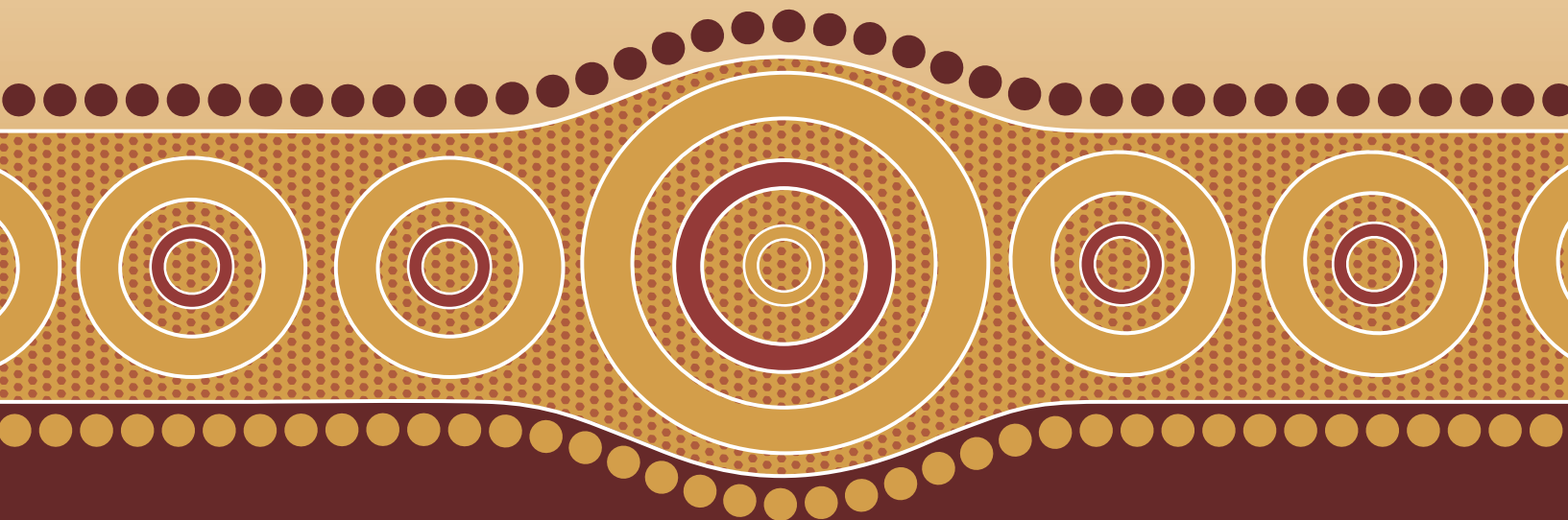




Indigenous Offender Health Research
Capacity Building Group

THE INDIGENOUS OFFENDER HEALTH RESEARCH CAPACITY BUILDING GROUP COMMUNITY REPORT



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Foreword

*Professor Tony Butler, IOHR-CBG Principal Investigator & Program Head,
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UNSW Sydney*

It is with great pleasure and pride that I write this forward on behalf of the investigators on this Capacity Building Grant which has exceeded initial expectations in terms of forming a cohort of mostly Aboriginal people with a passion for offender health research. With the incarceration of Aboriginal people a source of national embarrassment, and Australia having what is believed to be the highest incarceration rate of Aboriginal people in the OECD (if not the world), the need to have researcher on alternatives to prison, treatment opportunities, the antecedents of offending, and rethinking the justice system has never been greater. The cohort evolved between 2009 and 2015 and involved researchers from New South Wales, the Australian Capital Territory, Western Australia and Queensland. Thus, the project truly lived up to its name covering ground from Broome to Berrima! We call ourselves the Capacity Building Group such is the sense of cohesion between the researchers. We hope to retain the links and collaborations that have evolved over the course of the Group's history.

Senior Aboriginal leaders such as Professors Mick Dodson and Ted Wilkes provided inspiration and support to the cohort throughout the process. The opportunity to access high profile individuals was a highlight of the annual team meetings at which researchers would present their research and ideas to the wider group of collaborators in Sydney, Perth or Canberra.

Foreword

The National Health and Medical Research Council's Capacity Building Grant scheme is ideally suited for areas such as this, where the focus is on nurturing and developing from the ground up. The group has developed leaders in the areas of Justice Reinvestment, deliberative justice research, drug and alcohol treatment, post-release reintegration, pathways into the justice system, social capital, and models of health care and needs for those in prison.

Collectively, the team investigators have produced 35 peer-reviewed journal publications; 28 reports, editorials and resource publications; nearly 40 conference presentations; 32 committee and reference group memberships; collaborated on 8 successful grant/scholarship applications; and produced four parliamentary inquiry submissions.

Beyond these outputs, it has been rewarding to see team investigators use their increased capacities to progress their passion and professions in the Indigenous, health and offender areas, to name some – Dr Jill Guthrie who is now the Director of Research and Knowledge Translation at the Lowitja Institute while continuing her research portfolio at ANU, Dr Megan Williams who earlier this year took position as Senior Research Fellow of the Centre for Health Research at WSU, Dina Saulo who for the past year has been working in Sierra Leone as an epidemiologist as part of the World Health Organization's response to the Ebola epidemic, and to postgraduates Michael Doyle, Jocelyn Jones and Lise Lafferty who, as I write, are submitting or close to submitting their PhD theses. On behalf of the investigators, we wish all team investigators well in the future and look forward to further collaborations.

Introduction

In 2009, a team of Indigenous and non-Indigenous scholars from New South Wales, Victoria, Queensland, Western Australia and the Australian Capital Territory received a NHMRC capacity building grant for the project

From Broome to Berrima: Building capacity Australia-wide in Indigenous offender health research.

This project saw a network of Indigenous and non-Indigenous academics (Chief Investigators) and mentors work with and support aspiring and emerging researchers (Team Investigators), to build their individual research capacity and, more broadly, research and knowledge in the Indigenous offender health field. Together, investigators, mentors, project members, and collaborators came to make up the Indigenous Offender Health Research Capacity Building Group (IOHR-CBG).

Many interesting and diverse research projects developed from IOHR-CBG members, covering areas critical to the health and wellbeing of people who come into contact with the criminal justice system. Many projects have been completed and others ongoing. The breadth of methodologies has been an asset to the group, with methods ranging from data-linkage to community-driven action research. An important vehicle for researcher capacity building has been postgraduate study. Most team investigators were (or are) enrolled in higher degree research.

Introduction

As capacity and collaborations grew, so did IOHR-CBG member outputs which have included publications, academic and community engagement activities, parliamentary inquiry submissions, and dissemination of research findings through conferences, IOHR-CBG symposia and the offender health web resource, an IOHR-CBG initiative in collaboration with the [Australian Indigenous HealthInfoNet](#).

This Community Report documents the hard work IOHR-CBG team investigators have undertaken over the course of the project. In the following pages, you will read their stories and view documentation of some of the fruits of their study and labour. We see this important work as just the beginning – the beginning of an Australia-wide network for knowledge production and exchange in this field – leading to the much needed goals of decarceration, better health services for Indigenous offenders, and improved health and wellbeing for those in the communities in which offenders reside or return to.

Warm regards,

*Paul, Michael and Lise
Report Editors*

Team Investigators



Michael Doyle

Journey to the offender health research field

A career in research had been a personal aspiration for a number of years and the IOHR-CBG was the perfect fit for an Aboriginal Health Worker who wanted to transition to a research career. I had worked in Aboriginal health since completing an Advanced Certificate in Aboriginal Health Work at the Kimberley Aboriginal Medical Services Council's School of Health Studies in 1998. Working on the frontline of Aboriginal health is a rewarding experience, and I enjoyed the years spent in the Aboriginal community controlled health (ACCH) sector. However, I started to wonder if treating people on the frontline was making a difference or if it might be better to address the causes of poor health. I thought that to make a difference in that respect I would need to move into policy and or research, and for this to occur I would need to get qualified and have some 'heavy duty' degree/s.

Moving from the ACCH sector to a University was a key objective if I wanted to work in research and in 2008 I was hired on a short term contract at the National Drug Research Institute (NDRI). Being in the right place at the right time happens, the IOHR-CBG was being developed around the time I arrived at NDRI and I was named as one of the Team Investigators. It was a good fit as I had a keen interest in prison health because, I like many other Aboriginal people, I have family and friends that have been in and out of prison on a regular basis. I wanted to do more than just add to the commentary in Aboriginal prison health and through the IOHR-CBG I could research the underlying issues and develop ways in which these issues could be addressed.

I have been a part of IOHR-CBG since the beginning and have attended every team meeting, workshop and symposium. I moved from NDRI to the Kirby Institute during my time on the IOHR-CBG, so that I could experience life on the east coast and build up new as well as consolidate old professional relationships.

