Aboriginal families STUDY

Policy Brief # 9

CULTURE, COMMUNITY, RELATIONSHIPS AND WELLBEING

Translating evidence from the Aboriginal Families Study to inform policy and practice

Aboriginal and Torres Strait Islander people flourished for thousands of generations prior to European settlement. Colonisation disrupted connections to traditional lands, family and kinship structures, languages and cultural practices that had enabled Aboriginal and Torres Strait Islander children, young people and families to thrive across the country now known as Australia for millennia.

Despite longstanding recognition of the impacts of colonisation on the health and wellbeing of Aboriginal children, young people and families, progress to address intergenerational trauma and health inequity has been slow.

The Aboriginal Families Study is a longitudinal cohort involving 344 Aboriginal families living in South Australia. The study findings demonstrate unequivocally that connections to culture, community, family/kinship and other relationships are critical to mitigate the impacts of intergenerational trauma. Aboriginal women with greater access to cultural, community and relational connections are much more likely to experience positive wellbeing/low psychological distress (Kessler-5 Score <11) than women with low access to these connections. This is true for the cohort as a whole and for women experiencing a range of social health issues, including family violence.

These findings point to the need for services to focus not just on the prevention of social health issues, such as family violence, but also on strengthening women's access to cultural, community and relational connections.

Importantly, the findings also point to the potential of Aboriginal-led community programs designed to strengthen connections to culture, community and relationships to support the social and emotional wellbeing of Aboriginal children, young people and families.

Evidence from the study

Aboriginal women taking part in the study were asked to complete the Aboriginal Resilience and Recovery Questionnaire (ARRQ). This is an Aboriginal designed measure, which includes 21-items asking about connections to culture, community, family/kinship and other important relationships. For example,

'I feel like I belong in my community'

'I feel safe when I am with my family'

'I have a safe place to go where I can heal'

'There are people in my life that I have close, secure relationships with'.

Each item or statement was scored on a 5-point Likert scale ranging from 1 'not at all' to 5 'a lot'.

We divided women into three groups based on their scores on these 21 items: a group with higher access to connections to culture, community, family/kinship and other important relationships; a group with intermediate access; and a group with lower access.

The results of these analyses are reported on page 3. Further information about the Aboriginal Families Study and notes on our use of terms, such as resilience, culture and community are provided on page 2.

Keeping young Aboriginal people strong because they are our future by Maude Parker

STRONGER FUTURES Centre of Research Excellence
murdoch children's research institute
Aboriginal Communities and Families Health Research Alliance
SAHMRI South Australian Health & Medical Research Institute

About the study

The Aboriginal Families Study is a longitudinal mother and child cohort study conducted in partnership with the Aboriginal Health Council of South Australia and funded by the National Health and Medical Research Council. The study has been guided by an Aboriginal Governance Group since 2007.

A major objective of the study is to build a stronger understanding of the ways in which connections to family, kinship, community, and culture support Aboriginal women and children to stay strong.

Two waves of data collection have been completed to date, the first when the study children were aged 4-10 months old, and the second when the study children were 5-8 years old.

We are currently reporting results from the first two waves of data collection. A third wave is planned when the study children are 14-16 years of age.

Our use of terms

Resilience: We understand resilience from a cultural, ecological and contextual perspective. Importantly, we view resilience as a process, which includes people's capacity and opportunities to access a broad range of personal, relational, cultural and community resources, and the capacity to navigate systems that may act as barriers or enablers of health and wellbeing.

Culture: We understand culture as reflecting the ideas, belief systems and social practices of specific groups of people. In Aboriginal and Torres Strait Islander families and communities, culture includes collective systems of knowledge, lore, customs and traditions passed from one generation to the next in the form of stories, language, dance, ceremony, art and other cultural practices, such as spending time on Country.

Community: In Aboriginal and Torres Strait Islander culture, community is about inter-relatedness, belonging, and cultural responsibilities, obligations and values that strengthen identity. We use the term community with reference to the connections that Aboriginal and Torres Strait Islander people may have with particular places, languages, (extended) family and kinship networks, or with tribal and clan groups. We acknowledge the diversity that may exist both within and between communities.

