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First Nations perspectives and approaches to engagement in infant-family work: attending to cultural safety and service engagement

Alison Elliott | **Clarisse Slater** | **Jessica E. Opie** | **Jennifer E. McIntosh**

The Bouverie Centre, La Trobe University, Brunswick, Australia

Correspondence
Alison Elliott, The Bouverie Centre, La Trobe University, 8 Gardiner St, Brunswick, VIC 3056, Australia.
Email: a.elliott@latrobe.edu.au

Abstract

First Nations child and family practitioners, Alison Elliott and Clarisse Slater, yarn here with Jenn McIntosh about the cultural fit and importance of including infants in family therapy. They bring years of experience from the 'Workin' With the Mob' clinical program at The Bouverie Centre to bear on building safe and respectful engagement with First Nations peoples and families. They share a First Nations view of the call of the infant and their ancestry and their power to join in bringing healing to parent and family systems. They discuss safe engagement in attempting to build safety in the present, especially for new parents who carry childhood wounds. The baby's capacity to help reframe these conversations into opportunity for new hope and healing becomes central to systemic safety, rather than something to be avoided.

KEYWORDS

cultural safety, family therapy, First Nations, healing trauma, infant, strengths based

The baby is a bridge to building culturally safe and respectful engagement with First Nations peoples.

In this trialogue, Alison Elliott and Clarisse Slater from The Bouverie Centre's First Nations team yarn with Jennifer McIntosh, Director of The Bouverie Centre.

Alison is a First Nations clinical family therapist; researcher; teacher; and trainer, mother, and grandmother. Alison has family connections to Wiradjuri country and grew up in Dharug country.

Clarisse Slater is a proud First Nations Yorta Yorta and Kamilaroi woman, mother, and practitioner who has also worked as a cultural consultant with The Bouverie Centre. Jennifer McIntosh is Director of The Bouverie Centre, a clinical and developmental psychologist, family therapist, researcher, and mother.

McIntosh: Alison and Clarisse, thank you for suggesting the rich topics for today's yarn. Acknowledging the many groups who make up Australian First Nations people, you've suggested that there may be something universal in the Indigenous way of thinking about the infant, and in the critical importance of context, when approaching therapeutic work with Indigenous parents.

Key points

- In family therapy, the infant provides hope and an opportunity for healing for First Nations families impacted by the intersection of cumulative community and recent personal trauma.
- Through including the infant and the extended community or 'mob' in therapeutic work, we make visible a deeper and richer family story of strength and resource and their re-investment in the service of support and healing.
- When First Nations families encounter mainstream systems, multiple barriers can get in the way of safe engagement. The very places where support and aid are sought have at times resulted in re-traumatising wounds.

Elliott: Exactly. The baby, in context. First, not including the infant in First Nations family work would create a large missing piece of the therapeutic work. Key parts of a family's story can be missed when baby is not present. The infant's presence is so powerful and necessary because baby's responses and ways of interacting speak loudly to both caregivers and practitioners.

As with non-Indigenous families, there are of course times when it would not be suitable to have baby physically in the therapy space. It is a matter of timing, place, and rationale that will guide whether to include or exclude the baby in person.

McIntosh: You've shared with me before a view that evoking the infant's needs in the present and their gaze to the future is as helpful as evoking the presence of ancestors, and the lessons of the past.

Elliott: Absolutely – it creates this beautiful balance point for the family, between generations of family and community wisdom. First Nations history also tells us that nothing of substance can be achieved if our context of engaging as a large system isn't sensitively handled. There's often a lot of anxiety for Indigenous families in seeking support, including a broader fear of the mental health system and the transgenerational fear of accessing systems. So, we must keep that fear in mind and openly acknowledge it, especially when parents are bringing their babies into the service.

Slater: Absolutely. Even if family therapy services were set up for perinatal mental health work, the barriers to accessing these services are significant. They include historically grounded fear of biased attention to Indigenous families within the child protective system. This is a notable engagement obstacle for many young Indigenous families who need support with parenting but are afraid to reveal vulnerability in mental health or in parenting.