Becoming a researcher and higher degree study

The work that goes into research is often underestimated and not well understood by people who have not worked in the area. While I could have undertaken research jobs such as data collection and assisted in dissemination of results back to the Aboriginal community, I knew I would not be satisfied with that type of research career. I wanted to understand methodology, analyse the data and write the results, and for that kind of work one must have excellent mathematical and written skills and I needed to develop or attain these skills.

With this in mind and under the advice of several of the Chief Investigators of the IOHR-CBG and Professor Sherry Siggers (NDRI), I enrolled in a Master of Public Health (MPH) at the University of Western Australia (UWA). The degree was by coursework and included a major dissertation project. Some subjects I learnt for the first time such as Health Economics, others I brushed up my knowledge on like Disease Prevention and some subjects I found out how limited my knowledge really had been such as Epidemiology and Biostatistics. I achieved good marks throughout the MPH including the dissertation which was supervised by Professors Colleen Fisher (UWA) and Sherry Siggers (NDRI). The dissertation project was my first major self-directed project in prison/offender health research and I knew I wanted to undertake further research and study in this area.

I commenced my PhD titled Prison-based Alcohol and other Drug Interventions for Aboriginal and non-Aboriginal men at UNSW Australia in 2013. My PhD supervisors are Tony Butler, Jill Guthrie (a team investigator on the IOHR-CBG) and Anthony Shakeshaft from the National Drug and Alcohol Research Centre, UNSW Sydney. The thesis has three studies or components: 1) a systematic review of Australian and international research into AoD treatment programs; 2) an analysis of the AoD use patterns of men

entering prison in NSW; and 3) investigating the experiences of prisoners of a specific AoD treatment program in operation.

The systematic review was submitted for publication in October 2016.

The analysis of AoD use patterns of men entering prison in NSW has been completed. The data collection for study three has been completed with 31 baseline interviews and 26 interviewed at follow-up nine months later (two had been released and three refused follow-up). The interview process was both challenging and rewarding, after some initial suspicion about the research, but the participants were very happy to be interviewed.

The follow-up interviews were planned to be less time consuming than baseline interviews, however, many participants spoke for longer and added details that they thought they missed in their first interview. The data collected is tremendously rich and the analysis is underway as well as the writing of the results.

Future

It has been a productive journey on the IOHR-CBG and once my PhD is completed I will be focused on writing publications with numerous possible papers arising from the PhD. I will also be applying for small grants for early career researchers. I envisage myself continuing to work in the AoD research field and that much of my work will involve a focus on people who are involved in the criminal justice system.

Team Investigators



Jill Guthrie

I am a descendant of the Wiradjuri people of western New South Wales. My involvement in the Broome to Berrima Capacity Building Grant began in 2008 when I was asked by Professor Tony Butler (the lead Chief Investigator), together with Ms Jocelyn Jones, Professor Ted Wilkes and Professor Michael Levy, to appear before the NHMRC review panel that was undertaking final assessments for the application. It was a thrill to learn a few weeks later that the application, and indeed our appeal to the review panel had been successful! Thus began a five-year involvement with the capacity building group that enabled me to undertake important and challenging work.

Over the past 15 years my research contribution has been in the public health and offender health areas. More recently my work has focused on the relationship between health and justice with a specific interest in the research methodology and philosophy of Justice Reinvestment (JR). JR can be conceptualised as a set of responses to a growing body of research showing that a smaller number of communities is responsible for a high amount of incarcerated people and correctional services spending. The social determinants of health (or 'the causes of the causes' of ill health) are particularly relevant for the prisoner population, highlighted by epidemiological studies illustrating negative associations between incarceration and education, employment, housing, physical and mental health, and financial independence. In a 2013 publication, my co-authors and I coined these links as the 'social determinants of incarceration'. Recognising the highly disproportionate burden of incarceration borne by Indigenous Australians (27%), my work aims to highlight how the social determinants of incarceration, together with the adoption of JR as a policy in Australia, could positively impact Indigenous Australians.

My commitment to JR research includes the facilitation of knowledge translation and promoting debate and discussion in an international context about this emerging philosophy for reducing incarceration. This commitment is demonstrated by two key forums on JR that I convened, both underpinned by the capacity building grant. One of the key challenges for JR is developing a cohesive understanding of this philosophy and recognising the importance of such development in a local context. The forums were developed to facilitate a more informed and collaborative understanding of JR for the many stakeholders involved in this process. The first, 'Exploring the feasibility of Justice Reinvestment in the ACT' in November 2011 brought together local and national participants to explore issues specific to the ACT; the second, 'Is Justice Reinvestment needed in Australia?', held at The Australian National University in June 2012 brought together local and national participants to explore issues at a broader, national level. It was attended by some 50 local, national and international participants and experts in the field, as well participants from the Indigenous community sector and the government and non-government sector. Reports from both these forums have been influential in developing JR research and research collaborations with key scholars, policy makers and community groups, an approach that is fundamental to JR research method. My work to convene the 2012 Forum and recognition of how it is helping to foster debate in this area, was acknowledged in Parliament by Senator Penny Wright in September 2012.

Through the IOHR-CBG I was enabled to lead a successful submission to the Australian Research Council for a Discovery Indigenous grant application. Since 2012 I have been the lead CI on this project (ARC INI130100048: Reducing incarceration using Justice Reinvestment: an exploratory case study) which is innovative in its approach and methodology. The research is groundbreaking in terms of its potential to impact on Australia's justice and incarceration policies, where the community, as represented by stakeholders from sectors across health, education, housing, employment, criminal justice, plus Indigenous and non-Indigenous governance structures, are participating, thus enabling whole-of-community responses to juvenile justice issues. A recent stakeholder forum which included deliberative processes revealed that approximately \$23m had been spent on incarcerating the town's citizens for crimes which participants would be willing to consider 'JR-amenable'.

I worked closely with Cowra Mayor, Cnr. Bill West, on a Cowra Shire Council JR Resolution and a bi-partisan meeting with NSW government policymakers to hopefully enable a JR trial. The research is ground-breaking - the first in Australia to explore the theory, methodology and potential use of JR approach within a community driven process. More importantly, I believe my work in leading this research project has contributed to broader understanding of JR, both locally and nationally.

Through the capacity building grant I was also enabled to lead another important project, an ARC Linkage application 'Towards zero prison population growth: Justice Reinvestment in the ACT' resubmitted in 2015 for the 2016 round. I worked closely with Indigenous and non-Indigenous national and international experts for over three years to build the relationships to underpin the application, including ACT Government, Australian Institute of Criminology, ANU Crawford School of Public Policy, ANU College of Law, both the Kirby Institute and Law School of UNSW Sydney, and University of Melbourne's School of Population and Global Health.

As part of the IOHR-CBG, and also at the invitation of ANU Medical School colleague and CBG-CI, Professor Michael Levy, I was Chief Investigator (CI) on the 2009 ACT Inmate Health Survey, the first conducted in the ACT prison (Alexander Maconochie Centre). Survey results provide best available evidence to form a baseline assessment of health needs of ACT prisoners, and inform provision of health services and policy development to ensure that health service delivery meets the needs of inmates. As elsewhere in Australia, Indigenous prisoners are over-represented in the AMC (16%). Also at the invitation of Professor Levy, I am CI and Chair of the Research Committee for the 2014 ACT Bimberi Juvenile Justice Centre Youth Health Survey. The study aims to assess the health status of, and health services provided to, young people in custody in the ACT jurisdiction. Baseline survey components include a health questionnaire, physical health examination, dental examination, offending behaviour and psychological assessment. As elsewhere in Australia, Indigenous young people are overrepresented at Bimberi Juvenile Justice Centre. These two projects are illustrative of my broader contribution towards the offender health research field.

Team Investigators



Jocelyn Jones

I am a Noongar woman with Wadjuk, Ballardong and Palyku connections to the land. Due to the impact of the 'stolen generations' our family has been unable to fully trace my father's ancestry. I grew up in Mukinbudin a small wheat farming town in the central wheat belt, with my parents and seven siblings. I come from a nursing background with a Masters in Applied Epidemiology awarded from the Australian National University.

Working with offenders and Aboriginal health is my passion. I have been working in the area in different capacities for over 25 years.

IOHR-CBG experience

Having previously been named on a capacity building grant (Indigenous capacity building grant) with a group of Aboriginal researchers, I experienced firsthand the benefits and supports provided by these initiatives. The IOHR-CBG has allowed me to complete my PhD thesis as well as having access to a range of expert and multidisciplinary researchers in the offender health field and participate in research collaborations interstate and internationally. Being on the IOHR-CBG has provided the necessary resources to be able to attend conferences and address training needs. In November 2015 I attended the Second National Complex Needs Conference to present "“I've got to live my life, I can't live mad all day, all my life”: Lived experiences of Aboriginal youth". This presentation was an opportunity to disseminate results from my photovoice project. I also co-presented with Mandy Wilson, two other presentations on the findings from the Aboriginal mothers in prison project.

