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Psychological distress and community exclusion in Indigenous communities: a convergent parallel (mixed methods) study

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Statement of Originality

I declare that, except where acknowledged, this dissertation is my own original work and has not been submitted for a higher research degree at any other university or institution.

The research on which chapters 5 and 7 are based is entirely my own. Parts of this research were published in co-authored papers where the other authors contributed additional material. The additional material does not appear in this thesis. The two publications are:

Chapter 5: **Doyle, K**., Cleary, M., Blanchard, D., Hungerford, C. (2017). The Yerin Dilly Bag model of Indigenist health research, *Qualitative Health Research*, 27, 1288 - 1301

Chapter 7: **Doyle, K.,** Hungerford, C., & Cleary, M. (2017). Study of intra-racial exclusion within Australian Indigenous communities using eco-maps. *International Journal of Mental Health Nursing*, *26*(2), 129-141.

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Acknowledgement of Country

Mā te rongo, ka mōhio; Mā te mōhio, ka mārama; Mā te mārama, ka mātau;
Mā te mātau, ka ora.
Through resonance comes cognisance; through cognisance comes understanding; through understanding comes knowledge; through knowledge comes life and well-being.

I acknowledge the traditional owners and manager of the lands I walked for this research: the Ngunnawal and Nambri peoples of Canberra and Queanbeyan; the mobs who live on Darkinjung lands; the Wurundjeri people of the Kulin nations of Melbourne; and the Tūhoe people of New Zealand, where the pilot for this PhD research occurred. I acknowledge all their generosity, and their support of my learning journey. I acknowledge the elders past, the elders present, the elders yet to come. I respectfully interpret the term 'Indigenous' to include Australian Aboriginal and Torres Strait Islander peoples. Especially, I acknowledge the Indigenous people who participated in this research, and I offer respect as reciprocity by using the Māori Nga Whākatāuiki, or Māori proverb.

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***Proverbs* 3:5–6**: *Trust in the Lord with all thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy paths.*

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Professional copyediting of this thesis was provided by Matthew Sidebotham in accordance with the *Guidelines for editing research theses*.

Abstract

Indigenous people make up approximately 3% of the Australian population, but carry a heavy burden of mental ill-health. Almost 75% of Indigenous people have moderate to severe scores on the Kessler 10 measure of psychological distress. Robust research recognises racism as a risk factor for depression and social exclusion. However, there are significant within-community factors that add to the level of psychological distress. Using Bronfenbrenner's ecological social capital model, Tajfel's social identity theory and a created model of indigenist research (the Yerin Dilly Bag model) a 52-item questionnaire was created for a mixed method, parallel convergent study to answer the research questions: 1) What are the risks and protective factors that contribute to psychological distress in Indigenous populations?; 2) What is the self-perceived level of community inclusion / exclusion of Indigenous Australians?; 3) Is being manifestly Indigenous a protective factor for the psychological distress of Indigenous Australians?; and 4) What interactions of Indigenous participants with their communities add to the prediction of psychological distress?

Using a purposive snowball sampling technique, 172 participants from 3 Indigenous communities completed either a hard or electronic questionnaire that assessed the perceived level of their community inclusion, their skin colour scores, their level of psychological distress and using a modified Measure of Indigenous Racism Experiences (Paradies, 2006), their experience of lateral violence, or community exclusion. Of these participants, 32 were interviewed using eco-map genograms to prompt narrative style questions about their life experiences, ending in 45.5 hours of recorded interviews.

Quantitative data was scored using SPSS V23, with descriptive and interpretive results obtained. Qualitative findings were coded using thematic analysis. Both data sets were then triangulated looking for silence, dissonance, and agreements, using Bronfenbrenner's four systems of ecological social capital model.

Results demonstrated that the most reliable predictor of psychological distress in Indigenous people was community exclusion. The risk factors for community exclusion are living off country, having a different skin colour to the majority of the community (either darker or fairer), and not being involved with the Indigenous people in one's family.

Interventions to improve mental well-being are best placed in the mesosystem of Bronfenbrenner's model, and might include increasing access to family support services, and alternative ways of being formally recognised as 'Indigenous'. The Yerin Dilly Bag model is a useful method for working in Indigenous communities as it keeps the focus of the research on the best outcomes for Indigenous communities, where the focus should always be.

Policy makers need to consider vehicles of community and social inclusion to decrease psychological distress and its concomitent risk of depression in Indigenous people and communities. Indigenous communities are often violent places, and all interventions need to have community inclusion as a core component. Unless this root cause of psychological distress is addressed, Indigenous Australians will continue to live with a high risk of inter and intra generational depression.

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Abbreviations

AATSIHS	Australian Aboriginal and Torres Strait Islander Health Survey
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AEA	Aboriginal Education Assistant
AGPC	Australian Government Productivity Commission
AHMAC	Australian Health Ministers' Advisory Council
AHMRC	Aboriginal Health & Medical Research Committee
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islanders Studies
AIHW	Australian Institute of Health & Welfare
AMS	Aboriginal Medical Service
ANOVA	Analyses of variance
ANU	Australian National University
APC	Australian Productivity Commission
ASGC	Australian Standard Geographic Classification
ASGC	Australian Standard Geographic Classification
ASIB	Australian Social Inclusion Board
ASIU	Australian Social Inclusion Unit
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
BMA	British Medical Association
CBPR	Community-Based Participatory Research
CD	Compact Disc
CDoHA	Commonwealth Department of Health and Aging (Australia)
CI	Community Inclusion OR confidence interval
COAG	Council of Australian Governments
CSDH	Commission of Social Determinants of Health
CtG	Close the Gap
DAA	Depatment of Aboriginal Affairs
DALC	Darkinjung Aboriginal Land Council
DBCDE	Department of Broadband, Communications and the Digital Economy
DEEWR	Australian Department of Education, Employment and Workplace Relations
DESA	Department of Economic and Social Affairs
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EDAHS	Eleanor Duncan Aboriginal Health Service
EETH	Ethics, Equity, Trade and Human rights
GP	General Practitioner (of Medicine)
HNACoHD	Health National Advisory Committee on Health and Disability
HPF	Aboriginal and Torres Strait Islander Health Performance Framework
K10	Kessler 10
K5	Kessler 5

K6	Kessler 6
KAMS	Kimberley Aboriginal Medical Service
KICA.	Kimberley Indigenous Cognitive Assessment tool
MBS	Australian Medicare Benefits Schedule
MIRE	Measures of Indigenous Racism Experience
MoSD	Ministry of Social Development (NZ)
MP3	MPEG (Motion Picture Experts Group) Layer-3 sound file.
MUD	Moral Underclass Discourse
NACLC	National Association of Community Legal Centres
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NHIS	National Health Interview Survey
NIRA	National Indigenous Reform Agreement
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health,
NSW	New South Wales
NTEU	National Tertiary Education Union
NZ	New Zealand
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OECD	Organisation for Economic Co-operation and Development
OPR	OATSIH Planning Region
PD	Psychological Distress
PHC	Primary Health Care
PhD	Doctor of Philosphy
PTSD	Post Traumatic Stress Disorder
RED	Redistribution Discourse
SAPs:	Structural Adjustment Programmes
SCRGSP	Steering Committee for the Review of Government Service Provision
SDoH/SDOH:	Social determinants of health
SEIFA	Socio-Economic Index for Areas
SEKN:	Social Exclusion Knowledge Network
SID	Social Integration Discourse
SPSS	Statistical Package for the Social Sciences
StatsCan	Statistics Department of Canada
TA	Thematic analysis
TM	Te Matatini
TPK	Te Puni Koriri
UK	United Kingdom
UN	United Nations
UNAA	United Nations Association of Australia
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN-HABITAT	United Nations Human Settlements Programme
UNMDG	United Nations Millennium Development Goals
USyd	University of Sydney, Australia
WHO	World Health Organization
WHOSIS	World Health Organization Statistical Information System

Introduction

I. Introduction

In this introduction, I commence the process of providing the background information necessary to contextualise my research. Enrolling in a doctoral program is a life-changing decision. Indigenous people usually come later to university than non- Indigenous people, undertaking PhDs as very mature-aged students, and I am no exception. Attempting a PhD requires a student to be passionate about the subject. I have worked in identified and non-identified mental health positions for almost 40 years. I am ashamed to say I can no longer recall the number of Indigenous people who have died by suicide in that time. I cannot remember, for example, all the Indigenous prisoners I have counselled, hearing stories of loss and grief and trauma. I do remember the mourning communities. If we cannot understand the push and pull factors of such devastating mental health issues, we cannot intervene with any confidence. The main aim of the research is to identify and understand some of the risk and protective factors that contribute to psychological distress in Indigenous communities, to provide evidence to best place effective interventions that enable health care and health care practitioners to form evidence-based interventions, policies, and practices. Firstly, however, it is important to have a clear understanding of what ‘indigenous’ means.

II. Defining ‘Indigenous’

In the United Nations Declaration on the Rights of Indigenous People (UN, 2007), the United Nations (UN) reserved the right of indigenous people (that is, all indigenous people everywhere) to define who and what is ‘indigenous’. The United Nations has also reserved the right of indigenous people to maintain and develop their own distinct identities, characteristics, and cultures (United Nations Secretariat of the Permanent Forum on Indigenous Issues, 2004; United Nations Declaration on the Rights of Indigenous People, 2007). These rights are necessary because it is only through self-definition that indigenous people can self-determine; and it is only through self-determination that indigenous people can shape their futures (Hungerford, 2015). It has been estimated that there are some 5,000 distinct indigenous cultures arising out of the 300–350 million indigenous people who are currently living across 72 countries globally (approximately 5% of the world’s population; and this alone suggests why reaching some understanding of what it means to be ‘indigenous’ is a complex task (International Working Group on Indigenous Affairs, 2001). Broadly speaking however, indigenous people can be described as diverse groups of people with similarly diverse backgrounds, who share a number of traditions in relation to religious or spiritual practices, language, lifestyle, and family systems or community beliefs, together with close ties to or long traditions connected to the environment, ancestral lands or ‘country’ (National Aboriginal and Torres Strait Islander Health Council, 2003; Purdie, Dudgeon, & Walker, 2010; Rigby, Rosen, Berry, & Hart, 2011). ‘Indigenous’ as a label is usually a term saved for populations that have been colonised by a more powerful nation (Young, 2016). I respectfully use the term ‘Indigenous’ when specifically considering Aboriginal and Torres Strait Islander people from Australia, recognising that some groups find the label ‘Indigenous’ offensive[1], while other groups find the label ‘Aboriginal/Aborigine’ offensive. I use a lower cased ‘indigenous’ when considering indigenous people from a global perspective.

III. Australian Indigenous people

Australian Indigenous people currently make up approximately almost 3% of Australia’s population (ABS, 2017). While this is a comparatively small demographic, Indigenous people nevertheless loom large in the history and psyche of contemporary Australia, at times vilified (e.g. Windshuttle, 2009) or celebrated (e.g. McLaughlin, 2012), yet Indigenous cultures were mostly excluded in the creation of an Australian identity (Franklin, Walter, & Moreton-Robinson, 2012). For example, Indigenous people and cultures are often represented as ‘exotic’ in Australian cinema (Murphy, 2013), or considered to be a group to be studied rather people with the same rights as other Australians to privacy and self-determination (Rigney, 1999/2001) and regularly feature as tourist novelties in faraway (remote) locations (Ho & Ali, 2013) or in news items associated with intractable, *wicked* problems that just will not go away (McCallum & Waller, 2012). Just one of these *wicked* problems is the health problems, especially mental health, experienced by Indigenous Australians.

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[1] For example. Lowitja O’Donaghue, former chair of ATSIC said use of the word ‘indigenous’ has ‘robbed traditional owners of their identity’ and prefers to be called ‘Aboriginal’ (http://www.theage.com.au/news/national/dont-call-me-indigenous-lowitja/2008/05/01/1209235051400.html)

IV. Health status of Indigenous people

There are higher levels of acute morbidity and mortality from mental illness, assault, self-harm and suicide, higher levels of alcohol and other drug use, and more frequent contact with the criminal justice system for Indigenous people than for other Australians (Krieg, 2006). In addition, the mental health, and social and emotional well-being of Australian Indigenous people is much lower than indigenous people in other post-colonial societies (Parker, 2010). According to the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 30% of Indigenous people reported having high or very high levels of psychological distress in the four weeks before the survey (ABS, 2013), comparable to 30% of indigenous people across the globe (First Nations Regional Longitudinal Health Survey, 2005, in StatsCan, 2009). Australia Indigenous people die by suicide at almost 3 times the rate of non-Indigenous Australians (ATSISPEP, 2016). In comparison, Māori people die by suicide almost 1.5 - 2 times more than non-Māori (Beautrais, 2003a, b, c, d; Shahtahmasebi & Cassidy, 2014). It would seem, then, that there is a strong correlation between being indigenous and experiencing depression and hopelessness, despair, and despondency – to the extent that suicide becomes a considered choice (Berry & Crowe, 2009; De Leo, Sveticic, & Milner, 2011; Durie, 2001; Hatcher, 2016).

According to Burke (2007), the high rates of mental illness amongst all indigenous people, plus the present dysfunctional behaviour that occurs within many Australian Indigenous communities, are grounded in unresolved grief associated with multiple layers of trauma spanning many generations. Other researchers relate the higher rates of mental illness with the social and cultural inequities experienced by indigenous communities globally (Durie, 2012; Istomin, 2016; Kirmayer, Brass, & Tait, 2000; Wexler & Gone, 2015). For example, Indigenous people have long had higher levels of acute morbidity and mortality due to assault, alcohol and other drug use, and more frequent contact with the criminal justice system, when compared to other Australians (see for example: Cunneen, 2014; Cripps & Davis, 2012; Gardiner & Wilson, 2012; Hopkins, Taylor, D’Antoine, & Zubrick, 2012). Levels of child abuse and neglect are higher, while levels of education, employment, and income are lower for Indigenous Australians (Aboriginal Health Performance Framework [HPF], 2008; Brown & New, 2013). Because the Committee for the Social Determinants of Health (CSDH) of the World Health Organisation (WHO) has identified education, childhood safety, and high degrees of imprisonment as determinants of mental health for individuals and communities (CSHD, 2008), this situation is concerning.

In this introduction, I consider why it is that some Indigenous people experience lower levels of mental health, including poorer social and emotional wellbeing than non-Indigenous Australians. Based on the evidence provided above, the colonisation of the indigenous people, including the outcomes of continued colonisation, has not benefited indigenous groups. On the other hand, the colonisers have gone on to develop nations of some monetary wealth (Ballantyne, 2014), while Indigenous Australians continue to suffer psychological distress.

V. Psychological distress in Indigenous communities,

The Australian Bureau of Statistics (ABS) conduct the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) In 2013, 30% of Indigenous people over the age of 18 reported having high or very high levels of psychological distress in the previous four weeks, and this level had increased since 2004-2005, when it was 27% (ABS, 2014). Mental ill health can be intergenerational, with children of parents with high psychological distress scores at a greater risk of poor social and emotional wellbeing (Williamson et al., 2016).

It is difficult to determine the aetiology of psychological distress in any population. Some reasons given by mental health researchers for psychological distress in Indigenous communities include the historical trauma of colonisation (Gone, 2013a, 2013b), and the resulting acculturation and concommitent Post Traumatic Stress Syndrome (PTSD) (Bassett, Buchwald, & Manson, 2014), and continuing discrimination by non-Indigenous society (Schmitt, Branscombe, Postmes, & Garcia, 2014).

Nadew (2012) also considers psychological distress in some Indigenous people as a function of PTSD. Nadew (2012) studied 221 Indigenous people from rural and remote Western Australia, and noted that 97.3% had been exposed to traumatic events, and over half of these participants (55.2%) met the Diagnostic and Statistical Manual of Mental Disorders, (Fifth Ed) (DSM-V) criteria for PTSD.[2] The ‘trauma’ Indigenous people have experienced was considered by Nadew (2012) to include O’Donoghue’s (1993) definition of trauma as family histories of removal of culture and language, massacres, diseases, dispossession and dispersal, being herded onto reserves and missions, as well as the threat

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[2] The DSM-V is the classification and diagnostic tool of the American Psychiatric Association to label mental health disorders.

of child removal.[3] The impact of such traumatic events is worsened when they are designed, planned and systematically executed by the very people looked to for protection (McFarlane,1992; Sochting, Corrado, Cohen, Ley, & Brasfield, 2007). Yet almost half of the Indigenous people in Nadew's (2012) study did not demonstrate PTSD or depression, suggesting either individual resilience, or measuring instruments that are not reliable.

It is Gordon (2007) who explains that individuals who witness or experience trauma or violence differ in their responses. Community trauma are social wounds, requiring social responses. Victims of trauma and violence feel a sense of social disconnection (Gordon, 2004), and recover only when there a restoration of perceived social connectedness. If the social fabric of a traumatised person remains damaged, then personal functions do not recover (Gordon, 2007), and affected individuals may remain angry and/or depressed, and can become physically unwell (Bremmer, 2002). Having a social connection may make the difference in recovery or resilience in some Indigenous people (Berkes, Colding, & Folke, 2002), although the disconnect to country is a by-product of colonisation can make this connection tenuous at best. The root cause of psychological distress in any Indigenous people is the historical forces of colonisation (Waldram, 2014a, b), but this alone cannot answer why some Indigenous people do, or do not, experience psychological distress.

There are several possible answers to this question. One of the on-going weapons of colonisation is the public and private questioning of an Indigenous person's individual identity (see for example, Bodkin-Andrews & Carlson, 2016; Carlson, 2016; Maddison, 2013). For the purposes of this study, the most important of the many possible answers to this complex question lies with questions of identity as Indigenous people. This thesis will contribute to the aetiology of psychological distress with a view to influencing health care programs and policies to increase the health of Indigenous people and communities. This introduction focuses on the construction of identity, as personal and cultural, assigned or ascribed, and considers the importance of self and othering in relation to psychological distress in colonised people.

VI. Indigenous people as 'Other'

No discussion of the outcomes of colonisation is complete without considering an important outcome of the process: that is, the construction, representation, perception and

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[3] Nadew (2012) also considered rape (21% of participants), threatened with a weapon (55%), and physically injured by violent attack (40%).

perpetuation of indigenous people as ‘Other’. Such consideration should also include a discussion of the way in which the aligning of indigenous people with ‘Other’ has impacted upon their identity. Being considered outside the dominant society means being alienated or othered (Ifeagwazi, Chukwuorji, & Zacchaeus, 2015).

Originally introduced by the philosopher Hegel (see Martinez, 2015), notions of Other have been written about at length in the field of psychoanalysis (e.g. Lacan, 1988), politics (e.g. see Cangiani, 2013),[4] linguistics (e.g. De Saussure & Harris, 2011), feminism (e.g. Kristeva, 1986), gender studies (e.g. Nietzsche, 1886/2003), cultural studies (e.g. Derrida, 1978;[5] Said, 2001), and in relation to the construction of mental illness or ‘madness’ (Foucault, 1961/2006). In short, the *constitutive Other* refer to a different, unknowable (state of) being that lies outside of the dominant or hegemonic subject (e.g. Fabian, 2014; Gasparyan, 2014; Gunnarsson, 2016; Reynolds, 2016). In multiple places throughout this thesis, the othering of Indigenous people by mainstream society, and also by the Indigenous community, is linked to psychological distress, and relates to an individual’s identity as self.

VII. Indigenous identity as self

The study of self in psychology was instituted in psycho-therapy by Freud (Mansfield, 2000). However, the genealogy of the study of self must include Erikson’s (1968) classic definition of personal identity. Erikson emphasised the importance of personal sameness and coherence to positive mental health, and that knowing oneself and experiencing oneself as possessing continuity was essential for an individual’s experience of well-being, and introduced the cultural components in personality, or ‘self’ (Schultz & Schulz, 2009, p.245).

Erickson’s work has led to developing an understanding of the contribution to psychological well-being that beliefs about the self are clearly and confidently defined (Marcia, 1980). Personal identity clarity, or self-concept clarity, is the extent to which one’s self-beliefs are clearly and confidently defined, internally consistent, and stable, and contributes to self-esteem and self-worth (Campbell, 1990). Individuals who have a clear sense of who they are have higher self-esteem and greater psychological well-being (Usborne & Taylor, 2010). Indeed, personal identity clarity and self-belief are considered

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[4] Secondary source used as original was in the French language

[5] Translated into English from the original French

vital components of optimal psychological functioning (Sheldon, Ryan, Rawsthorne, & Ilardi, 1997) and psychological adjustment (Campbell, Assanand, & Di Paula, 2003).

Additional to personal identity clarity is the clarity of the collective or cultural identity that arises from the groups to which an individual belongs and its association with social and emotional well-being is also a salient issue (Usborne & Taylor, 2010). Individuals without a clear collective identity might have difficulty developing a clear personal identity, such as an Indigenous person who is not connected to the community, resulting in a deficit that translates to poor psychological well-being (Taylor, 2002).

VIII. Identity as collective

Part of an Indigenous identity is *community*, or being part of a collective. Tajfel's (1978) social identity theory defines collective identity as that part of an individual's self-concept that is derived from his or her knowledge of membership in a social group (or groups), along with the value and emotional significance attached to that membership. Individuals claim group membership based on gender, age, occupation, cultural, or any other group-based identity (Becker et al., 2012). The traits, ideological positions, shared behaviour, experiences, and history that are associated with an individual's group are internalised by the individual to compose an important component of his or her self-concept (Ashmore, Deaux, & McLaughlin-Volpe, 2004) and this collective identity integration produces a more coherent sense of self (Amiot, de la Sablonnière, Terry, & Smith, 2007).

As a parallel process, a clearly defined collective identity is essential for the development of a clearly defined personal identity, which in turn is crucial for personal psychological well-being (Taylor, 2002). Specifically, the attributes composing an individual's personal identity are relative to the group's attributes, requiring the individual self to engage in a comparative process between self and group (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987).[6] A clearly defined collective identity, complete with a clear definition of the values, traits, ideological positions, shared behaviour, experiences, and history that are associated with one's group, can serve as such a template (Terry & Hogg, 1996).

The certainty or the clarity of an individual's collective identity may be affected by the norms and pressures that pervade an individual's social environment (Ashmore, Deaux,

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[6] For example, when an individual perceives himself or herself to have a certain characteristic, such as artistic ability or intelligence, it is because he or she is comparing himself or herself to a clear reference group. For someone to draw any conclusion about his or her personal identity, such as "I am artistic" or "I am intelligent," he or she requires a normative template to serve as a comparative standard (Hammack, 2008).

& McLaughlin-Volpe, 2004). An individual might have to negotiate multiple, possibly competing, norms related to his or her collective category or categories (Ashmore, Deaux, & McLaughlin-Volpe, 2004). This process of categorisation increases identity complexity as those individuals who have integrated collective identities have greater psychological well-being (Barreto & Ellemers, 2009; Settles, 2004). Conversely, greater collective identity interference, when the norms and values of one collective identity interfere with another, is related to lower levels of well-being (Settles, 2004). Having strong identity clarity around one's indigeneity might compete with the reflection of society's imposed identity, for example, an individual might have identity clarity around their Indigenous status that conflicts with a dominant theme of Indigenous as 'inferior". Nonetheless, having a clear experience of collective identity, and a matching clear personal identity, promotes positive psychological well-being (Berry, 2005).

The clarity of the collective or group identity also correlates to personal uncertainty. People identify with groups in part to reduce subjective personal uncertainty, ergo individuals prefer to identify with groups that are clearly defined (Hogg, Sherman, Dierselhuis, Maitner, & Moffitt, 2007). People prefer to belong to a group where the measures of group identity are easily recognisable both to in-group and out-group members, to reduce uncertainty (Jetten, Hogg, & Mullin, 2000). Thus, collective identity clarity might be associated with self-esteem and psychological well-being through its clarification of personal identity (Taylor, 2002). A clear group-based identity is associated with having a clearly defined personal identity, which in turn is related to self-esteem and well-being (Campbell, 1996). To demonstrate this point, identifying as Indigenous in Australia can be fraught for fair skinned people (where the markers of group identity are not so easily distinguished). Being a fair-skinned Indigenous person can threaten identity clarity for the individual, who must stake a claim of indigeneity. Having accepted a fair-skinned person as a member, then an Indigenous organisation or group might have to defend its enrolment of non-manifestly Indigenous members, thus threatening the cultural identity of all players.

IX. Identity as culture

Cultural and cross-cultural psychologists have highlighted the power of cultural identity by demonstrating that it can affect the very nature of one's self-construal and affect an array of psychological processes (Kitayama & Cohen, 2007). However, cultural identity conceptualisations need to be dynamic, shifting, and historically embedded rather than static, decontextualised, and essentialist (Okazaki, David, & Abelmann, 2008). This is especially true for Indigenous people in post-colonial settings for that identity to survive.

Indigenous culture groups were often targeted for decimation during colonisation (Frideres, 1998), and equally devastating was that many indigenous people had no clear portrait of the imposed European culture. Although the visible aspects of European culture were often overwhelming for many groups, with resulting loss of population many post-colonial people were never exposed to the fundamental values that lay at the core of European culture (Taylor, 2002). Indigenous people are still negotiating a powerful colonising culture at the same time as they are trying to uphold the values of their own historically oppressed culture. Consequently, some Indigenous people are left struggling with a bewildering set of principles with which they must construct an identity, potentially giving rise to negative wellbeing effects such as academic underachievement, low self-esteem, addictive behaviours, and, as already mentioned, suicide (Chandler & Lalonde, 1998; Levi & Maybury-Lewis, 2012; Taylor, 2002). All groups emerging from a history of colonisation are particularly at risk of poor mental health as a function of cultural identity threat (Okazaki, David, & Abelmann, 2008).

Removing the threat and reinforcing a strong and clearly defined cultural identity for indigenous groups is important to the well-being of indigenous people (Chandler & Lalonde, 1998). Campbell et al. (2003) posit that a lack of cultural continuity leads to a loss of personal continuity, which in turn increases risk for suicide. Thus, clarification of cultural identity is associated with having a clearer sense of who one is personally, which in turn is associated with increased positivity (Usborne & Taylor, 2010), and less psychological distress. A cohort of individuals with a clear sense of cultural identity would create a strong community.

X. Identity as Indigenous People

The nature of Indigenous identities and multiple discourses of indigeneity continue to dominate much of the Australian social landscape (see, e.g., Anderson, 2003; Day, Nakata, Nakata & Martin, 2015; Dodson, 2003; Fforde, Bamblett, Lovett, Gorringe & Fogarty, 2013; Paradies, 2006d; Selby, 2004). It is important to acknowledge the complexity and variety of social meanings being described as well as the constant transformations possible over time when considering identity. The prominence given to decentralised notions of indigeneity has been a topic of concern for Indigenous and non-Indigenous commentators (Brough et al., 2006). This fits with the questions posited by

Perkins (2004) around the articulation of non-Indigenous identity within the heavily guarded borders of black/white Australia. Moreover, it increases the complexity of identity in Australia, even though identity is central to the health of all indigenous people (Brough et al., 2006).

Notions of identity are, of course, closely related to notions of cultural connection. But this relationship also raises a number of questions – for example, what does cultural connection look like? Awareness of cultural connectedness for Indigenous people is a multidimensional construct (Mohatt, Fok, Henry, Allen, & Team, 2014). It relates to the extent to which an individual has a sense of connectedness in relation to their self, family, community, and the natural environment or the extent to which a person endorses the view that they exist in a framework of reciprocal relationships in an Indigenous world (Mohatt et al., 2014). It is insufficient to live in an Indigenous world - the individual must feel connected to the various constructs inherent in that social world view. This awareness of connectedness is also positively related to well-being (Hill, 2006).

Being connected in Indigenous communities is dependent on certain conditions. Living on one's country, for example, is a protective factor against psychological distress (Schultz & Cairney, 2017) and is a vehicle for inclusion in the local community. Staking a claim for identity is a community response in Indigenous settings, and is commonly a function of appearing to be manifestly Indigenous (Bond, Brough, & Cox, 2014; Bourke et al., 2017). Commonly, the skin colour of individuals is a reliable predictor of community inclusion (Bennett, 2014; Carlson, 2016) and social isolation (Paradies, 2006).

Miller, Chen, and Cole (2009) report that social isolation is associated with depression and poverty, and this finding suggests that threats to social relationships are phenomena to which Indigenous individuals are particularly sensitive. Likewise, other researchers have noted that disjointed cultural connectedness can have serious immediate and long-term health consequences (Uchino, 2006), even leading to suicide (Todorova, Falco, Lincoln, & Price, 2010) and substance abuse (Mohatt et al., 2014), two events all too common in Indigenous Australia. Considering such outcomes is important in the context of Indigenous identity and the struggle for acceptance in Indigenous communities. For example, are threats to social relationships perceived as rejection (see Eisenberger, Lieberman, & Williams, 2003).? Loss of an identity construct? Loss of person? Even an associated lack of reason to live? It is the search for answers to such questions that has given rise to the research undertaken as part of this study.

The research questions for this study

1. What are the risks and protective factors that contribute to psychological distress in Indigenous populations?
2. What is the self-perceived level of community inclusion / exclusion of Indigenous Australians?
3. Is being manifestly Indigenous a protective factor for the psychological distress of Indigenous Australians?
4. What interactions of Indigenous participants with their communities add to the prediction of psychological distress?

These research questions are based on the literature reviews, as described in the following chapters of this thesis.

XI. Summary

In this chapter, I introduced the definitions of *Indigenous/indigenous* used in this thesis, considered colonisation and the othering of Indigenous people, and considered psychological distress as a function of colonisation. Outcomes of the colonisation process include forced changes to Indigenous cultures, and experiences of loss of land, home, resources, family, and identity. Indigenous Australians continue to score poorly on housing ownership, overcrowding, poor levels of education, high smoking rates, being hungry, and high depression rates. This includes Indigenous people's construction and representation as *Other* by mainstream society.

The chapter then moved on to consider identity as a major construct of social and emotional wellbeing. Having a poor sense of identity is a risk of psychological distress. Indigenous people' identity can depend on being accepted by the Indigenous community in which one lives, as fits with the Commonwealth Government's requirement of meeting three criteria before one can claim one is truly Indigenous, that is, to have one or more Indigenous parents; to self-identify; and to be accepted by the community one lives in, or community of origin (see for example, http://aiatsis.gov.au/research/finding-your-family/before-you-start/proof-aboriginality).

It is also important to provide a synopsis of subsequent chapters. Such a synopsis will enable readers to readily negotiate the information provided, including the research undertaken, reasons why this research is important, and recommendations derived from the research.

XII. Chapter 1: Social inclusion

Social inclusion is a determinant of health recognised by the World Health Organisation (WHO) in 2008. There have been significant amounts of research into the negative effects of being excluded by society. Chapter 1 considers social inclusion theories, concentrating on Levitas's (2006) three discourses of the Redistribution Discourse (RED), the Moral Underclass Discourse (MUD) and the Social Integration Discourse (SID). Levitas's theories informed much of Australia's policies aimed at increasing social inclusion. Australia concentrated on poverty amelioration (RED) and considered work as the main vehicle of social inclusion (SID). Steed (2015) demonstrates that social inclusion has many differing characteristics, including exclusion as a process, context-specific, as relational, and importantly, as a function of the person being excluded.

The WHO became interested in social inclusion as a determinant of health, and included recommendations to increase inclusion in marginalised populations as a means to increase health status. In the *Close the Gap in a Generation* report (WHO, 2008) adopted by Australia in 2008, the COAG recommendations included making social inclusion the goal of all government policies. However, none of the policies explicitly targeted increasing social inclusion, other than by decreasing poverty and increasing employment rates, and social inclusion has slipped off the government agendas over the past 10 years. Measuring social inclusion or exclusion in Indigenous Australia has been complex, with commentators coining Indigenous social exclusion as a *wicked* problem, that is circular in cause, cure, and effect.

The importance of *social* inclusion to this thesis is that it demonstrates that Indigenous people live in a state of social exclusion that is deep, wide, and concentrated, and is a function of up-stream, mid-stream, and down-stream determinants of health, and that there are multiple predictors of social exclusion. However, for a global problem, there is a paucity of effective measurement of social inclusion, especially of the self-perception of exclusion. The UN recommend indicators be appropriate for indigenous people, and strongly recommend post-research feedback into those communities (Atkinson & Marlier, 2010).

Being socially excluded is a constant for many Indigenous people. What effect does this have on a community? What behaviours of resilience and/or lateral violence are adopted by Indigenous people? This chapter sets the argument for developing a sense of community inclusion, discussed in Chapter 2.

XIII. Chapter 2: Social and community exclusion in Indigenous communities

The social exclusion of Indigenous people in Australia is a race-based phenomenon. Australia was colonised with the expectation that Indigenous people would not be allowed to join full sociality with the settlers, and Indigenous people did not willingly choose to fill the roles of subservient workers to the colonisers. This racism has continued, and is now considered to be a detrimental determinant of health (Awofeso, 2011). Various Acts of Australian governments have continued to try to force definitions of indigeneity on individuals and communities, now requiring Indigenous people to demonstrate ‘proof’ of Aboriginality.

The long echo of colonisation has left Indigenous people chronically unwell, and with high levels of psychological distress. Some individuals and communities coped with this distress and exclusion by adopting exclusionary behaviours, and exclude individuals seeking to join a community. Theories such as Marx (Berlin, 2013) and Freire’s (1968) oppression theories; Blumer’s (1969) symbolic interaction, and Bandura’s (1962) social learning theory go some way to explaining why racialised ‘others’ mimic exclusionary behaviours of colonisers and are violent towards their own people.

Lateral violence in this thesis is termed *community exclusion*. Exclusionary behaviours that cause community exclusion are well-researched, and result in psychological distress in the victims. That these behaviours occur is demonstrated in research elsewhere. However, the effect of these behaviours on community exclusion and psychological distress, and the reasons why these behaviours are likely to occur, is not well researched.

The Chapter demonstrates the continuum of community exclusion and the negative effects it has on individuals and communities. Exclusionary behaviours can occur in almost any environment, so the best lens to consider the context of community inclusion is social capital framework. Using a social capital framework will better identify the vehicles of social and cultural inclusion, and is discussed in Chapter 3.

XIV. Chapter 3: Social capital in Indigenous communities

Social capital is defined as networks where people share norms, values, and understandings that promote and facilitate cooperation within or among groups (ABS, 2004). Such a workable definition facilitates numerous models of social capital used by researchers and academics. The ABS (2004) consider social capital as a function of network qualities, structure, transactions, and types. It is in this chapter that the definition of *community* is decided as being at the discretion of the participant. Merging this definition of community with a framework of social capital allows the research question to be aimed at the community level rather than an individual level, to identify the risks and protective factors of community exclusion, one of the hypothesised predictors of psychological distress in Indigenous Australians.

It is this Chapter that introduces Bronfenbrenner’s (1979) ecological social capital model as the framework for considering the research findings. Bronfenbrenner looked at the human condition as a series of concentric systems, with the individual at the centre. Following the individual are the different interacting levels, roughly comparable to notions of person, process, context and time, referred to as the *micro*-, *meso*-, *exo*- and *macro*- systems that work together to comprise the snapshot of social capital for an individual. In this thesis, I have also put the types of social capital (bonding, bridging, linking) under each system to determine best fit of any psychological interventions aimed at increasing social and emotional well-being. Considering the frameworks of social inclusion frames community inclusion, and that community as unit of study requires a social capital lens, then the third support for this research is an indigenist perspective, as described in Chapter 4.

XV. Chapter 4: Indigenist research and the Yerin Dilly Bag model

Positioning one’s self in a research epistemology has long been considered important to the rigour of that research (see for example, Chiseri-Strater, 1996; Davies & Harré, 1990), and remains an important ingredient in integrative approaches (Dickerson, 2010). According to Louis (2007), positioning an indigenous self in research empowers an indigenous voice. This chapter starts with a review of what constitutes indigenous knowledges, and provides an overview of the best way to approach indigenous/indigenist research. This includes an explanation of the theoretical approaches to indigenous/indigenist research, with a focus on Indigenous Knowledges, the core values of indigenous/indigenist research, Indigenous research philosophies, and specific theoretical considerations in relation to indigenous/indigenist research. Following this, examples are given of indigenous/indigenist research models, including the nayri kata model (quantitative) and the Dadirri and Yarning models (qualitative). The chapter concludes with an explanation of the Yerin Dilly Bag Model, my own personal model of research, which includes the seven core values: hold, seek, listen, ask, think, help lift and hold up.

I have developed the Yerin Dilly Bag Model from my mother's language, and my family's culture. These values include *mawa maur* (to hold); *ngara ngara* (to listen); *burbangana* (to help lift up); *waranara* (to seek); *bulbanga* (to hold up); *wingara* (to think); and *nganaga* (to ask). These actions are value-based. For example, *nganaga* -to ask- requires humility and respect. The seven core values of the Model framed the way in which I approached the data collection, analysis and, in the future, dissemination of the research.

XVI. Chapter 5: Research design methodology

Chapter 5 provides a detailed explanation of the research design, according to conventional academic requirements. This includes the rationale for the research, research aims and objectives, together with research questions and hypotheses. The convergent parallel mixed methods design is described, and justification provided for this methodological choice. Following this, the quantitative and qualitative components of the study are described in full, including the research instrument (quantitative) and interview process (qualitative). Ethical considerations are also discussed, including ways in which ethical issues are address. The processes related to the data collection and analysis are also explained, with the notion of the eco-maps introduced.

XVII. Chapter 6: Quantitative chapter

Chapter 6 contains the analysis strategy, and full quantitative data set results, using descriptive and interpretive statistics. The alignment of the values of the Yerin Dilly Bag model are described. The research questions are articulated again in the beginning of this chapter.

The instruments, or methods, of data collection are explained in this chapter. These include the items in the questionnaire: Kessler 10 (K10) item measure for psychological distress, Paradies's (2006a) (Modified) Measure of Indigenous Racism Experience, the von Luschan skin colour scale, self-perceived measures of being manifestly Indigenous, levels of community exclusion, and demographics. Not considered were levels of education or employment history, as these are well-known predictors of psychological distress.

Each question item is examined to determine any correlation to the item and psychological distress. The most reliable predictors of psychological distress in Indigenous communities were articulated into the statistical modelling of Bronfenbrenner's (1978) ecological social capital model. Using Principle Component Analysis to reduce the data, five factors were created: happy to be black, living on country, looking black, community exclusion, personal resilience, and community inclusion. These factors were matched to Bronfenbrenner's model, and will be used in the convergence of the qualitative data set.

However, several results in the interpretive statistical analysis were not significant. Although this might mean the variable of interest has no predictive power, it might also be a function of small numbers in some conditions. Some results were significant at $p<.05$, and these are also explained in the chapter. The research questions and hypotheses are more fully answered in Chapter 9.

XVIII. Chapter 7: Qualitative chapter

This chapter describes participants and sites, the processes of interviewing using the Yerin Dilly Bag model, and application of eco-maps as a narrative prompt. Three steps and procedures were used to interpret the findings. Firstly, the raw interview data was categorised into 25 codes using narrative analysis. The second step was thematic discourse analysis, using Ezzy's (2001a) inductive logic where the 25 codes were categorised into 4 themes. The third step was interpretation, or objective hermeneutics, where the themes were given meaning in the context of the research questions. The risk and protective factors of psychological distress for each theme were identified. The themes were *growing up black, living on black, looking black,* and *fitting in black.* These themes were then considered using Bronfenbrenner's (1979) ecological social capital lens, to be able to converge findings with the data in the triangulation process, as described in Chapter 8.

XIX. Chapter 8: Triangulated results and discussion

This chapter more fully describes the mixed method design that was used to more comprehensively interrogate the data collected. Reasons for choosing a mixed-methods approach relate mainly to the comprehensive nature of the results and findings likely to be generated. In addition to providing the cross validation of the results from the two (or more) distinct methods, the triangulation of findings also provides a greater understanding of the research topic (O’Cathain, Murphy, & Nicholl, 2010), with the integration of both methods giving rise to a “whole (that) is greater than the sum of the parts” (Barbour, 1999, p.15). Likewise, when more than one method is used, variance is more likely to reflect the topic of study, rather than the method itself, with the results more likely to be valid (Merriam, 2014; Speziale, Streubert, & Carpenter, 2011).

The mixed method design of this research uses a convergent parallel mixed-methods approach to collect data. This approach has a key place in social science research methods, with qualitative and quantitative methods viewed as complementary, and the combining of methods to study the same phenomenon being considered a means of strengthening the research (Creswell & Clark, 2011; Denzin, 2017; Polit & Beck, 2016; Yin, 1998/2014). It is made more valuable in this thesis due to the small numbers of participants in some cohorts, so the findings were indeed made richer.

XX. Chapter 9: Conclusion and recommendations

This chapter concludes this thesis by discussing the aims, objectives, and hypotheses of the research, considers the implication of this research for practice and research, and of course, acknowledges the limitations of the research itself. I revisit comparative data sets to be able to compare this research with other published sources to consider the usability of this PhD. But first, it is appropriate to review the theoretical underpinning of this PhD, to consider the value of the theories.

XXI. Chapter 10: Epilogue

The study concludes with an Epilogue, in which I again tell my story, this time of my doctoral journey and the personal lessons learned. This story is important because it communicates to the readers using the medium with which I feel most comfortable – reaching back to my ancestors, and forward into a future that is still to come.

Chapter 1: Social Inclusion/Exclusion

1.1 Introduction

This chapter introduces social inclusion/exclusion as an overarching discourse that informs this PhD. The general characteristics and theories of social inclusion/exclusion are considered. Social inclusion/exclusion as a determinant of health is discussed to demonstrate the negative effects that being excluded from society has on groups and individuals. This chapter outlines the complexity of measuring social inclusion/exclusion and the main developments in this area of analysis, with reference to the international and national context, in particular the work of the United Nations (UN), the World Health Organisation (WHO), the Council of Australian Governments (COAG), the (now defunct) Australian Social Inclusion Board (ASIB) and its operational unit, the Australian Social Inclusion Unit (ASIU), and the Australian Productivity Commission (APC). The chapter provides a brief history of the social inclusion agenda in Australia, how it articulates with that of the WHO and the various sets of evidence that it has used to track policy outcomes.

Social inclusion is one of the twelve social determinants of health that have been identified by the WHO as important to the levels of health or health outcomes of all people living in Australia (Raphael, 2008). While positioned as number four of the twelve determinants (Wilkinson & Marmot, 2003) it is argued in this thesis that the importance of social inclusion – and, by association, social exclusion – cannot be underestimated in relation to the health, including mental health, and social and emotional wellbeing, of Australian Indigenous people.

Some indigenous people (that is, all indigenous people around the world) contest the high level of exclusion from mainstream society that they are reported to experience, considering that some indigenous people might choose to self-exclude, and may not therefore consider themselves to be socially excluded.[7] Additionally, most measures of

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[7] A salient example of indigenous people not desiring to be included in all mainstream society is the '*Idle No More'* movement that started in Canada in 2012 (for example, Wotherspoon & Hansen, 2013; Webber, 2016). Using an example from New Zealand (Humpage, 2006 in Vinson, 2009a), Vinson demonstrated that some Maori people preferred not to be in 'mainstream' society, as to do so would diminish their cultural identity.

exclusion consider a mono-cultural Indigeneity, reflecting a non-existent duality of Indigenous/non-Indigenous Australians, and have not viewed social exclusion through an Indigenous lens, including individuals who, of particular pertinence to this thesis, perceive they are excluded from mainstream society and/or their own Indigenous community/ies. Chapter 1 explores the significant quantity of research on social inclusion/exclusion from mainstream society as an important introductory background that frames the main topic of this thesis – the effects experienced by Indigenous people when excluded from their own Indigenous community. Social inclusion/exclusion in the Indigenous context, and in particular the concept of *community exclusion,* is introduced and more fully examined in Chapter 2.

1.2 Social inclusion and social exclusion: definitions and theories

The terms 'social inclusion' and 'social exclusion' are often used interchangeably in the literature (Labonte, 2004), while some researchers use the label 'social inclusion/exclusion' instead (for example, Gao & Mattila, 2015; Yanicki, Kushner, & Reutter, 2014). Australia uses the term 'social inclusion' in dialogues about social inclusion/exclusion (for example, Boese & Phillips, 2011; Carey, Riley, & Crammond, 2012; Saunders, 2013; Smyth & Buchanan, 2013) while the United Kingdom uses the term 'social exclusion' to describe groups considered to not have unfettered access to society (Social Exclusion Unit, UK, 2004). While both terms are used as appropriate, for this PhD the term 'social inclusion' is more often used than 'social exclusion' to avoid reinforcing the dominant discourse of deficit that pervades understanding and representation of Indigeneity in Australia, including within the Indigenous health sector (see Drew, 2015; Fforde, Bamblett, Lovett, Gorringe, & Fogarty, 2013).

Social inclusion has been defined as a person's or group of persons' capacities, agency, autonomy, and the degree to which they are able to control their lives in a social context (Amado, Stancliffe, McCarron, & McCallion, 2013; Atkinson, 2002; Lareau & Horvat, 1999; Labonte, 2004; Scott, 2017). Framed in a political context, the then Deputy Prime Minister Julia Gillard defined social inclusion as a state requiring all people to be given the opportunity to:

> …secure a job; access services; connect with others in life through family, friends, work, personal interests, and local community; deal with personal crises such as ill health, bereavement or the loss of a job; and have their voice heard (NACLC, 2009, p.6).

Social exclusion has also been defined by numerous scholars. Pierson’s definition has influenced the work of the Australian Bureau of Statistics in this area (see below) and holds that social exclusion is:

> a process that deprives individuals and families, and groups and neighbourhoods, of the resources required for participation in the social, economic, and political activity of society as a whole. This process is primarily a consequence of poverty and low income, but other factors such as discrimination, low educational attainment and depleted living environments also underpin it. Through this process people are cut off for a significant period in their lives from institutions and services, social networks, and developmental opportunities that the great majority of a society enjoys (Pierson 2001/2010 p.9).

Pierson’s definition suits the needs of the ABS and Australian policy in general, but it does not specifically address the needs of Indigenous Australia. Hunter (2009) considers that a definition of Indigenous social inclusion/exclusion needs to have an element of community-based decision making to decide what *inclusion* looks like in that community. In a similar fashion, Steed (2015) describes the characteristics of social exclusion (see Table 1.1), and introduces the concept of the ‘excluded’ and the ‘excluder’ in Indigenous social inclusion mechanisms, but leaves the defining of social exclusion to the individual.

Table 1.1

Steed’s Characteristics of Social Exclusion

Multidimensional:	As a process:	Context-specific:	Perspective:	Relational:
More than material poverty	Self-reinforcing cycle	Changes with time, culture, nation states	Individual and collectivist	Comprises at least two parties
Unequal access to social resources	Hard to pin-point a reason for exclusion		Lack of family contacts	The excluder and the excluded
Loads on gender, age, class, ethnicity etc.			Loads on class (have/nots)	

Note: Adapted from Steed (2015). Copyright (2015) Society and Culture Association of NSW.

Vinson (2009a) identified four aspects of social exclusion (see Table 1.2), where a person or community might be excluded from one to all four aspects.

Table 1.2

Vinson's four aspects of social exclusion

Exclusion from civil society:	disconnection through legal sanctions, institutional mechanisms or systemic discrimination based on race, ethnicity, gender, disability, sexual orientation, and religion;
Exclusion from social goods:	failure of society to provide for the needs of particular groups, such as housing for the homeless, language services for immigrants, and sanctions to deter discrimination;
Exclusion from social production:	denial of opportunities to contribute to and participate actively in society;
Economic exclusion:	unequal or lack of access to normal forms of livelihood.

Note: Adapted from Vinson (2009a). Copyright (2009) Commonwealth of Australia.

Walter (2016, p.68) best explains that 'social exclusion is the state of being', while 'social inclusion is its policy ambition', and an understanding of both is required before considering the chronic and acute marginalisation of Indigenous Australians. Considering social exclusion as a deprivation of sociality and concomitant access to society's resources, demonstrates its utility as a determinant of individual and community health. Regardless of the applied definition, characteristics or aspects, Australian Indigenous people score the highest of any group on almost all measures of social exclusion (ASIB, 2012).

There are numerous theories of social inclusion, and these frequently reflect the theorists' core values, or professional imperatives (see Table 1.3). Each theory can be placed within one of three discourses, or dialogues, that Levitas (1998/2005) has used to frame the many ways in which social exclusion has been interpreted: the Redistribution Discourse (RED), the Moral Underclass Discourse (MUD) and the Social Integration Discourse (SID) (see Table 1.3).

Table 1.3

Theories of social inclusion

Theory	Theorist/s	Based On	Core Value	Via Levitas's discourse
Neoliberal theory	Bexley, Marginson, & Wheelahan, 2007; Gidley et al., 2010b	Human capital	Investing in economy will increase inclusion	MUD
Human potential empowerment	Mechanic, 1991; Stanton-Salazar, 2011; Zimmerman, 2000	Human potential	Empowerment of individuals and communities	SID
Critical theory	Hungerford, 2015; McConkey, Dowling, Hassan & Menke, 2013; Wilson, Secker & Kent (2014)	Critical social theory	Hope as the emancipatory element	SID
Social justice participation	Eisler, 1987; 2001; Farrington & Farrington, 2005; Ruger, 2010; Saunders, Naidoo, & Griffiths, 2007; Wearing, 2011	Health capability paradigm	Social justice	RED/SID

Note: Adapted from Levitas (2005). Copyright (1998) Macmillan.

1.2.1 Levitas's discursive interpretations of social exclusion

Levitas has been researching social inclusion since the 1990s (Levitas, 1998/2005), and defines social inclusion as

> a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.' (Levitas et al., 2007, p. 9).

Her research views poverty and its mechanisms such as work, and victim-blaming (see Table 1.4), as the most significant vehicles of social exclusion. Her work heavily influenced policies on increasing inclusion in the United Kingdom (e.g. Farrington & Farrington, 2005; Levitas, 2006; Morgan & Parker, 2017; Selwyn, 2002) and informed the policies of the UK's Social Exclusion Unit (Levitas, 1999) as well as the questions on, and interpretation of, the UK's *Breadline Britain Surveys* in 1998 (Levitas, 1998/2005) and, in 2013, *Poverty and Social Exclusion in Britain: The Millennium Survey* (Mack & Lansley, 2015; Pantazis, Gordon, & Levitas, 2006).

Table 1.4

Examples of Levitas's three discourses of social exclusion

RED	**MUD**	**SID**
Prime concern is poverty	***Centres on the moral and behavioural delinquency of the excluded***	***Central focus is on paid work***
Emphasis is on poverty as the prime cause or main vehicle of social exclusion	Presents the underclass or socially excluded as culturally distinct from the 'mainstream' (Bennett, 2013).	Narrows the definition of social exclusion/ inclusion to participation in paid work as the main vehicle of inclusion (Butterworth et al., 2011)
Implies a reduction of poverty through increases in benefit levels from a whole-of-government approach (Giddens, 2013)	Implies that benefits are bad, rather than good for recipients, and encourage dependency on governments/agencies (Dawes, 2011)	Does not consider why people who are not employed are consigned to poverty, so there is no need to increase benefit levels
Broadens into a critique of inequality by addressing social, political and cultural, as well as economic citizenship (Kelly, 2011)	Focuses on the behaviour of the poor rather than the structure of the whole society (Viki & Abrams, 2013)	Obscures structural issues and distribution between classes
Is potentially able to valorise unpaid work	Unpaid work is not acknowledged	Undermines the legitimacy of non-participation in paid work
In positing citizenship as the obverse of exclusion, it goes beyond a minimalist model of inclusion	Is a gendered discourse, about idle, criminal young men and single mothers (Garner & Paterson, 2014)	Obscures gender as well as class inequalities in the labour market (women more likely to be in low paid jobs)
Implies a radical reduction of inequalities, with a redistribution of resources and power (Hedetoft, 2013)	Ignores inequalities between the rest of society (Lui et al., 2011)	Obscures the inequalities between paid workers.

Note: Adapted from Levitas (2005). Copyright (1998) Macmillan.

In part, as a function of Levitas's influence in the UK, Levitas's work has been instrumental in informing Australian policies and research (e.g. Boese & Phillips, 2011; Carey, Riley, & Crammond, 2012; Harris & Williams, 2003; Smyth, 2010; Redmond, 2015; Wilson, 2006), and has contributed to understanding social inclusion as a determinant of health.

1.3 Social inclusion/exclusion as a determinant of health

Social scientists have long recognised the importance of *belonging* to the mental health of individuals (e.g. Burgess, 1953) and communities (Weber, 1919/2009), although social inclusion has only been recognised as a determinant of health in the past two decades (Marmot, Allen, Bell, & Goldblatt, 2012). There is still considerable political and academic debate on the meaning, measurement and operationalisation of policies and practices related to social inclusion (Alexiadou, 2002; Hulse, Jacobs, Arthurson, & Spinney, 2010; Redmond, 2015), together with equivocation as to the meaning of the concept as applied to diverse population groups (Lichter, 2013), and minimal understanding of the applied concept of exclusion in Indigenous communities (see Hunter, 2000; Treloar et al., 2014).

Academics, policy-makers, and commentators agree there are three distinct operational definitions of the term *exclusion* (e.g. Fitzpatrick, Johnsen, & White, 2011; Levitas et al., 2007). The three definitions are: *wide exclusion* (i.e. large numbers of people excluded); *concentrated exclusion* (i.e. specific spatial locations); and *deep exclusion* (multiple and overlapping processes) (Burchardt et al., 2002a; Byrne, 2005; Hayes, Gray, & Edwards, 2008). These three distinct, functional definitions of social exclusion can be linked to the up-stream, mid-stream and downstream determinants of health, thus elucidating the complex process of the relationship between social inclusion and health determinants (Atkinson & Kintrea, 2004, Koh et al., 2011; Mitrou et al., 2014) (See Figure 1.1). Figure 1.1. illustrates the challenge of interventions that will increase Indigenous social inclusion, as Indigenous communities score poorly across the entire stream of determinants (Richmond, 2007), and often exist in a deeply excluded condition.

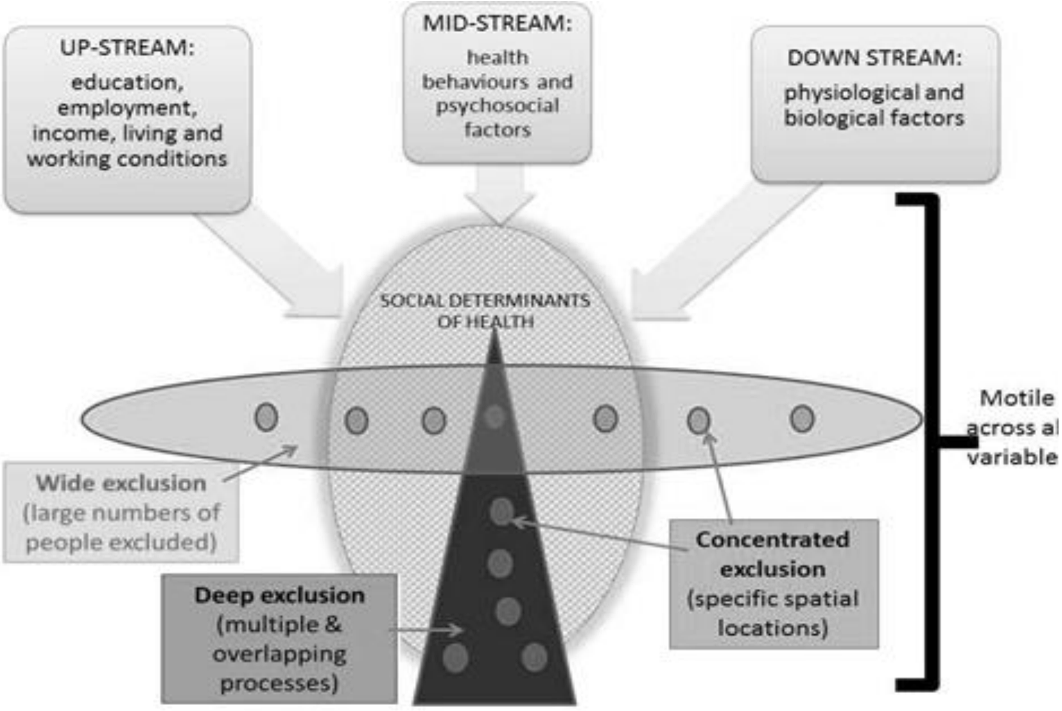

Figure 1.1. The streamed social determinants of health and types of exclusions. Adapted from Atkinson and Kintrea (2004). Copyright (2004) Sage.

1.4 Predictors of social exclusion

In applied terms, Pierson's (2001/2010) definition of social *exclusion* demonstrates that the socially *included* can take an active role in influencing their circumstances and making autonomous decisions (Chisholm, 2003). To have such power to choose to be included in society frequently requires access to personal resources (Mooney & Scott, 2014). Thus, poverty is widely considered a significantly reliable predictor of powerlessness (Cornell, 2006). and social exclusion (Copeland & Daly, 2012; Doherty, Haugh, & Lyon, 2014; Vandenbroucke, & Vleminckx, 2011).

However, poverty is a distributional outcome whereas exclusion is a relational process of declining participation, solidarity and access (Silver & Miller, 2002). Being poor is associated with a decline in comparative wellbeing of about 10%, whereas social exclusion is associated with a 20-30% decline in wellbeing (Saunders, 2013). All societies benefit when mechanisms and vehicles of social inclusion exist for even the poorest members (Caidi & Allard, 2005), so social inclusion is 'a metaphor for a better, more inclusive society' (Levitas, 2003, p.45).[8]

Poverty might be considered a reliable risk factor for social exclusion (Scutella & Wilkins, 2010), but it is not the only risk factor to predict a group or individual's level of exclusion in society for a range of risk factors (see Table 1.5). People can experience varying degrees, or levels, of social exclusion (Atkinson, 2002), and these are likely to increase if they are subject to multiple exclusionary factors and the resulting exponential exclusion from multiple groups in society. The additive effects of different variables of exclusion such as poverty, poor education, homelessness, can be difficult to measure, and without this evidence, it is challenging to consider how to create 'successful' programs aimed at *increasing* social inclusion.

1.5 International context: the WHO and social inclusion/exclusion

The WHO is the global expert on health issues. Recognising the gap in health measures and life expectancy in and between countries, in 2008 the WHO's Commission on the Social Determinants of Health (CSDH) produced a report on *Closing the Gap in a generation: health equity through action on the social determinants of health*, in which

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[8] For example, public health issues such as herd immunity and endemic diseases, encourage public policies to include health care for groups of people too poor to afford it, and who might otherwise threaten the health of the greater society (Quadri-Sheriff et al., 2012).

Table 1.5

Vehicles of social exclusion in society

Aging	Hawton et al., 2011
Depression	Cacioppo et al., 2006
Disability	Jahnukainen & Järvinen, 2005
Gender	Seidel et al., 2013
Geography	Lichter, Parisi, & Taquino, 2012
Homelessness	Gaetz, 2004
Housing stress	Arthurson, 2004; Arthurson & Jacobs, 2004; Bailie, Stevens, & McDonald, 2012.
Lone parenthood	Rowlingson & McKay, 2014
Low educational qualifications	Bossu, Bull, & Brown, 2012
Migrant status	Boese & Phillips, 2011
Offending behaviour/criminal record	Gray, 2005
Poor health	Saltkjel, Dahl, & van der Wel, 2013; Tsakloglou & Papadopoulos, 2002
Race/ ethnicity	Byrne, 2012
Refugee adults	Correa-Velez, Spaaij, & Upham, 2012
Refugee children	Fazel, Reed, Panter-Brick, & Stein, 2012
Sexual orientation	Collier, van Beusekom, Bos, & Sandfort, 2013
Socio-economic status	Hayton & Hodgson, 2013
Specific disease states such as HIV/AIDS	Baral et al., 2013
Youth	Killen, Mulvey, & Hitti, 2013
Work/employment	Lahn, 2012

the WHO acknowledged the distinctive importance of social exclusion as a predictor of quality of life. In response to this finding, the WHO created the Social Exclusion Knowledge Network (SEKN) (Popay et al., 2008).

The SEKN's Report (Popay et al., 2008) gathered examples and operational definitions of social exclusion from around the globe, and informed the final CSDH report (Popay et al., 2008). Before this process, 'social exclusion' was a label in policy discourse applied to groups or people that experienced exclusion (e.g. UK's Social Exclusion Unit 2002). However, the SEKN introduced social exclusion as a process, and thereby adopted a relational approach to relate the determinants of social exclusion with the experience of inclusion. The SEKN's conceptual model defines exclusion as a dynamic, multi-dimensional process driven by unequal power relationships, with its root causes across a range of push/pull factors. These push/pull factors include exclusionary processes that operate along, and interact across, four main dimensions – economic, political, social and cultural - and at different levels including individual, household, group, community, country and global regional levels (Popay et al., 2008). This model, used by the SEKN and the WHO, has inclusion at its centre (Popay et al., 2008) (See Figure 1.2).

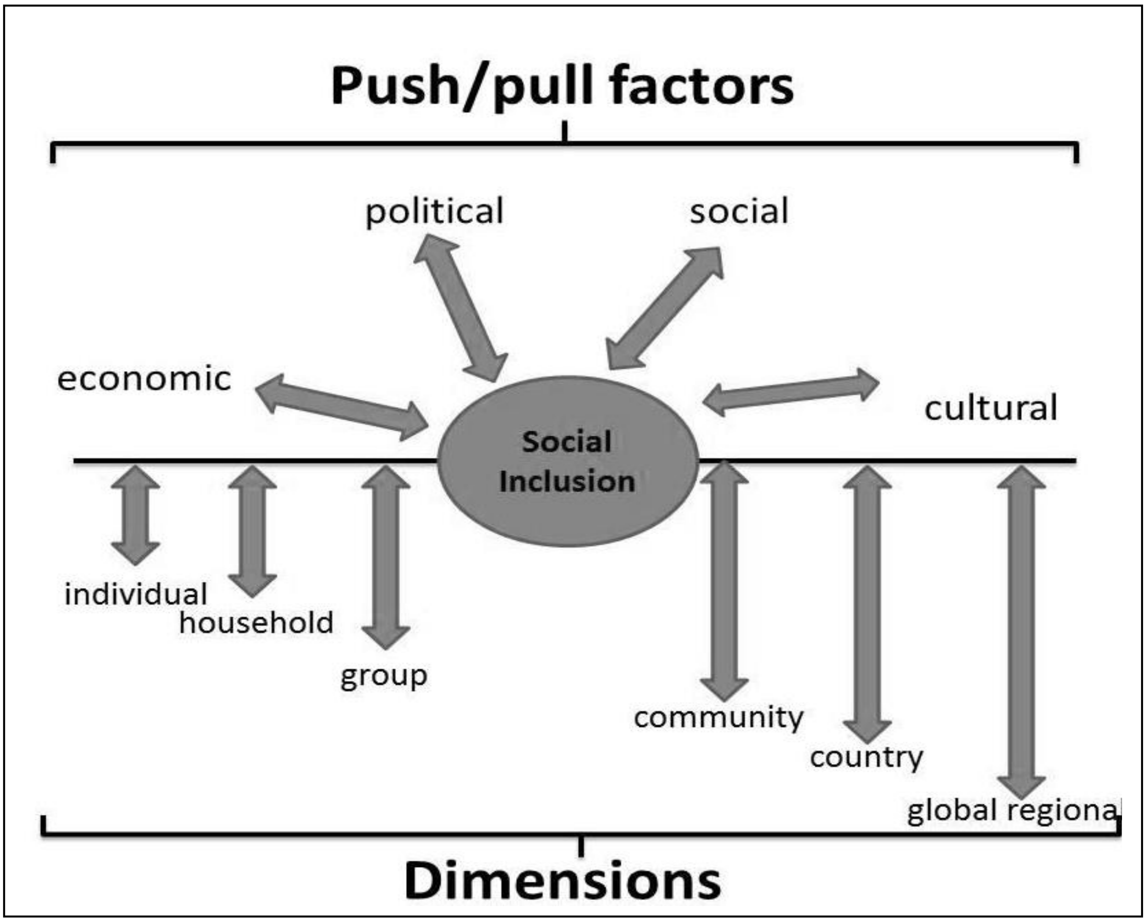

Figure 1.2. WHO/SEKN operational model of social inclusion. Adapted from Popay et al. (2008). Copyright (2008) World Health Organization.

The economic, political, social, and cultural exclusionary processes identified in the WHO/SEKN model create a continuum of inclusion/exclusion characterised by an unjust distribution of resources and unequal access to the capabilities and rights required for people/s to feel included in a society, explaining how social exclusion processes become a social determinant of health (Yanicki, Kushner, & Reutter, 2014), and certainly applies to Indigenous communities.[9] The SEKN recognised the need for governments to enable participatory and cohesive social systems, for diversity to be actively valued, to guarantee peace and human rights and to sustain environmental systems, not just to create conditions necessary to meet national population's basic needs. The SEKN produced a list of target areas most likely to affect inclusion of groups of people. It is this list that informed the WHO's CSDH report and in turn, informed the six target areas of the initiatives of the

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9 For example, people with limited access to education will have poorer health, lower levels of home ownership, both considered to be indices of social exclusion (Gidley, Hampson, Wheeler, & Bereded-Samuel, 2010a; Lareau & Horvat, 1999).

COAG's 2008 policy to *Close the Gap* between Indigenous and non-Indigenous Australia (see below and Table 1.5).

Table 1.6

The COAG's six target areas to overcome Indigenous disadvantage

1	improve life expectancy
2	reduce mortality rates for children under 5
3	increase early childhood education;
4	increase reading, writing and numeracy;
5	increase number of year 12 students graduating;
6	increase Indigenous employment.

Note: Adapted from COAG (2009b), Copyright (2009) Commonwealth of Australia; and Donato and Segal (2013), Copyright (2013) Commonwealth Government of Australia.

Using the WHO's report by its CSDH (WHO, 2008), Australia introduced social inclusion policies and measures to examine the levels of social inclusion in Australia for all Australians (Harris & Spickett, 2011). However, before considering the Australian context in more detail, the next section examines the complexities of measuring social inclusion/exclusion that have been identified at a global level.

1.6 The challenges of measuring social inclusion: a global perspective

Before the WHO's CSDH was created, the UN had instituted an active social inclusion program (Atkinson, 2002). This followed the adoption of the *Copenhagen Declaration on Social Development* at the 1995 World Summit for Social Development (UN, 2010). Social integration was a key goal of social development and the creation of just societies. The 1995 Summit acknowledged that social integration was a function of poverty and unemployment (UN, 2010).

Following the 'Programme of Action of the Summit' in 1995, significant policy commitments were made by the UN regarding its social development goals. The UN's Millennium Declaration, adopted at its Millennium Summit in 2000, reinforced social inclusion as intrinsic to social integration and 'peace, security development and human rights' (Atkinson & Marlier, 2010). The United Nations Millennium Development Goals (UNMDG) introduced poverty eradication as a method of advancing society and inclusion (Atkinson & Marlier, 2010). Additionally, in the 2005 UN World Summit, full, productive, and decent employment was recognised as a major vehicle of social inclusion (Atkinson & Marlier, 2010). The 2005 Summit recognised that a society that focuses on social inclusion will be safer, stable, and just – all conditions for sustainable economic growth and development (Atkinson & Marlier, 2010).

However, it is not easy to operationalise such aspirational goals. Consequently, in 2007 the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the Department of Economic and Social Affairs of the UN Secretariat (DESA), and the United Nations Human Settlements Programme (UN-HABITAT) organised an Expert Group Meeting entitled *Creating an Inclusive Society: Practical Strategies to Promote Social Integration*. This meeting was charged with reviewing existing programs around social inclusion with a view to identifying common measures and interventions that would be transferable across countries and people (Atkinson & Marlier, 2010).

As a function of the 2007 UNESCO meeting, the *Analysing and Measuring of Social Inclusion in a Global Context Study* was commissioned and a report produced in 2010 (Atkinson & Marlier, 2010). The report demonstrated the analytical and operational relevance of 'ensuring social inclusion' as a practical tool to assess social inclusion interventions at local, regional, and global levels (Atkinson & Marlier, 2010, p.131). The main aims of the report were to demonstrate the integral 'connection of poverty' to social exclusion (Atkinson & Marlier, 2010, p.132) and that social inclusion is not a mere abstraction but is indeed 'achievable and measurable' (Atkinson & Marlier, 2010, p.134).

The 2010 report raises issues of definition of indicators (and see Table 1.7), stating that exclusion is a personal experience, with self-perceived levels of exclusion, as well as an observable absence of vehicles of inclusion, meaning that indicators need to be subjective as well as objective. People who are socially excluded know they are not included or fully participating in society and, as such, social exclusion is both a lived and observable experience (Stewart et al., 2008). To discount the subjective would be to remove the voice of the excluded, politically increasing that exclusion. In subjectively measuring poverty and exclusion, people need to provide their own evaluations of their experiences of real, relative or overall poverty and life satisfaction (Atkinson & Marlier, 2010). These measures are not always simple.[10] The UN's example indicators related to measures of poverty are shown in Table 1.7.

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[10] For example, in Ecuador some households pay a one-off connection fee, and then they receive free water from the national water supply. Poorer households, unable to afford the one-off connection fee, continually purchase water from vendors, making water a costly item (Pagiola & Platais, 2002), thus complicating measures of consumption and expenditure (Duclos & Arrar, 2006) of people living in poverty.

Table 1.7

Examples of indicators of the UN suggestions for measures of social inclusion

Indicator	***Example type***	***Applied example***
Subjective	Survey responses	Relative poverty
Relative	Reference groups	Access to education across gender
Consumption	Living standards	Housing, food
Stock	Existing resource	No. of qualified professionals
Objective	Documentary evidence	Wage dockets
Absolute	Measure of comparative income	60% of median income
Income	Living standards afforded	Adequacy of housing, food, relative to society
Flow	Intended resource	No. of qualified adults entering workforce
Dynamic	Longitudinal studies	Returning to employment
Individuals, Households, Groups	Reliable and appropriate measures	Some data must be aggregated (family income vs individuals in that family's income)

Note: Adapted from Atkinson and Marlier (2010). Copyright (2010) United Nations Publications.

In their report to the UN, Atkinson and Marlier (2010) consider not only poverty, but also issues of geography, gender, and childhood. Adding these indices allows for richer data (for example, exclusion measures for women living in poverty compared with the men of a similar region/household), and encourages nations to consider, for example, children as a great resource needing heavy investment. Introducing complexity in population measures of social inclusion demonstrates that the design of any indicator depends on the data researchers are attempting to capture.

Atkinson and Marlier (2010) provided principles by which meaningful replicable data can be achieved. These are listed in Table 1.8, and include indicators that identify the problem, are robust, and can be statistically validated, interpreted internationally, reflect the direction of change, and not impose a burden on countries.

Atkinson and Marlier (2010) also recommend a compromise between theory and what is empirically possible. Data may not be available and when they are, the quality might be poor and not fit for comparative study. It is expensive to survey population groups, there is often great distances involved, and sometimes the data sources are biased. Surveying populations requires expertise and resources. Sample populations might not be truly representative, and data outliers might skew the data. These issues need to be factored into a decision matrix for countries or populations before data collection begins.

Table 1.8

Five principles for measuring social inclusion

1. Indicators identify the problem and have an agreed normative interpretation:
    - This will allow effective translation into policy
    - Allows data capture to be replicable across all domains.
2. Indicators should be robust and statistically validated:
    - Methods of data collection should mirror best practice
    - The target population (except for indicators that are collected at a census level, such as poverty) are the hardest to measure, given, for example, the peripatetic nature of some cohorts of a population.
3. Indicators should be able to be interpreted in an international context:
    - Allows comparability
    - Chose indicators that are not regional-sensitive, i.e. contextualised benchmarks are required.
4. Indicators should reflect the direction of change and be susceptible to revision as improved methods become available:
    - Reflect macroeconomic trends
    - Changes will occur over decades, therefore there is a need to choose robust measures that will still be valid over time.
5. Indicators should not impose too great a burden on countries, enterprises or citizens
    - Make use of current information sources.

Note: Adapted from Atkinson and Marlier (2010). Copyright (2010) United Nations Publications.

Atkinson and Marlier (2010) also identify three principles that will support the rigorous acquisition of data. These are outlined in Table 1.9, and include ensuring the indicators are balanced, consistent, and transparent.

Table 1.9

Three principles of data acquisition methods

1. Indicators need to be balanced across a portfolio of different dimensions
    - Need to be able to present a balanced representation of poverty and social exclusion.
2. Indicators should be mutually consistent and the weight of single indicator in the portfolio should be proportionate
    - It is not statistically appropriate to aggregate or collapse data around these indices
    - Individual indicators can be assigned a ‘weight’ in order to facilitate policy creation.
3. Portfolio of indicators need to be transparent and as accessible to citizens as possible
    - Data should include metadata
    - Data should be disseminated back into communities

Note: Adapted from Atkinson and Marlier (2010). Copyright (2010) United Nations Publications.