Elliott: Having this conversation reminds me of a painting by the artist and poet Tanya Guerrera (2023; Figure 1). This painting shows three pregnant First Nations women. These soon-to-be mothers are surrounded by the unique hopes and dreams that they hold for their unborn babies. However, overshadowing these women is a large ominous building with suspicious vigilant eyes. For me, those eyes represent various government institutions including hospitals, community health-care services, schools etc. These eyes and that building signify that no matter what dreams we have for our babies, there are always going to be constraints and critiques by preset frameworks and systems that we feel cannot be changed and that inhibit these dreams from becoming reality. It reflects the constraints that so many of us First Nations women feel that are inhibiting us from living and raising our babies in a way that we see as best. What we can learn from this work of art is that these structures must be the first consideration in conducting infant-family work and considering transgenerational histories with First Nations peoples, and family work with First Nations peoples more broadly. First Nations families are not going to engage in our services if there is perceived judgement, perpetuating a lack of trust and hope.

McIntosh: The picture is just so evocative. The women look alone, with their pregnant forms surrounded by a wall of colonising institutions. How could family work contribute something in the face of that? What if their family could come along alongside them?

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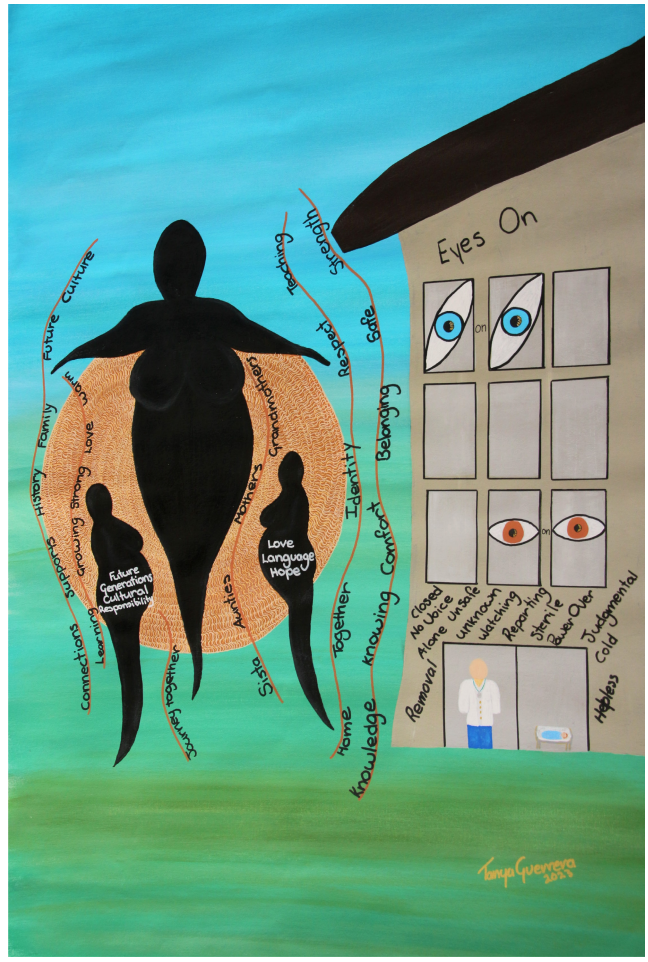

FIGURE 1 Tanya Guerrera (2023). *Colonial Gaze* [Painting]. Melbourne, Australia.

Elliott: It's extremely useful and powerful. Particularly in a First Nations context, caregiving roles are more widely distributed, moving far beyond the mother–child dyad, and mob is key. I have recently observed this with a family that I was working with. In this family, there was a very different dynamic when all familial members who are important to the baby attended the family therapy. When everyone was present you could see subsystem dynamics and the gestalt of the complete system. Having the entire family constellation present reminded me what large therapy rooms we need! It also reminded me how much clearer the formulation and treatment plans became, when you have a representative picture of the whole family experience. It seems natural for First Nations mob to gather in this way. We shouldn't be afraid of asking them in – everyone who is important to the baby.