The advice and mentoring from experienced researchers on the IOHR-CBG has allowed me to strengthen my existing skills and develop new ones. For example I was mentored through writing and collaborating on journal

articles, and I have gained a greater understanding about statistics and where particular tests should be applied.

I have met other researchers in the offender health area and formed new partnerships for further collaborations. The IOHR-CBG has pronounced two-way learning systems, where knowledge is shared between non-Aboriginal and Aboriginal researchers. I believe that I have contributed positively in building the capacity of non-Aboriginal researchers about conducting ethical research in the Aboriginal community as well as maintaining the values and principles throughout the research process.

Research Project

Exploring the pathways to contact with Juvenile Justice

I was, and continue to be, involved in a number of research projects. However, my main project concerned my PhD thesis titled: Exploring the pathways to contact with Juvenile Justice to develop a profile of the risk and protective factors as a strategy for change. The primary aim of my this thesis was to develop a profile of the developmental, health, and demographic factors associated with risk, protective and resilience factors that contribute to juvenile delinquency in Aboriginal children in WA from 1986-1990. Key Australian research suggests that the key issues that contribute to young Aboriginal people being involved in crime are: child abuse and neglect, parental psychiatric problems (particularly maternal depression), family dissolution and violence, poor school performance, early school leaving, drug and alcohol abuse and youth unemployment. There has been no Australian research published that has compared these risk factors between Aboriginal youth and contact with juvenile justice services.

This project used both qualitative and quantitative research methods. The qualitative phase used photovoice to capture the voices of Aboriginal youth and data linkage for quantitative analysis.

From the qualitative analysis the most significant theme to emerge, as identified by the youth from the photographs and interviews, was family. The youth described the importance of family and also the negative impact that family had on their lives while noting that their families also had problems of their own. Regardless of the state of the relationship, the bond and

connectedness with family was fundamental to their world. The young people expressed positive feelings about the support and love they received from their families. There were issues of grandparents raising their grandchildren, children that were placed in care and were separated from their other siblings, conflict with parents, the impact of separation of parents and having multiple carers lacking stability.

Alcohol and drug use was the second theme emerging from the qualitative analysis. All the young people in this study identified alcohol and drugs as being an issue for them during adolescence. Drinking with family was presented as relatively normal. Participants spoke of the social nature of drinking with family and expectations to drink. They drank alcohol to fit in, because the family “love drinking” and “it’s like a [family] tradition”. Drinking was a highly valued pastime that brought the family together for social interaction and good times, “everyone drinks and seems to have a good time with a guitar around a fire”. While the youth spoke of the positive aspect of drinking with family, they were aware of the negative and unpredictable side of drinking, “there’s like the good side and the bad side”. Participants commented on the arguments and fights that would break out from drinking sessions, highlighting fighting as problematic.

There is a general belief that children who live in a dysfunctional environments perceive it to be normal. However, through their reflections the young people in this research discounted this view. They have been able to characterise their families by recognising elements of dysfunction and identify their support structures. All participants were optimistic about their futures and shared goals and aspirations. They spoke about buying a car, owning a house, getting an education and making lifestyle changes.

Quantitative analyses used de-identified total population linked administrative health and social data to examine early life variables and exposures for a cohort of 7,756 Aboriginal children. This linked information from several government data sets afforded an increased understanding of possible risk and protective factors for contact with juvenile justice in this cohort of young Aboriginal people. Risk factors were compared with Aboriginal youth who had contact with juvenile justice and those that did not.

The results of my thesis will provide evidence to inform policy, planning and development of culturally appropriate early intervention programs for Aboriginal youth and their families.

Other research projects

I am also an investigator on the following funded research projects:

- Social and Cultural Resilience and Emotional Well-being of Aboriginal Mothers in Prison (NHMRC funded) (For more details see under Mandy Wilson's projects)
- Aboriginal and non-Aboriginal women perpetrators of violence: a trial of a prison-based intervention (Beyond Violence) (NHMRC funded)
- Reducing Impulsive-violent Behaviour in Repeat Violent Offenders (NHMRC funded)
- Defying the odds' - Exploring the impact of perinatal outcomes, maternal social and health outcomes and level of culturally appropriate service availability on the health of Western Australian Aboriginal infants and children (NHMRC funded)
- Health Research Involving Prisoners: Assessing stakeholders views on research priorities and ethical issues (The NHMRC funded Australian Centre for Research Excellence in Offender Health)

Team Investigators



Lise Lafferty

Personal Story

I was born in Evanston, Illinois, the suburb immediately north of Chicago. It is a large suburb bringing together people and families from across the socio-demographic spectrum. Spending my childhood in Evanston meant that I developed an early understanding of disadvantage, but that I also learned about being part of a community. It was this sense of community that I carried with me into my PhD research – but we'll get to that shortly.

Prior to traveling to Australia, I had a keen interest in learning about this country's history. After several years here, I finally took the leap into postgraduate education and enrolled in a Master of Indigenous Studies at UNSW where I learned about Australia's history and its people. This degree led to my working on the Social and Cultural Resilience and Emotional wellbeing of Aboriginal Mother's in Prison (SCREAM) study alongside fellow IOHR-CBG members Tony Butler, Jocelyn Jones, and Mandy Wilson. It was during this time that I met Professor Tony Butler and a number of other IOHR-CBG members. After a year of working in research, I was ready to pursue a PhD. It was at this time that Tony invited me to join the IOHR-CBG as a Team Investigator and PhD candidate.

With my supervisor (Tony) and co-supervisor (IOHR-CBG member, Jill Guthrie), we began piecing together a study design that brought together my interests in social justice, community, and wellbeing. My PhD focused on social capital of men in prison living with hepatitis C. Using a research technique known as appreciative inquiry during my interviews with men in prison, I was able to elicit positive experiences of relationships, community, and social connections (ie., social capital). I also sought to understand differences of social capital between Aboriginal and non-Aboriginal men

prison living with hepatitis C. This analysis showed that rich cultural connections were part of the social capital of Aboriginal men, but non-Aboriginal men did not experience comparable connections with their fellow prisoners.

Experience of IOHR-CBG

Being part of the IOHR-CBG has been a great opportunity and has developed my skills in a number of areas. My primary supervisor, Professor Tony Butler, is a prison health expert. His extensive knowledge of conducting research in prisons has provided me with unique understanding of the prison environment. My co-supervisor, Dr Jill Guthrie, has guided my research in numerous ways – both through her understanding of Indigenous culture and issues, and through connecting me with other students. Through Jill, I have had opportunity to connect with other PhD candidates across Australia and New Zealand who are conducting research with an Indigenous focus across a range of disciplines. I have also enjoyed having Associate Professor Georgina Chambers, Director of the National Perinatal Epidemiology & Statistics Unit at UNSW Sydney, as a primary supervisor of my PhD. My PhD research has led to collaboration with Prof Carla Treloar, Director of the Centre for Social Research in Health at UNSW Sydney. Professor Treloar has extensive experience in qualitative research and has been a mentor throughout the qualitative components of my PhD research.

I have had the privilege to complete my PhD at the Kirby Institute alongside co-PhD candidate and member of the IOHR-CBG, Michael Doyle. Michael and I have shared many achievements and struggles in our PhD journeys. Together, we have co-facilitated the Men in Prison Research Reference Group. This reference group has provided invaluable input and guidance for both of our research studies.

Completing my PhD at the same time as a fellow student has provided a peer-based supportive environment, while being part of the IOHR-CBG has provided a strong and diverse mentorship throughout my studies.

Community Consultation

The Men in Prison joint Research Reference Group (RRG) has been co-established by Michael Doyle and me. The RRG includes representation from a range of non-Aboriginal and Aboriginal government and

non-government organisations including the Aboriginal Health & Medical Research Council (AH&MRC), ANU, Babana Aboriginal Men's Group, Corrective Services NSW, Hepatitis NSW, Justice Health & Forensic Mental Health Network, UNSW Australia, and the University of Sydney.

Where to next...

Continuing work in this important area, I commenced work on the Test-Treat-and-Go (TTANGO2) study at The Kirby Institute following submission of my PhD. This study explores new Point-of-Care technology for testing and treating gonorrhoea in Aboriginal communities and aims to reduce rates of STIs. I have also commenced work with the Centre for Social Research in Health at UNSW Sydney regarding two prison studies. The first is the Surveillance and Treatment of Prisoners with hepatitis C (SToP-C), a study implementing treatment as prevention with new hepatitis C therapies in four prisons across NSW. The second study I am involved in is based in Melbourne and explores the transitional and throughcare for people who inject drugs as they are released from prison to community.

Team Investigators



Nerelle Poroch

Personal Story

I am a non-Indigenous person, my wakeup call about the plight of the first Australians only really occurred when a group of people from the Aboriginal Tent Embassy in Canberra (Charlie Perkins included) occupied Old Parliament House on Australia Day 1989. I was managing the redevelopment of the old House on behalf of my Commonwealth Department which had taken over its ownership after the Parliament relocated to the new House. My admiration for the ordered way this was carried out and afterwards when the incident went to Court knew no bounds.