Atkinson and Marlier’s (2010) report demonstrates that social inclusion is a multidimensional concept requiring a multi-method approach to understand and measure it, and building on the success of the expired UNMDGs in 2015, in 2016 the UN adopted a set of 17 goals to ‘end poverty, protect the planet, and ensure prosperity for all’ (Griggs et al., 2013; Sachs, 2012). While these goals do not specifically measure social inclusion, each goal can be considered a risk factor for that condition (see Table 1.10).

Table 1.10

The UN Sustainable Development Goals as predictors of social inclusion

No.	*SDG*	*Example of SDG in social inclusion research*	*Main findings*
1	Poverty	Rugg, 2014	Increasing levels of poverty in London has increased levels of social exclusion
2	Hunger	Hinrichs & Kremer, 2002	Increasing food security in Mid-West USA increased perceived levels of social inclusion
3	Health/Wellbeing	Lamont, 2009	Societies that foster access to health care have higher levels of social inclusion
4	Education	Peters & Besley, 2014	Inclusive education results in greater social inclusion
5	Gender equity	Karamessini & Rubery, 2013	Women need to be allowed access to economy in order to increase social inclusion
6	Clean water/sanitation	Obani, 2017.	Access to water, sanitation, and hygiene increase individual's chances of social inclusion.
7	Energy	Jenkins, McCauley, Heffron, Stephan, & Rehner, 2016.	Affordable energy allows for increase social activity and concomitant social inclusion
8	Work/economic growth	Warschauer, 2004	Access to technology increases that population's social inclusion levels
9	Industry	Rajé, 2017	Transport and fair working conditions allows social inclusion
10	Inequalities	Marsh & Dieckmann, 2017	Singing playground games to refugee and migrant children increases their social inclusion
11	Cities/communities	Albino, Berardi, & Dangelico, 2015	Urban planning and geography need to consider opportunities of inhabits to be socially cohesive, and included
12	Consumption	Fritz & Koch, 2014	Communities need to manage ecological sustainability and social inclusion for growth prosperity
13	Climate action	Jaspal, Nerlich, & Cinnirella, 2014	Climate change effects identity, and identity informs social inclusion
14	Life below water	Bárcena, 2014	Communities that are economically marine life are at risk of losing fiscal ability and identity, and so social inclusion
15	Life on land	Parr, 2007	Looking after country increases one's mental health and social inclusion
16	Peace, justice, institutions	Bradford, 2014	Police and procedural justice need to build relationships that foster social inclusion
17	Partnerships	Benington & Geddes, 2013	Partnering with organisations privilege a community voice, thusly increasing social inclusion

Note: The 17 SDGs from the UN with examples from the social inclusion literature.

The UN SDGs action oriented, and have targets that are measurable. For example, *Goal 1 Ending poverty in all its forms everywhere (by 2030)* will measure the monetary amount daily people live on (currently US$1.25). According to the UN News centre (http://www.un.org/sustainabledevelopment/blog/2017/07/on-international-day-un-promotes-cooperative-solutions-for-social-inclusion/), cooperatives and partnerships that build inclusive communities and societies will eliminate poverty and assist reaching the other SDGs. Just this one sliver from one SDG demonstrates that measuring complex issues in society such as social inclusion requires a multi-disciplinary qualitative and quantitative methodological approach to research. It also requires researchers to consider the excluded people – the homeless, the imprisoned, the populations and individuals not easily accessed, as being able to contribute meaningful and rich findings if included in data acquisition methods (Atkinson & Marlier, 2010). Australian policy makers have utilised these recommendations in creating measures for Australian populations based on global experiences and recommendations from experts in social policy such as Professors Hunter and Vinson (see below). This PhD research also uses Atkinson and Marlier's (2010) approach by focussing on how Indigenous people view exclusion, and in doing so reveals the significance of exclusion from their own community (see Chapter 2), using a mixed method approach.

1.7 Measuring Indigenous social inclusion in the Australian context

Australia was colonised on a core value of social exclusion (Adams, 1995; 2009; Buchan, 2007; Doyle, 2011; Bashford, 2000). It was a function of British Imperialism to keep indigenous people subjugated to create and/or maintain a slave-type class designed to service the colonisers (Cain & Hopkins, 2016). Over 200 years of deliberate social exclusion by the mainstream majority, with the resulting poverty and suffering, and policies that caused unmeasurable grief have created a state of deep and complex social exclusion for Indigenous people.

Measures of Indigenous social inclusion/exclusion in Australia did not commence until the late 2000s with their inclusion in the Vinson Reports and those of the ASIB (see below), although earlier reports in the Productivity Commission's *Overcoming Indigenous Disadvantage Key Indicators* series foreshadowed these findings. Even though the reported indicators in this series predict social exclusion, no measures of inclusion are declared. The only reference to inclusion in the series is a social and emotional well-being indicator, that has a priority to 'improve data on comparable measures of social and emotional wellbeing' (Steering Committee for the Review of Government Service Provision (SCRGSP), 2011, p.62). Nonetheless, this series represents a useful early source of data for researching social inclusion/exclusion in Indigenous communities.

1.7.1 Overcoming Indigenous disadvantage: key indicators series

The series was commissioned in April 2002 by COAG via the Productivity Commission. Its mandate was to produce a regular report against key indicators of Indigenous disadvantage (SCRGSP, 2014), and it uses its own framework to do so (see Figure 1.3). The *Overcoming Indigenous Disadvantage Key Indicators Report* (SCRGSP, 2002) was published every second year from 2002 to 2011, with the most recent report in 2016 (see http://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2016). Each report followed the same format until 2007, when indicators of multiple disadvantages were subsequently considered.

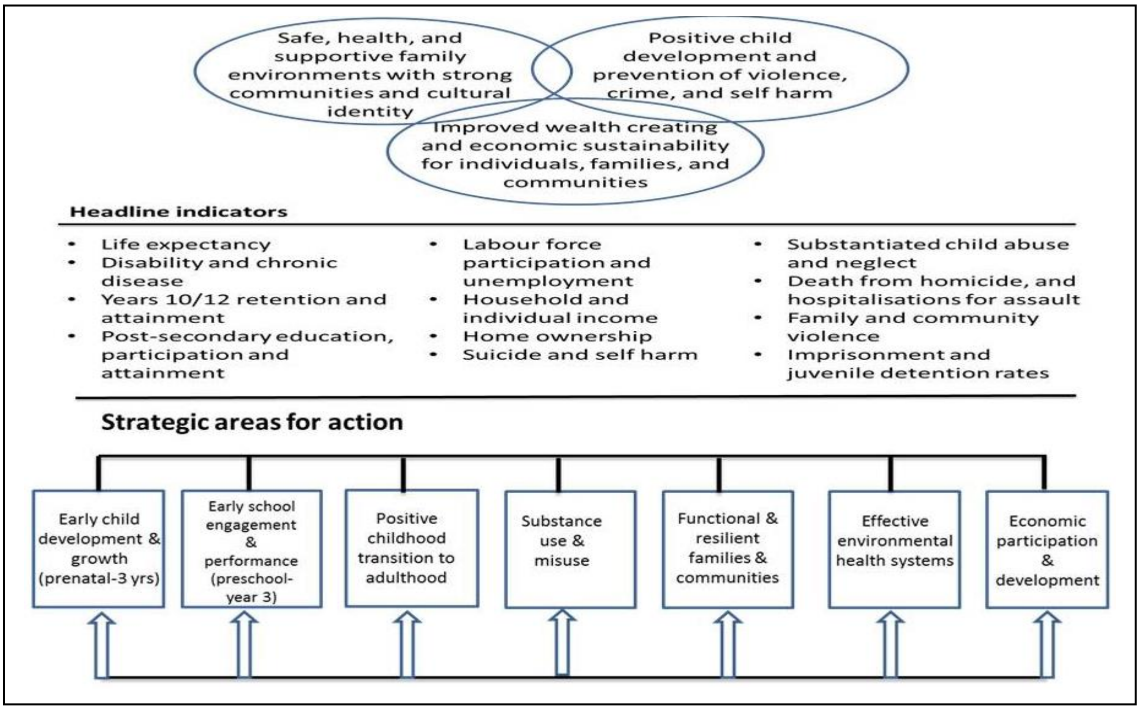

Figure 1.3. Overcoming Indigenous Disadvantage Framework. Adapted from Head (2008), Copyright (2008) Cambridge University Press; SCRGSP (2009), Copyright (2009) Commonwealth of Australia.

The *Overcoming Indigenous Disadvantage Reports* demonstrate a continuing picture of deep exclusion experienced by many Indigenous Australians. For example, the 2014 Report found that the mental health, suicide and self-harm rates, and access to clean water had worsened since 2011, and these indices are also measures of social inclusion/exclusion (Vinson, 2009a). The 2016 Report demonstrated that Indigenous adults have 2.6 times higher levels of psychological distress than non-Indigenous

Australians, and increase from the 2014 Report by about 6 percentage points (AGPC, 2016).

Indigenous Australians score poorly on other equally valid social inclusion indices such as for example, having poorer general health and higher levels of disability, having lower levels of education and employment and concomitant lower levels of household income and wealth, and being more likely to live in disadvantaged neighbourhoods (AHMAC, 2015; AIHW, 2014a, 2014b, 2015; Biddle & Yap, 2010; SCRGSP 2014).

1.7.2 The Vinson reports

Recognising the need for indicators that were both reliable and valid, the Australian Department of Education, Employment, and Workplace Relations (DEEWR) commissioned Professor Tony Vinson to write a series of reports on social inclusion in Australia (Vinson, 2009b). Vinson (2004) had previously demonstrated that communities living in social disadvantage might be cohesive, even though they lacked social capital. In Vinson’s (2004) commentary, social cohesion is a function of social inclusion.

In his first report (Vinson, 2009a) Vinson drew upon the European and UK definitions, meanings, and measuring of social inclusion/exclusion. Distilling these data and the data available from Australian States, Vinson (2009a, p.4) considered reliable indicators of social exclusion to be ‘deprivation, low educational qualifications, labour market disadvantage, joblessness, poor health, poor housing or homelessness, illiteracy and innumeracy, precariousness and incapacity to participate in society’, and recognised that certain groups or populations of people would be more vulnerable to these types of indicators (e.g. Indigenous people, immigrants and refugees, people with disabilities single parents, children, youth and women in disadvantaged situations).

Vinson (2009a) recognised the dynamic nature of indices of social inclusion/exclusion in terms of measuring poverty and employment. He also reinforced Wilkinson’s (1996) concept that social exclusion or inclusion is a subjective experience and can also relate to individual choice (Vinson, 2009a).

Vinson considered the drivers of social exclusion to be poverty and low income, lack of access to the job market, limited social supports and networks, neighbourhood effects, and exclusion from services. Using the overseas examples of indices, Vinson (2009a) recommended the development of headline indicators and supplementary indicators to be able to identify the best places for policies to be positioned. In his sixth report, Vinson focussed on Indigenous social inclusion (see Chapter 2) and measured social profile, income, employment, criminal justice, housing, and education as benchmark indices, introducing the notion of fatalism as a subjective psychological variable of exclusion. Vinson's (2009a) report added to an understanding of the complexity of measuring of risks and predictors of inclusion for Indigenous people, and articulated the links between poor indicators, poor health, poor nutrition, and poverty, and living as socially excluded. It was the recommendations of the Vinson reports that informed the development of the social inclusion agenda in Australia.

1.8 Growth of the social inclusion agenda in Australia

Following the WHO, and modelled on British initiatives, Australia began to develop specific policies and programs for social inclusion in the late 1990s (Hulse, Jacobs, Arthurson, & Spinney, 2010) that concentrated on poverty as the main risk factor for social exclusion (Badland et al., 2014). In 2009, the Australian Government recognised that social exclusion increased social distance between different sectors of society (Headey et al., 2012), and responded by framing a social inclusion strategy to engage marginalised groups more fully in mainstream society, and introduced an explicit social inclusion agenda into government policies (Carey, Riley, & Crammond, 2012).

The Australian Government's 2009 explicit social inclusion strategy was based on building strengths and was expected to succeed via building partnerships with stakeholders, developing services specifically adjusted to needs of target groups, giving a high priority to prevention and early intervention programs, and using *joined-up* services and whole-of-government(s) solutions (Saunders, 2013; Vinson, 2009). This model acknowledged that deep exclusion is not only a factor of poverty (Smyth, 2008) but has complicated root causes and is linked between economic, cultural, social, and political dimensions that require integrated responses and solutions (Hayes, Gray, & Edwards, 2008). Whereas Britain created a *Social Exclusion Unit,* in 2009 the Commonwealth Government created the *Australian Social Inclusion Board* (ASIB), and gave that Board oversight of the *Australian Social Inclusion Unit* (ASIU) established within the Mr Rudd's Department of Prime Minister and Cabinet.

The ASIB was comprised of experts, practitioners and community leaders tasked with advising the government on how to examine, monitor and address specific forms of exclusion (Saunders, 2013). The ASIB had a remit to break the cycle of disadvantage experienced by many Australians (Sampson, Gridley, & Turner, 2010), because the then

Federal Government of Australia wanted to 'build a stronger, fairer nation' (ASIB, 2009, p.3).

In the Australian policy context, social inclusion is conceptualised as opportunity, including the opportunity to participate in society through employment and access to services; connect with family, friends and the local community; deal with personal crises (e.g., ill health); and to be heard (ASIB, 2010). Social exclusion in Australian government policy terms is defined as the 'restriction of access to opportunities and [a] limitation of the capabilities required to capitalise on these [opportunities]' (Hayes, Gray, & Edwards, 2008, p. 6). Social exclusion is considered not merely the equivalent of poverty (i.e., inadequate economic resources) or deprivation (i.e., an enforced lack of social perceived necessities) (Saunders, Naidoo, Griffiths, & 2007; Hayes, Gray, & Edwards, 2008). According to the ASIB, social exclusion is fundamentally about a lack of connectedness and participation (McDonald, 2011).

The definition of social exclusion (even though it was a definition of *exclusion* rather than *inclusion*) that was posited by Pierson in 2001 (see above) was utilised by the ASIB in 2009 as a means of addressing related issues (ASIB, 2009). Pierson's definition was useful because, as an operational definition, it took abstract conceptual definitions and made them practical (Pereira & Whiteford, 2013). The Australian Government worked to increase social inclusion in a more holistic manner, adopting a broader working definition based on Pierson's earlier work, viewing social inclusion to mean:

> building a nation in which all Australians have the opportunity and support they need to participate fully in the nation's economic and community life, develop their own potential and be treated with dignity and respect (ASIB, 2009, p. 2).

The ASIB's definition put social inclusion as a goal across all the functions of government (Bossu, Bull, & Brown, 2012), and considered the gold standard to be that all groups in society 'participate fully' (ASIB, 2009, p. 1). However, inclusion can only be measured by benchmarking against existing conditions such as poverty, schooling and even health. There is no benchmark on what 'participate fully' looks like, or what a fully socially inclusive society would be, or how to measure progress towards that goal, other than the Government's definition of an inclusive Australia as one where, 'all Australians have the capabilities, opportunities, responsibilities and resources to learn, work, connect with others and have a say' (ASIB, 2009, p. 2). Nonetheless, the ASIB drafted a set of principles, including aspirational approaches to be considered when drafting policies or creating programs from a whole-of-government perspective, so that social inclusion was a goal of all agencies (See Figure 1.4).

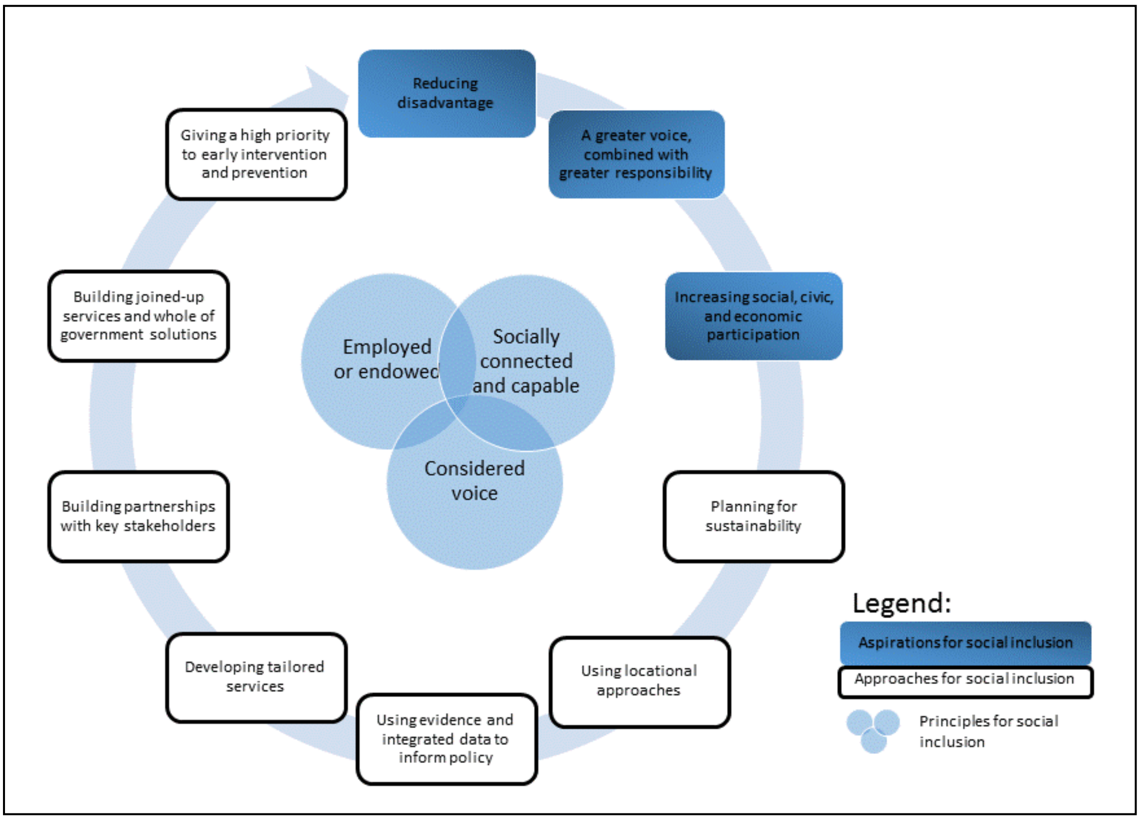

Figure 1.4. Australian Social Inclusion Board principles. Adapted from Vinson (2009). Copyright (2009) Commonwealth of Australia.

Even though the ASIB and the associated ASIU were dismissed by the incoming Federal Government in 2013, it had accomplished a range of successful initiatives.[11] It recognised the drivers of poverty in Australia as being more than a supposed lack of willingness to work (that is, Levitas's MUD model), but to also include: adequate income support; rising electricity bills; increasing housing costs, especially in the private rental market; and significant barriers to work including the cost of childcare, inflexible working arrangements, lack of access to transport, and appropriate housing close to suitable jobs (Carey, Riley, & Crammond, 2012). The ASIB also understood that gaps in social participation or wellbeing such as, for example, the effects of personal experiences and background, or weak social, family and other support networks, limit people's ability to maintain relationships with friends and family, to use local services, to participate in community activities, and to have a voice in the decisions that affect them. The ASIB advocated at State and community levels for interventions to increase the inclusion of

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[11] For example, the ASIB recognised the destructive impact of addiction to poker machine gambling, and advocated for reforms to the industry (Mendes, Waugh, & Flynn, 2014).

these groups (Saunders, 2013). The ASIB sought to do this by engaging community sections to encourage individual contribution and participation. Importantly, the ASIB advocated a whole of government approach, where social inclusion needed to be considered as a core function of all government activities (Zufferey, 2011).

1.8.1 Measurement of social inclusion/exclusion by ASIB: the 'How Australia is Faring' reports

Significantly, the ASIB also produced research that was based on evidence. Recognising that different communities have different needs, strengths and resources, the ASIB fostered customisation to best suit each community's situation, with the Board's goal of a 'stronger, fairer Australia'. The ASIB produced a series of annual reports from 2009 to 2013, titled *Social Inclusion in Australia: How is Australia Faring,* using benchmark measures of the most common risks of social exclusion, with the final report published in 2013 (ASIB, 2013). The report formed the Australian Government's documentation on social inclusion variables, to respond to the WHO's 'Closing the Gap' report, as required under its responsibilities to the UN (see United Nations Association of Australia (UNAA), 2013). The greatest challenge presented in these reports was how to measure social inclusion and gather evidence to inform policy and practice, as the concept of social inclusion as a determinant of health evolved in policy and academic agendas (Saunders, 2013).

The first *How is Australia Faring* reports used data from a variety of sources, including the ABS, and was based on the drivers of social exclusion as defined by the ASIB, and its *Principles for Social Inclusion* (see Figure 1.4) (ASIB, 2008). Differing from the UN's indices, the ASIB measured social inclusion as a function of increasing jobs and a system of accessing social financial security (ASIB, 2009), increasing work and family social connections, with an understanding that these support networks would assist an individual in times of stress. The ASIB's first report measured the headline indicators affecting social inclusion such as poverty and low income, access to jobs, social support and networks, effects of the local neighbourhood, exclusion from services, and health (ASIB, 2009). The method of measurement was supposed to allow longitudinal data collection within Indigenous communities, rather than comparing Indigenous to non-Indigenous people (ASIB, 2009).

The *How is Australia Faring* reports considered the circumstances of *all* Australians but they provide useful information about the social inclusion/exclusion experienced by

Indigenous Australians. The reports used generic-type indicators of social exclusion, based on the ASIB's Reporting Frameworks concepts, and reported, where data existed, each domain against Indigenous people. For example, using Centrelink administrative data from 2009, the 2010 report found that 9% of the population had been on income support for the past 12 months, 8% on income support for at least two years, and that 30% of Aboriginal and Torres Strait Islander Australians were on income support for the past 12 months. An additional indicator used by the 2012 report to measure social inclusion in Indigenous people was access to the Internet in remote areas (ASIB, 2012). This indicator was measured by the Department of Broadband, Communications and the Digital Economy (DBCDE) (ASIB, 2012). However, the use of the internet in remote communities is fraught with issues such as, for example, access to computers, and while it is possibly a statistically valid measure of Indigenous social inclusion (Letch & Carroll, 2008), 21% of Indigenous people live in remote areas as defined by the Australian Standard Geographic Classification (ASGC) (ABS, 2016). Also, there is no evidence that Indigenous people living in more urban settings have reliable access to computers and/or internet (Daly, 2005; Skinner, Biscope & Poland, 2003), and therefore measuring internet use in Indigenous communities is a contestable indicator, as having internet access requires financial resources required for computer soft and hardware, internet access, stable housing, etc.

The expression of values of social inclusion had become more sophisticated by the 2012 *How is Australia Faring* report. While the main emphasis continued to be employment as the major vehicle of social inclusion, the concept of 'multiple disadvantage' (ASIB, 2012, pp. 29-32) as an operational definition of social exclusion was introduced, with a risk component rather than a correlation, or rather, a person might have multiple disadvantages, but not be socially excluded. From 2012, the Australian model of social inclusion was divided into the categories of 'multiple and entrenched exclusion, participation, and resource' (ASIB, 2012, p.12), using resources and participation concepts with headline and supplementary indicators for reporting each of the indices of social inclusion (see Figure 1.5).

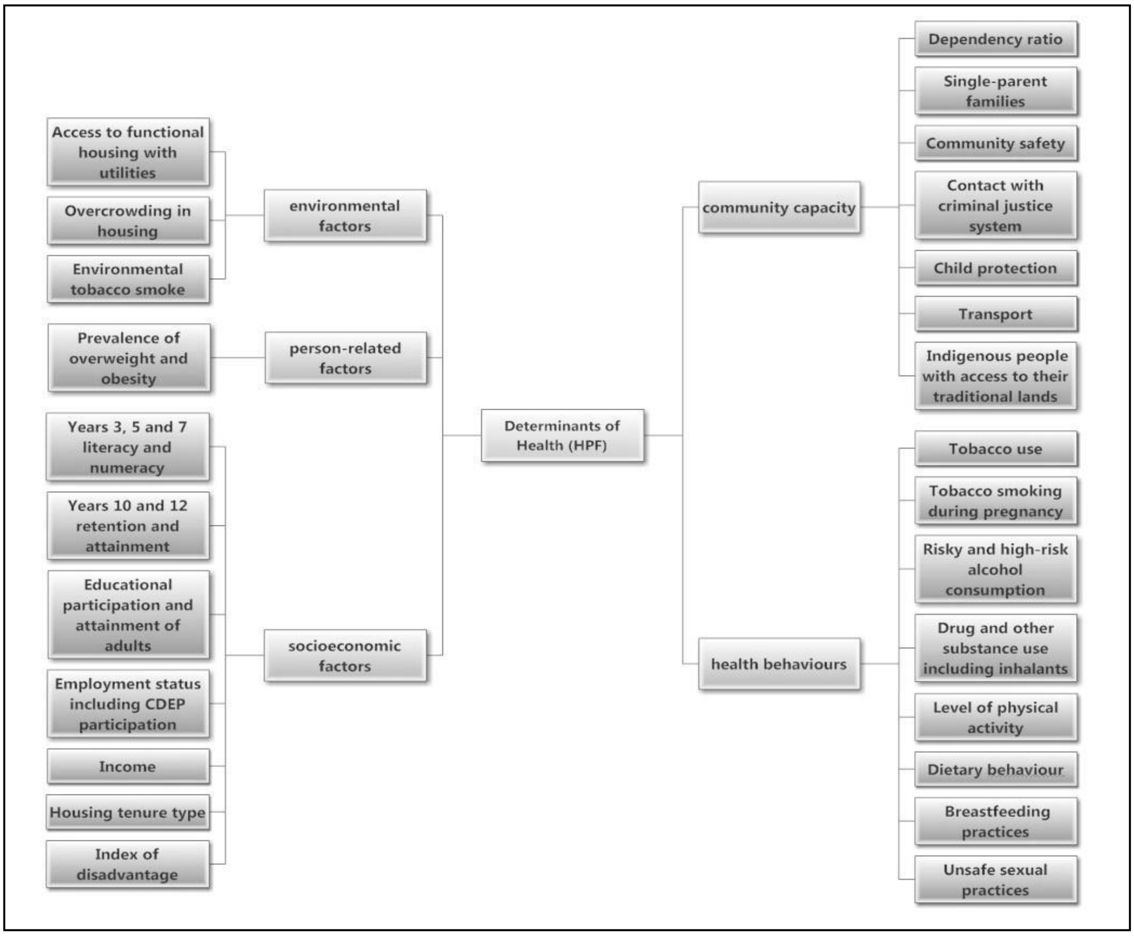

Figure 1.5. Domains and indicators of Indigenous health as measured by the Health Performance Framework. Adapted from AIHW (2012). Copyright (2012) Commonwealth of Australia.

The ASIB collected data for Indigenous people across eleven domains (see Figure 1.5). In 2012 and 2013, a priority was placed on reporting against the ‘Closing the Gap [targets] for Indigenous Australians’ (ASIB, 2012, p. 88). To do so, the ASIB measured two indices. The first was the age standardised mortality rate by Indigeneity, and Socio-Economic Indexes for Areas (SEIFA), including child status. This indicator was measured by, and reported against, the Commonwealth Department of Health and Aging (CDoHA)’s programs. The second, as noted above, was the availability and usage of public internet facilities in remote Indigenous communities. There is an additional indicator in the 2012 Report in the health domain where the CDoHA measured and reported on obesity in Indigenous people across SEIFA and remoteness, as measured by the ASGC (ASIB, 2012, p.91), as obesity is considered a predictor of social exclusion (Lawrence, Hazlett, & Abel, 2012; Moore & Cunningham, 2012). Given that indices such as obesity need longitudinal studies to determine success, comparison across reports is not possible as the Australian Government’s ASIU, and some of the related Closing the Gap programs were de-commissioned within a week of the 2013 Australian Federal election result (Crisp, Taket, Graham & Hanna, 2013).

In its last report, the ASIB used Paradies, Harris, and Anderson's (2008) research to demonstrate that discrimination is a form of social exclusion that can lead to poorer health outcomes in Indigenous people (ASIB, 2013). Paradies, Harris, and Anderson's (2008) research provided evidence that informed the ASIB's policies and practices, and it would have measured 'discrimination' in the next Report, had the ASIB continued (ASIB, 2013, p,18).

From 2013, with a change of Federal Government and subsequent change in ideology, the 'problems' of social inclusion were placed 'back with the providers', or non-government organisations concerned with social welfare, such as, for example, the Salvation Army (O' Gorman, Butcher, & Howard, 2012, p.25). No further *How is Australia Faring* reports have been produced to date.

Comparing the *How is Australia Faring* reports over their four years of production demonstrated that across Australia, the social gradient significantly steepened between 2006 and 2010, with almost 35% of the Australian people in the lowest SEIFA decile scoring three or more disadvantages in 2012, an increase in gradient of almost 28% (ASIB, 2012). Scoring three disadvantages places people in the category of deep, multiple disadvantage, the most reliable predictor of social exclusion, and a score of at least three disadvantages is common in Indigenous people (Batten & Stanford, 2012).

While the *How is Australia Faring* reports consider social inclusion from an Australia-wide perspective, all the reports demonstrated that no other demographic group scored significantly and consistently poorer across all three concepts than Indigenous people (Reeve & Bradford, 2014). In the last report, Indigenous communities scored higher than non-Indigenous communities on multiple and entrenched disadvantage, further increasing the risk of social exclusion (Reeve & Bradford, 2014).

The aim of the ASIB reports was to measure and compare social inclusion annually, with the objective of determining the effectiveness of interventions created by organisations to increase social inclusion (Saunders, 2013). However, many interventions for wide and deep exclusion require a generational approach to amelioration, and this was not afforded over the life of the ASIB. Nonetheless, the ASIB contributed significantly to the challenging work of defining, measuring, and reporting on levels of social inclusion in Australia. Using data from health-related reports, for example, the 'Health Performance Framework', can also add to the richness of data provided by the ASIB and the Vinson reports for understanding the health effects of social inclusion/exclusion in Indigenous communities.

1.8.2 The Health Performance Framework

The Australian Institute of Health and Welfare (AIHW) has been monitoring the determinants of health for Indigenous people using the *Aboriginal and Torres Strait Islander Health Performance Framework* (HPF), biannually from 2008 to 2016 and the 2017 report (AHMAC, 2017). Although none of the indicators in these reports specifically measure or identify levels of social inclusion, the data and conditions reported on are considered to be vehicles of social inclusion (Vinson, 2009a) The *HPF* uses information gleaned from other federal and state government organisations, such as the ABS, the Office of Aboriginal and Torres Strait Islander Health (OATSIH), and state health bodies (CDoHA, 2012). Designed to provide the basis to monitor the impact of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2013-2023* (AIHW, 2013), the *HPF* also informs policy analyses, planning and program implementation. The *HPF* consists of 71 measures covering three tiers: health status and outcomes; determinants of health; and health systems performance. These tiers are broken down into domains then outcome measures (AIHW, 2017).

The determinants of health (Tier 2) reported in the HPF are a range of factors and behaviours that contribute towards health status and levels of inclusion among Indigenous Australians. In this tier, there are five domains, or factors, each broken down into its commensurate indicators (AIHW, 2017). The data in the *How is Australia Faring* reports, the *Overcoming Indigenous Disadvantage* Reports, and the *HPF* inform the Government's reports on Closing the Gap between Indigenous and non-Indigenous life circumstances.

1.9 The 'Close the Gap' reports and the work of the Council of Australian Governments (COAG)

Australian Governments recognised the deep exclusion of Indigenous people, and in the National Indigenous Reform Agreement (NIRA) (COAG, 2008, p.2), all parties were 'committed to addressing the issue of social inclusion'. COAG recognised the importance of connection to culture, and that

> (a)ssuming, promoting and supporting a strong and positive view of Aboriginal and Torres Strait Islander identity and culture are important ways to reduce social exclusion for Indigenous Australians and to support them in their endeavours and aspirations for a positive future. (COAG, 2008, p. 5)

Reducing the wide and widening space of social exclusion for Indigenous people is one of the main goals of the Close the Gap strategy. The Close the Gap strategy is a mandated requirement for Australia and other countries where the gap in quality of life between citizen groups was significantly different (WHO, 2010). The COAG was bound to meet the recommendations of the WHO's CSDH, and started a preparatory review process of the effectiveness of Indigenous health programs in 2007 (COAG, 2008). By 2008, COAG had created the NIRA which frames the task of 'Closing the Gap' in Indigenous disadvantage, including social exclusion.

The NIRA considered economic and social participation and better access to services, and sought to 'promote personal responsibility, engagement and behaviours consistent with positive social norms' (COAG, 2008, p.6). This approach sits under Levitas's (2006) RED discourse, where poverty and adherent behaviours are the main vehicles of social exclusion.

The NIRA (COAG, 2008, p.1) claimed that all parties are 'committed to addressing the issue of social inclusion and that commitment is embodied in the objectives and outcomes of this Agreement'. This commitment statement suggests that social inclusion was not added to any program within any of the seven building blocks (see Figure 1.6) as a measureable variable, outcome, or output, but rather the 'spirit' of social inclusion was assumed as a guiding principle. In fact, social inclusion is not specifically mentioned in any of the building block programs. This means that none of the official responses or programs in Australia articulate social inclusion as a measurable target even though it was a core principle of the CSDH report, has its own knowledge network with the WHO, and yet was a core principle in the 2008 NIRA.

Each of the blocks in the 'Closing the Gap' program (see Figure 1.6) are drivers of social inclusion, and if successfully integrated into services, policies and programs will give Indigenous people local decision making and a greater sense of personal agency and control (Hunter, 2009). The Close the Gap building blocks acknowledge that policy-making using these tools are both strategic for long-term planning, and sensible (Vinson, 2009b).

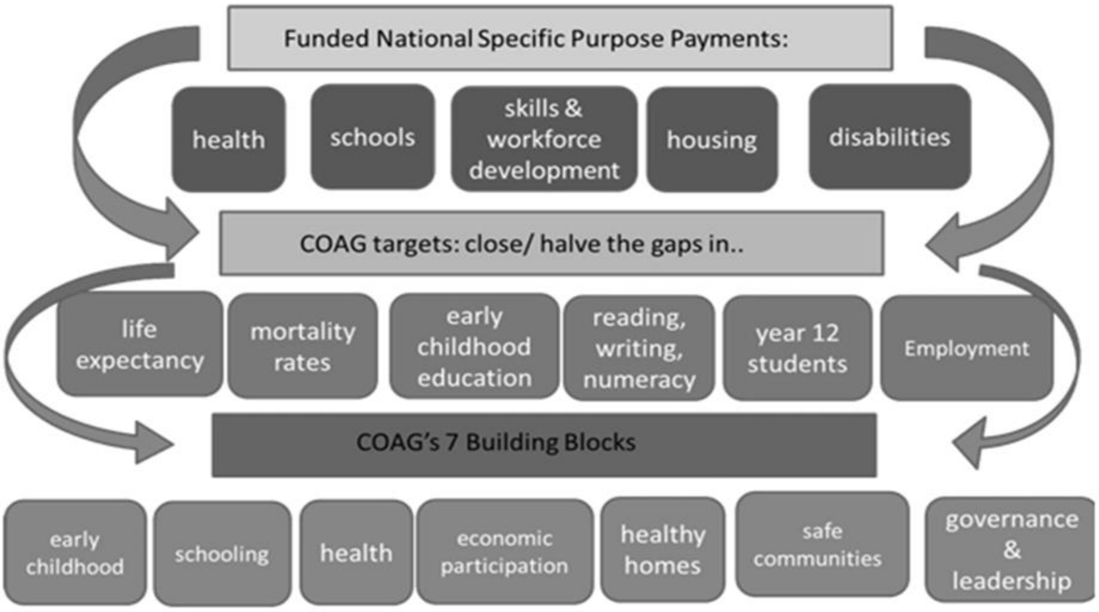

Figure 1.6. Hierarchy of COAG Closing the Gap Program. Adapted from COAG (2009a). Copyright (2009) Commonwealth of Australia.

1.10 Complexities in measuring social inclusion

The challenges in measuring social inclusion/exclusion, and operationalising and evaluating inclusionary interventions are prodigious. Reviewing the examples of government responses as above demonstrates the ease in which the principle of social inclusion can get lost. Addressing the issues surrounding Indigenous disadvantage, a reliable predictor of social exclusion, requires an in-depth understanding of the streaming of determinants of health, level and types of exclusion, and the ability to view 'inclusion' through an Indigenous lens. Such complexity in policies that have such exigent cause and effect issues, measurement issues, and for social conditions that are all-encompassing, have sometimes attracted the labels of *wicked* problems.

Indigenous disadvantage is considered a wicked problem due to the ongoing, seemingly intractable root causes (Hunter, 2007). Some social inclusion/exclusion theory critics have argued that overcoming inequality and exclusion requires integration into the mainstream economy, with embedding requisite employment skills and moving to locations where full-time work and social services are available (Geddes, 2000). Conversely, other social inclusion commentators insist that respect for cultural differences and traditional ties to country are fundamental to the wellbeing of most Indigenous people, and that 'insistence on economic assimilation implies state-mandated cultural assimilation' (Figueroa, 2011, p.232), a concept that goes against the United

Nations' Declaration on the Rights of Indigenous People (Pulitano, 2012). Neither of these value-based positions can be either validated or denied by any of the various progress reports under the government's frameworks for monitoring disadvantage and inclusion (Head, 2008).

With the loss of the ASIU and the ASIB, and the attendant cessation of the *How is Australia Faring* reports, it might be argued that the notion of social inclusion no longer has any political currency in Australia, perhaps because the overwhelming nature of wicked problems has reduced the political will to attack the root causes of disadvantage and social exclusion in Indigenous communities. The multi-agency approach, as described above, has disparate government agencies, each with their own agendas, frameworks and reporting mechanisms desperately attempting to overcome Indigenous disadvantage, and thereby increase social inclusion. In the face of this complexity, policy-makers (e.g. Smyth, 2010) and academics (e.g. Redmond, 2015) might claim the futility of such approaches, especially where compassion is a vital component of any interventions involving Indigenous people (Vinson, 2009a).

If inclusion is about being brought in from the margins, then the question remains: on what grounds did the exclusion occur? Adherents of work as a vehicle of inclusion insist on 'employment opportunities' (Levitas, 1998/2005, p.111), as a 'ladder of opportunity' (Helme, 2005, p.170), ignoring the structural obstacles of inequality (Lee & Burkham, 2002). As one of the early researchers into social inclusion stated:

> if you live on state benefit, on an isolated, poorly maintained, council estate where barely anyone on your street is employed, then individual blame, or the individual capability to transcend it, is in its final insult, manically laughable (Brine, 1997, p. 231).

Blaming the excluded for their own state of exclusion positions included/excluded as a dichotomous society, with people either 'in' or 'out', as in Levitas's (2004) 'dominant model of exclusion' where:

> the poor/excluded have the wrong values and attitudes and . . . they pass [these] on to their children and fail therefore to acquire the appropriate skills and qualifications to succeed (Levitas, 2004, p. 49).

For Indigenous people, the threat in this model of exclusion is:

> (a)ttention is drawn away from inequalities among the included…It is not that inequalities are denied, but rather they are regarded as unproblematic and wholly legitimate (Levitas, 2004, p. 47).

Reviewing the frameworks from the different government agencies indicates that, goodwill notwithstanding, all the interventions are directed *at* Indigenous people, rather than acting *with*, and thus addressing the personal/community/cultural deficiencies that keep groups alienated, and excluded (Carey & Riley, 2012). Even if the ASIB had adopted Levitas's (2005) redistribution discourse (RED), or the social integration discourse (SID), targeting interventions at Indigenous people, where Indigenous people are held responsible for entry into the mainstream society as the *theory of change* (see Warwick-Booth, South, Cross, Woodall & Day, 2014) demonstrates an adoption of the Moral Underclass Discourse (MUD).[12] Addressing a 'name, blame and shame' culture in policy such as this requires Indigenous voices to be heard (Head, 2008), which also builds a better evidence base on the causes of social exclusion and disadvantage (Petticrew et al., 2009).

Social inclusion remains a contested concept (Saunders, 2015), with critics using the same limitations to support their arguments, and draw diametrically opposing conclusions. For example, Béland (2007) claims social inclusion is a concept that has been cited and used to sustain a dominant political discourse of social spending restraint and increased reliance on market economies, while Saunders and Tsumori (2002) criticise its use to justify state intervention without a solid evidence base or agreed meaning.

Confusion exists around the use of social inclusion/exclusion in a research or policy context because of the debates around whether social inclusion/exclusion is an outcome or a process. Hick (2012) argues that this confusion is reflected in identifying the focus for improving social inclusion, that is, should the focus be on developing indicators and identifying risk factors that produce socially excluding outcomes, or should the focus be on seeking to change the risk factors themselves. Hick (2012) also considers whether social exclusion is bad for individuals, or for society. If social exclusion is bad for the *individual*, then interventions need to focus on identifying and removing constraints that created or imposed that exclusion. If social exclusion is bad for *society* then voluntary or passive exclusion also becomes important, and any intervention needs to consider the choice of self-exclusion (Burchardt, Le Grand, & Piachaud, 1999; 2002b).

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[12] A *theory of change* is a comprehensive description and illustration of how and why a desired change is expexted to happen in a particular setting or context (see Warwick-Booth, South, Cross, Woodall & Day, 2014).

The difficulty in providing a robust definition of social inclusion that satisfies both academic and political discourse means that there is a corresponding difficulty in identifying indicators that allow policy makers and clinicians to effectively address levels of exclusion. This complexity goes no small way to explaining why even when the Closing the Gap interventions mandate social inclusion as a core component, there is no measuring and therefore identifying of any subsequent increase or decrease in inclusion/exclusion rates for Indigenous people. However, the evidence remains that as a population cohort, Indigenous people remain excluded from non-Indigenous society at a deep and complex level.

The complexities of social inclusion/exclusion are well demonstrated by the variety of government attempts to define, measure, evaluate and ameliorate the phenomenon. The models are mostly descriptive, with minimal interpretation of what social inclusion looks like from the perspective of excluded people. Social inclusion/exclusion for Indigenous people is exponentially challenging, as the deep levels of exclusion are multi-factorial, and therefore difficult to ameliorate. The effects of social exclusion, such as, for example, inter- and intra- generational poverty, poor education, poor access to resources, and poor physical and mental health and wellbeing can be devastating to communities and individuals.

1.11 Conclusion

This chapter has introduced social exclusion as a foundation discourse for this PhD. The characteristics, aspects, and definitions of social inclusion, especially Levitas's three discourses were considered, given that Australia's responses were loosely based on Levitas's RED and SID discourse, where the solution to poverty is considered to be paid employment. Predictors of inclusion and exclusion were described, then the growth of international and national responses to measuring and understanding social exclusion were considered.

Australia's attempts to understand Indigenous social exclusion by nominating variables to measure were described, and the multiple annual reports for a variety of government sources were discussed. Australia's responses were linked to the UN and WHO mandates. Finally, the concept of wicked problems was considered, recognising the magnitude of ameliorating centuries of exclusion.

These reports, policies, and reports consider the duality of a perceived excluded/included state of being, but none address the issue of Indigenous people who feel excluded from their own community. *Community exclusion* is poorly researched and needs urgent investigation. The following chapter discusses the concept of community exclusion, a form of lateral violence.

Chapter 2: Social and Community Exclusion in Indigenous Communities

2.1 Introduction

Chapter 1 introduced social inclusion as a broad theoretical discourse. It considered scholarship on social inclusion/exclusion and related social policy development in Australia and overseas and examined how the social inclusion agenda has been applied to Indigenous policy from a perspective of being *included* OR *excluded* from mainstream society. Chapter 2 reinforces the concept of *identity* and the importance of developing a secure sense of identified self, and how this can relate to social inclusion/exclusion. This chapter then examines the characteristics of exclusion in the Indigenous context in more detail. It continues with an examination of Indigenous exclusion from mainstream society, an area which has attracted significant scholarship, and then considers how and why Indigenous people experience exclusion from their own community (whether locally or broadly defined). The chapter considers historical context and the role of identity construction as a vehicle for exclusion from mainstream society today and in the past, and how its legacy can be seen in the mechanisms which exclude people from their own community. It will consider how being in an excluded state from one's Indigenous community can damage identity, health, and hope. The chapter defines and explores the notion of community exclusion as a subset of lateral violence – the latter having attracted more research in recent years. The chapter provides a brief literature review of theories that have sought to explain violent behaviour because of received oppression, and posits how these may be of use in understanding why community exclusion occurs, concluding that an ecological approach shows the most potential for further exploration. Finally, the chapter briefly explores current understandings of the mental health impact of this type of exclusion, how such behaviours are transmitted and, briefly, the evidence of protective factors, notably resilience and social capital, as these are critical to ameliorating the effects of community exclusion, as will be explored further in Chapter 3.

Racism is a function of colonisation and its nature, history, and effects are considered below. Oppressed people can also internalise racism, or the values and perceptions of the coloniser, and mimic or repeat those values to others of their own in-group. Such internalised racism has been identified as the root cause of damaging behaviours, including those identified in other contexts as *lateral violence* (Clark & Augoustinos, 2015; David & Derthick, 2013; Patel, 2015). Lateral violence results in individuals or groups of individuals being excluded from their own in-group. Like terms such as ‘culture’ or ‘community’, how such an ‘in-group’ is defined is context specific and can relate, for example, to a professional community (i.e. ‘nursing’), a local community with a shared cultural identity (i.e. Aboriginal people all from one mob) or one that is more nationally defined (i.e. ‘Indigenous’).

In this chapter, the use of lateral violence by Indigenous people to exclude other Indigenous people from their own Indigenous cultural group is introduced and termed *community exclusion*. Community exclusion thus forms one aspect of a spectrum of negative behaviours that characterise lateral violence more broadly.

This thesis will focus on investigating two mechanisms by which such exclusion is achieved – claims of inauthenticity (that the subject is ‘not really Aboriginal’), in particular, based on skin colour, as well as accusations that they do not ‘belong’ because they are not ‘living on country’. These two mechanisms can interlink. Accusations of inauthenticity are closely linked to perceptions of identity. Identity and its formation is briefly considered in this chapter. Examining the nature and prevalence of these mechanisms is one aspect of this thesis. Another is the investigation of the characteristics and mental health impact of community exclusion. This latter aim is a core component of this doctoral research, as are the identification, importantly, of significant risk and protective factors. In subsequent chapters, this doctoral research will examine the correlation, if any, between psychological distress and community exclusion and self-perceptions of Indigenous identity, as a means of understanding the impact of community exclusion and the evidence for factors that place people more, or less, at risk of its psychological impact.

2.2 Social exclusion from ‘mainstream’ society: racism and Australian history

Social exclusion, or even the threat thereof (Baumeister & Tice, 1990) is a traumatising experience for any population (Murray, 2007; Pierson, 2001/2010). Certain cohorts of the population are excluded by the majority as a function of their life situations, such as homelessness (Fitzpatrick, Johnsen, & White, 2011) or poverty (Devicienti & Poggi, 2011); via the stigmatisation of mental illness (Collins et al., 2011); because of their gender and sexuality (Hammack & Cohler, 2011; Stenseng, Belsky, Skalicka, & Wichstrøm, 2014; Terrizzi, Shook, & Ventis, 2010) or age - whether young (Heinze & Horn, 2014) or old (Dickens, Richards, Greaves, & Campbell, 2011).

Another type of exclusion is based on 'race' and/or ethnicity (Lichter, Parisi, & Taquino, 2012). Exclusion based on race in the Indigenous context is a function of colonisation and results in the colonised being both socially and politically excluded (Chavez-Dueñas, Adames, & Organista, 2014), leaving Indigenous people across Australia in what has been termed a chronically excluded state (Hunter, 2009). The exclusion of Indigenous people is also a function of racism, when non-Indigenous people are unwilling to act inclusively (Hunter, 2007). Racism is a major vehicle whereby Indigenous groups are excluded from 'mainstream' Australia (Nelson, Dunn, & Paradies, 2011; Paradies, 2016), and a strong predictor of psychological distress (Kelly, Dudgeon, Gee, & Glaskin, 2009).

Race is a social construction (Figueroa, 2012) that is highly politicised (Erwin & Maré, 2013), and acts to keep racialised groups disempowered (Rocco, 2016). Race is perceived to have signifiers based on physical appearance such as skin colour, hair colour and texture, facial features, ancestry, nationality, and culture (McClintock, 2013). It has also been used to constrain a racialised 'other' by attaching notions of 'worth' to 'racial' characteristics, for example, claims of darker skin correlating to lower intelligence (Harrison, 2013).[13] Skin colour is commonly perceived as a signifier of race (Dupree, Spencer & Spencer, 2015), even though skin colour is not a reliable predictor of what is perceived as a racial, or Aboriginal, identity for Indigenous people (Bond, Brough & Cox, 2014).

Race is used for *identification* to place individuals into demographic groups for various purposes (Lincoln, Lynham, & Guba, 2011), but also as *identity*, or the meaning individuals and groups ascribe to membership in racial categories (Reitz, Zhang, & Hawkins, 2011). *Identification* results from external assignment or categorisation, whereas *identity* results from internal processes as individuals encounter external influences (Renn, 2012). *Identification* (as the macro level of public policy) is connected to *identity* (as the micro level or individual identity) by the experience of living as a racialised human being in society (Lobo, 2013), or the daily experience of seeing and being seen through the lens of race (Renn, 2012).

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[13] An example of the on-going construction of other as inferior is educational racism, where racialised 'other' students are expected to fail remains rampant in many societies (Barbujani, 2011), including for Indigenous students (Priest, Mackean, Davis, Waters, & Briggs, 2012).

On any level, the behaviours of racism can be overt or covert (Jackson, 2012), as in active and/or passive behaviours (Paradies, Harris, & Anderson, 2008), and can be expressed as beliefs, stereotypes, prejudices, or discrimination (Priest et al., 2013a). Behaviours can manifest as casual remarks, or as open threats or taunts, often deeply embedded in social systems and structures (Berman & Paradies, 2008). Regardless of the form of racism, the results include unfair inequalities in power, resources, and opportunities (Priest et al., 2013b). The subjugation of a population based on race manifests as oppression, and further disadvantages ethno-racial minorities while in turn, privileges members of the dominant populations in that society (Drew, Gottschall, Wardman, & Saltmarsh, 2016; Paradies, 2006a).

Racism as a concept has been extensively studied and debated, and considered to derive from a combination of power and prejudice (Berman & Paradies, 2008). Essed (1990, p.11) defines racism as 'the definitive attribution of inferiority to a particular racial/ethnic group and the use of this principle to propagate and justify the unequal treatment of this group. Ziersch et al. (2011) define three levels of racism (see Table 2.1) to explain the layers of racism inherent in Australian societies.[14]

Table 2.1

Three levels of racism

1	Institutional:	practices, policies and processes that are part of organisations, institutions and systems of society
2	Interpersonal:	interactions between individuals either in institutions or in social situations.
3	Internalised:	an individual internalises the attitudes, beliefs and ideologies about the perceived inferiority of their group as held by the dominant society

Note: Adapted from Ziersch, Gallaher, Baum and Bentley (2011). Copyright (2011) Elsevier.

Experiencing any of these three levels of racism can be overwhelming for many Indigenous people, resulting in physical illnesses (Larson et al., 2007) and psychological distress (Ferdinand, Paradies, & Kelaher, 2013; Kelly et al., 2009). However, the experience of racism can be different for individuals (Mellor, 2004), and individuals and

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[14] For example, excluding Indigenous students from educational opportunities based on stereotyping is an example of the three levels of racism described in Table 2.1. It is *institutional* because of the practices, policies and processes that are part of the educational system; *interpersonal*, because the individuals that enact the exclusion, such as teachers; and *internalised*, because Indigenous students come to believe lower expectations of themselves.

communities will differ in their reactions to racism (Cunningham & Paradies, 2012; Hopkins, Zubrick, & Taylor, 2014).

Racism in many countries is a normal way of being (Delgado, 1995), and Australia mirrors this occurrence (Jonason, 2015; Markus, 2014). For Indigenous people, the negative physical and psychological effects of racism are a part of daily life (Larson et al., 2007). Kessaris (2006) claims that the dominance of white Australia in all aspects of social structures and practices has normalised racism to such an extent that it is often difficult to name, recognise, and therefore address. Living in a public gaze with high levels of perceived racism is a strong predictor of poor mental health (Krieger, 1999; Paradies, 2006c; Larson et al., 2007; Williams & Mohammed, 2009), such as depression, anxiety, and obsessive–compulsive disorders (Krieger, 1999), and feelings of stress and negative emotional reactions (Ziersch et al., 2011). Racism and its concomitant negative effects on Indigenous Australians have been robustly researched (see Kelaher, Ferdinand, & Paradies, 2014; Larson et al., 2007; Paradies, 2006a; 2016; Paradies et al., 2008; Paradies et al., 2016; Pascoe & Smart Richman 2009; Priest et al., 2013a; Williams & Mohammed, 2009), and racism can be considered a determinant of health at a national level (Henry, Houston, & Mooney, 2004), especially for Indigenous people (NHMRC, 2002).

Racism experienced today has its roots in the colonial encounter. To introduce consideration of community exclusion and the role of notions of identity and authenticity in its deployment, the next section provides a brief historical overview of how race, identity and authenticity have been fundamental mechanisms for excluding Indigenous people from ‘mainstream’ Australia for the past 200 years.

2.3 Historical context of ‘race’ relations in Australia

From the time of first contact, Indigenous people were displaced in the new settler society, and dispossessed of their lands (Hunter, 2009). From the instant Cook planted a British flag in the Torres Strait (Withey, 1989), the dominant ‘white’ Australia was to accept the ‘British nation’ as the assumed focus of identity (Delanty, 2000, p.19), even though there is no single monolithic British culture, now or then (Wheeler, 2000). Building a nation such as Australia on a core value of British cultural superiority (Smith, 1986) resulted in Indigenous people being purposefully excluded from sociality, economy, and all other entrances to mainstream society from first contact. The outcome of this process is the construction, representation, perception, and perpetuation of Indigenous people as

‘Other’.[15] Even if deliberate exclusion on both sides is equivocal (Clendenin, 2005), the power to decide sites of inclusion lay firmly with the colonisers and settlers.

Settlers viewed themselves as part of a transnational British kin group, sharing the family status of monarchical subjects, bound together by ties of ‘race’ and national origin, within and across the metropolis and its colonial outposts (Pearson, 2002), ensuring that even in the century following first contact, Indigenous subjecthood and subsequent citizenship (formally awarded in 1948) was an ‘empty shell’ (Zappala & Castles, 1999, p. 281). Indigenous people, in keeping with their ‘invisible’ *terra nullius* colonial status, were excluded from most of the rights and duties of other Australian citizens and permanent residents, resulting in an unrelenting state of exclusion that has been, and continues to be, sponsored and permissioned by the state.

During the 1800s, Australia was settled predominantly by people from the United Kingdom (Isaacs & Kirkpatrick, 2003). Settlers held Indigenous people in low regard, denying them their humanity and leaving them without rights or citizenship of their own country (Baird, 2014), and living in abject poverty (Short, 2012). Galtung (1990) has described as *cultural violence* the poverty and vicious cycle of dysfunctional adaptation, and the miserably constrained ecological niches prescribed for Indigenous people by the dominant non-Aboriginal system. He notes that such violence is expressed in both the invisibility and public gaze experienced by Indigenous people and explains cultural violence as ‘those aspects of culture, the symbolic sphere of our existence-exemplified by our religion and ideology, language, and art, empirical science and formal science…that can be used to justify or legitimise direct or structural violence.’ (Galtung 1994, p.291). Galtung’s definition of cultural violence partly explains why Australian society has accepted the exclusion and hostility directed towards Indigenous people as normal (see for example, Denison, Varcoe & Brown, 2014; Fawcett & Waugh, 2013; Kaspar, 2013).

Reinforcing the colonial value of ‘other’ as inferior, Indigenous people were made powerless to live how and where they desired. Forcibly removing people from their country and ensconcing them in missions and reserves emphasised the exclusion and powerlessness of Indigenous people, and the futility of resistance (Gooda, 2011). Indigenous groups not used to such close cohabitation of different kin and clans, were

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denied their use of language and cultural practices, and forced to adopt the colonisers' religions and cultural morés (Chen, 2014; Paradies, 2016; Pearce, Foliaki, Sporle, & Cunningham, 2004). Every aspect of mission life was controlled by the 'authorities' (Horton, 2012, p.158), with an ensuing breakdown of traditional roles, culture and social structure, resulting in a state of alienation, or 'anomie' (Durkheim, cited in Hoffman & Bearmand, 2015). Anomie is a source of shame and chaos that threatens a population's identity (Lynd, 2013), leaving people with a sense of identity incoherence (Schwartz, Côté, & Arnett, 2005; see also Côté & Levine, 2014; Huang, 2014). Identity is central to a sense of self (Sim, Goyle, McKedy, Eidelman, & Correll, 2014), a source a self-esteem (Tynes, Umana-Taylor, Rose, Lin, Anderson, 2012), and often permissioned by group membership (Hogg, 2012).

There have been 67 official definitions of who is and who is not Indigenous in Australia since European settlement (McCorquodale, 1997), with the majority constructed without any input from Indigenous people themselves. McCorquodale (1997, p.24) created six classifications of definitions, including: 'anthropometric or racial identification; territorial habitation, affiliation or attachment; blood or lineal grouping, including descent; subjective identification; exclusionary and other; and Torres Strait Islanders'. Commonly, official definitions were based on quantum of 'black blood' (Dodson, 2003, p.29). While today, terms such as 'half caste' and 'quadroon' are highly offensive, they were officially used by government officials for decades to ascribe indigeneity and manage the Indigenous population. As Dodson (2003, p.30) points out, these supposedly objective definitions are 'ideological tools, designed to assist the state in applying its policies of control, domination and assimilation'.

A succession of Acts in all states and territories actively excluded people from participation, separating both Aboriginal people from mainstream society *and* Aboriginal family members from one another. Such separation was done based on race, reifying the coloniser's notions of authenticity as measured by 'blood percentage'. Intricately related to the continual denial of power to Aboriginal people were therefore social, political and legislated exclusionary practices based on outside constructions and perceptions of Aboriginal identity that had no relation to how people viewed themselves. Aboriginal identity based on blood quotient was ascribed by the government and enshrined in law. The obsession with racial categorisation as a tool of managing the Indigenous population is exemplified in the Native Administration Act 1905-1936 (WA), which defined 'native' as:

a) any person of the full blood descended from the original inhabitants of Australia;
b) subject to the exceptions stated in this definition any person of less than full blood who is descended from the original inhabitants of Australia or from their full blood descendants, excepting however any person who is:
    i. a quadroon[16] under twenty-one years of age who neither associates with or lives substantially after the manner of the class of persons mentioned in paragraph (a) in this definition unless such quadroon is ordered by a magistrate to be classed as a native under this Act;
    ii. a quadroon over twenty-one years of age, unless that person is by order of a magistrate ordered to be classed as a native under this Act, or requests that he be classed as a native under this Act; and
    iii. a person of less than quadroon blood who was born prior to the 31st day of December, 1936, unless such person expressly applies to be brought under this Act and the Minister consents.

(Western Australian Government, 1905–1936)

Even as late as 1952, in Western Australia public servants used fractions of blood quantum as small as 1/128th of Aboriginal descent to determine if an individual 'qualified or not' for welfare benefits (Broome, 2010, p.197), and these acts still have repercussions in recent times, making it challenging for Indigenous identification in some people (see Gibberd, Simpson, & Eades, 2016). Queensland legislation imposed strict conditions on who was or was not categorised as Aboriginal, where they could or could not live, what punishment they might or might not receive, and allowed the Minister to issue certificates of exemption so that 'half caste' Indigenous people might be able to avoid 'living under the Act' (Evans, Saunders, & Cronin, 1973). As mixed descent people were removed from missions and reserves to occupy positions that were socially separate from, but geographically within, mainstream society (working, for example, as domestic servants), those categorised as 'full-bloods' remained on missions - socially *and* geographically separated to 'smooth the dying pillow' as Indigenous people, it was thought, would become extinct (Goold, 2001). Thus, categorisation based on blood quotient was intricately linked with exclusion, whether from mainstream society or from an individual's own family and community. While no government ever formally enacted biological absorption of Indigenous people in legislation or policy (McGregor, 2011), some administrators, notably Mr Neville, Chief Protector of Aborigines in Western

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[16] A 'Quadroon' was defined as 'a person who is descended from the full blood original inhabitants of Australia or their full blood descendants but who is only one-fourth of the original full blood': Native Title Administration Act 1936 (WA). The term 'half-caste' was used to label soldiers in the armed services (Hasluck, 1938).

Australia from 1915-1940 (Davis & MacDonough, 1986), interpreted the spirit of the policies to mean a ‘breeding out of the colour’ (McGregor, 2002, p.286). Possibly the most infamous representation of this notion is a photographic plate in Neville’s 1947 publication entitled *'Australia's Coloured Minority: Its Place in the Community'*,

THREE GENERATIONS
(Reading from Right to Left)

1. Half-blood—(Irish-Australian father; full-blood Aboriginal mother).
2. Quadroon Daughter—(Father Australian born of Scottish parents; Mother No. 1).
3. Octaroon Grandson—(Father Australian of Irish descent; Mother No. 2).

reproduced in Figure 2.1.[17]

Figure 2.1. Neville’s ‘Three Generations’. Reprinted from Neville (1947). Public domain.

Erasing a feature generally believed to be a marker of identity, such as skin colour, by taking fair-skinned children away from their families, is probably the most emotive and best known of policies resulting from and in the separation of Indigenous Australians from their culture and communities. The ‘*Bringing Them Home*’ report graphically describes the forced removal of Indigenous children from their communities and the impact that this had on community cohesion and all subsequent generations (Wilkie, 1997). That the members of the Stolen Generation suffered physically, mentally, and

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[17] It is interesting to note in this photo-plate of Neville's that he "others" the men expected to father the children. For example, he recommends Irish-Australian and Scottish-Australian men as progenitors, but never an English man. Also, he never considers an Aboriginal man might choose to father a child with a "white" woman.

spiritually is now well accepted (Bombay, Matheson, & Anisman, 2014; Markwick, Ansari, Sullivan, & McNeil, 2015; Terszak, 2015), as evidenced by the Prime Minister of Australia’s official apology to members of the Stolen Generation on the behalf of the Australian Government in February 2008 (Rudd, 2008).

Stolen Generation survivors’ stories often describe the psychological devastation caused by their inability to reconnect to, or feel included in, Indigenous family and culture (see for example, Fraser, 1998; Fromene, Guerin, & Krieg, 2014; Hornsey, Wohl, & Philpot, 2015; Read, 1998; Taylor, 2003; Terszak, 2015). The impact is complex. For example, individuals may also self-exclude after internalising the stigmatising behaviour/s of others, such as may occur, for example, when one member of a family meets the stereotypical appearance of an Indigenous Australian, and is active in community participation, while a fairer member of the same family will not attend community functions for fear of being rejected and ridiculed (Kickett-Tucker, 2009).

This section has briefly described how Australian State and Federal governments operationalised the social exclusion of Indigenous people from mainstream society on multiple levels for over 200 years, and how this was intricately linked to racialised notions of identity and authenticity rendered technical through legislation based upon blood quantum. It also provides context for understanding why ideology and legislation that pro-actively sought to exclude Indigenous people from mainstream society, has also acted to foster conditions in which primary vehicles of *community exclusion* (notions of identity and authenticity based on physical traits such as skin colour, and cultural traits such as connections to kin and country) have developed and which now have salience as a means by which Indigenous people can exclude others from their own in-group.

Since the 1980s, the official definition of an Indigenous Australian person is as follows, ‘(a)n Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he [or she] lives.’ (DAA, 1981). This three-part definition supposedly removed the objective measures of indigeneity such as blood quantum, and potentially could have removed the manifestly Indigenous aspect of ascribed identity. However, popular (and not exclusively non-Indigenous) perceptions of Indigenous identity continue to be based predominantly on external appearance, most commonly skin colour (Mellor, 2003). Fitting into McCorquodale’s (1997) anthropometric or racial identification, where someone is considered Indigenous if they ‘look’ Indigenous (Gorringe, Ross, & Fforde, 2010), places identification as an

Indigenous person in the eyes of the beholder, and contributes to the power of the public gaze (Doyle, 2012; Griffiths, 2012).

It is not only the gaze from the public that can comminute perceptions of an individual's indigeneity. For example, community organisations, government departments, and universities, often require an applicant to 'prove' they are Indigenous. Having to 'prove' one's identity constantly and officially requires energy and resilience. Different government organisations have various criteria for 'proof of Aboriginality'. For example, universities might take a completed form with a signed declaration of Aboriginality as 'proof' for the purposes of relevant scholarship applications, while others may require additional criteria to be met.[18] To access Federal Indigenous health incentives from General Practitioners, potential patients need to strictly meet all of three criteria (see Table 2.2). Considering that the burden of disease already faced by Indigenous people is considerably higher than non-Indigenous people (Vos, Barker, Begg, Stanley, & Lopez, 2009), especially for chronic conditions (Campbell, Burgess, Garnett, & Wakerman, 2011), the process of someone having to 'prove' identity when a person is acutely or chronically unwell might well be deemed part of the discourse of racism and social exclusion of Indigenous communities. The questioning of one's identity by a holder of such Aesculapian authority risks increasing psychological distress in patients, perhaps more especially for a non-manifestly Indigenous person.

Table 2.2

General Practitioner's criteria for acceptable evidence for proof of Aboriginality

1	Evidence of Aboriginal or Torres Strait Islander descent:	a) birth records or genealogies verified by a suitable authority as applicable; or b) a letter signed by the chairperson of an Aboriginal and/or Torres Strait Islander incorporated organisation (if records are not available).
2	Evidence of self-identification as an Aboriginal or Torres Strait Islander:	a signed affirmation that the applicant identifies as an Australian Aboriginal or Torres Strait Islander.
3	Evidence of community recognition:	confirmation in writing by the Chairperson of an Aboriginal or Torres Strait Islander incorporated organisation in a community in which the applicant lives or has previously lived.

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[18] For example, Nura Gili, the Indigenous centre at the University of New South Wales, accepts a signed statutory declaration of Aboriginality, accompanied by 'any of the following…(p)roof that you are an Abstudy recipient; Proof of genealogy, such as birth records or an official family tree; A letter from an Indigenous organisation or Aboriginal Liaison Officer that recognises you as an Indigenous person…or a letter from an Indigenous person employed in an Indigenous identified position.' (http://nuragili.unsw.edu.au/sites/default/files/Confirmation%20of%20ATSI_0.pdf).

Note: Adapted from Couzos & Thiele (2012). Copyright (2012) Australasian Medical Publishing Company.

Accusations of inauthenticity target the very centre of a person's identity and self-esteem (Cowlishaw, 2012; Tajfel, 1978). One of the most infamous attacks on authenticity and identity was 'the Bolt Case'. Bolt (2009a, 2009b) wrote two articles, '*Whitefellas in the black'* and '*It's so hip to be black*', published in *The Herald Sun* (Melbourne, August 21, 2009). [19] These articles accused 19 Aboriginal people of falsely claiming indigeneity for benefit or financial gain. In his articles, Bolt attacks the skin colour of his subjects, by describing them as 'distressingly white', or 'very pale', and concluding 'I refuse to surrender my reason and pretend that white really is black' (Bolt, 2009a, 2009, b). A claim was made against Bolt in the Federal Court in *Eatock v Bolt* (Federal Court of Australia, 2011; Connor, 2011), and Bolt lost the racial vilification charge under the *Racial Discrimination Act (1975)* (Commonwealth Consolidated Acts, 1975). Even though the plaintiffs won, the mobilising discourse Bolt introduced to Australian conversation included encouraging scepticism about the authenticity of fair-skinned Indigenous persons, permissioning the judgment by non-Indigenous persons about the legitimacy of Indigenous identity according to skin colour regardless of known ancestry (Gelber & McNamara, 2013), once again putting the locus of control of identification outside of the individual, and back into the hands of the non-Indigenous population. This case is a recent example of the use of notions of identity and authenticity to exclude Aboriginal people specifically from their cultural communities, and generally from mainstream society. The next section will introduce the concept of *community exclusion,* whereby notions of identity and authenticity are used by some Aboriginal people to exclude people from their own in-group.

2.4 Defining community exclusion

In this thesis, *community exclusion* is used to describe the outcome of specific patterns of behaviours in the Indigenous context which others have identified as behaviours of lateral violence. The definition of *community* (previously given, Chapter 2) is considered to be the community the individual either seeks to have, or already ascribes to membership of. Under this definition, a community can be divergent group/s of people (who are, for example, co-geo-located, belonging to an organisation or professional group, or even an e-community), and therefore remains a fluid *perceived* definition. Similarly, it is the

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[19] NB Bolt's articles were removed from the *Herald Sun* site, and are now part of his blog spot. See http://www.abc.net.au/mediawatch/transcripts/1109_heraldsun09.pdf

person/s' perception of feeling *ostracised* from their target community that gives meaning to *community exclusion.* Thus, there are as many aspects of a *community*, as there are facets of *community exclusion.* Not all behaviours of lateral violence result in a person being excluded, and perhaps, instead, have a cumulative effect. The next section will briefly consider what is known about lateral violence and how community exclusion forms a particularly potent facet.

2.4.1 Understanding community exclusion as a potent aspect of lateral violence

The concept of lateral violence was initially highlighted in the 1960s in the field of nursing (Thompson, 1987), where nurses engaged in harmful practices towards members of their own work cohort and perceived level in the nursing professional hierarchy (Ceravolo, Schwartz, Foltz-Ramos, & Castner, 2012; Griffin & Clark, 2014). Nurses purportedly experience violence, for example, in the form of belittling, bullying, disregarding, excluding, and other behaviours by more powerful individuals or groups within the health care setting, but instead of addressing the negative behaviours with the perpetrators, due to the power imbalance, nurses repeat the modelled behaviours laterally in their own peer cohort. Repeating behaviours of the violence of the people in power has typically been associated with oppressed groups, and usually occurs where there are unequal relations between two or more discrete groups of people (Freire, 1968) – doctors and senior nurses are identified as forming the dominant groups in the nursing example. Lateral violence is a form of harassment of those who are different from the status quo (Hastie, 2007), and is characterised by such behaviours as 'gossiping, criticism, innuendo, scapegoating, undermining, intimidation, passive aggression, withholding information, insubordination, bullying, and verbal and physical aggression' (Baltimore, 2006, p.30). Other behaviours associated with lateral violence include criticising, intimidation, blaming, refusing to lend assistance, public humiliation, and undermining (Edwards & O'Connell, 2007; Vessey, DeMarco, & DiFazio, 2010), and these characteristically occur over extended periods of time (Jackson, Firtko, & Edenborough, 2007). Behaviours associated with lateral violence are often minimised because the effects of the violence cannot be 'seen' (Bulman & Hayes, 2011). These behaviours mirror those of racism, except that the violence or exclusion is perpetrated against members of what others may see as the same 'group' of people, in response to oppressive behaviours they receive from a dominant group. When lateral violence occurs within Indigenous Australian communities, its causal root is their past and ongoing experience of oppression and racism from mainstream Australia.

Many Australian Indigenous people have a lived experience of lateral violence in their communities (Bennett, 2014; Gooda, 2007; Goodleaf & Gabriel, 2009; Kowal & Paradies, 2017; Langton, 2008) and over the past ten years there has been a growing awareness of its presence and impact as a common phenomenon experienced by indigenous people in many countries besides Australia (Collins, 2010), such as in Canada (Collin-Vézina, Dion, & Trocmé, 2009) and New Zealand (Lawson-Te Aho & Liu, 2010). Frankland (2011, p.9) explains the high occurrence of such behaviours in Indigenous communities towards members of their community, or potential members, as being due to the constant oppression Indigenous people experience from the colonising society which in turn results in people living with ‘great fear and great anger’ who then ‘turn on those who are closest to us’. In short, lateral violence occurs as members of a marginalised group *take it out* on one another as a response to ill-treatment received from the dominant group (Gonzalez, Simard, Baker-Demaray, & Eyes, 2013), where violence towards self (Bossarte, Simon, & Swahn, 2008; Wandrei, 1988) and others (Satcher, 1999) is a learned behaviour.

Lateral violence not only affects the targeted subject, but also the family and friends of the victim, who also report suffering stress, anxiety, and anger about the negative event (Sheridan-Leos, 2008). Negative behaviours in community are a risk for psychological distress even if members only *witness* the exclusion event/s (LeBlanc, Self-Brown, Shepard, & Kelley, 2011; Willis, 2011). Lateral violence within communities has been linked to unresolved grief and multiple traumas that cross generations, factors that have contributed to the erosion of social structures and traditional values, and a range of social problems in many Indigenous communities (Memmott, Stacy, Chambers, & Keys, 2001). Although some researchers consider lateral violence to be a hidden phenomenon (e.g. Frogley, 2011), there has been a recognition of the prevalence of these behaviours in Indigenous communities (Bennett, 2014; Boladeras, 2002; Clark & Augoustinos, 2015; Dudgeon, 2000; Dudgeon & Pickett, 2000; Dudgeon, Mallard, Oxenham, & Fielder, 2002; Gooda, 2007, 2011; Gorringe, Ross, & Fforde, 2010). Naming the *crocodile in the creek* is only the first step in creating evidence to inform policies and programs that will effectively reduce the suffering and trauma borne in these communities by the negative behaviours of lateral violence. Commonly, like other forms of violence, such behaviours can become normalised. The normalising of these processes fuels what Gooda (2011, p.5) calls the ‘cycle of lateral violence’ experienced by some Indigenous Australian people and communities.

