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Chapter 2: Study approach and methodology

'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

CHAPTER 2
STUDY APPROACH AND METHODOLOGY

From the outset, the study team recognised that research leadership by Aboriginal and Torres Strait Islander people was fundamental to generating meaningful data which would lead to findings valuable for informing actions by communities, service providers and the government. We believe that this will be effective in reducing the incidence and impacts of violence in Aboriginal and Torres Strait Islander families and communities. To that end, the study is an Aboriginal and Torres Strait Islander-led and governed study, developed and undertaken using a Community-based Action Research framework. Our process for designing, conducting, analysing and disseminating the project relied on:

- upholding the fundamental ethical considerations of care and responsibility when conducting research with Aboriginal and Torres Strait Islander communities(15)
- ensuring Aboriginal and Torres Strait Islander-led project governance
- implementing the research in a responsive and flexible manner
- focusing on the strengths and resources within a community
- ensuring that contextual issues (such as colonisation, trauma and racism) were explicitly taken into account during the design of the research tools and the collection and interpretation of data(15)
- employing research methods designed to ensure that findings capture context and complexity
- involving a range of people to assess and consider the data and, ultimately, to describe what is happening, or not happening, in order to facilitate change
- developing community capacity to address violence.

Our team consisted of Aboriginal and Torres Strait Islander researchers and non-Indigenous researchers with experience of working in Aboriginal and Torres Strait Islander health and wellbeing. It brought together epidemiologists, social scientists and psychologists into collaborative methodological dialogue with community members and key Aboriginal and Torres Strait Islander organisations. The relationships between the study team and participating communities were intended to support the inclusion of community knowledge, needs and preferences into the rigorous research design.

Aboriginal and Torres Strait Islander families and communities continue to demonstrate strength and resilience in the face of much adversity. There is an inherent framing dilemma in describing Aboriginal and Torres Strait Islander family and community violence. We recognise that families and communities may be concerned that voicing the problem could have the effect of problematising families and communities. However, we consider it critical to acknowledge the problem of family and community violence and its historical roots, in order to identify solutions. We maintain a strengths-based approach where possible. Accordingly, we have focused on what is working to make a positive difference in people's lives, while also acknowledging where things are not working. We sought to build on positive experiences and what communities identify as working. We have intentionally emphasised positive things throughout, while acknowledging the true contemporary experience by giving voice to contemporary and historical trauma.

The research was designed to avoid reifying basic concepts of causes of violence through de-contextualised survey measures. Within the Community-based Action Research framework, qualitative and quantitative survey instruments elicited the complex social and cultural contexts of violence. Aboriginal and Torres Strait Islander people designed and implemented most of the instruments. Questions were not limited to women's experiences of violence, or violence against women. They were designed to capture attitudes about violence towards both women and men. This approach is premised on the perspective that both women and men have been exposed to adverse and trauma-inducing early developmental and life experiences, which may contribute to the subsequent development of behaviours associated with family violence.(16) Through triangulating the data, our strengths-based approach allowed us to capture protective factors. We sought to give voice to Aboriginal and Torres Strait Islander people by comparing current responses to violence with what Aboriginal and Torres Strait Islander people practise and find successful. Thus, we present implications for actions that are grounded in lived experience.

Project governance

An Aboriginal and Torres Strait Islander Study Advisory Group governed the study, supported by Aboriginal and Torres Strait Islander Community Advisory Groups (in each participating community), Community researchers, Chief Investigators, a Study Executive Group and the study team. See Figure 1: Study governance structure.

Study Advisory Group

The Study Advisory Group comprised experts from across a diversity of Aboriginal and Torres Strait Islander, family and sexual violence services. Its purpose was to provide expert advice to the study team about crucial aspects of the study.

Aboriginal and Torres Strait Islander Community Advisory Groups

Aboriginal and Torres Strait Islander Community Advisory Groups were established in each participating community. The Community determined membership of the Group, which included stakeholders, community members and service provider representatives. Members were Aboriginal and/or Torres Strait Islander and non-Indigenous people. The partnership between the Community Advisory Groups and the study team supported the inclusion of community knowledge, needs and preferences into the study and the integration of the expertise of community members and of the study team. In addition, each participating community identified one individual (with assistance from the Community Advisory Group and nominating Community Organisation) as a local co-ordinator to drive the research process at the community level and serve as the main point of contact for the study team.