Following this event, my career was to take a significantly new direction which has brought such work satisfaction I have never before experienced over 21 years as a public servant (apart from the Redevelopment of Old Parliament House Project).

This event caused me to apply for an AIATSIS Grant in 2003 to research how Centrelink communicated with Aboriginal youth in Canberra. The topic arose from my 2001 PhD Thesis about youth unemployment in the 1990s in which I had interviewed the CEO of Gugan Gulwan Aboriginal Youth Corporation in Canberra. It was due to the kindness and concern of the CEO of Winnunga Nimmityjah Aboriginal Health Service, Julie Tongs, that I was able to interview many young people in the Canberra community about their experiences of communicating with Centrelink and complete the yearlong AIATSIS research.

My research in Aboriginal and Torres Strait affairs has snowballed ever since, because I then worked in the AIATSIS Health Research Unit, and in September 2005 I was engaged by the Cooperative Research Centre for Aboriginal Health, in collaboration with the Telethon Institute for Child

Health Research, to conduct research and write a report on the ACT Metro/Queanbeyan Trial Report of the Footprints in Time Longitudinal Study of Indigenous Children.

In 2006 Winnunga Nimmityjah Aboriginal Health Service engaged me to complete a study to develop a best practice model of holistic health care for Aboriginal people in the new ACT prison, the Alexander Maconochie Centre (AMC). The Model we developed in this study has a national application, and it is an abiding aim that it will be used in other Australian jurisdictions in the future. My next Winnunga research was to review the broad literature and local understanding of spirituality, and the relationship between spirituality and Aboriginal and Torres Strait Islander people's social and emotional wellbeing, commissioned by the Cooperative Research Centre for Aboriginal Health. This was followed by a research project at the National Centre for Epidemiology and Population Health, The Australian National University about problematic alcohol consumption in Aboriginal and Torres Strait Islander people.

Prior to embarking on research work associated with the IOHR-CBG in 2010, on behalf of the University of Melbourne, I prepared a report from research interviews carried out by former AIATSIS colleagues about the Commonwealth Government's policies on the incidence of trachoma in Aboriginal communities since the 1970s. During this time I was also working at Winnunga writing a report on mainstream support organisations' communication with Aboriginal people in Canberra and the surrounding region, and the Baker IDI Heart and Diabetes Institute's research on sexual health and relationships in young Aboriginal and Torres Strait Islander people.

IOHR-CBG experience and Research Project

It was due to my AIATSIS colleague, Graham Henderson's wise advice that the NHMRC Capacity Building Grant in Population Health and Health Services Research should only focus on Aboriginal and Torres Strait Islander people's imprisonment. His access to Professor Mick Dodson AM, also resulted in Professor Dodson agreeing to be the Chair of the resultant Indigenous Offender Health Research Capacity Building Group (IOHR-CBG).

A wealth of Aboriginal capacity building and health research projects have emanated from this Grant. They include Winnunga's 2011 research study to

identify specific needs of the Aboriginal people in the AMC and the needs of their family; and to identify if the Winnunga Model for the delivery of holistic prison health care (developed in the 2007 Winnunga Study) is relevant to these needs. Significant capacity building occurred during the study from research and interview training conducted for the Winnunga co-researchers and utilised in the AMC interview process. The resultant report was entitled *We're Struggling in here! The Phase 2 Study into the Needs of Aboriginal and Torres Strait Islander People in the ACT Alexander Maconochie Centre and the Needs of their Families*. The study reconfirmed the significant value of the Winnunga Model and the Winnunga care delivered by the Aboriginal Health Workers to Aboriginal people in the AMC was significantly increased. Currently eligible people incarcerated in the AMC now attend the Winnunga Men's and Women's Groups and the Winnunga Aboriginal Health Workers work at the AMC most days of the week.

A subsequent Winnunga evaluation of the Model in May 2014 received glowing affirmation from all respondents including AMC staff who described it as the 'Winnunga Brand' of prison health care. They consider this is the essence of the Model, and is bigger than individuals. They commented that the use of the Model in the AMC has positively helped Aboriginal people in the AMC, and on release, to maintain connection to the community. They described it as 'the ideal', to the extent that after working with Winnunga's Aboriginal Health Workers, they have realised there is an absence in the non-Indigenous community of similar cultural values, given the importance of relationships in providing direction and meaning. This impression stems from observing the non-judgemental support and consistent approach which allows close relationships and trust to be forged with the Winnunga Aboriginal Health Workers, people who are respected in the community. They observed that no other health provider specifically gives continuity of care going from custody into the community and vice versa, in the areas of health and social and emotional wellbeing that meets people's needs.

I have also found this sentiment to be true in our current Winnunga study about the support young Aboriginal people in the youth justice systems receive from ACT Aboriginal Organisations.

Team Investigators



Dina Saulo

I joined the IOHR-CBG in February 2013 at the same time that I was awarded the Leonard Broom scholarship. Both mechanisms provided me with the support to undertake a Masters in Applied Epidemiology (MAE) at the National Centre for Epidemiology and Public Health (NCEPH), Australian National University (ANU).

IOHR-CBG experience

My MAE and IOHR-CBG experiences gave me the opportunity to build on my past experience in public health, working with marginalised populations focusing on sexual health and blood borne viruses.

A two year field placement with the Justice Health Research Program at the Kirby Institute in Sydney formed part of the MAE program. This provided me with a number of academic, personal and professional experiences that will be meaningful to me throughout my degree and beyond. The field based placement in Sydney and course work components at ANU in Canberra, have been unique both in exposing me to a range of people from different professional backgrounds and academic experiences whilst allowing me to learn from my supervisors, experts in the field and peers.

Both NCEPH and the Kirby Institute provided me with the necessary joint learning environment to be successful in my studies. The IOHR-CBG has been pivotal to this opportunity.

Research Projects

During my time with the IOHR-CBG and as part of my MAE studies, I undertook various research projects including: an evaluation of the National Prison Entrants Blood Borne Virus Survey (NPEBBVS); analysis of Indigenous specific Hepatitis C data from NPEBBVS; and incident hepatitis C cases detected through a custodial hepatitis C treatment program. The latter study provided evidence of in-prison hepatitis C incidence and highlights the extent to which a high risk group are exposed to blood while residing in prison. I also worked in collaboration with a cohort of experienced investigators on a larger epidemiological study to analyse the Impact of the HPV vaccine on genotypes among Indigenous woman.

I am driven by the ongoing inequitable health experienced by many Indigenous Australians. The support I have received and support awards afford Indigenous people to undertake further education and experiences, contribute to building strong and vital Indigenous voices among the Australian healthcare landscape.

Dina's current journey and work as a World Health Organization consultant and epidemiologist can be found [here](#).

Team Investigators



Megan Williams

Research journey

Whenever I think about my job as a researcher, I know it has only been possible because of the help of senior mentors, and their commitment to capacity building the next generations to promote health and social equity. I often think of my boss from 1993-95, Colin Griffiths (d. 2009), and our work at the Gold Coast AIDS Association and Injector's Newline Inc (GAIN). Colin used to lovingly poke fun at me for reading journal articles and talking about continuous quality improvement. One day he said "I've got a surprise for you", and cynically I thought it would be more street outreach with Condoman, doing "Nightmoves in the Dark" education in Gold Coast nightclubs. But much to my delight the surprise was an intensive research training course, in which I was one of the only English-as-first-language speakers, and we focused on community-driven research with very marginalised peoples. That was much more suitable! Dear Colin would have seen that a mile away.

My next research step was convincing my workmate Dr Alexander Wightman (d. 2015) to entrust me with his government research grant, which was for an ambitious project training young injecting drug users as peer researchers, to then use pyramid selling to gather data on blood-borne virus risks and prevention. It worked (!) and that was the first of several multi-stage, mixed-methods research projects on my journey, always combining research with direct service delivery.

Fast forward about a decade, two babies, and post-graduate studies in statistics and qualitative research, and in 2006 I began to plan a PhD program.

I had been around Aboriginal family, friends and community members who

were very isolated from mainstream health and welfare services, as well as Aboriginal and Torres Strait Islander community services. I thoroughly appreciated hearing an Elder say “Incarceration rates could be much worse if it wasn’t for all the work the Elders do.” I had so often seen the incredible effort made by people ‘behind closed doors’ to prevent criminal justice system engagement, and prevent health issues and family situations from worsening due to multiple incarcerations. We knew there were important research questions hidden in there, important to explore given the ever-increasing rates of incarceration of Aboriginal and Torres Strait Islander peoples across Australia.

In 2007 I applied and was selected for a full time junior academic role at the University of Queensland (UQ). Among a fantastic team, I juggled curriculum development with beginnings of the long part-time PhD journey. I applied for and gratefully received student project funding from the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health, which now comes under the umbrella of the Lowitja Institute, Australia’s National Aboriginal and Torres Strait Islander Health Research Institute. And around then, I got in touch with Professor Tony Butler about my project coming under the just-funded IOHR-CBG banner.