2.5 Community exclusion as an outcome of lateral violence behaviours

Any of the forms lateral violence can take may result in individuals or groups either placing themselves on the outer of the Indigenous community, or having members of the community actively exclude them. In the Indigenous context, lateral violence frequently takes the form of *community exclusion*, and uses claims of inauthenticity of identity ('not really Aboriginal') and community immersion ('not living on country') to do so.

There are many reasons why Indigenous people may be excluded from their own group. For example, people with mental health problems are excluded from their home communities due to the stigma attached to mental illness (Keightley et al., 2009; 2011; Muir, Fisher, Dadich, & Abello, 2008); others are excluded because they have brought shame to their community (Kariminia, 2012), perhaps for cultural reasons (Carney, 2005), or for being 'in trouble' with police (for example, in child abuse cases) (Rojas & Gretton, 2007, p.259). However, there are additional tools and methods of community exclusion that appear particular to Indigenous people which have their roots in both the legacy of colonial management and the ideology behind it. These are vehicles of community exclusion reactionary to the long echo of colonisation, and part of a technique of division based on racialised identity that has been (and continues to be) wielded unrelentingly as part of the colonial experience.

Bennett (2014) describes the negative experiences of light-skinned Aboriginal people attempting to be accepted by communities as *lateral violence*, but these behaviours could also be accurately described as *community exclusion*. Accusations of inauthenticity based on skin colour, and having one's identity questioned, ignored, and mocked threaten the psychological well-being of fair Aboriginal people (Bennett, 2014).

In a nation–wide study, the Australian National Tertiary Education Union (NTEU) surveyed 172 Indigenous people employed in university settings and asked about their experiences of lateral violence (NTEU, 2011). Only 24.1% of participants had 'never' experienced lateral violence (NTEU, 2011, p.20). Indigenous participants that had been the targets of lateral violence cited their Indigenous co-workers engaged in behaviours towards them such as being undermined, bullied, gossiping, being unsupported, being left out of functions and decision making, sabotaging, name-calling, being disrespected, and mostly, having their identity as an Indigenous person questioned or ridiculed, based on the light colour of their skin (not being black enough, not a 'real' Aboriginal person, being treated in off-hand manner due to being fairer than work cohort), or from not being on country (not from the right family, not from being 'round here', coming from a different language group) (NTEU, 2011), pp.36-37). The NTEU (2011) study demonstrates the common themes of questioning the authenticity of an Indigenous person's cultural identity based on skin colour, and from not living on country. Furthermore, the targets of those behaviours consider themselves to have been the victims of lateral violence.

Both Indigenous and non-Indigenous people have perceptions of who is 'authentic' (Gorringe, Ross, & Fforde, 2010). In a similar, but less formalised manner, authenticity can be claimed, ascribed or denied by community behaviours of community exclusion. For example, even though skin colour is not a marker of Indigeneity (Bond, Brough & Cox, 2014), darker skin is often associated with being 'more' Indigenous by both Indigenous and non-Indigenous people (Boladeras, 2002; Kickett-Tucker, 2009), so individuals who appear darker will be considered 'more' authentic. In this sense, colonial practices (such as erasure of Indigenous identities based on skin colour) allied with modern state apparatus (such as needing to 'prove' Indigeneity, and the chance of monetary benefit if able to so do) can create mistrust that feeds behaviours of community exclusion (Gooda, 2011), both within and among communities (Burnett & Whyte, 2005). Such mistrust and insecurity may not be produced directly from social or economic sources, but from having to prove an identity that may have been silenced or obscured by the colonial state.

When Indigenous people, communities or organisations adopt colonial practices that work to exclude people based on the standards of what skin colour *looks indigenous* imposed by the colonising society such practices are known as 'colourism', and act to exclude individuals from the community (Banks, 1999; Banks, 2013). Requiring a confirmation certificate is often required for example, for scholarships, treatment at certain health or dental services, access to Indigenous housing. These practices, such as requiring Indigenous people to have formal identification papers, act as vehicles of social and cultural exclusion that ultimately benefit the state, and while the individual Indigenous person might access services or resource, the burden of identification never benefits Indigenous people collectively. In applied terms, if a cohort of Indigenous people engages in community exclusionary behaviours that privilege a certain sub-set of a community and denying other community members a confirmation of indigeneity, that community will score highly on other measures of lateral violence, such as aggression and intolerance (Jameson & Wiessner, 2008) and bullying (Cook, 2012).

Individuals who might not be living on, or even know, their ancestral country (and particularly those who may not look manifestly Indigenous) can also be accused of inauthenticity (Bennett, 2014; French, 2011). Such accusations are especially hard for some members and families of the Stolen Generation (Haebich, 2011). Challenging a person to 'prove' their heritage introduces a cluster of stress reactions, particularly if such evidence is required for access to entitlements (Yamanouchi, 2010) that are not easily ameliorated. These stressors can jeopardise the identity and psychological wellbeing of both self and family (Taylor & Usborne, 2010).

Community exclusion causes and exacerbates divisions. Taking divisions in Indigenous communities as its main topic of consideration, the 2011 *Aboriginal and Torres Strait Islander Social Justice Report* focused on inter-community relationships. In tracing the roots of current community division to the colonial era, the Commissioner posited that the observable loss of cultural roles, structures, and knowledge, coupled with the deliberate exclusion of Indigenous people from mainstream society and the way purposed identity was central to relevant legislation, has led to division.

Paradoxically, division based on identity can be exacerbated by initiatives that are developed to assist and support Aboriginal people, and have the potential to occur when power is assigned to those in the position of adjudication. One salient example is the requirement for proof of Indigenous identity from an Indigenous organisation before access is granted to Indigenous-identified scholarships, employment, housing and other social support provisions. Such criteria can become potential tools of community exclusion because of the nexus of power and authenticity that such requirements cultivate. Being able to veto benefits aimed at improving the lives of Indigenous people is very powerful (see Langton, 2008), and it is this desire for power and control in and over a marginalised people that has helped to permission vehicles of community exclusion in Indigenous lives today.

Having a 'Confirmation of Aboriginality' means a person can access housing, health and education. The power to determine who, how and why a person is 'accepted by the community' is therefore formidable (Carlson, 2011), and can be used as a weapon of community exclusion, instead of a way of welcoming someone into a community and its entitlements. Applying for such confirmation often requires a face-to-face meeting with adjudicators. Standing in front of a meeting or committee of Indigenous people and reciting cultural credentials in the hope they are accepted can be daunting for some people (Clark, 2000). There is a lot at stake for a person to apply for Confirmation of

Aboriginality in such a public manner, as failure to convince a group of Indigenous people of one's authenticity denies individuals a *sense of belonging a*nd risks poor mental health (Neville, Oyama, Odunewu, & Huggins, 2014), and means that an individual faces exclusion from the community's functions, entitlements, and social belonging. Acceptance can be hard to gain in a community if the seeker does not know their genealogy (Bennett, 2014), or cannot name their home country (Gibson, 2010) because Indigenous people will often place a person in context with kin and country as a primary reference point (Kruske, Belton, Wardaguga, & Concepta, 2012). Because of the pressure to publicly proclaim an Aboriginal and/or Torres Strait Islander identity, few Indigenous Australians feel permissioned to acknowledge their non-Indigenous heritages, if any, for fear of being perceived as 'less Aboriginal' (see Paradies, 2006a). To be included in a community is more than living in that geo-location or contextual space- community inclusion requires acknowledgement and permission from the majority of members making up the community of interest, and the social and emotional wellbeing risk to a person who is excluded by their desired community can be severe.

2.6 Health impact of community exclusion: hurt people hurt people

Recent evidence indicates the significant harm that community exclusion can cause. For example, conditions that could be described as community exclusion in Indigenous communities have been shown to threaten Indigenous people' ability to parent effectively (Heath, Bor, Thompson, & Cox, 2011); to lower levels of life satisfaction (Osborne, Ziersch, Baum, & Gallaher, 2012); and foster poor emotional behaviours (Williamson et al., 2010) and poor physical, mental and emotional health of Indigenous children (Bodkin-Andrews & Carlson, 2013; Kaspar, 2013). Research has explored the impact of lateral violence for other groups, and these are insightful for understanding the impact of community exclusion in Indigenous communities. For example, exclusionary lateral violence, where behaviours are designed to exclude the targeted person/s, can be overwhelming to individuals subjected to repeated incidents of negative behaviours, and can cause symptoms of depression (Becher & Visovsky, 2012; McKenna, Smith, Poole & Coverdale, 2003; Rowell, 2006; Thobaben, 2007), reduction in confidence or self-esteem (Bartholomew, 2006; McKenna, Smith, Poole & Coverdale, 2003; Sheridan-Leos, 2008; Thobaben, 2007), anxiety (Bulman & Hayes, 2011), and sleeping disorders (Rowell, 2006; Sheridan-Leos, 2008; Thobaben, 2007).

Generally, victims of exclusion from any in-group, Indigenous or not, report feeling apathetic and disconnected (Hastie, 2007). Victims can also experience physical symptoms, such as weight gain or loss, hypertension, and irritable bowel syndrome (Rowell, 2006). These symptoms of physical and mental illnesses are common in Indigenous communities (Hoy et al., 1997; Reading, 2009) where community exclusion can appear as a sustained attack on individuals, families, or groups (Gooda, 2011). The 'mental assault' of behaviours designed to exclude, such as malicious gossip, have been described as just as damaging as physical assault (Liddle, 2008) yet because mental assault has no *physical* evidence, it can be overlooked as a risk factor for psychological distress. However, the WHO (2002) acknowledges psychological harm and deprivation in its definition of violence and, importantly, identifies differential power as a key component of violence. The WHO (2002) also includes behaviours that result from abuse in a power relationship, such as threats and intimidation, neglect or acts of omission, and includes suicide and other self-abusive acts as 'violence' (WHO, 2002, p.5). Psychological abuse and distress therefore sit within the WHO (2002) definition of violence and thus, under this definition, lateral violence can also be viewed as a form of violence.

The WHO's (2002) definition also recognises that the abuse of power, including psychological harm, deprivation, and mal-development places a 'substantial burden on individuals, families, communities and health care systems', and can have immediate consequences, and/or result in distress after the initial exclusionary event lasting 'for years' (WHO, 2002. p.5). Adults who have experienced the traumas associated with community exclusion in their formative years are at higher risk of developing a range of acute and chronic health problems (Kennedy, 2001), including mentation and psychological difficulties (Carlson, 2013).[20] Indigenous people who have a history of abuse, who don't feel included in their family, and/or who have experienced community trauma in their childhood, are more likely to commit suicide as a teenager (Luoma, Martin, & Pearson, 2002), abuse alcohol (Enoch, 2011), feel guilt to such an extent it

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[20] Experiencing any sort of trauma as a child makes it difficult to develop effective parenting skills in adulthood (Illauq, 2012), resulting in the following generation suffering deprivation of developmentally appropriate experiences, such as 'being mothered' resulting in profound brain dysfunction and abnormalities that are associated with various aspects of health and well-being throughout the lifespan (Twardosz & Lutzker, 2010). This is especially accurate in the context of stressor effects and an individual's ability to cope with chronic stressors. If a child is deprived of the emotional and physical security required to grow up healthy, and if the deprivation persists long enough, and is sufficiently severe, the load on the child's biological system may become excessive and lead to the development of pathological psychological outcomes as an adult (McEwan, 1998; Varese et al., 2012).

reduces empathy (Kubany & Watson, 2012), and are highly likely to suffer depression, drug abuse, and engage in anti-social and violent behaviours (Stanley, Tomison, & Pocock, 2003). Living with life long, chronic stress is a strong predictor of poor physical health (Cohen et al., 2012; Shonkoff et al., 2012), and early death (Jackson, Knight, & Rafferty, 2010). Community exclusion can be seen to be an intra-generational phenomenon increasing the burden of disease in Indigenous communities, as stress is shared in families (see Boss, Bryant, & Mancini, 2016; Hetherington & Blechman, 2014).

Stress in humans is termed ‘allostatis’, and is measured by ‘allostatic load’ (Danese & McEwan, 2012). Being excluded from one’s community means living in a chronically stressed condition - a process that increases the allostatic load on individuals, predicts psychological disturbances, and influences physical illness involving immune and endocrine functioning (McEwan, 1998; Juster, McEwen, & Lupien, 2010) - the body parts responsible for diseases such as pneumonia and diabetes. The development of allostatic overload is not only contingent on current stressors, but also early life (Evans & Kim 2013), and even prenatally (Latendresse, 2009). Adverse conditions in early life such as community exclusion and limited access to resources such as parenting assistance, increase the vulnerability of poor stress management in later life (Tremblay et al., 2004), and negatively affect development of the human brain (Ellis & Del Giudice, 2014). Individuals suffering from allostatic overload are less likely to manage the stressors of daily life, and more likely to present with anger as a response (Kelley, Hortensius, & Harmon-Jones, 2013).[21] Stressful events early in life can result in some biological systems being sensitised so that later challenges can elicit more profound effects (Tremblay, 2010). Negative events in childhood include maltreatment (Dannlowski et al., 2012), feelings of powerless and helplessness (Reivich, Gillham, Chaplin, & Seligman, 2013), poor diets leading to cardiovascular disease as adults (Cunningham, Sayers, & Singh, 2011); sexual abuse, physical abuse, emotional/psychological abuse, neglect, parental death, and bullying (Varese et al., 2012). Acknowledging the painful past for many Indigenous adults in part explains the continuing engagement in behaviours of community exclusion amongst our own mobs, because stressed children risk growing up into adults who in turn are chronically unwell, and suffer psychological distress that reduces the ability to demonstrate empathy or act out of selflessness (Hopkins, Taylor,

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[21] Anger is a precursor to violence (Claassen, 2014), and Indigenous communities score higher on reported levels of violence than non-Indigenous communities (Frost, 2014).

D'Antoine, & Zubrick, 2012).[22] Being exposed to the behaviours of lateral violence that produce community exclusion promulgate those behaviours in the next generation (see Guo et al., 2013), and increase the risk of on-going community exclusion.

2.7 Transmission of behaviours

Populations with individuals who have experienced a high level of exclusion will learn the behaviours of exclusion (Bombay, 2014). Indigenous people have been conditioned to believe we are worth less than non-Indigenous people (Bulman & Hayes, 2011), and so might adopt the negative behaviours of the oppressive society (Patel, 2011). Mirroring negative behaviours of the powerful is what Du Bois calls the 'double-consciousness' of looking at one's self, and measuring one's worth through the eyes of others (Du Bois, cited in Lyubansky & Eidelson, 2005, p.83), and is consistent with Freire's (1968) pedagogy of the oppressed.

Alongside the learned behaviours of exclusion is the *learned helplessness* (Seligman, 1972) that it can foster (Hunter, 2007; Wexler, 2014), where individuals will feel exponentially powerless when faced with aggression from their own population group (Rosellini & Seigman, 1975), and generally permission the on-going negative behaviours by their inaction (Rayburn, Mendoza, & Davidson, 2003). [23] Learned helplessness is associated with low general activity, poor learning, disorders of sleeping and feeding, reduced immune states and psychological depression (Yang, Bertolucci, Wolf, & Heisenberg, 2013). Continuing in a state of learned helplessness leads to a type of reactive depression (Seligman, 1975) that can often spiral into intractable depression (Jowsey et al., 2012). Learned helplessness as a coping mechanism is modelled across generations (Cox, Young, & Bairnsfather-Scott, 2009), so intergenerational learned helplessness might go some way to explaining why behaviours of community exclusion are unchallenged or permissioned by other members of the community.

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[22] There is a plethora of diverse research that demonstrates a causal relationship between negative childhood events and physical health (e.g. brain development, Elsinga et al., 2011; obesity, Gundersen, Mahatmya, Garasky, & Lohman, 2011; infectious diseases, Nielsen, Hansen, Simonsen, & Hviid, 2012; negative childhood negative events adversely adult mental health, (e.g. behavioural problems in young adults, Flouri & Panourgia, 2011; post-traumatic stress disorder, Mehta et al., 2013; schizophrenia, Metheson et al., 2013) even though the two health states are co-dependent. That Indigenous children suffer chronic, stressful, negative events that has a life-long negative effect on their health is well-researched (e.g. Askew et al., 2013; Thurber, Banks, & Banwell, 2014; Tomyn, Tyszkiewicz, & Norrish, 2014).

[23] Learned helplessness occurs when a person has endured painful or aversive stimuli which is was unable to escape or avoid. After repeated exposure, the person often fails to learn escape or avoidance in new situations where such behaviour might be effective, and it appears the person gives up struggling (Carlson, 2013).

2.8 Understanding the factors that foster community exclusion

While it is possible to trace a clear link between the deployment of notions of identity and authenticity by colonial powers to effect social exclusion and the use of the same by Indigenous people as weapons of community exclusion, the reasons why some people and cohorts do or do not adopt these types of negative behaviours are equivocal. While Freire (1968) explains that negative and harmful behaviours are a function of colonisation, there are individual differences in the internalisation of colonising values (Paradies, Harris, & Anderson, 2008). Memmott, Stacy, Chambers, and Keys (2001) describe the layers of trauma from years of (continued) colonisation, including aggression, genocide, racism, alienation from traditional lands, loss of spirituality and languages, removal of rights and responsibilities, labour exploitation, and in Australia, the large-scale removal of Indigenous children from their families. Any concept of internalised oppression must therefore encompass an understanding of historical trauma associated with the mass colonial experience of all Australian Indigenous people (Jeffries & Stenning, 2014).

The lived history of colonisation, continued oppression and marginalisation is often given in explanation of these deleterious behaviours (Bennett, 2014). However, the rates differ between the communities that do or do not adopt the dominant group’s beliefs and values while minimising their own (Stewart, 2008), demonstrating a need to consider differing aetiologies of internalised racism.

Violence in any society is usually aimed at the less powerful.[24] In the Indigenous context this observation is apt both at the time of first colonisation (e.g. Evans & Fluence, 2013; James, 2012), and today (e.g. Balvin & Kashima, 2012; Maddison, 2013). Violence is thus a key component of oppression and in exploring the factors that foster community exclusion for Indigenous groups, oppression theories can be used to provide insight. Key approaches to understanding oppression are outlined below to illustrate the different theoretical avenues available to consider why community exclusion occurs and to identify any commonalities between them.

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[24] For example: men abusing women (Kilmartin & Allison, 2013), physical abuse against mentally ill people (Barbato, 2015), violence against prostitutes (Deering et al., 2014), homeless people (Overall, 2012), migrants (Saroca, 2012), and refugees (Kirkwood, McKinlay, & McVittie, 2013).

2.8.1 Social Theory: Karl Marx and Paulo Freire

Karl Marx attempted to describe the origin of negative violent behaviours in humans as a function of opposition to the dominant order of society (Berlin, 2013). Marxist-based social theory considers working class groups to be oppressed by the group in power who benefit from the profit created by the workers (Ray, 2011; Wright, Levine, & Sober, 1992). Researchers using a Marxist approach to violence studies considered violence based on race (Roediger, 2012), gender (Miyaji, 2014), class (Hickel & Khan, 2012), sexual diversity (Foster, 2014), and marginalised populations (Chapman, 2010). Marx considers violence across all groups of society not only laterally, but Marxism adds to the debates on lateral violence by demonstrating behaviours of subjugation (dismissiveness, profiting from others' distress and effort) that might be adopted by an oppressed and racialised other (Worsley, 2013).

Paolo Freire (1968) is considered a *critical theorist* (McLaren, 2015), and is credited as first describing oppressed group behaviour in his observations of colonised Africans, South Americans, African Americans, Jews, and American feminists (Roberts, 1983). Freire labelled this as 'horizontal violence' (2003, p.52), but this equates to what others have now termed 'lateral violence'. Freire (2003) found that subordinate groups learn to dislike themselves and their attributes because the dominant group sets the norms for what is valued. He theorised that oppressed people internalise their situation by adopting a set of survival behaviours. In the oppressed group behaviour model (Freire, 1968), oppression is characterised by assimilation, marginalisation, self-hatred, low self-esteem, submissive behaviours and is demonstrated as the behaviours of horizontal violence. The oppressed group attempts to assimilate itself into the powerful group by adopting the group's values. Oppressed people begin to act like those who oppress them while remaining submissive to them, and this, in turn, leads to dissatisfaction with their own group and results in the oppressed becoming the oppressors of other members of their own group. Freire (2003) considers that the values of the oppressors become internalised by the oppressed, with the oppressed groups developing a self-loathing that is expressed by vehicles of violence, directed at their own ascribed group. Similarly, Mendez (2011) argues that with successful assimilation of the powerful group's values, the oppressed become marginalised, even though, for example, not all members of those indigenous groups might have assimilated non-indigenous values.

The oppression theories of Marx and Freire help to explain that lateral violence is best understood not as directed at individuals but rather a response to the situation in which the individual finds her/himself. The challenge to both theories is that there is not one monolithic culture of an oppressor, and not all oppressed people adopt these behaviours. For example, Levi (1947) recounts his time in a Nazi concentration camp, destined for death, yet he and some of his fellow Jewish prisoners maintained a sense of community, trust, and commitment to a collective survival when other inmates adopted the behaviours of their captors, and became complicit in the ill-treatment of their fellow internees (Belpoliti & Gordon, 2001). Having such poignant examples of resisting oppression and rejecting the internalising of behaviours of lateral violence demonstrates there is more to community exclusion than critical theory suggests.

2.8.2 Symbolic Interactionism: Blumer

Blumer (1969) followed Mead's approach to social analysis (Milliken & Schreiber, 2012) and examined society from a holistic perspective, and created a general theory of society (see Table 2.1) to explain the origins of deviant human behaviour such as inter-personal violence. Blumer's (1937/2014) theory of 'Symbolic Interactionism' posits that people's selves are social products, but that these selves are purposive and creative. Simply put, symbolic interactionism takes a smaller scale view of society, and focuses on the interactions between individuals, and thus attempts to explain social order and change, as all people give meaning to their social interactions and act accordingly.[25]

Blumer's theory has been used to inform research on lateral violence in nursing (Duchscher & Myrick, 2008), public health promotion (Hepworth, 2006); inter-religion violence (Rakodi, 2012), inter-cultural violence (Sukandar, 2007), and amongst Canadian Aboriginal tertiary students (Harris, 2006). The commonality in these examples is the generalised 'other', including where the victim of lateral violence is considered as 'newcomer' or 'other profession', or when the victim's behaviour is interpreted as 'weak' or 'threat', while the behaviour of the perpetrator is considered 'defensive' and 'solidification of power position'. Symbolic interactionists therefore, hold that human beings attach meaning to human actions (Hollis, 2015).

A challenge for researchers of psychological distress and lateral violence relying solely on Symbolic Interactionism theory is that it considers small interactions between individuals and does not explain the act of widespread community exclusion, given the

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[25] Being powerless is dehumanising (Gwinn, Judd, & Park, 2013), and populations with self-perceived powerlessness will purposefully increase the social distance between groups (Magee & Smith, 2013) to protect their self-esteem and ego by decreasing the psychological insult of being powerless and othered.

diversity of individuals that make a group, as some people, especially Indigenous people, have more fluid communities (Burton, 2012). Thus, in this thesis, symbolic interactionism is considered useful to consider the origins of community exclusion in concert with other, more macro-level frameworks.

2.8.3 Social Learning Theory: Bandura

Bandura’s Social Learning Theory (1977) emphasises the importance of observing and modelling behaviours, attitudes, and emotional reactions of others to assimilate into a particular group, and that much of our learning to navigate interpersonal situations is a result of emulating the behaviours we observe in the group to which we want to be accepted as a member (Bandura, 1978/2011). While Freire says that oppressed people will mimic the behaviours of the oppressor, Bandura’s social learning states that individuals will copy the behaviours of their own in-group, even when the behaviours are aggressive and violent, to feel accepted by that in-group or community. The values of these behaviours then serve as the base for an individuals’ personality (Bandura, 1978/2011).

Social Learning Theory has been used by some social psychologists to explore lateral violence (e.g. Leach, Zeineddine, & Čehajić-Clancy, 2013; Negy, Ferguson, Galvanovskis, & Smither, 2013). Social Learning Theory is excellent at offering an evidence-base as to the transmission, permissioning and normalising of negative behaviours, but it contributes little to the understanding of why some individuals and communities adopt negative behaviours and others do not. Bandura (1962) demonstrates that social learning occurs through imitation, so that even if individuals did not experience the oppression causing negative behaviours, they will enact the behaviours they witness in community. His work also indicates that if an individual can have at least some control over stressful events it improves the ability of that person to cope (Bandura, 1977). Thus, Social Learning Theory sheds light on understanding the continuing behaviours of community exclusion, with the modelling of violent behaviours that become embedded in the behavioural repertoire of some members of the younger generations, and the resilience associated with feelings of personal control.

2.8.4 Person–Environment Congruence Theory: Holland

Considering that humans might not be the sole causative agent in interpersonal violence, Holland (1959) contemplated the congruence of individuals and their social and physical environments, and labelled this approach the Person-Environment Congruence Theory.

Holland’s theory demonstrates that the environment exerts multiple demands upon individuals and it is the inability to manage these demands that cause individuals to act violently (Spokane, Meir, & Catalano, 2000). When the individual and the environment are congruent, satisfaction and fulfilment results (Muchinsky & Monahan, 1987) and conversely, any lack of fit or congruence leads to a negative outcome which could result in horizontal (lateral) violence (Bloom, 2013), and community exclusion. Modified to ‘Person-Environment Theory’ (Bloom, 2013), and because Holland’s theory was work-related, Holland’s theory has informed lateral violence research in nursing (Dendas, 2004; Walrafen, Brewer, & Mulvenon, 2012); workplace bullying (Gaffney et al., 2012); leadership theory (Hutchinson & Hurley, 2013); religious conversion (Namini, Appel, Jürgensen, & Murken, 2010), and geographical/environmental satisfaction (Nikunen et al., 2014). The commonality across these examples of research demonstrate Holland’s person-to-person fit theory as an extension of the environment, and suggest individuals will prefer their own culture with its values, attitudes, and opinions (Van Vianen, 2000) while actively excluding anyone considered ‘other’ by withholding knowledge, denying access to social activities, and omitting the other from conversations both genial and professional.

Holland’s theories can only go part way to explaining the causative factors of community exclusion, but might explain the high rate of mobility in Indigenous people, as individuals seek environmental congruence, where their personality type corresponds to the majority of persons within an environment or community (Spokane, Meir & Catalino, 2010).

2.8.5 Summary of theories of oppression and violence

The theories of oppression and aberrant personality construction outlined above seek to provide a means of understanding behaviours intended to wound, deny power, and importantly, exclude, and thus clarify community exclusion. While the theories above may take different approaches, the common denominator throughout is ‘power’, where a privileged person or group take it upon themselves to permission the de-humanising of the ‘other’, by threatening a person or group’s identity and self of self, and causing psychological distress, and acting without empathy to the human condition. These theories are thus helpful to contextualise the predictors of community exclusion in Indigenous communities: being oppressed; witnessing intergenerational violence and therefore adopting those behaviours; and living in a set of environments that contribute to maladaptive–that is, negative-behaviours. It is the identification by these theories of unequal power relations, and the ‘divide and conquer’ paradigm of colonisation which leads to behaviours of exclusion being rampant in colonised societies, where people are 'told (they) are worthless and treated as being as worthless for a long period of time….so you turn on your own' (Frankland, 2011, p.3), in an attempt to 'feel powerful in a powerless situation' (Phillips, 2009, p.84).

Karl Marx considered capitalism as the base of human conflicts. He considered social conflicts to be based in humans' need to gain for self over gain for community, with lateral violence a community response to oppression. Bandura posits social conflict is a function of learned behaviours of lateral violence, so community exclusion is a result of individuals' responses. Friere also considers that oppression is the predictor of lateral violence, as individuals and communities strive towards living their best lives. Holland considers the environmental demands on an individual stresses that person to such an extent that violent behaviour is the natural consequence. These theories add to the understanding of community exclusion, however, no one theory explains why some individuals and communities engage in community exclusion while others do not.

The theories above provide avenues for understanding negative behaviours and the circumstances under which they are likely to occur. However, not all colonised people or people who have lived through violence adopt negative and violent acts, and not all people who are the targets of community exclusion are significantly affected by them. In understanding community exclusion, it is thus equally important to examine work that has considered the protective factors that mitigate the risk of adopting such behaviours and/or being harmed by them.

2.9 Protective factors against community exclusion

One of the most robust protective factors for Indigenous people against negative community behaviours is that of social resilience (Brady, 1993; Hopkins, Zubrick, & Taylor, 2014). Resilience is a set of behavioural skills (see Table 2.3.) designed to allow an individual to better manage stress and confrontation (Fredrickson & Branigan, 2005). Simply put, social resilience is an ability to 'bounce back' from adversity or personal setbacks (Hamel & Valikangas, 2003), and differs from other personality traits.

Table 2.3

Skills, attitudes, and behaviours of social resilience

1. The ability to make realistic plans and can take the steps necessary to follow through with them
2. A positive self-concept and confidence in one's strengths and abilities

3.	Communication and problem-solving skills
4.	The ability to manage strong impulses and feelings

Note: Adapted from Fredrickson, and Branigan (2005). Copyright (2005) Taylor & Francis.

Ungar, Brown, Liebenberg, and Othman (2007) demonstrated the contribution of diverse attributes to an individual's ability to maintain social and emotional wellbeing in the face of stressors, identifying seven key aspects (see Table 2.4). Social resilience is thus a multi-level character trait which often has a basis in an individual's sense of self-worth (Bono, Shen, & Yoon, 2014). Sources of social resilience in Indigenous communities include the types and effects of interaction between individuals, their communities, government agencies and states (Kirmayer et al., 2011).

Table 2.4

Seven aspects of social resilience

1	Access to material resources	Availability of financial, educational, medical and employment assistance and/or opportunities, as well as access to food, clothing and shelter
2	Access to supportive relationships	Relationships with significant others, peers and adults within one's family and community
3	Development of a desirable personal identity	Desirable sense of one's self as having a personal and collective sense of purpose, ability for self-appraisal of strengths and weaknesses, aspirations, beliefs and values, including spiritual and religious identification
4	Experiences of power and control	Experiences of caring for one's self and others, the ability to effect change in one's social and physical environment in order to access health resources
5	Adherence to cultural traditions	Adherence to, or knowledge of, one's local and/or global cultural practices, values and beliefs
6	Experiences of social justice	Experiences related to finding a meaningful role in one's community that brings with it acceptance and social equality
7	Experiences of a sense of cohesion with others	Balancing one's personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually

Note: Adapted from Ungar, Brown, Liebenberg and Othman (2007). Copyright (2007) by Libra Pubs.

Integral in understanding the aspects of social resilience is recognising the sources of resilience (Kirmayer et al., 2011). Recent research links social resilience to an emerging concept of psychological capital, itself a subset of social capital (e.g. Adger, 2000; Aldrich, 2012; Cheshire, Esparcia, & Shucksmith, 2015; Poortinga, 2012). Research on psychological capital emerged in the beginning of the 2000s (see Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002), as psychologists changed the perspective of responses to adverse conditions from a dysfunctional or deficit model and what was presumed lacking in individuals and communities, to a positive psychological strengths capacity model (Dawkins, Martin, Scott, & Sanderson, 2013; Luthans, Avolio, Avey, & Norman, 2007; Seligman & Csikszentmihalyi, 2014). Social resilience as psychological capital is used to consider coping skills and abilities (e.g. Luthans, Vogelgesang, & Lester, 2006).

Psychological capital differs from human capital (i.e., what you know, e.g., knowledge, skills, abilities, and experience, [see Van Marrewijk & Timmers, 2003]) and social capital (i.e., who you know, e.g., the network of relationships, [see Adler & Kwon, 2002; Wright & Snell, 1999]). Instead psychological capital is understood as a state of resilience (Luthans, Vogelgesang, & Lester, 2006) as one that declares ‘who you are’ (Luthans, Luthans, & Luthans, 2004; Luthans & Youssef, 2004) and ‘what you can become’ (Avolio & Luthans, 2006; Luthans & Avolio, 2003). While some theorists (e.g. Bonnano, 2004; Hopkins, Taylor, D’Antoine, & Zubrick, 2012) suggest psychological capital is personality-based components (e.g. positive emotion, self-enhancement, attribution or locus of control, and hardiness) that foster development of individual resiliency, other theorists (e.g. Bennett, Zubrycki, & Bacon, 2011; Goldstein, 2012; Siu, Bakker, & Jiang, 2014) consider resilience as a construct of community, where an individual is less likely to demonstrate behaviours of resilience in a community of hopelessness. Researchers of social resilience relying on frameworks that consider resilience as personality-based are diametrically opposed to researchers considering resilience as a community-based construct, yet both frameworks describe the same concept. Such opposition in concept frameworks suggests a broader lens is required to examine resilience as a social construct. Hence, social resilience might better be considered as a function of psychological capital, and a subset of social capital in both individuals and communities. The most salient framework to consider levels in this manner is the ecological model of social capital developed by Bronfenbrenner (1979), which will be discussed in the following chapter and forms part of the methodology of this doctoral research.

2.10 Conclusion

This chapter introduced identity as a complex, multi-faceted construct important to the social and emotion well-being of individuals. In Australia, Indigenous identity has been used as a means of excluding Indigenous people from mainstream society, resulting in poverty, grief, poor mental and physical health, and this exclusion forms the basis of racism.

For the reasons considered in this chapter, the negative behaviors associated with racism and oppression are sometimes adopted by Indigenous people, and have come to be labeled as lateral violence. Lateral violence was described as a set of negative behaviours either learned from mimicking the behaviours of the more powerful colonising society, or learned from behaviours role modelled by older generations of Indigenous people, but remains part of the long echo of colonisation. A common negative behaviour and one that threatens community exclusion is the denying of a person/s' proclaimed indigeneity, and making inauthentic their claim to identity. The health of people who witness and suffer lateral violence was considered, with emphasis in the risk to psychological wellbeing.

In studying Indigenous people that have been subjected to, or engage in, behaviours ultimately designed by their in-group and mainstream society to keep those individuals distant from their community, it is important to consider both the risks and protective factors. Because these factors, such as suppression and resilience, are both considered to be part of a community and the individual, a social capital framework is best equipped to illuminate the inherent complexities. Social capital theories, including how they relate to Indigenous people and communities, and can be used to understand risk and predictive factors for psychological distress caused by exclusionary lateral violence, will be further explored in the next chapter.

Chapter 3: Social Capital in Indigenous Communities

3.1 Introduction

Notions of social capital have had substantial influence on Indigenous research and policy in recent times by changing the focus of attention from the individual to community (e.g. Foley & O'Connor, 2013; Pearson & Helms, 2013; Poortinga, 2012). In relation to Indigenous research and policy, this change of focus has provided a vital means of supporting and/or responding to people, communities and societies that are more collectivistic than individualistic in their worldviews (e.g. Allik & Realo, 2004). As such, social capital provides a useful theoretical framework for this thesis: social capital views the community as a unit of study (Adger, 2010) and examines relationships that exist in communities (Vitak, Ellison, & Steinfield, 2011), while still allowing for input by and for individuals within those communities (Chang & Chuang, 2011).

As noted in Chapters 1 and 2, identity theory buttresses exclusion and oppression theories to offer a combined explanation of the behaviours of community exclusion. Applying social capital theory develops a framework with which to measure the impact of exclusionary behaviours on the levels of psychological distress in individuals and communities and thus to identify risk and protective factors. Bronfenbrenner’s ecological theory of social capital is described and its utility demonstrated as it allows individuals to describe their community with *self* as centre, and identify where they perceive the behaviours and consequences sit in relation to self. It is expected that positioning participants in this manner will gain a subjective view on risks and protective factors of psychological distress, and inform understanding of the characteristics of community exclusion in Indigenous communities.

3.2 Definitions of social capital

Definitions of social capital are contentious (see Adler & Kwon, 2002; DeFilippis, 2001; Kwon & Adler, 2014; Nordstrom & Steier, 2015; Rodríguez-Pose & von Berlepsch, 2014; Szreter & Woolcock, 2004). Even though some researchers question whether social capital is a characteristic of an individual or community (e.g. Rouxel, Heilmann, Aida, Tsakos, & Watt, 2015), social capital frameworks are used effectively in a variety of health-related areas such as criminology (e.g. Zhong, 2013), resilience studies (e.g. Aldrich, 2012), and of course, public and community health (e.g. Carpiano & Fitterer, 2014; Poortinga, 2012; Rostila, 2013; Villalonga-Olives & Kawachi, 2015; Vyncke et al., 2013).

Social capital theories have been developed in several disciplines, have taken on a number of conceptualisations and, thus, operational definitions. The use of social capital theories across disciplines may be one reason why there is no internationally agreed definition of what constitutes social capital, how it accumulates in society, its impact on communities and individuals, or how to measure its various elements and dimensions (Portes & Vickstrom, 2011). Unfortunately, the resulting disparities of definition, along with the uncertainties of the level of measurement, have contributed to some scepticism about whether social capital can be measured or researched effectively (Halpern, 2004).

In Australia, and with a view to addressing these disparities, the Australian Bureau of Statistics (ABS) (2004) adopted the Organisation for Economic Co-Operation and Development's (OECD) definition of social capital as: 'networks, together with shared norms, values and understandings which facilitate cooperation within or among groups' (ABS, 2004, p.1). This definition is based on networks, values, and group function. However, there are more components of social capital than these.

3.2.1 Components of social capital

While definitions of social capital may vary, most include components or aspects of citizenship, neighbourliness, social networks, and/or civic participation, with relationships as the most salient factor. According to Burt (2000, p.25), 'social capital' measures the 'pattern and intensity of …formal and informal…networks among people and the shared values which arise from those networks' from a social capital framework. While theorists may differ in their conceptualisation of social capital, most consider its inherent networks to exist in two major categories: bonding/bridging (with or without 'linking') and structural/cognitive (see McKenzie & Harpham, 2006) (see Figure 3.1).

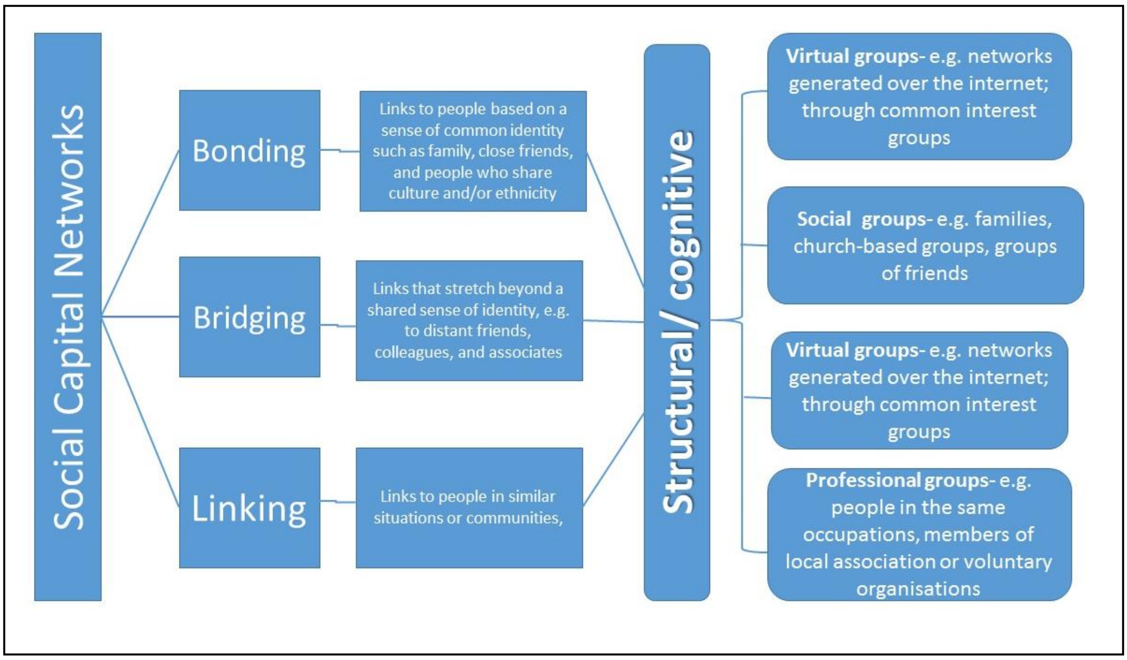

Figure 3.1. Social capital networks. Adapted from Woolcock (2001). Copyright (2001) University of Montreal Press.

Bonding social capital is inward-focused and concerns homogeneity, loyalty, strong norms, and exclusivity, such as people in one’s own community or with a similar social identity (De Silva, Huttly, Harpham, & Kenward, 2007; McKenzie, & Harpham, 2006). In these relationships, the ties between people are stronger and closer in their own in-group (McKenzie & Harpham, 2006). The strength of these ties can be problematic when the effects on society are negative such as in gangs or organised crime groups (McKenzie, & Harpham, 2006). Conversely, bridging social capital is defined as outward-oriented and often refers to different groups in society such as people outside one’s community or with someone from a different background (De Silva, Huttly, Harpham, & Kenward, 2007; McKenzie, & Harpham, 2006), and is generally considered positive in its effect on society even though the ties between people are weaker and often more tenuous (McKenzie, & Harpham, 2006).

The distinction between bonding and bridging social capital is important because the impact of social capital depends on the form it takes in different circumstances. For instance, bonding social capital is more important when people seek employment, while bridging social capital is more important in seeking appropriate health care (Nilsson, Rana, & Kabir, 2006). However, strong bonding social capital may conversely serve to exclude individuals or groups of people belonging to the out-group (Raffo & Reeves, 2000).[26] *Linking* social capital (Woolcock, 2001) is a relatively new addition to the debate and grew out of a World Bank agenda looking at sustainable development in developing societies and is derived from relationships between persons across levels of hierarchy and power. Like *bridging* social capital, *linking* social capital considers the networks of trusting relationships between community members across explicit *gradients* (Lofors & Sundquist, 2007). Networks can be considered 'structural'.

Structural social capital is characterised by behaviours of network connections, including the relationships, associations, networks, and institutional structures that link individuals and groups to one another (Burt, 2000; McKenzie, & Harpham, 2006; Whitley & McKenzie, 2005; Yamaoka, 2008). Cognitive social capital reflects attitudes consisting of values, altruism, norms, reciprocity, and civic responsibility (McKenzie & Harpham, 2006; Whitley & McKenzie, 2005; Yamaoka, 2008), and can be measured by the level of trust or sense of belonging in a community or organisation (McKenzie, & Harpham, 2006).

Structural social capital is often associated with network density (McKenzie, & Harpham, 2006). For example, an individual's structural social capital might be membership in a sport club or an organisation. However, there is still debate in academia regarding the site for articulation of structural and cognitive social capital. Some scholars suggest that these types of social capital can exist at both individual and community levels (Almedom, 2005; Yamaoka, 2008), while others consider both structural and cognitive social capital to be ecological rather than individual in nature and have suggested social capital can only be measured at a community level, and as a multidimensional concept (Whitley & McKenzie, 2005).

There are also a variety of opinions regarding the types of social capital networks best suited to different community contexts. For example, Woolcock and Narayan (2000) state that poor communities need to move towards greater bridging capital and less bonding capital, and Portes (1998) goes so far as to say that strong bonding capital will get in the way of bridging capital. Fernandez and Nichols (2002) argue that bonding capital can reduce bridging capital. Other researchers question the need for any distinction between these types of social capital. Leonard and Onyx (2003) for example, suggest that loose

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[26] For instance, there is likely to be strong bonding social capital within communities in North Belfast, or the Northern industrial towns, where there were riots in 2001, but weak bridging social capital (Leonard, 2011).

ties of bridging and strong ties of bonding intermingle, and claimed that there is a broad social network rather than two different kinds of social capital operating.

Some researchers consider social capital to be more of a concept than a model or framework. Woolcock and Narayan (2000, p.151) for example, define social capital as ‘the norms and networks that enable people to act collectively’ and categorise social research into four distinct approaches: communitarian, networks, institutional, and synergy, and recommend social capital research provides the best evidence base for comprehensive and coherent policy prescriptions (Woolcock & Narayan, 2000). Other researchers link social capital to behaviours – for example, resilience in ‘troubled and troublesome young people’ in Ireland (Pinkerton & Dolan, 2007, p. 265). Pinkerton and Dolan (2007) argue that social capital is a paradigm that allows a whole-of-system perspective, rather than a model *per se*, and so provides the best fit to study, for example, young people because of the external conditions of young people’s lives. They go on to posit that social support network membership is an ideal site for family support interventions, which is useful for both service and research design and will promote social inclusion in families (Pinkerton & Dolan, 2007). This is illustrated in Figure 3.2, which provides a good example of how Pinkerton and Dolan (2007) created a tailored model for their research, as they were unable to find a model that suited their research question.

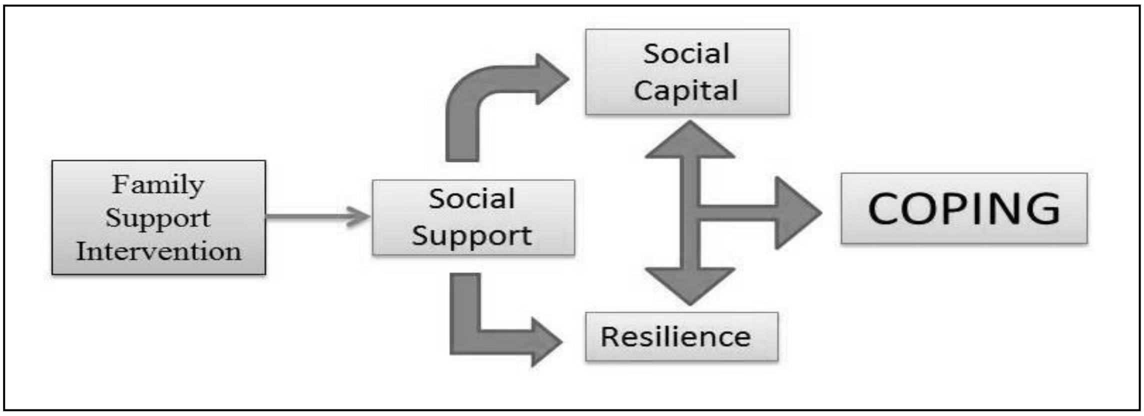

Figure 3.2. Social capital model for families at risk. Describes the inter-linking nature of support, capital and resilience as coping mechanisms. Adapted from Pinkerton and Dolan (2007). Copyright (2007) Wiley Online Library

While Pinkerton and Dolan (2007) do not name the type of social capital networks they use, a review of their research indicates they use a mix of bonding and bridging capital to create a nested model of family support.

Figure 3.1. Specifically tailored social capital model for families at risk

Despite the lack of definitional consensus related to the term social capital there is evidence to suggest that the use of social capital theory to inform research is becoming more common (Woolcock, 2010). More specifically, social capital theory has been used to frame research across disciplines, from, for example, individual health (Verhaeghe & Tampubolon, 2012), physical exercise (Legh-Jones & Moore, 2012), mental health (Akmedon, 2005; Webber, Huxley, & Harris, 2011), education (Dincer, 2011), economics (Hughes & Perrons, 2011) and business (Lin, 2001); for professionals in tourism (Zhao, Ritchie, & Echtner, 2011), and nursing (Taylor, 2012); for groups such as young people (Teney & Hanquinet, 2012), cross-cultural groups (Looman & Farrag, 2009; Perez & Romo, 2011), pregnant women (Kritsotakis et al., 2013) and older people (Shergold, Parkhurst, & Musselwhite, 2012). Although the above research examples are based on theory related to social capital, researchers generally focused on just one aspect of social capital, most likely due to the complexity of the term. To reduce this complexity, some researchers group the aspects, or components, of social capital, to meet their research objectives.

3.2.2 Using social capital components to investigate social issues: individual, situational, combined, ecological

There are a multitude of social capital lenses available to consider human interaction, with as many dimensions contributing to the *meaning* of social capital that attempt to capture the *concept* of social capital (Hean, Cowley, & Forbes, 2003). For example, Liu and Besser (2003) identified four dimensions of social capital: informal social ties, formal social ties, trust, and norms of collective action. Dimensions, or components of social capital can be grouped together to better understand how to apply a social capital framework to research. Social capital components can be grouped into four categories: Individual, Situational, Combined and Ecological, to study a social phenomenon such as, for example, psychological distress.

3.2.2.1 Individual-centred components in research on psychological distress

Individual-centred components are the components individuals possess that contribute to a form of social capital. These components are diverse, and can include a range of factors such as trait theories (Ross & Mirowsky, 2013), physical conditions such as genetic and familial transmission, poor sleep hygiene, neurochemical imbalances (Dobson & Dozois, 2011), illness (Russ et al., 2012), infections (Benros et al., 2012); vascular diseases (Valkanova & Ebmeier, 2012) and life-threatening cancer (Shimizu et al., 2012). A cohort of cancer patients, or a population with HIV/AIDs, for example, would have a social capital based on a shared, individual component, and this component would be a risk factor for psychological distress.

3.2.2.2 Situational or social components in research on psychological distress

Situational or social components of social capital are factors that predict psychological distress that are shared across a cohort of a population that arise from social factors. Such factors that predict psychological distress can include a history of group and personal trauma (Canetti-Nisim, Halperin, Sharvit & Hobfoll, 2009), abusive communities (Casanueva, Cross, Ringeisen, & Christ, 2011), pregnancy (Bunevicius et al., 2009), poverty (Chen et al., 2011) and membership of specific groups[27] (for example, caregiver psychological distress (Baker, Owens, Stern, & Willmot, 2009), or inability to engage with one's social group identity (Amiot, De la Sablonnière, Terry, & Smith, 2007; Ashmore, Deaux, & McLaughlin-Volpe, 2004; Inzlicht, Tullett & Gutsell, 2012). Theorists put ethnicity as a social risk factor in this category (Sriwattanakomen et al., 2010), for example, as a function of racism (Larson et al., 2007) and stigma (Goldstein & Rosselli, 2003).

3.2.2.3 Combination components in research on psychological distress

Combination components consider a multiple of the above causative factors (Ezzati et al., 2002; Dobson & Dozois, 2011; Ross & Mirowsky, 2013) for psychological distress. For example, Brondolo et al. (2008) demonstrate that psychological stress from perceived racism is a combination of situational factors (poverty) and personal traits (resilience), while Granic and Patterson (2006) believe psychological distress is a result of developmental processes of an individual in concert with one's social environment.

3.2.2.4 Ecological components in research on psychological distress

Ecological components of social capital are concerned with the stock of trust, civic engagement, and norms of reciprocity existing in a community that allow collective actions to occur (Ahern & Hendryx, 2005). Ahern and Hendryx (2005) consider that communities have higher social capital when their residents are more trusting, more cooperative, and more engaged in community life, and hypothesise that personal levels of social support should be more important than collective levels of social support, because social support is inherently a personal construct. Conversely, collective levels of

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[27] Certain sub-population groups are particularly at risk of social isolation, for example, the hearing impaired. Wilkens and Hehir (2008) considered the deaf child at school and found that those with stronger bridging social capital performed better than those with poorer bridging capital. While not wishing to compare hearing-impaired people individuals with an intellectual disability, research in these communities lends itself to understanding risk and protective factors through a social capital lens. Curran (2008) for example, used social capital frameworks extensively throughout research with a large community of individuals (1,600) with disabilities in Massachusetts, USA, to create episodes of both bridging and bonding networks in her community.

social capital variables should be more important correlates of health outcomes than personal levels, because they are inherently aggregate constructs (Ahern & Hendryx, 2005). This is one of the dichotomies of using social capital as a framework (see Westin & Westerling, 2007; Alvarez-Diemer, Skaggs, DeMouche & Holmes, 2014). Ecological determinants lend themselves to a holistic approach to the study of psychological distress.

The definitions and components of social capital do not capture the full complexity and diversity of social capital theories, and these are summarised below.

3.2.3 Review of social capital theories

Social capital was first coined by Halifan in 1916 when he considered rural school districts in the USA (Halifan, 1916). He studied determinants of social cohesion (e.g. goodwill, fellowship, sympathy, and sociality) and considered them attributes of social capital. According to Halifan, it was social capital rather than personal wealth that caused community well-being (Halifan, 1916). While theorists used the term social capital, it was not until the 1970s that it was again introduced to social research by Bourdieu (1972).[28]

Bourdieu contrasted cultural, economic, and symbolic capital, and considered 'all the goods, material and symbolic, without distinction that present themselves as rare and worthy of being sought after in a particular social formation' (Bourdieu, 1979/2006, p. 11), showing how social capital can be used to demonstrate inequality such as, for example, how people can gain access to powerful positions through the direct and indirect employment of social connections. Bourdieu considered that cultural tastes and inclinations, and educational credentials are an institutionalised form of cultural capital (Bourdieu, 1979/2006) developed in family units through a process of socialisation or inheritance (Bourdieu, 11979/2006, p. 260). Bourdieu (1986) held social capital as an individually-held resource, capable of including and excluding self and others, and interacting with other forms of capital in wider social structures with entrenched social inequality as a result. Portes (1998, pp. 3-4) broke down Bourdieu's definition into two components, noting that: i) it is the social relationship itself that allows individuals to claim access to resources within their social networks; and ii) it involves the amount and quality of those resources. Bourdieu's concept of social capital is considered

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[28] For example, Dewey (1900/2000) used the term 'social capital' in his monograph *School and Society*, but he did not define or operationalise the term.

instrumental, where power relations enable the powerful to remain powerful through connection/s with other powerful people (Van der Gaag & Webber, 2008).

Coleman (1990) also considered social capital as a function of kinship groups, but based in the individual, where normative aspects of sociality were maintained. Coleman's contemporary, Putnam (2000), used Durkheim's theory of regulation/integration and argued that the whole community benefits when its members know and interact with one another (Portes, 1998, pp. 3-4), leaving the power of social capital in the hands of the well-connected, or influential members of a society (Webber, 2004). In Putnam's definition, the characteristics of social capital include social networks and density including personal networks and community networks; civic engagement; local civic identity; reciprocity and norms of cooperation; and trust in the community (McKenzie & Harpham, 2006, p.47).

Putnam (2000) agrees with Coleman, but uses communities as the unit of examination for the space of social capital, and describes the concept of bonding (within community) as patterns of community participation and bridging (between communities) as social cohesion created by participation to define social capital. This participation is the structural component of social capital, and cohesion is the cognitive component (Almedom, 2005), or rather in behavioural terms, "what people do" and "what people feel" (Harpham, Grant, & Thomas, 2002). Putnam considered groups of people as any collection of people with a common connection either through geography, profession, or interest (Halpern, 2004).

Theorists differ in their concepts of social capital: some consider it to be contextual, others as a function of the individual, and still others as a multidimensional concept (see McKenzie, & Harpham, 2006). This diversity of approaches means that measures of social capital need to be at both individual and a broader level (Kay & Johnston, 2007), such as an ecological framework allows.

3.2.4 Bronfenbrenner's ecological theory

Bronfenbrenner, a Russian-born American psychologist, examined personality development from a holistic perspective (Bronfenbrenner, 1992). Bronfenbrenner (1979) divided the human world of experience into four different levels, each of which influences an individual's pattern of behaviour, and placed all these elements into a layered, ecological theory, with the individual at the centre. He posited the importance of bi-directional influences between the person's development and contexts, including environmental contexts, in which they lived (Bronfenbrenner, 1979). He suggested that a person's life is influenced by four different interacting levels, roughly comparable to notions of person, process, context, and time, referred to as the *micro*-, *meso*-, *exo*- and *macro*- systems that work together to comprise the whole (see Figure 3.3). Bronfenbrenner (1979) incorporates time as a mediator of social capital, allowing researchers to consider the effect of repeated behaviours, or prolonged exposure to negative events such as, for example racism (Buhin & Vera, 2009), the stigma of mental health (Chu et al., 2012), or being socially excluded from one's communities (Vaughn, Wagner, & Jacquez, 2013). Time is not considered here, as this research is a snapshot of the risk and protective factors of psychological distress, with distress and resilience both considered to be functions of repeat exposures, or *time*, and the *just noticeable difference* of weight of stressors on an individual will vary across people and communities (Norris, Tracy, & Galea, 2009).

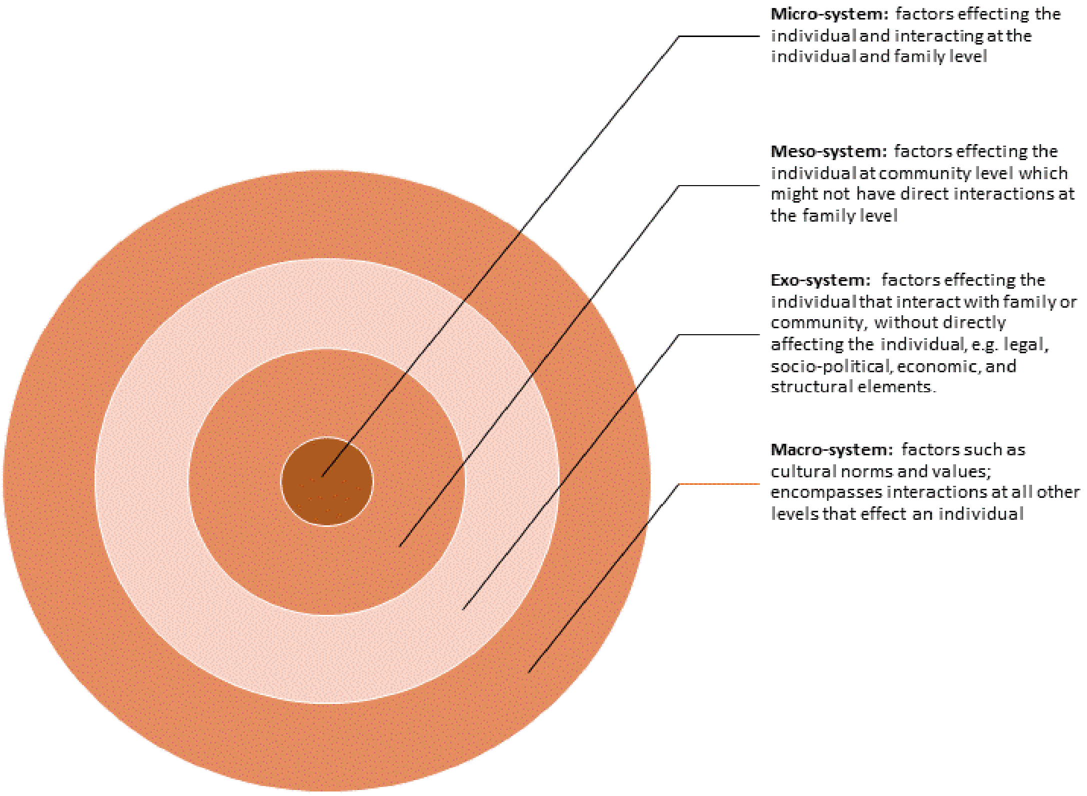

Figure 3.3. Bronfenbrenner's ecological social capital model describes the centrality of the individual in the four social systems of a person's life. Adapted from Bronfenbrenner (1979). Copyright (1979) Harvard University Press.

Because of its global approach to identifying root causes of behaviours, Bronfenbrenner's theory has been used to inform behavioural (e.g. Glass & McAtee, 2006) and developmental sciences (Lerner & Castellino, 2002). Overstreet and Mazza (2003) insist that an ecological model is a necessary framework to understand community violence and the risks and protective factors of bullying behaviours, and these are examples of community exclusionary behaviours. Lee (2010) also used Bronfenbrenner's ecological approach to consider bullying behaviours, a form of lateral violence (Gooda, 2011), in middle school students. The main reason for using Bronfenbrenner's model in these contexts is that it can be integrated across health disciplines (Overstreet & Mazza (2003), and explains the variability across individuals as experiential, and related to number of times of exposure to risk factors of psychological distress.

Bronfenbrenner's ecological model has also been used in research into lateral violence in nursing. DeMarco, Roberts, Norris, and McCurry (2008) used Bronfenbrenner's model to consider how best to build safety in a nursing community and resilience in individuals, while Johnson (2011) based an ecological model of workplace bullying on Bronfenbrenner's model, to identify the origin of push factors for violent behaviour in individuals.

Because Bronfenbrenner's model considers the environment across the life span and circumstances of an individual, and can be individuated into a framework that is fit for purpose, it is an ideal theory to use for researching behaviours of exclusion and is used as part of the method in this thesis for exploring community exclusion and concomitant psychological distress in Australian Indigenous communities. While Bronfenbrenner defines social capital, the challenges of how to *measure* social capital are discussed below.

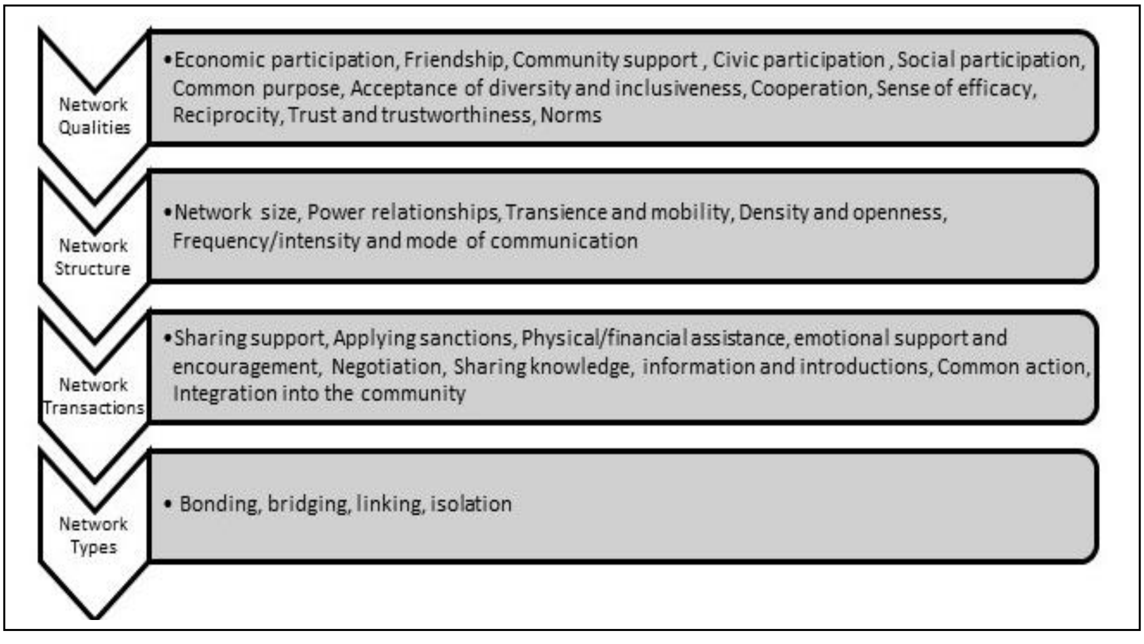

Figure 3.4. Australian Bureau of Statistics dimensions of social capital and measures. Adapted from ABS (2004a). Copyright (2004) Commonwealth of Australia.

3.3 The challenges of measuring social capital

Social capital remains a 'contested and problematic concept, with serious disagreements about what it means and how it should be measured' (Hampshire & Matthijsse, 2010, p. 708). Measures of social capital can inform interventionists about baseline condition of individuals and groups, and perhaps post-intervention scores on social capital scales. However, because social capital is a broad, contested concept, collapsed over innumerable variables, between disciplines and schools of thoughts, it should not be used as evidence of program success or failure. Correlation is not causation, so care needs to be taken to interpret results using social capital as a measure in any holistic sense.

In 2004, the ABS developed a broad conceptual framework of social capital and a set of possible indicators for measuring various aspects. As noted above, the ABS adopted the Organisation for Economic Co-Operation and Development (OECD) definition of social capital: 'networks, together with shared norms, values and understandings which facilitate cooperation within or among groups' (ABS, 2004, p.3). Using this definition, the ABS (2004) identified four aspects of an individual's networks: quality, structure, transactions, and type, each of which can be assigned statistical indicators or data items that allows for measurement (see Figure 3.4).

Building on these four categories (network quality, structure, transactions and types), some researchers have used social capital as a baseline measure in primary research, to inform or demonstrate the need for social interventions. For example, it could be argued that measures of obesity (Kawachi, 2001), or depression in post-natal women (Kristsotakis et al., 2013) can be used as a target variable to indicate the success or otherwise of an intervention. However, in a literature review undertaken by Ferguson (2006) on social capital, it was found that the most reliable predictor of high social capital is a validated, general wellbeing score, and does not need a baseline measure to demonstrate success of an intervention. Moreover, in all the literature Ferguson reviewed, social capital was not used as a measure of program or intervention outcomes, but rather as a snapshot measure of health and well-being. Regardless of the guidelines provided by the ABS (2004), Ferguson's (2006) findings suggest just one of the many challenges related to measuring social capital is deciding its use as an outcome measure or a framework.

Even though social capital is used across disciplines, uses various contexts or settings, and can measure almost any construct in any human interaction, debate continues as to its utility as a reliable measure. Haynes (2009, p. 13), for example, unequivocally states that not only is social capital difficult to define, but it is ‘impossible to measure’. Haynes further claims that some research using social capital, for example, Putnam’s (2000), is not replicable, and therefore the effects of social capital cannot be accurately measured in ‘comparable ways’ (Haynes, 2009, p. 15), although examples of operational measures of social capital include: group membership (Putnam, 2000), religious participation (Putnam, 2000); auxiliary friendship (Hyyppä & Mäki, 2001) and discussion networks (McLeod et al., 1999). Methodological limitations also confine the use of social capital theories in measuring community interventions, especially post-hoc. Durlauf (2002) considers that social capital can be researched but it cannot permit the type of analysis with the clarity and precision that some theorists claim, and policy makers require, especially for field work research, lending little efficacy to those results. This suggests several issues for research related to the construct – for example, the lack of consensus in theories challenges the notion of shared measures. Moreover, without repeated measures, interventions cannot be assessed because reliability is paramount before an intervention can contribute to the evidence base.

Despite these criticisms, social capital is considered to still hold promise for a greater understanding of the causes of ill health, especially in Indigenous communities (see Carson, Dunbar, Chenhall, & Bailie 2007). Social capital expands the focus from the individual to the collective, highlights the social causes of disease as well as the biological and material, and explores the complexity of social relationships through recognising that they can occur at various levels and have indirect effects. In investigating the nature and effects of community exclusion in Indigenous communities, a social capital framework would thus appear particularly useful because such exclusion is inherently social in nature. For these reasons, despite the concerns noted above, social capital is thought to provide a useful framework within which to position research related to community exclusion and its relationship with Indigenous mental health and wellbeing, and closing the gap in the differences in Australian society and the determinants of health.

3.4 Social capital and its use in health research

As explained in Chapter 2, in 2008 the WHO’s Commission on the Social Determinants of Health presented evidence identifying *social* determinants as the most important determinants of health, including social and emotional health or well-being (CSDH, 2008). From this important report, the ‘Close the Gap’ imperatives were identified

(CSDH, 2008). One of the most important issues identified in this seminal report was the need to identify the causal impact of social determinants of health on health inequalities (Epstein, Jiménez-Rubio, Smith, & Suhrcke, 2009). While health disparities are acknowledged to be attributed to the socio-economic characteristics such as education, income, occupational activity, housing, and working conditions (Lynch et al., 2004; Marmot & Wilkinson, 2006), many theorists stress the importance of factors relating to the social ties, social cohesiveness, or social exclusion to explain individual health in relation to social capital (Grootaert & van Bastelaeras, 2001; Jain, Goyal, Fox & Shrank, 2012; Marmot & Wilkinson, 2006). It is these social determinants referring to social integration and social interaction that are very closely related to the concept of social health, as demonstrated by evidence associating health status to social capital, measured as social participation (Scheffler & Brown, 2008; Sirven & Debrand, 2008). Unsurprisingly, elevated levels of social capital are associated with lower mortality (see Jusot, Grignon, & Dourgnon, 2008; Kaplan, Pamuk & Lynch, 1996; Wilkinson, 1996) with fewer accidents and suicides (Kawachi, Kennedy, Lochner, Prothrow-Stith, 1997), and even, better diabetes control (Farajzadegan, 2013).

It is generally accepted that bonding capital, such as having close friends (Callaghan & Morrisey, 1993) and belonging to and actively participating in religious communities (Ellison & Levin, 1998) can be important sources of social support and social influences that support and promote health and well-being (see also Barth, Schneider, & von Känel, 2010). Examples of bridging capital such as voluntary associations or sports teams and political parties can, for example, provide access to health literature and material resources that influence health (Tacon, 2014; Whittaker & Holland-Smith, 2014). Researchers of various health determinants recognise that education, income, and social relationships are also to some degree interconnected in their effects on social capital and health (Veenstra & Patterson, 2012).

Nonetheless, there are few studies that provide evidence of a causal relationship between social capital and health status (Brough et al., 2006; Lynch et al., 2001; Harper et al., 2002) and the circular nature of cause and effect can create dissension in research outcomes, that is: is social capital the result of good health or is good health the result of strong networks in social capital? The link is tenuous in mental health research, as most researchers would agree that strong relationships between individuals in a community may reduce stress and provide support for community members which in turn provide an informal insurance against health risk (Putnam, 2000). Additionally, communities with strong bonding social capital networks can vouch for services for community mental health, thus increasing the mental health of the community (Folland, 2007). Strong bonding capital, however, does not necessarily guarantee good mental health as some communities place a lot of demands on individuals, such that role strain costs the individual occupying multiple roles (Khlat, Cermet, & Le Pape, 2000; Moen, Fields, Quick, & Hofmeister, 2000).

Before any research on social capital occurs, researchers need to consider how to address the issues around the definitions of social capital as it relates to their research, as 'social capital means different things to different people' (Dasgupta & Serageldin, 2001, p. xi). For example, if a researcher adopts Putnam's (1995) working definition of social capital as 'the features of social organisation, such as networks, and social trust that facilitate coordination and cooperation for mutual benefit' (p. 67), then that researcher must ask what types of networks are associated with the community's 'social trust' and how to measure them. Researching *trust* can be especially challenging in Indigenous communities as a researcher may not recognise or demonstrate behaviours that engender trust in some community settings. It is more challenging for researchers outside of an Indigenous community to create the trust required to effectively research in that community (Sheldon, 2001), as a researcher unknown in a community must themselves develop some form of social capital to conduct their work. Lack of trust is a significant barrier to research participation in Indigenous communities that are in crisis, as the lack of trust is symptomatic of dysfunction (Tousignant & Sioui, 2009), and explains why Community-Based Participatory Research (CBPR) designs, where the community keep control of the process are often preferred, even though CBPR models are not often used in social capital research projects (Fletcher, 2003), and is not the research method of choice for this PhD study.[29]

Most studies focus on social networks or social trust to measure social capital through indicators such as group engagement or social support (Islam et al., 2006). A salient point in social capital research projects is that membership in social networks often creates a mutual knowledge about everyone's behaviour (read: business) and this introduces a certain peer enforcement which can either respect the rights of, or enforce the obligations of that group membership (Durlauf & Fafchamps, 2004). Nonetheless, the causal

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[29] CBPR is not used in this research due to use of mixed method methodology, given that quantitative research does not suit action research.

mechanisms linking mutual trust and social network remained difficult to define (Durlauf & Fafchamps, 2004).

It is the interactions in and between social groups that demonstrate levels of trust and social capital. When the social environment is full of rich participation it allows people to meet frequently and increases the likelihood of repeated action which in turn leads to an enhancement of the actions reputation and by default individual, or group reputation, thus producing norms of group behaviour (see Dasgupta & Serageldin, 2001; Knack & Keefer, 1997). This has critical consequences in Indigenous communities where ‘face’ and ‘reputation’ are quintessentially important to social and emotional well-being (Trudgeon, 2000, p.17).

Given that social interaction, trust, and reciprocity facilitate people accessing resources, social capital must be considered as a potential explanatory factor of an individual’s health (Beaudoin, 2009; 2011). From a population health perspective, high levels of social capital reduce health differences (Islam, 2007; Jusot, Grignon & Dourgnon, 2008; Kawachi, Kennedy, Lochner, Prothrow-Stith, 1997) by, for example, providing information and access to health care systems or mental health amenities (Folland, 2007). Lindström (2006) goes so far as to say that an individual with lower levels of social capital and low levels of social participation will demonstrate a lack of belief in the ability to influence their own health status, and a perception of powerlessness. These psychological conditions lead to a low sense of personal control leads to elevated levels of psychological distress (Ross & Mirowsky, 2012).

Conversely, Crosby and Holtgrave (2006) researched group membership and social capital using Putnam’s (2000) model of social networks as a framework. They claim that social capital levels can be used as a predictor of obesity and diabetes (Holtgrave & Crosby, 2006), tuberculosis (Holtgrave & Crosby, 2004), and teenage pregnancy (Crosby & Holtgrave, 2006). However, in all three studies, Holtgrave and Crobsy (2004; 2006; 2006) used measures of social capital collected via questionnaires administered to groups to infer a causal relationship between levels of social capital and health issues, forgetting that correlation does not mean causation, even if intuitively it might seem to appear so.