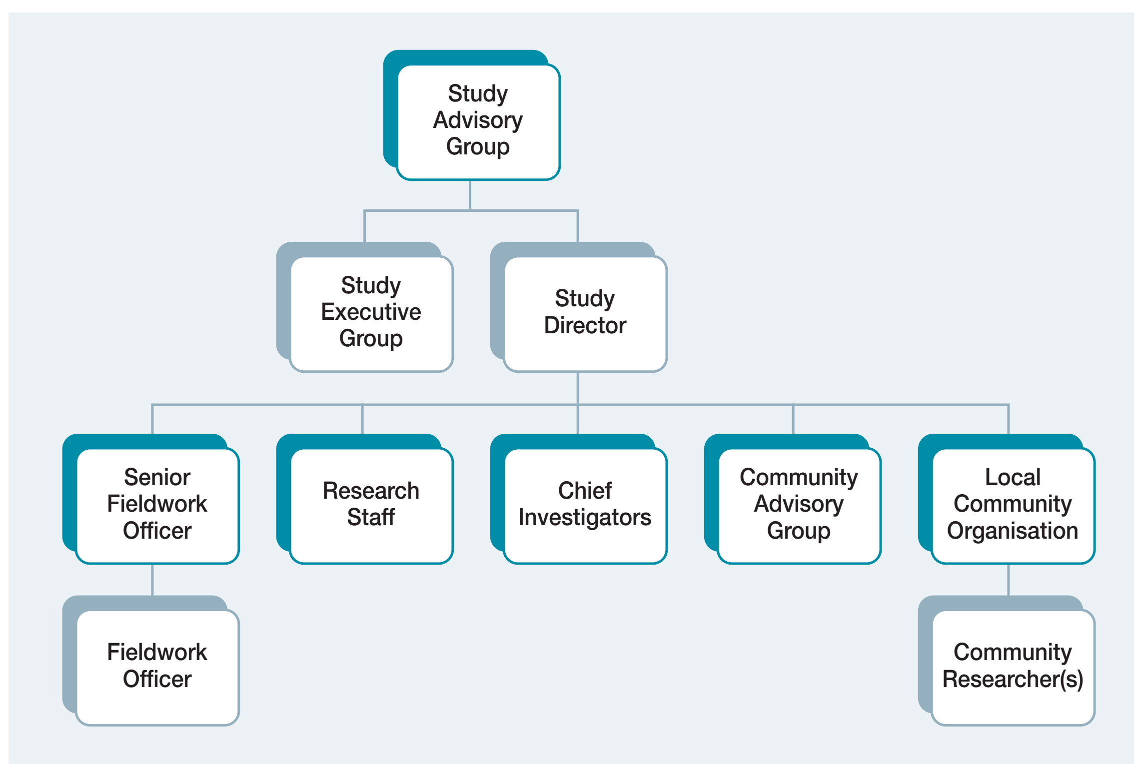

Figure 1: Study governance structure

Human Research Ethics approvals

Ethics approval was granted by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Human Research Ethics Committee (HREC, Protocol: EO55-01052017), which provides national approval for research involving Aboriginal and Torres Strait Islander people, and from the ANU Human Research Ethics Committee (Protocol: 2017/657). In addition, approval was obtained from regional ethics committees relevant to participating sites: Western Australian Aboriginal HREC (Protocol WAAHEC HREC 845); Central Australian Aboriginal Congress HREC (CA-18-3061); and South Metro Health Queensland HREC (Protocol HREC/18/QPAH/313).

Community-based Action Research

The Community-based Action Research process (Plan, Observe, Reflect) informed each phase of the project, facilitating shared ownership of the project with communities and ensuring the appropriateness and applicability of the research in each setting.

