

Abstract

Life expectancy for Indigenous Australians is approximately 20 years less than that of other Australians, and endemic family violence is a causal factor. This article discusses evaluation data gathered from an Indigenous empowerment program aimed at increasing personal empowerment in order to improve individual and social wellbeing. Our analysis of the data demonstrates the success of the program in building personal strength, increasing ability to assist others, and increasing motivation to challenge structural factors impacting on health equality. We consider the operational implications of a human rights framework and argue that empowerment programs and human rights discourse, focusing on exploration of self and an analysis of colonization, discrimination, and human rights, could empower individuals and communities with an innovative approach to challenging health inequality.

L'espérance de vie des indigènes australiens est inférieure d'environ 20 ans à celle des autres Australiens et la violence familiale endémique en constitue l'une des raisons. Cet article commente des données d'évaluation rassemblées à partir d'un programme de prise en charge par les indigènes de leur propre destin, visant à leur donner davantage d'autonomie et, ainsi, accroître leur bien-être individuel et social. Notre analyse des données illustre la réussite du programme à renforcer les capacités personnelles, augmenter les capacités d'assistance à autrui et la motivation pour s'opposer aux facteurs structurels influençant la qualité de la santé. Nous envisageons les implications fonctionnelles d'un cadre de référence des droits de la personne et nous insistons sur le fait que les programmes d'autonomisation personnelle et les références aux qui mettent de l'avant l'exploration de soi et une analyse de la colonisation, de la discrimination et des droits de l'homme, peuvent rendre autonomes individus et collectivités, grâce à une démarche innovante pour s'attaquer aux problèmes d'inégalité face à la santé.

La esperanza de vida de los australianos indígenas es aproximadamente 20 años menor que la de los demás australianos, y la violencia familiar endémica es un factor causal. En este artículo se analizan datos de evaluación reunidos de un programa de empoderamiento para indígenas destinado a aumentar el empoderamiento personal a fin de mejorar el bienestar individual y social. Nuestro análisis de los datos demuestra el éxito del programa en fortalecer a las personas, aumentar la capacidad para ayudar a otros y aumentar la motivación para hacerle frente a los factores estructurales que afectan a la igualdad en la salud. Estudiamos las implicaciones operacionales de un marco de derechos humanos y argumentamos que los programas de empoderamiento y el diálogo sobre los derechos humanos, concentrándose en la auto-exploración y un análisis de la colonización, la discriminación y los derechos humanos, podrían empoderar a las personas y a las comunidades, proporcionándoles un enfoque innovador para hacerle frente a la falta de igualdad en el campo de la salud.

EMPOWERMENT AND HUMAN RIGHTS IN ADDRESSING VIOLENCE AND IMPROVING HEALTH IN AUSTRALIAN INDIGENOUS COMMUNITIES

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In 2003, the World Health Organization (WHO) published the *World Report on Violence and Health*, the first comprehensive study on the problem of violence as a health issue on a global scale.¹ The report showed that where violence persists health is compromised.² In Australia, the health status of Indigenous* peoples remains substantially lower than that of non-Indigenous Australians, and family violence in Indigenous communities remains a major threat to well-being, particularly for women and children.³

Despite improvement in the overall health and well-being of Australians, the life expectancy and infant mortality rates for Aboriginal and Torres Strait Islanders are still significantly behind those of the general population. For example, life expectancy rates at birth for Indigenous males

* In Australia, the term Indigenous refers to Aboriginal and Torres Strait Islander people.

