

Family Violence, Help-Seeking & the Close-Knit Aboriginal Community: Lessons for Mainstream Service Provision

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HELP-SEEKING FOR FAMILY VIOLENCE IN ABORIGINAL COMMUNITIES

For me, the key issues are you've got to be culturally appropriate, and you've got to be in tune with community and families' behaviour patterns. You've got to know the social stuff that goes on within communities, you've got to be aware or know the community ties as in community relationships... what you're related to and all that goes on with it. But also make yourself available to attend community or the area where you are working in - specific Aboriginal events. Like balls, community BBQs, community meetings etc, etc

- focus group participant

Help-seeking has been defined as '...any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress' (Gourash 1978, p.414). The presupposition of any family violence intervention and prevention initiative is that help-seeking by or on behalf of a victim of family violence should result in increased safety and an escape from the effects of such violence. There is also the presupposition that help-seeking by or on behalf of a perpetrator of family violence should result in assistance and support to change his behaviour.

Research conducted by Hunter (1993), Tatz (2001) and more recently, Farrelly (2008), has found that Aboriginal¹ help-seeking following suicide attempts, depression or self-harming behaviour can be complicated and even impeded by issues relating to characteristics of the close-knit nature of Aboriginal communities, and the inappropriateness of the current western frame of suicide prevention and response. Other research conducted by Farrelly and Lumby (2008) relating to Aboriginal access to formal help sources for ageing and disability needs also highlighted help-seeking issues. This research particularly noted a general lack of help-seeking skills and a reluctance to invite the scrutiny of mainstream service providers into homes, lives and communities.

As with suicide and self-harming behaviour, Aboriginal family violence is a sensitive and complex issue. Help-seeking can be compromised by factors like shame associated with the violence, fear of retaliation, family and cultural pressures to retain the family unit, community tolerance of violence, gaps in service provision, poor responses to those seeking help, threats to confidentiality in small communities, as well as cultural and language barriers.

¹ As this paper is based on research conducted in NSW amongst Aboriginal people, the authors have deliberately used the term 'Aboriginal people' to refer to this cultural and ethnic group, rather than the broader term 'Indigenous people' which would encompass Aboriginal and Torres Strait Islander peoples. The authors have used the term 'Indigenous people', where appropriate.

This paper examines attitudes and experiences regarding help-seeking by Aboriginal people affected by family violence, particularly in relation to the close-knit nature of Aboriginal communities. The paper discusses implications of findings arising from a small, qualitative research project, recently conducted in an undisclosed New South Wales (NSW) region. The paper explores the foundation issues of Aboriginal community and kinship network relationships, and cultural competence. The authors aim to provide both Aboriginal-specific and mainstream formal help sources with new directions in providing accessible and appropriate assistance, support and protection.

ABORIGINAL FAMILY VIOLENCE

Typically, the term 'domestic violence' is referred to as violence between intimate partners, including physical, sexual, emotional, social and financial abuse (Miller Mahon Consulting and Marketing 1991; Laing 2000). 'Family violence' is commonly preferred by many Australian Aboriginal people to describe a broader range of relationships in which violence may occur. The Aboriginal and Torres Strait Islander Commission document, *Tjunparni: Family Violence in Indigenous Australia* (Mow 1992) utilises the term 'family violence', allowing for the inclusion of domestic violence occurring within a nuclear family unit, as well as violence occurring within a larger family network that comprises aunts, uncles, grandparents, cousins and other members of the wider Indigenous community. This definition also accommodates the complex interlinking and intergenerational nature of such violence, both within a family and community framework.

Gaining an accurate picture of the extent of Aboriginal family violence across the population is difficult. This is due to varying definitions of violence, gaps in the recording of racially identifying data and the under-reporting of incidents (Aboriginal & Torres Strait Islander Women's Task Force on Violence [ATSIWTFV], 1999). There is some limited quantitative information available, however, as discussed below.

The *National Aboriginal and Torres Strait Islander Social Survey 2002* (Australian Bureau of Statistics 2004) found that approximately one in four Indigenous people aged 15 years or over reported being a victim of physical or threatened violence in the year prior to the Survey, with even higher rates experienced

by those who were aged 15 to 24 years, those who had been removed from their natural families, had a disability, had experienced a high number of stressors, lived in low income households and/or were unemployed. The Survey also found that Indigenous people were more than twice as likely to experience physical or threatened violence, than non-Indigenous people. Indigenous women and men were 35 and 22 times as likely to be hospitalised due to family violence-related assaults, than non-Indigenous women and men. (Al-Yaman *et al.* [2006] have also reported that approximately 50% of hospitalisations of Indigenous women for assault were related to family violence.) In the Survey, Indigenous women and men were nearly ten and nine times more likely to die as a result of assault as their non-Indigenous counterparts. It has also been reported that Indigenous women are more than 45 times more likely to experience family violence than non-Indigenous women in Australia (Government Response 2004, cited in Victorian Aboriginal Legal Service Cooperative [VALSC], 2005).

Despite such alarming figures, it has been estimated that the true prevalence rates or incidence of Aboriginal family violence are likely to be much higher than what is captured in officially recorded data (Al-Yaman *et al.* 2006). Qualitative reports taken from community consultations regarding the problem certainly support this notion. For example, Thorpe, Solomon and Dimopoulos (2004, p.22) found that Indigenous workers consulted during the course of their research described Aboriginal family violence as an 'epidemic', increasing in regularity and severity as it spreads across their communities. Similarly, Taylor and Putt (2007) in their research reported that Indigenous participants stressed that sexual violence is endemic in many Indigenous communities.

To date, the majority of the Aboriginal family violence research conducted around the country has focused on the nature of the violence, rather than quantifying its extent. The Human Rights and Equal Opportunity Commission report into family violence in Indigenous communities (2006) spoke of the need to focus on the complex frame of dynamics upon Indigenous women's lives, including violence, poverty, trauma, grief and loss, cultural and spiritual breakdown. Judy Atkinson, in her text, 'Trauma Trails', has also commented that to 'understand and respond to the problem of violence in Indigenous families, it is imperative to look beyond the obvious physical violations' (2002, p. 92). Mr Tom Calma (2006), the Aboriginal and Torres Strait Islander Social Justice Commissioner, has spoken of the need to

adopt a holistic approach to address the causes and the consequences of family violence in Indigenous communities.

Despite the amount of work already conducted in the area of Aboriginal family violence (see for example, Aboriginal Child Sexual Assault Taskforce 2006; Gordon, Hallahan & Henry 2002; Pugh 2002; Wild & Anderson 2007), gaps in knowledge still exist regarding the violence that is occurring and the capacity of communities to effectively address the problem. Bopp, Bopp and Lane (2003, p.1) refer to the '...lack of clear understanding, at many levels, of the true nature and complexity of domestic violence and abuse in Aboriginal communities as a social phenomenon'.