Plan

The Aboriginal and Torres Strait Islander-led, inter-disciplinary study team developed most of the research questions and instruments (survey, interview and focus group schedules and service mapping), in collaboration with government. This ensured that the research questions were sensitive to the needs of Aboriginal and Torres Strait Islander communities and informed by the policy process.

Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing,(17) a national longitudinal study, informed the design of questionnaires in the study. The Mayi Kuwayu Study co-developed measures of cultural practice and expression and wellbeing in consultation with Aboriginal and Torres Strait Islander communities across Australia. Many of these measures were used (or adapted for use) in FaCtS research instruments, and a pilot with one community ensured that they were suitable and useful.

The Community-based Action Research process engaged a broad range of community members and service organisations. Importantly, the study invited communities to self-nominate to be involved and to define their identity/boundaries as a community. Self-nomination was facilitated through the information disseminated about the project through the National Aboriginal Community-Controlled Health Organisation (NACCHO) communique,(18) conference stalls, social and traditional media and personal networks. Study Advisory Group members, who were representatives from across Australia, also recommended sites that could be contacted and invited to participate in the study.

Observe

Participating communities were involved in the planning and implementation of the study: recruiting services and local staff; discussing the local context; conducting feasibility audits to identify resources and strategic considerations; establishing local Community-based Advisory Groups; and training local researchers. Key to this process was the identification and employment of local research officers 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 study team
- participate in the Study Advisory Group
- facilitate and host dissemination activities back to community
- 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 team's ability to conduct a large-scale, in-depth research project and to ground the analysis of data through a constant feedback loop between the researchers and communities.

Reflect

Data were analysed through a collaborative process. Study team members who collected the data led the preliminary analysis. During analysis, the study team met regularly to workshop key findings for each of the research questions, review the findings and reflect on fieldwork experiences.

Part of our planned methodology was to visit the 18 participating communities with their community's draft report. By the beginning of March 2020, members of the study team had provided face-to-face reports to some communities to obtain feedback on their results. This intended process was interrupted by the COVID-19 pandemic. We considered providing feedback via Zoom. Communities initially advised that this was not feasible. At the time of writing (end August 2020), we have provided other communities with their data. While face-to-face feedback would have been optimal, pivoting to provide feedback by Zoom has also been mutually beneficial. We are in the process of contacting remaining communities to organise feedback.

Data collection components

The study methods had the following key components:

- quantitative survey of community members (Community Member Survey [CMS])
- qualitative data collected from community members (in-depth interviews and focus groups)
- quantitative survey of service providers providing services to the participating communities
- qualitative data collected from service providers providing services to the participating communities (Service Provider Survey [SPS])
- mapping of community infrastructure relevant to violence (service mapping).

Participants who completed the CMS and/or participated in a focus group or interview were given a voucher for completing the activity, as a reimbursement for their time. In some communities, the participants, as a collective, donated their vouchers to a local shelter. The voucher amount was at the discretion of the community organisation; most were $30, but some community organisations offered more financial reimbursement for the community members' time. Vouchers were not provided to participants in the SPS.

Recruitment of participants for each study component was determined by the local community organisation. Some communities advertised in the local paper. Some community organisations recruited participants through existing groups, such as 'Mums and Bubs' groups, Elders groups, men's groups, women's groups and healthy cooking groups. Many CMS participants also participated in a focus group.

Community member survey

The CMS collected information from Aboriginal and/or Torres Strait Islander people and from a small number of non-Indigenous people, living in the communities, who had Aboriginal and/or Torres Strait Islander family. The survey was restricted to people aged 16 years and older. Information was collected about participants':

- demographic characteristics, health, wellbeing, education, relationships, workforce participation, gambling, alcohol and other drug use and childhood adversity (noting that, given its very sensitive nature, we did not ask specific questions about experiencing violence as a child)
- gender attitudes
- personal and family safety
- witnessing of violence
- personal experience of violence
- perpetration of violence
- perceptions and understanding of violence
- awareness of services and organisations in the community
- service availability, use, appropriateness and effectiveness.

Depending on language and/or literacy barriers, most CMS participants took 25 to 35 minutes to complete the survey. The duration was longer if a Community Researcher read all the questions and possible answers out to the participant. Participants had the option of completing the CMS in a private location, given that some questions could potentially be distressing for them. Participants could complete the CMS on paper or on a tablet; most completed it on paper.