I had an inkling then that these relationships would endure for many years. I remember feeling very motivated and humbled to build on the work and life foundation that I had, and to take as many opportunities as I could to do quality research.

Research project

At the intersection of criminal justice, health and social work, my PhD research explored post-prison release social support from an urban Aboriginal perspective, and its role in preventing reincarceration. It was a qualitative grounded theory study, with three rounds of data collection comprising 36 in-depth interviews with individual Aboriginal ex-prisoners released from prison at least two years prior to interview, as well as Aboriginal family members and Aboriginal service providers.

The research identified a range of connective, practical, emotional and spiritual post-prison supports, as well as the timeliness of support, and the relationships in which support occurred. Many participants explained their

multiple roles in preventing reincarceration – being at once family members, peers, service providers and holders of voluntary governance positions, providing support across individual, family, community and system levels.

My PhD thesis and its underlying research ultimately proposed that greater reliance on the Aboriginal definition of health, and an ecological model of health could better inform criminal justice policy and practices, especially through embedding Aboriginal leadership in mechanisms urgently needed for reducing incarceration rates.

My PhD thesis was conferred in May 2015, and passed with no changes whatsoever. It might sound like a bit of bragging to say that, but really it is owing to all the good support I had throughout the PhD process, including through the IOHR-CBG.

IOHR-CBG experience

I am sure I will be forever grateful for the quiet research moment I was able to have during my PhD, inquiring into Aboriginal peoples' lives about their actions and resilience that are otherwise unseen.

I thoroughly enjoyed my PhD time and I hope my IOHR-CBG colleagues can vouch for that. Despite some real upheavals such as moving my enrolment and academic role from UQ to UNSW in 2012, and changing supervisors and workplaces, kids' schools etc., things flowed because I had an overall sense of belonging to the IOHR-CBG. I was fortunate to get work as a Lecturer with Muru Marri, then the Indigenous Health Unit at UNSW, who also facilitated a post-graduate Critical Friends Circle. I remained a Link-person to the Lowitja Institute and felt a strong connection to Nura Gili, the Centre for Indigenous Programs at UNSW.

I was therefore among arguably the best mob of Aboriginal health researchers in Australia, albeit still very few in number. I tapped into deep academic, cultural and personal support, navigating many workload pressures, practical problems and ethical and philosophical conflicts. These very much facilitated my own determination to get the PhD finished.

There's no doubt too that the money I received through the IOHR-CBG helped. I was funded for about 9 months' full time study at UQ in 2011, which gave me a break from a double-load of semester teaching and helped me substantially progress literature reviews and data collection, and share my preliminary findings at conferences for feedback.

My best PhD moment was handing it in with IOHR-CBG's Michael Doyle and Paul Simpson beside me, and my Muru Marri colleagues having virtually carried me to that point. We knew how peculiar and rare it was for Michael as a Bardi man to be with me as a Wiradjuri descendent, handing a PhD in. With Paul we had a tiny moment of ceremony, remembering all who had gone before us, to help us get to where we were able to be, and wherever we are going.

Interestingly, in the immediate post-PhD period, I felt less certain about the path ahead. While there are some great supports for early-career researchers, it's not quite the same as a structure like the IOHR-CBG - a dedicated collective right in my own area of research. But I am especially grateful to have made connections through the IOHR-CBG, to put them to the test, for them to survive and grow even, and for them to become trusted networks to continue to work among. I've seen many PhD graduates leave research, and I've heard how research funding is shrinking and academia is becoming more competitive. But for me, my IOHR-CBG colleagues' commitment to their work, and their motivation to innovate and collaborate trans-disciplinarily amidst the worsening rates of incarceration in Australia propel me to keep writing and researching.

Acknowledgements

Given that I was able to complete my PhD as a result of the IOHR-CBG, it is fitting to take this opportunity to acknowledge the people I received assistance from, including outside the IOHR-CBG. Part of the success of the IOHR-CBG for me was the encouragement to develop broad networks and draw on a range of supports, and not be beholden to any one group.

I would like to thank my PhD supervisors, Professor Lisa Jackson Pulver AM for her insightfulness, resourcing and encouragement, and Associate Professor Jan Ritchie for her time, enthusiasm and experience with the qualitative research process. They provided me with much feedback, information, advice and hospitality. I was often acutely aware of how much I was learning and gaining!

My thanks also to Muru Marri colleagues and Aunty Ali Golding, UNSW Medicine's Elder in Residence, for constantly stretching my thinking. I am grateful for early doctoral supervision at UQ by Dr Allyson Mutch, Dr Julie Dean, Associate Professor Stuart Kinner and Professor Rosa Alati.

Additional research-related supervision was gratefully received from Associate Professor Jane Freemantle, Professor Marcia Langton AM, Dr Christine Asmar, Dr Rosemarie Erben, Professor Bronwyn Fredericks, Dr Phil Crane, Dr John Tomlinson, Associate Professor Fran Boyle and Professor Mark Western. I am also grateful for key community supports Mr Jack Bulman and Mibbinbah Men's Spaces health promotion charity, Ms Robyn Jennings and Uncle Ben Cuiemara Taylor, among many others.

Research transfer

Probably the most enjoyable aspect of my research journey during the IOHR-CBG time relates to research transfer. I probably should say straight up that my alt-metrics look better than any other academic indexing metrics. I'm very much focused on writing for peer-reviewed publications now, and whilst some would say I should have done this earlier, I can also see how much I have learned by writing for communities along the way.

Through the Mad Bastards Working Group with Mibbinbah and Bush Turkey Films, I was able to extend my research into a health promotion resource to accompany the feature film Mad Bastards, effectively landing me the nickname (and twitter handle) Meg Bastard. With my relentless colleagues from Project 10%, the Aboriginal and Torres Strait Islander-led campaign from 2009-2012 in Queensland to help bring about renewed intergovernmental justice policy, I was able to extend my PhD literature reviews and preliminary findings into policy submissions, community facts sheets and stories in the voices of Aboriginal and Torres Strait Islander people. And now through #JustJustice, under the umbrella of independent health journalists Croakey.org I have contributed a series of small on-line articles from my PhD findings. During 2015 and 2016 we gathered, wrote or published online 90 articles from around Australia focused on Aboriginal and Torres Strait Islander peoples' solutions to over-incarceration and related issues.

These research transfer activities have helped me constantly engage with others about my PhD data and literature, which has forced me to synthesise my findings, talk in practical terms, take into account perspectives from other disciplines and cultures, and keep accountable to family and community, rather than being a 'whackademic', as my dad would often say. So on that note, I would like to say thank you to the IOHR-CBG for encouraging me to keep talking and thinking in many ways. Surely this is what university life is essentially about.

Team Investigators



Mandy Wilson

I was born and raised in Perth with family ancestry extending back to Europe. Rumour has it there was a princess in there somewhere so my daughter Lily likes to say that she has royal blood on her mum's side and over 40,000 years of connection to Australia on her dad's. My background is in anthropology. I completed my PhD in 2003 with the examiners' reports coming in the day I gave birth to Lily. So in a sense I gave birth to two babies that day. A couple of days after the arrival of my 'twins' my supervisor took a photo of me holding tiny little Lily in one arm and a monstrous manuscript in the other.

After finishing my PhD I taught in anthropology, mainly in the area of sex and gender, but also in Australian culture and applied anthropology. I liked teaching but my heart lay with research. One day I saw a position advertised with the Aboriginal Research Team at the National Drug Research Institute (NDRI) and on a whim, applied. I had no experience in the AOD arena and wasn't successful, but was later contacted by Dennis Gray about another position and I've been with the team at NDRI for almost 10 years now. It was at NDRI that I first met Tony and later Jocelyn. I was fascinated by Tony's stories about the inventiveness of prisoners who, with limited access to resources, found, for example, multiple uses for condoms and lubricant, e.g. hair ties and hair gel. An opportunity came up to work on a project they were both involved in called the 'Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison' (SCREAM) which I jumped at. And the rest, as they say, is history.

IOHR-CBG experience

Due to my participation with SCREAM I had the good fortune of becoming a member of the IOHR-CBG. I started attending the annual face-to-face meetings with Jocelyn to report on findings as they emerged from SCREAM.

As a member I've had the chance to meet and learn from leaders (and emerging leaders) in the offender health field and to develop relationships with others with similar research interests, which I imagine will continue long after the life of the CBG. I've been supported and encouraged to develop my own interest in the experiences of incarcerated women with violence, a key finding that emerged from SCREAM.

With Tony, Jocelyn, Paul and others (including international collaborators) I had the opportunity to participate in writing and submitting an NHMRC project proposal to conduct and evaluate a violent offender intervention program for women in prison. For a qualitative researcher it meant a foray into the unknown (and still murky) waters of confidence intervals, Cox proportional hazard models and the Pocock boundary method. We are very excited that our proposal was successful and I believe it has real potential to make a difference in the lives of incarcerated women.