Social policy has long adopted a perspective that accommodates colonisation, oppression and dispossession in the analyses of many Indigenous social issues, however, the majority of policy and service responses to Aboriginal family violence have failed to follow suit, being largely based on dominant western constructions of domestic violence (Cheers *et al.* 2006). The theoretical frameworks that have been put forward to explain violence between partners in the general population have developed out of research conducted predominantly in non-Indigenous populations and do not '...readily translate cross-culturally or adequately address the complex range of factors which underlie the high level of violence found in Indigenous communities' (Memmott *et al.* 2006, p.8). As Atkinson notes, 'research is only presently emerging that specifically explores the issue of trauma within Aboriginal and Torres Strait Islander contextual frameworks' (2002, p. 24).

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STUDY METHODOLOGY

The study region consists of a number of discrete, segregated and relatively isolated Aboriginal communities in both urban and regional areas, as well as Aboriginal peoples living dispersed throughout the non-Aboriginal community. The region boasts both mainstream and Aboriginal-specific agencies providing services dedicated to Aboriginal family violence intervention and prevention.

Ethics approval was received from the Aboriginal Health and Medical Research Council Ethics Committee in 2008 to conduct interviews and focus groups targeting relevant Aboriginal and non-Aboriginal service providers and any other interested members of Aboriginal communities within the region. In keeping with the research guidelines from both the Aboriginal Health and Medical Research Council Ethics Committee and the National Health and Medical Research Council, this research project sought support from the key Indigenous organisations within the study region and

specifically those that worked closely with the Aboriginal communities in providing services for family violence. This research project sought support and advice from the Aboriginal community-controlled organisations to ensure the research was of benefit to the community. Community ownership over research is an important factor in culturally appropriate research methodologies (Smith 1999; Fredericks 2008, p. 7).

Participation in this research project was voluntary and anonymous. Participants were recruited through notices sent to relevant Aboriginal and non-Aboriginal service providers. Themes arising from eight individual interviews were reviewed in two focus group discussions, with a further thirteen participants. Reciprocity was important to this research process, therefore, it was essential that all involved in the interview process were able to review and prioritise the emerging themes. As Smith (1999, p. 176) notes, 'Researchers are in receipt of privileged information'. With this in mind, the researchers followed guidelines of culturally appropriate and ethically sound research practices.

The research project included discussion of issues relating to help-seeking from both informal and formal help sources. Defined simply, for the purpose of the research project, the term 'informal help source' refers to friends, family and other members of the community who are not formally trained as a help source for family violence behaviour. The term 'formal help source' refers to services and professionals, both Aboriginal-specific and mainstream, who have been formally trained as help sources for family violence behaviour. The project also considered issues relating to the 'informal-formal help source interface' (Farrelly 2008); the point where informal help sources would ideally communicate or connect with formal help sources, generally for the purpose of gaining advice, assistance or 'transferring' the care of an individual affected by family violence. This paper focuses on the issues identified by the project relating to Aboriginal help-seeking for family violence issues from formal help sources, and how the close-knit nature of the Aboriginal community impacts on such help-seeking.

DATA ANALYSIS AND KEY THEMES

A review of the themes arising from the interviews was conducted with research participants in subsequent focus group discussions. This led to an identification of the key issues or knowledge that participants felt mainstream formal help sources must address or obtain, in order to be more accessible to and effective for Aboriginal people experiencing family violence. This process resulted in the condensing of various issues down to two basic elements:

- being culturally appropriate' = cultural competence
- understanding how Aboriginal families and communities work in terms of relationships' = Aboriginal community and kinship network relationships.

The issue regarding cultural competence is certainly not new, yet participants unanimously reported that many mainstream formal help sources are still not successfully addressing this issue. As one focus group participant stated:

...cultural competence and an understanding of Aboriginal community and kinship network relationships are the foundations of successful service provision...

They think 'yeah we've got cultural awareness training, so we're culturally appropriate'. They're talking about a two-hour training session that their staff do when they start work, and that's if you're lucky, and that's just not enough. Or they've got an Aboriginal worker, who suddenly has to become the

holder of all knowledge relevant to anything relating to Aboriginal clients – they don't try and take any of this knowledge on themselves, into the actual service provision.

- focus group participant

Similarly, participants felt that mainstream formal help sources held romantic notions about Aboriginal communities and largely misunderstood the nature of kinship networks and relationships, and the impact these can have on help-seeking for family violence issues. As one interview participant stated:

They don't understand how the Aboriginal community works, how it came about in the first place, why factionalism occurs, what it is even, what it means, why we have these obligations to family and community, why I can't go to such-and-such a service that's run by that mob...

- interview participant

Despite these being basic issues, it was argued by participants, and is asserted in this paper, that cultural competence and an understanding of Aboriginal community and kinship network relationships are the foundations of successful service provision for mainstream formal help sources wanting to be accessible to Aboriginal people experiencing family violence. A failure to successfully lay these foundations - to achieve cultural competence, and to understand and adopt community and kinship network relationships into service provision - results in the inability of the mainstream formal help source to build further advances in service provision with any efficacy. Cultural competence is defined within the Aboriginal Cultural Competence Framework (2008, p. 23) as:

...a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations.

Further, King, Sims and Osher (2007) have operationally defined cultural competence as:

the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

THE CLOSE-KNIT ABORIGINAL COMMUNITY

I think because it's such a close-knit community. Most communities are, as you know. And you know, whatever happens, everyone knows about it...

- interview participant

The term 'Aboriginal community' appears frequently in the literature, notably in guidelines, policies and strategies relevant to Aboriginal health and well-being. 'Community' as a concept in general, typically '...invokes notions of an idealised unity of purpose and action among social groups who are perceived to share a common culture' (Peters-Little 2000). As a concept relating to Aboriginal people, 'community' certainly invokes these notions; however, a perceived synonymous relationship between 'community' and 'culture' typically lends itself to the definition of the Aboriginal community by Aboriginal culture. The origin and establishment of these 'communities' actually makes the true existence of such notions very difficult.

Up until the 1970's, assimilation policies, which sought to assimilate Aboriginal people into white society, through removal from traditional lands and preventing use of Aboriginal language or traditions, actually enforced segregation laws, which kept them isolated on missions and reserves. Such 'institutions' were typically comprised of people who had been involuntarily displaced from their lands and forced to commune with others from differing cultures and languages. A change in policy, adopting the ideals of self-management and self-determination, resulted in the granting of these missions and reserves a 'freedom' of sorts with limited autonomy, forcing them to become 'communities' in name, despite the lack of voluntary association amongst members (Tatz 2001). Any cohesiveness that was evident in such 'communities' was '...institutional

and imposed, not cultural, spiritual or linguistic' (Tatz 2001, p. 36). The characteristics and dynamics common to a 'community' were not investigated, and Aboriginal notions of 'community' were certainly not taken into consideration (Tatz 2001). As Hunter (1993, p. 260) states, '...it was geographic and demographic considerations, rather than social ones, that determined definition'. When the artificial infrastructure, comprised of Aboriginal Affairs legislation, authoritarian laws and regulation, and 'mission evangelism', was removed, often nothing was substituted in its place, resulting in a 'structural vacuum', '...an absence of an overarching or binding philosophy (however bad or misguided), a lack of system, without goals beyond mere survival' (Tatz 2001, p. 36).

