



Koorreen Enterprises
ABN 36 789 485 204

Koorreen Enterprises Submission to the Royal Commission into Victoria's Mental Health System.

Prepared by Dr Richard Frankland and Dr Peter Lewis for Koorreen Enterprises

Our submission is focused on the issues that affect First Nation peoples in Victoria and what we believe are some pathways to address the general mental health issues that First Nation peoples face. In particular it addresses the following questions:

- What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
- Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

We would welcome an opportunity to address the Royal Commission on these issues.

About Koorreen Enterprises

Koorreen Enterprises is the brainchild of Dr [Richard J Frankland](#) – musician, author, poet, and film maker. Koorreen Enterprises encompasses a range of training services for government and non-government organisations in the interest of better outcomes for First Nation and Torres Strait Islander Peoples through optimised relationships within and between cultures. Richard is a proud Gunditjmara man who has worked as a Soldier, Fisherman, and Field Officer during the Royal Commission into First Nation Deaths in Custody. Richard is currently Associate Professor at the Victorian College of the Arts, Melbourne University. Richard and his team designs and delivers well-researched, culturally strong and trauma informed workshops and community healing programs for communities, organisations involved in First Nation affairs and/or reconciliation and government departments.

Dr Peter Lewis is Manager for Research Development at Koorreen Enterprises. He is the National President of *ANTaR* (formerly *Australians for Native Title and Reconciliation*) and has been working in the area of First Nation and Torres Strait Islander affairs and reconciliation for over 22 years. He was formerly the Acting CEO at SNAICC, Indigenous Rights Advocate at Oxfam Australia and Manager for Social Policy and Research at VACCA. Peter has also been a board member of *Reconciliation Victoria* and committee member on the *National Sorry Day Committee* and the *Victorian Stolen Generations Sorry Day Committee*.

Executive summary and recommendations

Koorreen Enterprises believes that the key to addressing mental health issues within First Nation communities is through

- Identifying that for most First Nation community members, issues of mental health relate to the disempowerment, disadvantage, trauma and racism experienced as a result of the ongoing process of colonisation;
- Acknowledging that, consequently, governments need to address First Nation peoples' mental health issues by working with First Nation communities to promote and enable cultural safety and First Nation community agency through investing in First Nation services and organisations, anti-racism programs and the promotion of cultural competence; and
- Investing in First Nation services that encourage cultural strengthening including community development-based trauma-informed, healing services and professional training and development for the workers in those services.

In our area of expertise, Koorreen Enterprises believes that an essential component of the approach is the delivery of awareness raising workshops for community members and professional training of workers in First Nation organisations and/or organisations that provide services to First Nation peoples.

It is clear from years of reports and inquiries, such as the First Nation Deaths in Custody (1991) and Bringing Them Home (1997) Reports, that culture, healing and self-determination are the key ingredients to improving the situation of First Nations peoples in Australia. Koorreen Enterprises therefore additionally makes a **specific proposal for the establishment of a centre for healing and cultural strengthening which would provide experiential training and healing programs on country for First Nation and, at a later stage, non-indigenous people.** The goal is to promote cultural strong, healing and dispute resolution practices throughout Koorie communities and eventually, culturally safe practices for non-indigenous workers.

To be truly healthy and self-determining First Nation people in Victoria need a Healing and Cultural Strengthening Centre so that our community leaders and workers – in both First Nation and mainstream/public service organisations – can be trained and our cultural health maintained through participation in lateral violence awareness, cultural strengthening and cultural safety courses.

By creating a hub for these training programs on country, Koorreen would be enabled to provide a culturally strong healing environment for participants undergoing the training. One of the key practices would be for participants to engage in a reflective walk at various cultural sites on the grounds of the centre noting the Koorreen principles of Listen, Learn, Integrity, Respect, Honour, Compassion and Courage.

The hub would also open up the possibility of developing a research and resource centre on cultural and healing practices. With tertiary education support, the training programs could become diploma level courses and encourage professionalisation of workforces who provide services to First Nation peoples.