Other research adds to the body of knowledge in theories of social capital. Before the work of Caughy, O’Campo, and Muntaner (2003), it was assumed that higher levels of social capital in poor communities correlated with lower levels of behavioural problems for young children, but their research with neighborhood poverty and child mental health demonstrated an opposite position. Considering the reciprocal nature of poverty and mental health, Caughy, O'Campo, and Muntaner (2003) demonstrated the push/pull factors of bonding social capital that questions the structural integrity of some theorists. For example, Putnam's theory of high levels of social capital equating to high levels of 'civic'-ness is dismissed when considering community gangs (high levels of social capital) and the high level of lawlessness often associated with gang membership (see for example, Cloward & Ohlin, 2013; Deuchar & Bhopal, 2017). These examples demonstrate the diversity of health research designs using a social capital framework. While there are not as many examples of social capital research in Indigenous health, there are some notable projects, discussed in the following section, starting with a working definition of *community* in social capital research.

3.5 Definition of *community* in social capital research

The working definition of *community* for this research is whatever the participants consider their community to be. A community need not be geographically co-located, but might be, for example, a professional group, extended family, fictive kin, or any other. Using social capital as a framework when working with or studying Indigenous people and communities also requires a definition of the term 'community'. Morrissey (2006a) strongly objects to the term 'community' as a functional unit of population because, he says, these are usually constructed as geographically discrete communities not always of the people' choosing, and only exist in the imagining of 'white fellas' (p.89). He goes on to suggest that so-called Indigenous communities are instead 'concentration camps the guards walked away from and called communities' (Morrissey, 2006b, p.291), and states his objections to the use of social capital frameworks as falsely considering a social context. Naryan and Cassidy (2001) are in concordance with Morrisey's views, and go on to create a distinction that is common to virtually all frameworks arising from notions of social capital, by positioning Indigenous communities in relation to other communities. These arguments inform the choice of definition of community for this PhD thesis as however defined by each research participant.

3.6 Social capital in Indigenous communities

In Naryan and Cassidy's (2001, p. 60) view, social capital exists only when it is shared and that, despite the 'high ratings in community solidarity in Indigenous communities', people in these communities will remain poor if they are not connected to the powerful or if they have few connections to those with power, within or outside of the community

– there is no vehicle for the opportunities to better their conditions. For example, while Indigenous communities may be provided with basic social infrastructure by governments, Indigenous social organisations have been largely unable to mobilise to lobby for fundamental rights or for greater access to economic and political participation. Moreover, Morrisey (2006b) claims that regardless of the level of social capital *within* Indigenous communities, it is unlikely to have much effect in terms of relations between Indigenous and non- Indigenous society while-ever Indigenous people continue to remain marginalised by massive structural disadvantage. This includes the structural exclusion of Indigenous people from the labour market and tertiary education sector, ensuring these communities, however defined, are completely deprived of any significant social and/or cultural capital that is translatable into economic or financial capital (Hunter, 2000).

Nevertheless, Biddle (2012) has managed to connect the social capital framework of the ABS to a comprehensive measure of social capital for Indigenous communities. Social capital, per Biddle (2012), is measured by the strengths of the networks people can draw upon, and the consistency with which they share norms and values with those around them. As such, this has the potential to explain differences in several outcomes between Indigenous and non-Indigenous Australians. Indigenous Australians have poorer access to networks, for example, that would allow them to obtain employment, credit, and access to mainstream institutions. This lack of networks across cultures, Biddle (2012) explains, contributes to ongoing mistrust in Indigenous communities, which in turn leads to ongoing social exclusion.

Using the ABS framework, Biddle (2012) suggests that social capital is both an indicator and determinant of well-being. For example, even though the gap in mental health and subjective well-being between Indigenous and non-Indigenous communities can partially be attributed to the variance in socio-economic status, Indigenous people with higher levels of social capital report higher subjective emotional well-being (Biddle, 2012). Moreover, Biddle (2012) found there was no single index of social capital and individual measures to predict levels of social capital, however social support, the ability to have a say, and trust are crucial factors explaining subjective well-being in Indigenous communities. Another key factor is having diverse networks rather than friends from a single ethnic background, with diverse networks found to be positively associated with subjective well-being (Biddle, 2012).

Brough et al. (2006) conducted a qualitative study of social capital within an urban Indigenous context that included a hundred Indigenous tourist development participants in focus group discussions and in-depth interviews collected by Indigenous community development workers. They concluded that the primary source of bonding social capital comes from family and wider Indigenous community connections, while bridging social capital remains elusive for too many Indigenous Australians (Brough et al., 2006). This elusiveness of social inclusion is a function of the long echo of colonisation and requirements of engagement with the complexities of identity (see Maddison, 2013), and impacts on a community's ability to maintain community inclusion. It is the texture of social capital rather than just the volume of social capital that is important in creating a model able to predict psychological distress. Perhaps the best argument for using social capital theory to frame and measure this PhD research comes from Woolcock (2010), who recommends its use as a vehicle for constructive dialogue about the agreements and disagreements between groups who would otherwise rarely (if ever) interact. There is a need for such conversation to continue (see Field, Schuller, & Baron, 2004; Koniordos, 2017), and this PhD research will hopefully contribute to this debate in improving Indigenous health.

3.7 Social capital research in Indigenous communities

Social capital frameworks may be informative for research in Indigenous health in Australia, given continuing elevated levels of poor health and poor social and emotional well-being, together with the ongoing incapacity of governments to close the gap in health indices between Indigenous and non-Indigenous people (Baeza & Lewis, 2010; Mooney & Henry, 2004). Indigenous health research requires a framework that considers the social determinants of health, and the ecological social capital model facilitates this approach. However, research on social capital in Indigenous communities has largely focussed on the areas of education and economic research (Brough et al., 2005). For example, Schwab (1996) argued that Indigenous people often must perform a "cultural cost-benefit analysis" (p. 259) regarding a decision to engage in tertiary education, and Hunter (2000) argued that less participation in the labour force by Australian Indigenous people might facilitate greater participation in other kinds of community activities thus increasing social capital. This dichotomy of choice (for example, being employed away from home, or being full-time in serving the community) for Indigenous people demonstrates the tension around the measuring of social capital in the Indigenous context (Hunter, 2004), because it must consider that increasing social capital in a community context may decrease social capital in that individual's relationship with 'mainstream'

Australia. Making clear the social context in which such capital is measured is thus essential.

Such tensions inform the distinction made by Putnam (2000) between bonding and bridging capital where bonding capital refers to the parochial social networks founded on homogeneity, and bridging capital refers to heterogeneous social networks. Brough et al. (2006) suggest that this is far from a simple choice for many Indigenous people and reflects much deeper issues about identity. It is the texture of space between bridging and bonding capital that reflects the individual as "meaningful insider" (Brough et al., 2006, p. 363) and the experiences of Indigenous people, and this, Brough et al. (2006) claim, is a function of personal and cultural identity.

Applying any research model across cultures is challenging, and in applying a social capital analysis, ethnocentrism must be considered. Social capital itself, for example, may be a sociocultural product, making it difficult to obtain robust research in this field. Putzel (1997, p.65), another early social capital theorist, notes the failure of much of the social capital literature to distinguish between the "mechanics of trust … and the political content and ideas transmitted through such networks and embodied in such norms". While Putzel (1997) takes political content into consideration, cultural content must also be considered, otherwise the risk of having social capital as a meta-variable (that is, not a variable with a measurable outcome, but a variable that arches over the ones being measured) carries the potential for arbitrary or exaggerated abstraction well beyond the realities of people's lives (Boggs, 2001; Roberts, 2004). The greater risk, however, is that research showing lower levels of social capital in Indigenous populations will be used to support deficit discourses in these communities.

Brough et al.'s (2006) research in Indigenous communities demonstrates that social capital research outcomes are often secondary to research objectives. For example, Brough et al. (2006) researched social capital in Indigenous communities using a cultural social capital framework while they were researching health promotion outcomes. Bronfenbrenner's model is often used in researching in Indigenous issues.

3.7.1 Use of Bronfenbrenner's framework in research in Indigenous communities.

Bronfenbrenner's four-sphere ecological framework (Belsky, 1980) has been used to consider Indigenous issues such as adolescent suicide (Ayyash-Abdo, 2002), sexual re-victimisation (Grauerholz, 2000), stress in older adults (Gouin, Estrela, Desmarais, &

Barker, 2016), child abuse and neglect (Meinck, Cluver, Boyes, & Ndhlovu, 2015), alcoholism (Greene & Maggs, 2017), and in child and family therapy (Garbacz, Zerr, Dishion, Seeley, & Stormshak, 2017). It has also been used successfully in other research in mental health, for example, its use to create a counselling guide for adolescents who are depressed (Abrams, Theberge, & Karan, 2005), and the effects of poverty on emotional development (Eamon, 2001). Finally, it has been used in Indigenous populations and settings in America (Ball, 2010; Laliberté, 2012; Willows, Hanley & Delormier, 2012), Australia (Davison et al., 2013; Green, 2010; Perry, Williams, Wallerstein, & Waitzkin, 2006), Canada (Findlay & Kohen, 2012) and China (Hussain, 2017), and in the Maori populations in New Zealand (see for example, Berryman & Woller, 2013; Moeke-Maxwell, Waimarie Nikora, & Awekotuku, 2014; Reid, Taylor-Moore, & Varona, 2014).

Bronfenbrenner’s (1979) ecological social capital model suggests that an understanding of relationships gained from an individual can be extrapolated to that community. This increases the utility of data and findings, as participants express their perceived reality, on a construct of relationships that are important to them. Participants identify the true outcome of interest, rather than the researcher, fitting an Indigenist empowerment grounded theory. In this doctoral research, Bronfenbrenner’s ecological social capital model informs the guided questions and some of the survey items, as will be discussed in the methodology chapters to follow. In the next section, this ‘fit’ and usefulness in the context of this PhD is discussed.

3.8 Social Capital Theory and this PhD study

This section explains how the notion of social capital shapes or positions this research study. As already explained, social capital expands the focus from the individual to the collective, highlights the social causes of disease as well as the biological and material, and explores the complexity of social relationships through recognising that they can occur at diverse levels and have indirect effects. As such, social capital theories are a good ‘fit’ for this doctoral research, as a social capital framework can measure and place participants’ perceptions of negative behaviours expressed in social and community exclusion, and these can be analysed for correlation (or not) with separate assessments of psychological distress. Such analysis will provide an evidence base to understand the relationship (or otherwise) between community exclusion and mental health, and to identify risk and protective factors.

This doctoral research requires an understanding of how Indigenous people experience community exclusion as expressed by negative community and personal behaviours, so the best fitting social capital framework would incorporate the ecological factors of community life. Bronfenbrenner's ecological social capital frameworks allow the participant to name the domains of community life where exclusion occurs, as well as the vehicles of social exclusion, and will add to the strength of evidence produced.

3.9 Social capital and ecological models

Ecological models are best suited when the unit of analysis is a population. This approach suits studies when entire populations have been exposed or possibly exposed to the outcome of interest (Manning & Fink, 2011), such as the behaviours of community exclusion. Bronfenbrenner's (1979) ecological social capital theory is particularly appropriate to guide the development of this PhD research, because this research considers the individual in community and attempts to identify the risk factors that may or may not articulate within Bronfenbrenner's four domains. Bronfenbrenner's (1979) ecological social capital theory fits with a community perspective of multiple domains, as might exist in the complexity of Indigenous communities.

The most salient reason Bronfenbrenner's model is used to frame this PhD research relates to the way in which the model assists understanding notions of psychological distress. The four spaces of Bronfenbrenner's Ecological model (see Figure 3.3) support a whole-of-life approach to describing determinants of mental health, including psychological distress. This is exemplified in a range of research that has used Bronfenbrenner's ecological model to inform understanding of risk and protective factors related to psychological distress, such as survivors of war (Jayawickreme et al., 2017); perceived discrimination and psychological distress of refugees (Low, Kok, & Lee, 2014); community members with a mental illness (Low, Lee, & Jacob, 2017); physical quality of housing and neighbourhood on children's mental health (Rollings, Wells, Evans, Bednarz, & Yang, 2017); and the mental health of orphaned youth (Sharer, Cluver, & Shields, 2015).

3.10 Conclusion

Use of Bronfennbrenner's model is well accepted within policy and academic worlds, and can be used to inform evidence-based programs and interventions. It is therefore a robust model to use to examine the nature of relationship, the give and take, or push/pull factors for individuals, and where linking, bridging, and bonding capital are situated. It is important to understand these sources of social and cultural capital in communities, to best place interventions, and create policies to increase social capital, and therefore community health, in Indigenous people' lives. While for this doctoral research, Bronfenbrenner's ecological social capital model is the most appropriate of the social capital frameworks, consideration must be given to the communities of interest, and indeed the researcher, of this PhD study. Consideration includes an understanding of researching in Indigenous communities, and therefore, the next chapter considers the theory and application of Indigenist research.

Chapter 4. Indigenist Research: The Dilly Bag Model

4.1 Introduction

This chapter begins with a summary of the concept of Indigenous knowledges because of the role that scholarship in this area has played in the development of Indigenous research methods. It continues with an examination of Indigenist research methodologies, tracing their history and genealogy, considering their similarities and differences, and identifying core values. Within this examination, social science research methods more generally are considered, to assess their role as an instigator of reaction and change, to understand the rise of post-positive thinking, and how feminism contributed to the development of Indigenist research. Against this background, the chapter then introduces a localised research model for this thesis – the Dilly Bag model – and explains its relevance to the current doctoral research. The conclusion invites consideration on what qualifies as a *methodology* in Indigenous research.

4.2 Indigenous knowledges

Indigenous knowledges are generally accepted as the distinct ideas, information, and skills held by Indigenous people, and usually contrasted or compared with Western scientific knowledge (Bohensky & Maru, 2011), although definitions are highly contested (Shahjahan, 2011). Castree, Kitchin, and Rogers (2013) explain three characteristics that differentiate Indigenist knowledges from mainstream, or Western, knowledge (Table 4.1).

Table 4.1

Characteristics of Indigenist knowledge

	Characteristic	*Example*
1	context-dependent to locale; adaptable circumstances:	knowing what animal to hunt, when and where in a changeable environment may not be readily transferred to another geographical area
2	shared by individuals and communities:	Oral transmission by stories, songs, dances, or through learning by observing and copying others.
3	holistic, or embedded in lived experience:	Not readily translated into analytical categories such as economy, ecology, and society.

Note: Adapted from Castree, Kitchin and Rogers (2013), Copyright (2013) Oxford University Press; and Hill et al. (2012), Copyright (2012) Resilience Alliance.

Western or scientific knowledge usually creates a distinction between sacred and secular, unlike the understandings of Indigenous knowledge (Carm, 2014).[30]

Indigenous people are colonised people (Cunningham & Stanley, 2003), and colonialism imposes a distinct ideological benchmark against which all other cultural values, including knowledge, are critically, usually negatively, measured (Macedo, 1999). Forcing Indigenous epistemologies into a neat category is to risk further increasing the colonisation of Indigenous knowledges (Shahjahan, 2011). As Battiste and Henderson (2000) state:

> Indigenous knowledge is not a uniform concept across all Indigenous people; it is a diverse body of knowledge that is spread throughout different people in many layers. Those who are possessors of this knowledge often cannot categorize it in Eurocentric thought, partly because the processes of categorizations are not part of Indigenous thought (p. 35).

Dei, Hall and Rosenberg's (2000) conceptualise Indigenous knowledge as:

> a body of knowledge associated with the long-term occupancy of a certain place. This knowledge refers to traditional norms and social values, as well as to mental constructs that guide, organize, and regulate the people's ways of living and making sense of their world. It is the sum of the experience and knowledge of a given social group, and forms the basis of decision making in the face of challenges both familiar and unfamiliar. . . It is accumulated by the social group through both historical and current experience. This body of knowledge is diverse and complex given the histories, cultures, and lived realities of people (p. 6).

The range of definitions of Indigenous knowledge reinforces the diversity across and within Indigenous people and knowledges (Dei, Hall, & Rosenberg, 2000; Semali & Kincheloe, 1999; Kincheloe & McLaren, 2005).[31] These knowledges are dynamic and adaptive, evolving over millennia, and successfully adapting to changing environmental and social conditions (Millat-e-Mustafa, 2000), with spiritual aspects (Cajete, 1994; Mazama, 2002) that go beyond the cognitive, and include other ways of knowing, such as dreams, visions, feelings and intuition (Castellano, 2000; Rendon, 2000).

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[30] While there are sub-categories of Indigenous knowledge, such as ethno-botany or Indigenous technical knowledge (Castree, Kitchin, & Rogers, 2013), they are not considered as part of this thesis.

[31] Indigenous knowledges have been considered part of research in a variety of academic disciplines such as Artic and Alaskan issues (Krupnik, & Jolly, 2002; Barnhardt, 2005); agricultural development (Warren, 1991); environmental issues (Brosius, 1997); healing and medicine (Ellerby, 2000; Hurdle, 2002), agroforestry (Quddus, 2000), food production and storage (Wane, 2002), and spirituality (Mazama, 2002; Some, 1994), and use of Indigenous knowledge in sustainable development (see Dei, 2000; Mayuzumi, 2004).

Perhaps because of the diversity of ways of knowing, Freire and Faundez (1989) considered Indigenous knowledge a ‘rich social resource’ for any justice-related attempt to bring about social change (p.46) by privileging Indigenous voices. Using Indigenous knowledges to influence Western science to consider human relationships can enrich research (Dei, 1994), and encourage an awareness of ‘truth production’ that includes Indigenous epistemologies, bringing about social justice (Semali & Kincheloe, 1999), and eventually empowering Indigenous people (Russell, 2005).

Concurrent with an increasing interest in Indigenous knowledges in the late 1980s and 1990s was the development of Indigenist research methodologies (see Abdullah & Stringer, 1997), together forming the basis of a means to resist the colonial practices of the academy (see Kwek, 2003; Waterfall & Maiter, 2003). Indigenous scholars use Indigenous knowledges to challenge the conventional Eurocentric paradigms of research practices (Bishop, 1999; Shahjahan, 2005; Smith, 2010) and dissemination of knowledge (Rigney, 1997; Graveline, 2000; Wane, Shahjahan, & Wagner, 2004). Indigenous research is thus required to be emancipatory (Rigney, 1997).

Indigenous knowledges are often presented and perceived as opposite to Western knowledge, although the utility of this stance has been questioned (Agrawal, 1995; Nakata, 2007; Peat, 2012). Briefly considering the history of research philosophy in the social sciences provides a useful way of understanding the relationship (or otherwise) between Indigenous knowledge and Western knowledge (for example, how they may be imbricated or ‘made sense of’), and thus to formulate a theoretical approach to research practice and method of relevance to this thesis. The following section considers social science philosophy in order to inform its role in the historical context of Indigenist Research, both as an instigator of response and change and as a source of further development within an Indigenist framework. It also allows for consideration of how these traditions can be mutually beneficial to respond to the research questions of this thesis, and informs development of the Dilly Bag model proposed in the concluding section of this chapter and that has been adopted as a research method for this doctorate.

4.3 Indigenist research and the social sciences

Research methodology in social science, regardless of the method used, is influenced by the philosophy of the researcher (Holden & Lynch, 2004). The philosophy that informs a piece of research is a belief about the way in which data about a phenomenon should be gathered, analysed and used (Orlikowski, 2010). Theory requires a philosophical stance that informs the methodology, which in turn provides a context in the processes that ground its own logic and criteria (Crotty, 1998). The world view of any researcher or the values of a research institution, Indigenous or not, will influence the philosophies of any social science research approach (McMillan, 2015), as researchers engage in generating theories (Pizzi, 2012).

As a function of the Age of Enlightenment (Berlin, 1970), and, according to Williams (2014, p.117), the growth of Western science's core value of 'superiority of thought and knowledge', the main research philosophy underpinning early Western research science was positivist or 'scientific' (Creswell, 2013, p.91). Positivism is considered to have begun in Greek Classical times with Plato and Aristotle (Hirschheim, 1985). The Renaissance brought a re-birth of classical thought, and the 16th and 17th centuries saw a re-invention of positivist research (Jay, 1996), with famous positivists including Bacon, Descartes (Williams, 2014) and later, Durkheim (Hirschheim, 1985). Early research in social sciences from a positivist framework meant collecting data and information about a group of people or subject, revising the findings and data, and adapting theories for practical use in interaction with these groups that agreed with the world view of the researcher (Porsanger, 2011).[32] Applying positivism as a lens to view Indigenous populations meant that the non-Indigenous researcher was able to decide what was and what was not truth and fact, without considering an Indigenous voice, and this mode of research is unfortunately still used at times in Indigenous communities today (see for example, Wilson & Hollinshead, 2015), even though post-positivism is a growing field (Schedlitzki, Ahonen, Wankhade, Edwards, & Gaggiotti, 2016).

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[32] In response to the growth of interest in knowledge in the 1600s, the Royal Society (of 'natural philosophers') was founded in London in 1660, with a Royal Charter from Charles II to found a "*Colledge for the Promoting of Physico-Mathematicall Experimentall Learning''* (sic) (Stewart, 1992). This society is credited with the beginning of scientific disciplines with Sir Joseph Banks being its president from 1778 to his death in 1820 (Smith, 1911). Scientific luminaires such as Benjamin Franklin and Charles Darwin gave presentations at the Society in their day, and the Society is still considered the premier scientific body, with the positivist motto: *'Nullius in verba'* or 'take nobody's word for it' (Merrill, 1989, p.13), as in the Society's motto creed of 'It is an expression of the determination of Fellows to withstand the domination of authority and to verify all statements by an appeal to facts determined by experiment' ('History, https://royalsociety.org/about-us/history, 2015). It was at an 1830 A.D. meeting of this Society that the term 'scientist' was first coined (Al-Khalili, 2010), and the approach was summed up by a Cambridge University physics Professor Rayleigh, who stated that '…explanation(s) go hand in hand, in which not only are new facts presented, but their relation to old ones is pointed out' (Rayleigh, 1885, p. 20, in Chalmers, Hedges & Cooper, 2002), confirming the importance of the 'experiment', and the authority of the scientist. Positivism, or the reliance on the scientific method as the only justifiable way to capture knowledge, was re-enforced by the core value of superiority in Western culture and research in the 18th and 19th centuries, where the discovery and interpretation of 'facts' informed all branches of Western science, including setting the lens to interpret the rest of the world (cf Sprat, 1734; Mackay, 1985).

Positivists consider that reality is stable and measurable from an objective viewpoint (Levin, 1988). Positivism still influences much research as, for example, in the need for replicability in research (see Asendorpf et al., 2013). Positivists consider the only valid way to create understanding is a process of knowledge acquisition where ideas are generated genealogically, from one theory, or idea, acting as the base for other theories to utilise (see Eiseley, 1985).

Conversely, an interpretivist (or 'antipositivist') approach contends that the study of phenomena in their naturally occurring environment is the only way that reality can be fully understood and recognises that scientists affect the phenomenon they study (Galliers, 1991). While interpretivists concede there are many interpretations of reality, they also acknowledge that these interpretations are part of the scientific knowledge they are investigating. This approach to research is not new, with well-known interpretivists including Kant, Marx, Freud (Hirschheim, 1985), and importantly, Kuhn.

Thomas Kuhn was one of the most influential philosophers of science in the 20th century (Fuller, 2000). His book *The Structure of Scientific Revolutions* (Kuhn, 1962/2012) is one of the most cited academic books of all time (Nickles, 2003). Kuhn not only introduced a divergence from several key positivist doctrines, but he introduced new concepts, such as the incommensurability thesis, which contends that there is no completely neutral standpoint from which 'one can judge the relative worth of the two paradigms' (Kuhn, 1962/2012, p.167), and scientific revolutions, or 'paradigm shifts' where 'a scientist's world is qualitatively transformed [and] quantitatively enriched by fundamental novelties of either fact or theory' (Kuhn, 1962/2012, p.172). Science, Kuhn claimed, is driven by relations of perceived similarity and analogy (Bird, 2013).

Kuhn's work was seminal in the creation of post-positivist approaches to research (Siegel, 1980). From the 1980s, largely due to Kuhn's work, there was a new realism in scientific philosophy (Bird, 2013). This gave political and scientific space for social scientists to review their core values, and adapt methodologies to best suit those values. One example is the upsurge in research from feminist perspectives that occurred in the 1990s (see Cornell, 1998). Because feminist research has been identified as an influence in the development of Indigenist research (Coombes, Johnson, & Howitt, 2014; Foley, 2003), it is considered briefly in the following section.

4.3.1 Feminist research and its links to Indigenist research

The term ‘feminism’ was first coined in 1837 by the French philosopher Charles Fourier (Goldstein, 1982). The feminist movement has been identified as growing in ‘waves’ (see Humm, 1995, p.251). The first wave concentrated on getting women the right to vote, and incorporated, for example, the women’s suffrage movement in Britain and Australia (Freedman, 2003). The second wave began in the 1960s (Whelehan, 1995) and focused on addressing social and cultural inequalities as political inequalities (Freedman, 2006), and ending discrimination against women (Freedman, 2003). The third wave is considered to begin around the 1990s, with feminists responding to the failures of the second wave, as demonstrated by the continued gap in gender equality throughout the world (Henry, 2004).

Third-wave feminism also considers the difference between sub-categories in feminist theories (Gilligan, 1993, p.184).[33] Because feminist movements and theoretical developments were predominantly led by, and mostly benefitted, middle-class white women (Hill-Collins, 2000), the 1990s also witnessed the emergence of post-colonial feminism theory and ideology (Weedon, 2002). Behrendt (1993) called attention to the ‘white lies’ of feminism in Indigenous Australia, while Lucashenko (1994) talked about the assumption of learnt racism inherent in early feminist ideology.

However, it is Indigenous scholar Aileen Moreton-Robinson (2000), whose work deeply analysed the whiteness in the discourse of the second and third waves of feminism. Moreton-Robinson argued for an integrationist approach, where all women everywhere are invited to consider the practices of ‘othering’, and to challenge the dominance of white privilege. This approach is in alignment with Tracy Bunda, (an Aboriginal woman academic) who stated that ‘feminism was never our struggle’ (Bunda, 2007, p.9), notwithstanding Marcia Langton’s (1988) argument that feminism has brought some rights to Aboriginal women. Feminist standpoint theory was modified by Moreton-Robinson (2000) into an Indigenous non-gender, feminist-based standpoint, although it has been mostly used only by Indigenous women researchers (Foley, 2003).

Feminism as an ideology created a feminist epistemology, and caused researchers to question explanations, inclusion and omissions of gender within and between social settings (Price & Shildrick, 1999), with feminist researchers calling for feminist

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[33] Feminist sub-categories include, for example, liberal (Eisenstein, 2015); radical (Echols, 1989); standpoint (Harding, 2003); Marxist (Bottomore, 1991); social (Black, 1989); anarcha-feminists (Dunbar-Ortiz, 2002a. 2002b); eco-feminism (see Biehl, 1991) and punk (Rowe-Finkbeiner, 2004).

methodologies (Harding, 1989; Worell, 1996). While there are differences in opinion as to what constitutes a feminist methodology (Fine, 1992a, b; Kelly, Regan, & Burton, 1992; Baxter, 2003),[34] the commonality in these research examples is the use of 'feminist' values. Regardless of the method chosen, it is those values which underpin the research that characterise it as 'feminist' (Anderson, 2004). The recognition that a particular set of values associated with a defined 'group' (in this case relating to gender) lie at the heart of a research method helps inform the development and nature of Indigenist research.

Like feminist research, Indigenist research is also an epistemology open to those outside the titled group (Millen, 1997), though scholarship varies on whether this is possible (see section 4.4). Feminist research is similarly considered emancipatory (Wolf, 1999), coming from a space of advocacy of social justice and change to society in general to encompass more feminist philosophies (Therberge, 1997). Feminist research challenges traditional assumptions and practices of research inquiry and affirms women's value and contributions as women (Beirema & Cseh, 2003). This challenge to core values of Western research and science is also central to Indigenist methodologies. There are therefore significant similarities between Indigenist and Feminist research methods, and both emerge in an era of post-positive research method development. As Foley (2003, p.44) notes, feminist standpoint theory can be seen as the 'evolutionary basis' of Indigenous standpoint theory.

4.4 The development of the Indigenist research approach in the late 20th century: reviewing the seminal theorists

As noted above, the 1990s witnessed a revolution in the development of post-positivist research methodologies (Denzin & Lincoln, 2011), with a groundswell amongst Indigenous people wanting to develop Indigenist research perspectives, to, among other reasons, combat racism and social exclusion (Browne, Smye, & Varcoe, 2005; Martin & Mirraboopa, 2003). The research revolution was part of Indigenous people finding a combined political voice in related areas such as land rights and human rights (Rigney, 2006). In an early call for an Indigenist approach, Brady (1992, pp.4-5) stated that 'issues of ownership of knowledge in Indigenous research can only be resolved when the power

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[34] Feminist theory/ies have been used in research in, for example, nursing (Parke & McFarlane,1991), sociology (Stanley & Wise, 1990), and psychology (Kitzinger & Wilkinson, 1997) to research such issues as identity (Downing & Roush, 1985), social relationships (Cotterill, 1992), racism, sexism, and power (Webb, 1993), and the experience of women (Kitzinger &Wilkinson, 1997; Cotterill & Letherby, 1993) using methodologies such as grounded theory (Keddy, Sims, & Stern, 1996), quantitative (Keddy, Sims, & Stern, 1996), and qualitative designs (Letherby, 2003).

of decision making and self-determination is held by Indigenous people, communities and/or organisations'. By the end of the 1990s there was a significant cohort of Indigenous researchers.[35]

Literature in the 1990s evidences rigorous debate as Indigenous researchers developed methodological lenses to better critique the research process. Positivism and classical theories were spurned (Sargent, Nilan, & Winter, 1997) and sociology was considered a colonising discourse (Brady, 1992; Nakata, 1998). It was identified that while post-modernist theorists attempted to critique dominant hegemony, they did not permission other voices' values (Jary & Jary, 1995), and were dominated by a white Anglo-Eurocentric and middle-class epistemology (Griffiths, 1995). Moreover, even though critical theory is held to be emancipatory, a racialised epistemological approach was identified in its overtly political intentions (Rigney, 1997; Weiss Hanrahan, 2000).[36]

Indigenous researchers called for a recognition of Indigenist approaches, the decolonisation of methodology and the human mind (Crazy Bull, 1997a; Smith, 1999), a legitimising of power and control over research on Indigenous issues (Cook-Lynn, 1997; Bishop & Glynn, 2003; Harrison, 2001; Harvey, 2003) accompanied by a call for mutual benefit between the researcher and the studied Indigenous community (Irwin, 1999; Crazy Bull, 1997a, 1997b; Bishop, 1996). Rigney, Tuhiwai Smith, and Nakata are three Indigenous scholars who have influenced the development of Indigenist research methodologies in diverse ways. Their work is considered in more detail below as it is relevant background to understanding the approach of the Dilly Bag model which is proposed in section 4.9.2 below.

4.4.1 Lester Irabinna Rigney – Indigenism

Rigney (1999, 2001) described the challenging of Western-style research by Indigenous scholars as *indigenism*. Rigney conceptualised Indigenist research as having a variety of approaches that value Indigenous experiences, interests, and goals, and called for indigenist epistemologies that are emancipatory and liberatory and uses anti-colonial methodologies to construct, rediscover and/or reaffirm Indigenous knowledges and

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[35] In response to a burgeoning of interest and expertise in Indigenist methodological reform, the University of Newcastle's Umulliko Indigenous Centre hosted the 1999 Inaugural Indigenous Researchers Forum (Rigney, 2006).

[36] While Indigenist research might also be considered to have a racialised epistemological approach, where the study of Indigenous knowledge is conducted through an Indigenist lens, the critical difference is a function of the ideological concept of race being given material power in the social order (Essed & Goldberg, 2002), as that social order favours non-Indigenous people (Reading, 2009).

cultures (Rigney, 1999), un-obscured by the cultural lens of the non-Indigenous researcher (Rigney, 2006). Rigney (2006) demanded that Indigenist research focuses on the struggles of Indigenous people, and on ‘the lived, historical experiences, ideas, traditions, dreams, interests, aspirations and struggles of Indigenous Australians…(and) contribute to methodological reform for social justice” (p.43).

Rigney (2006) explained indigenism, the epistemology behind indigenist methods, as having three principles. The first principle, *resistance as the emancipatory imperative,* is part of ‘Indigenous Australia’s struggle for recognition and self-determination, to research survival and celebration of Indigenous Australian’s resistance struggle and to uncover and stop the continuing forms of oppression against Indigenous Australia’ (Foley, 2003, p.46). Rigney (1999) stated that this principle can use quantitative and/or qualitative research. According to Foley (2003), the principle of resistance in indigenist research abjures the deficit approach, and rejects dehumanising Indigenous people as ‘oppressed victims in need of charity’ (p.45).

The second principle, *political integrity in indigenist research* demands Indigenous research be controlled by the Indigenous researcher, to forge a social link between ‘research’ and the political struggle of Indigenous Australia (Rigney, 1997a). Application of Rigney’s second principle allows the act and outcomes of research to serve and inform the political struggle while holding the researcher responsible to the Indigenous community (Foley, 2003).

The third principle, *privileging Indigenous voices in indigenist research,* states that ‘indigenist research is research which focuses on the lived’ historical experience, ideas, traditions, dreams, interests, aspiration and struggles of Indigenous Australians’ (Rigney, 1997b, p.117). It is Indigenous Australians who are the primary subjects of indigenist research, thus indigenist research ‘gives voice to Indigenous people’ (Rigney, 1997b, p.118).

4.4.1.1 Critical reflection of Rigney’s theory

Rigney’s work continues to underpin the values of indigenist research. He contends that holding up the research to the researched invites a concordance of political integrity between researchers and participants. This act of mirroring all actors in research forms a basis for Indigenist research, but all researchers need to consider the values that they will bring to the community, and Indigenous people, rather than expect an automatic recognition of research as a vehicle of social justice. It is Rigney’s epistemology of bringing forth new research methodologies in line with Indigenous people that has led to the Dilly Bag Framework created for this thesis.

Rigney brought an awareness of research as resistance, by claiming that some research contributes to the marginalisation of Indigenous communities and their best interests (Henry et al., 2002), but it is concerning that Rigney seems to assert that only Indigenous people can engage in indigenist research. Ameliorating the poor levels of Indigenous health, for example, requires concerted efforts from both health practitioners and researchers, and parity of team construction across Indigenous/non-Indigenous members is unrealistic. In considering Indigenous mental health especially, health experts are likely to be non-Indigenous. It is necessary to have multi-disciplinary teams when considering the best social sites for interventions, and if research across cultures is guided by ethical approaches to empowering each culture and disciplines' voices, then that research is likely to be well accepted (see Robinson-Pant & Singal, 2013).

Undoubtedly Rigney's work contributes to the emancipatory nature of indigenous research. Milne, Creedy, and West (2016), for example, use Rigney's framework to test a tool to measure levels of cultural safety in nursing academics, claiming that privileging Indigenous voices meant it was indigenist research, yet this research team has both Indigenous and non-Indigenous members. It seems therefore, that is it valid to take the parts of an indigenist theory that best suits a researcher/s' situation, or to create a framework that best suits the researcher, as Tuhiwai Smith has done.

4.4.2 Linda Tuhiwai Smith – decolonising methodologies

One of the best-known theorists in Indigenist methodologies is Linda Tuhiwai Smith. Her 1999 book *Decolonising Methodologies* is considered a seminal work, particularly in informing cultural safety in research in Indigenous communities (Wilson, 2001). Tuhiwai Smith (1999) argued that Western anthropology still constantly affirmed the dominant culture's view of itself as the centre of legitimate knowledge and its production. Tuhiwai Smith rejected positivism seeing it as only valuing knowledge that is scientifically 'proven' and argued that using a Western model meant that researched 'truth' is only ever able to be defined by the imperialist researcher (1999, p.35). Tuhiwai Smith therefore called for a 'decolonising' of methodologies, in order for research to be emancipatory, and rejected the term 'post-colonial' as a past-tense narrative, claiming colonisation continues, as evidenced by the continuing colonial paradigms of research in Indigenous worlds, and by the failure of research to recognise and/or value Indigenous belief systems and knowledges (1999, p.39).

The basic tenet of Tuhiwai Smith's call to 'decolonise knowledges' is that research is a tool to oppress the alterity of Indigenous people forced to live in colonising states. This is poignant for all Australians, as the colonising or invading of Australia was in part a function of Cook's 'scientific' voyage (Mackay, 1985), and social Darwinism has informed the scientific and institutionalised racism in cross-cultural policies and practices since that time (Butcher, 1994).

The process of decolonising knowledges requires new paradigms in research in Indigenous communities, including methods and ethically and culturally acceptable approaches (Porsanger, 2011). Tuhiwai Smith emphasised that research methods need to be 'about centring our concepts and worldviews and then coming to know and understand theory and research from our own perspectives and for our own purposes' (1999, p.39). The claiming of 'our concepts…worldviews…perspectives (and) purposes' by Tuhiwai Smith's Maori perspective, is meant to allow Indigenous scholars to use Indigenist epistemology to decolonise theories and develop Indigenist methodologies (Tuhiwai Smith, p.40). These approaches 'allow Indigenous scholars to make visible what is special and needed, what is meaningful and logical in respect of Indigenous people' own understanding of themselves and the world' (Porsanger, 2011, p.107). Research becomes emancipatory as Indigenist research and researchers are permissioned to escape Western epistemologies and academic thought, that are suited to Western knowledges, but which are foreign to Indigenous ways of thinking (Porsanger, 2011). However, Tuhiwai Smith paints her story with a very broad brush. For example, invalidating research into Indigenous health that was completed by non-Indigenous researchers would negate key areas of research such as, for example, eye health (Taylor, Boudville, Anjou, & McNeil, 2012) and sexually transmitted diseases (Hui et al., 2014), both of which are devastating diseases in Indigenous communities (Australian Indigenous Health*InfoNet*, 2017; Ward et al., 2016).

Tuhiwai Smith (1999) drew upon Said's study of *Orientalism* and Fanon's decolonisation models to develop her arguments about paternalism inherent in the 'Western' research discourse of solving 'Indigenous problems', and claimed that all Indigenous people are subject to an intense public gaze, where the researched are continually disempowered and compared to the dominant white 'control'.[37] This allows the imperial regimes' representation of the colonised people' social, political and cultural knowledge and schema to be considered 'truths' (Tuhiwai Smith, 1999, p.564). As Tuhiwai Smith (1999, p.42) explains 'Western research brings to bear on any study of Indigenous people, a cultural orientation, a set of values, a different conceptualisation of such things as time, space, and subjectivity, different and competing theories of knowledge, highly specialised forms of language, and structures of power'.[38] Tuhiwai Smith's used Freire's (1971) notions of `oppressor/ oppressed' and `coloni(s)er/ coloni(s)ed' and Foucault's notions of `imperialism', `power' and `knowledge' as central to her model to create a feminist-based, emancipatory paradigm.

Tuhiwai Smith's work is popular with other Indigenous researchers. Foley (2000), speaking from an Australian Indigenous view, commends Smith's work as 'validating many of our problems' and provides 'insight…to regain control over Indigenous ways of knowing and being' (p.49). Foley (2000) further recommended Tuhiwai Smith's work as compulsory to all researchers. Hill (2000) considered Tuhiwai Smith's pedagogy as being able to be utilised by any indigenous people. McDonough (2013) claimed that reading the 2nd edition of the book *Decolonising Knowledges* gives one tools to think critically and reposition oneself in community.

4.4.2.1 Critical reflection of Tuhiwai Smith's theory

Tuhiwai Smith was part of the *Maori Spring* (see for example, Barcham, 1998; Nairn & McCreanor, 1991; Sissons, 1993) where a resurgence in all things Maori created a political and educational space for her work. Trained in Western research methods, Smith's lasting contribution is in asking researchers who 'owns' the research. Her core value is the sharing of knowledge between Indigenous communities, and was a timely call to Western researchers of the need to incorporate cultural safety in research protocols. However, a cross-cultural research project requires more than a checklist of metaphysical

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[37] Fanon diagnosed colonisation as essentially destructive, by denying 'all attributes of humanity' (Fanon, 1963, p.230), with science as part of its oppressive systems (Fanon, 1965, p.121). *Orientalism* describes the Western lens through which Middle Eastern cultures are essentialised as static and undeveloped while Western society is developed, rational, flexible, and superior (Said, 2004), thereby fabricating a view of Oriental culture that can be studied, depicted, and reproduced (Said, 1993, p.25). 'Orientalism' can be applied to other cultures (Madhavan, 1993), and demonstrates that people interpret the world through their own cultural lenses. Attwood (1992) built on Said's concept of Orientalism to put forward the notion of Aboriginalism and post-Aboriginalism (and see also Moreton Robinson, 2000).

[38] As an example this concept of competing values, Tuhiwai Smith states that appropriation or use of any knowledge from research is 'stealing' because the 'stolen knowledge' benefits the people who stole it' (Tuhiwai Smith, 1999, p.569).

questions to be culturally ‘safe’. Hence, the utility of Tuhiwai Smith’s work to this thesis is to reinforce the need to have a value-based framework.

4.4.3 Nakata & Moreton-Robinson – indigenous standpoint theory

Nakata (1997) explains why it is essential to have Indigenist methods in any research within and across Indigenous cultures. Nakata developed *Indigenous Standpoint Theory* to assist Indigenous scholars to read and understand the Western system of knowledge (Nakata, 1998), using the 1898 Cambridge University Expedition to the Torres Strait Islands as his main case study.[39] Nakata argued that the Cambridge Expedition’s research led to on-going institutionalised racism that persists today, as Torres Strait Islander consider they are viewed through the same ‘primitive’ lens (Nakata, 1997, p. 239). Nakata noted that Torres Strait Islanders’ representations of their experience ‘are easily invalidated’ by the overwhelming ‘scientific’ evidence that determined them to be ‘primitive’ and ‘other’ (p.70). Even though he is primarily an educator, his concept of an Indigenist standpoint (Nakata, 2007), based on the core values of the researcher and the researched is applicable and serviceable across disciplines, if the core components of his model are incorporated into the research method. Understanding Nakata’s concept of an Indigenist standpoint is essential for Indigenous researchers trying to understand the way power is embedded in knowledge production within colonial and peri/post-colonial texts.

Moreton-Robinson further developed Nakata’s paradigm by melding both feminist and Indigenist perspectives in her Indigenous Woman’s Standpoint Theory. This theory differs from dominant feminism because:

> An Indigenous woman’s standpoint is informed by the social worlds imbued with meaning grounded in knowledges of different realities from those of white women…they include sharing an inalienable connection to land; a legacy of dispossession, racism and sexism; resisting and replacing disparaging images of ourselves with self-defined images; continuing our activism as mothers, sisters, daughters, grandmothers and community leaders, as well as negotiating sexual politics across and within cultures. Such a standpoint does not deny the diversity of Indigenous women’s experiences. Indigenous women will have different concrete experiences that shape our relations to core themes (Moreton-Robinson, 2000, p. xvi).

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[39] Visiting the Torres Straits for ‘scientific’ research purposes, to make ‘a complete study of the people’ (Nakata, 1997, p. 71), members of the Cambridge Expedition were firmly entrenched in their belief in the superiority of Western culture, knowledge and methods of scientific inquiry, considering the Islanders as ‘primitive’, and without history. This discourse of ‘primitive’ informed the Expedition’s research, comprehensively measuring, for example, Torres Strait Islander hearing, visual acuity, and other physiological responses in order to ‘prove’ a closer relationship to animals than to white people (Nakata, 1997, p.101), and thus permissioned English colonial activities.

4.4.3.1 Critical reflection of Nakata and Moreton-Robinson theories

Research methodologies are informed by standpoints, and among the most prominent, current, Australian indigenist standpoint theorists are Nakata and Moreton-Robinson. Nakata's theories are used to inform models of Indigenous education in practice and curriculum (see Day, Nakata, Nakata, & Martin, 2015; Nakata, 2013; Nakata, Nakata, Keech, & Bolt, 2014; Martin, Nakata, Nakata, & Day, 2017), and do not suit this psychology-based PhD research. Moreton-Robinson's work recognises the diversity of Indigenous women and their experiences, but remains embedded in a feminist perspective, which also does not suit the core values of this PhD research. This PhD research is permissioned by both Nakata and Moreton-Robinson's work to build a locally-produced methodology, based on a personalised standpoint theory, as demonstrated by the Yerin Dilly Bag model, described below.22.3

4.4.4 Critical reflection of standpoint theories

Standpoint theory is a method for analysing subjective discourses (Kokushkin, 2014), and is a tool used to strong objectivity to marginalised groups to create more objective accounts of the world (Harding, 2007). The change in methods reflected the growing awareness that the predominant culture in any society did not represent all its members (DeFrancisco & Palczewski, 2007). Standpoint theories are based on Marx's view of social class oppression, the most prominent models birthed from Marx were the feminist theories. While feminist standpoint theories introduced the privileging of sub-populations within society, the theories were generalised and focused on social groups and classes. This generalisation resulted in the theories excluding other, more marginalised groups, such as women of colour, who remained muted. Further, standpoint theories tend to depend on the dualism of subjectivity and objectivity (West & Turner, 2013), and are unable to explain the diversity in the target groups. Not all women or indigenous groups share the same experiences, or make the same meaning of the world. Standpoint theorists argue that standpoints are relative and therefore cannot be evaluated by any absolute criteria, but assume that the oppressed are less biased or more impartial than the privileged (Griffin, 2009).

Indigenous researchers are required to have a 'bifurcated consciousness' (Smith, 2005, p.6), needing the ability to be see things from both the perspective of the dominant and the oppressed, and to be able to comparatively evaluate the *other* and those doing the *othering*. But identities are complex, and rarely binary – for example, when considering

Indigenous/non-Indigenous, the *Indigenous* label covers all Aboriginal and Torres Strait Islander people, even though there are multiple differences in and between mobs and communities. The assumption that the dominant groups in society have a more powerful standpoint than subordinate groups relies on an accepted agreement that the knowledge created by a dominant theory has greater value than the *other's* standpoint, and this assumption troubled Indigenous researchers.

The angst felt by the early voices in Indigenous research, such as Tuhiwai Smith, can be understood against the background of power and control implicit in a peri/post-colonial nation state. The thrust in academia for indigenist methodologies is situated in a political climate of reconciliation and self-determination (Rigney, 1999).[40] Indigenous people wanted (and still want) to be able to make decisions regarding methodologies under consideration in their communities (Whiteside, Tsey, Cadet-James, & McCalman, 2014). Considering the communities participating in this PhD research, it is prudent to consider a purpose-built methodology that will best suit the Indigenous researcher, and the researched Indigenous communities.

4.5 Indigenist research through an insider/outsider perspective

Indigenous researchers are often uniquely placed to hold privileged knowledge of their own community/ies from an insider or an emic approach. However, indigenous researchers are not given unconditional reign in Indigenist research as a function of their indigeneity (Austin, Parkes, & Antonio, 2015), as the diversity of indigenous communities even within a nation state cannot privilege a single emic view (Kingsley, Townsend, & Henderson-Wilson, 2014). Like all scholars everywhere, indigenous researchers also are required to critically analyse their research processes and outcomes, while maintaining Tuhiwai Smith's (1999) admonition to keep Indigenous people's skills, knowledge, and experiences as central to any project (Rigney, 1999). It is the values of the researchers that will maintain Tuhiwai Smith's call to the centrality of culture.

4.6 Indigenist research: critical reflections

Although Kovach (2009) emphasised the need for methodologies that are wholly and inherently indigenous, and warned that 'those who attempt to fit tribal (sic) epistemology

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[40] Minority communities, such as second generation Asian-Americans, also demanded a recognition of the power of the researcher, and started to require community participation in ethical considerations (Okazaki & Sue, 1995) to avoid the 'veil of secrecy' communities used when researched by non-community members (Montero, 1977).

into Western cultural conceptual rubric are destined to feel the squirm' (p. 31), most of the models or paradigms for indigenist research as described above are built on Western theories. Even though Bishop used Māori terms to describe Māori culture (e.g. *whanauatanga*, or family business), he based his educational model on non-Māori teachers becoming culturally immersed in *kāupapa Māori* (or ways of being Māori), adopting a Western model of education (Bishop 2000). Tuhiwai Smith's self-determination agenda melds Foucault, Fanon, and Feminism to create a decolonising model (Tuhiwai Smith, 1999), and Bainbridge (2011) promotes 'grounded theory', from Glaser and Strauss's (1967) theory, (as discussed in the methodology chapter) as suitable for indigenist research methodologies.

It is appropriate for any indigenist research to be able to present a valid method of inquiry for that research to be considered 'evidence', as alternative epistemologies of research values have introduced changes in research methodologies and methods, 'shaped by the interests and positionality of the researchers who use them' (Hesse-Biber & Yaiser, 2004, p. 117). Because the research and methodologies are personality-based, external validity can be questionable, and might not have the full support of the academy (Rigney, 2006; Walker, 2001). For this reason, indigenist research models or frameworks are indigenised forms of post-positivist research models, as demonstrated below.

4.7 Indigenist research models in Australia

The previous sections have outlined the development of indigenist research. Key findings of this movement have been the challenge of ensuring that key principles are implemented at a local level. The following section considers four Indigenous research methods that have been developed and applied in Australia. The section assesses the utility of each method as a means of informing the development of the model applied in this doctorate – the Dilly Bag model.

4.7.1 Dadirri

Dadirri is the 'search for meaning and understanding at a profound level by 'listening with the heart' (Atkinson, 2002, p.65). West, Stewart, Foster, and Usher (2012) use *Dadirri*, the language of the Daly River mob, the Ngangikurungkurr people of the Northern Territory to create an indigenist research model. The Dadirri model is a collection of values to inform research practice, and is based on political and critical methodologies such as Freire's (1972) transformative education process and Habermas's (1984) theory of communicative action, mixed with critical theory. West et al. (2012)

claim this methodology provides a significant framework for Indigenous researchers undertaking liberatory studies that promote change.

West et al. (2012) base *Dadirri* on critical theory, claiming it is the ‘theoretical framework preferred by Australia’s Indigenous people’ while acknowledging that ‘critical theory is a radicalised epistemology in that it is overtly political in intention’, but ‘fits the agenda of a liberatory epistemology, and advocates for those most oppressed in society’ (p.17)[41]. Critical theorists share a critical lens with Freire and Habermas in studying issues of power, oppression, inequities and disadvantage to review how ethnicity, gender, class and historical factors affect an individual (O’Mahony & Donnelly, 2007). However, critical theory needs to be ‘localised, grounded in the specific meanings, traditions, customs, and result in research methodologies that are reflexive, ethical, critical, respectful, and engender humble community relations that operate in each Indigenous setting’ (Denzin & Lincoln, 2008, p.6). One of the risks of adopting critical theory without adapting it to fit local participants is the perpetuation of the Indigenous person as an outsider unable to speak for him- or herself (Vicary & Bishop, 2005), and West et al. (2012) have avoided this error.

West et al. (2012, p.77) do not give a rigid step-by-step method, but rather state the principles and functions of Dadirri as:

> a) … involves knowledge and consideration of the community and the diversity and uniqueness each individual brings to the community;
> b) … encompasses ways of relating and acting within the community;
> c) … is a nonintrusive observation, or quiet, aware, watching;
> d) …is deeply listening;
> e) … is a reflective, nonjudgmental consideration of what is, and what is heard; and
> f) …based on what is learned from listening, it is a purposeful plan to act informed by wisdom and the responsibility that comes with knowledge.

Dadirri is concerned with personal and social interaction; interrelatedness between the past, present, and future; situation or place; and spiritual or indigeneity (West et al., 2012). Failure at this level of interaction is based on power and domination, according to Freire and Habermas, as interpreted by West et al. (2012). Power, per Freire, from this perspective is ‘reciprocity between two subjects, a relationship not of domination, but of intimacy and vulnerability’ (Freire, as cited in Christians, 2003, p. 233). This leads West

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[41] Although it is improbable that evidence exists to confirm any framework can suit all Australian Indigenous people.

et al. (2012) to the principle of reciprocity in Dadirri that 'shapes the dialect between the researchers and the researched, and is informed by the responsibilities that come with knowing and living Dadirri' (Ungunmerr-Baumann, 2002), reflecting both Freire's work (1972), and Habermas's (1984) theory of communicative action.

4.7.1.1 Critical reflection of the utility of Dadirri to this thesis

Because West et al. (2012) described Dadirri in terms of values, it is not a methodology that is easily put into practice, but rather a set of guidelines that would be more aptly called an Indigenist standpoint. It has been used by other researchers (see Atkinson, 2002; Tse, Lloyd, Petchkovsky, & Manaia, 2005; Ungunmerr-Baumann, 2002) who adapted the core value of generosity in listening to their own individuated research needs. While this is an important function of all qualitative research, this thesis considers the psychological well-being of community members as participants, so the framework used in this thesis needs to be more comprehensive, specific to doing no harm, otherwise the risk of harming a participant when researching psychological distress is too great.

4.7.2 'nayri kata'

The *palawa* people are the Aboriginal people of Tasmania and the words '*nayri kata'* mean 'good numbers' in that language (Walter & Anderson, 2013, p.83).[42] The palawa is Maggie Walter's language group, and she created her model to align with her Indigenist standpoint for research (Walter & Anderson, 2013, p.85). According to Walter, the *nayri kata* model is a quantitative Indigenous methodology (Walter & Anderson, 2013, p. 85) that consists of two key methodological purposes.

The first purpose of *nayri kata* is to generate statistical data through 'an Indigenous lens', to: 'privilege Indigenous voices, knowledges, and understandings…refuse to take Euro-Australians or their accompanying value systems as the unacknowledged norm…and to refute the presumption of Indigenous deficit as a starting point' (Walter & Anderson, 2013, p. 86). The second purpose is to 'challenge the hegemony of Indigenous statistical practice by exposing the standpoint from which it operates' (Walter & Anderson, 2013, p. 86).

Like other Indigenous researchers, Walter introduces her social standpoint and context to justify her use of life story and identity as part of her methodology, stating that *nayri kati* is 'therefore influenced by my social, cultural, and economic location as well as my

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[42] The *palawa* prefer not to capitalise their words, so lower case is used in these examples

Indigenous identity, my life history, and that of my Aboriginal nation’ (Walter & Anderson, 2013, p. 86). Walter’s identity affects her understanding of her place in the world as an Indigenous person and researcher, acutely aware of the binary of whiteness and Indigeneity not ‘open to her…white (non-Indigenous)…colleagues’ (Walter & Anderson, 2013, p. 87). The combined forces of gender and class and their intersection with ‘race’ are also part of Walter’s standpoint (Walter & Moreton-Robinson, 2006/2009).

The theoretical framework of *nayri kata* flows from her social standpoint, allowing Walter’s model to be conceptualised into ‘clusters’ (Walter & Anderson, 2013, p. 90-93) (see Figure 4.1), although, these clusters could also be considered determinants of social well-being in marginalised populations (see Astell-Burt, Maynard, Lenguerrand, & Harding, 2012; Currie et al., 2012; Kelly et al., 2011; Knight, Song, & Gunatilaka, 2009).

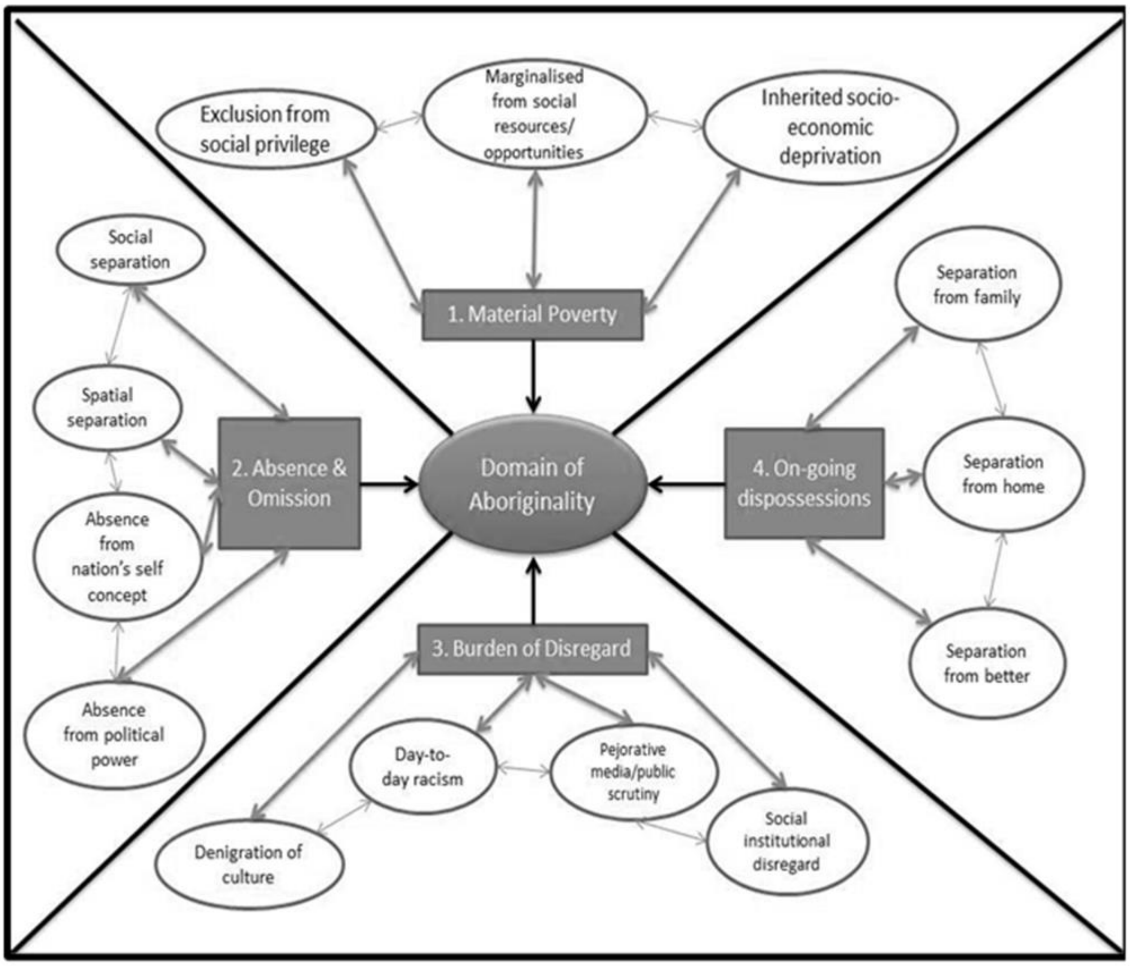

Figure 4.1. Clusters in nayri kata quantitative Indigenous mythology. Reprinted from Walter and Anderson (2013). Copyright (2013) Left Coast Press.

In Western qualitative hierarchies, according to Walter, the ‘epistemic designation of knowers and knowledge is value-ranked along a culturally, racially, and social laden continuum' (Walter & Anderson, 2013, p. 94). It is this hierarchy that sees Indigenous people as merely a data source, even if it is 'increasingly fashionable to consult this data source' (Walter & Anderson, 2013, p. 94). Explaining that non-Indigenist research views Indigenous people as data points permits *nayri kata* to challenge these established hierarchies and to epistemologically place race, and related power, at the centre of its approach, 'placing the Indigene as the observer of these phenomena' (Walter & Anderson, 2013, p. 94). In this manner, Walter explains how *nayri kata* uses an Indigenous lens when viewing any data using indigenous participants, and in doing so prioritises Indigenous knowledges and Indigenous knowers, and by extension, Indigenous voices (Walter & Anderson, 2013, p. 95).

4.7.2.1 Critical reflection of utility of nayri kata to this thesis

Rather than inventing a new statistical formula consistent with an Indigenous philosophy, Walter invites researchers to view quantitative data from any source via an Indigenous lens, and to consider that most data using Indigenous participants use non-Indigenous analysis and interpretation. Walter's *nayri kata* is a lens to interpret meta-data, rather than a new method of interpreting statistical quantitative data. In the research for this thesis, all data will be viewed via an (the researcher's/mine) Aboriginal lens, so while Walter's model permissions the declaring of researcher as Indigenous for this thesis, analysing the data requires a greater declaration of research values. A constructed, or novel, framework is required.

4.7.3 Yarning

An example of a constructed (pieced together) Indigenous methodology is Bessarab's 'yarning'. Bessarab (2012, p.1) takes the Aboriginal concept of 'yarning', where '(y)arning is an informal conversation that is culturally friendly and recognised by Aboriginal people as meaning to talk about something, someone or provide and receive information' and uses it as a tool for engaging Aboriginal people in conversation. Using yarning builds on oral traditions of 'handing down' information and comfortably sits with Indigenous pedagogy as it is 'relaxed and informal' (Bessarab, 2012, p.2), with different types of yarning (collaborative, research topic, social and therapeutic) used in research (Bessarab & Ng'andu, 2010) in various Indigenous issues[43]. Like *Dadirri*, the core values

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[43] For example: action research (Fredericks et al., 2011); hospital and nursing care (Chapman, Smith, & Martin, 2014; Dimer et al., 2013; Durey et al., 2012; Freeman et al., 2014; Lin et al., 2012); tobacco smoking cessation programs (Fletcher et al., 2011); Aboriginal women's health (Walker, Fredericks, & Anderson, 2012; Walker, Fredericks, & Anderson, 2013; Walker, Fredericks, Mills, & Anderson, 2013;

of *yarning* are generous listening and open and non-judgmental, unstructured communication styles.

4.7.3.1 Critical reflection of utility of yarning to this thesis

Yarning as an Indigenist methodology is useful in qualitative research. It describes and explains different ways of talking to people, but it is of limited use in this thesis, as the aim of the research is to identify issues around community exclusion and psychological distress considering Bronfenbrenner's ecological social capital framework. Without question, any interview with Indigenous people is an example of *yarning*, but a guided narrative style is more suited to getting targeted opinions from research participants, and will be the interviewing technique used in this PhD research. Bessarab's concept of yarning reminds researchers that the process of communicating in Indigenous communities can differ in and across communities, reinforcing the need to create a localised framework for this thesis.

4.7.4 Summary of Indigenist research models

Reviewing different Indigenist research approaches and methods has demonstrated that successful research in Indigenous contexts rests on the core values of the researcher (for example, integrity) that inform research principles to enact those tenets (for example, ensuring research is emancipatory). Using such principles, or variations of these principles, enables Indigenist research to be both theoretical and practical. Indigenist models based on principles like these are more likely to be "culturally safe", making it possible for researchers to engage and collaborate with community. A culturally safe model can contribute to reconciliation, create sustainable cultural transmission from the past to the present and into the future, be an exemplar of Indigenous research capacity, as well as acting as the basis for research publications and multimedia tools (Collard, 2014). One way of promoting a culturally safe framework is to privilege the language group of the researcher or the researched (see for example, Collard, 2014). It is the local Indigenous language that offers access to understanding that community's culture and people (Troy, 1992). Even though many Australian Indigenous languages have been 'murdered' by the 'invasion' (Dixon, 2011, p.xiv), my family had access to their language, and it is from my conversations with my mother, my grandmother, and great-grandmother about what we as a family valued that guided my life, and in turn, has led me to create the *Yerin Dilly*

Longbottom et al., 2014); cancer (Shahid et al., 2013); and methodology research (Geia, Hayes, & Usher,2013; Wain et al., 2013; Brereton, Roe, Schroeter, & Lee Hong, 2014; Chilisa & Tsheko, 2014).

Bag model used in this PhD, married of course, to the accepted guidelines of ethical research in Indigenous issues.

4.7.5 Ethical guidelines for research in Indigenous Australia

The Australian Institute of Aboriginal and Torres Strait Islanders Studies published a set of guidelines for ethical research (AIATSIS, 2012) that are widely accepted as the gold standard for directing research in Indigenous communities and issues (see for example: Dunbar & Scrimgeour, 2017; Lawrance, Sayers & Singh, 2014; Ritchie & Janke, 2015; Smith, 2010; Thomson, Breen, & Chalmers, 2016). There are fourteen principles of ethical research that all researchers need to comply with, and this PhD research is no exception. The AIATSIS monograph describes the principle, and how to apply each one in practice. Using the United Nations Declaration on the Rights of Indigenous People (UN, 2007) as a framework, the principles offer a real understanding of research in Indigenous communities, so of course these principles are adopted for this PhD research. In seeking an additional, more personalised approach, that would best suit researching sensitive mental health issues in Indigenous people, an individualised, behavioural framework is also needed.

4.8 The Indigenist model for this study: the Yerin Dilly Bag model

4.8.1 Rationale

Creating an individualised model for context and place of research for Indigenous researchers is considered *de rigour*. Smith (1999) considers this to be part of the decolonising process. Rigney (2006) states each Indigenous researcher will bring his/her own flavour to their research. This permissions Indigenous researchers such as Bessarab and Ng'andu (2010), Walter and Anderson (2013), and West et al. (2012) to tailor a research methodology to meet the needs of the research project, the community, the research and the host organisation, and still meet the requirement to adopt critical theory to local participants to avoid the risk of having the Indigenous person as an outsider 'unable to speak for him or herself' (Vicary & Bishop, 2005). Therefore, I have created the 'Yerin Dilly Bag' model, informed by Bainbridge et al.'s (2013) recommendation that an Indigenous perspective be a core component to any research, as a collection of the core values that inform this research thesis.

There is a need to create a model best suited to the local area when researching Indigenous people and communities, given that Bishop (1996) reminds us that any Indigenous culture is distinctive and complex with diversity in and between communities and mobs. This diversity means that even though the Dadirri model is a significant Indigenous standpoint, the language it uses is from ‘another country’, with values and concepts not necessarily those of the researcher or the community being researched. To get greater buy-in from potential research participants, to show respect for the local culture, and to be transparent in cultural research methodology, researchers need to be grounded in their culture, and the Yerin Dilly Bag model allows for Indigenous knowledge to be interpreted by an Indigenous scholar using an Indigenous standpoint, as recommended by Nakata (1998), and fits with Tuhiwai Smith’s concept of ‘claiming our worldviews … and…perspectives’ (Smith, 1999, p.34). Finally the Yerin Dilly Bag model follows Rigney’s three principles of: 1) resistance as the emancipatory imperative, as it gives a voice to a people previously voiceless in the academic literature; 2) political integrity, in that it guides the research actions to ensure it fits with the moral principles of the Dilly Bag model; and 3) privileging Indigenous voices, given that I am Indigenous, and this research is via my own voice and I will be researching with Indigenous participants only (Rigney, 2006, p.42). Therefore, this research thesis introduces a methodology using language and cultural concepts from my ‘home country’, guides the research and researcher (i.e., me) and one of the sites of research for this project – the Central Coast of NSW. Even though some of the research participants come from and are located external to the Central Coast of NSW, and different language groups, it is my perspective and voice that considers the research, and therefore my language is privileged, and in that privileging, I will be able to authentically speak for the participants of this research.

4.8.2 The Yerin Dilly Bag model

There are many land and seascapes on the Central Coast where the salt seawater meets with the fresh waters from the streams, mangroves and creeks. These places used to teem with seafood, and there are many middens dotted along the coastline that attest to these being traditional meeting places (Bowdler, 1976). Elders who know the area call these places ceremonial, where in seasonal times, other Aboriginal mobs would come to the coastal areas and exchange food and stories (Bailey, 1975). The word for the mixing of salt sea and creek fresh waters in Eora/Cadigal is ‘*yerin*’, and means not only brackish water, but when two ideas or stories are intermingled, or two people are intermingled.[44]

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[44] It is not only the coastal people around Sydney and the Central Coast that have observed this phenomenon. The *Yolgnu* people have a similar metaphor for knowledge exchange, where the fresh water meets brackish water, and the foam created forms *garnma* - a new knowledge (Laycock, Walker, Harrison, & Brands, 2011).

It is a cultural site of enrichment, embodying unconditional positive regard for other, and the name given to the Indigenist research model used in this PhD. These concepts are from my grandmother and great-grandmother's language, and from my childhood. Troy (1992) has researched the languages from the Sydney area, and I have adjusted these concepts to match the work she has collected.

Aboriginal people in coastal NSW used to, and in many places still do, weave 'dilly bags' (Nugent, 2012; 2014). These bags were woven from grasses and reeds, especially those found near the ocean (Scott & Laurie, 2007), and were used to transport food, sometimes weapons, and often small treasures of the owner. Dilly bags could have short or long 'handles' and generally went around the head and/or carried over a shoulder. Whilst predominantly used by women, men also used them at need (Enright, 1932). Dilly bags keep cultural valuables (Guyula, Gotha, Gurruwiwi, & Christie, 2010), either as food stuffs or artefacts (Strang, 2000). In this research methodology, the core value is unconditional positive regard for other, and the dilly bag is the metaphorical holder of the core behaviours used to inform the practice of research. The core values and behaviours are provided below.

4.8.3 Mawa maur: hold

'Holding' means that the information shared between people is regarded and kept as sacred. Researchers only 'hold' the knowledge; they cannot keep it, or own it. An example of *holding* in the dilly bag model is when an Aboriginal person shares their story. That story, either positive or negative, is held, and is not used to stigmatise or sensationalise an issue in community. It demonstrates respect and engenders trust in the researcher, as to 'hold' a community, person, or issue is to communicate to the participants the importance of the individual or group to the researcher. I will often 'park' a comment or issue by putting my hand in a cupping position and saying, 'I will hold this until later'. Holding also means caring as the researcher needs to demonstrate that the Aboriginal person, community or issue is important to that researcher. Imagine cradling something with both hands, keeping it safe, respecting its power – that is what *mawa maur* means.

4.8.4 Waranara: seek

To 'seek' means to actively look for an item of interest, or path. In a research setting, it means to look in order to learn. Aboriginal people often learn by observation, and 'too many worry' questions will cause a researcher to be avoided. Seeking makes sure the behaviours of the research are in harmony with the Indigenous community.

For example, it is important to seek permission before entering a community. This can present challenges to researchers, as many communities are fractured, and have different ‘culture carriers’. Whilst official permission might be awarded from a land council, Aboriginal health service, or other organisation as appropriate, it is often one elder, or one group that will permission the community to participate. Getting an elder or other group to permission the research, not necessarily the researcher, requires trust, and a community member to vouch for the researcher for this to occur. This might take more than one meeting, and the researcher needs to demonstrate cultural respect from the initial contact.

To seek in this context also means to be able to identify and measure the importance of an issue to a community or individual. For example, in one community, the most pressing need as decided by elders is employment of young men, to a researcher, it might be reducing cannabis use in the young men (see for example, Bandias, Fuller, & Holmes, 2012). While elders would admit that reducing cannabis use is important, they might believe that cannabis use would reduce if the young men had jobs. In an example like this, the researcher might not get the support required to collect representative data from this population set.

4.8.5 Ngara ngara: listen

Listening is important – not just for what a researcher might hear, but also for that which is not heard. Silence is not always uncomfortable for Indigenous people, and a researcher needs to know when to hold, when to seek, and when to listen. Respect is the core value informing listening.

4.8.6 Nganaga: ask

Oftimes, non-Indigenous people ‘walk on eggshells’ around Indigenous people. Even Indigenous people on other groups’ country will be reticent about ‘big-noting’ themselves. Putting ‘ask’ in your research dilly-bag means that researchers have enough humility to recognise they are not the keepers of all knowledge, that researching in Indigenous communities is a privileged position. One way to make sure a researcher does not breech cultural and a community protocol is to ask for cultural assistance. To ask someone for clarity regarding an issue is in a respectful manner is to demonstrate respect for that culture. Asking the Indigenous people in the research program to clarify and contribute to the research will be emancipatory for some communities. No Indigenous people like a ‘big noter’, so cultural humility is the core value that informs ‘ask’.

4.8.7 Wingara: think

When entering an Indigenous community, it is necessary to be ever-mindful, until the researcher is culturally proficient and safe. A researcher with cultural humility will have an observable understanding of power relationships, and a respectful demeanour towards Aboriginal participants. This researcher will think of the effect his or her actions will have on the community pre, during and post the research event. Thinking requires time to reflect. Indigenous people might prefer that researchers take time to consider an Indigenous perspective, rather than imposing a western parameter on the interactions. Researchers are expected to consider, reflect, and think about the stories shared, and seek clarification in a respectful manner.

4.8.8 Burbangana: help lift

Indigenous people have always been a collectivist people. Even in relative poverty, Indigenous people will share resources. It is a core value of many Indigenous people to strengthen their community. Research and researchers can do this. This does not mean that researchers should give away their resources, but it does mean they have to leave the community, person or issue in a better condition, as defined in conjunction with community. Leaving the community in a stronger position will help lift up that community. Having *burbangana* in the researcher's dilly bag will remind that researcher of the long-term issues arising from a piece of research. It might be as simple as increasing the skills and knowledge in a community, or the self-esteem of an individual. Research in Indigenous communities should be conducted with a view to adding to that community. This is *burbangana* – to lift up the others in community. It is an attribute of collectivists, where one person cannot go hungry if the rest of the people are eating. It is a philosophy of helping others when they are need of succour. It is a behaviour that reflects social justice as a core value.