The goal was to involve a minimum of 15 communities and 1,500 participants. It was not feasible or intended to undertake a random sample for the CMS, for several reasons. Firstly, this would be inconsistent with the participatory research approach to the project, where communities and community members self-nominated to participate. Secondly, there is no reliable population register to sample for each community. Thirdly, the cost of undertaking a household-based, random sample would be prohibitive; many households would need to be screened in some of the participating communities where the Aboriginal and Torres Strait Islander population is only a small proportion of the total population. The approach taken in the CMS was to include the broadest possible cross-section of communities and community members. We set broad sample quotas, to ensure that there were adequate numbers from different age groups and genders to enable analysis for each group. The final CMS sample is described in Chapter 3.

Community member interviews and focus groups

Researchers used qualitative methods to gather information on community members' perceptions of violence in their community and their knowledge of, access to, and attitudes to, services in their communities. Question 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
- what other responses to violence are needed.

Data collection took place between May 2018 and April 2019. We conducted interviews and focus groups with men, women, youth (aged 16 to 17 years) and Elders. We included each of these groups in order to capture their unique perspectives on what family and community safety is, and how it can be improved. In all communities, we completed focus groups for men, women and youth. In many sites, youth focus groups were separated by gender, at the discretion of the community. Some sites requested that we capture the Elders' perspectives, to gain from their wisdom. The target was to complete three interviews and four focus groups in each community, capturing these key groups.

Community researchers received training from the study team and then became involved in several aspects of the work: conducting the focus groups, analysing and reporting on proposed themes and grounding the analysis within their own experiences of working with their communities.

At a meeting of the Study Advisory Group in March 2020, this training was extensively discussed. One of the external members raised the important and often ignored issue of formal recognition for training undergone by Community members. This became one of the implications for action.

Community researchers and members of the fieldwork team conducted the focus groups. Where all interview/focus group participants provided consent, the discussions were audio recorded. If one or more participants did not want to be audio recorded in a focus group, notes were taken instead. Participants were informed that data would be de-identified.

Interviews and focus groups ranged in length from approximately 30 to 180 minutes. The aim was to include just six to ten participants in each focus group, so that everyone could be heard. If there were more than ten community members wanting to participate in a specific focus group, we would offer to run an additional focus group.

Details of the total number of community member interviews and focus groups are provided in Chapter 3.

Service provider survey

An online SPS was designed to collect information on the availability of services, collaboration between organisations, responses to violence, cultural safety, gaps in service provision and perceived barriers and/or enablers to improved service delivery.

The SPS collected information from service providers on characteristics of their service and their service's role in responding to violence. Service providers were asked to describe their perception of the effectiveness of service delivery in addressing family and community violence. They were also asked to describe perceived barriers and enablers to service access and delivery.

Employees aged 18 and over who worked in services either in or outside the community that provided outreach support or services were eligible to participate in the SPS. We sought information about a broad range of services providing support to Aboriginal and/or Torres Strait Islander people and/or their families affected by family and community violence, including:

- police
- Aboriginal and/or Torres Strait Islander Community-controlled Health organisations
- other health services
- education services

- women's organisations
- men's organisations
- alcohol and other drug rehabilitation and detoxification/withdrawal-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
- other community organisations.

The 42-question SPS was designed by devising and collating questionnaire items addressing the research questions. Feedback from the study team and the Study Advisory Group were utilised to inform the final SPS.

In collaboration with the Aboriginal and Torres Strait Islander Community Advisory Group, Community Organisations and Community researchers, the research team drew from the service mapping and additional research a list of potentially relevant services. Where possible, the study team attempted to contact the identified organisations by phone, to provide information about the study and seek permission and support from staff to complete the survey.