Rationale

To survive, and thrive, for over 60 000 years – and recent archaeological discoveries suggest it may be 120 000 years¹ - demonstrates that the First Nations had sophisticated cultures and civilisations. Rather than the wondering nomads they are often characterised as, the First Nations had farming, aquaculture, trade and tools; some even had permanent settlements. Their economies were in tune with the environment and each person had a role in their community. Dispute resolution processes were in place and law/lore provided connection (to land/waters, family and community), order and meaning. To that world of interconnection, spirituality and wellbeing came the British Empire in the Eighteenth Century. Invasion led to disease, death, displacement and a collapse of over 2000 generations of traditional cultural strength, authority and safety for close to 500 First Nation peoples. As a result, First Nations people have particular mental health issues to overcome today resulting from the invasion, including intergenerational trauma, racism and lateral violence. The response to these issues requires understanding, action and investment in First Nation-led solutions.

Understanding community trauma

The issue of trauma is one that historically has primarily focused on the impacts of an extreme stressful event or series of events on an individual such as in the case of Post-Traumatic Stress Disorder. In recent times more research has led to opening up the notion of trauma to include traumatic environments, historical trauma, community trauma and inter-generational trauma.²

In Australia, particularly through the work of Judy Atkinson and a growing number of other First Nation theorists, there is a developing discourse on trauma and loss for First Nation peoples in Australia from their perspective which sees most presenting trauma as essentially a product of invasion. The first step in understanding First Nation community trauma is to ask, as Gail Green does, “how do we take account of the ‘trauma load’ in the community?”³ and define trauma from the collective perspective of colonised peoples.

The word ‘trauma’ is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless. Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience. Trauma is such a personal journey. Although we suffer collectively, trauma is a close personal journey which

¹ <https://www.theguardian.com/australia-news/postcolonial-blog/2019/mar/11/a-big-jump-people-might-have-lived-in-australia-twice-as-long-as-we-thought>

² Atkinson, Judy, Nelson, Jeff and Atkinson, Caroline, “Trauma, Transgenerational Transfer and Effects on Community Wellbeing” *Working Together: First Nation and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, (Department of Health and Ageing, Canberra, 2010) pp. 135f.

³ Green, Gail, “Developing Trauma Training for an Indigenous Community: Hopefully Not Seagulls”, *Australian Social Work*, (64:2, June 2011) p220

impacts on us in a multitude of ways, sometimes the impact, the repercussions of the trauma are unseen or undetected by those outside the trauma.⁴

The impact of colonisation in Australia has been devastating:

A history of invasion, the ongoing impact of colonisation, loss of land and culture, racism within the wider Australian community, family separations and deaths in custody, are all examples of trauma and loss experienced by First Nation people that contribute to mental distress.⁵

This shared experience of violent dispossession and oppression has severed, “many First Nation people’s connection to land, cultural beliefs and practices, language and their families. Such devastation resulted in people losing their ability to manage normal human anxiety.”⁶

There is a growing body of evidence that supports the argument for a community-based approach to dealing with trauma in First Nation communities and that current practices are not addressing the underlying issues. Dawn Bessarab and Frances Crawford in their paper on “Trauma, grief and loss: the vulnerability of First Nation families in the child protection system” challenges the social work field to strengthen its work with First Nation children and families.

The high number of Aboriginal children in child protection and out-of-home-care, juvenile justice and the high rate of incarceration for adult women and men cannot be changed one by one if there is a lack of recognition of the community-based trauma, grief and loss that is widely shared.⁷

Focusing on the individual exclusively effectively makes the broader community invisible and also heightens the pressure on the individual. As Bessarab and Crawford go on to state; “using individualised measures of health and welfare can make invisible the network of marginalised families lacking resources to move beyond poverty.”⁸ Within the discourse of collective/community trauma, the imperative to understanding the binding relationship between the individual and collective experiences has been clarified by Anthea Kreig’s work. She believes that it is,

⁴ Centre for Non Violence and Social Justice <http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41/>.