Psychological wellbeing: We used the 5-item version of the Kessler Psychological Distress Scale (K-5) as a measure of women's psychological wellbeing. We interpreted scores of <11 as an indication of positive wellbeing consistent with low psychological distress. Scores of ≥11 have been viewed as an indication of less positive wellbeing consistent with high psychological distress.

Social determinants of health: The research team worked with the study's Aboriginal Governance Group to design and then test culturally acceptable ways to inquire about experiences of violence within family, kinship and community relationships. We embedded these questions within a broader series of questions asking about 'things happening in women's lives'. This series of questions asked about stressful events (e.g. family member passing away) and social health issues such as housing problems, needing to go to court, and drug and alcohol problems.

Intergenerational trauma: We use this term to refer to the transmission of the effects of trauma through successive generations.

The protective role of connections to culture, community and relationships

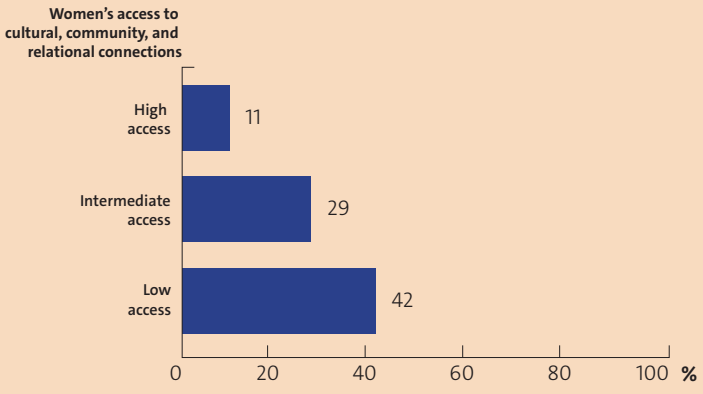
The study provides compelling evidence that connections to culture, community and relationships are protective of Aboriginal women's psychological wellbeing across a range of contexts.

When the study children were 5-8 years old,

- more than 1 in 4 women (28%) were experiencing high psychological distress (K-5 score ≥11)
- more than 1 in 3 women (37%) had experienced violence within family, kinship and community relationships in the previous 12 months
- more than 1 in 3 women (37%) had experienced 3 or more *other* social health issues in the previous 12 months.

As shown in Figure 1, there is a very clear gradient in women's psychological wellbeing associated with whether they had high, intermediate or low access to cultural, community and relational connections: 11% of women in the group with the highest access to cultural, community and relational connections were experiencing high psychological distress, compared with 29% of women in the group with intermediate access, and 42% of women in the group with lower access.

Figure 1. % Aboriginal women experiencing high psychological distress (K-5 score ≥11)

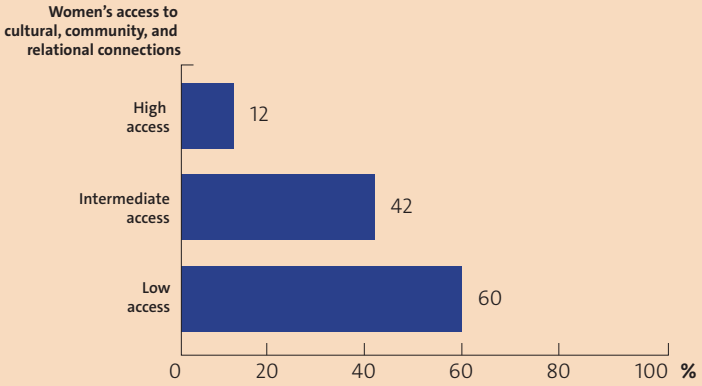


Wellbeing of women experiencing family violence and other social health issues

The same gradient in women's psychological wellbeing was present among women experiencing family violence and other social health issues.