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and females in the year 2000 were 56 and 63 years respectively—approximately 20 years less than life expectancy rates for other Australians. Aboriginal deaths are predominantly caused by diseases of the circulatory system, external causes (accidents, poisoning, and violence), respiratory problems, neoplasms, and endocrine disorders.⁴

We refer to human rights in this article as internationally recognized norms applying equally to people everywhere in the world, and international human rights law as a set of standards to which signatory governments endorse the promotion and protection of rights. We refer to a human rights-based approach as one that calls for political advocacy and social action. Within the human rights discourse, it is recognized that economic, social, cultural, civil, and political rights are interdependent and indivisible.⁵ Health must be addressed along with other rights, including the right to education, privacy, decent living and working conditions, participation, and freedom from discrimination. The right to the highest attainable standard of health means that signatory governments (including Australia) need to be “progressively realizing” improved health status by addressing the social inequalities that contribute to lower health status for Indigenous peoples.⁶ An inadequate realization of human rights with respect to Indigenous Australians is illustrated by deficient health status, high unemployment rates, lower than average living standards, lower educational status, and inadequate participation in political decision-making.⁷

Violence in Australian Indigenous communities is disproportionately high compared with the same types of violence in the Australian population as a whole.⁸ The predominant types of violence in Indigenous communities include physical violence perpetrated against women by intimate partners or ex-partners, murder, suicide, child abuse, and sexual assault. Comparative data from Indigenous and non-Indigenous homicides in Australia indicated that 33% of non-Indigenous homicides occurred between family members compared with 61% of Indigenous homicides. Of that 61%, 38% were spousal homicides.⁹ Hospitalization as a result of injuries related to interpersonal violence perpetrated against Indigenous women has been found to occur

36.7 times more frequently than for non-Indigenous women.¹⁰ Despite the apparent connection between family violence and health status in Indigenous Australian communities, this issue has been largely neglected from consideration in public health literature and policy. A recent research report into the health costs of violence against women in Australia noted that Indigenous women were under-represented in existing violence prevalence studies, and that this under-representation impacted on comparing the health burdens of violence experienced by them in that study.¹¹ The fact that violence in Indigenous communities is widespread and that attempts to reduce family violence in Indigenous communities have not been sufficiently effective further reveal “the inadequate realization” of the right to the highest attainable standards of health in Indigenous Australia. In response to unsuccessful attempts to reduce violence and improve health, there have been calls from Indigenous representatives for alternatives to the prevailing welfare model which is based on passive receipt of government support in the form of financial assistance as the principal response to widespread unemployment and poverty impacting on health status and well-being.^{12,13} It is claimed that this model has not encouraged Indigenous peoples to take responsibility and control at an individual and community level.¹⁴ Ironically, with policy directions throughout the 1980s and 1990s articulating the importance of Indigenous autonomy and self-determination, there was a correlating neglect of focus on developing personal capacity and strength with which to then build the skills to articulate and realize an Indigenous response to social and community issues. The psychological effects of colonization, discriminatory policies, inhumane treatment, racism, and forcible removal of children from families cannot be ignored in an analysis of individual and community psyche and capacity. Contemporary social and economic disadvantage, already described as the interdependent and indivisible components of health, continue to impact on the well-being and capability of Indigenous Australians to effect change.¹⁵ The association between social and economic disadvantage and alcohol abuse and violence is recognized and obvious.^{16,17}

In order to shed light on these issues, this article discusses data that was gathered from an evaluation of an Indigenous family well-being empowerment program (hereafter referred to as FWB), implemented in the town of Alice Springs between 1996 and 2002. An association between personal capacity-building, empowerment, and community change will be highlighted, applying the data and secondary source material to make a case for empowerment as a prerequisite for improved Indigenous health status, including the right to live without endemic family violence. It is proposed that FWB programs, concerned as they are with the implications of marginalization and equal rights to health and well-being, would be complemented by a human rights-based approach to political advocacy and social action. In effect, personal empowerment and human rights are significant factors necessary to address Indigenous health inequality.