⁵ First Nation Mental Health First Aid Training and Research Program, *Trauma and Loss: Guidelines for providing Mental Health First Aid to an First Nation or Torres Strait Islander Person*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and *beyondblue: the national depression initiative*; 2008. p2

⁶ Bessarab, Dawn and Crawford, Frances. “Trauma, grief and loss: the vulnerability of First Nation families in the child protection system.” In Bennett; Green; Gilbert & Bessarab , *Our Voices: First Nation and Torres Strait Islander Social Work*, (Palgrave Macmillan Australia, 2012) p94

⁷ Bessarab, Dawn and Crawford, Frances. “Trauma, grief and loss: the vulnerability of First Nation families in the child protection system.” p 94

⁸ Bessarab, Dawn and Crawford, Frances. “Trauma, grief and loss: the vulnerability of First Nation families in the child protection system.” p102

Critical to distinguish between collective and individual experiences of trauma in order to underscore the difficulty for people to recover from the effects of individual trauma when the community on which they have depended has become fragmented and disconnected.⁹

The two are so interconnected, there needs to be a concerted approach to resource community based, trauma informed healing programs. Judy Atkinson, in her ground-breaking book *Trauma Trails* develops her discussion around the need for specific trauma informed approaches for First Nation people, families and communities because of their unique experiences and contexts. Atkinson observes that “some communities are all too often in crisis, where violence has now been called an epidemic; and where professional skills for working with traumatised populations are limited and unsustainable through inadequate resourcing.”¹⁰ Atkinson argues that there needs to be culturally informed therapeutic models of healing that emphasise the “identification of trauma symptoms among children and adults, and use methods of expression such as storytelling, drawing, writing, dancing and drama, based on Aboriginal cultural tools, for healing.”¹¹ Atkinson’s argument for a culturally informed therapeutic model would also be beneficial in a community setting where through the “creation of safe places for sharing where the unspeakable can be given voice, where feelings can be felt, and where sense can be made out of what seemed previously senseless.”¹² A collective healing model, with the creation of culturally safe spaces would better support First Nation communities deal with transgenerational trauma.

If, as Duran and Duran theorised, “historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes ‘normalised’ within that culture,”¹³ then collective trauma therapy is essential so that there can be a new emphasis that isn’t created by the oppressor but one that is culturally safe, that is designed around, “community and ancestral memory, which, for the most part, is conspicuously absent from Western therapeutic regimes.”¹⁴ Being able to deliver a model that is community strengthening, healing and empowering would refocus attention rather than being a, “deficit model that individualises problems fails to recognise that there are multiple and diverse problems contributing to the issue of child abuse and neglect in First Nation communities ... too often ... [the perpetrator

⁹ Kreig, Anthea, “The experience of collective trauma in Australian Indigenous communities” *Australian Psychiatry*, (Vol 17, supplement, 2009) p29

¹⁰ Atkinson, Judy, *Trauma Trails, Recreating Songlines – The Transgenerational Effects of Trauma in Indigenous Australia*, (Spinifex Press, North Melbourne, 2002) p238

¹¹ Atkinson, Judy, *Trauma Trails, Recreating Songlines – The Transgenerational Effects of Trauma in Indigenous Australia*, (Spinifex Press, North Melbourne, 2002) p238

¹² Atkinson, Judy, *Trauma Trails, Recreating Songlines – The Transgenerational Effects of Trauma in Indigenous Australia*, (Spinifex Press, North Melbourne, 2002) p31

¹³ Duran, E., & Duran, B. (1995). *Native American post-colonial psychology*. Albany, NY: State University of New York Press. As quoted in Atkinson, Judy, Nelson, Jeff and Atkinson, Caroline, “Trauma, Transgenerational Transfer and Effects on Community Wellbeing” *Working Together: First Nation and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, (Department of Health and Ageing, Canberra, 2010) p138

¹⁴ O’Loughlin, Michael, “A psychoanalytic exploration of collective trauma among Indigenous Australians and a suggestion for intervention.” *Australian Psychiatry* (Vol 17 Supplement, 2009) p 35

is] positioned in an interacting system of abusive behaviour.”¹⁵ The cycle of abuse and trauma is debilitating for any community. To be able to move forward, understandings of transgenerational trauma need to be further developed. If, as Professor Michael O’Loughlin stipulates, that “each Indigenous child has a culturally constituted unconscious and thereby a bearer of the collective history of their people” and therefore “trauma in the unconscious may be unspeakable because of the severance of social links,”¹⁶ collective and cultural healing is imperative.