While ongoing fights for citizenship, land rights, and equality fill a small part of this vacuum, the general outcome for such 'communities' has been disorder. Despite this, the romanticised notion of 'the Aboriginal community' is readily put forward as the culturally appropriate and democratic medium by which funds for health and welfare programs and service delivery can be distributed, readily endorsed by government guidelines, strategies and policies (Peters-Little 2000). However, in reality, this notion is complicated by defined groups or factions within the 'community' competing for resources (Hunter 1993). Regardless, in order to access such funds, one must play the 'community game', and as Smith (1989) notes, Aboriginal people have become so adept at playing the 'community game' that many have begun to believe it.

While some of the family groupings within a typical Aboriginal 'community' may be aligned, others may be long-standing antagonists, often resulting in factionalism (Eckermann *et al.* 1992). Tatz (2001, p.137) argues that factionalism is characteristic of many Aboriginal communities and is '...often corrosive, not negotiable or remediable', impeding interpersonal relationships and interfering with a community's socio-economic progress. Influence and prestige within the faction or community are theorised to be based on reputation and also by dominating community-controlled organisations (Eckermann *et al.* 1992). Tatz (2001, p.137) cited an example of an Aboriginal community in which the erection of a sports centre has been on hold for 25-years despite the allocation of land and funds, due to competition between three factions, each of which '...would rather see it not built than see it entrusted to the 'wrong' people'. In reference to Indigenous communities, Phillips (2009) discusses

oppressed group behaviour and states that often the oppressed will take out their frustration and rage on each other. Phillips notes that this is sometimes referred to as lateral violence.

Secondly, the term 'close-knit' must be addressed. It should be noted that the use of the term close-knit does not accept the popularised notions of Aboriginal communities discussed above, as described by Peters-Little (2000), but more closely reflect the following typical characteristics of the Aboriginal 'community' (Farrelly 2008):

- members of the community are well known, closely connected and/or related to each other
- members have shared aspects of culture, spirituality, history, identity and position in society
- the community exists in a defined, contained, shared physical environment.

THE EXTENDED FAMILY AND EXTENDED COMMUNITY

As evident in the excerpt below taken from one of the focus group discussions for the research, the close-knit nature of the Aboriginal community, particularly related to kinship networks, means that family violence has the potential to affect a wide circle of people, even including those in other communities.

I personally think that when you are talking about Aboriginal violence, you're talking about violence as in a family setting. It is not one-on-one; it's the husbands, wives, the immediate family, the extended family, and also could include and go as far as the community level and also at a social level. When I say a social level I'm talking about, you may live in A town but in B town, either partner may have relatives. So the information gets out to there as well...you may have a dispute within a family...but the effects of that dispute can actually reach across the country...

- focus group participant

Bolger (1991) identified the pressures of Australian Aboriginal cultural obligations and loyalty to kin evident in some communities she investigated. She noted the reluctance of victims of family violence to leave the physical and emotional support of

families which, combined with obligations and loyalties, compel the individual to remain in the violent environment. Thorpe *et al.* (2004) recently reported on research conducted in Victoria where Indigenous workers and community members participating in focus groups were asked to identify the issues around sexual assault in their respective communities. The authors state the '...importance of family, of kinship structures and relationships were identified as factors that increase further the difficulty in acknowledging and reporting sexual assault' (2004, p.23).

Western society may be broadly regarded as placing emphasis on the individual in families and communities, valuing individual freedom and choice. In contrast, Aboriginal society places emphasis on membership of a group and the obligations and responsibilities of individuals to meet the expectations of others (Bourke & Edwards 1994). For many Aboriginal people, the family and community are of central significance, and group interests and needs are a fundamental part of an individual's identity and self-fulfilment (Lynn, Thorpe & Miles 1998). Personal identity and self-esteem is expressed in places of belonging, and one's place within the extended family, rather than individualistic characteristics or achievements (Quinn 2000).

Traditional Aboriginal society functioned by means of 'kinship' networks, which formed the basis of social relationships and maintained social order (Healy, Hassan & McKenna 1985). 'Kinship' is a term coined by non-Aboriginal anthropologists to conceptualise the complex relationships within Aboriginal cultural groups, however, is largely inappropriate as it stems from a white construction of extended family (NSW Office of the Children's Guardian, 2003). A definition of Aboriginal kinship relationships that has been credited with being closer to an appropriate description is that used by Billingsley (1992) who states, in reference to African American kinship relationships, that they are 'relationships of appropriation' and include 'unions without blood ties or marital ties'.

The traditional kinship network enabled obligations to be met without confusion, prescribing rules about what must and must not be done (Healy *et al.* 1985), ensuring the passing on of Aboriginal knowledge (Franks & Curr 1996). The kinship system has continued to evolve and adapt as part of Aboriginal

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culture, with Aboriginal families in urban and rural areas still exhibiting kinship structures that provide psychological and physical support and security (Bourke & Edwards 1994).

A key feature of kinship networks is the relationships of classificatory kin, '... whole classes of people identified by an Aboriginal person as his or her "brothers", "fathers", "sisters", "mothers"...' (Gray, Trompf & Houston 1991, p. 82). Put simply, in contrast to Western societies, where the relationships and their inherent roles and responsibilities change as an individual moves out from their immediate family to the wider community, Aboriginal societies extend the relationships held within the immediate family out onto the larger group (Bourke & Edwards 1994). A basic principle of the classificatory system of kinship is the 'equivalence of same-sex siblings', which dictates that people of the same sex and same sibling line are equivalent in relationship and terms of reference. Bourke and Edwards (1994, pp. 104-105) provide the following example:

Thus, two brothers are considered to be equivalent. If one has a child, that child views not only his biological father as father but applies the same term to the father's brother. The same principle applies to two sisters with both being mothers to any child either one bears. As a father's brother is also identified as father, the latter's children will be brothers and sisters rather than cousins... Thus a person has several fathers, several mothers, and many brothers and sisters. A mother's brother, being on the same sibling line but of the other sex, is identified as an uncle. A father's sister is an aunt.

Amongst a particular kinship group, the kinship network determines the roles, responsibilities and relationships of the individuals within that group. However, several important issues must be highlighted here. The existence and function of kinship networks varies greatly both between and within communities. Not all members of the community are members of the one network. There may in fact be many networks within a community or there may be none. The exact nature of the protocols and the extent to which they apply, to roles, responsibilities and relationships also vary greatly.

SHAME AND BLAME

Reser (1991, pp. 257-258) refers to the 'relatedness' for the Aboriginal individual that comes from such kinship networks described above, stating '...there has been little discussion of what these networks mean in terms of emotional well-being, or of how they function in terms of social support, experienced connectedness and identity, and with respect to coping and adjustment'. 'Relatedness' is important in all cultures (Pilisuk & Parks 1986), however few compare to the 'emotional and ontological intensity of particular relationships and interdependencies' characteristic of many Aboriginal cultures (Reser 1991, p. 258). The importance of 'relatedness' is more evident when we consider 'non-relatedness', discussed by Reser (p. 259):

A common, Aboriginal and particularly appropriate, descriptor for these individuals is that they are 'lost', typically without income, status, future, or meaningful connections to place or people. While such a circumstance might result in extreme loneliness in a Western cultural context, in an Aboriginal context it appears to engender a particularly stressful and painful relational vertigo, with dramatic and culturally different emotional concomitants and consequences.