A separate point is the importance of meaningfully acknowledging and validating the trauma experiences of all the generations in the room, and those in people's minds. The baby can help that, mirroring when mum is stressed or when the grandparents are stressed. We know the previous generations' stress impacts the mental health of later generations, but the baby can show us that, in the moment. Fostering insight to allow people to see the impact of their trauma on people they love helps them understand the ramifications significantly more profoundly than if I, the family therapist, were to simply voice that same concept. Often, if you did not have that, prior generations can shut down and become numb. So, this tiny baby has the incredible power to influence transgenerational trauma patterns, in the right therapeutic hands.

McIntosh: That's beautifully put. The baby's facilitated role and agency in healing families is a fresh perspective.

Elliott: We don't want this baby to have to fill this "family healing role" indefinitely, but the new baby does provide people with motivation for a better future and a belief that change is possible. Generations connect over simple but profound things, like when the baby looks like Grandma and the parents often want to talk with Grandma about that, and then suddenly there's more connections and possibilities that weren't there before the baby arrived within the system.

Slater: And more sources of positive support and energy for the new mum at the centre of it. It is typical for us mothers to always have our children around. Placing children at the centre of most community experiences makes sense, and family therapy is one of those experiences.

McIntosh: Western societies are notably more focused on the individual in therapy or treatment settings, and exclusionary of family members, especially in infant mental health work. Typically, this relates to excluding the infant and the father, perceiving their participation and contributions as somehow auxiliary.

Elliott: I don't see this as intentionally wishing to exclude key family members, such as fathers, siblings, and grandparents. It is just not thought about. It is also often preferred and easier on the staff to have less people involved, rather than thinking what would be preferred and beneficial for families. Obviously the more people you involve, the more complex it becomes, yet the richer the conceptual information gained. Again, when Indigenous families come in contact with the mental health system, there are many factors inhibiting meaningful family work. Our families are often large, so a very practical barrier is that the therapy rooms are often not big enough, they don't have enough chairs. If there are 12 people in a family, you need to make sure that there's space for 12 people.

McIntosh: I'm aware that we're talking about First Nations perspectives, as if it were one perspective, which we know it isn't. Have either of you perceived real variation across Australia or New Zealand in the mindset of the baby's place in the family and healing? Or is this something that speaks more to a universal First Nations perspective?

Elliott: I know from my work up North that in some communities, such as very traditional communities, there are definitely variations. It's interesting because often there's conflict within the caregiver system, which has aunties or uncles as well as parents and grandparents. To internal systems differences there are also cross-cultural factors – when not everyone in the family is Indigenous. Some people prefer to say, "Yeah, we should have our business and talks separate to having baby in the room," yet, others will say, "but we argue in front of the baby at home, so what's the difference now?" So, we need to check in each time, and not assume.

McIntosh: I think attachment theory gives us a good way of asking who should be there in a family session. It would say, "Who are the people the baby actively turns to for support when they are frightened or tired or ill?" Those could be the key people invited to come together to think about the baby.

Slater: When I was pregnant and searching for First Nations parenting approaches, I came across a book named *Hunt, gather, and parent*' by Michaeleen Doucleff (2021). I was looking for material that spoke to what my family experienced, and what I intuitively knew was the way that I wanted to raise my children. It was written by a non-First Nations woman, exploring First Nations parenting approaches from across the globe. I'm going to draw on my family stories and narratives to express the influential nature of this book.

Before my babies were born, I asked their father to build the cot that I'd bought. In response, he blankly looked at me and said, "I've got no idea how to build this," to which I responded, "but I thought you'd built cots before." He then replied, "where I'm from baby sleeps in the bed with us." Co-sleeping is very common for his people. Babies don't sleep in separate bassinets, in separate nurseries, rather baby sleeps with the family, with older siblings, and cousins, and the parents. That moment was one of the first of many times that I felt torn between Western and First Nations parenting expectations. On the one hand, I had the maternal and child health nurse in my home telling me that I had to have this particular safe sleeping arrangement. Then, on the other hand, I had my baby's father's culture and my culture suggesting something very different.