Culture is a protective factor, as well as a tool for healing (as mentioned by Atkinson above). Colquhoun believes that

Cultural affinity or engagement acts as a protective factor against the problems of trauma associated with historical loss, discrimination, suicide or suicide ideation, and substance abuse (notably alcohol abuse) that beset many Indigenous communities and populations.¹⁷

Enculturation then is one element that is important as a way of combating cultural and collective trauma. Zimmerman defines enculturation as, “the extent to which individuals identify with their ethnic culture, feel a sense of pride in their cultural heritage, and participate in traditional cultural activities.”¹⁸ The strength of enculturation, Zimmerman explains, is that it is autonomous in nature,

Enculturation is culturally relevant and does not require mainstream norms as a point of comparison. The construct of enculturation also requires researchers to consider cultural diversity in ways that do not emphasise mainstream culture.¹⁹

This is an empowering and resilient notion for First Nation communities. International child trauma expert, Dr. Bruce Perry, argues that “children with multiple transitions, chaotic and unpredictable family relationships, and relational poverty do not improve even when provided with the best ‘evidence-based’ therapies.”²⁰ When there is stability and relational richness, and for First Nation children that involves connection to culture, extended kinship networks and community, children are more likely to thrive.

We expect ‘therapy’ – healing – to take place in the child via episodic, shallow relational interactions with highly educated but poorly nurturing strangers. We

¹⁵ Bessarab, Dawn and Crawford, Frances. “Trauma, grief and loss: the vulnerability of First Nation families in the child protection system.” In Bennett; Green; Gilbert & Bessarab, *Our Voices: First Nation and Torres Strait Islander Social Work*, (Palgrave Macmillan Australia, 2012) p101

¹⁶ O’Loughlin, Michael, “A psychoanalytic exploration of collective trauma among Indigenous Australians and a suggestion for intervention.” *Australian Psychiatry* (Vol 17 Supplement, 2009) p35

¹⁷ Colquhoun, Simon and Dockery, Alfred Michael, “The link between Indigenous culture and wellbeing: Qualitative evidence for Australian First Nation peoples”, (the Centre for Labour Market Research, Curtin University, 2012) p3

¹⁸ Zimmerman, Mark, A. and Ramirez-Valles, Jesus, “The Development of a Measure of Enculturation for Native American Youth” *American Journal of Community Psychology*, (24:2, 1996) p. 296

¹⁹ Zimmerman, Mark, A. and Ramirez-Valles, Jesus, “The Development of a Measure of Enculturation for Native American Youth” p. 297

²⁰ Perry, Bruce, D. “Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics.” *Journal of Loss and Trauma*, (Ed. 14, 2009) p 252

undervalue the powerful therapeutic impact of caring teacher, coach, neighbour, grandparent and a host of other potential ‘cotherapists’.²¹

In fact relational richness is a key traditional facet of First Nation communities.

There needs to be systematic change to the way the mental health system works with First Nation children, families and communities. Building on culture as a protective factor, finding out the immediate and generational narrative truth of families, sourcing the strengths and resilience within families and communities are matters that need to be diagnosed in order to create the best forms of treatment. And treatment will need to be relational and holistic if it is to work.

One factor that is often forgotten when we see trauma in First Nation communities in isolation from the colonised world that surrounds them is the fact that the processes of traumatisation for those children and families are still current. We must always remember that Australia is an invaded space where exists the constant trauma that relates to racism/and cultural exclusion. In many respects it is a replication of historical trauma upon First Nation people as it

- attacks their sense of belonging,
- attacks their sense of safety and predictability and
- creates echoes of the destructive past in the present.