In this context, it can be seen that the shame and fear of 'non-relatedness' and its repercussions as described in the excerpt below by a focus group participant, can serve as major obstacles to help-seeking for Aboriginal people experiencing family violence.

...we've had a couple of incidents lately with women being severely bashed. Police have come, there's been the AVO obviously, it's gone to court and the woman has been immediately ostracised from those communities and given an incredibly terrible time.

- *focus group participant*

Shame has been identified in a number of studies into Aboriginal family violence. For example, the Aboriginal and Torres Strait Islander Women's Task Force on Violence (1999) found that obstacles to help-seeking included shame and fear of reprisals within the community. Consultations conducted in Tasmania (Pugh 2002) found that access to help sources is impeded by secrecy within families, shame,

ostracism of families affected by family violence, and the general lack of acknowledgement of violence or willingness to intervene despite an awareness of its occurrence.

Shame is also closely related to blame – typically for seeking help that invites or results in the involvement and intervention of government services and systems, such as child protection services or the legal system. Focus group participants indicated that many Aboriginal people experiencing family violence are reluctant to seek help for fear of negative repercussions, such as the removal of children or incarceration of perpetrators. Given the tragedy of the Stolen Generations, the legacy of generations of child removal as part of past assimilation policies, the current disproportionately high rates of Aboriginal children in out-of-home care and Aboriginal people in custody, such fears are understandable and often justified.

Focus group participants stated that if help-seeking does result in such negative repercussions, then the Aboriginal victim of family violence who sought help is frequently blamed by other members of the community for having brought about such a situation. This has also been noted in the literature. For example, research conducted in NSW by Davis and Taylor (2002a, 2002b) found common themes of help-seeking for Aboriginal family violence having the potential result of hostility and retaliation within the community. Shame and blame can result in a shunning by the community, even ostracism. In situations where a person's actions are seen to have broken Aboriginal Law, in that kinship relationships and obligations have not been followed or met appropriately, 'payback' or retribution may ensue. 'Payback' is typically comprised of physical punishment, and frequently involves members of the wider and kinship network, extending to include those living outside of the community and region.

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THE DILEMMA WITH ABORIGINAL-SPECIFIC, FORMAL HELP SOURCES

All interview and focus group participants highlighted the general preference Aboriginal people have for Aboriginal-specific formal help sources, and their importance in the community. Yet they also noted that such services can be inaccessible to many community members experiencing family violence because of the fact that these services are typically staffed by other community members. Given the close-knit nature of the Aboriginal community explained below, this means that the staff are very likely to be known, if not closely connected or even related to the individual wishing to seek help.

It's sort of an age-old problem with most of our services really. We want Aboriginal people working in them, we want to have Aboriginal services but in some ways it's a conflict for people seeking help as well.

- focus group participant

Aboriginal-specific formal help sources generally consist of Aboriginal community-controlled organisations and Aboriginal departments and identified positions within mainstream organisations. Aboriginal community-controlled organisations came into being in the early 1970s in response to the government's adoption of self-determination and self-management policies regarding Aboriginal people. A common example of an Aboriginal

community-controlled organisation, which often provides family violence services and programs, is the Aboriginal Medical Service, found in many Aboriginal communities across Australia.

Aboriginal community-controlled organisations are typically managed in the

following manner. An Aboriginal Corporation is established, of which members of the Aboriginal community register as members. Annual General Meetings are held, at which the members of the Aboriginal Corporation elect Board of Management members who will effectively be responsible for

the management of the Corporation. These Board members are Aboriginal members of the community and Corporation who are nominated and elected by other members. In this respect, the organisation is described as being community-controlled because it is the community members who ultimately control the management of the organisation, through their involvement on and election of the Board of Management.

Aboriginal-specific services provided by mainstream organisations normally consist of the employment of an Aboriginal person in a role that acts in conjunction with the larger mainstream service or as an annexe to it. Occupying a lone identified position in a mainstream organisation can be challenging for Aboriginal workers, as discussed below.

Aboriginal-specific formal help sources were reported by interview and focus group participants to be their preference, based on the expectation of a level of understanding of background, circumstance, culture and identity these services would generally be able to provide. For an individual experiencing family violence, to be able to access a formal help source where an understanding regarding the complex issues involved in Aboriginal family violence is already implicit is what makes Aboriginal-specific services appropriate. This understanding was described by participants as having the benefits of service providers being able to relate better with the individual, their ability to be more accepting and, therefore, accessible for the individual, and the likelihood of them having a better chance at communicating with the individual, resulting in better care.

However, as mentioned above, Aboriginal-specific formal help sources can be inaccessible to some Aboriginal people experiencing family violence, due to shame and fear of breaches of confidentiality. This is particularly the case if the Aboriginal-specific formal help source is staffed by members of that individual's community, who are likely to be well-known, if not closely connected and/or related to the individual in some way. This issue has also been found in research regarding Aboriginal help-seeking for suicide and self-harm behaviour (Farrelly 2008). For similar reasons, factionalism within an Aboriginal community can also make certain Aboriginal-specific formal help sources inaccessible to certain members experiencing family violence.

One focus group participant representing an Aboriginal-specific service described how they grappled with this issue on a regular basis:

Because there is an issue you find obviously within an Aboriginal Women's Service with most Aboriginal women that if that's your Aunty, we get that a lot, so we talk confidentially with particular individuals that other workers don't know that are within the service so that's really tricky and that needs to be supported... So there's a service sitting there, so we've tried really hard in the last 12 months to [say] 'Okay, how do we do this?' because we know and people have deliberately come to the back door to see me and say, 'I need this, who can I see?' And I say, 'Well you can see X or how about you see Y?'

- focus group participant

Aboriginal workers participating in both interviews and focus groups reported the, at times, immense pressure associated with working with members of their community, to whom they are often closely connected if not related. There can be great expectations from the community that are at times impossible to deliver. One participant described how Aboriginal workers often feel that they have let a family (and the community as a whole) down if they fail to prevent the Department of Community Services (child protection) from removing children, regardless of the situation. In Tasmania, Aboriginal family violence workers have also noted the difficulties inherent in their role, particularly related to the turmoil of dealing with distressing situations affecting clients with whom they had very close ties, from just being part of the same community (Pugh 2002). Research conducted by the VALSC (2005) also found that female Indigenous professionals working in the area of family violence highlighted the difficulty workers within a community face in terms of not being able to leave work behind when they go home at the end of the day. Of course, the concept of community or kinship in Aboriginal communities may vary across the country. While some Aboriginal people may only want to seek support and assistance from people within their own clan or tribal group, others may be more comfortable with someone outside their clan or tribal group.