My Aunties would say, "you don't need to spend hundreds of dollars on a cot, you just need to pop them in bed with you." Unsurprisingly, I felt conflicted as a new mum, like I was trying to bridge two opposing worlds. I didn't want to be perceived as a bad mum by the Western world or by my culture. My experience is not unique, but it's true, we can't assume that all Aboriginal women will have the same experience. Some may feel more drawn and connected to traditional cultural ways of raising children and some might not know any of that old knowledge at all. That's why it is important to remain sensitive, curious, and assumption-free.

McIntosh: That's a lovely story for the family therapist, who is by trade a master of context. We enquire about meaning, and never assume it, including being sensitive to the possibility of a culture clash between Western ways and First Nations traditions within the person, and within the system.

Slater: The additional load that First Nations mothers carry is significant. This is a recurring theme and an experience for many women in the generations above me, like my aunties' and grandmothers' generations. This was particularly true after the experiences of colonisation, and the experiences that Aboriginal men had with oppression and losing their role in the family. Many First Nations women, as I've heard from so many aunties, carried the load of the male and female. They carried the load of the family, the load of being advocates, and the load of being diplomats. When we look at the leaders, particularly in the generation before us, many community leaders were women. Women also raised their children while simultaneously advocating and leading social change. My father and my aunties all talk about my grandmother being the chairperson for multiple organisations. At the various meetings, my father and aunties sat at the table alongside my grandmother. This was because they had to, as women had a social role, a responsibility to their community that the men unfortunately largely lost because of the effects of colonisation and oppression. But the women also had to carry the childbearing role. I don't think there was a lot of conversation about the impacts of mental health, and the load that women had to carry. But in terms of the social context, kids were always present at the table, or at least in the near vicinity. Even this experience right now with me talking to you in a professional capacity, having my babies here with me, this is common for a lot of our board meetings. When I'm at an Aboriginal community-controlled board meeting, there are always kids in the background. Lots of board members are women, and they are also mothers.

Elliott: For me, that sense of the loss of roles is strong. It is not just involving baby in the family work; it is about involving the family in baby work. I am interested in how we navigate the two worlds and coax family back into roles. Jenn, earlier you posed a question "who is there for the baby?" In Western Australia, there is a lovely program, "Baby Coming, You Ready?" presented via a phone app. It coaxes us to explore what are our roles are. There's inclusion of the whole family to improve the mental health of the infant, who wants to feel attached to everybody near and dear to them.

McIntosh: What's sitting with me is the word "invitation." It's the invitation the baby brings. I love the idea of coaxing people back into roles. Again, family therapists know the utmost importance of structure in families, and roles that are there for reasons. The baby not only invites people to play certain roles because they need them to play certain roles.

Elliott: We're all wanting to know, "what's my job in this little one's life?" If you're in a protective role, you're not taking over the position of someone who is in a more nurturing role. You are complimenting it, because the baby needs both. I remember the story of the men who would stand around the women as the protectors during birthing and when the children were particularly young, as the women couldn't just get up and run if there was a threat. In traditional settings, the men knew their place. But with colonisation, there was this loss of "who am I in the family to this child?" It's a matter of trying to understand "what's my job now?" All of us want to know, "this is my task," as there is security in that. When the family feels secure, then the little ones are going to know, "Okay, I go to Dad for this, and I go to Mum for this, and I go to Auntie for this, and they will all look out for me when push comes to shove." The relearning of what our jobs are for the baby is key.

McIntosh: The baby really drives family members to answer, "What's my place in looking after you, and in looking after everyone who matters to you?" That's also central to healing broken patterns within intergenerational trauma.

Elliott: For me, this comes back to Boszormenyi-Nagy's (1986) ideas of an ethical system. This ethical system lies at the heart of families like an invisible ledger that keeps track of generational entitlements and debts. Whatever you didn't get when growing up, you potentially carry into the family of creation. When helping services try to create motivation and provide positive support, they often do that assuming "we know you want to do what's right for baby." But the debt may still be there for the new parents. It's also important to acknowledge the part of the parent saying "what about me, I didn't get that when I was little." Unless we're addressing that hidden ledger of "I missed out, I have gaps, I got removed" or "I saw lots of fighting when I was a small child," the capacity of new parents to be reflective rather than reactive is diminished. We also have to remember that for parents who missed out, there are unconscious trauma triggers for parents just through their baby's normal development.