The VicHealth report, ***Mental health impacts of racial discrimination in Victorian First Nation communities*** demonstrates clearly that racism is a constant in the lives of First Nation people. The figures from the report note that

- 97% of First Nation people experience racism each year.
- 70% experience at least 8 racist incidents each year,
- people who experienced the most racism also recorded the most severe psychological distress scores.
- two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress scores and
- more than 70% worried at least a few times a month that their family and friends would be victims of racism.²²

Rahael, Swan and Martinek point to the levels of trauma suffered by First Nation people in relation to, dispossession and denial of rights and the constant feeling of being seen as sub-human, particularly in terms of the failure to recognise First Nation family and kinship structures, and the policies of the past in relation to the removal of children.²³ In relation to the latter, Rahael et. al. suggest that the

²¹ Ludy-Dobson, Christine R. and Perry, Bruce, D., 2010, “The Role of Healthy Relational Interactions in Buffering the Impact of Childhood Trauma” in Gil, Eliana, *Working with Children to Heal Interpersonal Trauma: The Power of Play*, New York, NY.: Guilford Press, p. 39.

²² VicHealth, *Mental health impacts of racial discrimination in Victorian First Nation communities- Experiences of Racism survey: a summary*, Melbourne, VicHealth, 2012, p. 2.

²³ B. Rahael, P. Swan and N. Martinek, (1998) “Intergenerational Aspects of Trauma for Australian First Nation People”. In Y. Danieli (Ed) *Intergenerational Handbook of Multigenerational Legacies of Trauma*. New York, NY: Plenum Press. 327-339. P. 329.

Stressors experienced by these children included intense separation distress; searching behaviours; multiple grief, which was chronic and often unresolvable; emotional and behavioural disturbances in childhood, which arose naturally upon their distress; dislocation stressors from loss of home and place; denial and stigmatization of their Aboriginality and cultural heritage; and loss of identity.²⁴

For First Nation communities, community/intergenerational trauma's impact can be seen in terms of

- shortened life span, suicide and accidents, PTSS, substance abuse,²⁵
- problems relating to transmission of culture and child rearing practices²⁶ and
- transmission of violence and abuse.²⁷

We cannot understand the presence of trauma in First Nation communities without understanding the fundamental impacts of the disruption of social order that occurred and continue to be replicated due to invasion. Removal from land, separation of children from their families and communities and, historically, the lack of recognition of the humanity of First Nation peoples have created the conditions which cause over-representation of First Nation children in child protection, First Nation youth in juvenile justice and First Nation adults in prisons and large minority segments of First Nation communities in poverty.

Both the traumatic effects of such separations and loss, and the loss of role models of parenting are likely to have had profound psychological effects, disrupting attachment and creating vulnerabilities to anxiety and depression.²⁸

We therefore need to extend our understanding of trauma by linking it to invasion and the disruption of traditional forms of First Nation social order and by incorporating into it a collective impact.

Historical/intergenerational trauma echoes in First Nation communities today and is re-enacted through the stresses First Nation people suffer existing in the imposed dominant culture and their reactions to the stressful situations caused by the misalignment between Western and traditional cultures.

Community trauma in this scenario is a by-product of oppression and its various, innately violent and therefore traumatising, forms – the hand over the mouth (voices suppressed), chained (lives controlled) and imprisoned (forced to stay on missions and reserves).

Lateral violence

Lateral violence is a response to the ever-presence of the pain of invasion. For its perpetrators, it is an attempt to use power in the face of the deconstruction of traditional

²⁴ B. Rahaël, P. Swan and N. Martinek, (1998) p. 330.

²⁵ B. Rahaël, P. Swan and N. Martinek, (1998) p. 330.

²⁶ B. Rahaël, P. Swan and N. Martinek, (1998) p. 333.

²⁷ B. Rahaël, P. Swan and N. Martinek, (1998) p. 334.

²⁸ B. Rahaël, P. Swan and N. Martinek, (1998) p. 335.

authority. It is a striking back – but against those who are suffering similar pain rather than against the power of the colonisers. In the context of dispossessed First Nation and Torres Strait Islander communities, lateral violence includes:

The organised, harmful behaviours that we do to each other collectively as part of an oppressed group: within our families; within our organisations and; within our communities. When we are consistently oppressed we live with great fear and great anger and we often turn on those who are closest to us (Richard Frankland as quoted in AHRC 2011, 8).