4.8.9 Bulbanga: to hold up.

This value is in every facet of any research project. After a research project or intervention is completed (or *burbangana*), there is still a responsibility to ensure that community is 'held up' – or supported. It is not appropriate for a community to participate in research, and not to benefit from that research. Researchers have an *on-going responsibility* to the communities that have contributed to their research. Researchers need to consider what will happen to that community when the research is over. It is not acceptable to enter a community, perform an intervention, and then leave with no thought of the effects on that community. For example, a researcher cannot enter a community and take measurements for psychological distress, then leave the community without organising access to counselling or specialist follow-up. Knowledge transfer must include and consider the community, while keeping the reputation of the community should be considered of paramount importance.

It is an Eora/Cadigal core value that the mob works together for the good of the mob, to hold them up – not just for a season but for a lifetime. These values are not steps to a research project, but must be considered in each part of every research journey. This is the level of commitment required when research profits or intends to profit from a community or communities.

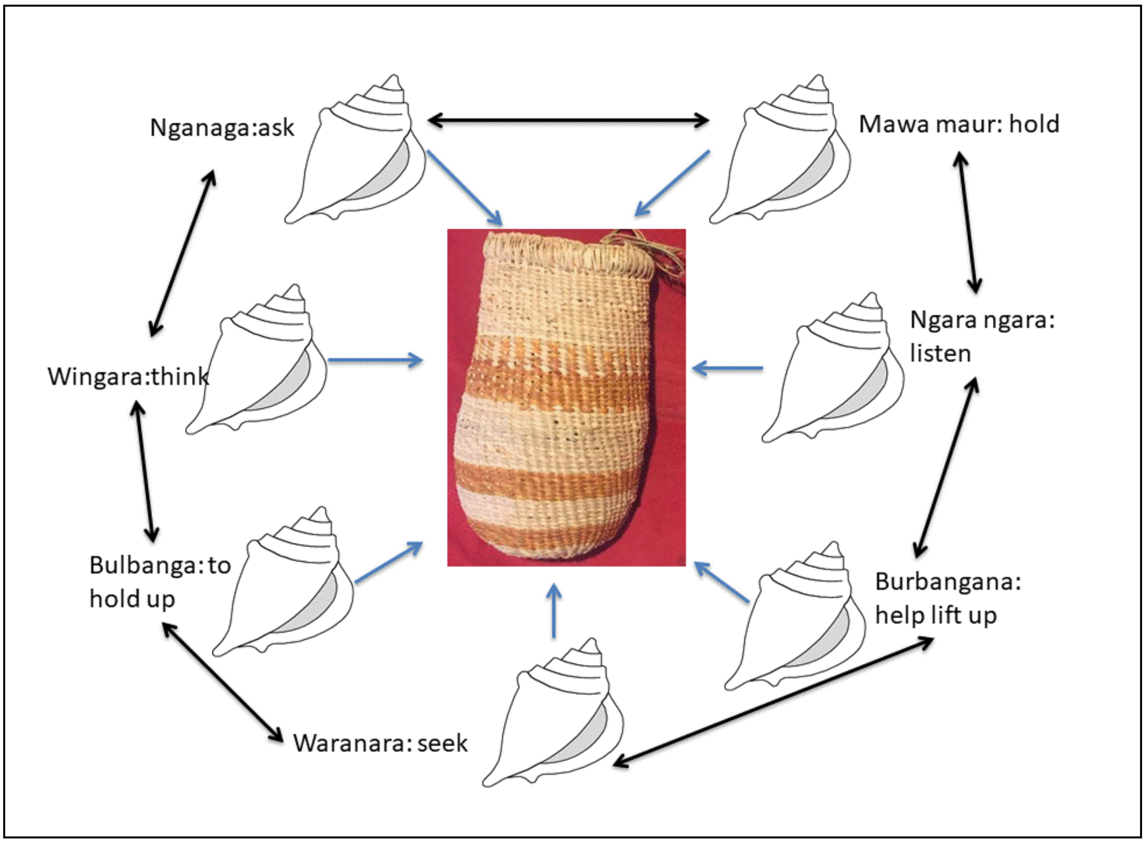

Figure 4.2. Cyclic nature of the Dilly Bag Model, describing the links to the values of this research. Note: the dilly bag in this figure was gifted to the author by Aunty Evonne Munuyunu from Miwatj mob at Yirrkala, NT, and used with permission to demonstrate respect for elders.

4.9 Conclusion

This chapter considered Indigenous knowledges underpinning Indigenist research. Indigenist research was described as an evolutionary journey starting with the rejection of positivist, experimental research as the only valid from of knowledge and knowledge acquisition, through the post-positivism movement of feminist research methodologies, de-colonising models and finally, considered Indigenist research frameworks of both qualitative and quantitative methods.

This chapter has offered critical analyses of the major theories in Indigenist research. Each of these theorists recommend a type of methodology best suited to a specific kind of research. For example, Bessarab's yarning is a qualitative method, where interview findings are best suited to a thematic analysis, and Walter's *nayri kata* has values overlaying a generalist quantitative methodology. These two methodologies demonstrate how Indigenous researchers apply their Indigenous values to a post-modern research methodology, thereby making a new, Indigenist methodology.

However, understanding the difference between methods and methodology is of paramount importance in any research project. *Method* is simply a research tool, or a component of research. *Methodology* is the justification for using a particular research method. In this thesis, the *methods* will be a survey, using questionnaires (including the Kessler 10, the Von Luschan Skin Colour Scale, the Modified Measure of Indigenous Racism Experience, and the community inclusion scale, and the eco-map for the guided interviews, as described in the next chapter), while the *methodology* is the Yerin Dilly Bag Model, melded with a convergent, parallel mixed-method design.

The common theme throughout any Indigenist research was shown to be the core values of the researcher. To this end, the localised research methodology- the Yerin Dilly Bag Model- was introduced and described, with recommendations on how to facilitate the core values of each item in the dilly bag. The next chapter considers the application of the parallel mixed methods research design of this thesis, and demonstrates how the values of the Yerin Dilly Bag model will be integrated throughout the research process.

Chapter 5: Research Design and Methodology

5.1 Introduction

This chapter describes the aims and objectives of this research, and defines the research question. The research design of convergent parallel mixed methods is explained by demonstrating the simultaneous use of quantitative and qualitative methods, and how they both contribute to answering the research questions. The quantitative tools (that is, the Kessler 10, the Von Lushan Skin Colour Scale, the Measures of Indigenous Racism Experience (MIRE) tool) are explained and choice of their use defended. The qualitative tool, the eco-map, is explained as a visual memory aid during the narrative interviews. Volunteers were recruited via snowball techniques from three sites: the Central Coast (NSW), the ACT/Queanbeyan region, and the e-cohort. The Yerin values that inform the Dilly Bag Model as the indigenous standpoint that informs this thesis are explained throughout the chapter.

5.2 Aims, objectives, research questions and hypotheses

5.2.1 Research aims

The primary focus for this PhD research is to:

1. Consider if components of community exclusion are colourism and connection to country
2. Identify whether community exclusion is a risk factor for psychological distress in Indigenous communities
3. Create and test a localised, indigenist research model labelled the *Yerin Dilly Bag Model*.
4. Determine the appropriate fit of Bronfenbrenner’s ecological social capital model to examine community exclusion in Indigenous communities.

5.2.2 Achieving the research objectives

The research aims will be achieved thus:

1. Data sets will be extracted from surveying three separate communities, considering level of psychological distress; perceived community inclusion levels; experiences of exclusionary behaviours; perceived stereotypical appearance and in comparison, with community; living on one's country; and demographics of research participants.
2. Data sets will be extracted and themed from the findings of guided narrative-style interviews using eco-maps and themed
3. The data from both sets will be converged to establish correlation between quantitative and qualitative research.
4. Convergence data sets will be categorised into each of four Bronfenbrenner's ecological social capital systems
5. The *Yerin Dilly Bag Model* will be evaluated at the conclusion of the research project.

5.2.3 Research questions and hypotheses

The four research questions for this thesis are centred on identifying the risk and protective factors of community exclusion, and exclusion as a causative agent in psychological distress.

1. What are the risks and protective factors that contribute to psychological distress in Indigenous populations?
2. What is the self-perceived level of community inclusion / exclusion of Indigenous Australians?
3. Is being manifestly Indigenous a protective factor for the psychological distress of Indigenous Australians?
4. What interactions of Indigenous participants with their communities add to the prediction of psychological distress?

Several hypotheses are also posited, in response to these research questions:

H1. The level of mental health of the sample population would score as 'poor' on the Kessler 10 measure of psychological distress.

H2. Community exclusion is a risk factor for the lower levels of mental health.

H3. Living on country is a protective factor of psychological distress, and a predictor of community inclusion.

H4. Skin colour will predict a certain level of community inclusion, with darker skin colour permissioning group membership in Indigenous communities and lighter skin colour giving rise to greater levels of perceived community exclusion.

5.3 Research design

Research is only as good as its drivers (Yin, 2014). To use the recommendations derived from the research, the research design must match the research question(s) and outcome(s). While this PhD study is not concerned with measuring impact of policies or practices, including interventions, the results and findings are expected to demonstrate the most likely vehicles to improve social and community inclusion; and improve the mental health status of at least the sample communities. It is important, then, to ensure the best fit between the research question and design (Maxwell, 2012).

5.3.1 Convergent parallel mixed methods approach

In this thesis, a mixed method design was used to more comprehensively interrogate the data collected. Reasons for choosing a mixed-methods approach relate mainly to the comprehensive nature of the results and findings likely to be generated. In addition to providing the cross validation of the results from the two distinct methods, the triangulation of findings also provides a greater understanding of the research topic (O'Cathain, Murphy, & Nicholl, 2010), with the integration of both methods giving rise to a "whole (that) is greater than the sum of the parts" (Barbour, 1999, p.15). Likewise, when more than one method is used, variance is more likely to reflect the topic of study, rather than the method itself, with the results more likely to be valid (Merriam, 2014; Speziale, Streubert, & Carpenter, 2011).

The mixed method design of this research uses a convergent parallel mixed-methods approach to collect data. This approach has an important place in social science research methods, with qualitative and quantitative methods viewed as complementary, and the combining of methods to study the same phenomenon being considered a means of strengthening the research (Creswell & Plano Clark, 2011; Denzin, 2017; Webb, 2001, Yin, 2014). The process by which data is collected and converged or 'triangulated' in this thesis is illustrated in Figure 5.1.

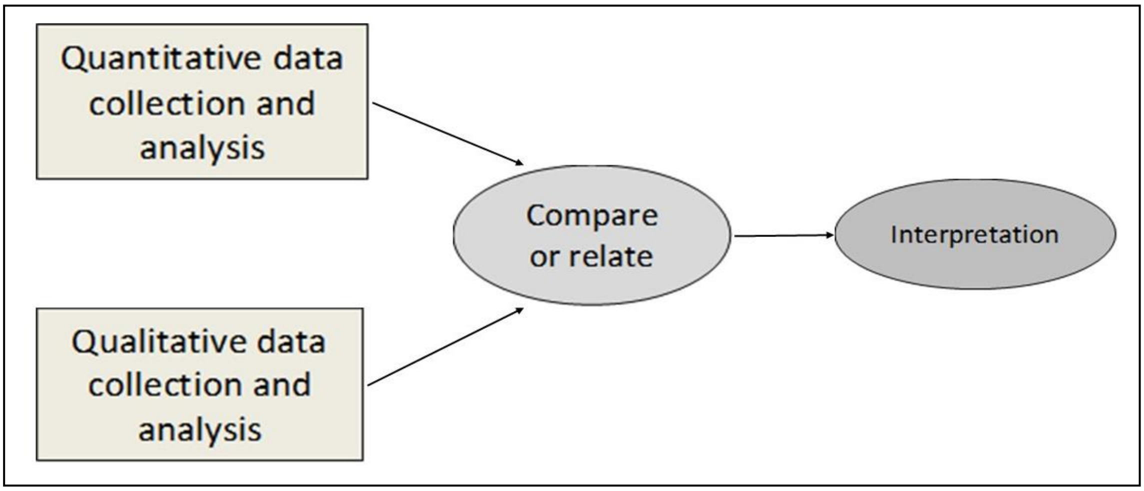

Figure 5.1. *Convergent parallel study design. Adapted from Subedi (2016). Copyright (2016) Science and Education Publishing.*

Some researchers are opposed to mixed methods approaches, arguing that they have the potential to highlight the contradictions that are sometimes apparent between the two research paradigms (see Smith & Hodkinson, 2005; Teddlie & Tashakkoroi, 2003). For example, Cochrane (1972) identified hierarchical levels related to the quality of research evidence, with quantitative research posited as higher quality – that is, more rigorous or trustworthy – than qualitative research (Creswell, 2013; Webb, 2001). This suggests one reason why validity in qualitative research is considered by some as equivocal (Holloway & Wheeler, 2013; Onwuegbuzie & Leech, 2007; Richards, 2004), although several researchers have adopted a variety of ways to support greater validity in qualitative data (e.g. see McGloin, 2008; Melnyk & Fineout-Overholt, 2011; Polkinghorne, 2007; Song, Altman, Glenny, & Deeks, 2003).

Feldman (2007) goes on to suggest that diverse kinds of qualitative research require different kinds of validity measures, particularly in relation to the demonstration of generalisability (Parahoo, 2014). Unlike quantitative methods, where the use of probabilities statistics adds power to research results, in qualitative models, demonstrating the representativeness of the findings generated through qualitative research methods is often questioned (Becker, 1998). In this regard, Alasuutari (1995) suggests that perhaps extrapolation not generalisability is the end goal of qualitative research. Denzin (2009) also calls for the re-conceptualisation of the findings of qualitative research by stressing the importance of ‘understanding’ versus ‘prediction’. Denzin (2009) goes on to argue for the use of qualitative data analysis, claiming that to ignore the contribution of qualitative data to research outcomes is to support a “return to a…neo-positivist quantitative inquiry” (p.62). Other commentators align this in what has been referred to as a global audit culture, where numbers have become more important than people (Dilts, 2011; Hammersley, 2005). Bourdieu (1998) and Habermas (1978) likewise warn that becoming dependent on so-called objective criteria, such as test scores, are symptoms of a conservative, neo-liberal conception of governmentality, which contrasts with Indigenist Standpoint theory, explained in Chapter 4, and provides an important reason why the qualitative component of the research is a key aspect of this study.

To align with standpoint theories, Winter (2000) recommends that all research, both quantitative and qualitative, needs to consider that validity is a not a single, fixed, or universal concept, but rather a contingent construct, inescapably grounded in the processes and intentions of research methodologies and projects, closely related to the construct of reliability. As such, many researchers consider mixed methods designs to be "transformative" (Creswell, 2013, p.13) because they increase the capture of richness and thickness (in-depth) findings (see also Bazeley, 2009a, 2009b, 2009c; Eysenbach & Köhler, 2002) which in turn add to the interpretation of quantitative data (see Maxwell, 2012) and are useful as an articulated means of evaluation (see Seidman, 2013; Shilov & Silverman, 2012). Mixed methods are increasingly accepted across disciplines and settings (Holloway & Wheeler, 2013). In this PhD thesis, a mixed method design will be used to better interrogate data and findings from Indigenous people, given the humanistic imperative in qualitative research (Speziale, Streubert, & Carpenter, 2011), the increase of acceptance of qualitative research as evidence (Merriam, 2014), and the narrative nature of Indigenous research (Goulding, Steels, & McGarty, 2016).

5.4 Research method

The next section of this chapter describes the methods used in this thesis to explore the research questions, remembering that the single most important consideration in the planning and design of any research is using adequate empirical assessment and a clear and definitive statement about the research target outcome (Wodarski & Hopkins, 2012), while measuring and describing the measurement outcome/s. Chapter 1 demonstrated that the colonisation process in Australia created long-term exclusion for Indigenous people from non-Indigenous society called *social exclusion.* Chapter 2 considered that the long echo of colonisation cultivates the mimicking of social exclusionary behaviours that result in lateral violence, with some Indigenous people suffering community exclusion. Behaviours of community exclusion are often based on accusations of identity inauthenticity, and the effects of these behaviours are positively correlated with poor mental and physical health. The current research intends to interrogate that phenomenon to discover the reasons for and against psychological distress, by identifying the risks and protective factors associated with community exclusion. To consider this, the research questions must be aligned with appropriate methods (See Table 5.1), and have an operational definition of risk and protective factors.

Table 5.1

Details of the Research questions, methods, and rationale

Research question	***Rationale***	***Instrument/ process used***	***Methodology***	***Method***	***Yerin value/s***
Demographic profile of participants	Be able to use data as baseline, or compare across demographic variables (age, gender, geo-location)	Hard copy and e-questionnaire; collection of raw data, (part of the hard copy and e-questionnaire)	Quantitative	Using SPSS, to create tables of demographic data	Waranara [seek]
Level of perceived PD	To identity & measure PD in participants	Kessler 10 (part of hard copy and e-questionnaire)	Quantitative	Using SPSS,	Waranara [seek]/Wingara [think]
Effects of perceived PD	Interrogate the data, hear the participants	interviews	Qualitative	Using thematic analysis to determine perceived risk and protective factors; triangulate with quantitative data	Ngara ngara [listen]/Nganaga] [ask]
Self-perceived level of community inclusion / exclusion	Participants can place a mark or number as to their perceived level of community inclusion	Pictorial graph (part of the hard copy and e-questionnaire)	Quantitative	Using SPSS,	Waranara [seek]/Wingara [think]
Risks and protective factors that contribute to psychological distress	To determine which factors reliably predict PD	SPSS	Quantitative	Using SPSS, calculation of regressions and predictive values	Waranara [seek]/Wingara [think]
Perceived risk and protective factors	Allow participants to voice what they perceive to be the risk and/or protective factors of community inclusion	Guided narrative interviews	Qualitative	Using thematic analysis to determine perceived risk and protective factors; triangulate with quantitative data	Ngara ngara [listen]/Nganaga] [ask] Burbangana [help lift]

Being manifestly Indigenous as a protective factor for the PD	To see if skin colour predicts PD and Community Inclusion	Von Luschan Skin colour scale & K10 (part of the hard copy and e-questionnaire)	Quantitative	Using SPSS, correlate variables to determine predictive values	Waranara [seek]/Wingara [think]
Behaviours that predict PD	Determine if cultural exclusion is a risk factor or PD	Likert questions (part of the hard copy and e-questionnaire)	Quantitative	Using SPSS, correlate variables to determine predictive values	Ngara ngara [listen]/Nganaga] [ask]
Perceived effect of CI	Determine if perceived CI is a risk factor for PD	Likert questions part of the hard copy and e-questionnaire. Guided interviews	Quantitative & Qualitative	Using thematic analysis to determine perceived effect of CI; triangulate with quantitative data	Ngara ngara [listen]/Nganaga] [ask]
Fit of Bronfenbrenner model	Demonstrate predictive nature of Bronfenbrenner's social capital model (see Chapter 3)	The variables of the hard copy and e-questionnaire)	Quantitative	Using SPSS, run a 5-point statistical model to test for fit of Bronfenbrenner model	Wingara [think]
Generate new knowledge	Triangulation of all data and findings	All data acquisition	Synthesis	Create jargon-free knowledge statements that reflect the outcomes of this research	Wingara [think]/ Burbangana [help lift]
Make recommendations	Reciprocity of community engagement in this research project	The 'new knowledge'	Synthesis	Consider all data and findings to find point of intervention based on best evidence	Bulbanga [to hold up]
Reflection	Add to indigenist research literature	The PhD thesis and process	Reflection cycle	Using reflection cycle to re-visit the process of a PhD journey	Wingara [think]/ Bulbanga [to hold up]

Note: Mawa maur ['hold'] underpins all activities. PD=psychological distress; CI=Community Inclusion; SPSS= Statistical Package for the Social Sciences.

5.4.1 Definition of risk and protective factors used in this research

The WHO accepts Jessor, Turbin, and Costa's (1998) definition of *risk* as any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (http://www.who.int/topics/risk_factors/en), while protective factors have the reverse effect: they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk. A risk factor can therefore be considered to be an ‘occurrence or condition of interest’ (Schoenbach, 1999, p.52), or more specifically, a ‘characteristic, experience, or event’ allied with the probability of an explicit outcome when compared to the general population, but with absent risk factors (Kraemer et al., 1997, p.231), or simply a correlate shown to precede the outcome (Kupfer, 2001). Risk factors, then, are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes, and protective factors are often, but not always, the opposite.[45]

5.4.2 Participants and sampling

Using Yin’s (1989/2004) triangulation approach to data collection, there were three sites for this research. The first site (Site 1) was with the Darkinjung Aboriginal Land Council (DALC), on the Central Coast of NSW. DALC’s boundaries stretch from Catherine Hill Bay to the North, Hawkesbury River to the South, Pacific Ocean to the East and Watagan Mountains to the West (http://www.darkinjung.com.au). In the 2011 census, there were 9,020 Indigenous people in this region this region (ABS, 2013, Cat 2002.0).

The second site (Site 2) was the Aboriginal health and community services in the Australian Capital Territory and Queanbeyan. This site was primarily Winnunga Nimmitjah Aboriginal Health Centre, although specialty men’s and women’s groups such as the ACT Elders Committee, Aboriginal centres at the University of Canberra and the Australian National University were also canvassed for participants, with snowball capture of recommended places and persons. According to the 2015 census, there were 1,153 Aboriginal people living in this region (ABS, 2016).

The third site (Site 3) was the e-survey population. These participants were alerted to the survey and chose to complete it. While de Vaus (2001) states that how the data are collected is irrelevant to the logic of the design, using an e-survey allows participants to self-select to be involved in the study, regardless of their geographical location. As with Sites 1 and 2, this virtual population capture was limited to Aboriginal and/or Torres Strait Islanders. Participants not meeting this demographic were not able to progress through the questionnaire, exiting after the initial question of ‘do you identify as Australian Aboriginal, Torres Strait Islander, or both’. While it is not common to use the term ‘Australian Aboriginal’, it was thought that given the small amount of control of

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[45] In statistical terms, a*bsolute risk* is the observed or calculated probability of an event in the population under study and is not the *risk* considered in this thesis.

participant recruitment from a web page setting, that the participants captured were not, for example, New Zealand Aboriginal or Canadian Aboriginal. Even though these populations are worthy of study, they are not the target demographics of this PhD

5.5 Procedure: quantitative data collection

5.5.1 Sampling technique

This study is a criterion-based purposive sample (Patton, 2002, p.48), as participants were selected according to the research inclusion criteria, as people who:

1) identify as Aboriginal and/or Torres Strait Islanders people;

2) are 18 years or older; and

3) are able to give informed consent.

There was no other inclusion or exclusion criteria required to participate in this study, as literacy was assumed.

5.5.1.1 Participant recruitment

The questionnaire (see Appendix A) for Site 1 was placed in the Aboriginal Health Service and Aboriginal Land Council at Wyong on the Central Coast. The PhD researcher or staff at the centres handed them out to clients as they attended the centre. Each questionnaire had a self-addressed number envelope allowing participants to complete the form and send it back whilst waiting at the health centre. Participants were invited at the end of the questionnaire to volunteer for the interview section of this research by leaving their contact details, or by telephoning or emailing the researcher.

Site 2 questionnaires were placed in the Winnunga Nimmitjah Aboriginal Health Centre, at Narrabundah in the ACT, at the Aboriginal units at the University of Canberra, the Australian National University, and the Queanbeyan Elders group (a subgroup of Winnunga medical service). The researcher and staff at the centre handed them out to clients as they attended each centre. Each survey had a self-addressed numbered envelope allowing participants to complete the form and send it back with no cost to the participant. Participants in the ACT/Queanbeyan survey were also invited to volunteer for the interview section of this research by leaving their contact details, telephoning, or emailing the researcher.

For Site 3, the e-survey was launched in January 2014 with a six-month time limit. The survey was promoted via Facebook sites for Aboriginal/Indigenous groups, Edith Cowan University's (ECU) *yarning place for social and emotional well-being*, Aboriginal/Indigenous centres at the University of Canberra and Australian National University (ANU), and via the National Tertiary Education Union (NTEU) and Google. E-survey participants were invited to send the link to other Indigenous people likely to complete the survey, using a purposive snowball technique. There was also a section to record comments, and to volunteer to be interviewed.

5.6 Quantitative research instrument

The questionnaire was designed as the quantitative research instrument. Responses were analysed using quantitative and qualitative methods. The aim of any research instrument is to survey participants' experiences within the context of the hypotheses and to achieve maximum response rates (Jacoby et al., 2001). The design of any survey tool or questionnaire is integral to response rates, requiring an understanding of participant response factors (Buckingham & Saunders, 2004). Response factors such as, for example, response burden (Carver, 1997); trust levels in research/ers (Shavers, Lynch, & Burmeister, 2002); ease of completion and understanding (Stryker, Wray, Emmons, Winer, & Demetri,2006); social desirability tendencies (Beck & Ajzen, 1991); and motivation to complete (Fazio & Olson, 2003) need to be considered before creating a tool that maximises the return rate (De Rada, 2005).

5.6.1 Questionnaire design

The overall goal of the questionnaire was to measure and identify self-perceived community inclusion, cultural connectedness, and risks and predictors of psychological distress in Indigenous communities by considering the lived experience of Indigenous individuals. The questionnaire used was designed based on theory concerning research questions and how to get the highest response rate (Krosnick, 2010). Each question included in the instrument was chosen to measure a specific outcome, and relates to either Tajfel's social identity theory or Bronfenbrenner's ecological social capital model (see Table 5.2).

Table 5.2

Rationale for choice of questionnaire items

Item Number:	**Category**	**Description**	**Theory**
3, 5, 9	awareness of own indigeneity	socio-cognitive processes of self-categorisation and depersonalisation one's identification or association with a particular racial group	Tajfel's social identity theory; Bronfenbrenner's micro social capital system
6, 7, 8	stereotypical appearance of indigeneity	one's identification or association with a particular racial group	Tajfel's social identity theory & group belonging; Bronfenbrenner's social capital of group membership (mesosystem)
10	living on country	geo-location	Bronfenbrenner's
11, 12	skin colour and comparison to community	self-reported identifiers of group membership	Tajfel's vehicles of group membership
13–28	signs and symptoms of lateral violence	group behaviour	Tajfel's group identity; learned behaviours of the oppressed (Freire); Bronfenbrenner's macro system
28–39	experiences of exclusion from community	intragroup relations	Bronfenbrenner's meso- and exo- systems; Tajfel's social and situational identity theory
2, 4, 40	perceived self-inclusion in own community (visual representation)	role taking	Tajfel's vehicles of group membership; Bronfenbrenner's macro systems
40–49	Psychological distress	Kessler 10	Fits across all Bronfenbrenner's model, and across Tajfel's Social Identity Theory
50–51	Demographics age/gender/site	data about each participant	Bronfenbrenner's microsystems; Tajfel's social and situational identity theory

Note: Adapted from Bronfenbrenner (1992). Copyright (1992) Jessica Kingsley Publishers; Tajfel (1978), Copyright (1978) Academic Press.

The questionnaire was developed in both electronic and hardcopy format and had 52 items in total (See Appendix A). Careful attention was given to the design and form of the tool. Social Exchange Theory posits that by responding to a survey, participants will be somehow compensated in a way that meets their needs (Dillman, 2001), and in this research, it is assumed the motivation for participants was the opportunity to voice their concerns or initiate change, and to validate their experiences in Indigenous communities.

The questionnaire was piloted amongst Australian Indigenous and non-Indigenous people and academics experienced in survey design, and mental health professionals. Feedback was incorporated as appropriate. None of the comments concerned the theory of the instrument and only minimal changes to the final questionnaire were required.

The first question (Question 1) in the questionnaire is a ‘throw away’ general question designed to immediately relate to the title and cover, encouraging participants to engage with the topic and questionnaire (Scheaffer, Mendenhall, Ott, & Gerow, 2011). The first question applied to all participants and allowed them to express their opinion, was easy to understand and connected the survey’s purpose with the participant information. Demographic-type questions were put at the end of the questionnaire so as not to distract participants from the purpose of the questionnaire (Couper, Traugott, & Lamias, 2001), and to allow participants to focus on the outcome measures.

‘Community’ was deliberately not defined in the participant information process. This was to avoid fettering the participants to a discrete community,[46] and allowed each participant to decide what ‘community’ meant to them. This should not be interpreted as having permeable boundaries for each case study community. It was participants who decided on where or who their communities were, and not necessarily in the community where they *lived*. For example, a participant from Site 1, the Central Coast of NSW, might work in Sydney, and consider the Indigenous community in Sydney to be their referent community. This does not invalidate Site 1, as it is the data from the participant, not a designated community that is being collected. Similarly, participants from the ACT might come from various locations throughout Australia, and may or may not have moved to the ACT on a permanent basis. Therefore, the participants that completed the survey from the ACT cohort are considered the ACT community for the study. In short, this PhD research should not be considered to report on the traditional owners or even community from each case study site, but rather is a study on some of the people in those communities during the study period.

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[46] A *discrete* Indigenous community refers to a geographic location, bounded by physical or cadastral (legal) boundaries, and inhabited or intended to be inhabited by predominantly Indigenous people, with housing or infrastructure that is either owned or managed on a community basis. Discrete communities include: communities in urban areas where the title to a parcel of land has been transferred to an Indigenous organisation, for example, communities on former mission or reserve land in New South Wales and Queensland; well established communities and outstations in remote areas; Deed of Grant in Trust (DOGIT) communities and their outstations in Queensland as well as the two shires of Aurukun and Mornington Island; and communities on Indigenous pastoral properties/leases (http://meteor.aihw.gov.au/content/index.phtml/itemId/269732).

5.6.2 Hard-copy questionnaire (see Appendix A)

The hard copy of the questionnaire was eight pages in length. The cover page was constructed to inform participants about the nature of the questions, with a short, simple, and salient title: *Social and Emotional Wellbeing (Mental Health) in Indigenous Communities.* Directions were simple, and had the researcher's and university's name and address, with contact details for the ANU's Human Research Ethics Committee. Adding the name and address of the researchers and institution motivates the participants by demonstrating the legitimacy of the survey (Lietz, 2010). The colour of the cover page was high contrast, as this has shown to have the highest response rate (Dillman, 2001, p.63), with each case study site having a different coloured cover page. The colours most likely to get high returns in questionnaires are blue and yellow (Dillman, 2011, p.65). The cover page of the questionnaires was coloured blue for distribution on the Central Coast, and yellow for the ACT. The third site was the on-line survey with no colour-coding.

5.6.3 Web-based survey platform – 'Qualtrics'

Electronic surveys have been recognised as an effective and reliable way of data collection since the mid-1980s (Kiesler & Sproull, 1986), and continue to be a valid method (Couper, Traugott, & Lamias, 2001), if fidelity is maintained in survey design from the original questionnaire (Crawford, McCabe, & Pope, 2005). This study used *Qualtrics* research software (http://qualtrics.com), a web-based survey platform with an academic research component. Qualtrics allows the e-survey to be formatted to match the hard copy questionnaire and have question items grouped together on one page, as this has been demonstrated to achieve a higher rate of survey completion (Vicente & Reis, 2010).

5.7 Quantitative data collection instruments

This section describes the different quantitative data collection instruments used: the Kessler 10 (K10)- a 10-item questionnaire to measure psychological distress; the Von Luschan skin colour scale. a 5-point Likert scale of skin tone measured on the participant's forearm; and a modified version of Paradies's (2006d) Measure of Indigenous Racism Experiences (MIRE) tool- measuring episodes and responses to exclusionary behaviours. The copyright for the K10 Additionaly, measures of manifest indigeneity; living on or off country and reasons why; and demographics, including age of realisation of one's indigeneity were collected.

5.7.1 Measure of psychological distress – the Kessler 10

Psychological distress is the outcome variable of interest in this study, as it is the referent variable for all other variables, so it needs to have a reliable, validated instrument or tool. This study uses the Kessler 10 (K10) as the measure to compare the effects of community exclusion on psychological distress.[47] The Kessler Psychological Distress Scale was first developed in 1992 by Professors Ron Kessler and Dan Mroczek, and was originally used in the United States National Health Interview Survey (NHIS) (Kessler & Mroczek, 1992). Gradually refining an initial set of 45 questions, Kessler and Mroczek (1994) constructed a ten-item scale and published it as the *Kessler Psychological Distress Scale* in 1994 (the 'Kessler 10', or K10). The K10 questionnaire yields a global measure of non-specific psychological distress based on self-perceived level of nervousness, agitation, psychological fatigue, and depression (Coombs, 2005), and has been used by the WHO since 2000, either as the K10 (see Eisenberg, 2000; Kessler, 2000; Ustun et al, 2010), or as a shortened version with six items, the K6 (Andersen et al., 2011; Kessler et al., 2010).

The K10 has been used by numerous arms of the Australian Government and researchers since its inception (Andrews & Slade, 2001), and is freely available to researchers. It was used by the ABS in the 1997 'Australian National Survey of Mental Health and Wellbeing', and has been used in all National and State Health Surveys since 2001 (Slade, Grove & Burgess, 2011; Sunderland, Mahoney, & Andrews, 2012). It is used to evaluate the effect of state health interventions on mental health (Pirkis, Ftanou, & Williamson, 2011) and is also part of the Australian Mental Health Outcomes and Classification Network with mandated training on the use of the K10 for all mental health clinicians (Coombs, 2005). Under the Australian Medicare Benefits Schedule (MBS), the K10 is one of two recommended outcomes tools for a General Practitioner (GP) to use for assessment and review before referring a patient to allied health professionals, such as psychologists, as part of a GP health management plan (Department of Health and Ageing, 2011). This reinforces the acceptability of the K10 as the tool for measuring mental health in Australian populations.

The popularity of the K10 arises from its validation as a reliable measure of psychological distress (Brooks, Beard, & Steel, 2006; Henderson, 2011), with high validity (Lee, Brown & Villanueva, 2008), and ease of interpretation (Doyle, 2012). Sensitivity and specificity data indicate that the K10 is appropriate as a screening instrument to identify likely cases of psychological distress in the community (Andrews & Slade, 2001). The self-report

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[47] Professor Ronald C. Kessler of the Department of Health Care Policy, Harvard Medical School is thanked for the use of research on the K10 funded by US Public Health Service Grants RO1 MH46376, R01 MH52861, RO1 MH49098, and K05 MH00507 and by the John D and Catherine T MacArthur Foundation Network on Successful Midlife Development (Gilbert Brim, Director).

aspect of the K10 measures is also considered reliable (Novello, Stain, Lyle, & Kelly, 2011), and it has no gender bias (Baillie, 2005). Kessler tests are considered to accurately reflect depression as measured by the Diagnostic Statistical Manuals (DSMs) in all Australian cohorts (Sunderland, Slade, Stewart, & Andrews, 2011) as demonstrated by Bougie, Arim, Kohen, and Findlay (2016) when they validated the K10 in Aboriginal people as having an internal consistency evaluated via Cronbach's alpha values of 0.70 to 0.80.

The K10 has been translated and used in many different countries and languages,[48] has been employed in research with minority groups[49], and used to identify levels of psychological distress in people with specific disease conditions.[50] Of particular importance for this study, is the use of the K10 in demonstrating relationships between variables,[51] and correlations between social issues and mental health,[52] and in diverse

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[48] Such as Chinese (e.g. Chen & Cheung, 2011; Lee, 2012; Liu, Li, & Ge, 2009; Zhou, He, & Xu, 2009), French (e.g. Arnaud et al., 2010), Dutch (e.g. Donker et al., 2010), Morrocan and Turkish (e.g. Fassaert et al., 2009), and Iranian (e.g. Koochaki et al., 2011), in various countries outside of Australia and the USA, for example, in Canadia (StatsCan,2012), South Africa (e.g. Anderson et al., 2013; Myer et al., 2008)), Ethiopia (e.g. Deribew et al., 2010), mainland China (e.g. Ling-Zhong, Cheng-Chao & Jian-Xin, 2006; Zhou, He, & Xu, 2009), India (e.g. Patel et al., 2008; Prost et al., 2012; Tripathy et al., 2010), Japan (e.g. Sakurai, 2011), Canada (e.g. Schmitz, Lesage, & Wang, 2009; Schmitz, Wang, Malla & Lesage, 2009), and Timor Leste (e.g. Silove et al., 2008).

[49] Researchers of minority groups also have used the Kessler 10 in community research on mental wellbeing issues, such as in communities of American Arabic people (e.g. Abdulrahim, James, Yamout, & Baker, 2012), Chinese Americans (e.g. M.C. Lee, 2012), Asian Americans (e.g. K.H. Lee, 2012), and Black Americans (e.g. Krieger, Kosheleva, Waterman, Chen, & Koenen, 2011).

[50] Such as, for example, such as obesity (e.g. Atlantis & Ball, 2012), diabetes (e.g. Atlantis, Holt & Katon, 2012; Dunbar et al., 2008; Williams et al. 2010); cancer (e.g. Clover, Carter, Mackinnon, & Adams, 2009), and CVA or stroke (e.g. Markle-Reid et al., 2011)

[51] For example, between wealth and mental health (e.g. Carter et al., 2009), food security and psychological distress (e.g. Carter et al., 2011), trauma and suicide (e.g. Ayyash-Abdo, 2002; Todd, 2010), and obesity and suicide (e.g. Goldney, Dunn, Air, Dal Grande, & Taylor, 2009).

[52] For example, carers of children orphaned by HIV/AIDs is South Africa (e.g. Kuo & Operario, 2011) and the comorbidity of 'Post-Traumatic Stress Disorder' (PTSD) and depression in Korean War veterans (e.g. Ikin, Creamer, Sim, & McKenzie, 2010).

research settings.[53] Importantly, it has been used in Indigenous populations in other post-colonial countries.[54]

5.7.1.1 Use of the K10 in indigenous communities

Notwithstanding the extensive use of the K10 and K6 in numerous other Australian surveys, the ABS sometimes uses the shorter, five item version of the K10. the 'K5', when surveying Indigenous people (e.g. the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS); and the 2004-05 and 2011-13 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS).[55] At times, researchers in Indigenous mental health use the K6 when the outcomes can be matched to the census-type measures (see Haswell et al., 2010). However, researchers use the K10 in Indigenous populations when the research has a clinical base, or informs clinical decisions (e.g. Nagel, Robinson, Condon & Trauer, 2009; Berry, 2009; Doyle, 2012), when correlating mental health and contributory factors (e.g. depression and living on country, Burgess et al., 2009), or comparing Aboriginal to non-Aboriginal people (e.g. Fleming, Gately &

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[53] Extensive use of K10 includes: to explore issues in aging (e.g. Sunderland, Slade, Stewart, & Andrews, 2011; Sunderland, Hobbs, Anderson & Andrews, 2012; Chittleborough et al., 2011; O'Connor & Parslow, 2009; Olesen & Berry 2011), young people (e.g. Eacott & Frydendberg, 20 Chittleborough, Winefield, Gill, Koster, & Taylor, 2011), and diverse populations such as, for example, young people with sleep disorders (Glozier et al., 2010). Researchers have used the K10 to correlate poor mental health with smoking (e.g. Deen, Carter, Wilson, & Collings, 2011; Leung et al., 2011; Wilson et al, 2010), cannabis use (e.g. Cougle, Bonn-Miller, Vujanovic, Zvolensky, & Hawkins, 2011) and intravenous injecting of drugs (e.g. Hides et al., 2007). Others used the K10 to measure mental health in various occupations, such as, for example, people in the public service (e.g. Hilton & Whiteford, 2010), doctors (e.g. Peisah, Latif, Wilhelm, & Williams, 2009), people in rural employment (e.g. Fragar et al., 2010) or employment in rural areas (e.g. Hilton et al., 2010), and indeed, 'workers' in general (e.g. Holden, Scuffham, Hilton, Vecchio, & Whiteford, 2010). Other researchers used the tool to consider mental health as a function of geography, e.g. rural and remote areas (e.g. Kelly et al., 2011; Lee & Brown, 2008), comparisons across geographical types (e.g. Allen et al., 2012), living in urban settings (Jalaludin & Garden, 2011), and parenting in isolated areas (e.g. Novello, Stain, Lyle, & Kelly, 2011). Australian researchers have used the K10 to measure the distressing effects of droughts on rural communities (e.g. Kelly et al., 2010; Kilkkinen et al., 2007; Stain et al., 2008; Stain et al., 2011), and epidemics on mental health (e.g. Taylor, Agho, Stevens, & Raphael, 2008). Still further, researchers in specialised populations, such as medical students in Iran (e.g. Marjani et al., 2008), university students in Australia (e.g. Stallman, 2010), Afghan and Kurdish refugees (e.g. Sulaiman-Hill & Thompson, 2012), aging Chinese people (e.g. Zhou, Chu, & Liu, 2012), in the 'developing world' (e.g. Fernandes et al., 2011), prisoners (e.g. Cashin, Potter, Stevens, Davidson, & Muldoon, 2008; Fleming, Gately & Kraemer, 2012), gamblers (e.g. Gill, Grande, & Taylor, 2006), immigrants in Holland (e.g. Fassaert et al., 2011), gravid women - perinatal (e.g. Meades & Ayers, 2011), antenatal (e.g. Spies et al., 2009), and postnatal (e.g. Tesfaye, Hanlon, Wondimagegn, & Alem, 2010), and miscarriages (e.g. Stallman et al., 2010) have also used the K10 in their methodology.

[54] In research on American Indian (sic) populations, Mitchell and Beals (2011) compared participants' scores on the K10 with diagnoses of depression by a medical practitioner, and deemed the K10 culturally valid.

[55] This is to maintain a time line series in the National Health Survey, and 'enable on-going comparison with K5 data from the National Aboriginal and Torres Strait Islander Health Survey the 1994 version is used in the 2004-05 and subsequent National Health Surveys (http://www.abs.gov.au/ausstats/abs). Having a time-line series creates descriptive, whole-of-population inferential data sets, used by governments and researchers desiring a generalised score across Australian Indigenous populations.

Kraemer, 2012). Reviewing these peer-reviewed articles demonstrate the acceptability of the K10 to Indigenous communities, other researchers and to government departments.

5.7.1.2 Use of K10 in this PhD study

The primary research aim of this study is to identify the predictive nature of individual and community characteristics on psychological distress, and the K10 is the best fitting tool to service this need, even though use of the K10 is sometimes considered equivocal because of the wide variation in literacy levels in Aboriginal communities (Mitchell, Rao, & Vaze, 2011) and/or practice effects due to its common use (Riccardi et al., 2005). The consistent use of the K10 across all arms of the Australian government (Furukawa, Kessler, Slade, & Andrews, 2003), health disciplines (Furukawa et al., 2013), and research (Petch, Murray, Bickerdike, & Lewis, 2014), in addition to its continued use across a wide range of issues, will mean the data captured in this study should be comparable to other population groups and studies. Being able to produce data fit for use in other studies will provide evidence-based platforms for mental health interventions in Indigenous communities.[56]

Additional to the K10 were questions about feeling accepted by other Indigenous people; feeling good about being an Indigenous person; other people thinking they are better than Indigenous people, and how often the participants thought about being Indigenous. These questions are measures of a participant's implicit self-esteem and will add to cultural measures of psychological distress (see Bleidorn et al., 2016; Falk, Heine, Takemura, Zhang, & Hsu, 2015; Orth & Robins, 2013).

5.7.2 Measure of self-perceived skin colour

As explained in Chapter 3, Australian Indigenous people do not meet a single stereotypical appearance, especially in terms of skin colour. Jablonsky (2004) explains

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[56] A validated measure of psychological distress based on the K10 has been designed by the Kimberley Aboriginal Medical Service (KAMS). This tool is called the Kimberley Indigenous Cognitive Assessment tool, or KICA. A tool is said to be 'validated' if the researcher makes the same conclusion, or diagnosis, as an independent practitioner (Aalto et al., 2012). The KAMS team have validated the KICA (Almeida et al., 2014). However, this tool is used specifically in the Kimberly region of Australia, and while it is a valid tool, and possibly more Aboriginal-friendly than the K10, it is not possible to compare across research data, or indeed, to the ABS surveys that use the K10. Given that good research should be able to inform policy and interventions, then being able to use the same scale as other researchers and government departments outweighs the unknown and unknowable chance of a possible higher return rate due to the potentially higher acceptance of the KICA over the K10. Also, the K10 has been validated in self-report form, whereas the KICA has not, and participants in this PhD study will self-report. Therefore, the K10 will be used as the measurement tool of psychological distress forming the predictor variable.

the variability of skin colour over time in a population, and calls it evolutionary lability, and demonstrates that skin colour phenotype is useless as a unique marker of genetic identity. Other researchers (see for example, Cowlishaw, 1987, 1988; Diamond, 1994) have also commented on the inadvisability of using skin colour as an identifier of Indigeneity. Nonetheless, skin colour is often considered to be a primary signifier of cultural identity, and individuals may also perceive their own skin colour as a marker of group or cultural inclusion (Faught & Hunter, 2012).

Skin colour correlates with other manifestly indigenous phenotypical features such as eye and hair colour, broadness of nose and fullness of lips (Russell, Wilson, & Hall, 1992). Because skin tone is given such attention (by 'self' and others) in determination of identity and group inclusion, and because it is the hardest feature to artificially change (Feliciano, 2016), it is the variable used in this study to determine any effects of a stereotypical Indigenous appearance on the other variables of the research.

The questionnaire contains two questions relating to skin colour. The first asks the respondent to compare their skin colour of their forearm with that provided in an illustration (see Figure 5.2), and to pick the tone that their skin most resembles.[57] The colour tone provided on the questionnaire is based on the von Luschen chart (see below). For the second question, participants were asked to consider their skin colour as darker or fairer than their community, however they defined community. This is a subjective measure, where participants self-report. One of the hypotheses of this PhD study is that skin colour will predict a certain level of social and or cultural inclusion, with darker skin colour permissioning group membership. Perceived skin colour is therefore an integral variable to this PhD study, as it seeks to understand whether (or not) skin colour is a risk or protective factor or moderator of not only psychological distress, but also community inclusion.

5.7.2.1 Measuring skin colour: Von Luschan Skin Colour Scale

The scientific study of differences in skin colour in human groups can be initially attributed to Broca and his work in physical anthropology (Schiebinger, 1990). Broca created, amongst other physical measures, a chart for 'enumerating and categorising' different skin colours (Stepan, 1982, p.56). However, Broca's charts were paper-based, and tended to fade and therefore lose reliability, so in the late 1880s, scientists trialled porcelain

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[57] While some researchers use the back of the hand, inner upper arm, and/or forehead to measure Von Luschan skin colour (see Swiatoniowski, Quillen, Shriver, & Jablonski, 2013; Walker, 2014), this research uses the inner forearm, as it allows self-measure without having to disrobe in what might be a public place, or use a mirror to determine the best match.

substitutes as reliable vehicles to measure skin colour (Galton, 1887). The need for permanence in measurement tools influenced von Luschan in 1887 (Terrillon, David, & Akamatsu, 1998), and he created a set of 36 opaque glass tiles. Tiles were singly removed from a box and held to a subject's forearm and matched to the subject's skin. Each tile was numbered in a gradient of skin colour from *1* as very fair, to *36* as very dark. The tile's number is considered the person's 'score' (see Figure 5.2). The von Luschan colour scale tool was quickly utilised in cross-cultural studies, for example, in measuring the skin colour of the children of white and black parents in America (Pearson, 1909), and continues to be validated internally by researchers such as Turda (2013) and De Maynard (2009).[58]

With the rise of scientific racism in the early to middle 20th century, the von Luschan skin colour chart was used initially to measure and describe human populations considered 'black' (e.g. Davenport, 1925; 1926; Brink, 1923; Gallagher, 1946; Schultz, 1926), and with an intermingling of different skin coloured-groups (Guha, 1929; Sarkar, 1936). During the 1940s, with the growth of physical anthropology and the increasing belief in social Darwinism, the von Luschan scale was used to measure the skin colour of 'mixed-race' children, such as, for example, 'anglo-negro children' in Britain (Little, 1943) and Chinese people in America (Lasker, 1946). Even though von Luschan stressed the equality of the human races (Stelzig, 2005), during World War II the von Luschan scale was used by Nazi 'scientists' (Berger, 1993). Members of populations considered by Nazis to be 'non-Aryan' such as, for example, Roma people, were given a score from the von Luschan scale that correlated to the colour of their forearm, and based on that score, were either sent to the extermination camps, or considered able to 'pass' for white (Suedfeld, Paterson, Soriano & Zuvic, 2002).

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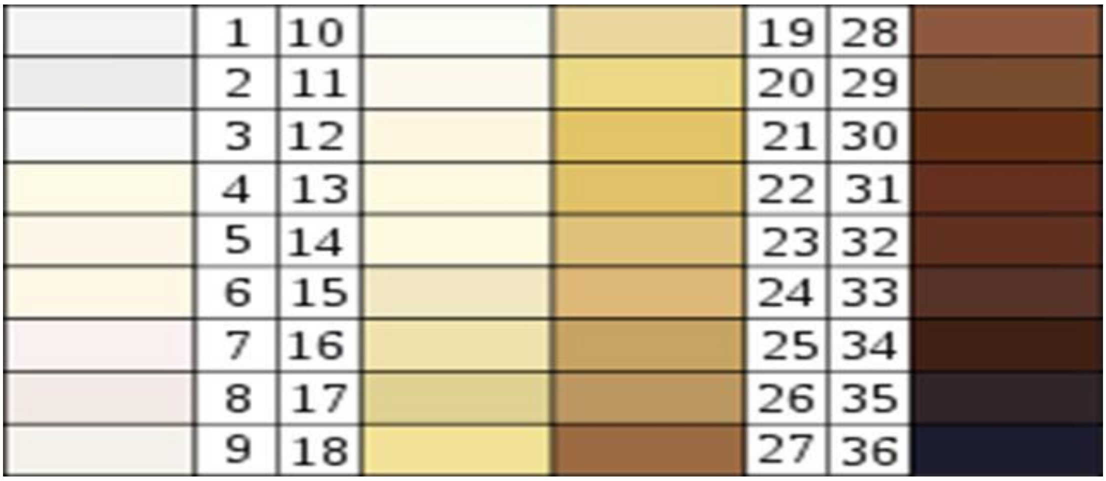
[58] The other tool used in skin colour research from the early 1900s was Milton Bradley's 'colour top'. Originally designed for use in kindergartens to teach colour blending, the 'colour top' was then employed by researchers to measure skin colour (e.g. Davenport, 1913; 1926; Harris, 1926) and to demonstrate racial differences (Todd, Blackwood, & Beecher, 1928; Blackwood, 1930). Even though this tool was possibly more reliable than Broca's charts and Von Luschan's tiles, given the researcher's ability to individuate the colour score by adding or subtracting colour wheels in the top itself (Harrison, 1957), the system is unwieldy and cannot be self-administered, making the final scores open to researcher bias (Byard, 1981).



	1	10			19	28	
	2	11			20	29	
	3	12			21	30	
	4	13			22	31	
	5	14			23	32	
	6	15			24	33	
	7	16			25	34	
	8	17			26	35	
	9	18			27	36	

Figure 5.2. Modernised von Luschan's Chromatic Scale for Skin Colour Classification. Tiles are numbered according to skin colour gradient, and were removed from a box and placed on a person's forearm to determine category. Adapted from Berger (1993). Copyright (1993) Wiley.

Skin colour can be considered a risk factor (Candille et al., 2012), especially of diseases of the skin (Madan, Lear, & Szeimies, 2010) directly related to skin colouring such as for example, in melanoma (James, Berger, & Elston, 2011), so there are health reasons to be able to rate the risk of disease in correlation to skin tones (Roberts, Gibbons, Gerrard, & Alert, 2011). Given the distressing history of the Von Luschan scale used in research to promote racist ideologies (Berg & Wendt, 2014; Rubinstein & Brenner, 2014), and some reports of non-validation and inconsistency amongst users of the scale (Kalla, 1974), Fitzpatrick, a Harvard dermatologist, simplified the von Luschan scale into a five point 'colour atlas' in 1975 (Gogia et al., 2012) that is now used extensively in clinical and research settings.[59;60] Keith, Lincoln, Taylor and Jackson (2010) used the modified von Luschan five-point scale of skin colour ('1' being 'fair' and graduating to '5' being 'dark') in a study of range of forearm skin tone in 6000 women of colour in America. This study found a 0.8 correlation of self-reported skin tone and skin tone measured with

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[59] For example, dermatology (e.g. Visscher, Bailey, & Hom, 2014; Wolff & Johnson, 2005), skin cancer (e.g. Gogia et al., 2012; Del Bino & Bernerd, 2013), skin diseases in children (Shih & Gaik, 2014), reactions to medications (Kaur & Saraf, 2011), research in eye disease (Joensen et al., 2011), and improving intra-venous access in patients in a clinical settings (Chiao et al., 2013).

[60] In clinical settings, dermatologists are interested in the protective elements of skin colour in patients at risk of skin cancers from over-exposure to the sun (Gasparro, 2000; Gloster & Neal, 2006), so these doctors use a reflectance spectrometer to determine the skin colour score as a risk assessment. The score is based on the von Luschan scale (Lui et al., 1999). While a spectrometer is an accurate tool to measure skin colour, the cost of this equipment is a prohibitive c$10,000, and the scores of the spectrometer are highly correlated to the von Luschan scale (Swiatoniowski, Quillen, Shriver, & Jablonski, 2013). Additionally, participants cannot use the spectrometer in self-measurement mode, therefore participants would not have access to this measuring process. Finally, it is not the exact measurement of skin colour that is important in this study but rather the perceived skin colour, and the scale of fair-dark in comparison with participants' community.

the von Luschan scale by a researcher, demonstrating self-report is an accurate measurement of comparative skin tone on the von Luschan scale.

5.7.2.2 The von Luschan scale in this PhD study

This PhD research used the modified five-item Von Luschan chromatic scale for skin colour classification (see Keith, Lincoln, Taylor, & Jackson, 2010). Participants are invited to nominate the score for the skin colour closest to the underside of their forearm.[61] In the questionnaire used in this research, five drawings of forearms are coloured in each of the five categories of the von Luschan scale (see Figure 5.3), and participants choose the number of the forearm picture that most closely represents their own arm. The forearms match the von Luschan scale numbers as 1 = slide 13, 2= 18, 3=24, 4= 28, and 5=34. These von Luschan scores were based on Gogia et al.'s (2012) five-point scale, and were chosen as they are the most commonly used in the previously described research (see footnote above), and are used by other researchers and dermatologists (see Keith, Lincoln, Taylor, & Jackson, 2010).

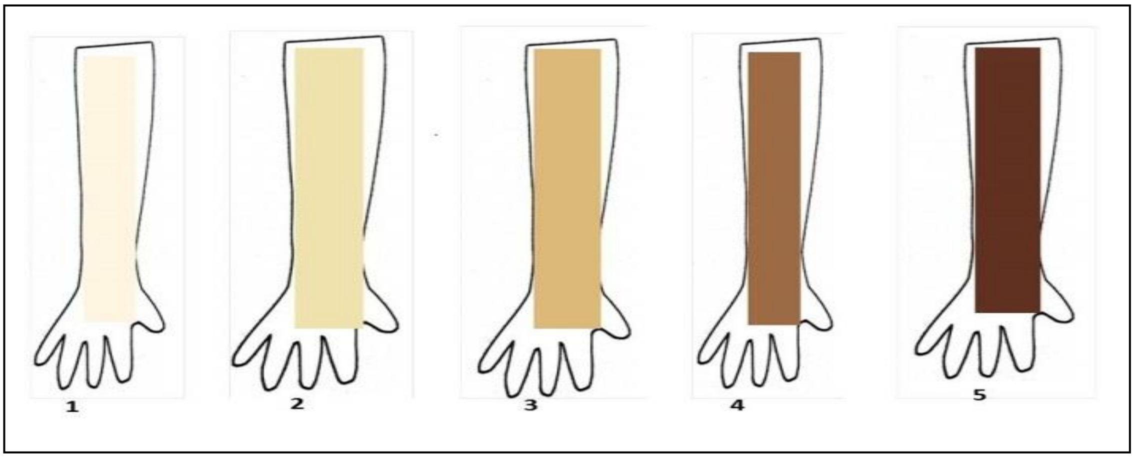

Figure 5.3: Adapted von Luschan scale used in the questionnaire. Adapted Keith, Lincoln, Taylor and Jackson (2010). Copyright (2010) Springer.

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[61] While the underside of the upper arm may have given a better indication of true skin colour (Monk, 2015), the inside of a participant's forearm was chosen because this is the place used most commonly in the above research, and given the sensitivity of the material being investigated and the links of the research with the mental health of participants. Also, the research was at times undertaken in a public space and the researcher wanted to avoid asking the participants to undress. Measuring skin colour for scientific purposes might well be near the underarm, but this PhD is concerned with a participant's *self-perceived* skin colour, and ease of matching a forearm to the colour grid without a need for a mirror for facial matching. Finally, this PhD research is not concerned with *actual* skin colour on any part of the participant's body – it is concerned with the *self-perceived* skin colour of the participant.

5.7.3 Measure of community exclusion: modification of Paradies's (2006d) Measure of Indigenous Racism Experiences (MIRE)

Assessing the reproducibility of previous findings is an important part of survey design (McColl et al., 2001). This PhD study uses Paradies's (2006d) highly validated tool (see Paradies & Cunningham, 2008), the 'Measure of Indigenous Racism Experiences' (MIRE), the questionnaire used in Paradies's well-received, highly published research on Indigenous people's perceived experiences of lived racism, (see for example, Berman & Paradies, 2010; Paradies et al., 2013; Paradies & Cunningham, 2012; Paradies, Truong, & Priest, 2014; Priest et al., 2012; 2013a; 2014). However, for this study, two question items are 'flipped' to ask participants the same questions, but from the perspectives of their experiences *within* their Indigenous communities, rather than the whole of the society. This is an attempt to identify community exclusion. Thus, for this study the questions in MIRE were modified to measure 'internal' community behaviours and conditions, or rather, participants were asked to consider behaviours in community that might demonstrate negative behaviours, with a possible result of community exclusion.

5.7.4 Modifying Paradies's MIRE

There were two questions in the MIRE that needed to be modified to describe participants' perceived experience of 'community inclusion' (see Table 5.3), rather than social inclusion. Thus, one item in the original MIRE asked participants '(H)ow often are you treated unfairly in your community?'. In this research, the item was modified to '(H)ow often are you treated unfairly in your Indigenous community *by other Aboriginal and Torres Strait Islander people*?'. This item then measures a participant's perception of being unfairly treated by other Indigenous community members, which could predict community exclusion. Participants were instructed to answer the remaining questions considering their own community, not the whole of society, and therefore the responses and the Likert rating were the same in both Paradies's (2006d) original MIRE, and modified version of the MIRE used in this research.

Table 5.3

Modified Items from the Measure of Indigenous Racism Experiences (MIRE)

Original MIRE question	Modified MIRE question
How often are you treated unfairly because you are Indigenous [in each of the following situations]?	How often are you treated unfairly in your community by *other Aboriginal and Torres Strait Islander people* [in each of the following situations]?
When you are treated unfairly because you are Indigenous how often do you:	When/if you are treated unfairly in your community by *other Aboriginal and Torres Strait Islander people* how often do you:

Note: Adapted from Paradies (2006b). Copyright (2006) Y. Paradies.[62]

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[62] Used with permission from Professor Yin Paradies (pers.comm., 2010).

5.7.4.1 Measures of community exclusion (Q13–27)

The MIRE (Paradies, 2006b) also included items to measure the participants' responses to community exclusionary behaviours, and these test items are included in this questionnaire. Using a Likert scale code with 0 for never, to 5 for frequently, questions Q13-27 in this PhD questionnaire measure the effects of community exclusion on psychological distress. These test items (that is: bullying, shaming, cultural exclusion, family feuding, infighting, physical violence, offensive body language, verbal affront, undermining activities, other people withholding information, sabotage, scapegoating, backstabbing, failure to respect privacy broken confidences, organisational conflict) also reflect behaviours used to measure or demonstrate lateral violence in other research of indigenous people and professional groups (see Bennett, 2014; Doyle & Hungerford, 2015; Robertson, 2016).

5.7.4.2 Measuring responses to behaviours of community exclusion (Q28-38)

To consider if the exposure to behaviours of community exclusion, when participants are treated unfairly by community members, can predict psychological distress, Qs 28-38 considered responses to potentially exclusionary events. Scored 0 as never, to 5 as very often, the questions are also from Paradies's (2006) MIRE to ensure validity.

5.7.5 Measures of cultural identity (Q6, 7, 8, 9, 10).

This research considered manifest indigeneity and cultural artefacts such as living on one's country, and how long one has 'known' they were indigenous, to be predictive of psychological distress. Quinn and Chaudoir (2009) considered concealable stigmatised identity and its effect on psychological distress, and found anticipated stigma, identity centrality and identity salience were strong predictors of psychological distress in people from coloured communities who could pass for white. In the same manner, Indigenous people who can 'pass' for non-Indigenous might feel psychological distress due to the associative stigma, even when they can pass for being non-Indigenous. There were five questions asking participants about their appearing manifestly indigenous and living on country.

5.7.6 Demographics

The demographic data at the end of the questionnaire included age, and gender, and if the participant identified as Aboriginal, Torres Strait Islander, or both. No other demographics (for example, income, education level, marital status, sexuality) were considered.

5.7.7 Quantitative analyses strategy

Data are described and analysed using the Statistical Package for the Social Sciences (SPSS) Version 10. The frequencies of results are described, and then the data are subject to correlation analyses, to determine effects of variables on each other, to predict which effects most reliably predict psychological distress and community inclusion. The interactions will be subject to analyses of variance (ANOVA) to measure the fit of the Bronfenbrenner social capital model in each variable. Detailed description of the analyses can be found in Chapter 6.

5.8 Qualitative procedures

Denzin (2009) calls for re-conceptualising all qualitative research as non-foundationalist, by stressing the importance of 'understanding' versus 'prediction'. 'Understanding' is a core value of research in community (Charmaz, 2014). This understanding is best supported by a triangulation process for data and findings analysis, the process is used in this thesis, and described in the following section. This thesis uses an indigenist standpoint theory in the values of the Yerin Dilly Bag Model.

5.8.1 Moving from a grounded theory approach to an engaged indigenist theory

Grounded theory 'can be (considered) a decolonising tool for indigenous and non-indigenous scholars' (Denzin, 2008, p.247).[63] However, to work within indigenous settings grounded theory must be modified (Denzin, 2007, p.456), and researchers equally committed to transforming the institutions and practices of research (see Smith 2000a; Tuhiwai Smith, 1999, 2000, 2005; Bishop, 2005; Rigney, 1997). Without this, grounded theory's criteria for self-determination and empowerment may 'perpetuate neo-colonial sentiments' (Denzin, 2007, p.456), by turning the indigenous person into an essentialised 'other' who is 'spoken for', rather than 'speaks for' (Bishop, 2005). This requires grounded theory to be localised, and 'grounded' in the specific meanings, traditions, customs, and community relations that operate in different indigenous settings. The Yerin Dilly Bag model of indigenist research (see Chapter 4) informs the grounding of this

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[63] NB: lower case 'i' in indigenous means all indigenous people everywhere; upper case 'I' means Australian Indigenous people.

study, and satisfies the imperative to have a localised model, whilst not being part of grounded theory constructs.

Denzin and Lincoln (2008, p.247) argue for an indigenist (emic) pedagogy to move epistemology out of a qualitative grounded theory methodological framework and into an Indigenous cultural space, so this research uses the Yerin Dilly Bag model as an engaged indigenist method, in that a hypothesis is formed *before* data collection, with findings analysed using codes, concepts, and themes (and therefore not grounded). This model might therefore more accurately be described as an indigenist engaged theory, given the indigenist values of the Yerin Dilly Bag model and the engagement of the interview process. In this theoretical model, as in other post-positivist frameworks, people's *words* can provide evidence, as 'text is the actual empirical material and the ultimate basis for developing the theory' (Flick, 1998, p. 248). The words of the participants provide the evidence and the analysis frames the experiences (see Richardson, 1990; 2000) and set it in context.

Qualitative research is an applied research methodology that endeavours to describe life-worlds from the 'inside out' (Flick, von Kardorrf, & Steinke, 2004, p.3). Of prime importance, according to indigenist academics, is to avoid qualitative findings, collection, and interpretation as 'exoticism' (see Korvach, 2010; Santos, 2002, Smith, 1999); that is, research that primitivises indigenous people positions those people as 'other' (Waitt, 1999), reduces Indigenous people to an 'exotic stereotypy' (Stasch, 2014, p.192), while exploiting and excluding indigenous people from non-Indigenous society (Müller & Pettersson, 2001). This is not a risk peculiar to non-Indigenous people, and so I acknowledge this risk in this PhD. To minimise this risk, I will use the values as described in the Yerin Dilly Bag model (see Chapter 4), and hold the reputation of the people I interview as a sacred gift to me, using the Yerin Dilly Bag values of *ngara ngara* [listen]/*nganaga* [ask] and *burbangana* [help lift]. While post-positivist researchers agree on the need to analyse data and to theorise from the findings that result, there is no exact prescribed analytic method in most post-positivist approaches (see for example: Braithwaite, Moore & Abetz, 2014; Klassen et al., 2012; Strang, 2015). Because this research does *not* use grounded theory, I will be using Clarke and Braun's (2014) steps of inductive thematic analysis for the qualitative findings of this research.

5.8.2 Thematic analysis (TA)

Thematic analysis (TA) is used to both identify and interpret patterns of meanings across qualitative findings (Clarke & Braun, 2014). According to Braun and Clarke (2014 p.174), there are six ways to approach TA (see Table 5.4).

Table 5.4

Approaches to Thematic Analysis

No.	*Approach*	*Informed by*
1	Inductive	Coding and theme development are directed by the content of the data
2	Deductive	Coding and theme development are directed by existing concepts or ideas
3	Semantic	Coding and theme development reflect the explicit content of the data
4	Latent	Coding and theme development report concepts and assumptions underpinning the data;
5	Realist or essentialist	Focuses on reporting an assumed reality evident in the data
6	Constructionist	Focuses on looking at how a certain reality is created by the data.

Note: Adapted from Braun and Clarke (2013). Copyright (2013) Sage.

The most appropriate fit of TA approaches for this PhD research is an *inductive* approach, as the coding and theme development are directed by the content of the narrative data and findings. Inductive theming of the codes requires a rigorous approach, to stay as close as possible to the meanings of the data, rather than trying to fit the themes into any theoretical assumptions (Clarke, Braum, & Hayfield, 2016). The inductive approach is a systematic procedure for analysing qualitative findings where the analysis is guided by specific objectives (Thomas, 2006) such as identifying the risk and protective factors for psychological distress. An *inductive* approach allows research findings to emerge from the frequent, dominant, or significant codes inherent in the data (Fereday & Muir-Cochrane, 2008)[64]. The identified codes will be placed into ‘consensual groups’ (Willig, 2016, p.152) before organising them into candidate themes (Clarke & Braun, 2014). Interviews will be recorded, and the coding commenced after the third interview (see Siedman, 2013). Hard copies, or transcripts, from each interview won’t be created, as

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[64] This differs from deductive data analysis in that key themes are declarative (Thomas, 2006). A general inductive approach is a more efficient way of analysing qualitative findings, and the outcomes are indistinguishable from those derived from a purely grounded theory approach. The benefit of a general inductive approach is that there are fewer technicalities in the terminology such as “open coding” and “axial coding” (Thomas, 2006). This allows a more straightforward approach that is easier for community members to interpret, and all research should be intellectually available for the researched communities (Cochran et al., 2008).

according to Seidman (2013, p.115), interviews may be ‘recorded and listened to repeatedly to capture themes and categories with as much rigour as transcribing’ (see also Rubin & Rubin, 2011).

The survey questions are based on the hypotheses of this research, so it is fitting that the data reflects the issues around community exclusion, colourism, and psychological distress, and be theoretically coherent. The process for thematic analysis using a recursive, inductive approach is a six-step process (see Table 5.5).

Table 5.5

Steps in inductive thematic analysis

No.	*Step*	*Phase involves:*
1	Familiarisation with the data:	Reading and re-reading the data, to become immersed and intimately familiar with its content.
2	Coding	Generating succinct labels called *codes* that identify important features of the data that answer the research question; then coding the entire dataset, collating all the codes and all relevant data extracts for later stages of analysis.
3	Searching for themes:	Examining the codes and collated data to identify significant broader patterns of meaning (*themes*); collating data relevant to each candidate theme, so that the data can be reviewed for viability of each candidate theme.
4	Reviewing themes:	Checking the candidate themes against the dataset, to determine that they tell a convincing story of the data, and one that answers the research question; themes are typically refined, which sometimes involves them being split, combined, or discarded.
5	Defining and naming themes	Developing a detailed analysis of each theme, working out the scope and focus of each theme, determining the ‘story’ of each; deciding on an informative name for each theme.
6	Writing up	Weaving together the analytic narrative and data extracts, and contextualising the analysis in relation to existing literature.

Note: Adapted from Braun and Clarke (2013). Copyright (2013) Sage.

5.8.2.1. Ensuring validity and rigour in thematic analysis

Accepting research as evidence depends on that research’s validity (Webb, 2001; Yin, 2014), and validity (trustworthiness) in qualitative research is sometimes considered to be equivocal (Holloway & Wheeler, 2013; Onwuegbuzie & Leech, 2007; Richards, 2004). Researchers have different models of ensuring validity and rigour in data and findings (McGloin, 2008; Melnyk & Fineout-Overholt, 2011; Polkinghorne, 2007; Song, Altman, Glenny& Deeks, 2003). For example, Rolfe (2006) recommends a reflexive research diary is maintained throughout the interview process, notating the coding and theming processes, to avoid the research being challenged as non-representative (Becker, 1998). Winter (2000) recommends that all research, both quantitative and qualitative, needs to consider that validity is a not a single, fixed, or universal concept, but rather a contingent construct, inescapably grounded in the processes and intentions of particular research methodologies and projects, closely related to the construct of reliability. This PhD thesis relies on interpretive validity, where interpretation is an unavoidable element of result collection in narrative research. Maxwell (1992) called this kind of validity a realistic approach, where a ‘valid’ account of conversations must represent the perspectives of the participants. The ethics of interpreting meaning from conversations requires researchers to consider the reported interpretation of findings must be representative (Bull, 2010). Assessment can be intervention (Miller & Rollnick, 2013), so the interview process will consider the mental health of the participants as more important than this research project. Given I am a mental health clinician, I will monitor the interview process and assess and manage any distress in the interviewee, and will abandon the interview process if I determine it is harming the participant.

5.8.3 Interview sample size issues

Interview participants will be recruited from the questionnaire, from across all the field sites (described above). Deciding on the number of participants to recruit in a purposive sample for a non-probabilistic study, to be deemed robust is often subjective (Fossey, Harvey, McDermott, & Davidson, 2002), and a function of determining data saturation (see Cheek, 2000). The difficulty in using a subjective measure in research is, as Morse (1995, p.39) succinctly states: ‘saturation is the key to excellent qualitative work’ but at the same time noted that ‘there are no published guidelines or tests of adequacy for estimating the sample size required to reach saturation’ in qualitative research.

In any qualitative study, the number of participants required to achieve findings saturation and generalisability of findings are generally much smaller than those used in quantitative studies (Mason, 2010), because the point of diminishing returns to qualitative sampling means that further interviews do not add more findings (Ritchie, Lewis & Elam, 2003).[65]

Smaller sample size is sufficient, as qualitative research is concerned with understanding and making meaning rather than creating hypotheses (see Crouch & Mckenzie, 2006), and because of the labour-intensive nature of qualitative research where a large sample is impractical (Mason, 2010). Strauss and Corbin (1998) and Dey (1999, p. 38) all consider

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[65] For example, Guest, Bunce, and Johnson (2006) conducted a systematic analysis of a study of 60 interviews with African women, and found that findings saturation occurred after 12 interviews.

the concept of saturation to be inappropriate, as saturation is a “matter of degree”, and therefore up to the researcher’s expertise and subjectivity. As I claim some expertise in psychological distress in community members, then, according to Jette, Grover, and Keck (2003), the number of participants needed in a study will be smaller than studies where the researcher is a novice in the topic. For this PhD, interviews will continue until data saturation is achieved.

5.8.3.1 Interview schedule

Even though Bessarab (2012) recommends *yarning* as a technique interviewing, the Bronfenbrenner framework of the research required a guided interview approach in order to interrogate the participants’ lived experience of being in community. The most useful information is obtained in biographical-type enquiry is from free narrative responses (Powell, Fisher & Wright, 2005), and because participants were being asked to recall their personal experiences, guiding and prompting was required to stay on-topic. Use of the eco-map will assist in staying on-topic. Having participants stay on the research topic was considered to come under the Yerin Dilly Bag value of *nganaga (to ask with generous listening)* and *waranara (to seek).*

The research aim was to consider the lived experience of being in community, and narrative interviews are holistic, and a very naturalistic and supportive way to share information, and supporting participants is *burbanga*, or helping to lift them. While sharing past experience is susceptible to reconstructive memory, Cortazzi (1993/2013) explains that it is the perspective of the person that is valid, not the actual occurrence. If two participants experience the same community but have different perceptions of inclusion, then both are equally cogent, as *emotional remembering* (Skinner, 2013) (that is, remembering how the participant *felt* and *perceived* events) may contribute to informing the risk and protective factors of psychological distress and community inclusion.