Indigenous Family Well-being

Aboriginal community-controlled organizations—including housing, education, legal, and health services; Aboriginal land councils; the Office of the Aboriginal Social Justice Commissioner; and (until its abolition in 2004) Aboriginal and Torres Strait Islander Commission (ATSIC—the Indigenous policy advice mechanism to the federal government)—have been the main vehicles for Indigenous advocacy. FWB was originally developed in South Australia in response to an identified need to develop personal resilience and capacity and to complement existing mechanisms for Indigenous advocacy. Ideologically family well-being empowerment programs assume that the right to better health, and all that it entails, can be better achieved with increased personal resilience and capacity, and when the historical and contemporary determinants of well-being are considered. We have defined this as “empowerment to increase health equality and rights.” Reflecting on the need for strategies to enable the Indigenous voice to be fundamental in developing holistic responses to address health inequality, Angus and Lea wrote that “If the health and well-being of Indigenous Australians is to improve at all, then the Indigenous perspective needs to be heard especially at all levels of the bureaucratic hierarchy—and, perhaps as impor-

tantly, we need to be given the resources with which we can go about ‘fixing our own health.’”¹⁸ We argue that pursuing health equality operationally means eliminating disparities that are systematically connected with social and economic disadvantage, and that developing personal strength and empowerment is a necessary resource for Indigenous peoples to elicit and manage social change. Understanding the interrelationship between historical factors of oppression (starting with colonization), situational factors including alcohol abuse and unemployment, and reduced personal capacity to initiate change and articulate rights is an important part of working towards improved personal and community well-being. Data from FWB supports the contention that the Aboriginal participants “could see how change had begun to take place within themselves and those around them. They [sic] felt optimistic about the process broadening” to greater organizational and community change.¹⁹

The Alice Springs Indigenous Family Wellbeing Program

Alice Springs is a Central Australian desert town with a population of approximately 28,000. The population of Alice Springs, within a 500-kilometer radius, is 48,318, with approximately 30% of that population being Aboriginal. Consistent with the national profile, the health status for Indigenous peoples is well below that of the national average. Indicators such as life expectancy, infant mortality, and morbidity rates are associated with poverty, poor nutrition, excessive alcohol consumption, domestic violence, injury, and suicide.²⁰ Compromised health status is implicated historically with dispossession from traditional lands and their associated means to spiritual, economic, cultural, and social well-being. Additionally, white settlement exposed Indigenous Australians to racist violence, murder, and forced removal of Aboriginal children from their families. In some parts of central Australia, this process continued well into the 20th century.²¹ Racism, economic and social disadvantages, including lower educational status, unemployment, inadequate housing, and welfare dependency, continue to affect the well-being of Indigenous Australians.²²

Program Background and Development

FWB was intended to increase personal empowerment in order to improve individual and social well-being. Originally developed by Indigenous Australians, FWB was premised on the idea that all humans have basic physical, emotional, mental, and spiritual needs and failure to satisfy those needs results in behavioral problems.²³ The program designers believe that the denial of basic needs to Indigenous Australians, as a result of government policies, has created a pervasive vulnerability and has reduced coping skills. Excessive use of alcohol and other drugs, high suicide rates, high levels of violence, and inadequate parenting skills are connected to not having basic needs met. FWB aims to increase empowerment, through self-exploration and support, and to enable participants to take greater control over their lives. FWB was also intended to develop community-based skills and capacity in order to complement existing advocacy work, particularly that being undertaken by Indigenous community-run organizations.

Family Well-being Program Model

FWB provides participants with formal qualifications in counseling and the program is nationally accredited. The program is structured into 4 stages and each stage takes 30 hours to complete for a total of 120 hours. The course runs for 3 hours each week. FWB involves the use of the Aboriginal survival experiences of course facilitators and students as the main learning resource; empowerment-style education and adult learning principles; and psychosynthesis, which emphasizes balance and harmony in the various elements of the psyche, including the physical, emotional, mental, and spiritual domains.²⁴

Group interaction is an important ingredient for change. A process that enhances discussion between people tends to build connections, minimize divisions, and build the confidence needed to plan and work together. The FWB group process is intended to allow participants to build trusting relationships, think about their needs and aspirations, develop greater understanding of their relationships with the people and institutions that shape their social

world, and consider the opportunities that may be available for change. Participants learn life skills, strategies, and support mechanisms to help each other meet their needs. Some specific workshop topics include:

- Basic human needs—discussing physical, emotional, mental, and spiritual needs.
- Relationships—discarding the roles of bully, victim, and rescuer in relationships and taking greater responsibility for decisions and actions.
- Life journey—exploring the past, present, and future of participants' lives.
- Conflict resolution—learning new ways to understand and deal with conflicts.
- Emotions—understanding the purpose of emotions such as anger, sadness, and guilt and developing more effective strategies for dealing with these.
- Crises—understanding the meaning, purpose, and ways of dealing with crisis.
- Beliefs and attitudes—their impact on world views and choice.