Global market research and consulting firm, Ipsos, was contracted to deliver a two-phased approach. Phase 1 was an online survey. Phase 2 involved computer-assisted telephone interviewing (CATI) for non-responders to the online survey. In Phase 1, service providers received an email containing information on the study, an information sheet and a unique web-link to the online SPS. Before the survey began, participants needed to give consent and confirm that they were 18 years or over. Across the 18 communities, 434 service providers received the survey. The number of potential SPS participants varied across communities because of community size and services' availability, capacity and willingness to participate. Original participants were encouraged to forward the link to co-workers and additional service providers in their community. Participants who did not respond received reminders one and four weeks after the initial survey invitation. Phase 2 involved 301 service providers, with the aim of reaching a total of around 100 participants and achieving representation from each of the 18 participating communities. Firstly, a participant in the organisation was contacted by phone, with the aim of motivating them to complete the original survey link or to request that the link be re-sent. Alternatively, if a new contact was reached within the organisation, that person received a new survey email. Next, participants who had been recruited and had agreed to complete the survey, but had not completed it within a week, were phoned. Ipsos made up to five call attempts. During any call, a participant could elect to complete the entire survey over the phone with the Ipsos interviewer.

It is possible that the SPS was sent to multiple people from the same organisation through the distribution pathways. Individuals self-selected to participate. For privacy and confidentiality reasons, we did not record the name of the service. We therefore cannot exclude the possibility of multiple responses from the same service. This should be considered when interpreting findings from this survey.

The final SPS sample is described in Chapter 3.

Service provider interviews

Service provider interviews gathered information on service providers' views on access to, and effectiveness of, current services for Aboriginal and Torres Strait Islander peoples. This involved questions about gaps in services and how services could be more effective. Service provider interviews explored:

- the purpose of the service and target population
- the extent to which the service is being used by different groups within the community
- the extent to which the service cooperates and coordinates with other service providers and/or programs

- views about the aims of the service, including assessments of:
  - efficacy of the assessment of client needs
  - how well the service screens for, and responds to, family and domestic violence
  - networks/working relationships with the community
  - views about the service's operation and overall effectiveness
- views about gaps in services, how services could be improved, and what would be required to reduce violence against Aboriginal and Torres Strait Islander women, men and children.

Details on the number of service provider interviews and focus groups are provided in Chapter 3.

Service mapping

The study team worked in partnership with communities to map family violence services operating in each community, to provide information on the scope of these services and additional services. The mapping included a broad range of services: domestic and family violence services, legal services, medical services, hostels or other safe accommodation, women's services, counselling programs and police. Cultural infrastructure identified included partnerships, networks, shared skills and experience, collaborative projects and services, focusing on programs and/or services designed for the community. The identification of existing services and cultural infrastructure involved:

- a desktop review of available services in participating communities
- information from the Community Advisory Groups on available services
- confirmation/clarification of the desktop mapping exercise
- information from community members and service providers on what services and other infrastructure relevant to violence are available in the community (through the CMS and interviews, and SPS and interviews)
- information from funders of services (e.g. State/Territory and Commonwealth governments)
- program data on use of services for reasons related to violence (where available).

Analysis

This study employed a convergent mixed methods design: quantitative and qualitative methods were considered complementary during study design, data collection and data analysis. The findings of this study come from an integration of the concurrent analysis of all datasets.

Our mixed methods approach was exploratory; we sought to capture views and experiences of violence beyond what might be measured in quantitative surveys. Our approach enabled us to explore the strengths and cultural resources that Aboriginal and Torres Strait Islander people and communities draw on when responding to issues of violence.

Qualitative analysis

Interviews and focus groups were digitally recorded and professionally transcribed. Data were analysed in NVivo software using an inductive analysis approach.(19,20) The preliminary coding was undertaken by some members of the study team. This included reading the full data set (interview and focus group transcripts) and searching for main ideas repeated throughout the data, especially those relating to the research questions. Members of the broader study team then met to review the early analysis for patterns or themes, whose focus was on identifying topics related to the research questions and to other areas that were important to participants. Chief Investigators and the fieldwork team analysed and reported on the proposed themes to ensure a rigorous representation of communities' stories and data that related to the research questions.

This report includes direct quotations, extracted from the interviews and focus groups, which have been de-identified. Where appropriate, quotations are described according to whether they are a community member or service provider, level of remoteness, age group and/or gender.