5.8.3.2 Guided free narrative interview schedule

Guided free narrative interviewing is based on broad, open-ended questions (Bamberg & Cooper, 2012; Hollway & Jefferson, 2000). For this research, one of the opening questions is ‘tell me about your experience in your community’. Interviews of the participants are contextual and not intended to represent any ‘truth’ (Liamputtong & Ezzy, 2005, p.132). Interviews were formally organised between participant and researcher, and recorded for findings capture purposes as well as to give the participants a record of their conversations.[66] Using the eco-map (discussed below), the participant is guided by minimal, non-verbal encouragements to steer the participant to provide additional narrative information (for example, *can you tell me more about this*?). To elicit rich findings from the narratives of the participants, a visual aid is encouraged (Jovchelovitch & Bauer, 2000). In this research, the visual aid was the eco-map. The visual aid also assists in being able to better record interview findings to be analysed in the laboratory setting, after I have left the field. I have used Hartman's (1975) eco-map as a research tool as described below.

5.8.4 Eco-maps

'Eco-maps' are pen-and-paper diagrams of an individual, community or process that allows participants to draw relationships while 'ecomaps' are geographical maps used in ecosystem mapping (Blasi & Frondoni, 2011; Morgan et al., 1994). Sometimes these terms are used interchangeably in the literature but 'eco-map' is the term used to describe the research tool used in this thesis.

Eco-maps are graphical representations that allow a participant to organise and objectify the systems at play on an individual or community level. Eco-maps are social ecological maps developed by Hartman (1979) to depict the ecological systems that encompass an individual, community, or process (Hartman, 1995) and pictorially demonstrate the 'complexity of human existence' (Hartman, 1975). Based on Bertalanffy's 1936 'General Systems Theory' (cited in Costanza, Wainger, Folke & Mäler, 1993), where 'wholeness' refers to any object or element within a system that produces an entity greater than the sum of the separate parts, Hartman's eco-map is an anti-reductionist approach to identification of need/s in individuals, families, or communities (Zastrow, 2001) by diagramming a person's connection with larger social systems (Compton, Galaway, & Cournoyer, 1999).

An eco-map is most often used by therapists as a tool to create a narrative around the social support structures in an individual's life (see for example, Kerson & McCoyd, 2010). However, they are also used as a base to gain thick findings from a research participant (see for example, Emam, 2014). Whatever the aim of use, eco-maps can help capture and organise data in a conceptual level, and allow for differing literacy skills

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[66] It might seem then that conversational analysis would be the best fit for description of the process of the creation of narratives. However, conversational analyses are usually less guided, and are more concerned with the construction of the conversation than identifying themes (Gumperz, 2014).

among participants, and can be appropriate for use in individuals who prefer visual cues for positioning their opinions of self. This pictorial representation and understanding of an individual in his or her environment/world lets a person's position be viewed as a system interlaced with multiple systems, and identification of the major dynamics in operation for that individual (Hartman, 1979), in therapeutic (De Oliveira, Nascif-Júnior, & Rocha, 2010) and research settings (Vodde & Giddings, 2000), especially with the variable or outcome of interest in clinical and research projects is social support (Baumgartner, Burnett, DiCarlo, & Buchanan, 2012). Eco-maps in this thesis will be used as visual prompts for the interviews, and allow participants to describe their experience of living in community. These eco-maps are informed by Bronfenbrenner's ecological social capital framework, so the concentric circles for yarning with the participant are based on the most common vehicles of social inclusion that match Bronfenbrenner's framework including work, family, religion, education, and culture (that is, activities relating to Indigenous culture such as membership in Indigenous organisations).

5.8.4.1 Use of eco-maps in therapy and research

Initially, eco-maps were used as an assessment tool for social support.[67] While still used for assessment in social settings, and as a tool for therapeutic interaction in, for example, people who were adopted (Spiteri, 2012), eco-maps have been increasingly used in research.[68] However, while there are multiple advantages in using an eco-map in clinical practice (see Cusinato & Colesso, 2010; Gallagher, 2013), its use in research is increasing as its validity (Hodge & Limb, 2014) and specificity (L'Abate, 2013) has become more widely accepted (see Bennett & Grant, 2016).

5.8.4.2 Eco-maps and Indigenous people

The primary concern of eco-maps are social relationships and networks and the positive or negative nature of connections or bonds for individuals or communities, expressed as visual representations of social relationships, including family, friends, and community networks (Elliott, 2012; Rempel, Neufeld, & Kushner, 2007). Acknowledging the importance of social support to assist health maintenance and wellbeing (see Nausheen, Gidron, Peveler, & Moss-Morris, 2009), and given that eco-maps are a practical and accessible way to identify both positive support and social conflicts impeding wellbeing (Ray & Street, 2005), the use of eco-maps has relevance for the holistic approach

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[67] For example, in disability nursing (Valentine, 2013), family nursing (Wright & Leahey, 1999), chronic illness (Collier, 1990) and social work (Hartman, 1995).

[68] For example, caring for chronically ill people (Fehrsen, 2012).

promoted by Indigenous social and emotional wellbeing (SEWB) frameworks (see Stewart & Allan, 2012).

There are a few examples of the use of eco-maps in research or as therapeutic tools in indigenous communities. Elliot (2012), a First Nations Canadian, researched eco-maps as a tool to promote culturally appropriate mental health services. Elliot (2012) created an eco-map with Canadian Aboriginal designs that facilitated eco-map completion by participants. Elliot (2012) then used the findings to inform practices in mental health services in areas with a large indigenous catchment population, by demonstrating the need for family access to clients in mental health services by being able to show the need for continued family relationships in Canadian Aboriginal people.

Like Elliot (2012), Stewart and Allan (2013) used eco-maps to research how to build relationships with Australian Indigenous people and human services workers, and developed a ‘cultural mapping toolbox’ for use across disciplines. This cultural mapping toolbox reminds practitioners to include the complexities of cultural relationships with indigenous people in health settings. O’Donoghue and Maidment (2013) recommend Bronfenbrenner’s ecological social capital approach when using eco-maps with Indigenous people, as this approach seeks to understand the centrality of the person in the environment. O’Donogue and Maidment (2013)’s research reinforces the use of Bronfenbrenner’s social capital ecological model in this PhD research.

5.8.4.3 Eco-maps using Bronfenbrenner’s ecological social capital models

Bronfenbrenner’s model fits in well with the way eco-maps provide a pictorial representation that fosters understanding of an individual in his or her environment/world, by organising meso-levels, exo-levels, and micro-levels ecological contingencies (Calix, 2004). Bronfenbrenner’s (1992) ecological systems theory contends that there are certain environmental influences that have the potential for greater direct effect than others, with other factors have a more indirect effect, and these effects vary among individuals (cf. Härkönen, 2005), while seeking to understand the centrality of the person in their environment (Bronfenbrenner, 1979). Given that eco-maps can clearly demonstrate and measure these effects to the researcher and the participant, and the strength of relationships of these factors, I have theorised that Bronfenbrenner’s ecological social capital theory can inform the eco-map and might therefore demonstrate the research variables as vehicles of social inclusion.

5.8.4.4 Use of eco-maps in this thesis

Eco-mapping as a research tool has been used to study a variety of health and social issues,[69] as well as used as an adjunctive tool in research.[70] Rather than a measure of intervention outcomes, Christiansen et al. (2007) used eco-maps to explore and measure relationships of adult survivors of incest, allowing their participants to identify relationships that were supportive and/or provided comfort during difficult times. Using an eco-map allows participants with a history of personal trauma to *talk to* the map, rather than to the researchers. This takes pressure off individuals by avoiding having them re-telling and thereby re-living their distress. The potential protecting of participants' self-image and social and emotional well-being is the lead rationale for using an eco-map in this PhD research, as discussing personal events carries the possibility of making the participant re-live any trauma. Re-traumatising participants by asking them to re-live their negative experiences is a concern in any population, but a great risk in this PhD research, given that Australian Indigenous people are generally considered to be 'highly psychologically traumatised' (Raphael, Delaney & Bonner, 2007). Any re-traumatising is a breach of trust in a researcher, and can cause undue suffering for a participant. This goes against all research ethics, and does not fit in the Yerin Dilly Bag model. Conversely, using the eco-map to identify supportive relationships can assist participants to feel a greater connection to significant others in community (Christiansen et al., 2007), and is an example of how assessment can become therapeutic (Miller & Rollnick, 2013).

The eco-map used in this thesis consists of a simple genogram in the centre of one large circle (see Figure 5.4). A coloured cartoon tree sits over this genogram. The participant is considered as the first of the four-generation genogram, with allowances for participants to add their partners and/or children if they so choose. Participants are not

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[69] For example, inclusion of school students with autism (Emam, 2014); sources of distress in people with cancer (McLaughlin, 2013); or children with chronic diseases (Charepe et al., 2011) or disabilities (Correa, Bonilla, & Reyes-MacPherson, 2011; Jung, 2010); dysfunctional families (Gilgun, 2011); and to identify predictors of long-term recovery in tsunami-affected children (Nastasi, Jayasena, Summerville, & Borja, 2011); and as a teaching aid for health students working with families experiencing dementia (LeNavenec, 2013).

For example, Ho et al. (2013) used eco-mapping to measure memory recovery pre- and post-intervention for in people with memory loss attributable to cancer, by asking participants to create their own eco-maps as drawings of their family relationships, administering the intervention of memory-recall exercises, then getting participants to again draw their eco-maps and relationships, and measuring an increase in recall of relationships as success of the intervention.

[70] For example, Ho et al. (2013) used eco-mapping to measure memory recovery pre- and post-intervention for in people with memory loss attributable to cancer, by asking participants to create their own eco-maps as drawings of their family relationships, administering the intervention of memory-recall exercises, then getting participants to again draw their eco-maps and relationships, and measuring an increase in recall of relationships as success of the intervention.

required to give names for the four-generation genogram, instead they are asked to distinguish which parent or parents identified as Aboriginal and/or Torres Strait Islander people. One of the inclusion criteria for this research was that participants identified as Aboriginal and/or Torres Strait Islander, therefore it is axiomatic that at least one parent would have identified as Indigenous. The coloured tree in the centre of the eco-map is the only attempt to make the eco-map attractive to participants or to induce motivation with compliance.

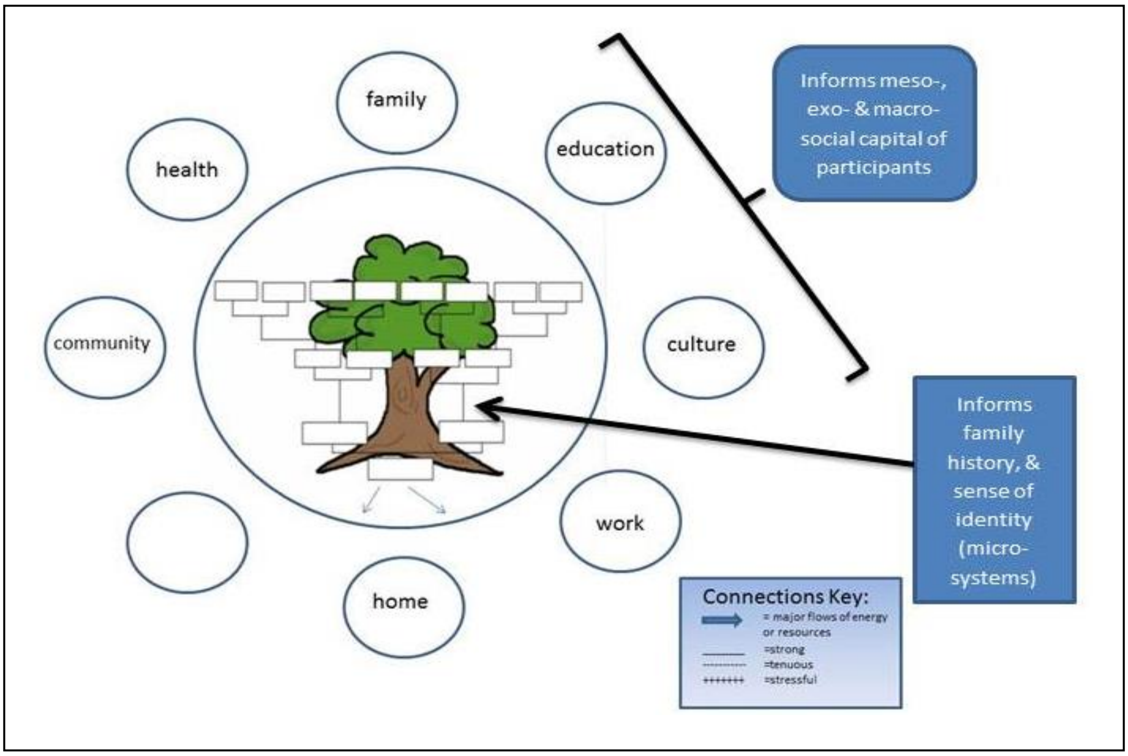

Figure 5.4. The eco-map used in this PhD research, and its links to Bronfenbrenner's ecological social capital theory. Participants draw the strength of their relationships as part of the interview process. Adapted from Harold, Mercer and Colarossi (1997). Copyright (1997) Western Michigan University.

For this PhD research, the participant was positioned in the centre of the eco-map. This allowed the participant to consider his or her family tree, or history, and to be able to identify indigenous heritage, one of the signifiers of Indigeneity. Even though circles can be drawn in any size, for this research, the circles were all the same size, with some prompted labels, including: health, family, education, culture, work, home, and community. One of the satellite circles was left unlabelled to allow participants to add a category, for example religion, if that met with their lived experience in the community.

On the eco-map, connections or relationships are to be drawn on by the participant, per the legend at the bottom of the eco-map. The types of lines indicated the strength of the relationships and the direction of the lines as arrows indicated the way the participant felt the energy or the strength of the relationships operated. For example, a large arrow indicates a major flow of energy or resources so that a participant would be able to draw a thick arrow away from their position in the genogram, and towards the satellite circle labelled “health” if they felt that their health was a source of energy loss to them. If a participant felt that they gained a lot of strength or energy or support from their family, then they would draw the thick arrow from the satellite circle labelled “family” to the centre of the eco-map.

A pilot of this research (in New Zealand) also used the eco-map.[71] Māori participants were not willing to complete the genogram in the centre. This was because to be considered ‘Māori’ in NZ, individuals have to demonstrate that they are ‘descended from’ Māori (http://www.stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/maori-descent/definition.aspx), and so Māori participants in the pilot phase were not willing to disclose their ancestry for fear of it being appropriated. Most participants requested their eco-maps remained with them, while allowing the interview recordings to be part of the research pilot phase. Considering the distress removing the eco-maps caused to some Māori participants, as well as the possible tenuous nature of some Indigenous people’s knowledge of their family history, and with the imperative that research does no harm, I have only used the eco-maps to enable participants to tell their stories. Talking ‘to’ the instrument is a technique I commonly use when treating or assessing Indigenous people in clinical mental health settings. While data on how many interviewees agreed on the strength of particular relationships would have been useful, the worth of that data was not worth the risk of traumatising participants, or causing them to feel any accusations of indigenous inauthenticity.

5.8.5 Choice of analysis of qualitative findings

Interviews were recorded and the findings subject to a thematic analysis to create codes (Ezzy, 2001). These codes then underwent thematic analysis to determine the main themes. The themes were then subject to objective hermeneutics or interpretation of the themes (Marshall & Rossman, 2014). These themes were then matched to an appropriate system in Bronfenbrenner’s ecological social capital model. A detailed description of the qualitative analysis will be found in Chapter 7.

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[71] The New Zealand pilot and the data are not included in this thesis as they have been used for a differnent degree.

5.9 Triangulation process for this study

This thesis uses a triangulation process to identify and describe any convergence between the qualitative and quantitative findings (Sandelowski, 1995). The process of triangulating findings from different methods occurs at the interpretation stage of the study when both datasets have been analysed separately (O'Cathain, Murphy, & Nicholl, 2010), therefore triangulation needs to occur at the end of the qualitative and quantitative analysis, to examine convergence or complementarity (Stake, 2010), and discrepancy or dissonance (Farmer, Robinson, Elliott, & Eyles, 2006; Foster, 1997). The triangulation process will enable identification of any potential disagreements between findings, and is not intended to demonstrate that there is a methodological error with this study, but rather to consider how any inter-method discrepancy can lead to 'a better understanding of the research questions' (Fielding & Fielding, 1986, p.54).

Triangulation occurs when themes from a qualitative study are summarised to the point where they are coded to quantitative data, or "quantitising" qualitative data (Sandelowski, 2000, p.48), and allows not only for mixed methods of data collection, but also a mixed method of data and findings interpretation. This will increase the generalisability of the results of this study (see Scholfield, 2002), to provide evidence for recommendations for policy (Merriam, 2014) in the field of social and emotional health for Indigenous people. Triangulation using this method is the 'gold standard' for qualitative research (Flick, 2004; Golafshani, 2003), and is known as convergence-coding (See Figure 5.5).

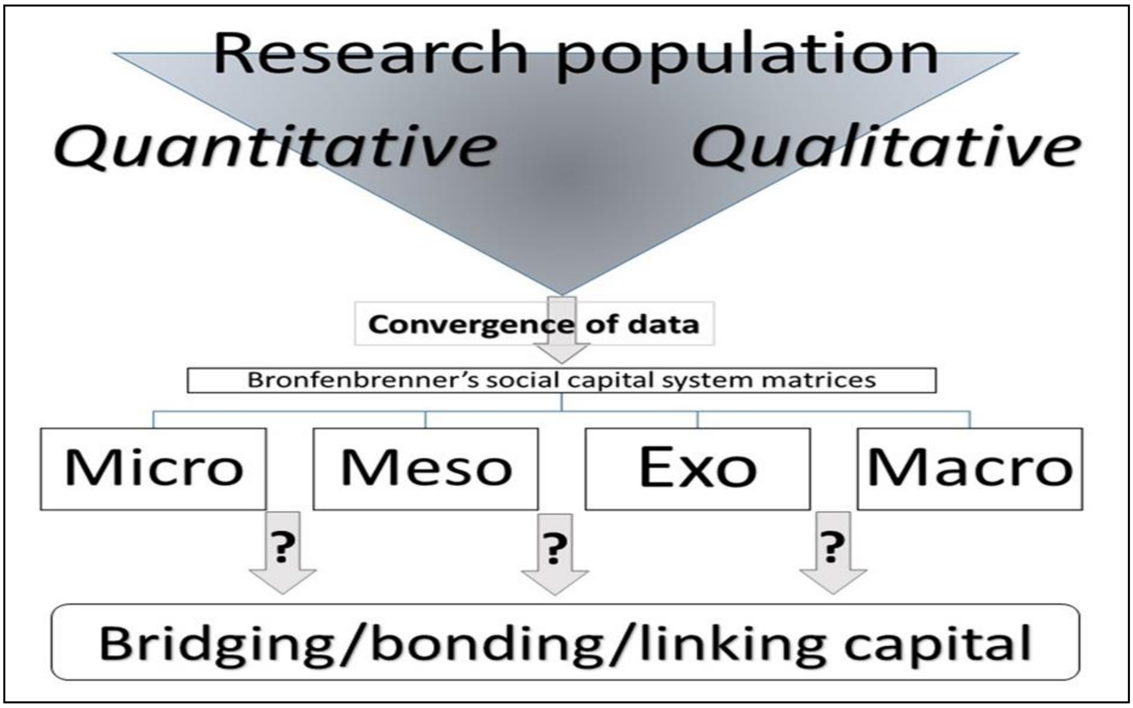

Figure 5.5. Triangulating research to Bronfenbrenner's social capital system, with types of capital, with a view to generate matrices and identify if any bridging, bonding, or linking capital exists.

The research data and findings will be converged and placed into the social capital categories that best fits the themes and codes to understand the context of the research findings, and identify evidence for interventions to decrease psychological distress. These matrices will display the results and findings that have emerged from each component of the study. Consideration will then be given to *agreement, dissonance,* or "*silence*" between the results of the methods of qualitative and quantitative modes of investigation (O'Cathain, Murphy, & Nicholl, 2010). [72]

The quantitative and qualitative data set collection occurred in parallel, and will be analysed separately. At the end of the interpretive phase of both data sets, the results will be considered together to identity convergence, dissonance, and/or silence. Themes will be coded to the quantitative data, and considered using Bronfenbrenner's ecological social capital model and the results. The risk and protective factors, and types of social capital will be identified from the final converged data. Triangulating the data and findings allows synthesis of the research, and fits under the Yerin values of *wingara* [think], *burbangana* [help lift], and *bulbanga* [to hold up].

5.10 Conclusion

This research project is a convergent parallel mixed method study, designed to identify the risk and protective factors for psychological distress in Indigenous communities. This chapter described the quantitative data collection techniques, with attention to the rationale of choosing the survey methods and tools in the questionnaire. Analysis strategies were introduced, and will be detailed further in Chapter 6. The qualitative data and use of ecomaps was discussed, with attention to the Yerin Dilly Bag model, and keeping interviewees safe throughout the process. Qualitative methods will be further considered in Chapter 7.

Triangulation, the bringing together of both data sets was also introduced. The importance of considering data from a holistic perspective to allow better identification of risk and protective factors is considered. Triangulation results will be discussed in Chapter 8.

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[72] Silence in this sense means that a theme or finding arises from one dataset and not another, and might be expected because of the strengths of different methods to examine different aspects of the research question.

Researchers can become enmeshed in the process of researching. To maintain the indigenist standpoint of this research, each step of the research was matched to the values of the Yerin Dilly Bag model (see Figure 4.2, Chapter 4). The next chapter further considers the quantitative methods, methodology, and introduces the results of this research.

Chapter 6: Quantitative Analysis and Results

6.1 Introduction

Quantitative research is the examination of numerical data that are analysed using mathematically-based methods, such as statistics (Treiman, 2014). While some researchers consider quantitative methods to be culturally challenging for knowledge transfer in Indigenous communities (Guenther & Falk, 2007), others strongly disagree (Barnett & Kendall, 2011), and considering that data collection and its quantitative analysis an integral basis for evidence production in Indigenous health (Dudgeon, Kelly, & Walker, 2010). For this PhD study, the values of the Dilly Bag model (see Chapter 4) inform and underpin all aspects of data and findings acquisition, and analysis, as discussed in the conclusion of this chapter, and again at the conclusion of this thesis (see Chapter 9).

This chapter contains the full quantitative data set results. It commences with the analysis strategy and a descriptive analysis of the participants and variables. Interpretive statistics include investigating any significant factors that might predict psychological distress in Indigenous communities. Finally, the predictors of psychological distress that fit with Bronfenbrenner’s ecological social capital model are considered with a regression analysis best suited to each category, and in concert with the quantitative findings of the parallel study.

6.2 Analysis strategy

The data from the three sites were entered into the IBM Statistical Package for the Social Sciences (SPSS) (Version 22) for statistical analysis. Based on the interactions of the proposed elements of the Bronfenbrenner’s Ecological Model, statistical analyses included exploration of any mediation effects, as well as multi-level modelling of data to account for the nesting of different components of the model.

Analyses were conducted in four progressive stages. First, descriptive data analysis was performed to explore the demographics of the sample sets. Second, correlation between the variable of psychological distress and other participant responses to determine correlation (not causality);[73] and thirdly, linear regression analyses tested the fit Bronfenbrenner's ecological model against the variables that matched each category in the social capital model.[74]

6.2.1 Routine analyses in quantitative research used in this thesis

Routine analyses conducted include Analysis of Variance (ANOVA), and its assumptions, together with use of the pre- and post- hoc tests where necessary. These tests and the rationale for using them are in Appendix D.

6.2.2 Statistical modelling using Bronfenbrenner's ecological social capital model

Statistical modelling involves mathematically examining a set of assumptions about relationships (De Vaus, 2013). Causal relationships in statistics in social sciences are inferred, and rely on the judgement of a researcher to interpret the effect of one or more variables on the probability of an outcome. Correlation does not mean causality, so variables can predict and explain, but not definitively cause an outcome (Arminger, Clogg, & Sobel, 2013). When there are multiple variables that contribute to some degree to the predictability of the variable of interest (in this case, the K10), it is important to determine the variable/s with the greater influence on the model in order to best place an intervention. A step-wise regression model was initially conducted to determine the best fit of Bronfenbrenner's social capital model using the variables that returned a statistically significant result, but the significance levels did not increase by the third iteration, so the model was stopped, and are not included in this results section. Instead, the variables that fit best under Bronfrenbrenner's model are considered un each of the social capital models of micro-, meso-, exo-, and macro- systems.

6.2.3 Sample size[75]

Deciding on the number of participants required for any research is challenging. While some researchers believe the bigger the sample the better the study, according to the WHO, this is not necessarily true (Hardon, Hodgkin, & Fresle, 2004). Gerokostopoulos, Guo and Pohl (2015) demonstrate that the estimation approach is reliable. Using the estimation approach, with a population size greater than 100,000 (remembering that the

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[73] Used to quantify the association between two continuous variables.

[74] To assess the relationship between an outcome variable and one or more risk factors or confounding variables.

[75] This research uses a convenience or purposive, sample, so there is no need to calculate the target number of participants, nonetheless this formula is included in this section to demonstrate knowledge of recruiting methodology.

Indigenous population of Australia is about c600,000), a margin of error (confidence interval) of +/-5%, and a confidence level of 90%, then:

$$N=\frac{((Z-score)2*SD*(1-SD))}{margin\ of\ error2}$$

$$((1.625)^2 \text{ x } .5(.5)) / (.05)^2$$
$$(2.706 \text{ x } .25) / .0025$$
$$.06765 / .0025$$
$$270.6$$

or rather, 271 respondents are needed for a statistically strong research project. Using the same formula, if the researcher can consider a $^{+}$/-10% margin of error, then 100 respondents are needed for a representative sample (Field, 2013). However, these sample sizes are for testing an intervention, or for determining clinical significance in medical trials, and so the required research sample sizes are less rigid for other social research projects (Fowler, 2013). Guthrie (2010) claims that 30 respondents are sufficient for an exploratory research and will give ‘results similar to a normal distribution’ (p.54) but recommends 30–400 participants, according to the resources available for community research.

Researching in Indigenous communities can be challenging (Bond, Foley, & Askew, 2015), especially in recruiting Indigenous participants (Glover et al., 2015). Vulnerable populations such as Indigenous communities are often reluctant to volunteer for research projects (DePoy & Gitlin, 2015). Research projects in Indigenous health have varying numbers of participants, yet can still considered to be valid. For example, Treloar et al. (2014) researched experience of cancer care in Indigenous patients and had 22 participants, while Irving, Gwynne, Angell, Tennant, and Blinkhorn (2016) considered Indigenous patients’ satisfaction with dental service, and had 49 participants. Larger, government-funded research projects such as Sonn, Bishop, and Humphries (2000)’s review of Indigenous alumni (110 participants) and Kelaher, Ferdinand, and Paradies (2014)’s important review of racism in Victorian health settings (221 Indigenous participants) both had similar number of participants to this PhD research. These research projects demonstrate that smaller numbers in Indigenous research projects can be considered useful, especially if the researcher is considered an expert in the field.

6.2.3.1 Sampling technique

In the research for this thesis, a purposive, or judgement sampling technique was used, recruiting participants according to the aims of the research (see Guthrie, 2010). This technique resulted in 172 suitable participants volunteering, as described below.

6.2.3.2 Statistical significance

Statistical significance indicates whether the results have occurred over and beyond chance, but not necessarily clinical significance. Deciding if a test is clinically significant in an applied setting requires the researcher to determine the decision-making utility of the statistic (Field, 2013). Statistical results are *reported* in this chapter, and *considered fully* in the Discussion chapter (see Chapter 8). The alpha (error rate) for this research is set a .05, so that statistical significance is set at $p<.05$. A two-tailed test will be utilised as appropriate. In any research, the descriptive analyses are considered first.

6.3 Descriptive analyses

Descriptive statistics help to describe and display summarised data in a way that enhances interpretation and meaning of the data. Describing data allows for patterns to be discerned, via simple summaries about the participants and the measures used. Descriptive analyses are the basic features of any research study.

6.3.1 Demographics

There were 172 participants across the three sites. To avoid any confounding issues brought about by site variation, the data were analysed as one cohort (see Table 6.1).[76]

Table 6.1

Demographics of Participants (Site)

	Frequency	*Percent*
Central coast	27	15.7
ACT	32	18.6
E-survey	113	65.7
Total	172	100.0

Note: Central Coast, ACT and E-survey are considered the sites where participants were recruited.

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[76] Two or more variables are confounded if their effects cannot be separated because they vary together. The variable of ‘site’ would be confounded due to unequal sample sizes across the three sites. While the means could be weighted, but this would risk a Type III error, due to the great difference in sample sizes.

Of the participants, almost 90% (*n*=154) identified as Aboriginal, with 6% (*n*=10) identifying as Torres Strait Islander, and 5% (*n*=8) identifying as Aboriginal and Torres Strait Islander (See Table 6.2), spread across the three sites (see Table 6.3).

Table 6.2

Indigeneity of participants

	Frequency	*Percent*
Aboriginal	154	89.5
TSI	10	5.8
A&TSI	8	4.7
Total	172	100.0

Note: TSI= Torres Strait Islander; A&TSI= Aboriginal and/or Torres Strait Islander

Table 6.3

Demographics of Participants (site/gender/indigeneity)

Site	Gender	Indigeneity	*n*	Pop%
Central Coast	Male	Aboriginal	11	6.4
		TSI	1	.6
		A&TSI	0	0
	Female	Aboriginal	10	5.8
		TSI	4	2.3
		A&TSI	0	0
	No Answer		1	.6
ACT/Qbn	Male	Aboriginal	10	5.8
		TSI	0	0
		A&TSI	0	0
	Female	Aboriginal	17	9.9
		TSI	2	1.2
		A&TSI	2	1.2
	No Answer		0	0
E-survey	Male	Aboriginal	36	20.9
		TSI	1	.6
		A&TSI	2	1.2
	Female	Aboriginal	68	39.5
		TSI	2	1.2
		A&TSI	3	1.7
	No Answer		1	.6

Note: TSI= Torres Strait Islander; A&TSI= Aboriginal and/or Torres Strait Islander

Of the 172 participants, there were almost twice as many females (63%, *n*=108) as males (see Table 6.4).

Table 6.4

Demographics of Participants (Gender)

	Frequency	*Percent*
Male	62	36.0
Female	108	62.8
Prefer not to answer	2	1.2
Total	172	100.0

Note: 2 respondents choose not to answer

Ages ranged from 18 to 75 (*M*= 42.17, *SD*=15) (See Table 6.5).

Table 6.5

Demographics of Participants (Age)

	N	*Minimum*	*Maximum*	*Mean*	*Std. D*
Age	172	18	75	42	15

Note: Std. D = Standard Deviation

There were no missing data in the variables used to contend with, meaning that all 172 participants completed the entire questionnaire. The summaries of the participants' responses are presented below, for each of the questions, following the order used in the questionnaire.

6.3.2 Q1: Personal perception of importance of social and emotional well-being in the community.

As explained in Chapter 5, the first question in a questionnaire is a throw-away question, not generally considered in the analyses. It is a warning-shot question to alert the participants as to the theme of the questionnaire. Still, the participants mostly considered social and emotional well-being to be an important issue (see Figure 6.1).

With only 3 participants considering that mental health is 'never' a problem in communities, this result demonstrates the importance Indigenous people place on social and emotional well-being in Indigenous communities.

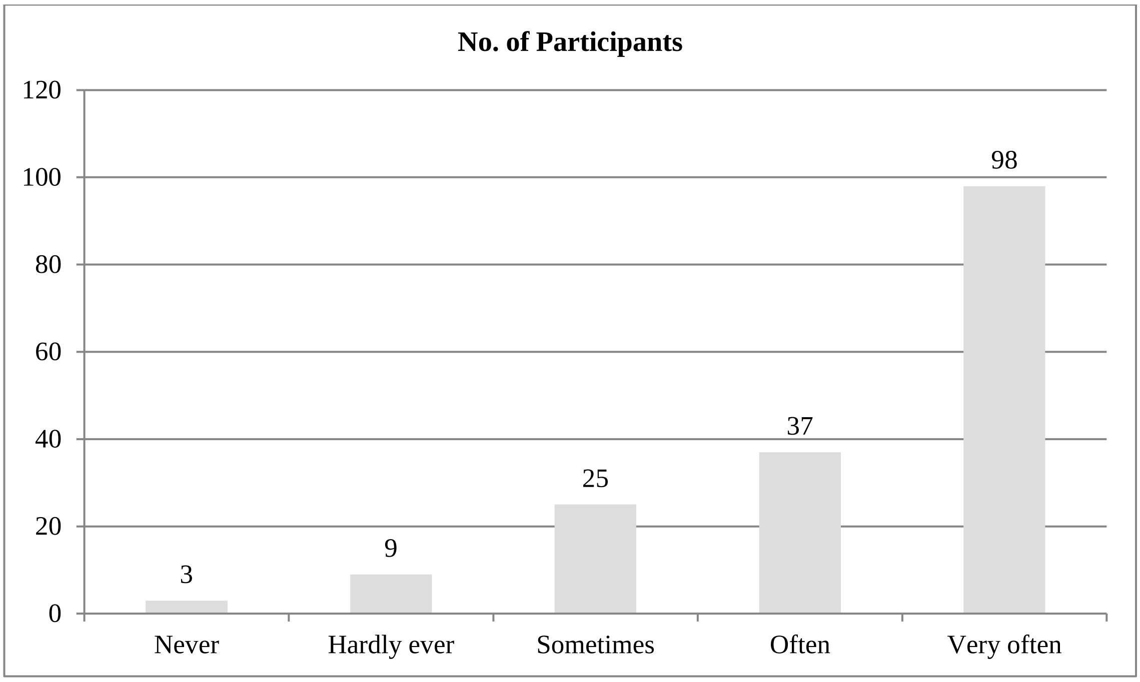

Figure 6.1. Q1: In my opinion, social and emotional wellbeing is an important issue in my community (N=172).

6.3.3 Q2: Participants' feelings of community inclusion as acceptance

This question asked respondents about their perceived level of acceptance by other Indigenous people. Most participants responded 'sometimes' (43%, *n*=74), and 47% (*n*=80) felt they were accepted 'often' or 'very often' (see Figure 6.2).

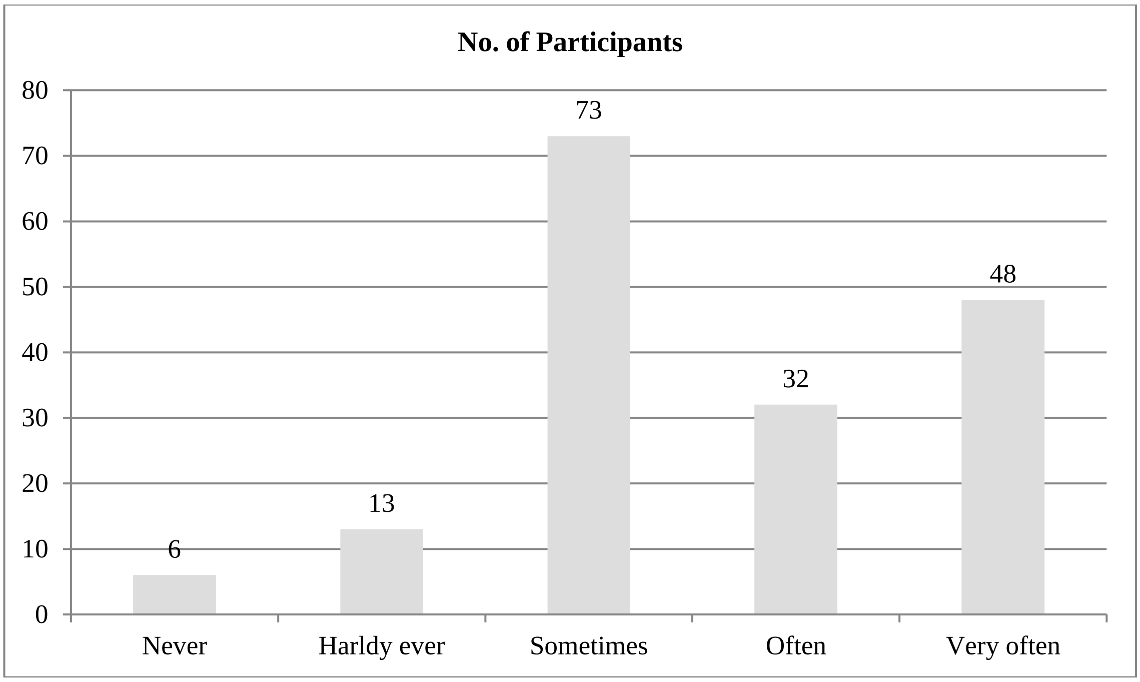

Figure 6.2. Q2: I feel accepted by other Aboriginal and/or Torres Strait Islander people (N=172).

This result will be compared to participants' self-reported psychological distress to see if there is any statistical association in the responses between these two items.

6.3.4 Q3: Participants' level of 'feeling good' about being Indigenous

Participants were asked to rate how good they felt about being Indigenous (Figure 6.3).

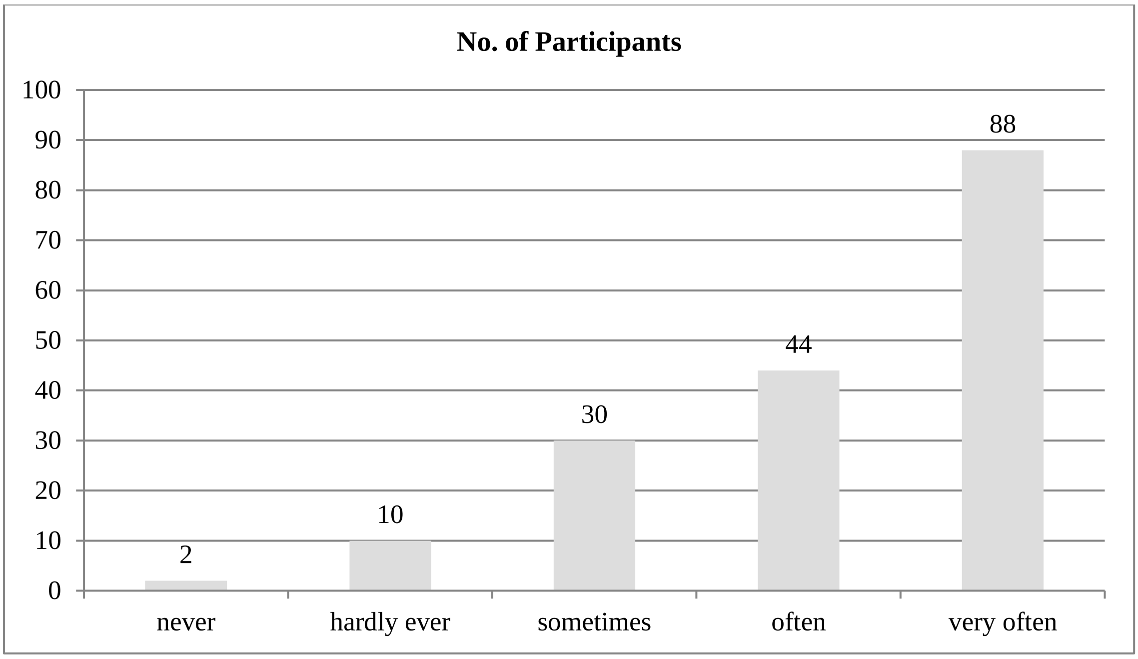

Figure 6.3. Participants' level of feeling good about their indigeneity (N=172).

6.3.5 Q4: Participants' perception of other Australians' opinion of Indigenous people

Most participants (74%, *n*=128) considered that other Australians think they are better than Aboriginal and/or Torres Strait Islander people (see Figure 6.4). This speaks to a level of exclusion from mainstream society that participants perceived.

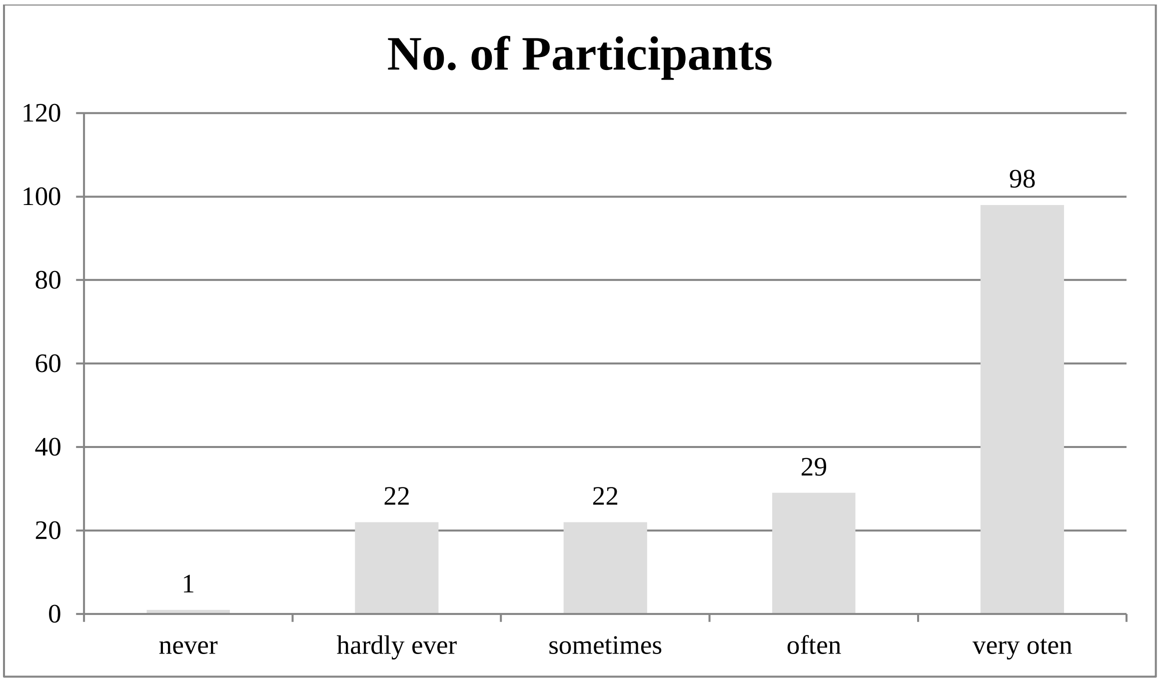

Figure 6.4. Q4: Other Australians think they are better than Aboriginal and/or Torres Strait Islander people (N=172).

6.3.6 Q5: Frequency of thinking about Indigeneity

Participants rated the amount of time they thought about 'being' Indigenous. The responses were equally spread across the scale (see Figure 6.5).

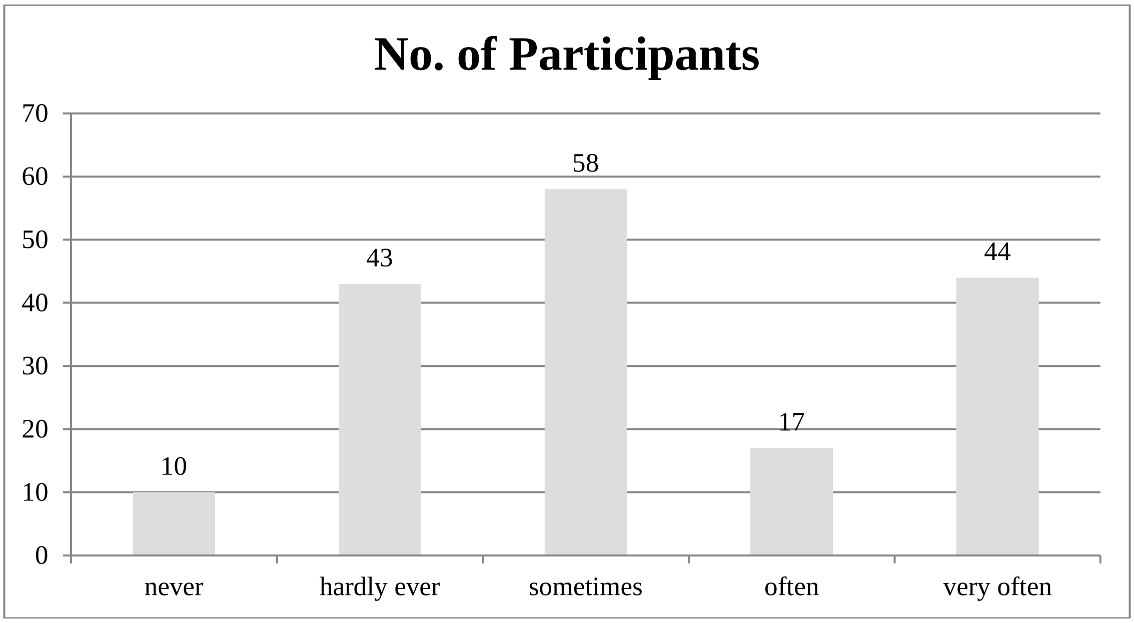

Figure 6.5. Q5: How often do you think about being an Aboriginal and/or Torres Strait Islander person? (N=172)

6.3.7 Q6: Do the people the participants mix with know they are Indigenous?

Participants were asked if the people who they mix with knew that the participant identified as Indigenous. The 'sometimes' category had the largest number of responses (*n*=52) (See Figure 6.6).

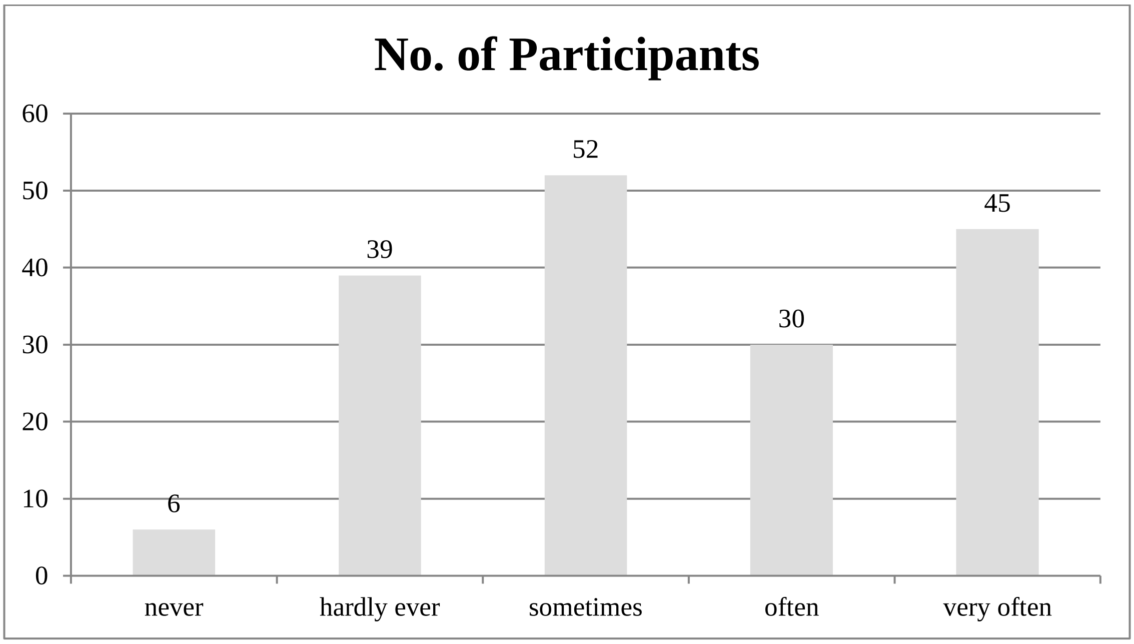

Figure 6.6. Q6: Do the people that you mix with know that you are Aboriginal and/or Torres Strait Islander? (N=172).

6.3.8 Q7: Do the people the participants meet for the first time recognise participant as Indigenous?

Participants were asked to consider if people they met for the first time knew they were Indigenous. Results demonstrate that 40 participants (23%) consider that they are never recognised as Indigenous when people first met them (see Figure 6.7).

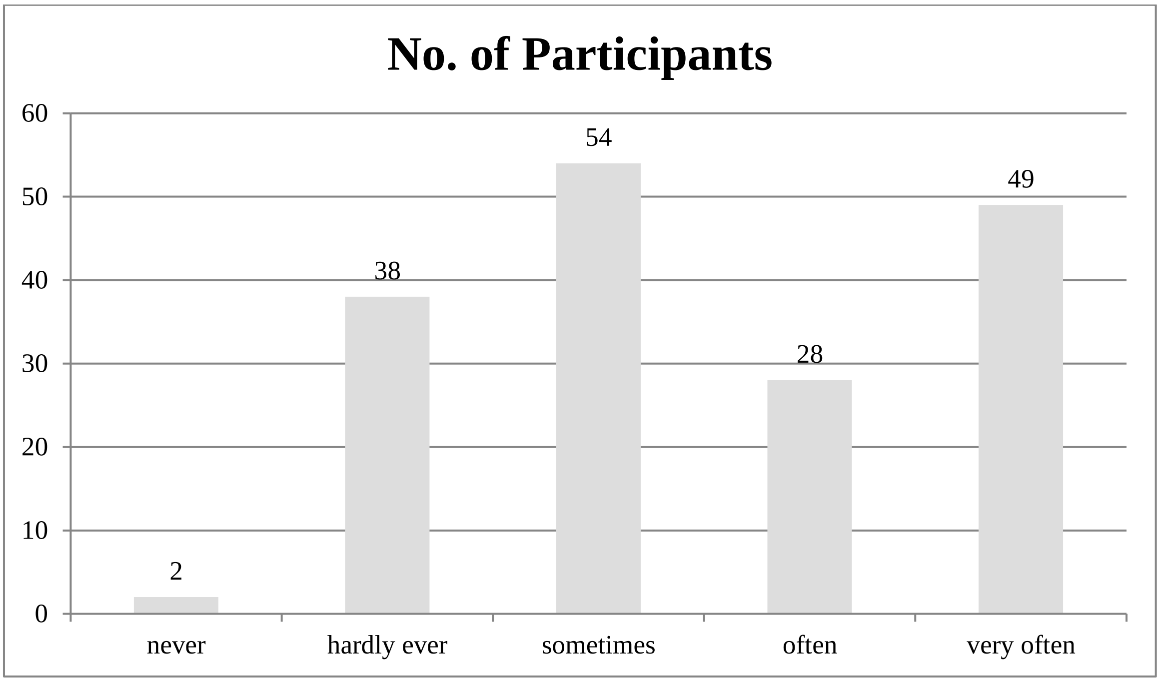

Figure 6.7. Q7: Do people you meet for the first time know that you are Aboriginal and/or Torres Strait Islander? (N=172).

It is important to consider that being recognised as Indigenous at first meeting is only considered from the participants' perspective, and participants were not scored by others.

6.3.9 Q8: Signifiers of Indigenous identity

The identification of Indigenous individuals by other people is often based on a supposed stereotypical phenotype of facial, skin and hair features, even though appearance is an unreliable indicator of indigeneity (see Chapter 2). Indigenous people with fair complexions might not be recognised or acknowledged as Indigenous by other people (Indigenous and non-Indigenous). This might (or might not) leave those Indigenous people without a stereotypical phenotype of Indigeneity needing to find other ways to assert their Indigenous status.

Participants were asked to consider if people meeting them for the first time would identify them as Indigenous. Participants could choose *more than one* reason why people meeting them for the first time thought they were Indigenous. The response rate was highest for ‘other’ reasons (29%, *n*=40). Participants recorded that they believed they were recognised as Indigenous because: they looked manifestly Indigenous (14%, *n*=19); the setting, or context they are in (18%, *n*=24); being with other Indigenous people (22%, *n*=30); and/or wearing Indigenous apparel as identifiers, such as clothing or jewellery (17%, *n*=23) (see Figure 6.8).

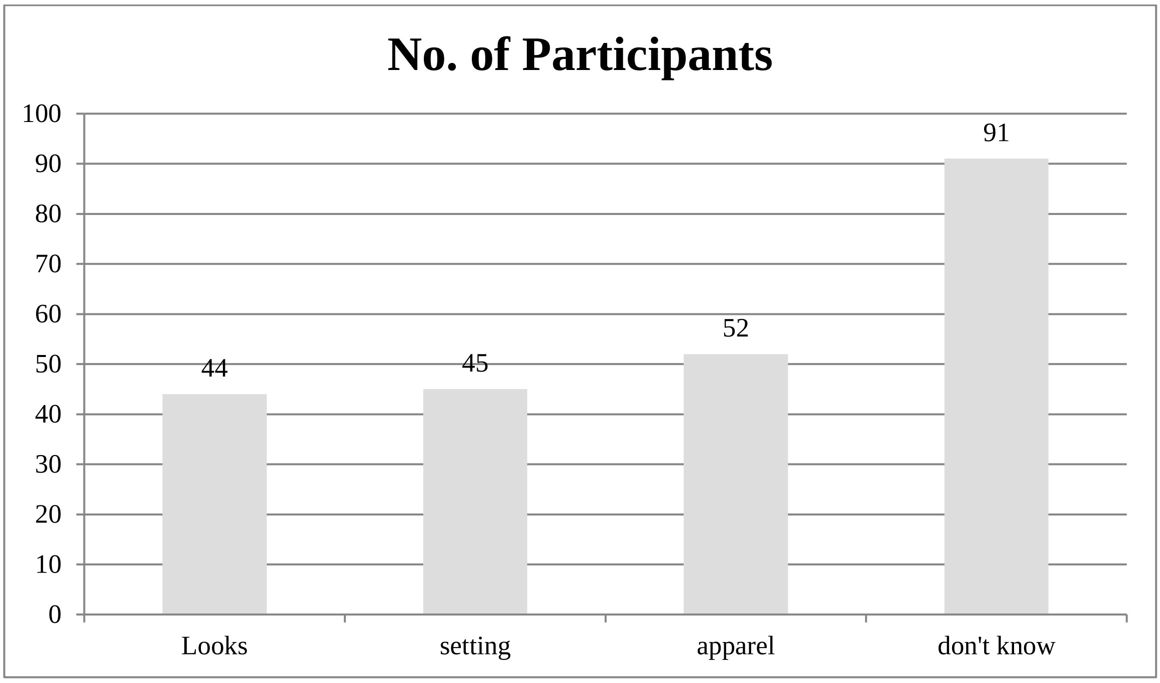

Figure 6.8. Q8: If you think people do know you are Aboriginal and/or Torres Strait Islander when they first meet you, is it because... (N=132).

Only 14% (*n*=19) of the participants considered they were recognisable as Indigenous when people first met them due to their appearance. The other reasons participants considered they were recognisable as Indigenous was because of the settings, companions, apparel or other, suggests Indigenous identity may be contextual, rather than a function of phenotype.

6.3.10 Q9: Age participants recognised their Indigeneity

Question 10 asked the participants the age they were when they first realised they were an Aboriginal and/or Torres Strait Islander. The age ranges were grouped together to form categories, to allow for easier descriptions. Most participants (58%) ‘knew’ they were Indigenous in or before the age of 12 (*n*=101), with 20% (*n*=33) ‘finding out’ in their teens, 11% (*n*=19) in their 20s, 7% (n=12) in their 30s, 1.7% (*n*=3) in their 40s, and 4 participants realising they were Indigenous in their 50s (2.3%) (See Figure 6.9).

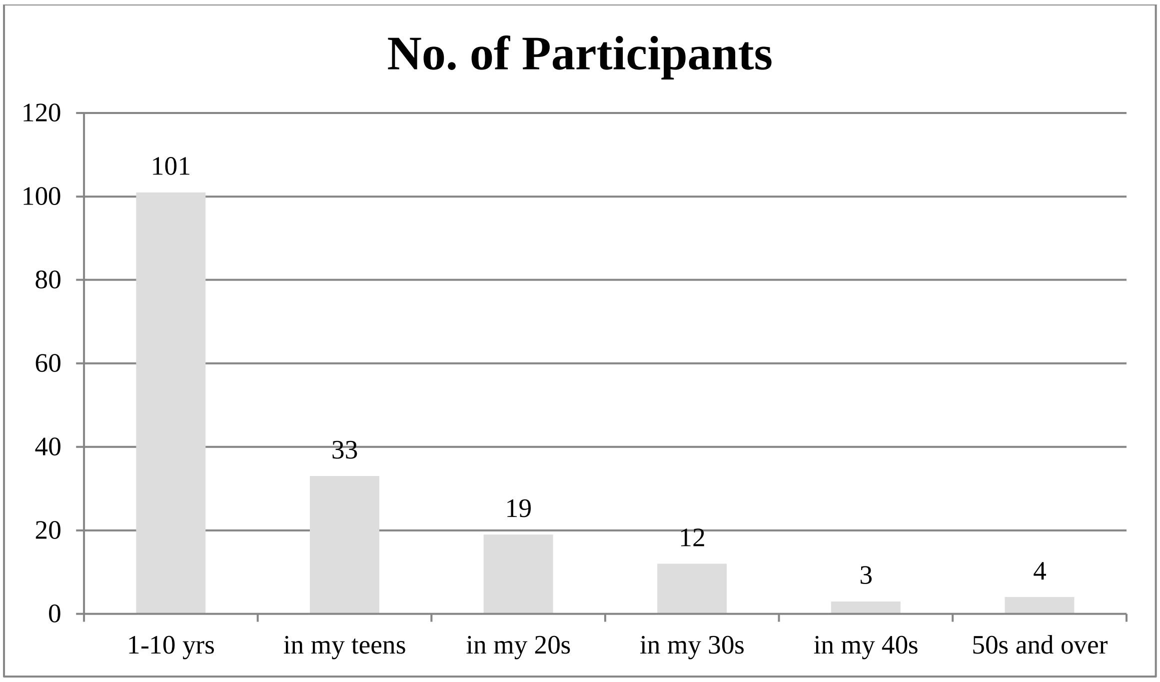

Figure 6.9. Q9. How old were you when you realised you are an Aboriginal and/or Torres Strait Islander person? (N=172).

6.3.11 Q10: Participants living on country

Most participants (62%, *n*=107) were *not* living on 'their' own country (see Figure 6.10).

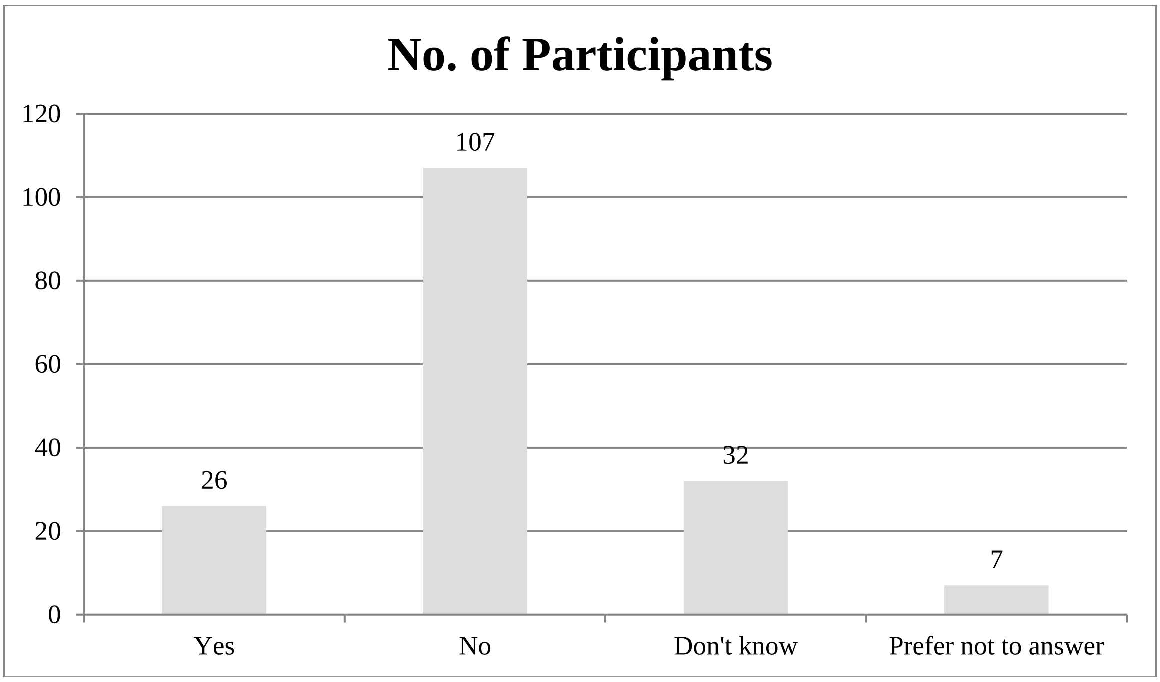

Figure 6.10. Q10: Are you living on your 'country'? (N=172).

The second part of Question 10 asked the 65 participants who were not living on their county the reason why they were not living on their country. The most common response was that the participant moved for family reasons (33%, *n*=58) (see Figure 6.11).

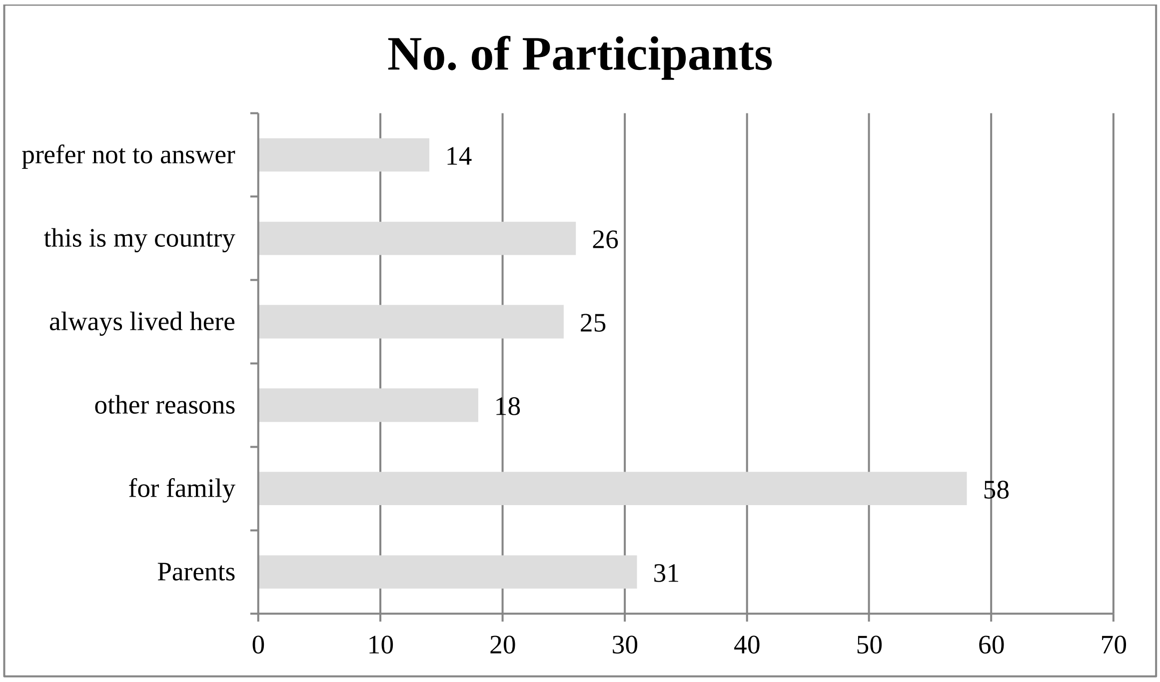

Figure 6.11. Q11: Participants' reasons (as a percentage) for living this country (N=172).

6.3.12 Q11: Skin colour of participants compared to community

Question 11 asked participants if they considered their skin colour to be fairer, darker, or the same, as compared to their community. Over half (55%, *n*=95) felt they were the same, while 29% (*n*=49) felt they were fairer, and 16% (*n*=28) perceived they were darker than their community (See Figure 6.12).

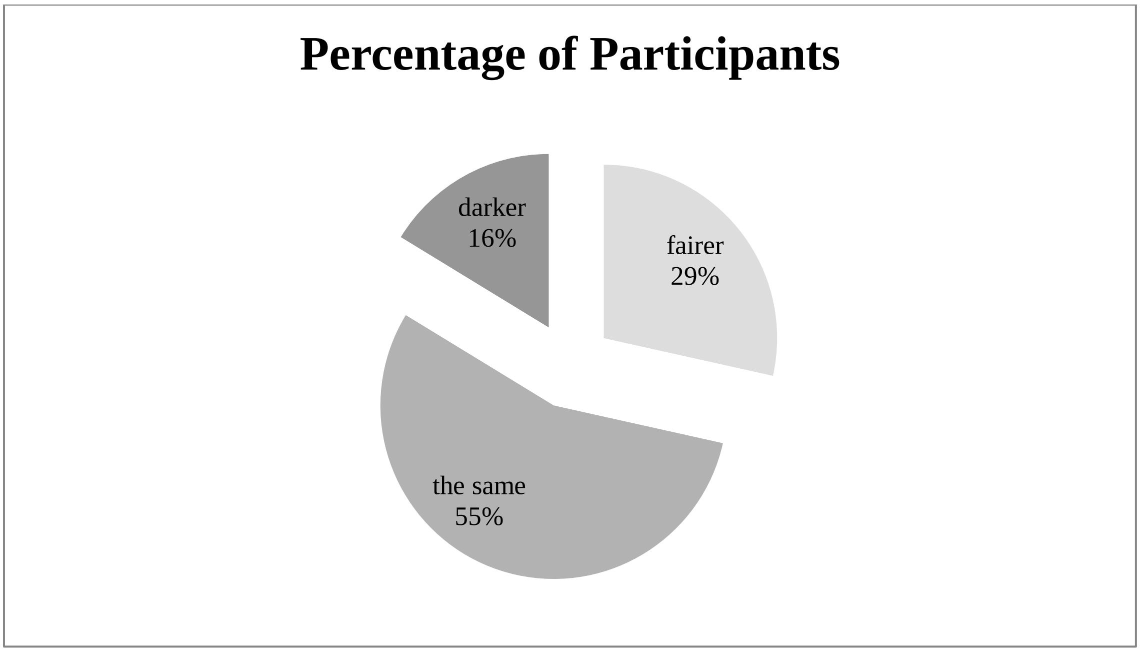

Figure 6.12. Q11: Compared to the Aboriginal and/or Torres Strait Islander community you currently live in, are you... (N=172).

6.3.13 Q12: Participants' score on the von Luschan skin colour scale

In Question 12, participants were asked to choose a von Luschan skin colour scale that most closely resembled their own, when compared to the inner aspect of their forearm. The responses were more numerous in the middle categories than in the upper and lower categories. (See Figure 6.13).

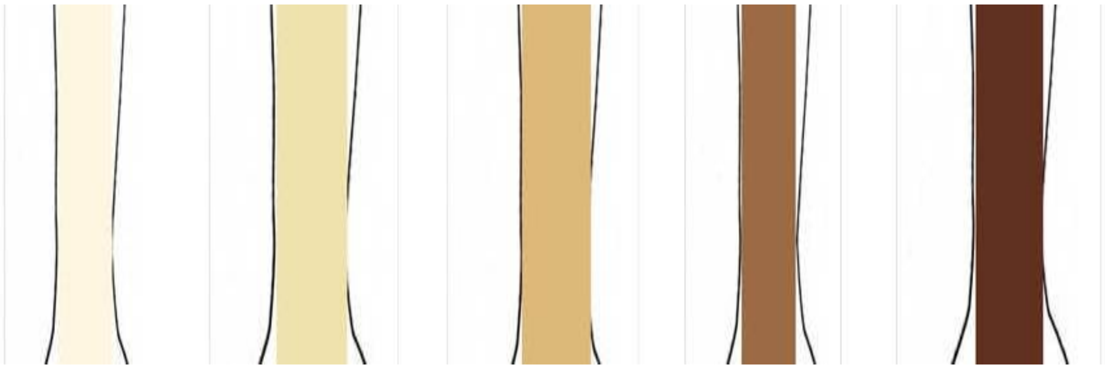

Figure *6.13*. Q12: On the drawings of arms, which colour most closely resembles your arm? (circle the number that best describes you).

6.3.14 Q13-27: Participants' perceptions of behaviours of community exclusion

Questions 13-27 used 3-point Likert scale (of 'not at all' scored as 1; 'Occasionally' scored as 2; and 'Frequently' scored as 3) and asked participants about behaviours that they might have noticed or experienced in their community and how these behaviours affected the participant. The behaviours suggested to participants were: bullying; shaming; community exclusion (for example, not feeling welcome at cultural activities); family feuding, infighting; physical violence; offensive body language (for example, raising eyebrows, face-making); verbal affront (for example, name-calling, snide remarks, lack of openness, abrupt responses, gossiping); undermining activities (for example, not being available, ruining your reputation); other people withholding information (for example, not told about community events or opportunities); sabotage (for example, deliberately setting up a negative situation); scapegoating (for example, others blaming you or your family); backstabbing (for example, complaining to peers and not confronting the individual); failure to respect privacy (for example, other people talking publicly about your business); broken confidences (for example, when you have told someone something in private, then they tell someone else); organisational conflict (for example, fighting in land councils, Aboriginal Medical Services). All these negative behaviours were witnessed at some time by *all* of the participants. The most commonly experienced behaviours were ‘shaming’ and ‘community exclusion’, and the least common exclusionary community behaviours were offensive body language, withholding information, and sabotaging (see Figure 6.14).

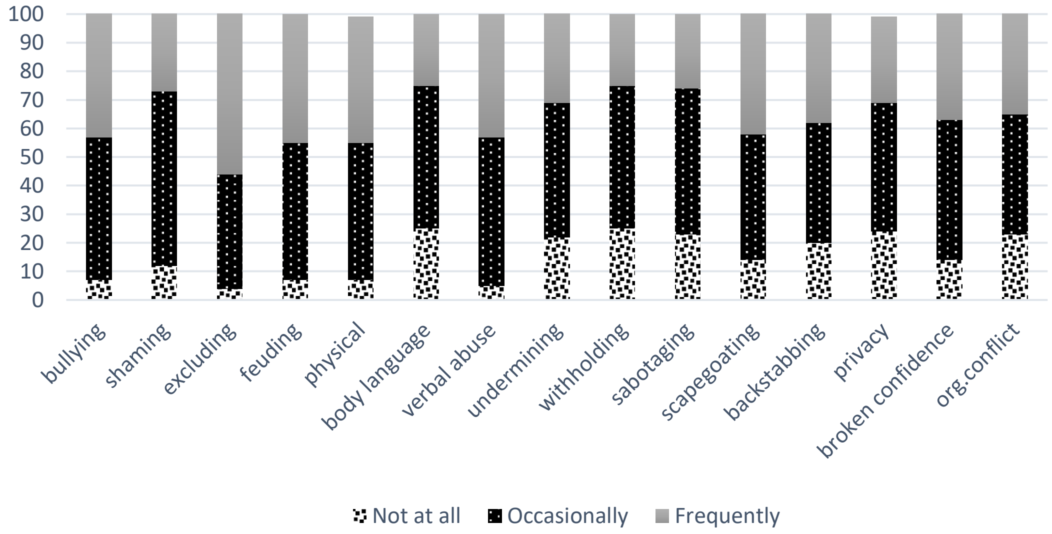

Figure 6.14. Q13–27: Number of times behaviours witnessed or experienced by participants in their community (percentage) (N=172).

All behaviours were witnessed by participants at least occasionally, with ‘community exclusion’ the most common behaviour, and ‘withholding information’ the least common. All the negative behaviours were witnessed or experienced more than occasionally, as demonstrated in Table 6.6. A mean score greater than 2 for a behaviour indicates that behaviour is witnessed more than occasionally. A mean score less than 2 means that behaviour is seen less than occasionally.

Table 6.6

Mean amount of times behaviours were witnessed or experienced (from most –least common)

Behaviour:	*Mean*	*SD*
Being excluded	2.5	0.57
Bullying	2.4	0.6
Family feuding	2.4	0.61
Verbal abuse	2.4	0.59
Shaming	2.4	0.61
Physical violence	2.3	0.68
Scapegoating	2.3	0.69
Backstabbing	2.2	0.74
Broken confidences	2.2	0.68
Undermining	2.1	0.73
Privacy	2.1	0.74
Organisational conflict	2.1	0.76
Offensive body language	2	0.71
Withhold information	2	0.71
Sabotage	2	0.71

Note: Mean= mean number of times participant experienced that behaviour on a 1–5 Likert scale; SD= Standard Deviation (N=172).

6.3.15 Q28: Frequency of unfair treatment

Participants were asked if they were ever treated unfairly in their community, with 8% (*n*=14) reporting that they were never treated unfairly, 26% (*n*=45) that they were hardly ever treated unfairly, 50% (*n*=86) that they sometimes were, 10% (*n*=17) that they often were, and 6% (*n*=10) that they were very often treated unfairly (see Figure 6.15).