Often people go from being a victim to being a victimizer.

Human beings will do anything to avoid feeling powerless. If you have been victimized, one of the possible outcomes is to assume the power of the one who has hurt you by becoming someone who terrorizes and abuses others.²⁹

From the 2011 Social Justice Report, Lateral Violence can manifest in three different ways; situational violence, cumulative trauma and inter-generational trauma.

It manifests in individual acts of violence (situational violence), it is based on and breeds internalised racism (cumulative trauma) and has resulted from the historical processes of colonisation, dispossession and forcible removal of children (inter-generational trauma)... It is very difficult for a community in crisis to function effectively as many people are tied up in conflict or disempowered by the effects of trauma.³⁰

The impact of trauma can be seen in relation to how disputes turn into anger between families and individuals in First Nation communities and, to use a phrase used by Bloom, to a loss of 'volume control'.

People who have been traumatized lose this capacity to 'modulate arousal'. They tend to stay irritable, jumpy, and on-edge. Instead of being able to adjust their 'volume control', the person is reduced to only an 'on-or-off' switch, losing all control over the amount of arousal they experience to any stimulus, even one as unthreatening as a crying child.³¹

This relates to what der Kolk and Greenburg refer to as an addiction to trauma.³² Similarly Bloom contends that "people can become 'addicted' to their own internal endorphins and as a result only feel calm when they are under stress while feeling fearful, irritable and

²⁹ Bloom, S.L. (1999), p. 11.

³⁰ Mick Gooda, "Social Justice Report 2011", Australian Human Rights Commission. p71

³¹ Bloom, S.L. (1999) "Trauma Theory Abbreviated. Final Action Plan: A Coordinated Community-Based Response to Family Violence." Attorney General of Pennsylvania's Family Violence Task Force. October. P.4.

³² Van der Kolk, B.A. and Greenberg, M.S. (1987), "The psychology of the trauma response: Hyperarousal, constriction, and addiction to traumatic reexposure." In B.A. Van der Kolk (Ed.), *Psychological Trauma*. Washington D.C.: American Psychiatric Press, pp. 63-88.

hyperaroused when the stress is relieved, much like someone who is withdrawing from heroin.”³³

So situations easily become inflamed when there is a mutual feeling of trauma and disempowerment.

Family, community and tribal breakdowns result in key cultural matters, such as stories, dance, language, rituals and song not being passed on. Cultural suicide was born in the shape of lateral violence/intra cultural conflict; we have become an unparalleled danger to ourselves. Lateral Violence becomes visible through drugs and alcohol and other addictive behaviours, violence, family violence, community violence and so on. Its nature is to feed factions and create factional violence³⁴.

Restoring Agency

Restoring agency for First Nation children, families and communities is the key to empowerment. One of the issues when it comes to government policy is that it often operates from a deficit model and can have a hidden assimilationist agenda. ‘Success’ is measured from a mainstream perspective and focuses on First Nation people achieving according to dominant culture definitions without any reference to First Nation aspirations. What is needed is the freedom for First Nation persons and peoples to practice their own agency in their own way rather than merely confirm to an idealised, Western-defined notion of ‘the happy successful person’. The role of broader society in relation to marginalised First Nation communities is to work with First Nation communities to remove those blocks. For example rather than blaming First Nation parents for their kids’ truancy we should be looking at what is it about the school experience which prevents First Nation kids from pursuing their aspirations. Without such a holistic approach, our various service systems in education, health and welfare will never change and provide culturally safe experiences and enable the functionality needed for them to meet First Nation aspirations.

Restoring agency obviously also relates to restoring cultural authority and social order in First Nation communities and providing avenues for people to exercise their rights and responsibilities as well as self-defining their aspirations.

Creating cultural safety for communities requires a process of rebuilding First Nation social order. In terms of a culturally safe process for a First Nation community, the first step is to find out its specific history of invasion and working out what has been taken away and what has remained. It is a process of re-authorising and *re-membering*.

