

Supplementary File 1: Indigenous Research Excellence Criteria

COMMUNITY ENGAGEMENT: This project is led by a majority of Indigenous researchers who have been discussing this proposal regularly with key stakeholders since its inception. The team members identified the issue as a priority through shared experiences working ‘in the real world’ in complementary sectors of Indigenous mental health and reproductive and child health. We have been using a structured plan for communicating with key stakeholders during the scoping stages of developing this proposal, which has formal letters of support from with Australian Medical Services Alliance Northern Territory (AMSANT) and the Aboriginal Family Health Research Partnership Steering Committee (SA) (AIMitchell is CEO) and strong relationships within the Victorian Aboriginal Health Service (VAHS) (CI Gee is research director). We will continue these processes through 2017, including accepting an invitation to present learnings from the scoping review and VAHS ‘breaking the cycle of trauma’ qualitative project in Victoria, South Australia, the Northern Territory and at international and national meetings. The research will be guided by an Advisory Group which builds on existing relationships and includes representatives from community controlled health services, communities, and clinical settings. We will formally engage potential partners by using existing relationships and sending appropriate formal communication to community controlled health service (CCHS) boards and Chief Executive Officers (CEO) and other maternity care sites seeking their formal support and /or discussion on the study. We will also establish a communication strategy with key stakeholders from all Australian jurisdictions, to provide information about the project and to invite participation of nationally representative stakeholders in the workshops. Our team has extensive expertise in community engagement and developing relationships to facilitate an ‘intervention ready’ environment will be a key outcome from this project (supported by AI McLachlan). We recognise strong relationships as a critical foundation necessary for addressing emotionally challenging issues such as complex trauma, which can impact on program staff.³⁸ As partners in research, this project includes funding to support community member involvement, recognising the value of equal contributions and enable ongoing commitment to the research, which can be a major challenge in community-based participatory action research (CBPAR) projects.³⁶ Our team are committed to working collaboratively and CBPAR methods are core to this proposal. CBPAR methods are strongly value orientated³⁶, and provide a vehicle for redressing power imbalances in research and working respectfully with Indigenous communities, de-colonising’ research, building ownership.³⁶ We are conscious of the need to ensure that Indigenous communities are positively represented³⁷ – a critical factor in any research involving discourse about complex trauma, as seen with the responses to the *Little Children are Sacred* report in the Northern Territory. We have extensive expertise in conducting Indigenous health research and we know that genuine community engagement takes time. At all times, the research team will be open to discussing the study with the boards and or CEO and service staff. Many CCHS have developed protocols for working with researchers, and these will be followed by the research team. During the research process, Indigenous researchers will use culturally appropriate methods and tools to facilitate in-depth discussions and generate authentic data which reflects Indigenous perspectives and values.

BENEFIT: Intergenerational trauma is a key priority identified by communities, as evidenced at the 2016 ‘Lowitja conference’ and this study validates community concerns. There is currently limited Indigenous-specific or general evidence about strategies to support prospective and new parents at a critical transitional life-course stage which suggests a critical ‘intervention’ point for prevention where new cycles begin and open up a rare opportunity for ‘healing the past’. Development of culturally acceptable, trauma-informed screening methods is needed to lobby for culturally acceptable feasible support services for families with complex trauma. This project will assess the risks and benefits of universal and targeted screening, which is particularly important in a condition which is expected to have high prevalence (over 50%). Concurrent development of acceptable and feasible support strategies will ensure that support strategies are ready to be trialled if screening is deemed appropriate, in line

with the principles of population-based screening. Indigenous researchers are well-placed to demonstrate leadership in community-led approaches and generate evidence which is of benefit to both Indigenous and non-Indigenous families. We have included activities to ensure this formative research is translatable. This includes using an IM framework, preparing plain language summaries and reports to present the findings of the research in a range accessible formats through a variety of mediums, including face-face meetings, relevant websites and academic journals. This project offers benefits for partner organisations, with an opportunity to demonstrate leadership in trauma-informed and trauma-specific reproductive and child health services. There will be opportunities for shared learning through the partnership approaches inherent in the research plan. There will be benefits for participants in the program, as therapeutic support will be offered in line with the available evidence. We aim to make the experience of participation rewarding and enjoyable, and in line with CBPAR principles, recognise the contributions of participants as partners in the research to the degree they are comfortable with. This project includes plans for supporting the wellbeing of the whole team (including community-based members) through the duration of the project. This will include deliberative strategies for building trust and strengthening relationships, supportive induction and review processes for addressing career and personal needs, active strategies to facilitate capacity exchange between Indigenous and non-Indigenous team members, and clear debriefing/counselling options (where appropriate).

SUSTAINABILITY AND TRANSFERABILITY: Our research team are ideally placed to maximise the sustainability of this research, with links and expertise in community and clinical settings. The research plan is designed using an Intervention Mapping framework which will guide this preliminary systematic process for developing acceptable and feasible interventions, towards the next stages of testing the effectiveness of interventions. Following this developmental work, we have the expertise, community and service linkages across three state and territory jurisdictions to implement and evaluate interventions in a range of settings. Our team brings together expertise in clinical programs, development of resources, training, program implementation, policy and program evaluation necessary for successful translation. Importantly, a major strength of the CBPAR approach is that improves the likelihood that evidence will be transferable, and the engagement of partners maximises the chances of sustainability. We anticipate that any effective interventions are likely to be highly cost-effective, and if this is the case, strong evidence will be needed to ensure sufficient funds are allocated to support prospective and new parents. We have planned this developmental work with this potential endpoint in mind to maximise sustainability and transferability.

BUILDING CAPACITY: This project offers substantial capacity-building opportunities at all levels of research and for knowledge exchange between Indigenous and non-Indigenous researchers. The team includes highly experienced Indigenous and non-Indigenous researchers in mental health and trauma (CI Herrman, CI Atkinson), family health (CI Brown, AI Andrews), social work and systems (CI Arabena) and parenting research (CI Nicholson, AI McLachlan); who are well placed to support early-mid career researchers in family health (CI Chamberlain, CI Glover, AI Andrews) and psychology (CI Gee, CI Gartland, CI Clark, AI Atkinson). We will also discuss capacity-building needs with partner organisations, and how we can support skill development of staff in this research project. The project also includes opportunities for postgraduate research (PhD) and other Indigenous research staff to develop skills in research (project coordinator and research assistant) and we will ensure the best possible support for all project members, including appraisal processes to support career goals.