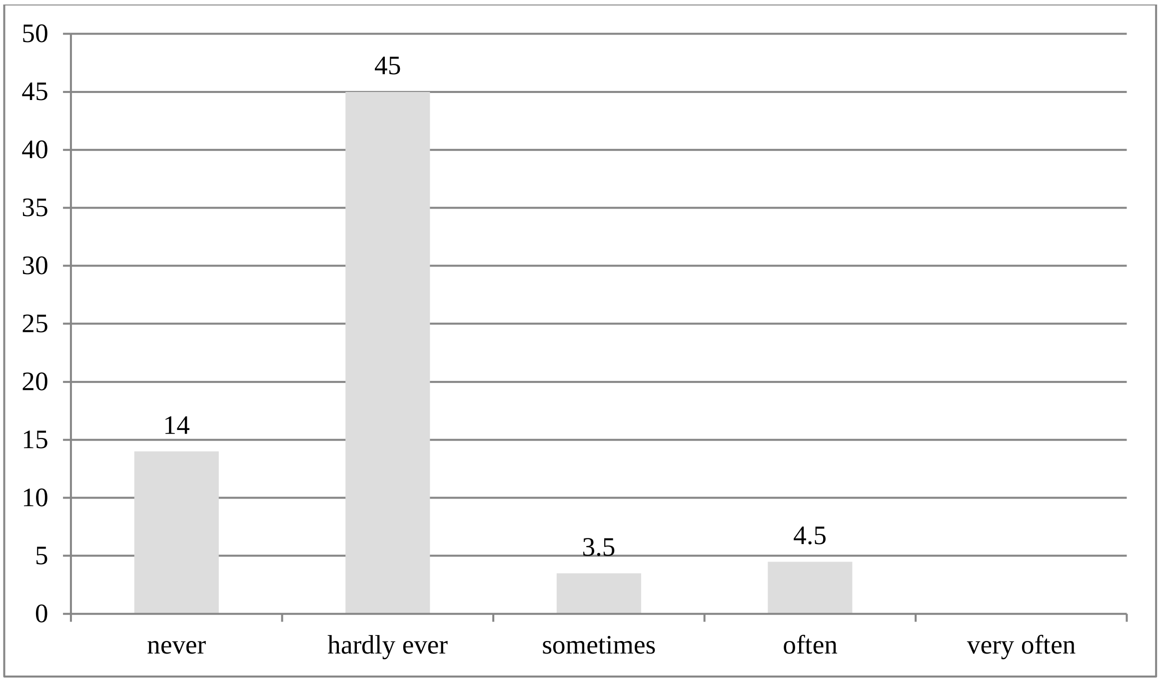

Figure 6.15. Percentage of participants who believe they are treated unfairly in their Indigenous community (N=172).

6.3.16 Q29–39: Participants' responses to being treated unfairly

Questions 29-39 asked participants to rate their responses to being treated unfairly by their community. The behaviours participants were asked to consider included: ignore it, forget about it or accept it as a fact of life; try to avoid it in the future; try to change the way you are or things you do so it won't happen again; try to do something about the people who did it or the situation in which it happened; talk to other people like family or friends about it, or write, draw, sing or paint about it; keep it to yourself; feel ashamed, humiliated, anxious or fearful; feel angry, annoyed or frustrated; feel amused, or sorry for the person(s) who did it; get a headache, an upset stomach, tensing of your muscles, or a pounding heart; and/or payback (retaliate) the person(s) who mistreated you.

The most common responses for perceptions of being treated unfairly were that participants would often or very often feel angry, annoyed or frustrated, (55%, *n*=95), feel ashamed, humiliated, anxious or fearful (54%, *n*=93); or would change something about themselves (48%, *n*=82); 49% (*n*=85) of participants stated that would avoid the circumstances/persons around that behaviour; and 42% (*n*=73) would talk, sing, or write about it. Responses reported as never, or hardly ever, were retaliation or payback (54%, *n*=93); participants were not likely to 'do something about it' (52%, *n*=90); but they were also not likely to ignore or forget about, or accept unfair treatment (42%, *n*=72).

Expressing the participants' responses as percentages demonstrates the spread across the reactions to being treated unfairly (see Figure 6.16).

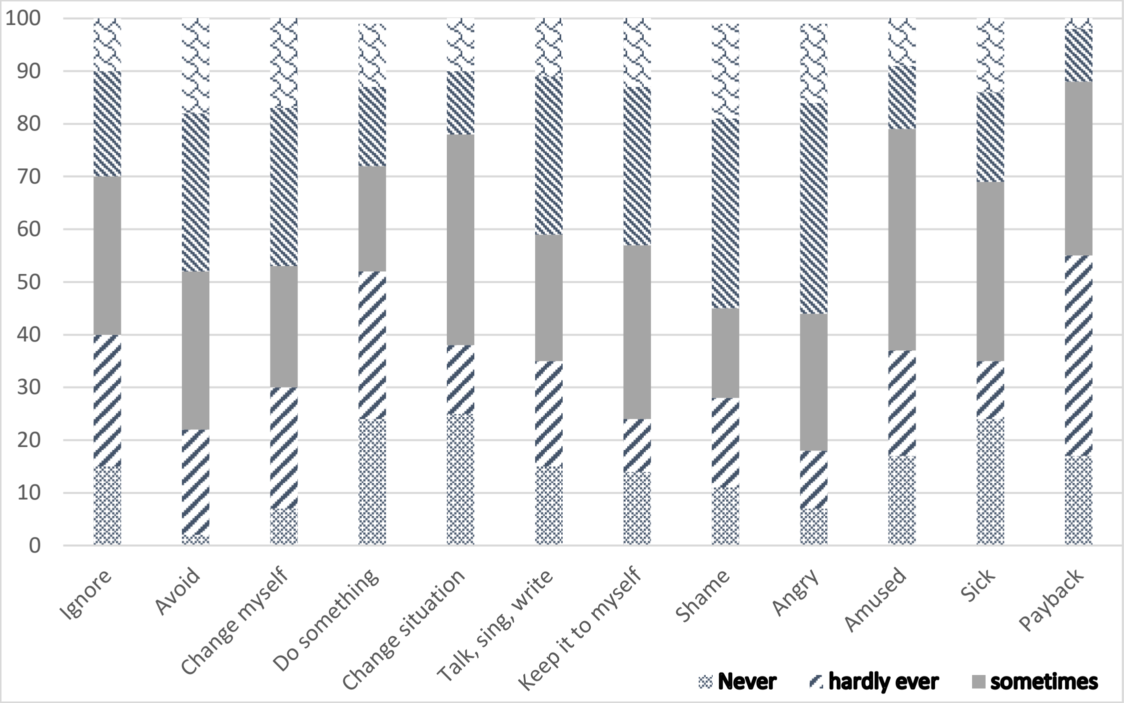

Figure 6.16. Q29–39: When/if you are treated unfairly in your community by other Aboriginal and Torres Strait Islander people how often do you... (N=172).

6.3.17 Q 39a: Participants' perceived level of community inclusion

Participants were invited to score their perceived level of inclusion in their community, with 1 being the centre, and 5 being on the fringes of the community, with 10.5% (*n*=18) scoring 1, and considering themselves to be at the centre of their community; 20% (*n*=35); scored level 2; 37% (*n*=64) scored level 3; 19% (*n*=32) scored level 4; and 13% (*n*=23) scored on the fringes at level 5 (see Figure 6.17).

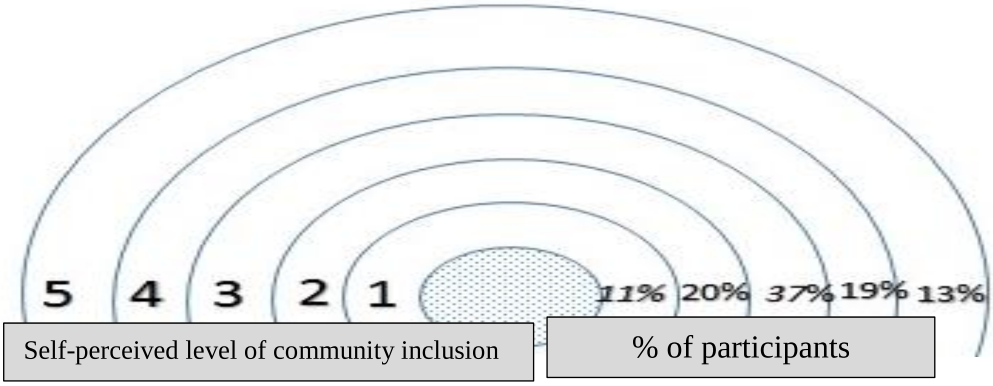

Figure 6.17. Participant's perceived level of community inclusion, with 1 being the centre of the community, and 5 being the furthest from the centre (N=172).

6.3.18 Q40–49: Participants' score on the K10 test

Participants completed the K10 test for psychological distress. As per the protocol for scoring the K10, each participant's score was aggregated and then categorised into low, moderate, high, and very high scores, using the ABS' rubric (see Table 6.7).

Table 6.7

Q40–49 K10 score groupings and categorisation

K10 Total Scores	Rating	Level of Psychological Distress
10–15	Low	The score indicates that the client or patient may currently not be experiencing significant feelings of distress
16–21	Moderate	The client or patient may be experiencing mild levels of distress consistent with a diagnosis of a mild depression and/or anxiety disorder.
22–29	High	The client or patient may be experiencing moderate levels of distress consistent with a diagnosis of a moderate depression and/or anxiety disorder.
30–50	Very high	The client or patient may be experiencing severe levels of distress consistent with a diagnosis of a severe depression and/or anxiety disorder.

Note: Adapted from Australian Bureau of Statistics (2012). Copyright (2012) Australian Bureau of Statistics.

The results for the participants were that 22% (*n*=38) scored low, 13% (*n*=22) scored moderate, 36% (*n*=62) scored high, and 30% (*n*=50) scored very high levels of psychological distress (see Figure 6.18). The mean K10 score was 24.3 (*M=24.3,* SD 8.84, LCI=15.5, UCI= 33.5), meaning the average level of psychological distress in all three communities was 'high'.

6.3.19 Conclusion of descriptive analysis section

Descriptive analyses of research allow identification of patterns in the data. Creating pictorial representations of the data also allows for interpretation of the data, looking for outliers, normal distributions. Each question of the survey underwent descriptive analysis that will allow for interpretation of the research results, described below.

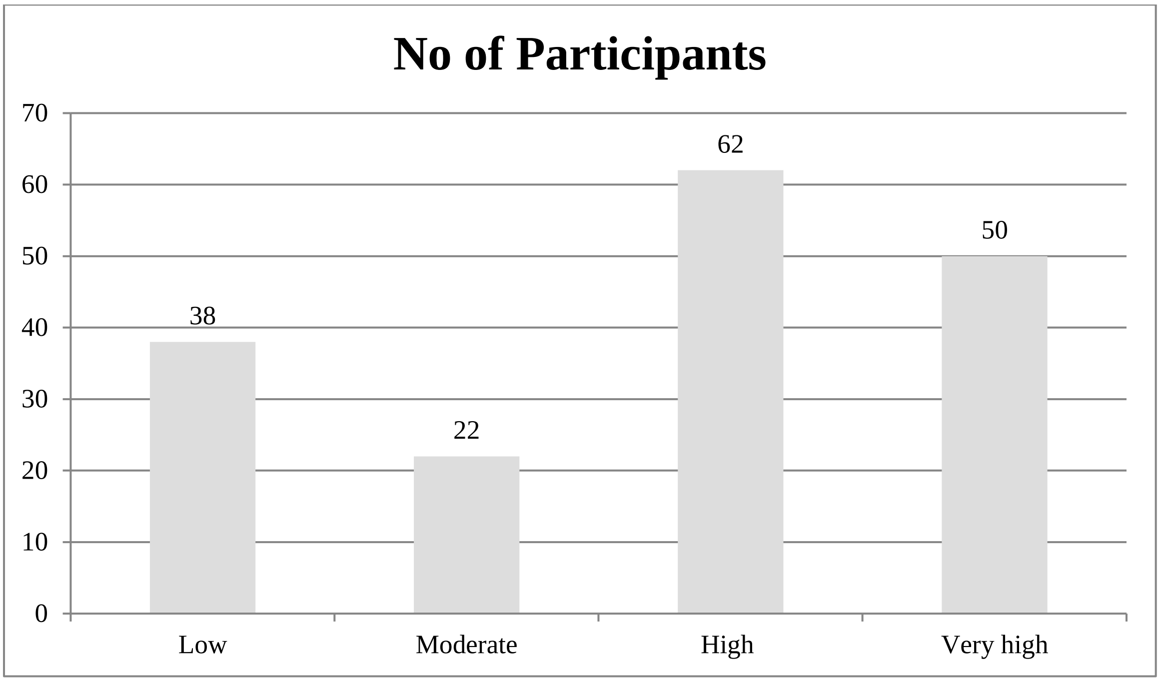

Figure 6.18. Participants' levels of psychological distress with raw scores categorised into low, moderate, high and very high (N=172). Adapted from Australian Bureau of Statistics (2012). Copyright (2012) Australian Bureau of Statistics.

6.4 Interpretive results

Interpreting quantitative results is a scientific process, but also considers 'value judgements' (Punch, 2013, p.44). A researcher decides on the variables to consider, and therefore there is a risk that data only important to the researcher will be considered (Onwuegbuzie & Corrigan, 2014). Added to the ethical positioning of data is that 'correlation does not equal causation' (Retherford & Choe, 2011, p. 40). Therefore, interpretive analysis for this thesis will consider all the variables of the questionnaire, with emphasis on their predictability of the K10 scores, and report the significant and non-significant interactions, with the understanding that results will be predictive and/or explanatory, but not causative.

6.4.1 Participant demographics: age, gender, community site

The demographics of participants were compared to the K10 to discern the impact or influence that gender, age, site, and/or indigeneity had on psychological distress. Using Cohen's (1988) guidelines,[77] the relationships between age, gender, site, and indigeneity

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[77] 77 Cohen's guidelines (1988)

Coefficient Value	Strength of Association
0.1 < | r | < .3	small correlation
0.3 < | r | < .5	medium/moderate correlation
| r | > .5	large/strong correlation

on the K10 are considered to be weak, with no one variable being able to determine more than 8% of the K10 score. This means that other variables must account for the K10 scores (see Table 6.8).

Table 6.8

Model summary of demographics and K10

		Age	*K10*	*site*	*Gender*	*Indigeneity*
Age	Pearson Correlation	1	.065	.081	.013	.073
	Sig. (2-tailed)		.398	.289	.868	.341
	N		172	172	172	172
K10	Pearson Correlation		1	.064	.018	.141
	Sig. (2-tailed)			.407	.813	.066
	N			172	172	172
Site	Pearson Correlation			1	.046	-.082
	Sig. (2-tailed)				.545	.283
	N				172	172
Gender	Pearson Correlation				1	.026
	Sig. (2-tailed)					.731
	N					172
Indigeneity						1

Note: K10=Kessler 10, measure of psychological distress; site= participants' community; indigeneity = participant either Aboriginal and/or Torres Strait Islander.

None of the variables of age, gender, site, or Indigeneity significantly predict the K10, so it is other factors and variables that must contribute to the K10 score. The following sections will explore the existence (or otherwise) of correlations between question items and the K10.

6.4.1.1 Summary of demographics and psychological distress statistical test

Age, gender, and place of community have no predictive value of psychological distress.

6.4.2 Q40–49: Feeling accepted and psychological distress

Feeling accepted by a participant's community significantly predicts that participant's psychological distress (K10 score). Data is presented as mean ± standard deviation (see Table 6.9).

Table 6.9

Q2: Q40–49 Feeling accepted and K10

	N	*M*	*SD*	*SE*	*95% L*	*95% U*
Never	6	28.8	8.18	3.341	20.25	37.42
Hardly ever	13	22.0	9.41	2.609	16.32	27.68
Sometimes	73	24.2	8.72	1.020	22.17	26.24
Often	32	23.7	9.03	1.597	20.40	26.91
Very often	48	24.9	8.93	1.289	22.32	27.51
Total	172	24.3	8.84	.674	22.97	25.63

Note: K10=Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower 95% confidence limit; 95% U= upper 95% confidence limit.

A one-way ANOVA was conducted to determine if psychological distress differed with participants' perception of being accepted by their community. Participants were classified into five groups: never (*n* =6), hardly ever (*n* = 13), sometimes (*n* =73), often (*n*=32) and very often (*n* = 48). There were no outliers, as assessed by boxplots; data was normally distributed for each group, as assessed by Shapiro-Wilk test (p > .05). K10 scores were statistically significantly different between different levels of perceived acceptance, $F(4,167) = .712$, $p <.05$, $\omega^2 = 0.702$. Bonferroni post-hoc analysis revealed that the K10 score decrease from *never* to *hardly ever* (6.83, 95% CI (.62 to 19.29) was statistically significant (p <0.05). This demonstrates that participants who 'never' felt accepted had very high PD (*M*=K10 28.83, *SD*= 8.183). Community acceptance did not explain the level of PD in the other conditions (see Table 6.10).

Table 6.10

Q2: Q40–49 Model summary of feeling accepted of and K10

	Sum of Squares	*df*	*Mean Square*	*F*	*p*
Between groups	224.241	4	56.060	.712	.312
Within groups	13141.637	167	78.692		
Total	13365.878	171			

Note: Groups= participants' level of feeling accepted; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

6.4.2.1 Summary of feeling accepted and psychological distress statistical test

Never feeling accepted by community is associated with higher psychological distress scores, but does not significantly predict the K10 in other conditions.

6.4.3 Q3: Q40–49: Feeling good about being Aboriginal/Torres Strait Islander and K10

There is significant correlation between *feeling good about being Indigenous* and participant's *psychological distress* (K10 score). Participants who never feel good about their status as Aboriginal/Torres Strait Islander scored very high on the K10 (M=29, SD=5.65) indicating high levels of psychological distress. A one-way ANOVA was conducted to determine if psychological distress differed with participants' positivity towards their indigeneity. Data is presented as mean ± standard deviation (see Table 6.11).

Table 6.11

Q3: Q40–49 Participants' K10 scores as related to positive perception of indigeneity

	N	*M*	*SD*	*SE*	*95%L*	*95%U*
never	2	29.0	5.66	4.000	21.82	34.82
hardly ever	10	23.5	8.07	2.553	17.73	29.27
sometimes	30	23.7	10.08	1.840	19.97	27.50
often	44	24.4	8.93	1.346	21.67	27.10
very often	86	24.4	8.62	.929	22.58	26.28
Total	172	24.3	8.84	.674	22.97	25.63

Note: K10=Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

Participants were classified into five groups: never (*n* =2), hardly ever (*n* = 10), sometimes (*n* =30), often (*n*=44) and very often (*n*= 86). There were no outliers, as assessed by boxplots; data was normally distributed for each group, as assessed by Shapiro-Wilk test (p > .05). Kessler 10 scores were not statistically significantly different between different levels of positivity towards participants' indigeneity, [F (4,167) = .195, p < .5, ω2 = 0.863]. Games-Howell post-hoc analysis revealed that the mean K10 score decrease from never to hardly ever (5.50, 95% CI [-32.23 to 43.23]) was not statistically significant (p=.04). A model summary was prepared to review the significance of positive perception of a participant's indigeneity on psychological distress (See Table 6.12). The insignificance was likely fostered by widely unequal sample sizes.

Table 6.12

Q3: Q40–49 Model summary of positive perception and K10

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Between groups	61.998	4	15.500	.195	.94
Within groups	13303.880	167	79.664		
Total	13365.878	171			

Note: Groups= participants' level of feeling positive about their indigeneity; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

6.4.3.1 Summary of feeling good about being Indigenous and psychological distress statistical test

Feeling good about one's indigeneity does not significantly predict PD, although 'never' feeling good about being Indigenous is associated with 'high' levels of PD.

6.4.4 Q4: Q40–49: Do you believe that other Australians think they are better than you and K10

Only one participant scored 'never' for perceiving that other Australians think they are better than Aboriginal/Torres Strait Islanders. This participant had a low score (10) on the K10, meaning this participant did not have any psychological distress. Participants who scored hardly ever, sometimes, often and very often for this question had no significant difference on the K10 score. Data is presented as mean ± standard deviation (see Table 6.13).

Table 6.13

Q4: Q40–49 Other Australians thinking and K10

	N	*M(K10)*	*SD*	*SE*	*95% L*	*95% U*
Never	1	10.0				
Hardly ever	22	24.5	9.60	2.046	20.25	28.75
Sometimes	22	23.7	8.63	1.840	19.85	27.51
Often	29	25.9	9.66	1.794	22.22	29.57
Very often	98	24.1	8.47	.856	22.36	25.76
Total	172	24.3	8.84	.674	22.97	25.63

Note: M(K10)= Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

The mean score for this item was 'often' (*M*= 4.17, *SD*= 1.11). A one-way ANOVA was conducted to determine if the considering of other Australians were better than

Indigenous peoples increased or decreased the K10. There were no outliers, as assessed by boxplot; and the assumption of homogeneity of variances was violated, as assessed by Levene's test of homogeneity of variances ($p < .20$).[78]

6.4.4.1 *Summary of other Australians think they are better than participant and psychological distress statistical test*

Although not statistically significant due to small numbers, there was a non-significant trend suggesting that 'never' perceiving that other Australians think they are better than Aboriginal/Torres Strait Islanders was associated with low levels of psychological distress.

6.4.5 Q5: Q40–49: How often do you think about being Aboriginal and/or Torres Strait Islander and K10

There was a significant correlation between *thinking about being Aboriginal and/or Torres Strait Islander* and participants' *psychological distress* (K10 score). Data is presented as mean ± standard deviation (see Table 6.14). Participants who *often* thought about being Aboriginal and/or Torres Strait Islander scored the lowest K10 (*M* =20.59, *SD*=7.83).

Table 6.14

Q5:Q40–49 Thinking about being Aboriginal and/or Torres Strait Islander and K10 scores

	N	*M(K10)*	*SD*	*SE*	*95% L*	*95% U*
Never	10	24.2	11.38	3.599	16.06	32.34
Hardly ever	43	24.5	9.98	1.521	21.46	27.61
Sometimes	58	25.6	8.55	1.122	23.37	27.87
Often	17	20.6	7.84	1.900	16.56	24.62
Very often	44	23.8	7.66	1.155	21.44	26.10
Total	172	24.3	8.84	.674	22.97	25.63

Note: MK10=Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

A one-way ANOVA was conducted to determine if the amount of times participants thought about being Aboriginal and/or Torres Strait Islander increased or decreased the Kessler 10. There were no outliers, as assessed by boxplots; and there was homogeneity of variances, as assessed by Levene's test of homogeneity of variances ($p > .135$). The

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[78] Post-hoc tests were not available due to the category with only one participant.

Kessler 10 score was statistically significantly different between different categories, *F*(4,167) = 1.123, *p* < .05. (see Table 6.15).

Table 6.15

Q5: Q40–49 Model summary of thinking about Aboriginal and/or Torres Strait Islander and K10

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Between groups	350.080	4	87.520	1.123	.0347
Within groups	13015.798	167	77.939		
Total	13365.878	171			

Note: Groups= participants' level of thinking about one's indigeneity; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

Tukey post-hoc analysis was performed (due to unequal group sizes) to check in the integrity of the *F* statistic in the ANOVA, and revealed that the decrease from 'never' to 'often' (3.612, 95% CI [-13.31 to 6.09]) was *not* statistically significant, (even though *p* = .035), and 'never' to 'sometimes' (-1.421, 95% CI [-9.76 to 6.92]), as both confidence intervals capture zero.

6.4.5.1 Summary of frequency of thinking about one's indigeneity and the psychological distress statistical test

Thinking about one's indigeneity 'often' is a protective factor of PD, but still scores a moderated level of PD, and 'never' thinking about being Indigenous is associated with low K10 scores.

6.4.6 Q6: Q40–49 Do people that you mix with know you are Aboriginal and/or Torres Strait Islander and K10

Being recognised as Aboriginal and/or Torres Strait Islander when a participant mixes with others is correlated with a protective impact upon psychological distress. Data is presented as mean ± standard deviation. Participants who scored 'never' when asked if other people know they are Aboriginal and/or Torres Strait Islander scored the highest Kessler 10 (*M* =26.17, *SD*=6.64) (See Table 6.16), meaning not being considered as 'Indigenous' is correlated to psychological distress.

Table 6.16

Q6: Q40–49 Mixing with people who know I am Aboriginal and/or Torres Strait Islander

	N	*M(K10)*	*SD*	*SE*	*95% L*	*95% U*
Never	6	26.2	6.65	2.713	19.19	33.14
Hardly ever	39	24.6	9.27	1.484	21.64	27.65
Sometimes	52	24.5	8.59	1.192	22.07	26.85
Often	30	23.0	8.51	1.553	19.79	26.14
Very often	45	24.4	9.46	1.409	21.60	27.28
Total	172	24.3	8.84	.674	22.97	25.63

Note: MK10=Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

A one-way ANOVA was conducted to determine if the having the people one mixes with know about a participant's indigeneity significantly changed the K10 score. There were no outliers, as assessed by boxplots; and there was homogeneity of variances, as assessed by Levene's test of homogeneity of variances (p = .941). The K10 score was not statistically significantly different between different categories, F (4,167) = .255, p > .05 (see Table 6.17).

Table 6.17

Q6: Q40–49 Model summary of people knowing participants' indigeneity and K10

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Between groups	81.069	4	20.267	.255	.906
Within groups	13284.809	167	79.550		
Total	13365.878	171			

Note: Groups= participants' being recognised as Indigenous; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

6.4.6.1 Summary of being considered as Indigenous and level of psychological distress statistical test

Being recognised as Indigenous by the people the participants mix with has no predictive value on a lower score on psychological distress, although 'never' being recognised is associated with a higher K10 score.

6.4.7. Q7: Q40–49: Do people that you meet for the first time know that you are Aboriginal and/or Torres Strait Islander, and K10

Not being recognised on first impression as Aboriginal and/or Torres Strait Islander was *not* correlated with an increased K10 score. Data is presented as mean ± standard deviation (see Table 6.18). Participants who scored 'never' when asked if other people know they are Aboriginal and/or Torres Strait Islander on first impression scored the lowest Kessler 10 (*M* =22.50 *SD*=16.26).

Table 6.18

Q7: Q40–49 People I meet for the first time know I am an Aboriginal and/or Torres Strait Islander person

	N	*M(K10)*	*SD*	*SE*	*95% L*	*95% U*
Never	2	22.5	16.26	11.50	123.62	168.62
Hardly ever	39	24.3	9.09	1.455	21.28	27.18
Sometimes	54	24.6	8.10	1.103	22.38	26.80
Often	28	24.4	10.29	1.944	20.44	28.42
Very often	49	24.0	8.67	1.239	21.53	26.51
Total	172	24.3	8.84	.674	22.97	25.63

Note: K10=Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval

A one-way ANOVA was conducted to determine if the having the people one meets for the first time know about a participant's indigeneity significantly changed the K10. There were no outliers, as assessed by boxplots; and there was homogeneity of variance, as assessed by Levene's test of homogeneity of variances (p = .242). The K10 score was statistically significantly different between different categories, F (4,167) = .049, $p < .05$ (see Table 6.19).

Table 6.19

Q7: Q40–49 Model summary of people knowing participants' indigeneity at first meeting and K10

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Between groups	15.581	4	3.895	.049	.049
Within groups	13350.297	167	79.942		
Total	13365.878	171			

Note: Groups= participants' perception of being recognised as Indigenous at first meeting; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

Tukey post-hoc analysis (uneven group sizes) revealed that the increase from '*never*' to '*hardly ever'* and '*often*' (3.612, 95% CI [-13.31 to 6.09]) was statistically significant (p = .049), and '*never*' to '*sometimes*' (-1.421, 95% CI [-9.76 to 6.92]). Other categories did not change significantly. However, the differences in category sizes suggests caution in interpreting the results, as measures of central tendency become less reliable with smaller population sizes, and the confidence intervals both go through zero.

6.4.7.1 Summary of being recognised as manifestly Indigenous and level of psychological distress statistical test

Not being recognised as being Indigenous by others when first introduced to the participant may predict a lower level of psychological distress.

6.4.8 Q8: Q40–49: Reasons why participants were identified as Aboriginal and/or Torres Strait Islander by others at first meeting and K10

Participants were asked to consider if people meeting them recognised their identity because they looked manifestly Indigenous, were in an Indigenous setting, were with other Indigenous people, or wearing Indigenous signifiers (clothes, jewellery, colours). Due to the small and uneven sizes in the sub-populations in the answers, it was not possible to find any significance between groups. There was a small difference in the K10 between participants who perceived that other people considered the participants to be manifestly Indigenous (see Table 6.20), but is not statistically significant. Data is presented as mean ± standard deviation. Participants who scored ‘no’ for looking manifestly Indigenous scored the lowest K10 (*M* =24.15 *SD*=8.94).

Table 6.20

Q8: Q40–49 Model summary of looking manifestly Indigenous and K10

	N	*M(K10)*	*SD*	*SE*	*95%L*	*95%U*
No	128	24.2	8.95	.791	22.58	25.71
Yes	44	24.7	8.61	1.299	22.11	27.35
Total	172	24.3	8.84	.674	22.97	25.63

Note: MK10=Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95% L= lower confidence interval; 95% U= upper confidence interval.

6.4.8.1 Summary of reasons participants were able to be identified as Indigenous, and level of psychological distress statistical test

No difference between conditions could be discerned. Perhaps not looking manifestly Indigenous may be a protective factor against psychological distress correlated with *social* inclusion, but a risk factor for *community* inclusion, but that is not statistically demonstrated here.

6.4.9 Q9: Q40–49: Age participants ‘knew’ they were Aboriginal and/or Torres Strait Islander and K10

The majority of participants ‘knew’ they were Indigenous in or before primary age (*n*=101). Data is presented as mean ± standard deviation (see Table 6.21). Participants who ‘found out’ they were Indigenous in their 40s or 50s scored lower on the K10.

Table 6.21

Q9:Q40–49 Age at which I knew I was Indigenous

	N	*M(K10)*	*SD*	*SE*	*95%CI(L)*	*95%CI (U)*
0-10	101	25.0	9.02	.898	23.21	26.77
In my teens	33	23.6	9.11	1.585	20.35	26.80
In my 20s	19	25.1	7.20	1.652	21.63	28.58
In my 30s	12	23.3	9.83	2.837	17.01	29.49
In my 40s	3	14.3	3.22	1.856	6.35	22.32
In my 50s	4	19.5	5.00	2.500	11.54	27.46
Total	172	24.3	8.84	.674	22.97	25.63

Note: MK10=Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

A one-way ANOVA was conducted to determine if knowing, or growing up Indigenous had any effect on psychological distress in participants. There were no outliers, as assessed by boxplots; and there was homogeneity of variances, as assessed by Levene's test of homogeneity of variances (*p* = .113). The K10 score was statistically significantly different between different categories, when the majority of participants ‘knew’ they were Indigenous in or before primary age (*n*=101). Data is presented as mean ± standard deviation (see Table 6.22). The results demonstrate that participants who came to know their indigeneity in their 40s had the lowest Kessler 10 (*M*=14.3, *SD*=3.21).

Table 6.22

Q9: Q40–49 Model summary of age I knew I was Indigenous and K10

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Between groups	481.121	5	96.224	1.240	.029
Within groups	12884.757	166	77.619		
Total	13365.878	171			

Note: Groups= participants’ level of knowing when they were Indigenous; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

Not all post-hoc tests were performed due to the small numbers of participants in two of the categories (40s and 50s). However, Tukey post-hoc analysis revealed that the decrease from ‘primary age’ to ‘40s’ (10.6557, 95% CI [4.23 to 25.54]) was statistically significant (*p* = .33). The differences in category sizes require caution in interpretation. These results suggest that growing up looking manifestly Indigenous might be predictive of a measure of PD, or that not being manifestly indigenous is a protective factor for PD that might load on social inclusion rather than community inclusion.

6.4.9.1 Summary of age at which participants ‘knew’ they were Indigenous and level of psychological distress statistical test

The age at which one comes to know their Indigenous status is a reliable predictor of PD, with a lower K10 associated with later (>40 years old) identification.

6.4.10 Q10: Q40–49: Does living on country affect the Kessler 10

The majority of participants were not living on their country (62%, *n*=107). Data is presented as mean ± standard deviation (see Table 6.23).

Table 6.23

Q10:Q40–49 ‘Living on country’ and K10

	N	*M(K10)*	*SD*	*SE*	*95%CI(L)*	*95%CI (U)*
Yes	26	23.1	8.13	1.594	19.83	26.40
Don’t know	32	23.4	8.31	1.469	20.47	26.46
No	107	24.9	9.02	.872	23.23	26.69
Prefer not to answer	7	22.2	11.72	4.428	11.45	33.12
Total	172	24.3	8.84	.674	22.97	25.63

Note: M(K10) =Mean Kessler SD=Standard Deviation; SE= Standard Error of the Mean; CI(L)= Confidence Interval (Lower); CI(U)= Confidence Interval (Upper).

A one-way ANOVA was conducted to determine if *living on country* had any effect on psychological distress in participants. There were no outliers, as assessed by boxplots; and there was homogeneity of variances, as assessed by Levene's test of homogeneity of variances (*p* = .35). There was a significant difference in the living on country condition, with living on country reducing the predicted K10 scores, *F* (3,187) = .050, *p* =.05.

6.4.10.1 Summary of living on country and level of psychological distress statistical test

Living on one’s country predicts a lower level of psychological distress.

6.4.11 Q11: Q40–49: Skin colour of participants as compared to their community and the K10

Approximately half of the participants perceived themselves to have the same skin colour as their community (55%, *n*=95). K10 data is presented as mean ± standard deviation (see Table 6.24).

Table 6.24

Q11: Q40–49 Participants' perception of comparative skin colour in their community, compared to K10

	N	*M(K10)*	*SD*	*SE*	*95%CI(L)*	*95%CI (U)*
Fairer	49	24.0	8.82	1.260	21.51	26.57
The same	95	24.4	8.78	.901	22.65	26.23
Darker	28	24.2	9.39	1.774	20.61	27.89
Total	172	24.3	8.84	.674	22.97	25.63

Note: M(K10)=Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

A Pearson product-moment correlation was computed to assess the relationship between the K10 and being the same colour as the community. There was a positive correlation between the two variables [r=.883, n=172, p=.011].

6.4.11.1 Summary of skin colour compared to community and level of psychological distress statistical test

Overall, there was a moderately strong correlation between having the same skin colour and the K10. Being the same skin colour correlated with a lower PD.

6.4.12 Q12: Q40–49: Does skin colour predict psychological distress?

Participants compared the colour of their skin on the inside of their forearms to the von Luschan arm drawing in the questionnaire, and chose the numbered arm that the participant considered best matched their won forearm. Participants were classified into the five vL skin colour groups, from fairest to darkest, or 1 (*n* = 16), 2 (*n* = 37), 3 (*n* = 54), 4 (*n* = 52) and 5 (*n* = 13), with the most chosen answers were '3' and '4', (62%, *n*=106). Fairer participants scoring '1' on the von Luschan scale had a slightly higher K10 score than other participants. Data is presented as mean ± standard deviation (see Table 6.25).

Table 6.25

Q12: Q40–49 Skin colour scores and K10

	N	*M(K10)*	*SD*	*SE*	*95%CI(L)*	*95%CI (U)*
1	16	26.9	9.75	2.437	21.06	31.44
2	37	24.2	9.40	1.545	21.08	27.35
3	54	23.8	8.06	1.097	21.56	25.96
4	52	24.4	8.92	1.237	21.90	26.87
5	13	24.0	9.93	2.753	18.00	30.00
Total	172	24.3	8.84	.674	22.97	25.63

Note: M(K10)= Mean Kessler 10; SD= Standard Deviation; SE= Standard Error; 95%L= lower confidence interval; 95% U= upper confidence interval.

A Pearson product-moment correlation was computed to assess the relationship between the K10 and vL skin colour scores. There was a moderately negative correlation between the two variables [r=-.622, n=172, p=.038].

6.4.12.1 Summary of skin colour and level of psychological distress statistical test

An increase in the vL skin colour score is correlated with a decrease with the K10 scores. This suggests that fairer participants (vL 1 and 2) had more PD than vL 3, 4, or 5, because of the colour of their skin.

6.4.13 Q12: Q13:Q40–49 Skin colour, exclusionary behaviours, and psychological distress

A one-way ANOVA was conducted to determine if the skin colour scores and being bullied significantly predicted the K10 score. There were no outliers, as assessed by boxplots; and there was homogeneity of variance, data was normally distributed for each group. The K10 score was statistically significantly different between different categories, *F* (4,167) = .246, *p* < .05, (see Table 6.26), with participants scoring ‘1’ on the von Luschan skin colour scale, and frequently experiencing exclusionary behaviours having a significantly higher K10 score.

Table 6.26

Q12: Q40–49 Model summary of VL score, exclusionary behaviours, and the effect on K10

	Sum of Squares	*df*	*Mean Square*	*F*	*Sig.*
Between groups	78.430	4	19.607	.246	.032
Within groups	13287.448	167	79.566		
Total	13365.878	171			

Note: Groups= participants’ skin colour; df=degrees of freedom; F= ANOVA test statistic; Sig= significance level.

Tukey post-hoc analysis revealed that the decrease from von Luschan skin colour gradient scale (-2.24, 95% CI [11.44 to 6.94]) was statistically significant (*p* = .032).

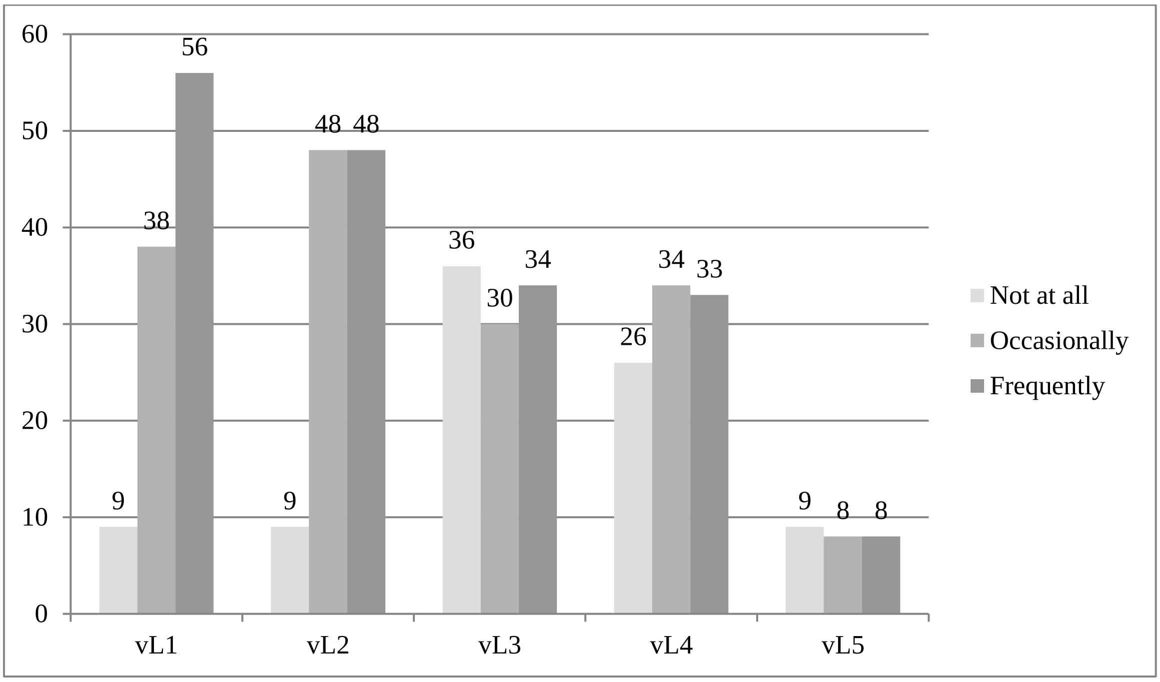

Figure 6.19. Participants' score on von Luschan skin colour scores and frequency of experiencing exclusionary behaviours (N=172. nvL1= 16, nvL37, nvL3=54, nvL4=52, nvL5=13).

6.4.13.1 Summary of vL skin colour and number of episodes of exclusionary behaviours, and PD

Participants with scores of vL1 or 2 witnessed or experienced higher episodes of exclusionary behaviours, and these two conditions were associated with higher PD scores than participants who were vL 3, 4, or 5, and who witnessed fewer episodes of exclusionary behaviours.

6.4.14 Q11: Q40: Does vL skin colour score and perception of position in circle of community inclusion?

Participants considered their place in the community as distance from the perceived centre of the community, as measured in Question 40, with '1' being the centre of community, and '5' being on the outer circle. These positions were considered in relation to the vL scales to explain if skin colour effects centrality in community.

A Pearson's product-moment correlation was run to assess the relationship between vL skin colour scores and perceptions of centrality in the community scores. Preliminary analyses showed the relationship to be linear with both variables normally distributed, as assessed by Shapiro-Wilk's test (*p* > .05), and there were no outliers. There was a moderate positive correlation between vL scores and centrality of community,

$r(.660) = .371$, $n=172$, $p = .034$, with vL scores explaining 14% of the variation in measures of centrality of participants in community.

6.4.14.1 Summary of centrality in community and vL skin colour scores

Participants are positioned in their community as a function of their skin colour, but direction is not demonstrated in this data.

6.4.15 Q28: Q40–49 Does being treated unfairly affect psychological distress?

Participants were asked to score their perception of being treated unfairly by other members of the Indigenous community. A Spearman's rank-order correlation was run to assess the relationship between being treated unfairly and psychological distress. Preliminary analysis showed the relationship to be monotonic,[79] as assessed by visual inspection of a scatterplot. There was a small correlation between being treated unfairly and psychological distress, $r_s(170) = .074$, $p = 0.036$, $p < .05$ (see Table 6.27).

Table 6.27

Correlation between being treated unfairly and psychological distress

			T.Unfair	K10
Spearman’s rho	Treated unfairly	Correlation Coefficient	1.000	.074
		Sig. (2-tailed)	.	. 036
		N	172	172
	K10	Correlation Coefficient	.074	1.000
		Sig. (2-tailed)	.036	.
		N	172	172

Note: T.Unfairly= treated unfairly; K10= Kessler 10

6.4.15.1 Summary of being treated unfairly and level of psychological distress statistical test

Being treated unfairly predicts psychological distress. However, the majority of participants recorded that they were not treated unfairly so this result reflects the small number of participants who responded in the affirmative for this question.

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[79] A monotonic relationship is a relationship that does one of the following: (1) as the value of one variable increases, so does the value of the other variable; or (2) as the value of one variable increases, the other variable value decrease (Field, 2013).

6.4.16 Q39a: Q40–49 Self-perceived community inclusion and psychological distress

Participants were asked to score their perception of their level of being included in their Indigenous community. A Spearman's rank-order correlation was run to assess the relationship between being perceptions of community inclusion and psychological distress. Preliminary analysis showed the relationship to be monotonic, as assessed by visual inspection of a scatterplot. There was a positive correlation between being excluded in the community and psychological distress, $r_s(170) = .097$, p= .027, p < .05 (see Table 6.28).

Table 6.28

Correlation between community inclusion and psychological distress

			K10	Community Inclusion
Spearman's rho	K10	Correlation Coefficient	1.000	.097
		Sig. (2-tailed)	.	.027
		N	172	172
	Community Inclusion	Correlation Coefficient	.097	1.000
		Sig. (2-tailed)	.027	.
		N	172	172

Note: Community Inclusion= perceived level of inclusion in one's community; K10=Kessler 10

6.4.16.1 Summary of being treated unfairly and level of psychological distress statistical test

Participants who felt they were treated unfairly were likely to score higher on psychological distress.

6.4.17 Q10: Q39a Is there an association between living on country and perceived level of community inclusion

A Chi-squared test (as one variable is ordinal and the other is nominal) was performed to see if living on country predicted feeling accepted by the community. While living on country had a slight protective factor (as above) for psychological distress, *no*t living on country strongly predicted *not* feeling accepted in community, X^2 (12) =12.55, p=.0402 as demonstrated in Table 6.23, with φ = 0.270, p = .040.

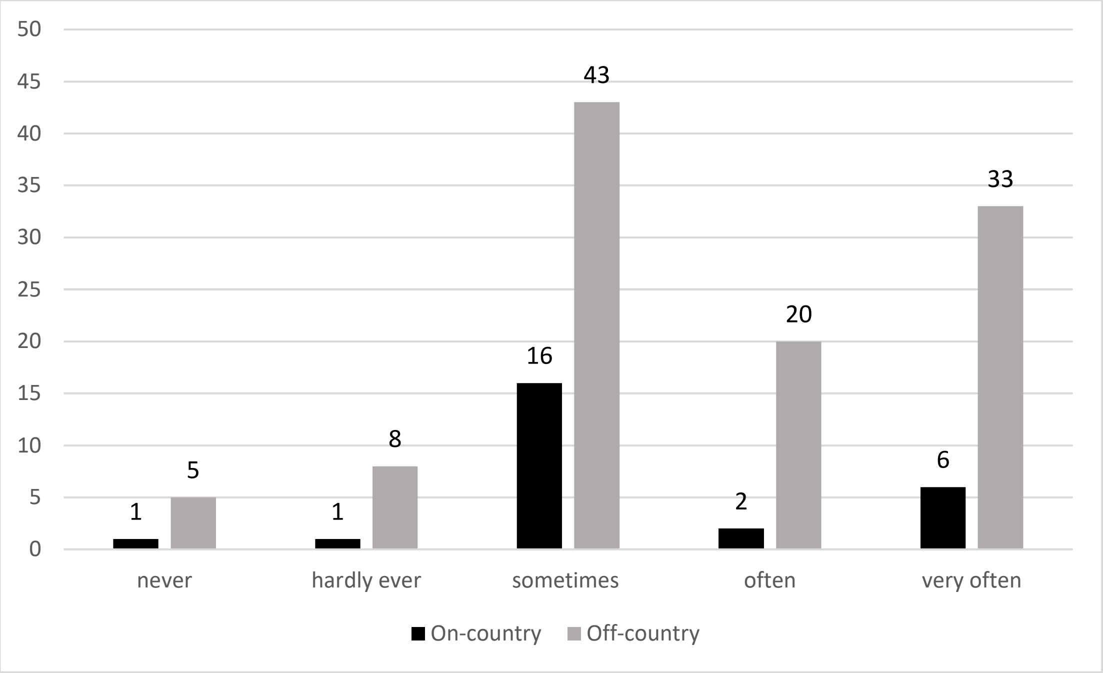

Figure 6.20. Living on country and feelings of acceptance by community, with number of participants in each condition (N=172).

6.4.17.1 Summary of living on country and psychological distress

Living on one's country protects against psychological distress, and trends indicate that it increases the chance of community inclusion.

6.4.18 Q39a: Q40–49 Participants' perceived level of community inclusion and psychological distress.

The amount of psychological distress was high for participants who placed themselves in the centre of their community, that is, scored a 1, (*M*=23.78, *SD*=8.3), then decreased for the participants who scored 2 (*M*= 21.91, *SD*=10.32), increased for a score of 3 (*M*=24.48, *SD* = 7.79), participants on the periphery of their community at 4 scored the highest Kessler 10 (*M*=28.31, *SD*=9.24) while the K 10 scores decreased again for participants who scored 5, or the outer limits of their community (*M*=22.22, *SD*=7.65) (see Figure 6.21).

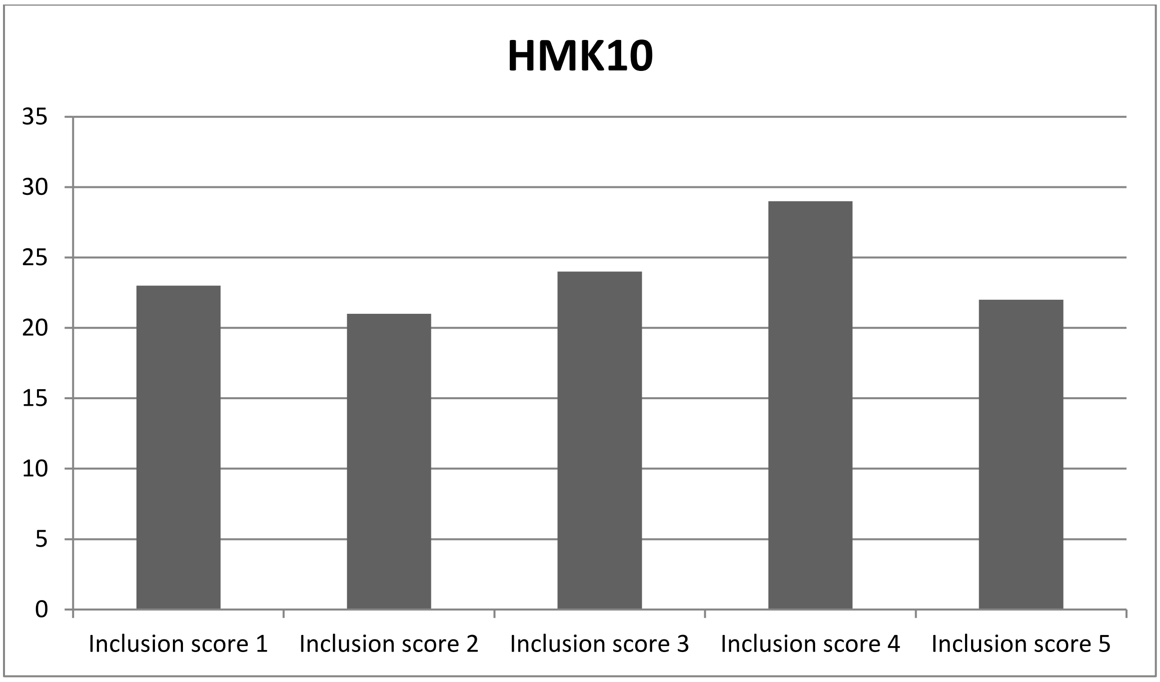

Figure 6.21. MK10 (harmonic) scores over Community inclusion scores. MK10=Harmonic mean K10 scores; Community inclusion scores = 1 as the centre of the circle of inclusion, with 5 on the periphery of the circle of inclusion (N=172).

There was homogeneity of variances, as assessed by Levene's Test of Homogeneity of Variance (*p* = .49). The amount of psychological distress (K10) was statistically significantly different between different levels of community inclusion, *F* (4,167) = 2.733, *p* < .05, and can be considered a predictor of psychological distress.

6.4.18.1 Summary of community inclusion and psychological distress statistical test

Perceiving oneself as central to community, and almost on the outer of the community, in both conditions is associated with higher PD than those in the other conditions in the circle of community inclusion. What is not explained is the causative variables for these results – why it is a higher risk to be at the centre and at the periphery needs further investigation.

6.4.19 Q12: Q40–49 Participants' skin colour scores and psychological distress

The amount of psychological distress (K10) was higher for participants who scored 1, or the fairest on the von Luschan skin colour scale (*M*=26.25, *SD*=9.74), then gradually decreased for the participants who scored 2 (*M*= 24.22, *SD*=9.36), increased for a score of 3 (*M*=23.76, *SD* = 8.06) and 4 (*M*=24.38, *SD*=8.9) and decreased again for participants who scored 5, the darkest skin colour choice on the questionnaire (*M*=24.00, *SD*=9.98) (see Figure 6.22).

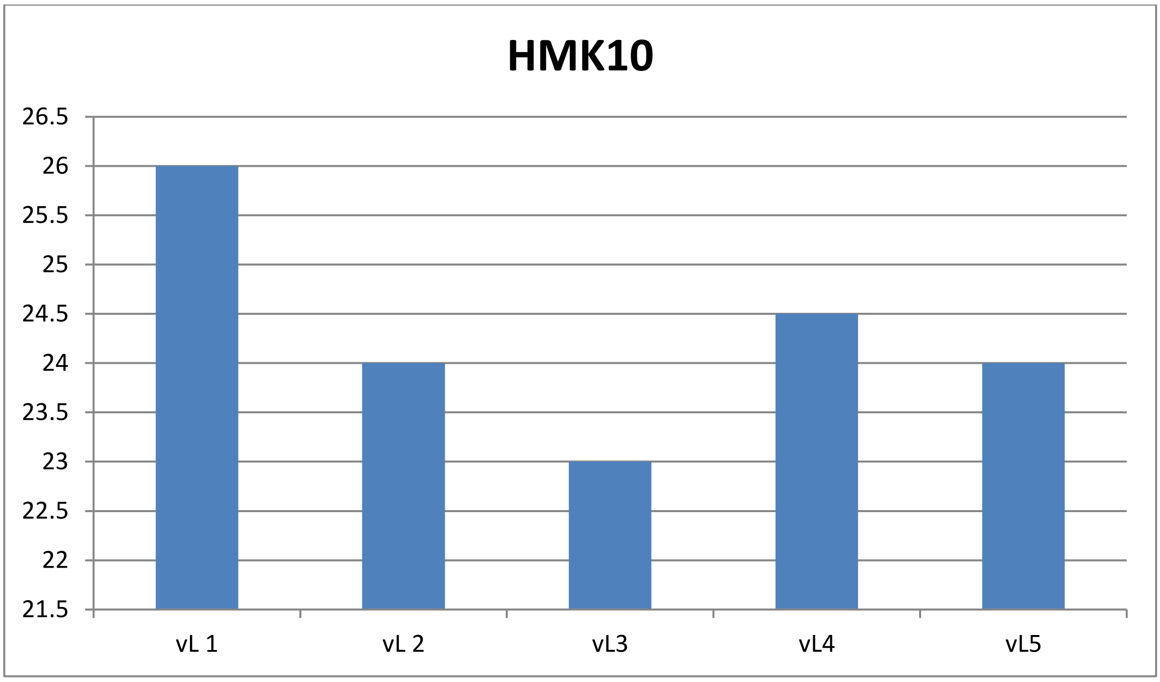

Figure 6.22. MK10 scores (Harmonic) over VL skin colour scores. MK10=Harmonic mean K10 scores; vL skin colour scores (N=172).

An ANOVA was applied to consider the relationship between skin colour and psychological distress. There was a homogeneity of variances, as assessed by Levene's Test of Homogeneity of Variance (p = .325). The K10 was statistically significantly different between participants with scores on the vL skin colour scale (F (4,167) = 2.733, p =0.36, p< .05).

6.4.19.1 Summary of skin colour and psychological distress statistical test

Scoring 1 on the vL skin colour scores is correlated with a higher K10 score than other vL scores, although all harmonic means for PD demonstrate that participants in each of the five skin colours score ‘moderate’ levels of PD.

6.4.20 Q10:Q40–49 Participants’ living on county and psychological distress

There were four choices to participants for the ‘living on country’ question. The ‘prefer not to answer’ option was included in order to ensure confidentiality amongst participants, and to give an alternative to ‘don’t know’ for participants who might have been shamed by stating they did not know their country (see Figure 6.23).

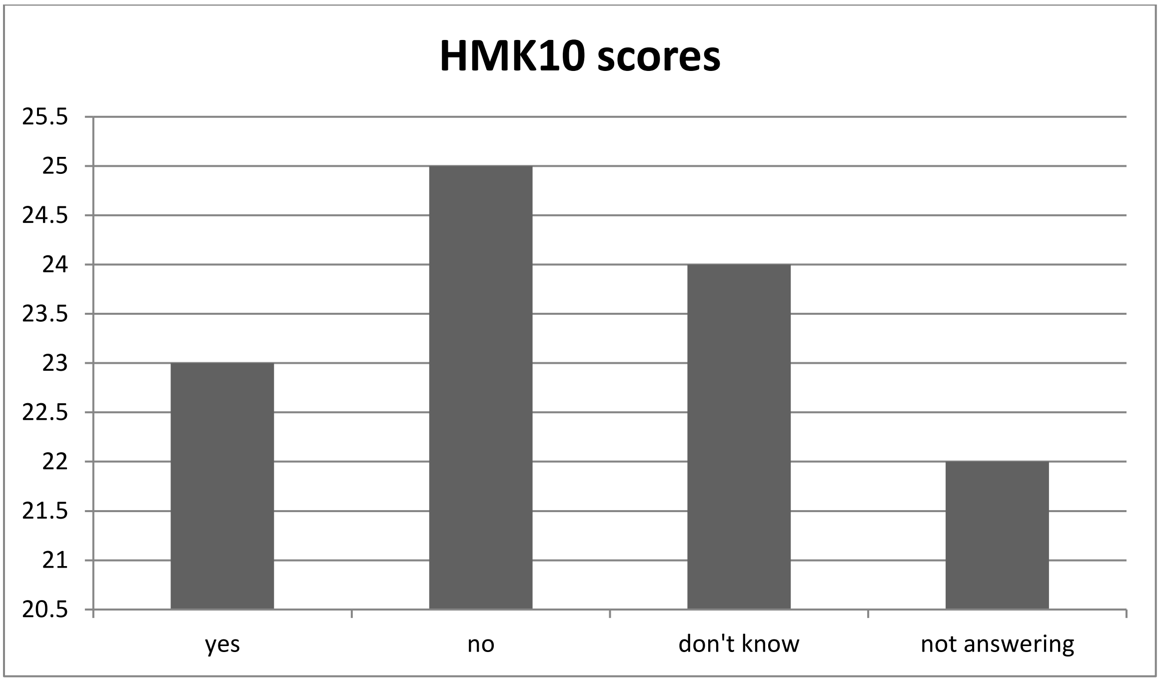

Figure 6.23. MK10 scores (Harmonic) over living on country. MK10=Harmonic mean of K10 scores (N=172).

6.4.20.1 Summary of living on county and psychological distress statistical test

Living on country is associated with lower psychological distress scores. The participants who chose not to answer did not give reasons for not answering.

6.4.21 V1:Q40–49 Exclusionary community behaviour score and psychological distress

To examine the effect of exclusionary community behaviours had on psychological distress, a composite variable was used.[80] The new variable, labelled 'exclusionary community behaviours' was used to calculate a linear regression to understand the effect of being exposed to these behaviours had on the Kessler 10. To assess linearity a scatterplot of perceived community behaviour against average psychological distress with superimposed regression line was plotted. Visual inspection of these two plots indicated a linear relationship between the variables. There was homoscedasticity and normality of the residuals. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.885 (see Table 6.29).

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[80] A composite variable using a simple weighted linear process was created in SPSS by adding, or summing, the unweighted means of each variable then dividing by the number of participants and variables. This ensures the variables are independent of one another.

Table 6.29

V1:Q40–49 Model summary of exclusionary community behaviours and K10

Model	*R*	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*	*Durbin-Watson*
1	.550[a]	.302	.297	.525	1.635

a. Predictors: (Constant), community behaviour
b. Dependent Variable: K10

This means that witnessing exclusionary behaviours in a community accounted for 29.7% of the variation in K10, which is a medium size effect according to Cohen (1968). PDA linear regression established that experiencing or witnessing exclusionary community behaviours could statistically significantly predict psychological distress on the K10 score, F(1, 170) = .513, p < .05, The regression equation was: predicted psychological distress (K10) = 20.414 + 1.753 x (exclusionary community behaviours score). For example, a participant with a community behaviour score of 2.3, would predict a score on the K10 = 20.414+(1.753*2.3) =24.45, which is a high score. This demonstrates a positive correlation between exclusionary community behaviours and psychological distress (See Table 6.30).

Table 6.30

V1: Q40–49 Regression of model of K10 and exclusionary community behaviours

Model	*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
Regression	40.192	1	40.192	.513	.047[b]
Residual	13325.686	170	78.386		
Total	13365.878	171			

a. Dependent Variable: K10
b. Predictors: (Constant), community behaviour

There was homogeneity of variances, as assessed by Levene's Test of Homogeneity of Variance (*p* = .141). The amount of psychological distress (K10) was statistically significantly different between different levels of community inclusion, *F* (4,167) = 2.733, *p* =.047, *p*< .05.

6.4.21.1 Summary of exclusionary behaviours and psychological distress

Reducing the data to one variable labelled *exclusionary behaviours* and correlating this with the K10 demonstrated the strong association between psychological distress and witnessing or experiencing negative community behaviours.

6.4.22 Feeling accepted by the community and vL scores

The fourth hypothesis is that skin colour permissions community inclusion. A Pearson's product-moment correlation was run to assess the relationship between vL scores (skin colour) and feeling included in the community. Preliminary analyses showed the relationship to be linear with both variables normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there were no outliers. There was a moderate positive correlation between vL scores and community inclusion, as in $r(171) = .471$, $p=.023$, $p < .05$.

6.4.23 Conclusion of interpretive analyses section

Statistical analyses of the quantitative data have demonstrated the variables that reliably predict high and low levels of psychological distress (see Table 6.31).

Table 6.31

Summary of predictive factors associated with psychological distress in Indigenous communities.

Predictors of high K10	Living off country/not knowing your country
	Not being accepted by your community
	Living as Indigenous over the life span
	Being fairer or darker than community
	Being very fair
	Not mixing with other Indigenous peoples
	Repeated exposure to exclusionary community behaviours
	(NOT age, gender, site, Indigeneity)

Note: K10=Kessler 10

Interpretive analyses also identified the risk and protective factors of psychological distress in communities (see Table 6.32).

6.5 Testing the statistical model of Bronfenbrenner's ecological social capital model

Bronfenbrenner's ecological social capital model is used to inform this thesis. Bronfenbrenner's model allows a clearer picture to be drawn that demonstrates where the best place for intervention to address psychological distress in Indigenous communities.

Table 6.32

Summary of risk and protective factors for psychological distress in Indigenous communities

Risk factors	Not feeling good about being Indigenous
	Not living on your own country (‘new’ move-ins)
	Looking different to your community
	Repeated, long-term exposure to exclusionary community behaviours
	Adopting negative coping strategies to the above behaviours (including doing nothing)
	Being recognised as Indigenous in mainstream society
	Being bullied, verbally abused, and/or shamed in community
	Feeling excluded from community
Protective factors	Being included in community
	Living on country
	Looking the same as your community
	Being recognisable as ‘Indigenous’ (in community only)
	Having positive coping strategies for exclusionary community behaviours.
	Living as Indigenous from your 30s +
	‘Hanging with the mob’

The placement of the predictors, risks, and protective factors is in concordance with Bronfenbrenner’s four system approach to community processes and the lived experience of participants will be considered statistically and pictorially in the next section. The variables used in the following tests are those that matched to the interview findings, and the categories in Bronfenbrenner’s model.

6.5.1 Bronfenbrenner’s microsystem

The variables that best fit in the first system were Q.s 2, 3, 6, 7 (feeling accepted, feeling good about, people knowing participant is Indigenous, and being recognised as Indigenous). These variables measure participants’ sense of self, or validation of identity in community. To consider these variables, an ANOVA was performed to determine the predictive value of the microsystem, to inform interventions aimed decreasing psychological distress in communities. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.060. There was homoscedasticity, as assessed by visual inspection of a plot of studentised residuals versus unstandardised predicted values (see Table 6.33).

Table 6.33

Unstandardised values of K10 with studentised residuals for microsystem categories

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.634	4	4.908	.061	.993[b]
	Residual	13346.244	167	79.918		
	Total	13365.878	171			

a. Dependent Variable: K10

b. Predictors: (Constant), mixwith, feelgood, feelaccepted, initialimpression

The ANOVA yielded a non-significant result, so the explanation of the levels of PD in participants does not lie in the variables of Bronfenbrenner's microsystem (see Table 6.34).

Table 6.34

The K10 and the variables of the microsystem

	Unstandardised Coefficients		Standardised Coefficients
	B	Std. Error	Beta
K10	24.869	4.870	
initialimpression	-.084	.591	-.011
feelgood	.095	.689	.011
feelaccepted	.055	.636	.007
mixwith	-.259	.575	-.035

Note: K10= Kessler 10; Qs 2, 3, 6, 7; Std. Error: Standard Error.

6.5.1.1 Summary of Bronfenbrenner's microsystem results

The variables that fit best around the individual participants were feeling accepted, feeling good about, people knowing participant is Indigenous, and being recognised as Indigenous. Overall, these variables did not explain the variance in PD, or the K10.

6.5.2 Bronfenbrenner's mesosystem

The variable that best fits Bronfenbrenner's mesosystem is concerned with participants' living on their own county (Q.10). Living on country sits under the mesosystem as it becomes an external validation for participants' identity. Testing already noted that was a significant difference in the living on country condition, with living on country reducing the predicted Kessler 10 scores, *F* (3,187) = .567, *p* <.05 (see Table 6.23).

6.5.2.1 Summary of Bronfenbrenner's mesosystem results

Living on one's country might be code for connection to community. This system predicts PD in all participants.

6.5.3 Bronfenbrenner's exosystem

The variables that are best suited for Bronfenbrenner's exosystem are the variables that permission a participant to feel safe and included in community (Qs 13-28). An ANOVA was conducted to determine the level of psychological distress able to be predicted by the community behaviours, and yielded a significant result for predicting psychological distress from community behaviours, where predicted K10, *F*(15, 156) =1.051, *p*=.041 (See Table 6.35).[81]

Table 6.35

Psychological distress and community behaviours

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	1226.544	15	81.770	1.051	.041^b
	Residual	12139.334	156	77.816		
	Total	13365.878	171			

a. Dependent Variable: K10
b. Predictors: (Constant), orgconflict, bullying, verbal, familyfeuding, brokenconfid, shaming, offensbodylang, culturalexclus, physicalviol, undermining, privacy, withholdinfo, sabotage, scapegoating, backstabbing

The association between negative community behaviours and psychological distress is examined in Table 6.35. This means if a participant scored '2' (or sometimes) on the measure of community behaviours, then the predicted K10, 20.68 + (1.407 x 2) + (1.116 x 2) + (1.254 x 2) + (1.035 x 2) + (.009 x 2) +(.361 x 2) + (1.013 x 2) – (-.404 x 2) – (.256 x 2) + (.391 x 2) –(.281 x 2) –(.531 x 2) –(1.172 x 2) + (1.443 x 2) + (.918 x2) = 33.28. A score of 33 on the K10 is *very high*, and indicates that a participant who scored sometimes for all behaviours would be at a very high risk of for psychological distress.

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[81] An ANOVA is performed here due to the continuous y (the K10), and categorical & continuous Xs (see predictors in Table 6.33

Table 6.36

K10 and community behaviour measures

		Unstandardised Coefficients	
Model		B	Std. Error
1	K10	20.685	6.944
	bullying	1.407	1.171*
	shaming	1.116	1.178
	culturalexclus	1.254	1.298*
	familyfeuding	1.035	1.177**
	physicalviol	.009	1.099*
	offensbodylang	.361	1.078
	verbal	1.013	1.339*
	undermining	-.404	1.126
	withholdinfo	-.256	1.203
	sabotage	.391	1.226
	scapegoating	-.281	1.276
	backstabbing	-.531	1.354
	privacy	-1.172	1.280
	brokenconfid	1.443	1.371
	orgconflict	.918	1.105*

Note: K10=Kessler 10; B= beta; Std D= Standard deviation (N=172).

6.5.3.1. Summary of Bronfenbrenner's exosystem

Feeling safe in community reduces PD across all participant conditions. All participants had experience all of the exclusionary behaviours to some degree. This system significantly explains PD in participants.

6.5.4. Bronfenbrenner's macrosystem.

The variables that best fit under Bronfenbrenner's macro system are Qs 11 and 12, the von Luschan, or skin colour scores, but also how a participant appears to society, or rather, a measure of being manifestly Indigenous, and being compared to the other participants' colouring, and how this impacts on psychological distress. A regression model was performed that demonstrated a slightly -significant result (F (2,169) = .051, p =0.027, p< .05) (See Table 6.37).

Table 6.37

vL score and being manifestly Indigenous, and test for significance in predicting PD

ANOVA[a]

	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.195	2	10.597	.051	.027[b]
Residual	34699.418	169	205.322		
Total	34730.613	171			

a. Dependent Variable: K10

b. Predictors: (Constant), VLscore, being manifestly Indigenous

A participant's skin colour score and appearing to be manifestly Indigenous slightly predicts PD in community members, as shown by Table 6.37.

6.5.4.1. Summary of Bronfenbrenner's macrosystem

Appearance of Indigeneity, and a participant's skin colour is a predictor of PD. What is not demonstrated is direction of prediction – does looking Indigenous increase or decrease PD dependent on skin colour is not interrogated in this data set. Bronfenbrenner's full social capital model, using the variables that best fit in the systems, is represented in Figure 6.24.

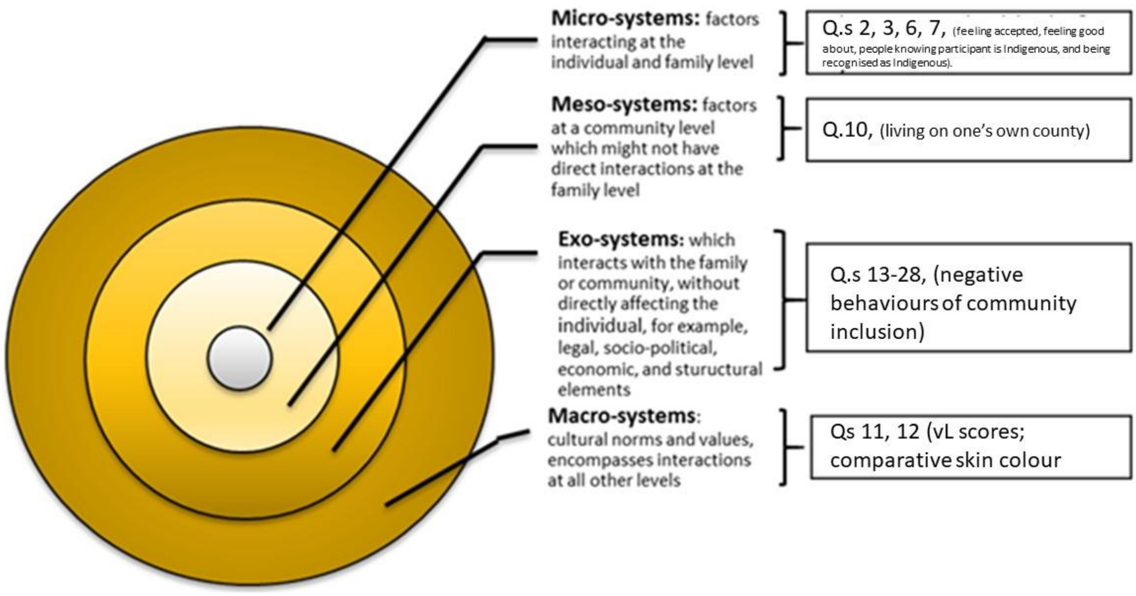

Figure 6.24. Bronfenbrenner's systems. Adapted from Bronfenbrenner (1998). Copyright (1998) American Psychological Association.

6.6 Conclusion

Quantitative data collection sits under the Yerin Dilly Bag values of *nganga* (to ask) and *wingara* (to think), *waranara* (to seek), being mindful of *bulbanga* (to hold up), and therefore being respectful of the participants' well-being. This chapter has considered the e-survey data from the 172 participants across three communities. Descriptive data displayed the participants' demographic details. Interpretive data analyses demonstrated the variables that best predicted, or not, the levels of psychological distress in participants

Psychological distress is considered a symptom of mental ill-health, and contributes to the overall burden of disease for Indigenous people. The levels of psychological distress in the three communities was distressingly high, but was consistent with data about the poor mental health in all Indigenous communities. Only 1 in 4 participants had no or low psychological distress, or rather, three in every four Indigenous people from this survey scored for moderate, high, or very high levels of psychological distress on the K10 scale.

While some variables might have been expected to predict psychological distress, such as age, gender, urban/rurality/sites, the results show that they did not. What became evident is that the colour of a participant's skin significantly predicted psychological distress. Being fair (scoring 1 or 2 on the Von Luschan scale) predicted poor community inclusion and psychological distress, and that psychological distress increases further if the fair participant feels excluded from their community. Participants scoring higher (i.e. darker skin tones) on the Von Luschan scale, such as 4 or 5, were also more likely to score high on psychological distress, but were not likely to feel excluded from their community, suggesting their high Kessler 10 scores were likely to be a function of experiencing racism from living in society. Having a different skin tone (either darker or fairer) than the rest of the community was a risk for psychological distress.

Country was very important in protecting participants' mental health. Participants had cumulatively less psychological distress if they lived on their own land, mixed with other Indigenous people, and felt accepted by that community. Perceptions of being included in community was a protective factor against psychological distress, and repeated exposure to exclusionary community behaviours was the greater risk factor.

Learning of one's indigeneity later in life predicted lower psychological distress than participants who had lived knowing their indigenous identity all their lives. Learning about one's cultural heritage later in life does not necessarily mean one is fair, as darker skin tone might be associated with being many other ethnicities.

Bronfenbrenner’s social capital model is used to demonstrate where the significant variables are situated in community and individual life. Variables that matched with the concurrent qualitative data were considered under each of Bronfenbrenner’s social capital model, reinforcing the appropriateness of using Bronfenbrenner’s model in this thesis, as the model will allow greater interpretation of the triangulated data in Chapter 8, and to test the research aims, questions and hypotheses in Chapter 9.