Evaluation Methods

In-depth interview data was gathered in 2002 from participants who had taken part in one of three distinct programs including a pilot program (comprising stage one and two only) in 1996, a substantive four-stage program in 1998-1999 (which formed the subject of an earlier evaluation), and a 2001-2002 program.²⁵ Data from all three program intakes was triangulated and appraised as one data set. Data generated from nine participants engaged in both the 1998-99 and 2001-2002 evaluations allowed for an analysis of the effects of FWB over time and therefore with respect to any sustainable outcomes. Themes and trends are highlighted here by participant quotes taken from any of the three corresponding evaluations.

A total of 52 people participated in the program, including 4 men and 48 women. Most participants (over 80%) were employed, mainly in the human services sector. Service providers were targeted in the first instance with an

expectation that they would in turn deliver the program to others in the community. All the participants had at least high school education and considerable life and work experience. None of the participants had a Bachelor degree; however, it is worth noting that since completing FWB a number of participants have enrolled in university courses, citing their participation in FWB as the catalyst.

Of the 52 participants, 28 (54%) of them were interviewed after it became clear that no new information was being generated and data saturation had been reached. Those interviewed were recruited from the 3 main intakes as follows: 4 out of 9 pilot participants, 15 out of 31 who participated in 1998-1999, and 9 out of 12 from the 2001-2002 intake. Interviewees' ages ranged from 30 to 50 years with a median age of early 40s. Of the 4 male participants, 3 were interviewed. Of the 28 people that were interviewed, 15 (54%) completed all 4 stages. A total of 8 "significant others" (4 men and 4 women) were interviewed. These included a mother, 2 daughters, 2 friends, 2 husbands, and a workplace supervisor. Interviews were conducted in confidence and lasted 45-90 minutes. The interview data was supplemented by 1998-99 diary entries from 10 participants as well as the evaluators' participant observations.

It needs to be noted that the data presented here relates only to aspects of the findings concerned with the potential of FWB as a tool for increasing personal capacity, the connection between personal capacity and social action, the potential for addressing endemic family violence in Indigenous communities, and the role that an international human rights framework can play in facilitating change.

The Personal Is Political

An analysis of the combined evaluation data found that participants experienced increased personal control and empowerment; awareness of self and personal needs; enhanced capacity to deal with emotions and feelings; and increased ability to reframe personal and community problems in political and historical context. They also experienced increased ability to manage issues associated with loss and grief and increased coping skills and strategies to manage

conflict. They were better able to act protectively to shield themselves and their offspring from exposure to violence. Identified interpersonal skills that were enhanced as a result of the program included listening skills and skills to promote boundary setting. The research strongly indicated that the capacity to listen and understand others, as well as to assertively establish boundaries, was contingent on an initial exploration of self. Where personal well-being was prioritized, the motivations of others were better understood; interpersonal skills were developed; and the effects of history and political disadvantages were incorporated.

Analysis of the data indicates that FWB participants experienced a psychological recovery that moved the individual into a person-community relationship. Ecological views of recovery from trauma and abuse include the need for an analysis of the social, political, and cultural contexts, and particularly in the case of Indigenous Australians, an analysis of the contemporary dimensions of adversity and the impact on the identified issues.^{26,27} A participant said:

As an individual, I have done my own healing first to be able to help family members and the wider community. Changes can only happen if each other area has accepted change, with the willingness, attitude, and commitment. (Female participant, 2002 interview)

When considering the broader context of endemic problems, another participant commented:

Domestic violence, alcohol, taking drugs are symptoms of a much bigger conspiracy. In regards to policies, legislation, dispossession, relocation of groups from traditional country, and what happened to those people in institutions. And understanding why alcohol and dope was and is used to cover up the trauma people are going through. (Male significant other, 2002 interview)