NEED FOR CHOICE - NEED FOR CULTURAL COMPETENCE

I sometimes wonder whether non-Indigenous people really understand what culturally appropriate would be. I've worked with Indigenous communities in Canada as well as here and you know the feeling is, well does that mean we are going to learn how to throw a boomerang? Well, you know we are not all throwing boomerangs around this region, so it's probably not it, but I think that there has to be some education on what is culturally appropriate. I found in Canada people used to say, well, you know, we don't live in tepees anymore and then because that's happening some people would say well what is culture?

- focus group participant

The inaccessibility of Aboriginal-specific formal help sources for some Aboriginal people experiencing family violence highlights the need for choice in terms of service providers. As many interview and focus group participants indicated, some community members may prefer to access mainstream formal help sources, as it would be unlikely that staff would be related or closely connected to them, therefore ensuring a higher level of confidentiality and enabling them to retain a sense of anonymity.

However, the perceived and experienced cultural inappropriateness of mainstream formal help sources can mean that they too are inaccessible for Aboriginal people experiencing family violence. Perceptions of cultural inappropriateness may come from simple impressions or influence from the negative experiences that others in the community may have had. Experiences of cultural inappropriateness were common between both interview and focus group participants. Many descriptions of incidents left us as researchers wondering if the mainstream service providers were even aware that their actions or procedures were culturally inappropriate, let alone offensive. However, evidence from a research project in the Bega Valley Shire region of NSW into Aboriginal family violence services suggests that mainstream formal help sources are interested in and committed to becoming culturally competent and providing

a culturally appropriate service (Koori Domestic Violence Network Group, 2004). What appears to be lacking is a direct pathway delineating what strategies and actions are required to achieve such goals.

Participants in our study identified mainstream formal help sources as typically culturally inappropriate due to a lack of awareness of Aboriginal culture, history and a discipline base, which does not account for Aboriginal world-views or frames of reference for particular aspects of health and wellbeing. The curricula for many qualifications undertaken by those entering health and welfare fields commonly lack research findings regarding the effects of colonisation and government policies, Aboriginal perspectives of health and wellbeing, and historical and cultural factors affecting characteristics of relationships among family and community. Systemic and organisational structures, policies and procedures also fail to account for such issues. The result of this is a general lack of cultural competence that can not be addressed by tokenistic efforts at cultural awareness training for staff who may be resentful, are commonly powerless to make any real change to service provision, and are then given only some scant pieces of knowledge, with no skills or other means to apply it in any attempt to actually change behaviour.

The cultural inappropriateness of helping methods used by mainstream formal help sources when dealing with Aboriginal clients also serves as a dominant

obstacle to help-seeking for family violence issues. Interview and focus group participants commonly highlighted the issue of inflexibility with time. This issue has also been discussed by Lynn *et al.* (1998), who provide interesting documentation of Australian Indigenous helping styles in a social welfare context in Queensland. They summarise three distinct phases of the helping process, which can be depicted as a cycle. Firstly, there is a phase of 'tuning in and sussing out' (Lynn *et al.* 1998, p. 23), commonly referred to as 'yarning', where connections are made, with the key factors being that the helper listens to the individual's story, focuses on the whole person in their context, and enables a flow of non-directed, time-rich communication (which is circular rather than purposive) and two-way sharing. Secondly, there is the phase of 'doing stuff', where the individual participates actively in the direction of practical action. Lastly, there is the

...lack of cultural competence... cannot be addressed by tokenistic efforts at cultural awareness training...

phase of 'back to yarning', where the connection between the individual and the helper is left intact to provide opportunity for further contact if the individual desires. The intricacies of these phases are what is lacking in the typical cultural awareness training conducted by many mainstream formal help sources, yet are the details that determine the cultural appropriateness of service provision. The obvious implication for ensuring accessibility of mainstream formal help sources for Aboriginal people experiencing family violence is the adoption of such practices and knowledge in mainstream service provision.

Cultural competence

It's more than just sticking up a couple of Aboriginal posters in the waiting room...
- *focus group participant*

Eckermann *et al.* (1992, p.168) define cultural safety as:

...to be recognised within the healthcare system and to be assured that the system reflects something of you – of your culture, your language, your customs, attitudes, beliefs and preferred ways of doing things.

Durie (2001) notes that cultural safety focuses more on the experience of the Indigenous client accessing the service, whereas cultural competency focuses on the attributes of the service provider and service provision.

The National Health and Medical Research Council (2006) have identified four levels of cultural competency:

- *systemic* – effective policies and procedures, mechanisms for monitoring and sufficient resources
- *organisational* – commitment from management to a process of diversity management at all staffing levels, with cultural competency valued as integral to core business and therefore supported and evaluated
- *professional* – cultural competence is an important component in education and professional development, and also results in specific professions developing cultural competence standards to guide the working lives of individuals

- *individual* – knowledge, attitudes and behaviours defining culturally competent behaviour are maximised and made more effective by a supportive health organisation and wider health system.

In turn, these levels have been adopted by the concept of 'cultural respect', detailed in the Australian Health Ministers' Advisory Council's (AHMAC) (2004) document, *The Cultural Respect Framework*, which aims to serve as a guiding principle for jurisdictions both in policy construction and service delivery, assisting them to develop their own initiatives to strengthen relationships between Aboriginal and Torres Strait Islander peoples and the health care system. Cultural respect is defined as 'Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples', noting that cultural respect can only be achieved when health service providers create an environment in which cultural differences are respected, and Indigenous peoples can feel culturally safe (AHMAC 2004, p. 6).

Tables 1 to 4 provide examples of strategies and initiatives that can be developed across systemic, organisational, professional and individual levels of cultural competency (NHMRC 2006), and across the dimensions of knowledge and awareness, skilled practice and behaviour, and strong relationships (AHMAC 2004). Included with these strategies and initiatives are related performance indicators. Some of these have been adapted from Goode (2004) and Valuing Organizational Improvement and Community Excellence (VOICE) (2006). They have been divided into the following categories: context, practices, relationships, and service delivery.

Table 1: Context

Context – the philosophical, social, and physical environment and geographical location of a formal help source	
<p>The formal help source aims to:</p> <ul style="list-style-type: none"> • promote and foster a culturally-friendly environment • be located in an area accessible to Aboriginal peoples • have staff who display attitudes and behaviours that demonstrate respect for Aboriginal cultural groups. 	
Strategies	Performance Indicators
The mission statement and goals of the formal help source incorporate principles and practices that promote cultural diversity and cultural competence.	<p>Mission statement incorporates principles and practices of cultural respect.</p> <p>Strategic plan reflects organisation's goals of promoting cultural diversity and cultural competence and commitment to meeting needs of the Aboriginal communities/population it serves.</p>
Ensure equitable access for Aboriginal peoples to all services provided by the formal help sources.	<p>Aboriginal consumers are actively informed of their rights and responsibilities when accessing and using services provided by the formal help source.</p> <p>The formal help source has actively promoted awareness of its services in the Aboriginal communities it serves, using a variety of appropriate methods and media.</p> <p>The formal help source takes steps to negotiate the most appropriate and effective work environment when engaging with Aboriginal consumers and other key stakeholders.</p> <p>Services are provided in a location that is physically accessible to Aboriginal clients.</p>
Ensure that the physical environment, materials and resources of the formal help source reflect the Aboriginal cultures of the communities/population it serves.	<p>Use of pictures, posters and other materials that reflect Aboriginal cultures of the target community/population.</p> <p>Use of magazines, brochures, posters and other printed materials in reception areas that are of interest to and reflect the Aboriginal cultures of the target communities/population.</p> <p>Use of materials for education, treatment, or other interventions that are specific to and reflect the Aboriginal cultures of the target communities/population.</p>