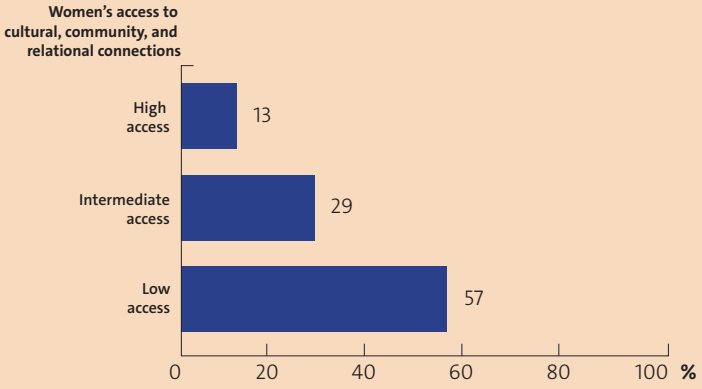
As shown in Figure 2, 12% of women who had experienced family violence in the 12 months prior to wave 2 follow-up that had high access to cultural, community and relational connections was experiencing high psychological distress, compared with 42% of women in the group with intermediate access, and 60% of women in the group with lower access.

Figure 2. Aboriginal women experiencing family violence: % experiencing high psychological distress (K-5 score ≥11)



Similarly, 13% of women who had experienced 3 or more social health issues that had high access to cultural, community and relational connections were experiencing high psychological distress, compared with 29% of women in the group with intermediate access, and 57% of women in the group with lower access.

Figure 3. Aboriginal women experiencing 3 or more social health issues: % experiencing high psychological distress



Implications for policy and practice

We report the findings in this policy brief with both caution and optimism. Our optimism lies in the clear and consistent findings from the Aboriginal Families Study showing that greater access to cultural, community and relational connections is associated with lower levels of psychological distress. This is true for the cohort as a whole, and for women experiencing a range of social health issues, including family violence.

The findings demonstrate the important role of cultural, community and relational connections in strengthening Aboriginal and Torres Strait Islander families and communities.

For primary care, mental health care and social care sectors, these are critical findings pointing to the need for services to focus not only on the prevention of social determinants of health such as family violence and housing instability, but also on strengthening women's connections to culture, community, family/kinship and other important relationships.

Importantly, the findings point to the potential for Aboriginal-led community programs designed to strengthen connections to culture, community, family/kinship and other important relationships to act as both a preventive strategy and as a pathway to promote healing for women and families impacted by intergenerational trauma and family violence.

There is an urgent need to expand such programs and to develop meaningful change and impact goals that disrupt cycles of intergenerational trauma and family violence by providing pathways for healing at an individual, family and community level.

On a more cautionary note, the importance of Aboriginal and Torres Strait Islander families having greater access to connections to culture, community and relationships in no way obviates the urgent need for systems change to address intergenerational trauma, family violence and other social determinants of health and wellbeing.

We echo others in calling for widespread systems change to address social determinants of health and increase support for Aboriginal and Torres Strait Islander women and families impacted by all forms of family violence and intergenerational trauma (Cripps 2023, AHRC 2024).

For further information about the Aboriginal Families Study, please contact:

Karen Glover
karen.glover@sahmri.com

Stephanie Brown
stephanie.brown@mcri.edu.au

This policy brief has been put together by the Intergenerational Health group, Murdoch Children's Research Institute and the Women and Kids Theme, South Australian Health and Medical Research Institute. We acknowledge and thank the many Aboriginal families, communities and agencies that have supported the study, including members of the Aboriginal Governance Group.

REFERENCES

References used in the development of this policy brief are available from **afs@mcri.edu.au**

The Aboriginal Families Study is funded by the National Health and Medical Research Council.

SUBSCRIBE

To subscribe to Aboriginal Families Study Policy Briefs please email **afs@mcri.edu.au**

strongerfutures.org.au/aboriginal-families-study

Citation for this policy brief:

Glover K, Gee G, Leane C, Clark Y, Nikolof A, Carmody R, Carter H, Cahir P, Mensah F, Gartland D, Brown SJ. Aboriginal Families Study Policy Brief #9: *Culture, community, relationships and wellbeing.* Murdoch Children's Research Institute, Melbourne, Victoria, 2025.