The second step is to build on what has remained of the cultural structures, i.e. *re-sourcing*. The difficulty is when these structures and forms of cultural authority are contested as a result of the structures of invasion that have been imposed on the community. This is where lateral violence awareness comes in. The first part of the awareness is realising that the conflicts that occur in communities are the result of invasion. Instead of blaming each other, the blame should be placed on the process of invasion and the subsequent processes

³³ Bloom, S.L. (1999), p. 9.

³⁴ Richard Frankland in conversation with the authors.

that maintain the force of that invasion. The behaviours that occur should be seen as the acting out of trauma and therefore requires emotional intelligence to overcome – and forgiveness. Every First Nation family has a story and has its own form of trauma. But what should be built on is the fact that every family has proved they are resilient and that they maintain a connection to their culture and creator spirit(s). Focusing on those traditions, finding a patch of land that is sacred can become a place of cultural safety. Remembering the traditional stories and remembering those who have resisted colonisation should create a sense of belonging and empowerment. Finding the truth in their existence can provide a personal foundation from which to share and build with others in the community. A process of agreement making between the families in the community can then establish a sense of mutual purpose and peace. On the individual level it is about helping people to find their inner warrior and connect to culture. In this way the re-remembering assists the re-sourcing.

The potential outcome of not providing therapeutic trauma interventions is devastating for the families, communities and is costly to the system. If there were well resourced early intervention and family services programs then these trends could be curbed. As Green suggests:

The devastation of resources can impoverish the capacity of individuals and communities to cope with a traumatic situation and recover from its consequences, especially when the person or community is already depleted by prior trauma, psychiatric disorder, or socioeconomic disenfranchisement.³⁵

Sousan Abadian in his paper “Cultural Healing” notes that “unresolved collective trauma continues to reverberate in our communities with devastating outcomes, and that to alleviate poverty we must address these underlying issues of collective trauma”³⁶. These observations are particularly true when we consider trauma in First Nation communities across the nation.

From the community wealth and sources of strength the re-creation of cultural events, rituals and healing processes for men, women, youth and children can become restorative and healing measures. There are many examples of cultural restoration and re-invigoration through events such as Survival Day, NAIDOC marches and local community events such as welcome to country days for infants and youth and totem days. At the community level healing circles and dispute resolution mechanisms would further build up a sense of cultural wellbeing but require time and patience. Mutually respectful principles of engagement would be a necessary step in building up communities committed to healing. It is hoped that the current advancing treaty process in Victoria will eventually provide for agency and respectful engagement between First Nations and government and broader society in Victoria. However, it is our contention that without a concurrent process for healing for First Nation communities which deals with trauma and lateral violence, many of the benefits of the advancing treaty process may be diminished.

³⁵ Green, Gail, “Developing Trauma Training for an Indigenous Community: Hopefully Not Seagulls”, *Australian Social Work*, (64:2, June 2011) p217

³⁶ Sousan Abadian, “Cultural Healing: When cultural renewal is reparative and when it is toxic”, Presentation at *Healing our spirits worldwide conference*, August 2007, p.8

An example from Koorreen Enterprises work

Koorreen Enterprises has been delivering cultural strengthening and lateral violence workshops for over ten years. It is clear that we appear to be having a positive impact on workshop participants. A recent example has been a workshop in a divided community on the Murray River where there has been a range of issues including a spate of youth suicides. The workshop was co-presented by Koorreen Enterprises (Richard Frankland) with a community member and professional worker and well received. One of the workers made comment that the workshop for her was like the “lifting of a fog” as the workshop uncovered for her the historical and contemporary traumas she saw in herself and in her community and how that lead to negative behaviours and lateral violence.

Part of the workshop process is to remind participants of the strengths and resilience of First Nation cultures and peoples, the impact of invasion and the legacy of trauma. In particular, the cultural loads placed on First Nations people in comparison to non-indigenous loads was demonstrated. The kind of revelation enabled participants to understand the reasons behind community divisions and self-destructive behaviours and see a way through these problems by focusing on community and cultural strengths.