Overall, membership with the IOHR-CGB has been a very positive experience where I've been consistently challenged and stretched intellectually, had the opportunity to work and engage with a diverse range of people and been assisted to increase my research capacity and outputs through conference presentations, and the drafting of publications and grant applications.

Research Project

The Social and Cultural Resilience and Emotional Wellbeing of Aboriginal Mothers in Prison (SCREAM) is an NHMRC funded project focusing on the social and emotional well-being and cultural resilience of Aboriginal mothers in prison. Jocelyn and Tony are Chief Investigators and I joined as an Associate Investigator after the commencement of the project. The research has been conducted in prisons in NSW and WA, and is a collaboration between a multidisciplinary team led by Professor Elizabeth Sullivan from the University of Technology, Sydney (formerly at the University of New South Wales). SCREAM used a mixed methods approach comprising semi structured narrative interviews and the administration of several standardised health and wellbeing measures. Questions were designed to elicit material relating to women's health, social and mental wellbeing, experiences of mothering, family histories, alcohol and other drug profiles, and experiences with the criminal justice system. In WA women were also asked about their experiences as both victims and perpetrators of violence.

Some findings from WA

Eighty four Aboriginal mothers were interviewed in five prisons across the state, two metropolitan and three regional prisons. Many women we interviewed had experienced multiple trauma in their lives including family violence, the premature death of family members, removal from family as children, sexual abuse as children and sexual assault as adults. A substantial proportion had substance use issues and implicated alcohol and to a lesser extent, illicit drugs, in their offending behaviours. While a high level of alcohol use was reported, some women emphasised periods of sobriety throughout their lives, often characterised by the influence of a stable relationship with a male intimate partner or due to the birth of a child. Around a third of women had been diagnosed with a mental health disorder at some stage in their lives. Over half the women we interviewed had been in prison previously with just over a third having been incarcerated on more than 3 occasions. Intergenerational offending among the women's family members (mothers, fathers and siblings) was extensive. Of women with current partners over a third were also in prison.

All the women interviewed were mothers. Between them they had 285 children. Two-thirds of women had at least one child in their care when they went to prison, however, it was common for women with multiple children to have some in the care of others (grandparents, siblings, foster care, ex-partners). Only 15% of the women's children resided with their fathers during their mother's incarceration. It was clear that being a mother was central to many of the women's identities and most had commenced caring roles at a young age, often involving the care of younger siblings and relatives. Women were asked how they learnt to be a mother, what it meant to be a mother and what challenges they faced mothering from prison. The following woman from the West Kimberley Regional Prison described the caring she had done during her life: "Helping our mum look after my sister's children, and my brother's daughter that my mum took her up when she was only five months old. So it is something that came naturally to me and my sisters to look after our children there, our sister and brother children". For a participant from Bandyup Women's Prison being a mother meant, "Responsibility. You've got these little things and you have to bring them up; that's how I see plants. They start off as a little seed and you have to grow them up". While most women had seen or talked to their child/ren while they were in prison, being

separated from them caused many participants distress. Women missed birthdays, Christmases and other important milestones as described by a young mother in Greenough Regional Prison, “I’m not there to help my boy and give him the support that he needs from a mother. It hurt me at Christmas that I couldn’t be there to offer him a present from my hands, you know. It’s his birthday on the 17th and I already missed Christmas with him and now I’ve got to miss his birthday”. Other challenges experienced by women included concern about losing the bond they shared with their child/ren and feeling that they no longer had a say in a child’s life.

Another key finding is the extent of violence the women experienced in their lives. 88% of women reported experiencing violence in their relationships with intimate partners and others. Many grew up witnessing violence in their family home and subsequently moved into their own violent relationships. For some women, violence was so prevalent it had become ‘normalised’: “I grew up around violence so it was just normal I thought”. A significant number of women had experienced injury as a result or other negative consequences, such as the removal of their child/ren by the Department of Child Protection. Our study also showed that a high proportion of women (69%) reported using violence against others primarily but not exclusively, their intimate partners. Most violence used by the women was reportedly defensive and appeared closely related to their status as victims of violence.

Difficulty achieving parole was a central theme to emerge. Some told us they no longer attempted going for parole: “Waste of time. They still going to knock it back”. For those who were knocked back, reasons included a past history of violence or fighting while in prison, inability to provide evidence of stable accommodation for release, failure to complete treatment programs or to illustrate change had occurred after participation in a program. In some cases, programs directly targeting women’s treatment needs, i.e. a violence intervention program, were not available and this impacted on women’s parole chances. Some women chose to do their full sentence because they were unsure if they would manage to meet all their parole requirements or because they felt they needed the time to grow: “I thought it was in my best interest to just do my full term ... I felt I wasn’t ready and I needed to be more in prison to really find myself, what my purpose in my life was”. Others believed that Aboriginal women were discriminated against in relation to parole: “Because they sort of judge the Aboriginal girls, and this is head office, the parole board. They judge us on our past history. They don’t take into consideration that we’re mothers”.

It is important to note that despite the challenges these women had faced in their lives and in prison, they displayed a high level of resilience: “I’ll never give up. I’ll always soldier on”. They also spoke about the many hopes they had for their futures which included, for example, finding employment, obtaining their driver’s license, being a ‘good’ mum, spending and appreciating quality time with their children, staying away from alcohol and other drugs, and never returning to prison. As one woman from Greenough Regional Prison summed up: “My hopes are really, really high for leaving here and just getting out, working and doing the right thing and make mum and dad proud. Do the right things, work and give my kids everything. I want to buy a block of land. I want to build a house. That’s for my kids. I want to work, do the right thing.”

Other research projects

I am a Chief Investigator on a project funded through Healthway called, Alcohol, fighting and offending: interventions targeting Aboriginal girls. The project concept arose out of findings from a former Healthway project, Drinking in the Suburbs: the Experiences of Aboriginal Young People’ (DITS), which revealed a high rate of harms experienced by participants brought about by fighting, drinking and offending. While there were similarities in experiences between girls and boys, important differences were noted. The current project explores in more depth, Aboriginal girls’ involvement in fighting, drinking and offending. It commenced in August 2015 and is a three year qualitative project. It is a collaboration between the Aboriginal Alcohol and Drug Service (AADS) and researchers from the National Drug Research Institute at Curtin University (NDRI). It seeks to generate knowledge about Aboriginal girls’ experiences of and attitudes towards fighting, drinking and offending, and to identify intervention points and strategies for preventing the progress of behaviours that increase the potential for negative consequences among this group. By interviewing Aboriginal girls between the ages of 10-18 years and empowering them to take a lead role in promoting health messages, the project will create a comprehensive picture of Aboriginal girls’ experiences.

Findings will inform the development of a training package to improve service provider and community knowledge about issues facing the girls, and provide a framework to guide future health promotion initiatives targeting this group;

the package will potentially be transferrable to other settings. It is intended that use of the training package will endure after the life of the project and result in continual improvements in the health status of Aboriginal girls.

I am also a Chief Investigator on the NHMRC funded project Aboriginal and non-Aboriginal women perpetrators of violence: a trial of a prison-based intervention (Beyond Violence). The study is a collaboration between leading Australian and United States researchers involving a trial of a gender-specific and trauma-informed intervention (Beyond Violence) developed for women convicted of violent offences that targets substance use, mental health and violence. The study will implement and evaluate this innovative and intensive multi-component prison-based intervention among Aboriginal and non-Aboriginal women prisoners with histories of violence. Preventing the imprisonment of Aboriginal women is important as these women are often the main carers of their own children, the children of other relatives, and extended family network members. If effective, substantial benefits will be forthcoming for individuals, their families and the community and, because it costs around \$85,000 per year to keep an adult incarcerated, it would be highly cost-effective.

Team Investigators



Paul Simpson - IOHR-CBG Coordinator

I was born in Sydney and mostly grew up in Gosford on the traditional lands of the Wanangine/Guringai peoples. I'm the grandson of English immigrants on my father's side and have Scottish ancestry on my mother's, extending back to the McGregor Clan. I acknowledge my heritage positions me with a privilege that continues to provide me and many non-Indigenous people benefit owing to past and continuing forms of colonialisation.

My research interests have centred on health, marginalisation and identity within state institutional and civil society contexts. In the final months of completing my PhD I joined the IOHR-CBG as the program coordinator.

I came on board half way through the project and as coordinator I took care of the less glamorous yet important administrative tasks of the project, from refining and implementing processes related to governance and budget procedures to organising travel and training opportunities for Team Investigators. Throughout the project I convened annual team meetings and symposia held in Canberra, Perth, Cairns and Sydney which brought the team together to showcase the breadth and importance of their research as individuals and as a collective. It also gave us a chance for knowledge sharing and at times to unwind and vent on the joys and challenges of being post-graduate students and early career researchers. Learning went two-ways, at times finding me with a mentor hat on and many other times as the student.