<p>Staff are trained in and motivated to display and practice attitudes and behaviours conducive to the principles of cultural respect, as well as locally-specific cultural issues such as:</p> <ul style="list-style-type: none"> • pre- and post-colonisation history • cultural norms • kinship norms and responsibilities • how to indicate respect for Elders • social structure of the community • differences in local cultures • spirituality • current social problems and the historical context of these problems. 	<p>Staff orientation cultural competency training for new staff members.</p> <p>Ongoing staff development including cultural competency training, staff participation in cultural events, and the understanding and application of appropriate communication methods.</p> <p>Cultural respect principles included in staff performance evaluation.</p> <p>The development and enforcement of sanctions applicable to attitudes and behaviour that is culturally destructive.</p> <p>Procedures to ensure that all visual or written materials connected to or used by the organisation are screened for negative cultural and racial stereotypes before use.</p>
<p>The formal help source ensures fiscal support for developing culturally competent Aboriginal service provision.</p>	<p>Budgetary policies and practices that allocate resources and fiscal support to achieve cultural competency.</p>

Table 2: Practices

Practices – the functioning and management of a formal help source, including policies and procedures	
<p>The formal help source aims to:</p> <ul style="list-style-type: none"> • develop policies and procedures that take cultural matters into consideration • provide programs that encourage participation by Aboriginal peoples • use appropriate communication methods and language. 	
Strategies	Performance Indicators
<p>Ensure that communication methods and language used by the formal help source and its staff are appropriate for the Aboriginal cultures of the communities/population it serves.</p>	<p>Use of locally-specific key words, names and terminology in verbal and written communication.</p> <p>Knowledge and use of appropriate body language, gestures, visual aids and physical prompts.</p> <p>Knowledge of acceptable behaviours, courtesies, customs and expectations specific to the Aboriginal communities/population served.</p> <p>Access to and use of interpreters.</p> <p>Access to and use of Aboriginal staff within the organisation, or key Aboriginal individuals outside of the formal help source who can accompany, assist and/or advocate for clients.</p> <p>Monitoring of frontline staff performance.</p>
<p>Ensure that service provision caters for Aboriginal definitions and concepts of health and ill-health, wellbeing, family violence, helping, family, community, and gender issues.</p>	<p>Holistic approach to health and wellbeing.</p> <p>Aboriginal styles of helping as applicable to family violence issues investigated and built into service provision.</p> <p>Availability of Aboriginal staff.</p> <p>Choice of male and female staff.</p>
<p>Ensure policies and procedures regarding staff performance and service provision facilitate cultural competence.</p>	<p>Policies and procedures are documented regarding the promotion of cultural diversity and cultural competence within the formal help source, including service provision and staff performance, particular to the Aboriginal communities/population it serves.</p> <p>Policies and procedures are documented that address the employment of Aboriginal staff (including volunteers), including recruitment, selection and appeal processes, advertising of positions, and retainment and support strategies.</p>
<p>Ensure a process of continual monitoring, review and adaptation of the formal help source's performance in relation to cultural competence.</p>	<p>Documented policies and procedures detailing monitoring, review and adaptation methods.</p> <p>Staff performance evaluation.</p> <p>Monitoring of frontline staff performance.</p> <p>Levels of Aboriginal employment and retention within organisation.</p> <p>Consultation activities with Aboriginal community and key stakeholders.</p> <p>Consultation activities with staff (both Aboriginal and non-Aboriginal).</p>

Table 3: Relationships

Relationships – Collaborative partnerships between the formal help source and community, and between formal help sources (both Aboriginal-specific and mainstream)	
<p>The formal help source aims to:</p> <ul style="list-style-type: none"> • have knowledge of local Aboriginal groups • have knowledge of local Aboriginal protocols for collaboration and communication with local Aboriginal peoples and groups • actively involve Aboriginal persons and groups • have a strategy for community engagement. 	
Strategies	Performance Indicators
<p>The formal help source seeks active involvement with the Aboriginal communities/ population it serves.</p>	<p>Aboriginal community (especially consumer and carer) participation in the development, implementation and evaluation of service provision.</p> <p>Formal and informal partnerships with Aboriginal community groups.</p> <p>Membership and/or representation from Aboriginal peoples on the organisation's governing committee, advisory bodies, and selection panels.</p> <p>Community engagement strategies, including the opportunity for employees and volunteers to actively interact and engage with Aboriginal peoples.</p> <p>Participation in Aboriginal community events and celebrations.</p> <p>Availability and use of internal or external advisors/consultants for specific cultural matters.</p>

Table 4: Service Delivery

Service Delivery – Outputs and Outcomes	
<p>The formal help source aims to:</p> <ul style="list-style-type: none"> • develop and implement a collaborative service delivery model with other formal help sources relevant to the specific cultural needs of Aboriginal clients • provide culturally responsive services that meet the cultural needs of Aboriginal clients. 	
Strategies	Performance Indicators
<p>The formal help source liaises and collaborates with relevant specialist service providers who have specific knowledge of Aboriginal community issues or provide Aboriginal-specific services for that Aboriginal community to promote a coordinated approach to service provision.</p>	<p>Established networks, partnerships and referral pathways with Aboriginal community and Aboriginal-specific services.</p> <p>Employment of Aboriginal staff positions or Aboriginal-identified positions whose tasks include liaison activities with relevant key stakeholders.</p> <p>Consultation activities with relevant key stakeholders.</p> <p>Staff knowledge of, referral to and consultation with relevant individuals, groups and organisations specialising in Aboriginal service provision.</p> <p>Use of Aboriginal agencies as a base to meet potential Indigenous clients and to provide information about available services.</p>
<p>Ensure that all aspects of service provision are culturally appropriate and evidence-based.</p>	<p>Aboriginal perceptions and conceptualisations of relevant issues are acknowledged and catered for (e.g. Indigenous perceptions of family violence and helping methods).</p> <p>Formal assessments of the cultural needs of Aboriginal employees, volunteers and persons accessing services.</p> <p>Use of culturally validated assessment and review instruments and tools.</p> <p>Evaluation of service provision and programs.</p> <p>Research and development activities relevant to Aboriginal family violence issues.</p> <p>Use of recent research findings to inform service provision.</p> <p>Links with external agencies that have a research focus on Aboriginal family violence issues.</p> <p>Data collection systems that allow comprehensive collection of client data.</p> <p>An annually updated profile of the Aboriginal communities within the formal help source's service region identifying data such as population size of each community, demographic characteristics, social economic status, etc.</p> <p>Monitoring of outcomes for Aboriginal clients.</p>

Cultural competence training

Perhaps the most familiar strategy utilised in an attempt to achieve cultural competency by mainstream formal help sources is Cultural Competence Training (CCT). However, while very important, CCT will not achieve cultural competence of a formal help source or service provision on its own. Despite its popularity as a means to achieving culturally appropriate service delivery, there has been relatively little systematic evaluation of its potential impact. It is also difficult to determine what aspects of CCT are resulting in successful outcomes, and which approaches are more effective, as due to the variation in CCT composition, programs are unable to be easily compared.