Slater: Yes, the importance of the practitioner being culturally safe and perceived as safe is so significant for First Nations parents. No work will be done unless there's trust with that practitioner and that service. I also want to say that the ledger doesn't just contain your own trauma stories. Some people may have had a good upbringing, but they soon learn the narratives and stories of intergenerational trauma, through knowing what happened to other family members, the older generation. This in itself can lead to fear as a new mum.

The experiences of vicarious and intergenerational trauma are impactful of the way we as Indigenous parents engage with non-Aboriginal practitioners and how much we trust or don't trust mainstream services. Many women especially worry we will be looked at as having deficits because we are Aboriginal mums. Surrounding us are still the devastating rates of Aboriginal babies being taken from young Aboriginal mums. That narrative, you carry that with you when you're a First Nations mum, you get worried that you're going to be looked at in a certain way. So, for me, the perceived safety of a service has to be established before any real work can be done with Aboriginal mums, fathers, and families.

McIntosh: What are some of the key steps for family therapists in earning trust?

Slater: I think family therapists are already equipped in multiple ways. For example, taking a curious stance and looking at context. When as a young mum myself, practitioners spoke to me curiously, wanting to know my position, or how I felt, or what my values were, or what was important to me and my family, rather than giving me a long list of do's and don'ts, that went a long way in building trust, and the trust of my family with those services as well.

Elliott: I agree that no matter how well-meaning a family therapist is, questions can so easily still come across as blaming. A question can sound like you're inferring that they've done something wrong. Give the reason for asking and say instead "we are just exploring; we're searching all possibilities." Aboriginal parents need to have hope that you can help them find resources, especially when parenting isn't as simple as just knowing and trusting your intuition to nurture and protect, like when your trust in your own intuition is replaced with a fear of being a bad mum.

McIntosh: How do we deal with the underlying implication in a referral to our service that the parent somehow "caused that?"

Elliott: By the family coming, rather than just the mother. It needs to be a shared piece, with the baby's nurturing community presenting together. Even when there's trauma, current or transgenerational, the family therapy context says, "the family might have been part of the problem, but they also hold the solution." Family therapy trusts that our families are the experts. They have birthed the child; they have protected the child the best they could even with a ledger full of debts. They live with that little one, they hear them cry night and day. We frame our questions to the family in a way that shows they are the resource the baby needs. We resist the idea that "doing assessments on this little one" is better than helping the family perform their own reflection about the baby's needs, using their forgotten expertise.

McIntosh: In the single-session-thinking approach to working with Indigenous families (Elliott et al., 2020), everyone present is an equal member in the conversation. The baby is an equal partner

too. Asking the family members to voice what the baby might be "saying" and needing from the discussion today has a tiered impact, on reflection.

Elliott: Yes, I completely agree that the closer we enable the baby's needs to help the family get to the risk and vulnerability, if held and navigated well, the closer the family moves toward the opportunity to heal. However, without sufficient tools to safely explore, most of us do not go there. For example, I worked recently with a young mum who was removed at 6 months from her mum, and came in with her own baby, now the same age. The most triggering time, but also the most opportunity. I kept reframing and saw this moment as the opportunity point, rather than the trigger point, and worked with her to hold it safely. This meant I worked hard not to make assumptions and to give my rationale for asking questions. I was alert all the time for whether the questions would come across as blaming, and whether there would be a shutdown. And we can't be vague about it either. It takes focused intent, because you're there for the baby, and we are holding a safe space for the family to think about the baby.

Slater: The challenges within the services we work, are the constraints, particularly around time. It can take time to build relationships. One difference I notice in this work is that it could be 6 months before First Nations clients start to trust us and really open up. But we don't always have 6 months to work with a family, particularly in the perinatal period when a baby's so young. An approach that would work for Aboriginal families is to allow for additional time for trust and rapport-building, even when the therapists are First Nations people.

McIntosh: What does that mean for the potential of single-session models in this perinatal work?

