment of Community Researchers and a local coordinator to:

- Work with the Study team to train local staff in survey design, administration and data entry, in-depth interviewing and service effectiveness assessments;
- Assist the community to add questions to the survey in order to explore additional factors considered important to the local community;
- Assist in organising interviews and focus groups;
- Undertake quantitative data collection;
- Undertake in-depth interviews for the qualitative research components;
- Undertake data entry;
- Review and revise the service mapping analysis conducted by the FaCtS Study team;
- Participate in the Study Advisory Group;
- Facilitate and host dissemination activities back to community; and,
- Organise times and dates for community feedback (to the range of stakeholders, i.e., individuals, community groups, services and other institutions).

Locally-driven data collection, and the use of local Community Researchers, enhanced the Study teams' ability to conduct a large-scale in-depth research project and to ground the analysis of data via constant feedback loop between the researchers and communities. An additional benefit of having local Aboriginal and Torres Strait Islander people and organisations/services conducting the survey is the ability to translate questions and back-translate participant responses. This capacity building approach will also support future research that the communities would like to conduct or engage in.

## Reflect

Data were analysed using a collaborative process. Study team members who collected the data were engaged in conducting or interpreting analysis at each stage of the Study. During analysis, the Study team met regularly to workshop key findings for each of the research questions. This included reviewing findings and reflecting on fieldwork experiences. De-identified data is made available to the participating communities at the end of the Study.

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