The 1999 program evaluation mentioned earlier demonstrated a link between personal recovery and improved skills in community-level support and advocacy; however, the 2002 study, which included nine participants from the 1999 program evaluation, provided evidence of sustainability with respect to individual empowerment associ-

ated with FWB and its potential to result in social and collective action.²⁸ In 2002, FWB participants from the 1999 intake had become valuable resources for their community, and they contributed their actions to FWB and the skills and confidence they had gained as a result of personal exploration, better interpersonal skills, and a sense of shared capacity among the participant group. As a result, the participants advocated on a wide range of issues including family violence, better educational outcomes for young people, over-representation of Indigenous peoples in the criminal justice system, and approaches to dealing with high levels of alcohol misuse and associated social problems. Some participants had become elected representatives in community organizations. Inspired by the success of the program, participants were also delivering the FWB program, largely on a voluntary basis, to some of the most vulnerable and difficult to reach sections of the community, including male prisoners. As a result of intensive lobbying, a group has acquired a building for a "healing center" and continues to lobby for funding so that FWB and related empowerment programs can become more readily available.

The evaluation findings highlighted a change in participants that extended beyond personal well-being, and where individual empowerment did frequently result in social action intended to address the effects of marginalization, discrimination, and disadvantage. As a result of this finding, we believe that human rights and associated avenues for promoting and protecting rights could be more systematically integrated into the FWB programs as a strategy to inform advocacy and social change-related activities. The language of human rights would therefore be shared among community members, along with other skills and knowledge contained in the FWB program. The connection between family well-being and human rights is elaborated on later in this article.

Personal Change and Increased Capacity to Assist Others

Listening skills and a desire to locate social problems in political context as part of the helping relationship were predominant skills related to FWB. Participants consistently

expressed their renewed ability to listen and support others. Reflecting on the high youth suicide rate in her community, a participant (and community worker) explained her improved listening and support skills:

They [the young people] have lost [through death] a lot of mates in the last six months. Even when the younger teenagers committed suicide, they know them because they are friends of their older brothers and sisters. I have used my knowledge and experience that I have learnt by doing this Family Well-being training to help these young kids. Even now the young boys will either ring me or they drop in for a chat. They at least know that someone is willing to listen. (Female participant, 1999 diary entry)

It is important to note that the Indigenous and small community blurring of personal and professional space means that many counselors assist clients in their own homes. A participant said:

All my kids' friends know they can come to my place whenever and they will be fed, can have somewhere to sleep and talk when they are ready. (Female participant, 1999 diary entry)

And another said:

My house has become a haven for youth. I have assisted youth at risk whereby I offered accommodation first so that the security aspect would become apparent and then by building a trustful relationship and utilizing skills from the FWB course. I am comfortable in stating that this youth is no longer at risk and that gives me such joy to know that I assisted. (Female participant, diary entry 1999)

An awareness of structural issues causing contemporary community malaise was reconstructed by participants who focused on helping others by assisting them in understanding the intergenerational effects of colonization and Stolen Generations (the 19th and 20th century policy of removing Aboriginal children and placing them to be raised with Anglo-Australian families).

A participant, who was also a student, explained:

The [FWB] skills I've used in class. [sic] Some students have a lot of anger about the Stolen Generation. They say, "Why did my parents leave me?" But I say, "What were the parents faced with?" They appreciate their mothers more. They're more accepting of their parents. I suppose they're more aware that there's more to the story that you don't see. (Female participant, 2002 interview)

Shifting blame away from the individual appeared to be the key to helping; but at the same time, assisting people to take responsibility helped transform their experience into positive change. A recent emphasis on the need for Indigenous Australians to take responsibility for addressing disadvantage and to move beyond the disempowering effects of racist policies raises questions about Indigenous interpretations and approaches to dealing with historical abuse as well as policy frameworks that have neglected to reflect an acceptance of past injustice by non-Indigenous Australians, associated healing, and a capacity to determine the future on Indigenous terms.²⁹ The evaluation data indicated that genuine capacity for change was closely associated with inter-related factors of increased personal strength and understanding historical and contemporary issues impacting on well-being.