While very important, Cultural Competency Training will not achieve cultural competence of a formal help source or service provision on its own.

CCT is required to address the needs of three main stakeholders:

- *Aboriginal clients of mainstream family violence formal help sources* – Increasing the cultural competence of service provision can make the formal help source more accessible to and effective for Aboriginal people experiencing family violence.
- *Aboriginal employees of mainstream formal help sources* – Aboriginal employment rates are lower than those of their non-Aboriginal counterparts. The Australian Bureau of Statistics Census 2006 (2007) reports an Indigenous unemployment rate of 15.6% compared to a non-Indigenous rate of 5.1%. Recent research by Dunn *et al.* (2005) found that Indigenous Australians experienced prejudice in the workplace and in every day life at rates twice that of other Australians. Research by Pederson *et al.* (2006) found a significant minority of participants believed that Indigenous Australians received special treatment compared with other Australians, and more than one third of participants reported a negative view of Indigenous Australians. Increasing the cultural competence of workplace environments via addressing the cultural competence of staff and effectively addressing racism can improve Aboriginal employment rates, Aboriginal staff performance, and have the flow-on effect of improved service provision to Aboriginal clients.
- *Non-Aboriginal employees of mainstream formal help sources* – Non-Aboriginal formal help sources are often poorly equipped to work with Aboriginal populations. Due to a failure

to include cultural competence components within the curriculum of many university and TAFE courses, many formal help sources are relatively culturally 'incompetent' and are poorly equipped to even attempt to provide a culturally competent service for Aboriginal clients. Skilling and equipping non-Aboriginal employees to work effectively in Aboriginal contexts, both in terms of Aboriginal clients and fellow Aboriginal colleagues, can improve non-Aboriginal staff performance, and have the flow-on effects of improving Aboriginal staff performance and service provision to Aboriginal clients.

Aboriginal and non-Aboriginal people alike have voiced mixed views about CCT. While some feel CCT is a positive move towards non-Aboriginal peoples

coming to understand how to work more effectively and appropriately with Aboriginal peoples, others, such as Puggy Hunter (2001, cited in Fredericks 2003) who referred to CCT as 'hug a blackie' are more cynical about their likely success at improving Aboriginal health outcomes. An older review of NSW Health Cultural Awareness Training found training to be largely inadequate, in one area consisting of little more than teaching doctors how to throw boomerangs (Dench McClean 1999).

A review of the literature available on evaluations of CCT in its variety of forms shows the following:

- a lack of formal policy regarding CCT within an organisation equates to lack of accountability and support for implementing meaningful change to service practices that can result in more culturally competent service provision (Westwood 2005)
- failing to clearly articulate the goals and purpose of CCT can result in unrealistic expectations and misunderstandings regarding what it is capable of achieving (Dench McClean 1999)
- CCT is realistically capable of increasing knowledge of participants (National Rural Faculty, Royal Australian College of General Practitioners 2004)
- evidence suggests that only CCT which is comprehensive and extends over a longer period of time, and particularly that which provides more intense exposure to Aboriginal cultures, such as field trips and cultural immersion activities (e.g. placement in an Aboriginal community setting for a week) are capable of effecting attitudinal

change among participants (Fredericks 2003; Mooney *et al.* 2005; NRFACGP 2004)

- evidence suggests that the capability of CCT to effect change to behaviour and practice increases with the provision of increased and intensive exposure to Aboriginal cultures, and the provision of skills that can be applied in specific work contexts (Dench McClean 1999; National Rural Faculty, Royal Australian College of General Practitioners 2004)
- no studies were able to be located that had evaluated the impact of CCT on Australian Aboriginal client or patient outcomes.

Fredericks (2006) notes that some staff are unwilling to participate in CCT for numerous reasons, which impact on how they participate if mandated. The risk in enabling completion of CCT to be voluntary is that those who generally fail to complete are the ones most in need of the training. All staff, including management, of mainstream formal help sources for family violence should undertake CCT. This even includes Aboriginal staff, who may have only become aware of their Aboriginal heritage later in life and be unaware of historical and current factors affecting Aboriginal people in their region. CCT should be developed and delivered by suitably qualified, skilled and experienced external Aboriginal consultants who have consulted and worked in partnership with local Aboriginal knowledge holders, and should also involve the facilitation skills of these local Aboriginal community members. The practice of utilising existing Aboriginal staff within a mainstream formal help source is not appropriate, as such staff members can be subjected to various forms of ignorance and racism from participants who may well be their colleagues and even managers (Bennett & Wellard 2003).

Culturally competent service delivery and workplace environments require awareness, skills to enable interaction and communication, the opportunity to gain experience in applying these skills, the motivation to be successful in doing so, and frequent and long-term exposure to aspects of the training program (Dench McClean 1999). Based on the findings taken from a review of the literature, the National Rural Faculty, Royal Australian College

of General Practitioners (2004) propose that best practice training methods for CCT include the use of multiple teaching/learning methods, with a number of techniques advocated, including learner-centred and solution-focused approaches such as reflecting or active learning, and experiential learning strategies, incorporating principles of adult learning. A typical CCT program can be provided in two components: a general component for all staff and a specialised component comprised of modules that are location and role-specific.

The content for the general component of a CCT program should include the following:

Cultural Competency Training should be developed and delivered by suitably qualified, skilled and experienced external Aboriginal consultants who have consulted and worked in partnership with local Aboriginal knowledge holders...

- Aboriginal history in Australia – pre- and post-colonisation
- impact of government legislation on Aboriginal peoples
- influence of colonisation and government legislation on the current situation of Aboriginal peoples today
- overview of current national Aboriginal demographics and other relevant statistics

- contemporary Aboriginal issues
- overview of Aboriginal cultures and protocols
- common myths and misconceptions
- anti-racism training
- strategies for positive cross-cultural communication and interaction, and for increasing cultural safety in the workplace.

The content for a specialised component of a CCT program should include the following:

- demographics and other relevant statistics pertaining to the local Aboriginal community
- aspects of local Aboriginal history, and impact on contemporary situation
- information on Aboriginal cultures and protocols applicable in the local community
- local- and role-specific myths and misconceptions
- information on working partnerships with Aboriginal groups, and the importance of consulting with these communities in order to provide appropriate services
- strategies for engaging the Aboriginal communities of the local region, and establishing working relationships and partnerships

- cultural understandings pertaining to particular roles and locations, in terms of more specific effects of colonisation and government legislation, particular service delivery issues, communication and interaction, contemporary issues, etc
- role-specific examples of best practice
- learning and practicing appropriate behaviours and strategies
- strategies for culturally competent service delivery
- opportunities to apply newly gained knowledge and skills in practice situations.