Quantitative analysis

This report employed both descriptive and inferential statistical methods. Analysis was conducted using Stata 15. The study team examined outcomes of interest in the whole sample and by key sociodemographic characteristics: age group, gender and level of remoteness.

Gender was self-reported from the options of male, female and other. Because the numbers of those identifying as other gender were small, and confidentiality could not be protected, those data are not presented separately. However, those identifying as other gender are included in all results where gender is combined.

Remoteness was determined according to the Australian Statistical Geography Standard (ASGS). Areas were categorised as: major cities, inner regional, outer regional, remote or very remote. For the purposes of analysis, these categories were collapsed into three categories: major cities, regional (including inner regional and outer regional) and remote (including remote and very remote).

Where relevant, the study team tested for significant associations between exposures and outcomes. For bivariate associations, we conducted chi-squared tests and Fisher's exact tests when cells were small. For multivariate associations, we calculated prevalence ratios (PRs) and 95% confidence intervals (CIs) using Poisson regression with robust variance. For inferential analyses, a p-value of 0.05 was used as the threshold for statistical significance. All regression analyses were adjusted for age group, gender and level of remoteness, as described above. Results are not adjusted for geographic cluster, because of low cluster-level variance.

It is possible that multiple family members could have completed the CMS. For privacy and confidentiality reasons, we did not record whether a participant had other family members completing the survey. Therefore, we have not adjusted for correlation or clustering within families. Data were excluded from regression analysis if the exposure or outcome was missing. Where relevant, data were excluded where responses were 'don't know', 'don't want to answer' or 'unsure'. Results are referred to within the main text of the report, and all Tables are provided in Appendix 4.

Quantitative analysis of factors related to violence

Using CMS data, we examined how a set of individual, family and community characteristics related to community members' experience and use of violence. These findings are interspersed within the relevant results chapters. We examined each factor in relation to four outcomes:

- ever experienced violence
- experienced violence within the past year
- ever felt violent
- ever convicted or arrested in relation to violence.

In this exploratory analysis, we examine each factor individually, but we acknowledge the complexity and interrelatedness of these factors, as described by community members and service providers. These analyses are designed to quantify the relationship between these factors and violence. This analysis is based on data collected at one time point; this prevents us from determining causality (that is, demonstrating that a factor causes violence) or disentangling bidirectional relationships (that is, determining whether a factor impacts on violence and/or whether violence impacts on the factor). It is likely that many of these relationships operate in both directions and/or are reinforcing; for example, financial strain may lead to violence, which in turn may lead to financial strain. The qualitative findings support interpretation of these quantitative findings.

During survey data collection (May 2018 to April 2019), all factors were measured at the time of the survey. In some cases, violence may have occurred close in time to the survey; in other cases, violence may have occurred a long time before the survey. In the latter case, the factors measured at the time of the survey (such as financial circumstance) may not reflect factors at the time the violence occurred. For analyses related to the experience of violence, we examined both lifetime experience of violence, to capture long-lasting impacts of violence exposure, and experience of violence within the past year, so that factors captured at the time of the survey were more likely to reflect the factors at the time of the violence exposure. If changes in these factors over time were diluting true associations, we would see stronger exposure–outcome associations in the analysis restricted to violence in the last year (compared to the analysis of lifetime experience of violence).

For the use of violence, both outcomes (felt violent, convicted) relate to lifetime experience, rather than to experience within the past year. We expected to see stronger exposure–outcome associations for 'ever convicted in relation to violence' than 'ever felt violent', because of the more serious nature of the former.

Triangulation methods

The different data sets were collected and analysed concurrently. Triangulation(21) enabled the study team to interweave the findings from the variety of overlapping datasets through comparison and contrast. Participants' views on violence were compared with current responses to violence, to elicit a broader contextual understanding of violence. In particular, the study team used the findings from the qualitative datasets to frame and interpret the findings from the statistical analyses of the survey data. While the study team was looking for confirmation between the quantitative (surveys and service mapping) and qualitative (focus groups and individual interviews) findings, we focused on privileging the voices of Aboriginal and Torres Strait Islander peoples. We also considered points of divergence between the datasets and worked as a team to interpret the differences (See Figure 2).