Self-Esteem and Personal Strength— No More Violence

Given the prevalence of family violence, most of the participants were aware of the pervasive problem in their communities and many women participants currently lived or had lived with a violent spouse (or partner). The program content, which included learning about power and the abuse of power, as well as the effects of colonization on men and Indigenous male identities, assisted participants to understand the precursors for their partner's violence. A critique of male violence was coupled with an increase in self-esteem, also associated with FWB. Respect for self corresponded with a refusal to accept violence as a legitimate ac-

tion. Participants refocused on looking after themselves, and placed themselves and their children in a position of centrality. Changes in participants as a result of FWB were consistent with domestic violence intervention literature. In domestic violence prevention, it is imperative that interventions are focused on increasing self-esteem and empowerment, shifting blame from the self to the perpetrator, and understanding structural issues, including patriarchy, that support an acceptance and tolerance of violence against women.³⁰ A participant said:

I've made him understand that what he did to me was wrong. Now I make him analyze what he says. I don't allow him to raise his voice no more. I won't tolerate him coming home drunk and abusive. I tell him I've got my own car and I go over to sleep at my grandchildren's, whereas in the past, he'd start abusing me and I was knocked out. I used to agree with him about everything. (Female participant, 1999 diary entry)

Evidence of the strength and empowerment gained from FWB was poignant. The same participant explained:

When I say something, it goes now. He's such a big man but I say, "Sorry brus, but you don't make me shake no more." It used to be if he was tired, I was tired. If he wasn't hungry, I wasn't hungry. But now if I want to stay up late, I do.

Another participant said:

When I left the course, I was in a yucky relationship. I became weak, but I always revisited things I learnt. No, I don't think you ever forget it. If you enjoy learning and want to be there, it stays with you for life. (Female participant, 2000 interview)

Challenging male perpetrators of violence, as evidenced in the data, needs to be considered in context of the subordination of Aboriginal women as a result of differing gender roles and status in Indigenous society, along with the effects of colonial attitudes and patriarchal values prevalent in Australian society.^{31,32}

Human Rights, Action, and Structural Change

The data demonstrated that when individuals were provided with opportunities for self-exploration and reflection in a political context, they were more likely to act supportively in their communities. Participants articulated an enhanced skill and capacity to provide support to community members and a desire to share their empowerment with other members of their community. Additionally, participants engaged in advocating for structural change, including collectively acting to address family violence, unemployment, and educational disadvantage. Other participants acted politically in community-level, decision-making organizations.

The political analysis of colonization and contemporary disadvantage that inspired the individual and collective action for change among participants motivated some participants to consider the lack of recognition and unwillingness on the part of government and funding agencies to adequately resource Indigenous-developed community empowerment initiatives.

Furthermore, participants expressed a frustration at political divisions that occurred among some Aboriginal leaders in organizations crippled by inadequate government support. They called on the current Aboriginal leaders and organizations to set aside political differences and unite as a people in order to address common problems. One person explained:

With a lot of our problems amongst the Aboriginal community—we as a people—we have to come together. Not just as people but as organizations. We need to be working more closely for the betterment of people. Through that FWB, all other services can be used in a better way. Then that healing can take place. Organizations need to come together, then families can get on. A lot of those organisations have different family groups. They've got to stop putting each other down. All our families have suffering and dysfunction. Not one is better than another. I know that people are healing through FWB. It is making changes to individuals but I'm looking bigger. It needs to come from somewhere else as well. (Female participant, 2002 interview)

Suggestion of political divisions in Aboriginal organizations suggests a need for Aboriginal people to collectively challenge the consequences of destructive government policies and to pressure governments to nurture and enhance individual and community activities aimed at addressing broader structural issues. It is proposed here that the FWB program, emphasizing marginalization and equal rights to health and well-being, and resulting in a strengthened capacity and aspiration among participants for structural change, would be complemented by a human rights-based approach to political advocacy and social action.