Along the way I was involved in various projects as investigator, research support, and author. I was an investigator on a project that assessed the views on prison alternatives. Using a deliberative research methodology (i.e. Citizens' Juries) in three Australian cities, this study questioned how we, as a critically informed community, could explore a range of incarceration

alternatives including Justice Reinvestment to respond to offending. It also examined the thoughts of senior public officials and policymakers on the outcomes of the Citizens' Juries. This research method is currently being developed to assess health research priorities and ethical issues among key stakeholders in prisoner health research, including Aboriginal and non-Aboriginal prisoners.

Other projects I have been involved in include: an exploratory case study of Justice Reinvestment in the town of Cowra led by IOHR-CBG member Jill Guthrie; reviewing the international evidence on the adverse health effects of prison cell crowding; exploring the sexual health and safety of sister-girl and trans women in men's prisons; and updating the [Indigenous offender health review](#) published in the Australian Indigenous HealthInfoNet journal. I also (co)authored journal publications on hepatitis C treatment in prison, views on prison alternatives, sexual coercion in prison and violence in lives of incarcerated Aboriginal mothers in Western Australia.

The rewarding aspects of the IOHR-CBG were being able to witness the research program and networks grow and the talent of Team Investigators flourish as their research progressed and post-graduate degrees became awarded. This evolution, no doubt, has helped consolidate a resilient foundation and strong commitment among Team Investigators and others to this vital field of research.

Team Investigator Outputs

Journal publications

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Team Investigator Outputs

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Team Investigator Outputs

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Doctoral and Master's theses

Awarded

Doyle M. Alcohol and other drug interventions in Australian prisons for Aboriginal and non-Aboriginal men [Master of Public Health]. School of Population Health, University of Western Australia - awarded 2014.

Team Investigator Outputs

Saulo D. [Infectious diseases among marginalised populations](#) [Master of Applied Epidemiology]. National Centre for Epidemiology and Population Health, Australian National University - awarded 2015.

Williams M. [Connective Services: Post-prison release support in an urban Aboriginal population](#) [PhD]. School of Public Health and Community Medicine, University of New South Wales - awarded 2015.

Continuing / submitted

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Jones J. Exploring the pathways to contact with juvenile justice: Developing a profile of the risk factors to support a strategy for change [PhD]. School of Paediatrics and Child Health, University of Western Australia – submitted 2016.

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Commonwealth Department of Health and Ageing, Returning Home, Back to Community from Custodial Care, Muru Marri UNSW Team Investigator, \$100 000 Commonwealth Department of Health and Ageing, Returning Home, Back to Community from Custodial Care, Muru Marri UNSW; Haswell M, **Williams M**, Blignault I, Grand Ortega M, & Jackson Pulver L.

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Aboriginal and Torres Strait Islander Healing Foundation, A resource for Collective Healing for Members of the Stolen Generations: Planning, implementing and evaluating effective local responses, Muru Marri UNSW 2015-18 Blignault I, Jackson Pulver L, Fitzpatrick S, Arkles R, **Williams M**, Haswell M, & Grand Ortega M.

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Conference Scholarship – HEP DART (2015). **Lafferty L**.

[Aboriginal and non-Aboriginal women perpetrators of violence: a trial of a prison-based intervention \(Beyond Violence\)](#) (2016-2020), NHMRC, Butler T, Schofield T, Kubiak S, **Wilson M**, Barrett E, **Jones J**, Sullivan E, **Simpson PL** (AI).

Conference Scholarship – 10th Australasian Viral Hepatitis Conference (2016), **Lafferty L**.

Conference Scholarship – 5th International Symposium on Hepatitis Care in Substance Users (INHSU) (2016). **Lafferty L**.

Conference Scholarship – National Hepatitis Health Promotion (2016). **Lafferty L**.

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Team Investigator Outputs

NSW Government Family and Community Services, Reducing homelessness following transition, Rapid Review (2016). Conroy E, and **Williams M**.

NSW Government Family and Community Services, Living Our Ways Community-driven Aboriginal and Torres Strait Islander disability research program, First Peoples Disability Network; Avery S, Travaglia J, Haswell M, **Williams M**.

IOHR-CBG symposia and annual meetings

Inaugural meeting, Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, October 21, 2009

Annual meeting, Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, May 4, 2010

Annual meeting, Kirby Institute, UNSW Cliffbrook Campus, Sydney, August 17, 2011

Annual meeting, Australian National University, Canberra, September 19, 2012

Symposium and annual meeting, National Drug Research Institute, Curtin University, Perth, October 4, 2013

Symposium, National Indigenous Health Conference, Cairns, November 27, 2013

Symposium and annual meeting, Kirby Institute, UNSW, Sydney, November 26, 2014

Symposium, Public Health Association of Australia 2nd Complex Needs Conference, Canberra, November 18, 2015

Team Investigator Outputs

Web resource

A partnership between the IOHR-CBG and the Australian Indigenous HealthInfoNet saw the [offender health web resource](#) established in April 2010.

The Australian Indigenous HealthInfoNet aims to contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islanders and other Australians by making knowledge of Aboriginal and Torres Strait Islander health readily available to the workforce. Up to date, relevant information can then be used to inform practice, policy, research, teaching and general community understanding.

The key functions of the offender health section were to:

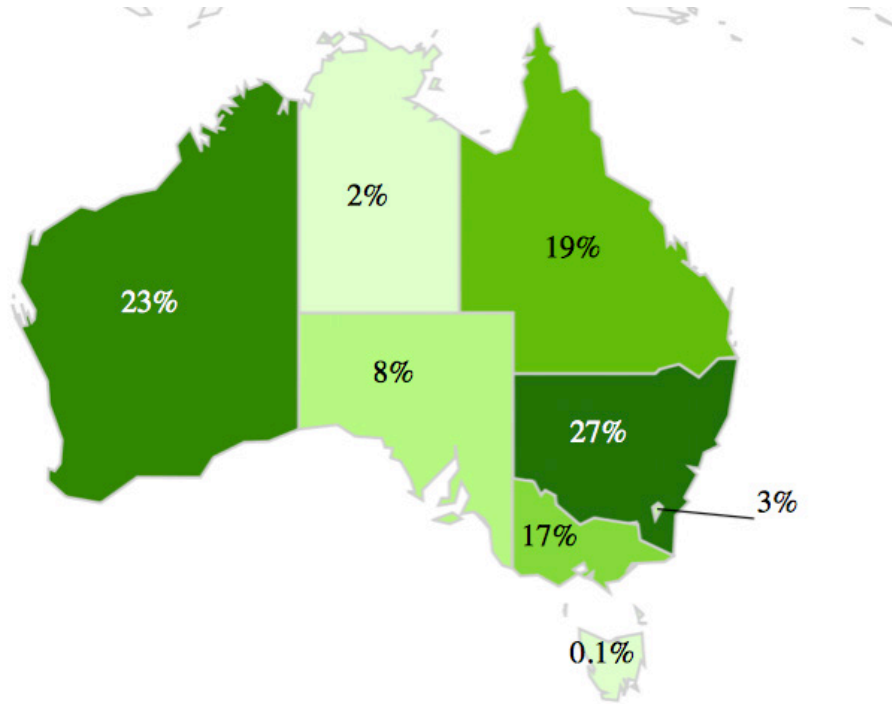
- Provide a collection of relevant research and other information pertaining to the health of Aboriginal and Torres Strait Islander people who come into contact with the criminal justice system;
- Collation, translation and synthesis of the information gathered to create new and more accessible knowledge about Aboriginal and Torres Strait Islander offender health;
- Dissemination of this knowledge via the internet;

Between May 2010 to December 2015, 18,978 offender health section sessions were engaged in by individuals. This represents 3,355 sessions per year or nearly 10 sessions per day.