Within the multidisciplinary team, social scientists, epidemiologists and psychologists had different practical and theoretical sensitivities to particular topic areas; this impacted on the organisation of data during the draft writing process. For example, the fieldwork team members grounded the analysis within their experiences working with participating communities. As well as ensuring that contextual issues such as colonisation, trauma and racism were examined, the study team also led a strengths-based approach to analysis, highlighting assets (skills, capacities, actions, talents and potential). Results were integrated with existing literature from the Aboriginal and/or Torres Strait Islander context, where available, during the interpretation phase.

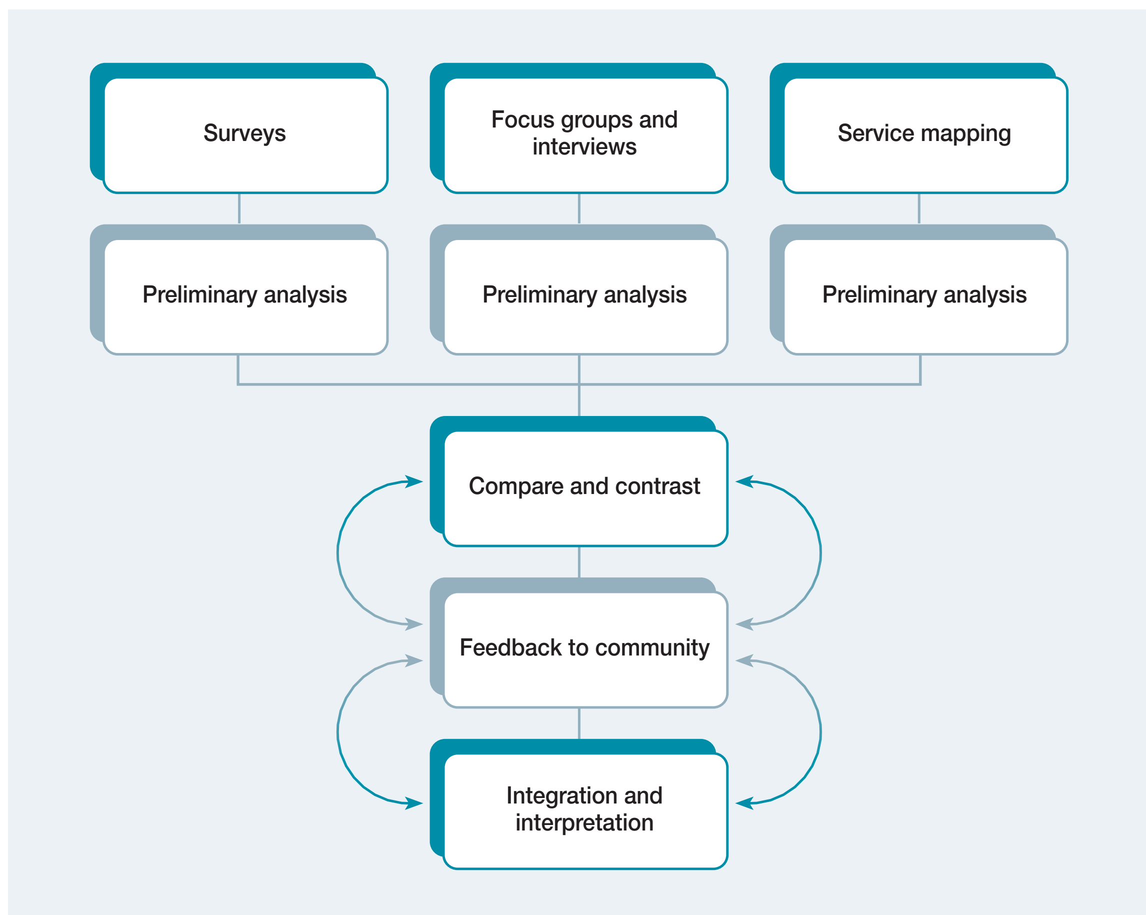

Figure 2: Triangulation of data sources

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