Slater: I think it comes back to contexts: are families attending voluntarily or have they been referred? Sometimes a single-session approach is great and is a way of achieving exactly what the family is looking for, when the process is family-led. It will also be based on past experiences with service engagement.

Sometimes there can be a clash of cultural beliefs. But I don't think this is just a First Nations experience. Every family carries a generational story and their current needs are based on contexts, such as rural versus metropolitan, how people were raised as kids, and cultural values in raising kids. Sometimes people might say "this is soft stuff, what we do won't damage kids, this won't traumatise kids, this is exactly how we were raised." Particularly in this environment, I've found it works, putting forward, without pushing "white science" onto First Nations families, what we know works best for children and works best for parents and relationships with their kids. But if we've taken time to build those relationships, we can help get where the baby needs the family to go. It all comes back to safety, security, and trust.

Elliott: Clarisse, you've named the same thing Auntie Judy Atkinson (2002) says regarding the difference between a trauma behaviour and cultural behaviour. Judy also speaks of the work of Merida Blanco (as cited in Levine & Kline, 2006) in South America and the trans- and inter-generational trauma behaviours that become normalised in families' ways of being with each other. Merida Blanco, a cultural anthropologist spent her life studying generational trauma in South American Indigenous groups. In her unpublished intergenerational diagram, which spanned five lifetimes following violence perpetrated by one social group against another, she demonstrated in the first generation to be conquered, the males were killed, imprisoned, enslaved, or in some way deprived of the ability to provide for their families. In the second generation many of the men turned towards alcohol or drugs, as their cultural identity was destroyed with a predictable, accompanying loss of self-worth. In the third generation, spousal abuse and other forms of relationship violence began to evolve. By this generation, the connection to its antecedent from societal trauma, only two generations, was weakened or lost. In the fourth generation, traumatic re-enactment meant that abuse moves from spousal abuse to child abuse or both. In the fifth generation, the cycle repeats itself, as trauma begets violence, with more traumatic enactment and violence, with increasing societal distress.

In therapy, we have to acknowledge and name them as trauma responses. Some of the trauma behaviours that have emerged over six or seven generations are not cultural. For example, a possible response to trauma is to raise kids tough and to be harsher on them than is necessary, and this is

normalised now. Then you have a service coming in and saying, "this is not a good thing," however, for them, this is how it has always been done for as long as they remember.

Slater: This undoubtedly is something that is hard for any family to hear from a service, and this is amplified by Aboriginal families' intergenerational distrust of these services due to the horrors of the past.

McIntosh: Maybe the baby is a motivator, to untangle the difference between culture and the expression of intergenerational trauma.

Eliott: Becoming a parent offers an opportunity for First Nations families to heal from attachment and childhood injuries, as relational wounding can only be healed through relational healing. If families are given opportunities to heal and receive service support that is culturally safe and engaging, then non-First Nations practitioners and service providers could well to contribute to the powerful transgenerational healing journey of First Nations families.

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ORCID

Alison Elliott https://orcid.org/0009-0009-2714-7102
Jessica E. Opie https://orcid.org/0000-0002-0559-0842
Jennifer E. McIntosh https://orcid.org/0000-0003-4709-5003

REFERENCES

Atkinson, J. (2002) *Trauma trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia*. North Geelong: Spinifex Press.

Boszormenyi-Nagy, I. & Krasner, B.R. (1986) *Between give and take: a clinical guide to contextual therapy*. New York: Brunner/Mazel.

Doucleff, M. (2021) *Hunt, gather, parent: what ancient cultures can teach us about the lost art of raising happy, helpful little humans*. New York: Simon and Schuster.

Elliott, A., Dokona, J. & von Doussa, H. (2020) Following the river's flow: a conversation about single session approaches with Aboriginal families. *Australian and New Zealand Journal of Family Therapy*, 41, 249–257. Available from: https://doi.org/10.1002/anzf.1423

Guerrera, T. (2023) *Colonial gaze* [Painting]. Melbourne, Australia. Used with Permission from Emerging Minds and Tanya Guerrera.

Levine, P.A. & Kline, M. (2006) *Trauma through a child's eyes: awakening the ordinary miracle of healing*. Berkeley, CA: North Atlantic Books.

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