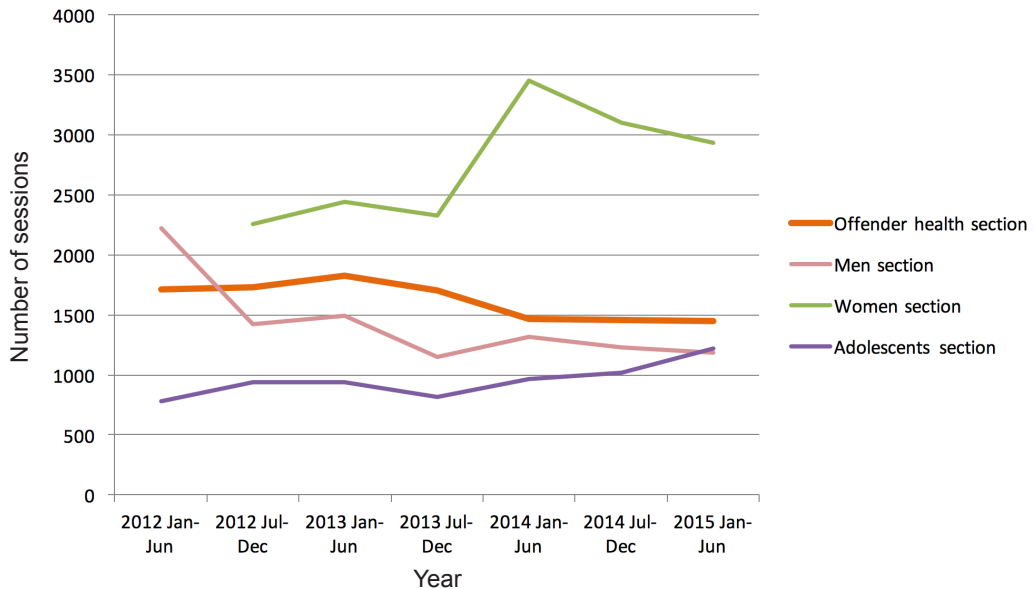
While the offender health web resource caters to a niche audience, the number of sessions since being established indicates that the resource successfully provided relevant and timely information to users.

Team Investigator Outputs

Offender health web resource use by state/territory % of total sessions



Offender health web resource use: Number of sessions by year in comparison to men, women and adolescent sections.



IOHR-CBG Members 2009 - 2016

Name	Affiliation	Status
Tony Butler	Kirby Institute, UNSW Sydney	Chief Investigator
Mick Dodson	National Centre for Indigenous Studies, Australian National University	Chief Investigator
Michael Levy	Justice Health Services, ACT Health	Chief Investigator
John Kaldor	Kirby Institute, UNSW Sydney	Chief Investigator
Steve Allsop	National Drug Research Institute, Curtin University	Chief Investigator
Dennis Gray	National Drug Research Institute, Curtin University	Chief Investigator
Kay Wilhelm	St Vincent's Health UNSW	Chief Investigator
Fadwa Al-Yaman	Australian Institute of Health and Welfare	Chief Investigator
Ted Wilkes	National Drug Research Institute, Curtin University	Mentor
Stuart Kinner	University of Melbourne; Griffith University	Mentor
Peter Schofield	Hunter New England Local Health District	Mentor
Jane Freemantle	University of Queensland	Mentor
Ian Anderson	University of Melbourne	Mentor
Steve Larkin	Charles Darwin University	Mentor
Beverley Raphael	Australian National University	Mentor
Jill Guthrie	Australian National University	Team Investigator
Nerelle Poroch	Winnunga Nimmityjah Aboriginal Health Service	Team Investigator
Jocelyn Jones	National Drug Research Institute, Curtin University	Team Investigator

IOHR-CBG Members 2009 - 2016

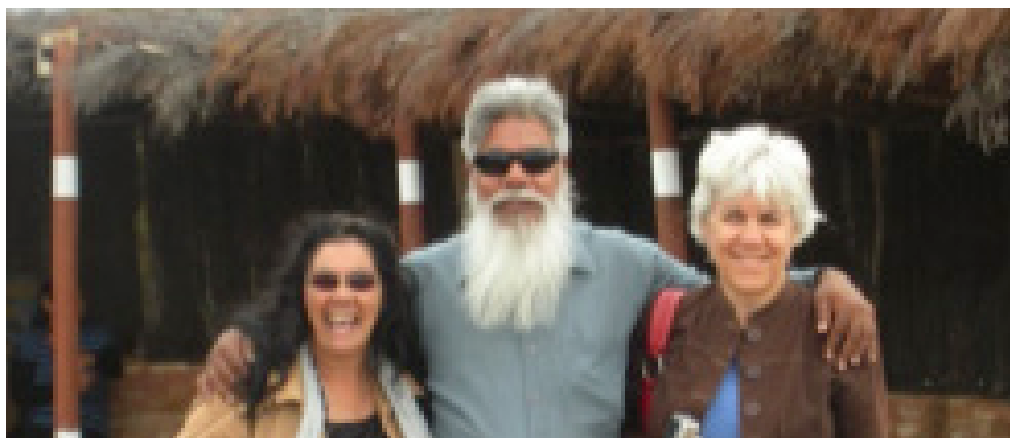
Name	Affiliation	Status
Megan Williams	Muru Marri, UNSW Sydney; Centre for Health Research, Western Sydney University	Team Investigator
Michael Doyle	Kirby Institute, UNSW Sydney	Team Investigator
Dina Saulo	National Centre for Epidemiology and Population Health, Australian National University; Kirby Institute, UNSW Sydney	Team Investigator
Lise Lafferty	Kirby Institute, UNSW Sydney	Team Investigator
Mandy Wilson	National Drug Research Institute, Curtin University	Team Investigator
Brooke Heard	University of Newcastle, Hunter New England Local Health District	Team Investigator
Ray Lovett	College of Medicine, Biology and Environment, Australian National University	Team Investigator
Corinne Walsh	National Centre for Indigenous Studies, Australian National University	Associate
Kurt Andersson-Noorgard	Sydney Local Health District	Associate
Phyll Dance	College of Medicine, Biology and Environment, Australian National University	Associate
Andrea Macrae	HealthInfoNet, Edith Cowan University	Associate
Mofi Islam	La Trobe University	Associate
Tessa Plueckhahn	University of Melbourne	Associate
Jocelyn Grace	National Drug Research Institute, Curtin University	Coordinator (2009-10)
Paul Simpson	Kirby Institute, UNSW Sydney	Coordinator (2012-15)

IOHR-CBG Scrapbook

IOHR-CBG Inaugural meeting 21 Oct 2009



Nowanup Farm 2009 (WA) Diversion program for juveniles



IOHR-CBG Scrapbook

Annual Team Meeting Canberra – 2012



IOHR-CBG Scrapbook

Justice Reinvestment forum Canberra – 2012



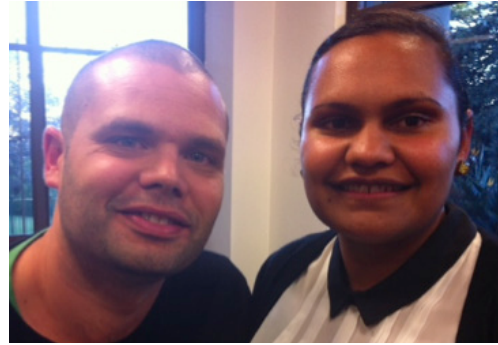
Annual Team Meeting Perth – 2013



IOHR-CBG Scrapbook

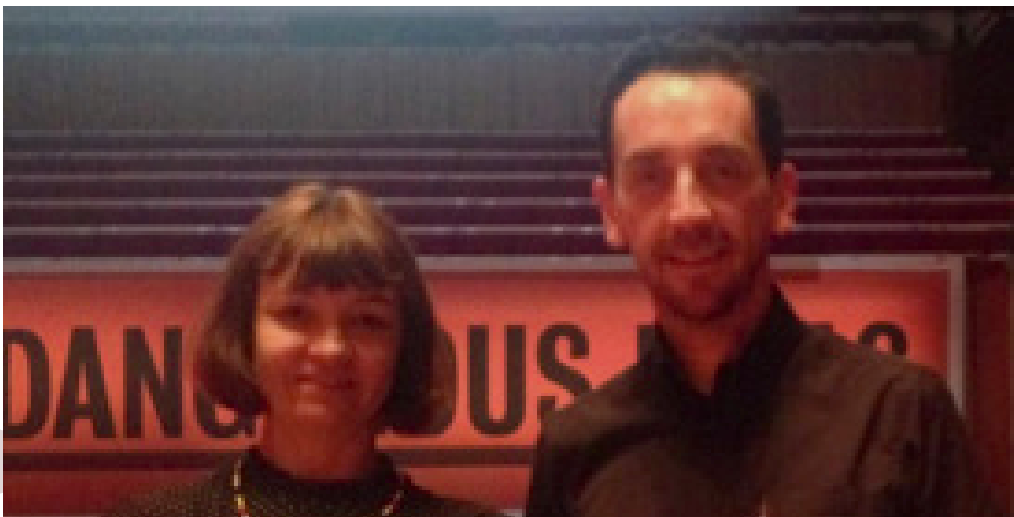
NAIDOC week

The Kirby Insitute – 2013



Festival of Dangerous Ideas Panel

Time to Get Soft on Crime – 2013



IOHR-CBG Scrapbook

IOHR-CBG Symposium

National Indigenous Health Conference, Cairns – 2013



NCIS Higher Degree Research Retreat Canberra – 2013



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Cowra Justice Reinvestment Project Cowra – 2013



Cowra Stakeholder
Forum on Justice
Reinvestment
26-27 May 2015.

IOHR-CBG Scrapbook

Annual Team Meeting Sydney – 2014



IOHR-CBG symposium PHAA Complex Needs conference – 2015



IOHR-CBG Scrapbook

PhD Submission & Graduation Ceremony Time – 2015



END.