Awareness and understanding of entitlement to certain rights under international law can empower individuals, groups, and communities. Community needs can be articulated as externally validated rights, and a global perspective can also unite and empower disadvantaged Indigenous people worldwide. Furthermore, a human rights framework provides communities with a language that governments can understand and a powerful set of moral, political, and legal arguments to address endemic violence and marginalization impacting on health status.³³

Cultural interpretation and application of the human rights discourse from the community level is recognized as an important and challenging factor in rights-oriented social change, and this is consistent with the experience of Indigenous Australians.^{34,35} Despite evidence of resistance and obstruction from the Australian federal government, Aboriginal community-controlled organizations, land councils, and the Aboriginal and Torres Strait Islander Commission (ATSIC) have all used international human rights approaches for putting pressure on the Australian government to improve the living standards of Aboriginal Australians.³⁶ Aboriginal activists such as Kwementyaye Perkins and Michael Mansell have used United Nations resolutions and international human rights law in their activism. Michael Mansell in particular is an advocate for an Australian Bill of Rights, where he argues that the adoption of the terms of international instruments into domestic law would provide Aboriginal people with the opportunity to litigate to enforce their rights.³⁷

FWB was originally considered to be complementary to these examples of structural advocacy. Through an ecological lens, multi-level interwoven approaches to public health interventions would see health policy officers collaborating with Indigenous activists and organizations in the quest for domestic legal human rights standards and other policy changes to address health inequality and violence in communities. In this unique context, social action arising from FWB would become widely supported by Indigenous and non-Indigenous health policy officers in an effort to address identified structural factors impacting on health and well-being.

Conclusion

In this article, we have discussed an analysis of data from an Australian Indigenous empowerment program evaluation. Our study revealed the FWB program was successful in developing increased personal capacity, collective action, and enhanced motivation to challenge structural barriers to Indigenous well-being. Importantly, this article has repositioned Indigenous family violence as a public health issue, by framing the violence within the context of existing evidence of the associated impact on the health and well-being of Indigenous Australians. The article has also repositioned Indigenous family violence as a human rights issue that governments have an obligation to address under international law. The authors consider that FWB could be enhanced by the explicit inclusion of human rights norms and standards into the program as a mechanism to further support participants to challenge health inequality, including violence.

FWB increased participants' confidence and their ability to assist other Aboriginal peoples, and it led to an aspiration for broader social change. Participants could, for instance, articulate their needs better, negotiate, listen to others and respect different views, and better understand the motivations of others within the history of oppression and contemporary disadvantage. The participants in the study were mostly employed as health and community workers, and they undertook the program as part of developing professional helping skills. The first step was, however, concerned

with personal exploration and meeting personal needs. The next outcome was well demonstrated by an increased ability to assist others at risk or experiencing crisis in their communities. Additionally, the need to address broader structural issues impacting on their communities, including reducing violence, was articulated.

Personal empowerment that resulted from an understanding of historical and contemporary factors impacting on well-being could be disempowering in the absence of effective avenues to advocate for social change to challenge those issues. We have considered the operational implications of a human rights framework with respect to Indigenous activism and in terms of FWB. Together, FWB and explicit attention to human rights could empower individuals and their community organizations with a fresh approach to address identified social problems and with a comprehensive set of resources to take action. Holistic, multi-level, interwoven, non-linear approaches to illness prevention and health promotion requires the involvement of policy-makers, organizations, and community members in promoting the integration of human rights discourse into empowerment and other health and well-being programs. In this model, the Indigenous worldview and perspective would be central to the development, implementation, and evaluation of programs and interventions relating to Aboriginal health and well-being.

Acknowledgements

Tangentyere Council, especially William Tilmouth and Jane Vadivelloo, for their support for the project. Eunice Blackmore and Kathy Abbott, Coordinators of FWB. All participants in the research for their support and permission to publish the findings. National Health and Medical Research Council funded the project and ethics clearance was granted by Central Australian Institutional Ethics Committee.

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