The use of field visits and cultural immersion activities should also be considered, as these can have the ability of assisting staff to:

- establish partnerships with key Aboriginal workers and community members in their region
- engage with local community members and build effective relationships, forming useful community links
- network with other organisations and colleagues
- see what the statistics mean in terms of real people
- have the opportunity to put their newly acquired knowledge and skills into practice.

Mentoring

It's been my experience that Aboriginal workers are always more than happy to work with mainstream services...because it can mean that, you know you want clients to be treated appropriately, and working with mainstream services can help that. But a lot of the services won't ask for that, and the average Aboriginal worker isn't going to go and offer it because they might get told, the service might go on the defensive and be all like 'we don't need to be told how to do our job'.

- focus group participant

Mentoring refers to an arrangement whereby mainstream formal help sources establish relationships with Aboriginal formal help sources or key community members who can provide them with mentoring in regards to service provision. Ideally, this relationship should be symbiotic, with both partners able to offer the other assistance. Mentoring has been successful in CCT for general practitioner registrars across Australia, producing

increased awareness of cultural issues, Aboriginal health problems and culturally appropriate communication skills, with participants reporting high levels of satisfaction with the opportunity to interact with Aboriginal peoples (Yaxley 2001). In reviewing the issues arising from interviews in this study, focus group participants identified the use of mentoring as a method of helping mainstream formal help sources become more culturally competent and, therefore, more accessible to Aboriginal people experiencing family violence.

Employment of Aboriginal staff

The other thing is that our Aboriginal workers have got to be seen as being there for Aboriginal people. Not there for the non-Aboriginal service. They are employed by them, yes, they have a level of accountability to the non-Aboriginal service but if you're employed to work with Aboriginal people, well, there has to be a level of loyalty as well toward the community.

- interview participant

Another popular strategy utilised in an attempt to achieve cultural competency by mainstream formal help sources is the employment of Aboriginal staff. Both interview and focus group participants in this study reported a need for more Aboriginal workers in mainstream formal help sources. Again, this strategy can be effective but only if the appropriate planning and support mechanisms have been established as part of the process. As the above excerpt from an interview participant highlights, an Aboriginal employee of a mainstream formal help source can experience conflicting obligations to both their community, and their employer. If the potential for this conflict is not anticipated and if mechanisms to allow for the management of such circumstances are not established, then the position will not be effective.

The employment of Aboriginal staff in mainstream formal help sources needs to address the following:

- determining methods for enabling Aboriginal control over the identification of community employment priorities and expectations, the development of initiatives to address these priorities and expectations, and the implementation and evaluation of these initiatives. This can include engaging and developing relationships and partnerships with the Aboriginal communities in the region

- developing and implementing an Aboriginal Employment Strategy
- establishing partnerships that will support the employment of Aboriginal staff, including with the Aboriginal communities in the region, and with Aboriginal organisations and employment agencies
- increasing Aboriginal awareness about available careers within the mainstream formal help source, and within the discipline, including opportunities for Aboriginal volunteers and work experience placements
- determining procedures regarding the development of position descriptions and selection criteria, and appropriate methods of advertising and interviewing
- ensuring a structured work environment with clear expectations, assisted by induction programs, compulsory staff training, and protocols and procedures regarding the management of cultural and community issues as relevant to Aboriginal employees
- establishing effective staff support, mentoring and mediation mechanisms, and effective employee career development opportunities and pathways for Aboriginal employees
- establishing and implementing an effective framework of measures to enable the monitoring and evaluation of the implementation and achievements of the Aboriginal Employment Strategy.

Further information can be obtained from the Aboriginal Employment Service, the *Aboriginal Employment Strategy* (www.aboriginalememploymentstrategy.com.au), the NSW Premier's Department, Public Employment Office *Making it our Business: Improving Aboriginal Employment in the NSW Public Sector* documents (2006a, 2006b), and the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs report, *Indigenous Australians at Work: Successful Initiatives in Indigenous Employment* (2007).

CONCLUSION

From the results of the small qualitative research project investigating Aboriginal help-seeking for family violence issues, particularly in relation to the close-knit nature of the Aboriginal community, a number of conclusions can be drawn.

Firstly, Aboriginal help-seeking for family violence issues needs to be considered in the context of cultural, historical and contemporary factors affecting peoples' help-seeking skills and knowledge of available formal help sources, including the close-knit nature of many Aboriginal communities, obligations and responsibilities related to community and kinship relationships, and the internalisation of stereotypes and a script for family violence within which help-seeking appears to be problematic.

Secondly, in this context, many Aboriginal-specific formal help sources – commonly staffed by members of the community which are known if not closely connected or even related to the individual experiencing family violence – can be inaccessible due to a fear of breaches of confidentiality, resulting in shame and blame, and the ramifications of such help-seeking, particularly if the outcome is viewed as negative by others in the family and community.

Thirdly, as the participants in this small qualitative research project indicated, this highlights the need for choice in regards to formal help sources, both Aboriginal-specific and mainstream. Aboriginal-specific formal help sources need to be able to somehow grapple with these issues to ensure services are accessible. It appears that despite a popular 'cultural appropriateness' discourse, which has increasingly emerged over the past decade and has been adopted to various extents by numerous service providers in various health and welfare fields, mainstream formal help sources within the anonymous region targeted for this research project continue to largely be culturally inappropriate for Aboriginal peoples experiencing family violence. The common attempts to achieve cultural competence were reported by participants to be largely ineffective and inadequate. It stands to reason that this finding may be applicable in numerous other regions as well.

The only way mainstream formal help sources can assure the level of choice of help sources for Aboriginal peoples experiencing family violence is by ensuring service provision is culturally appropriate for Aboriginal clients. This requires an adequate level of cultural competence, covering all levels of service provision within the realms of the mainstream organisation, as well as advocating for cultural competence in connected realms external to the organisation, such as in university and TAFE curricula, within referring organisations and health professionals, and within other partnerships and business relationships.

Lastly, it is acknowledged that achieving an adequate standard of cultural competency requires sizable commitment and resources from mainstream formal help sources. However, it stands to reason that an investment in building solid foundations – addressing cultural competence (including an understanding of contemporary Aboriginal community and kinship network relationships) – can enable further development of effective initiatives and ultimately improved Aboriginal access to formal help sources, and reduced family violence. It can be argued that many mainstream formal help sources may be currently unnecessarily wasting resources by:

- implementing ineffective and inadequate cultural competence training
- establishing Aboriginal-specific positions that are either impossible to fill or doomed to fail due to culturally inappropriate recruitment methods and workplace environment, a failure to engage the Aboriginal communities in the region and foster a positive organisational image, lack of support mechanisms, and a failure to address ways to effectively manage potential competing obligations to community and employer
- implementing inappropriate, poorly-informed programs and service provision.

It can also be argued that existing resources can be better utilised. Mentoring relationships between Aboriginal and mainstream formal help sources that are symbiotic can serve to meet the needs of both parties. The result can be Aboriginal-specific formal help sources that are better equipped, skilled and resourced, and mainstream formal help sources that are more culturally appropriate; the ultimate benefit being available and accessible choice between formal help sources for Aboriginal people experiencing family violence.

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