The next chapter will consider the qualitative findings of this research. These findings will also be related to Bronfenbrenner’s model, and the Yerin Dilly Bag values.

Chapter 7: Qualitative Analysis and Findings

7.1 Introduction

The purpose of this chapter is to introduce the codes, themes, and categories from the interview findings. Demographics of the interview participants are described, including age, gender, and site of interview. The data set is described from an indigenist epistemology, and analysed to provide evidence of phenomena associated with living in Indigenous communities, and collapsed over individuals and relationships, as per the findings gathered from using the eco-map interviews. Findings are arranged under four different themes (headings), with selected pieces to demonstrate these themes. The themes are matched with Bronfenbrenner's ecological social capital model and demonstrate bonding, bridging, and linking capital, while risk and protectives factors are also identified. The next chapter (Chapter 8) will demonstrate the triangulation of the data and findings, to create a convergence matrix of risk and protective factors for psychological distress in Indigenous communities.

7.2 Interview participants

Interview participants self-selected (volunteered) from the three sites following the return of the survey (see Table 7.1). Data saturation, or findings saturation, where the same themes arise from the interviews, was reached early (by interview number 12). However, to capture participants from the three sites, interviews continued as participants volunteered until the research cut-off date. There were 32 interviewees, producing 45.5 hours of interview recordings.[82] Both genders were interviewed, although there were marginally more women than men (Females=18, Males=15).

Table 7.1

Interview participants' demographics (site)

	Males	*Females*	*Total*
Site 1: Central Coast	4	5	9
Site 2: ACT	8	9	
Site 3: e-comm	3	3	6
Total:	15	17	32

Note:

Central *Coast= Wyong, NSW;* ACT=Australian Capital Territory; e-comm=electronic community.

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[82] The mean for other PhD studies using similar methodology is 31 (Mason, 2010).

The ages of participants ranged from 21 years to 75 years, with a mean age of 48.3 years (M = 48.3, 95% CI[35.0, 61.6]). There were 15 male participants (47%) and 17 female participants (53%) (see Table 7.2).

Table 7.2

Gender of interview participants

	Number	*%*
Male	15	47
Female	17	53
TOTAL	32	100

Note: Central Coast= Wyong, NSW; ACT=Australian Capital Territory; e-comm=electronic community.

Across the three sites, the most participants were recruited from the ACT (see Table 7.3), likely due to ease of participant capture.

Table 7.3

Participants from each site

Site	Number	%
Central Coast	9	28
ACT	17	54
e-community	6	18
Total	32	100.0

Note: Central Coast= Wyong, NSW; ACT=Australian Capital Territory; e-comm=electronic community.

Of the 32 participants interviewed, 18 had two Indigenous parents; 12 had Indigenous mothers, with non-Indigenous fathers, and 2 had Indigenous fathers with non-Indigenous mothers (See Table 7.4). All the participants knew their birth parents and their birth parents' heritage, although after the interview, two separate participants corrected the Indigenous status of a grandparent, which did not affect the research outcomes.

Table 7.4

Interview participants' parentage

Participants	Number
Indigenous Parents	18
Indigenous Father only	2
Indigenous Mother only	12

Note: Indigenous= Aboriginal and/or Torres Strait Islanders.

7.2.2 The Dilly Bag model and eco-maps in this qualitative research section

The eco-map was not a *source* of data, but rather the tool used to create the conversation in the interviews, as working on narratives that might be emotional for participants needs a mindful approach (Angus & Greenberg, 2011). Eco-maps met the Dilly Bag value of *waranara* (seek), where participants could decide what was important to the research, as they used the eco-maps as prompts to consider the open questions of the interview script and about their experiences of being in community (See Appendix B). The values of the *Dilly Bag* model (*mawa maur* (to hold); *waranara* (to seek); *ngara ngara* (to listen), *ngananga*, (to ask), *wingara*, (to think) are all applied to the interview processes by listening generously, asking, and thoughtfully engaging with participants, remembering the responsibility of *burbangana*, (to help lift) by lifting others in the community.

7.3 Interview processes

Interviews were formally organised between participant and researcher, and recorded for findings capture purposes as well as to give the participants a record of their conversations.[83] Participants were offered a copy of the interview as a CD or MP3 and were also offered a copy of their eco-map. These record/ings were mailed or emailed to participants at the end of fieldwork. Participants were asked to verify the interviews and invited to offer comment or change the eco-map. Only two participants changed anything from the eco-map discussions, and both were to change the status of indigeneity of one of their grandparents. These two participants were not part of the cohort of the first three participants that actively reviewed their interview recordings, as mentioned previously, in Chapter 5.

7.4 Interview sites

The interviews were held across the three sites, and other locations where the participant was more easily accessed. Each interview took approximately 1.5 hours, with 15 minutes beforehand for introductions and gaining signed ethical consent forms, and 15 minutes post-event to close the interaction.

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[83] It might seem then that conversational analysis would be the best fit for description of the process of the creation of narratives. However, conversational analyses are usually less guided, and are more concerned with the construction of the conversation than identifying themes (Gumperz, 2014).

7.4.1 The Central Coast site

At Site 1, (*n*=9) the Central Coast of New South Wales, access to a dedicated room was given to me by the then General Manager of the Aboriginal Health Service in Wyong (the Eleanor Duncan Aboriginal Health Service). Participants were recruited as they interacted with the service, meaning not all participants were health service users. Of the nine participants interviewed from this site only three were there to use the health service, the other nine were either workers from the health service or the local Aboriginal Land Council (Darkinjung Aboriginal Land Council). Where a participant was employed was not a question in the research design. Because place of employment and indeed salary of the participant was not factored into the design of the research project nor indeed the ethics proposal, this was not captured as data from the participants. Admittedly, this might have added to the richness of the data and findings in terms of acting as a risk or protective factor for psychological distress. However, it might also have stopped volunteers from participating in this research project as disclosing financial status to another member of the Aboriginal community (that is, the researcher/me) might have reduced volunteering in community members. The fieldwork at this site was terminated after only one week, instead of the four weeks previously planned, as there was a vote of no confidence in the Aboriginal Medical Services' governance, the managers were dismissed, and the centre was closed for a month. Due to the trauma this caused in the community, the research in this community was also finalised.

7.4.2 The ACT site

Site 2 was the ACT region (*n*=17). This region had the largest number of participants due to the location of the researcher. Interviews in this area were conducted at various locations that best suited the participants. Five interviews were conducted at the University of Canberra in offices that allowed confidentiality. Eight interviews were conducted at the Aboriginal Council offices in Queanbeyan. Three interviews (of men) were conducted in the park near the Aboriginal Medical Service in Narrabundah, ACT, and one interview was conducted at the Aboriginal Centre at the Australian National University.

7.4.3 The e-community site

Site 3, the e-community cohort (*n*=6), were interviewed opportunistically. One participant was interviewed using Skype.[84] This participant was situated in Townsville while the researcher was in the ACT. While the Skype interview contributed data, it was less than satisfactory due to the intermittent connectivity of the internet, therefore I decided to travel to meet the other participants at locations best suited to them. The two Brisbane interviews occurred in a hotel where a discrete room was allocated for this purpose. The three Melbourne interviews took place at the University of Melbourne, where an office was made available to me for this purpose.

7.4.4 Participants use of eco-maps in the interviews

Each participant was given an eco-map at the beginning of the interview as a prompt for the guided interview (see Figure 5.3). Participants were asked to consider the strength of connection to the outside circle prompts, and were given a choice of coloured pencils to ‘draw’ their relationship, to obtain from the rich data from the yarning that occurred around these circles. It is this rich data that formed the findings for the thematic analysis.

7.5 Process of thematic analysis of the interview findings

Thematic analysis is concerned with a ‘story’ from the participant structured around a specific event or events (Riessman, 2002; 2016). Inductive approaches of thematic analysis condense extensive and raw findings into a brief, summary format and establish clear links between the research objectives and the summary finds gained from the raw data. This process assists with the development of a model or theory about the underlying structure of the experiences of the participants (Ezzy, 2002). This research project used one-to-one interviews, so the best fit is the six-step inductive thematic analysis, as described in Table 5.5. Interviews and analyses were conducted under the umbrella of the Dilly Bag model components of *waranara/ngara ngara/nganaga* (see/listen/ask) and *mawa maur,* or holding-as-sacred. In this holding is a commitment to the integrity of researching Indigenous people, and privileging their voices. It also reinforces the concept of *bulbanga* (holding up an individual), as assessment is also intervention. No computer-based interpretative programs were used (e.g. NVivo), as the findings from 32 participants were not ‘unwieldy’ (Saldaña, 2012, p.27), and manual analysis was considered sufficient (see Basit, 2009). Also, manual analysis allows for immediacy of

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[84] Skype interviews are considered valid for research projects (Deakin & Wakefield, 2014).

analysis of findings (Zhang & Wildemuth, 2009), important in a parallel study, when both data collections are in progress simultaneously.

7.5.1 Step 1: Familiarisation with the data

Becoming familiar with the narratives of the participants is the first step in reducing the findings of a cohort of interviewees (Braun & Clarke, 2013; Hunter, 2010). The interview recordings were listened to several times to repeatedly identify the same themes and categories (see Hsieh & Shannon, 2005). A coding frame was developed and the interviews were coded by the researcher, using word-for-word texts initially, then with interviews summarised for findings reduction and ease of interpretation (see Bergin, 2011). This step involved listening to the interviews, and simultaneously reviewing the participants' eco-maps. After multiple reviews of the interview recordings, the main points of each interview and ecomap were written on *post-it notes*, and put on a large masterboard to begin the coding process by creating consensual codes.

7.5.2 Step 2: Coding the findings

Interviews for this research were guided to identify a lived experience of identity and psychological distress in community, that allowed the participant to decide what was important to the *participant*, rather than what is important to the *researcher*. This technique allowed for authentic codes to emerge from the findings, as patterns in the findings were grouped together in candidate codes.

The findings from the interviews were coded at the interview level (Holstein & Gubruim, 2016). The number of codes per interview was not considered, as one interview may produce many, or few codes (Berry, 2016). The codes were considered declarative (see Herrmann & Flick, 2012), and were grouped together based on the similarity of the story they told, and thereby creating a visual display of consensual codes on the masterboard. As new codes emerged the coding frame was changed and recordings were reassessed within the new structure. Initially, there were 157 post-it notes with data from the interviews. Then, 25 codes were created from the thematic analyses of the narrative, by using an inductive logic model (Ezzy, 2001), that captured the stories of the interviews (see Table 7.5). This process was used to develop categories which were then conceptualised into broad themes after discussion with experienced qualitative researchers.

7.5.3 Step 3: Searching for themes

Rigorous and systematic review of the interview findings allowed major themes to emerge. Segments of interview text were coded and used in analysis of interview segments on a particular theme to explore relationships between themes, and identification of themes important to participants. Similarities and differences across sites and subgroups were also explored (see Elliott & Gillie, 1998), and contributed to theme creation. This inductive approach acts to reduce findings and suits an indigenist theory (see Strauss & Corbin, 1990). To do this, the 25 codes were placed on the masterboard and examined for patterns of meaning. Codes that explained the narratives were grouped together, with groupings refined until there was no more reduction of the codes possible without losing meaning and story. Backtracking the codes to the interviews ensured that the emergent themes were representative of the narrative stories.

While thematic analysis is usually concerned with text interpretation (Flick, 2016), modern hermeneutics also include verbal and non-verbal communication (Lueger & Vettori, 2014), requiring the *interviewer t*o be the *interpreter* of the themes, because it is not only the words that add meaning to the data. Objective hermeneutics considers that interpretation is not held to be with the ‘powerful’ researcher (Wagner, Lukassen, & Mahlendorf, 2010), but, rather, considers the texts and interactions as exchanges, where interpretation of events is a dual role. The process of objective hermeneutics in thematic analysis is to first engage in a ‘thought experiment’ (Wernet et al., 2016, p.238), and challenge the researcher to ask why this theme has emerged, and re-construct the meaning of the interview. The themes were categorised in three stages: initial impression, conflicting findings, and resolution into a theme (Jain & Ogden, 1999). Five category headings were generated from the findings using the techniques described above, and under these, and most of the findings were accounted for. These five categories were grouped into four themes (see Table 7.5). This is the final process of interpreting the interview findings, and the results are described further in the next sections. This process fits with *waranara* (to seek).

7.5.4 Step 4: Defining and naming the themes

Once the codes had been categorised into four themes, each theme was considered for the overall story it told. The themes draw out the meanings of the stories from the participants from both an inclusionary and exclusionary nature. These themes are: 1) growing up black; 2) living on (black) country; 3) looking black; and 4) fitting in black.[85] Themes are presented according to the way in which they fit under Bronfenbrenner's ecological model, but not presented in a hierarchical sense, and need to be considered of equal value due to the weight given by each participant, or rather, to each participant, their important issues are important, and it is therefore not possible to classify the degree to which this contributes to a participant's narrative of psychological distress in this research design (see Table 7.5).

Table 7.5

Findings, Codes, and Themes, matched to Bronfenbrenner's ecological model

	Codes:	*Themes:*	*Bronfenbrenner system*
1	Indigenous parents	*Growing up Black*	Micro
	Growing up Indigenous		
	Knowing my parents		
	Absent (Indigenous)parent		
	Peripatetic as a child		
	Child of stolen generation		
	Knowing I was Indigenous		
2	Feeling 'real' blackfella	*Living on (black) country*	Meso
	Feeling welcome around here		
	Family/community feuding		
	Voicelessness/powerlessness in community		
	Growing up on my country		
	Living on my country		
	New move-ins ('blow-ins')		
	Knowing your country		
3	You're in if you're in the land council	*Fitting in black*	Exo
	Can't fit in anywhere		
	Wishing I was white		
	Elders make you feel safe		
	Looking black		
4	Wearing black		
	Degrees of Indigenousness	*Looking black/*	Macro
	Considered authenticity to non/Indigenous people/ (threats to 'reveal' identity inauthenticity)		
	I don't really know anyone round here		

Note: Findings were categorised into codes, then themes, using Ezzy's (2001) inductive model.

7.5.5 Summary of interview findings

There were no noticeable differences in the interview findings from each site, as many participants had similar experiences, even though there was a diversity in the 'home

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[85] Examples of interview texts are given as an appendix to this chapter.

country' of participants from each site (for example, some participants from Site 1 originated from Site 2). Some factors acted as both risk and protective. For example, some participants felt that a lighter skin colour, or being fairer than their respective communities was a protective factor (against racism), while others felt it was a risk factor (for colourism, or exclusion from community), and some felt it was both, depending on the context or space the individual occupied at the time. To make greater sense of the findings, to be better able to answer the research questions, to be concordant with the quantitative data and research theory, and develop evidence for interventions, the interview themes were re-categorised into the Bronfenbrenner biological social capital model.

7.6 Theme 1: Growing up black

This theme emerged after the prompt questions of 'What does the relationship with your family look like? How strong are the bonds? Which way does the support go?'. Some participants had supportive relationships with their parents, especially their mother. The common theme amongst participants who had strong both-way relationships on the family circle of their eco-map was inter-generational cultural transfer of knowledge and position in community. Grandparents were often considered as parents, such as:

> *My nanna used to make sure I had play-lunch every day – and even would give me extra biscuits to share with the kids that had nothing, and that Aboriginal nanna taught me everything I know about my culture. (F, 47, CC)-D&A1*

Weak relationships between family and the participant occurred when the individual came to know their indigeneity later in life. One participant had her maternal great-grandmother living with the family, and the participant was sworn to secrecy about the 'old, black woman' who lived behind the kitchen. Being *shamed* is a powerful weapon in Indigenous communities, and this participant grew up with a feeling of shame about her Aboriginality, as:

> *My dad was Aboriginal. My mum never let him see me or my sister, and I didn't know I was even Aboriginal until my mum's sister "blurted it out" at my cousin's wedding. We thought we were black Irish people. I think my mum should have told us. (F, 26,E-Com). UMelb-LS*

Individuals who had a custodial parent who was Indigenous had stronger connecting lines to family and community. An Indigenous mother would take on nurturing roles in a community, and this acted as a role models, or incidents of cultural teachings, for younger people, for example:

> *My mum was my role model. She was always active in my community, and she would always feed the young kids eh. (M, 38, CC) –D&A 3.*

Participants who did not grow up with their Indigenous parents, with either the Indigenous parent/s as absent, or participants did not grow up with community, considered this lack of Indigenous parenting was a loss, for example:

> *I didn't grow up with my bio-parents, but I think I missed having an Aboriginal mother. A father can teach you how to fish, but a mother can teach you how to be. My white parents were good people but. (M, 29, CC). –AMS 2*

However, even if the parent was non-Indigenous, the participant acknowledged the 'loss' of parenting in their youth, and recorded weaker strength of relationship lines:

> *My dad was not Aboriginal. I didn't see him when I was young and my mum's family grew me up. I go to some community events, where my mum goes, but not all of them. (F, 21, ACT) –Ng 1*

Not all participants had strong relationships with family due to reasons such as early death of the parent. This disconnect left participants with a sense of loss, and an inability to unpack psychological issues of the deceased parent, as in:

> *We moved around a lot when I was growing up. I never made friends in school, and I think I don't have many now. I only had one Aboriginal friend, and then we moved. I miss her. I wasn't close to my parents, my mum was Aboriginal but she died when she was 52. She worked herself to death I reckon. She was never ashamed of being a Noongar, but she was always frightened. I dunno what of. (F, 49, E-Com) Bris2.*

It is acknowledged that children of members of the Stolen Generation carry the burden of intra-generational trauma (see Ridani et al., 2015; Sarnyai, Berger, & Jawan, 2016; Shepherd, Ogloff, Shea, Pfeifer, & Paradies, 2017), including high levels of psychological distress (see Willkie, 1997). There were two participants who identified as second-generation Stolen Generations in this study. The effects of a family of the Stolen Generation included weak relationships in family and community in one participant, in particular:

> *My mum is part of the stolen gen. She doesn't know her family. We don't know where we are from- where our country is- so we can't get a confirmation certificate. I mean, I could if I go to the local (land) council, but I am shame (sic) to ask them, cos they are all the traditional people round here. They might not make me welcome. (M, 33, ACT)' –Ng4*

Whilst not considered as part of the genogram, some participants said their children and/or grandchildren ('grannies') were an important source of cultural and family support. For example, one participant (F, 56, CC) said that her children and grandchildren where her greatest source of support in any areas. She had four children, and six grandchildren. Her most common mode of contact was through social media (Facebook), as two of her children and families lived interstate. She has just lost her employment, and felt two of her children were very supportive of her in a stressful time. She despaired of finding another job in the region she currently was living in, especially because of her age. She was working for an Indigenous organisation, but was asked to leave when the organisation 'restructured (me) out'. She felt it was her children that gave her a sense of purpose, and a reason to go on living.

> *I just can't see the sense in it all. You know how hard I worked. You were with me from the beginning…If I didn't have my girls, I, I don't know what I'd do. I was just bullied, by the board, by the XXX family, go figure, big surprise. Nepotism. Lateral violence. Don't ever work for an NGO run by blackfellas. I have lost the heart for it. My grannies now. Just my grannies (F,64,CC)._AMS KS.*

Some participants were not 'shy' or 'shame' to 'come forward' as Indigenous people. For example, one participant (M, 58, CC) grew up with an Indigenous mother and a white father, and due to his father's employment, they moved towns frequently when he was young. He had one interaction with the Indigenous community while he was at school, then nothing until he was about 35, and had hurt his back at his employment and had to find other, less physical, work. Because of his newly-acknowledged Aboriginal status, he won a position at the local health service, working with young Indigenous people. He knew that some members of the community criticised him for 'using' his Aboriginality, but he stated he was not negatively affected by these remarks, nor did he consider it an exclusionary factor to his sense of belonging in the community, as in:

> *I get along all right with everyone I reckon. I am respectful of everyone, and in my job, I know I can help a lot of young people. Some of them at the Land Council don't like me, but some people are just like that. I don't lose sleep over it. (M, 58, CC) _ALC 3*

However, this participant was manifestly Indigenous, and lived in a community with no traditional owners, so his cultural inclusion might have been permissioned by other Indigenous people who were also 'new move ins' to that community, or perhaps that community had fewer behaviours of community exclusion. The reasons why some communities are more violent than others need further examination.

7.6.1 Abridgment of Theme 1

Adults who had experienced a childhood with consistent, continuing parenting from an Indigenous parent expressed stronger relationships with family and community. Some adults who came to know their Aboriginality later in life felt they had weaker relationships with some aspects of the Indigenous community. Some participants discussed their experience of a sense of fear of rejection, both personal and public if they tried to join an Aboriginal organisation without success. They would feel 'shame' for not being able to be free about their Aboriginality, with what they saw as constraints on their identity by community rules, and some felt on-going grief over the loss of their parent at a young age. This code fits into more than one theme, as connection to family is weaker, but so is knowledge of their country, and therefore an inability to know if they are living on their country. This lack of surety of genealogical gravitas creates avoidance behaviour, with some reluctance to join Indigenous community groups or activities for fear of being rejected as an Indigenous person.

7.6.2 Risks and protective factors of psychological distress and community inclusion associated with Theme 1: Growing up black

Bronfenbrenner's microsystem is concerned with the individual and family. The most salient risk for participants was not being connected to their Indigenous family, by either not knowing they were in fact Indigenous, or not knowing their Indigenous family when they were younger. Conversely, the protective factors are growing up knowing your Indigenous parent/s; knowing your family. Being connected to family increases bonding capital, a protective factor against psychological distress and predicts community inclusion, and fosters bridging capital in participants. Experiencing these types of family approval and developing skills in being in Indigenous communities as participants were growing up might have contributed to skills in being in community as adults.

7.7 Theme 2: Living on (black) country

Indigenous people are said to be 'deeply connected to their land', and this connection to country is a determinant of wellbeing (see Cameron, 2003; Kingsley, Townsend, Henderson-Wilson, & Bolam, 2013; Watson, 2009). Indigenous people call their land their 'country', and a knowledge of place and country is said to be a fundamental feature of social and emotional well-being (McGrath, 2007; Vicary & Bishop, 2005), although, clearly this means different things to different people/s (Heiss, 2006). Still, many

Indigenous and/or Torres Strait Islander people remain consubstantially identified with their country (Glaskin, 2003).

This theme emerged as a function of the interview questions including: how do you see your relationship with the country you are currently living on? What does being connected to country look like to you? What does living here require you to do/be?

Some participants were clear that the country they were on belonged to their family and their family belonged to that land, as in:

> *Well, we are one of the families that own this country. Other people say they do, but they don't. There are only about 4 families. Other people who move here, can't say this is their country. (why not) because they have their own country and that is where they belong. We belong here. This is where our ancestors came from. This is where we belong.(F, 55, ACT). Ng 2/Women's elders' groups*

And

> *I live on my country. I moved away when I got married, but came back cos it didn't work out, so yeah, this my land. Got no house though (laughs). The people here, they know me, they are my mob too, so they know me, the land knows me, and I know the land. So I came back, we all come back eventually anyway. My friends are still here anyway. My grannies are here. I know they'll look after me when I get sick eh. (F, 67, ACT). Ng 3*

Some individuals, and their families, are considered to be new 'move-ins' to a community, even after years or even generations of living on that country, as in:

> *Some families just run everything. I have lived here for nearly 30 years, and I still don't get treated like a local. (F, 68, ACT). QbnWG2*

However, not belonging to the country on which the participant was living was a source of exclusion for some, as in:

> *I got an email from someone standing for the elected body (Indigenous representative body). She told me to mind my own business, cos I wasn't from here, even though I am Wiradjuri (Mob next door), and she is from somewhere in Queensland. (F, 56, ACT). _AMS 1*

Some participants moved in and out of the community at times they felt it was 'safe' to do so, as in:

> *We moved cos my brother was really sick, so we moved down here (Canberra) to be near a specialist. We have just stayed here. I miss my country, but I go home a lot. (do you feel 'at home' on this country?) Sometimes I don't, when there is family feuding, but mostly I do. (M, 39, ACT). Ng 5*

Not belonging to the country one is living on was also a source of feelings of inauthenticity as an Indigenous person to some, as in:

> *I am from the city, so I never feel really 'Aboriginal'. Like, they talk around here about going hunting, and I can only go to Woollies. Makes me feel like I am not a real blackfella. (F, 45, ACT). AMS 2*

However, some participants acknowledged that country was important to them, but they did not know where 'their' country was, due to having a stolen generation heritage, or believing that being from an urban area excludes claiming cultural ownership of a land, as in:

> *Ya know, people talk about their country all the time, but I was born in the city (Sydney), so is that country? Do I have to consider the area my grandparents came from as my country? Is Sydney my country? What is country anyway? (M, 45, E-Com).E-comMb 5*

And

> *I dunno where my land is. I am Australian – it's all Aboriginal land. Where I live is my country. My home is my country, my country is my home. (F, 52, E-Com[Bris]).KG*

And also:

> *I don't know where I am Aboriginal from. I am from Sydney. My mother was born in Melbourne as a secret baby and then given up for adoption. We are originally from Sydney but my great grandmother's father went south to work in an orchard, so I am still finding out about my Aboriginal heritage. My mother is also looking for her family, and I am looking for them too. (F, 39, ACT) _ Y2*

7.7.1 Abridgement of Theme 2

The participants that acknowledged they lived on country created strong relationships ties with land, community, and family, whilst some of those that were living off-country did not. However, a few participants did not record weaker relationships with community and family when living off-county, and two participants said they lived on country (ACT), but did not have strong ties to the community (due to family feuding).

7.7.2 Risks and protective factors of psychological distress and community inclusion associated with Theme 2: Living on black

The mesosystem in Bronfenbrenner's ecological social capital was a major influence in the psychological distress and associated community inclusion levels. The risk factors of psychological distress in this theme include participants who were not living on, or who were away from their country, or whose family was not involved with them or the community. Participants were protected against psychological distress and community exclusion if they were living on their country, and felt welcome at community functions. Making and keeping community connections was a protective factor in this these, and speaks to the level of bonding social capital participants had. Making and keeping community connections might be a learned skill from growing up immersed in and Indigenous community. New move-ins who could make connections in the local community did not risk the community exclusion that other new-move ins might experience.

7.8 Theme 3: Looking black

Much has been written on the stereotypical and therefore expected appearance of Indigenous people and the effects of a person's skin colour on community inclusion (see Chapter 4). This theme emerged from the questions around 'what does fitting in with this community look like? What advice would you give someone just moved here? What gives you energy or takes energy away from you around here? There were some disparate views on colourism in communities, for example:

> *Around here, we don't care what colour you* are*- if you say you're Aboriginal, then you're Aboriginal. We don't use that 'yellafella' term, we don't like it. You see my black skin (points to forearm), well, you see it black right, but I got grannies that are as white as you. Are you telling me my grannies aren't black – cos they are. It's like a cup of tea is still a cup of tea, doesn't matter how much milk you put in. (M, 75, ACT-QBn).*

One participant did not consider blackness/colour/manifest appearance when they considered other claimants' identity, and drew a strong relationship line with community as in:

> *Who cares what I look like. I know I am Aboriginal. If people don't like it, they don't have to look at me. (F, 49, ACT). Qbn WG 4*

However, most participants felt that community exclusion was based on skin colour (colourism) in their community, and considered their skin colour to be a reason why they did not have strong relationships lines with their community, and/or were ignored by member of their community as a function of this colour, as in:

> *I don't look black – so people don't know I'm Aboriginal to look at me. It shits me because it means that I can't get acknowledgement from other blackfellas on the street. I get ignored at community functions unless they know me and my family. (F, 56, ACT). AMS WG3*

Others felt that their fairness permissioned others to ridicule them, as in:

> *At a staff meeting, I was told I was 'impersonating an Aborigine' (the staff are mostly all Aboriginal). Everyone laughed. I suppose it is funny. I laughed, but I was upset when I got home. (M. 48, ACT) AMS_MensG*

And

> *I was having my tea break once. I worked in a nursing home, and someone said I was lucky I 'didn't look Aboriginal'. I wanted to say something, but if I got offside here, then they'd make it hard for me you know. There was another Aboriginal person there- I thought she'd stick up for me, but she said nothing. Probably too shame eh. (F, 48, CC). AMS 1*

When questioned about their relationships with community and their outward appearance as Indigenous people, some participants talked about their signifiers of indigeneity. For example, in the ACT there had been a recent event, where Aboriginal people could buy cultural products, such as clothing, jewellery and items.

> *If I am living on my own country, then everyone knows I am palawa. But here, it is hard, because I have to continually tell people who I am or where I'm from, what my culture is. (your bangle?) I wear lots of Aboriginal jewellery. It is a signal, a signifier of who and what I am, so people know what I am when they look at me. It makes me feel stronger. (F, 47, ACT), Y1*

Some participants acknowledged they wore Aboriginal-themed attire, but not as a signal of their identity to others, for example:

> *I bought this from Dion at Darkies designs. I love telling people it's from Darkies Design, cos they get all upset by the word 'darky' I reckon. But I am just wearing this cap cos I like it. It is a TI cap (Torres Strait). I mean, I'm not from there, but I am from the coast, and I just like it. (do other people know it is Indigenous?) I think they do, but I don't care if they do. I tell people where it is from, so maybe Dion can get more customers (laughs). Good for golfing. (M, 59, ACT). Ng 7*

Some participants felt they were excluded because of the fair colouring, for example:

> *Some people think that the blacker you are, the more Aboriginal you are – even other black people think that. So, if you are not black, you can just shut up eh. And I am just as Aboriginal as all of them, and some of them put together. (M, 59, ACT) Ng 8*

and

> *I am often told I'm not Aboriginal cos I am not dark skinned – even by my own mob. (M, 59, E-Com) Melb 3*

One participant summed up her experience of inclusion based on skin colour by saying:

> *We have bigots too, what mob doesn't? I once got told to get back on my canoe and go to Tonga by another Aboriginal person in a Land council meeting – so just because my skin is darker than a lot of other people doesn't mean anything round here- they'll call you a poly(nesian) if it suits them. (M, 61, CC). ALC 2*

For example, on the eco-map, one participant drew strong lines of *giving* to the community, with weak lines coming in, stating she spent a lot of energy in giving to her community, but not getting support back. This participant talked about community feuding, and the privileging of some family members, seemingly nepotistic, and how she was exhausted by it, she ended her interview with:

> *I wish I was white sometimes. Too hard, too much worry, no safety around being Aboriginal around here. (F, 47, ACT), Y1.*

However, some participants considered themselves to be manifestly Indigenous, and these participants felt there were excluded from the community also because of their appearance. For example, one participant stated:

> *The fair ones get everything. You have a look at the people in charge in the land council. They could be gubbs for all I know. I mean, I know (name) isn't, but it's only cos we know her family. I think that white people feel more comfortable talking to the fair ones, so that is why the yellas get the jobs eh. It is still whitey's fault. We not even free to look like us eh. (F, 32, CC).*

7.8.1 Abridgment of Theme 3

Outward appearances of indigeneity, or being manifestly Indigenous can privilege some members of the community, and create greater opportunities to increase bonding capital. Some fairer Aboriginal people feel excluded from community either on a permanent or intermittent basis, and considered this exclusion was permissioned by their skin colour. Some participants wished they were not Aboriginal, due to the friction in the community. Conversely, participants who considered themselves 'darker' than the community felt that the community privileged the fairer members to ease articulation with the non-Aboriginal community.

7.8.2 Risks and protective factors of psychological distress and community inclusion associated with Theme 3: Looking black

The exosystem is concerned with the participants' interactions with society and its systems and mechanisms. The risk factor for this theme is dependent on the how manifestly Indigenous-looking participants appeared to others. Participants with darker skin colour felt they were more likely to be correctly identified as Indigenous, but with none of the celebratory elements being in community might provide. These participants complained of, for example, being followed by security at shopping centres, or being the subject of racist comments by non-Indigenous people. Indigenous people with fairer skin were at risk of psychological distress as a function of their fear of being perceived as inauthentic. Protective factors in this system was participants having a strong cultural connection to their community. It might be that some fair participants recognised a certain amount of white privilege, and that acted as a protective factor against psychological distress, but it is not possible to confirm from these findings.

The social capital associated with this system is bridging and linking capital. Participants who had stronger community connections also had wider associations within the community, such as using the Aboriginal Medical Service, and the Indigenous Unit at the university. Being able to create links in community is of paramount importance to develop community inclusion, and the ability to create links would act as a protective factor against psychological distress.

7.9 Theme 4: Fitting in black

Participants were invited to consider their relationships within the community, and what fitting in looked like. This was part of the finalising of each interview, and answered the questions: how does your Indigeneity allow you to fit in with this community? What does fitting in look like around here?

Some participants were not able to articulate their ‘community’, or their history of identity, such as:

> *It’s hard – it takes a long time for community to recognise you – I mean, to recognise, and acknowledge you in the street. A lot of people ask me if am a Maori – even Maori people- in my home community, everyone knows me, but here, it took me a long time. You have to keep going to all the activities, and even then, it takes energy. I’m gunna put this arrow really big, and really red, and really going outta me (on the ecomap t community). (F, 49, E-Com). Melb 2*

Some participants felt that their inclusion was precedent on another, more culturally powerful person, such as:

> *I think I get on ok round here. That old uncle he won’t tolerate anyone saying bad things about anyone else. His kids both graduated from ANU. He is a respected lore man, and I always feel safe when he is here. (M, 48, ACT) AMS 1*

Some had a cultural champion in the community to ensure that any community violence was addressed and stopped, as in:

> *Huh- you know (Aboriginal woman), well she was making fun of my disability, but P. (an Aboriginal man), well he stopped her. I know the others were laughing, but Peter stopped it. It is better when the managers understand how it is for the fairer ones. (F, 47. ACT) Y1*

Some participants were not able to draw ‘fitting in’ on their eco-map, or chose not to consider their relationship to others in the community, such as:

> *Do I fit in around here? Maybe. How can I know if I fit in or not? I have never thought about it. I don’t really give stuff if they like me or want me. (M, 59, ACT) Ng 8*

And

> *Do I fit in around here? I don’t fit in anywhere. I can’t fit in with Aboriginal people- they treat me with suspicion- I can’t fit in with white people – they treat me with suspicion. I act suspicious, cos that’s all I know how to be. (M, 52, ACT), Qbn 2*

Some were not able to clearly delineate between the communities they move in, but having an understanding of jealousy as a precursor of community violence, such as:

> *But what do you mean by community- cos I have a few mobs. My home, my work, my community, all different mobs. Like, my family, they all know me, and we all get on, you know, like families do, but sometimes at work, the other ones get a bit nasty, and we get bullied you know. Sometimes if they are jealous of you they get nasty. You have to let it go over your head but, or you’ll get sick from all the worry of it. (M, 59, E-Com) Bris 1*

Some participants could give examples of how they ‘fitted in’, by attending community cultural activities, such as:

> *The activities like NAIDOC on the peninsula are really good. It is a good place to catch up with people. Some of them big note themselves, but it is still good to catch up with them eh (laughs). (F, 56, ACT), AMS 1*

Although, there is always the risk that the inclusion was not permanently guaranteed, and the bonds of inclusion could be shifted as a function of family or community feuding. This can make individuals reluctant to take up leadership positions in their community, such as:

> *Well, once you’re in the land council, it’s ok. You have to stand up and tell your mob and that and then they vote on whether or not you can be in the council. I mean, they fight all the time, but anyway, you’re in. I never get involved anyway. I would be too scared to take a position unless I was from a big family eh. (F 48, CC) AMS 1*

The overwhelming comments from this cohort of Aboriginal people in this interview cohort was that the risk of being abused in community, in whatever form, in whatever forum, was an ever-present danger that they tried to avoid. The incidents of abuse, even when they occurred years ago, were still in the minds of the participants. Three participants asked for a red pen to draw their relationships with some aspects in the community, such as community organisations, such as:

> *I have been physically threatened at the land council. Was told to shut the fuck up, and who did I think I was, and I was only a yella fella anyway. But I stood up for myself, but then his kids hated my kids, and it just got too much, so we moved down here. (Canberra). (M, 49, ACT), Ng7.*

And

> *At work, in front of students, some of them try and bully me. Even the junior staff members, cos they reckon they are more Aboriginal than me. Undermining me. Aggressive in public where I can't do anything. (F, 39, ACT) Y2*

And

> *I was told by my manager, an Aboriginal woman, that I was 'not black enough' to have an (identified) position. She said she would raise this at a land council, but when my mother said something to her, she said she was only joking. But I know she wasn't joking. (F, 25, CC) ALC 1*

Sometimes this perceived exclusion was considered by participants to be based on their skin colour, either as too fair, or too dark, such as:

> *I get told, we ALL get told, we are not real blackfellas. Whatever a real blackfella is. If you're fair, you're white, if you're dark, you're Maori, or Spanish. (F, 56, ACT) AMS 1*

Some participants gave examples of the name calling, including:

> *I have been told that I am a jumped up blackfella, cos I want to better myself and my family. I have a good job, but it's like I am a crab in a bucket. But I don't stop doing what I am doing, because there are other people out there that appreciate it. (M, 62, ACT) Ng 6*

And

> *I went to the council meeting, and (xxx Aboriginal man) called me white and to stop pretending I'm black, so I told him to get back on his fucking canoe to Tonga. Just cos his skin is darker than mine, doesn't mean he's more Aboriginal than me eh. (F, 55, ACT), AR, Ng 2*

or being told they were not 'Aboriginal enough' to represent Indigenous people, as:

> *I was giving the cultural awareness training, and my supervisor asked if I could get a 'real' Aboriginal in, someone that looked Aboriginal. So I asked her why, and she said so the other workers could see what Aboriginal people 'looked like'. I said, they can look at my face; I'm not dragging community in like some anthropological fashion show. No, my supervisor never attended the training. (F 49, ACT).*

The effects of this on feelings of community inclusion include feelings of distress in participants, for example:

> *It is the most disappointing when it is from other Aboriginal and Torres Strait Islander people. That is when it hurts the most. (M, 61, CC) ALC 2*

And despair:

> *Aboriginal people can't win, doesn't matter what you look like. If you real black, then the police and everyone out to get you – you are a target- but you might fit in with the land mob. If you not black, then the police won't target you until they know who you are, but the land council won't let you in till they know who you are, so you can't win. Give it up sista. (M, 50, E-Com) Melb2*

And

> *Do you know Lillian Holt* (yes, academic from Melbourne)*? Do you know her paper, shh I wish I was white? Well, I reckon we are all a bit like that. I get persecuted in my workplace, expected to know everything about every Aboriginal thing happening everywhere, and it is a burden. Then in this community, where I have moved to work, cos no one from this community can do this job, then they tell me I'm a coconut, and to go home. You tell me how I can win? You tell me why I am drowning in psychological distress my sista? (F, 49, E-Com) Melb*

One participant, when asked about the relationships within the community and the different mobs of people that constitute community said:

> *The fair ones get everything – you have a look – even you, sista girl (me), you gotta admit you have a good job and if you had skin colour like me, well, I don't think they would give you a good job like you got. They might now, but not back in the day, when we were young. That is why some of this mob hates the fair ones, cos they get the best of everything. They can be black in black places, and white in white places – they get to choose. There is no choice for me. I am always Aboriginal. You can tell by looking at me. (F, 68, ACT) QbnWG 3*

However, not all participants agreed that skin colour is a vehicle of inclusion, with a heated comment from a participant who usually lives in Alice Springs, when she said in pseudo-jest:

> *In Alice Springs, we don't care. You think we all niggas (sic) out there? You think we all sit round campfire drinking casks? Well, that's what I reckon when you are asking me your stupid fuck questions. No one gives a fuck and you are just making it worse, by asking everyone your fuck questions (sic). (F, 52, E-Com) Melb2*

7.9.1 Abridgement of Theme 4

Participants all drew some relationship to community via family, or community organisations. No participant considered education as a vehicle of inclusion. Many participants gave examples of how they felt ill-treated by others, depending on where they fitted in the political flow of community at that moment. Most participants would have preferred stronger relationships with community, but were not able to articulate how to create these bonds themselves.

7.9.2 Risks and protective factors of psychological distress and community inclusion associated with Theme 4: Fitting in black

Bronfenbrenner’s fourth system, the macrosystem, is concerned with the cultural norms and values of society. This system demonstrates the internalisation of the negative values that colonised people might at times adopt. This includes the normalisation of community violence, and the apparent reluctance of witnesses or bystanders to stand up to this damaging behaviour. Being a victim of community violence was a risk, but having no community person challenge the perpetrator on behalf of the participant increased the risk of psychological distress. Participants who perceived the constructed barriers to inclusion, such as having to apply for membership in community organisation and risking being denied membership, were at higher risk of psychological distress. A protective factor against psychological distress is when a community with a cohort of strong elders that are well-respected and actively act as cultural champions stand up for community members, and don’t allow exclusionary behaviours in the meetings or functions.

The social capital that sits under this system is linking capital. Participants who were able to demonstrate their indigeneity either by family affiliation or by ‘looking’ Indigenous were able to create linking capital, and were more likely to have better mental health and feel part of the community.

7.10 Bronfenbrenner’s model and risk and protective factors of psychological distress

Bronfenbrenner’s model was used to situate the themes and codes into a model that will best expresses the risk and protective factors as aligned with the four bioecological social capital categories. This alignment is important, as Bronfenbrenner’s model informs this thesis, and will allow for recommendations for and possible interventions.

The four themes of this research are aligned with Bronfenbrenner’s social capital categories. The risk and protective factors from the four themes were identified and matched to the social capital categories (See Table 7.6). These factors will be considered along with the quantitative results in the Chapter 8.

Table 7.6

Thematic analyses and risk and protective factors for social and emotional wellbeing in interview participants

Social capital categories	*Theme/s*	*Risk Factor*	*Protective Factor*
Micro (individual & family): Bonding and Bridging capital	1	Not knowing you are Aboriginal; not knowing your Aboriginal family	Growing up knowing your Aboriginal parent/s; knowing your family and country
Meso (community): Bonding capital	2	New move-in to area; small or uninvolved family; living off-country and having little to no say at local land council meetings	Living on country; feeling welcome at community functions; making and keeping cultural connections
Exo (interaction with state, society and government): Bridging and Linking capital	3	Knowing that your skin colour attracts racist intent (darker); no validation as Aboriginal due to fairness	Strong cultural connections to community; fairness acts like white privilege.
Macro (cultural norms and values): Linking capital	4	Normalisation of community violence and barriers to inclusion	Elders in the community that are well-respected and act as 'cultural champions'.

Note: Social capital framework adapted from Bronfenbrenner (1992). Copyright (1992) Jessica Kingsley Publishers.

7.11 Conclusion

There were 32 interviews with 45.5 hours of recordings across the three research sites. Interviews were conducted using eco-maps as prompts, adhering to the values of the Yerin Dilly Bag model, and using guided narratives. Using a thematic analysis, the recordings were subject to repeated review, with codes created from the commonalities. The codes were then categorised into four themes: 1) Growing up black; 2) Living on (black) country; 3) Living black; and 4) Fitting in black. Using objective hermeneutics, the interpretation of the themes into discussion points was conducted. The themes and interpretations were then matched to Bronfenbrenner's biological social capital model.

These findings will be triangulated in concert with the data from the quantitative analysis to demonstrate convergence in identifying risk and protective factors of psychological distress, and vehicles to community inclusion in Indigenous communities in the next chapter.

Chapter 8: Triangulation and Convergence Matrices: Results and Discussion

8.1 Introduction

This chapter will demonstrate and discuss the triangulation of the quantitative and qualitative findings, and create a convergence matrix based on Bronfenbrenner's ecological social capital model to further consider how the results may inform the understanding of community exclusion and psychological distress in Indigenous communities.

The methodology of triangulation, as used in this thesis, combines the two approaches of data capture to test if both approaches support the four hypotheses of this research (Wilson, 2016a, b), that will be accepted or rejected at the end of this chapter (see section 8.6).

The benefits of data triangulation for this thesis is that any additional sources of information will give comprehensive insight into community inclusion and psychological distress, and will provide verification and validity of the results (Heale & Forbes, 2013). Any inconsistencies will be more easily recognised, and the data and information can be supported in multiple places (Adami & Kiger, 2005). This is particularly important in this thesis given the need to abandon fieldwork in one of the sites, and the attendant shortfall in quantitative data.

Results from the quantitative and qualitative sections of this research will be considered in parallel, and discussed under each of the four categories of Bronfenbrenner's model, the microsystem, the mesosytem, the exosystem, and the macrosystem (see Figure 3.2). Choosing which domain goes under which Bronfenbrenner system is often open to the interpretation of the researcher.[86] The *forms* of social capital (bridging, bonding, linking) will be considered where these links have been identified in the converging process, where both sets of data are melded together under each Bronfenbrenner social capital

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[86] Some researchers consider a research condition across all of Bronfenbrenner's system (e.g. resilience, Boon, 2016; Van Kessel, Gibbs, & MacDougall, 2015), while other consider parts of the research condition in each of Bronfenbrenner's systems (e.g. development issues, Amerijckx & Humblet, 2015; Du & Fan, 2013).

system. Robust results will be identified and considered as sites for interventions to decrease psychological distress by increasing community inclusion in Indigenous communities, after the results are triangulated. Each of the four hypotheses will be considered under the appropriate ecological system.

8.2 The convergence matrices of Bronfenbrenner's Ecological Social Capital

Psychological distress is always situated in a complex series of personal and/or environmental triggers (Mirowsky & Ross, 2003), considered here to be risk and protective factors. Data and findings from this research will be collated into each of Bronfenbrenner's model categories to further explore participants' descriptions of the differing social capital systems that impact on Indigenous people' experience of psychological distress and community inclusion, to answer the hypotheses, and create evidence for recommendations of psychological interventions and policies.

As discussed in Chapter 3, Bronfenbrenner's model of ecological social capital (1979) is one of the theoretical frameworks for this thesis because Bronfenbrenner's model allows development of a life-span approach to understanding and articulating community inclusion and psychological distress through the four categories, or systems, that are part of the model. Bronfenbrenner's model consists of the microsystem, mesosystem, exosystem, and the macrosystem, each of which constitutes a different level of interaction/relationship between the individual and their environment. Consideration of these relationships enables a better understanding of social capital and how it operates in Indigenous communities

Participants' experiences in community are described using each of Bronfenbrenner's four systems of ecological social capital, remembering that the themes emerging from the interviews and data have been described and reported in the previous chapters.[87] In this chapter, the qualitative data and quantitative findings are married to elicit results per the convergent triangulation approach outlined above. [88] These converged results are also considered within Bronfenbrenner's social capital framework in order to examine how

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[87] Some themes fit across more than one of Bronfenbrenner's categories, as happens in other research (for example, see Algood, Harris, & Hong, 2013; Onwuegbuzie, Collins, & Frels, 2013; Paat, 2013).

[88] It is important to understand that the themes are a continuum, not only a measure of a *positive* response. For example, the theme 'happy to be black' includes the responses of participants that are NOT happy to be black, in the same way as a pain scale measures pain from a score of 0-10, with 0 being no pain, and 10 the worst pain you have ever had (for example, see Eriksson, Wikström, Årestedt, Fridlund, & Broström, 2014).

his theory of social capital can further inform the thesis research questions of risk and protective factors, and levels of psychological distress and community inclusion in Indigenous communities. Specifically, using Bronfenbrenner's model will provide evidence for potential sites of intervention to decrease any psychological distress, and increase community inclusion. Each system with its associated matrix are described, commencing with the microsystem.

8.3 Bronfenbrenner's microsystem matrix

Relationships between the individual participants and their family fall within the *microsystem*. Bronfenbenner (1979) has the individual at the centre of this system, with the factors interacting at the family level influencing and, in effect, creating the person. Within the microsystem, there was notable convergence in the data sets, as demonstrated in Table 8.1.

Table 8.1

Convergence Matrix for Bronfenbrenner's microsystem

Model /Quantitative	Theme/Qualitative	Risk Factors	Protective Factors
1. Happy to be black 5. Personal resilience	1. Growing up black	Not feeling good about being Indigenous Adopting negative coping strategies to the above behaviours (including doing nothing) Repeated, long-term exposure to exclusionary community behaviours	Having positive coping strategies for exclusionary community behaviours Living as an identified Indigenous person *after* the age of 30 years old

Note: Converged data and findings from quantitative and qualitative modes of research; risk and protective factors identified from converged results (i.e., both sets of data).

The test items in the quantitative data that aligned with the component variable '***happy to be black'*** were the level of psychological distress, and-

> Q2: feel accepted by community (*I feel accepted by other Aboriginal and/or Torres Strait Islander people*);

Q3: feel good about being Aboriginal and/or Torres Strait Islander (*I feel good about being an Aboriginal and/or Torres Strait Islander person*);

Q6: people who I mix with know I am Aboriginal and/or Torres Strait Islander (*Do the people that you mix with know that you are Aboriginal and/or Torres Strait Islander?*).

Q7: initial impression (*Do people you meet for the first time know that you are Aboriginal and/or Torres Strait Islander*?);

Q8: why do people think you are Indigenous at first impression *(If you think people do know you are Aboriginal and/or Torres Strait Islander when they first meet you, is it because…)*

Q9: age of being Indigenous-aware *(How old were you when you realised you are an Aboriginal and/or Torres Strait Islander person?)*

The theme from the qualitative findings was '***growing up black'***, where participants used the Eco-map to describe their relationship with their families (see Table 7.6).

8.3.1 Convergence of both data sets in the microsystem

Data sets results converged on several issues, including family relationships, being manifestly Indigenous, and resilience.

8.3.2 Participant's family relationships

In the quantitative dataset, results showed that having at least one strong, present Indigenous parent or grandparent was a reliable protective factor, and related to knowing one's Indigenous status before the age of 30. Having a present parent also seemed to imbue a participant with a stronger sense of identity and community.[89] Not facilitating a participant visitation by the Indigenous parent, and therefore disallowing access to their Indigenous family, sits under this system. Having parents that were members of the Stolen Generation meant some participants did not have parents that were embedded in a local community, and interviewees did not have access to learning Indigenous cultural mores.

In the qualitative data set, participants who said they knew their Indigenous parent expressed a sense of belonging not available to participants who 'found out' they were Indigenous in their later years. The quantitative data showed that coming to know one's

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[89] (For example, a female participant claimed *I grew up with my Aboriginal nanna – she taught me all I know about my culture* (4F), and another participant said *My mum was my role model* (1M)).

Indigenous status later in life is correlated with lower perceptions of community inclusion for some participants. Contrarily, one interview participant ‘found out’ she was Aboriginal when she was 38, and returned to the Canberra area, found more of her family, and felt included by them. However, this participant was from a family with a strong patriarch, named by other, unrelated, participants as an uncle who ‘won’t let anyone pick on anyone’.

8.3.3 Being manifestly Indigenous

Questions 6, 7, and 8 asked participants if they considered themselves to appear Indigenous to others. Only 14% (n=19) thought they recognisable as Indigenous because of their appearance, with most respondents not knowing how or why they were perceived by others, it was skin colour that interview participants considered demonstrated authentic indigeneity. The main reason that the colour of participants’ skin was chosen as a measure of manifest Indigeneity is because it is not easy to permanently change skin colour.[90] Even though appearance is an unreliable predictor of indigeneity, it is skin colour that is still commonly used by others to rightly or wrongly determine Indigenous status (Burgess, 2015; 2016; 2017; Kowal & Paradies, 2017; Pechenkina, 2017; Scarlett, 2015).

While appearing manifestly Indigenous is more fully considered under Bronfenbrenner’s fourth system (the macrosystem), the importance of appearance in the microsystem is that interview participants were recognised and accepted for being Indigenous by their Indigenous family and extended family, perhaps because they ‘looked’ Indigenous. Being denied access to the Indigenous parent suggest participants might grow up with a sense of shame about their indigeneity, of having that part of an identity not accepted by the non-Indigenous family member/s.

8.3.4 Personal resilience

An individual’s ability to develop positive mechanisms for coping with exclusionary behaviours of communities predicts lower psychological distress, as demonstrated in the quantitative data questions 2 and 3, by participants’ level of feeling good about being Indigenous, and being accepted by the community. From the qualitative data, participants

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[90] For example, eye colour can be covered with contact lens, noses can be changed via rhinoplasty, and hair can be dyed and straightened, but the colour of one’s skin is difficult to change with any sense of permanency (see Hunter, 2013: McGee, Alvarex, & Milner, 2016). Also, even though it is possible to use tanning agents to darken, or bleaching agents to whiten one’s skin colour, this research measures the participants’ *perception* of their own skin colour. If a participant has tanned or bleached skin, then that participant would still choose a matching VL score.

described their parents as their role models for positive behaviours and for being positive about their indigeneity. It might also mean that participants with parents embedded in the community might have an inherited measure of community inclusion, and therefore are not likely to be the target of exclusionary behaviours.

8.3.5 Dissonance

When triangulating both data sets, *dissonance* was identified in the microsystem in the areas of personal resilience, or response to the behaviours of community exclusion. Some participants did not demonstrate resilience in their responses to negative community behaviours, suggesting the differing levels or resilience in communities. The interview findings did not interrogate behaviours of personal resilience to the same extent the questionnaire did. In the quantitative data, participants were prompted to score experiences of exclusionary behaviours, and participants' reaction, whereas in the interviews, participants were free to comment on their eco-maps, however, only one commented on how he demonstrated resilience.[91]

A participant's age predicted psychological distress only when compared to the age of discovering one's indigeneity (see Chapter 6). Of the interview participants, only two came to know their Indigenous status as an older adult, while the rest claimed they had always identified. Given that correlation does not equal causality, the reasons for this outcome are equivocal. Perhaps it is a function of growing up as a non-Indigenous person that allows an individual the opportunity to avoid the learned behaviours of the oppressed, or the lack of exposure to the negative behaviours associated with living in community are avoided, along with the threats to self-esteem. It is not possible to posit definitive reasons from the data sets of this PhD.

8.3.6 Silence

When triangulating the quantitative and qualitative data in the microsystem, silence was identified in the areas of parentage and gender. Using the eco-map to draw a genogram allowed interview participants to consider their parentage. Almost half (45%, n=14) interview participants had one Indigenous parent and one non-Indigenous parent. This data was not captured in the questionnaire, but in the interviews, it was apparent that this was important to this cohort of interviewees. For this reason, it would have been

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[91] 'Some of them at the Land Council don't like me, but some people are just like that. I don't lose sleep over it.' (3M39)

beneficial to include a question item in to identify participants' knowledge of their genealogy.

The notable silence in the microsystems matrix is gender. While Indigenous women generally score higher on psychological distress measures than men (Parker & Milroy, 2014), in this study, gender was not a predictor of psychological distress in any of the measures.

8.3.7 Social capital type of the microsystem

The type of social capital that best describes the relationships in this system are *bonding* relationships. Creating family relationships where the family unit is secure in their indigeneity offered participants access to role modelling effective coping mechanisms.

8.3.8 Discussion of microsystem matrix and risk and protective factors for psychological distress

Bronfenbrenner's microsystem category has the individual at the centre, with family as the strongest influencing factor. The convergent results of both data sets demonstrate concordance around the influence of family on the participants' sense of identity and community inclusion.

This convergence indicates that Indigenous parenting that is present is a protective factor against psychological distress. It might be expected that families that know their culture and country are able to imbue a positive sense of Indigenous identity that is also protective. Having parents strong in their own indigeneity and identity, and living on their own country might be protective factors. Being able to role model positive coping behaviours allows individuals to develop resilience against exclusionary community behaviours.

The risk factors identified as active in the microsystem are family feuding, being denied access to one's parents (including second generation Stolen Generation participants), and being fair skinned. This includes families who move or live in communities where there are high levels of family feuding and community exclusion produce individuals who are at high risk of psychological distress. This might not be only a function of family behaviours being transferred to an individual, but also because family feuding might target all family members, increasing the risk of psychological distress in individual community members.

Participants who had parents that were part of the *Stolen Generation* (five participants volunteered this information when discussing their eco-map, although it was not a specific question) and who did not know their country or language groups, were also at substantial risk of feeling shame, community exclusion, and its associated psychological distress (see Cote & Levine, 2014).This result reinforces other research on children of the Stolen Generations acknowledging the on-going intergenerational trauma and psychological distress (see Marsh, Coholic, Cote-Meek, & Najavits, 2015; Prager, 2016; Rigby, Gair, & Thorpe, 2016; Treloar & Jackson, 2015).

Having no access to one's Indigenous parent under any circumstances is a risk factor for psychological distress. Although not considered in this thesis, being Indigenous itself in Australia is a risk for psychological distress as a function of racism (for example, Larson et al., 2007; Paradies, 2006a, 2006b, 2008, 2009, 2014) and so not having an Indigenous parent to role model celebration of indigeneity might explain the risk.

Not feeling accepted by their non-Indigenous family is also a risk for psychological distress (see Dudgeon & Hirvonen, 2014). This is especially true of individuals who were adopted out of their Indigenous culture, and returned to community but had poor community relationships (see Day & Francisco, 2013).

Being very fair-skinned is predictive of high levels of poor community inclusion and high psychological distress. This might be a function of the Stolen Generation, where fairer children who were removed themselves had fairer children who were less likely to have strong community or familial bonds. Fair-skinned Indigenous people also were at higher risk of experiencing exclusionary community behaviours. Given that almost half of the interview participants had only one Indigenous parent (*n*=14), then perhaps not appearing stereotypically Indigenous might have been likely in an individual, which was a risk of psychological distress.

Psychological distress is a collection of *unpleasant feelings*, that interfere with daily living activities. The risk and protective factors in the microsystem are also based around feelings or perceptions of being welcome in family and community, and of being comfortable in one's own skin. Interventions within this microsystem to decrease psychological distress and increase community inclusion would be at a family level, such as positive parenting and opportunities for people to learn about their family heritage, where children learn their linage from effective Indigenous role models, and will be able to meet the third element of Indigenous identity in Australia (see Hodge, Turner, Sanders, & Forster, 2017; Munns et al., 2016; 2017).

Family circumstances and personal resilience informed the microsystem. The next level in Bronfenbrenner’s model is the mesosystem.

8.4 Bronfenbrenner’s mesosystem matrix

According to Bronfenbrenner, ‘(the) mesosystem comprises the interrelations among two or more settings in which the … person actively participates’ (Bronfenbrenner, 1979, p.79). For this thesis, the definition is taken to consider the relationships and interactions the participant has with the persons or systems in the social environment of the community that might not have direct interactions at only the family level. The mesosystem relationships scaffold on the microsystem systems, such as how the values of the individual’s community interact with one’s family and self. The most reliable predictor of psychological distress and community inclusion in this system was *not* living on one’s (ancestral) country. The most common reason for moving off country was for family reasons (33%), demonstrating the link between the micro- and macro- systems, when the family decisions impact on the participants. The convergence of both data sets is demonstrated in Table 8.2.

Table 8.2

Convergence Matrix for Bronfenbrenner’s mesosystem

Model /Quantitative		Theme/Qualitative		Risk Factors	Protective Factors
2.	Living on country	2	Living on black	Not living on your own country (‘new’ move-ins)	Living on country

The items for the quantitative data that made up the variable ***living on country*** and the measure of psychological distress, and were:

> Q10: Are you living on your ‘country’? and
>
> Q10b. What where the reasons for moving off-country?

The qualitative data theme of ***living on black*** was coded from participant interviews around the eco-maps and relationships with family/community, such as feeling welcomed and knowing one’s country (see Table 7.6).

8.4.1 Convergence

In the mesosystem, data sets results converged on the issue of living on country.

8.4.2 Living on one’s (Indigenous/ancestral) country

In the quantitative data set, living on one’s country was associated with lower psychological distress and greater community inclusion. Feeling accepted by community, according to the qualitative findings, can take generations of living on that country. Some communities will not permission, or seem to permission, a move-in to hold positions in their local Indigenous organisation, thus denying a voice to a family group.[92]

Participants were interviewed as a function of their ‘being in community’. Interview participants talked about, and considered the community as though it was a separate entity, for example, ‘the community doesn’t like it if you *big note* yourself’; or ‘the community won’t accept a new comer very easily’, inferring almost an anthropomorphisation of community.[93]

Considering participant/community in this light puts the participant in a relationship with the community and thereby creates a dyad relationship of ‘individual’ and ‘community’. Situating both elements in a relationship puts the connection of self and community as a risk to community inclusion, with the community being able to metaphorically decide if a participant is indeed Indigenous or not, welcome or not, or the recipient of negative community behaviours.

8.4.3 Dissonance

In the mesosystem, dissonance was identified between the meaning of *community* and *country*. The quantitative data set had robust predictive factors of living on country as protective factors for psychological distress and community exclusion, while the interview participants talked about community as country, merging the two concepts.

8.4.4 Silence

In the mesosystem, ‘silence’ between quantitative data and qualitative findings was identified in education and its relationship to psychological distress. Education is usually considered in the mesosystem, and is a salient determinant of mental health (Allen,

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[92] Not all communities are like this. For example, Darkinjung Aboriginal Land Council on the Centreal Coast of NSW currently has a very successful CEO from off-country (see http://www.darkinjung.com.au).

[93] The precedent for considering community as a separate entity was recognised during the genome research projects (Dodson & Williamson, 1999; Kowal, 2015; McWhirter et al., 2012).

Balfour, Bell, & Marmot, 2014), but the education levels of participants were not asked in the quantitative questionnaire in order to preserve the anonymity of the participants, and not to cause shame to community members who might not have formal education (see Morgan, Slade, & Morgan, 1997; Probyn, 2004). Because I could manage any feelings of shame in the interviewee, and to see if the quantitative data was deficit in not including levels of education, a circle for education was included in the generic eco-map, in case the interview participants felt it was an important component of their community. However, no participant commented on the implications of education in relation to psychological distress and community inclusion, suggesting that level of education might not be related to community inclusion in these communities. In the interviews, two participants commented about the community of students, with one participant commenting on the exclusionary behaviours of a cohort of students in a tertiary setting (based on her (fair) skin colour), but no one commented on their level of education as a cause of psychological distress or community inclusion. Perhaps the lack of a question item regarding education influenced the interviewees in not considering education and its relation to psychological distress or inclusion.

8.4.5 Social capital types in the mesosytem

Bonding capital best explains the relationships that participants experienced in this system. Participants were concerned with relationships between differing family units in community and their own families. Joining Indigenous community organisations and having to publicly ‘prove’ one’s indigeneity, was a common point of distress with some participants. No data was collected about how often a supplicant fails in joining their organisation, and there is no other data in the literature, so it is not easy to determine how many individuals are officially rejected by the community.

8.4.6 Discussion of mesosystem matrix and risk and protective factors of psychological distress

In the triangulation of quantitative and qualitative data, it could be identified that feeling included by the community led to lower psychological distress. Only 15% of participants were living on their own county, with almost one in five participants not knowing their country. Even though all participants in both data sets answered questions about being on country, the interview participants used the terms *community* and *country* interchangeably. Considering community as country resonates with the current trend in

Australian organisations to have an ‘Acknowledgement of Country’,[94] that only considers the local named traditional owners *as* country. If living on country is a protective factor for psychological distress, and if, as in this survey, only 15% of Indigenous people do live on their own country, then acknowledging ownership of local lands might be a deleterious event to Indigenous move-ins, as it might reinforce a sense of cultural inauthenticity to these participants.

Although ‘country’ in this research was meant to consider where an Indigenous person’s traditional lands were, where their family was or came from, it was evident that ‘country’ was synonymous with ‘community’. It was the relationships that participants formed that created country. It was important for participants to feel connected to country, even when the participant was living off-county, or did not know their country of origin. This concept places new understanding of Indigenous people’ desire to be *connected to country*, more as *included in the community.*

8.5 Bronfenbrenner’s exosystem matrix

Bronfenbrenner defines an exosystem as ‘one or more settings that do not involve the … person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person’ (Bronfenbrenner, 1979, p.241). The exosystem contains systems that *articulate* with participants, for example, the socio-political and structural elements of community society. The convergence between both sets of data is described in Table 8.3.

Table 8.3

Convergence Matrix for Bronfenbrenner’s exosystem

Model / Quantitative		*Theme / Qualitative*		*Risk Factors*	*Protective Factors*
4.	Community exclusion	3.	Fitting in black	Feeling excluded from community Looking different to your community	Looking the same as your community
6.	Community inclusion		Being bullied, verbally abused, and/or shamed in community	‘Hanging with the mob’ Being included in community	

Note: Converged data and findings

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[94] See for example, ANU acknowledgment of country: ‘We acknowledge and celebrate the First Australians on whose traditional lands we meet, and pay our respect to the elders of the Ngunnawal people past and present’ (https://services.anu.edu.au/human-resources/respect-inclusion/anu-acknowledgment-of-country)

The quantitative test items that constructed the compounded variable of ***community exclusion*** were:

> Qs13-28: behaviours of community exclusion (bullying; shaming; cultural exclusion; family feuding, infighting; physical violence; offensive body language; verbal affront; undermining activities; other people withholding information; sabotage; scapegoating; backstabbing; failure to respect privacy; frequency of being treated unfairly).

The quantitative test item for ***community inclusion*** was:

> Q39a: If the coloured circle in the middle is the centre of your community, where would you place yourself?

The qualitative data was under the theme of ***fitting in black*** and included codes such as joining Indigenous organisations and being vouched for by respected community members (see Table 7.6).

8.5.1 Convergence

In the exosystem, the both data sets converged around the protective nature of feeling included in one's community, as identified in the different sections below.

8.5.1.1 Perceptions of being included in community

Participants who scored *often* or *very often* on Qs 13-28, witnessing, or experiencing the exclusionary community behaviours, felt less included in their community, as measured by Q40. There was a sense that if a participant was accepted in an Indigenous organisation that they had 'made it'. Importantly, interviewees commented on the protective behaviours and relationships with community Elders (see for another example, Kaplun et al., 2016), as the protecting of an individual by an elder would signify a certain level of community inclusion.

The ecosystem includes the socio-political nature of community and society. Some participants mourned their status in society, and how this was reflected in community. Participants who 'wished they were white' commented on the constant pressure of being Indigenous in Australia. Fair Indigenous people were fringe dwellers of the fringe dwellers, not able to feel completely accepted by Indigenous people, and yet not feeling they can fit into non-Indigenous society (see also Bennett, 2014, 2015; Burgess, 2016; Quick, 2014).

8.5.2 Dissonance

In the exosystem, the dissonance in the data sets was around the *vehicles of community inclusion.* There was no attempt to quantify the how, why, where and what a participant might choose to increase their perceived level of community inclusion. The interview participants spoke to their vehicle/s of community inclusion via the relationships expressed using the eco-map.

Bronfenbrenner (1979, p.185) explains that 'the … potential of the setting is enhanced to the extent that there exist direct and indirect links to power settings through which participants in the original setting can influence allocation of resources and the making of decisions that are responsive to the needs of the … person and the efforts of those who act in his (or her) behalf'. For example, some participants reported that the Indigenous unit of their university assisted not only their academic journey, but facilitated their inclusion in local areas by creating student communities, introducing students to existing community organisations such as the local Aboriginal Medical Service, and offering personal support, or 'vouching for' the participant.

Three of the interview participants also noted their religious affiliation was a source of community inclusion. They were women who found the women's groups specifically were a vehicle of cultural inclusion, by giving them cause to visit other Indigenous women and families, and to be a source of caring in their community (ACT/Qbn). Also, by joining a value-based social group, these participants could support each other. When incidents of negative behaviours targeted these participants, the women commented on their ability to 'ignore them', or 'laugh it off', demonstrating how community inclusion can act as a protective factor for psychological distress. It also demonstrates the difference in psychological distress as a function of differential exposure and vulnerability, and other participants might not be able to 'laugh it off'. Perhaps, then, resilience is a consequence of close personal networks, where there is security in the cohort's knowledge that members support each other. To 'laugh it off' suggests participants discussed it amongst themselves, and had their position in the community, or at least in their cohort, validated by the other community members.

Some women interviewees used their eco-maps to show that the ability to 'help' their community was a protective factor (see Appendix B for an example). This might be because they are well-known aunties in their community, and are known for 'helping' any community members, but it is also because that site (Qbn) had a very active women's program that offered opportunities to serve. Usually, it is the designated 'leader' of a community that is considered to be serving the community. However, there is often little recognition of the need or value of unpaid, unacknowledged service and the resilience serving can bring to an individual and community. The concept of *service* as related to resilience needs further investigation.

8.5.3 Silence

In the exosystem, participants in both the data sets acknowledged either witnessing or experiencing exclusionary behaviours in the community. It might have been salient to ask if participants had been the victims of the aggressive behaviour, or were the perpetrators of the negative behaviours, and explore reasons why some community members take up community exclusionary conduct. However, no interview participant volunteered to implicate themselves as a perpetrator (not even the interviewee who told another interviewee from that community to 'get on the boat back to Tonga' (*(F, 55, ACT)*, perhaps to look good, or perhaps community members who perpetrate community exclusion actions would not consider volunteering for this research, or importantly, that the participant does not recognise the behaviour as exclusionary.

In both data sets, there was silence on the variable of *site* of the community. It didn't matter where participants lived, or where they considered their discrete communities to be, there was no difference in overall psychological distress or perceived community inclusion scores per site. Living on country, a protective factor for inclusion, and not living on country, a predictor of psychological distress, and associated with any of the three research sites. This means that move-ins had the same risk of psychological distress in any of the three sites, suggesting that Indigenous communities share negative behaviours and vehicles of cultural exclusion across sites or communities that are not geographically or politically co-located, and that behaviours of exclusion are shared across communities, reinforcing the theories of exclusion as described in Chapter 2 of this thesis.

The quantitative data set only had one indirect test item concerning racism (Q4 Other Australians think they are better than Aboriginal and/or Torres Strait Islander people), and this question did not form part of a component variable. However, the interview participants discussed social exclusion alongside community exclusion. For example, one participant described on-going racism as 'demeaning', and 'eating away your soul', then described how 'we always send the fair one in first', suggesting an acceptance of the steady-state of racism, with the expectation that fairer ones will be able to rely on (misplaced) white privilege, as they ‘pass for white’. Fairer interview participants who appeared to be able to ‘pass for white’ did not consider themselves to be privileged, but rather they considered themselves to be ‘fringe-dwellers of the fringe-dwellers’, and with one participant stating she was the ‘frequent flyer’ of community exclusion, and considered herself ‘fair game’, and consequently, rarely spoke up in community meetings. The continuing claim to Indigenous identity, and thus the ‘refusal of whiteness’ (Kowal & Paradies, 2017), places non-manifestly Indigenous people a social and political intercultural space, and this can be burdensome for fair/er Indigenous people who have to continually, actively, and publicly declare the most basic of their identities.

8.5.4 Social capital types

In the exosystem, *bridging* and *linking* capital are important to create new relationships in any community. Being able to feel included in a community by being able to join an Indigenous organisation requires individuals to have skills in networking and relationship building.

8.5.5 Discussion of exosystem matrix and risk and protective factors for psychological distress

This double jeopardy for Indigenous people, discriminated against by society, and excluded, sometimes violently, from their own communities makes community inclusion the more poignant. For example, some interview participants *never* felt safe, and that returning to their home/community did not mean sanctuary. This feeling of lack of security can also be a cause for psychological distress (revisit Mirowsky & Ross, 2003). One participant described it as being in a constant state of hyper-vigilance, and claimed that this chronic stressed state fed his anger, and he expressed his anger at his family. Hypervigilance and anger are precursors to psychological distress (see Aguiar & Halseth, 2015; La Veist, Thorpe, Pierre, Mance, & Williams, 2014).

The questionnaire asked participants to consider how their identity affected their experience of living in society. A significant percentage of participants said they experienced racism on an almost daily basis, and this racism occurred in public places, such as hospitals, educational institutions and whilst shopping. Some participants were less concerned than others with this experience. However, it was not possible to determine what the protective factors for development of resilience might be. The difference in responses is typical of all groups, where the differential exposure to negative events and behaviours are correlated to the level of vulnerability of the individual. It would be interesting to unpack the origins of resilience, and document the learning of this skill or trait.

The constant public gaze, while still being invisible, such as being followed by security (a common comment in the interviews), but being ignored when lining up in a service area, was wearing on participants' well-being, and a risk factor. To feel constantly 'hated' was stressful, as one participant stated:

> *I would like safe places/social events where you can go and people don't hate Aboriginals. I am tired of being told to join in to social groups (improve social connectedness) and when you turn up someone will show you they personally don't like Aboriginals or others will share their racist views. There is practically no place for Aboriginals to go to feel welcome. (ACT, P 4).*

It was not possible to examine the correlation, if any, of response to negative behaviours and participating in negative behaviours in this study. Even though most participants felt there was some level of community exclusion as a function of these responses, not one participant claimed to have engaged in negative behaviours themselves. This might have been a function of the human need to look good for a researcher/professional, or perhaps, the victims of community exclusion are the more likely to volunteer for this research is unclear, and would need further investigation.

8.6 Bronfenbrenner's macrosystem matrix

Bronfenbrenner (1979)'s macrosystem describes the culture and society in which an individual lives, including how, when and where common identity, heritage, and values interact. The macrosystem includes the overarching systems in which all cultural and subcultural systems lie, and encompasses interactions at all other levels. This level is therefore concerned with identity and identifiers, both of which are problematised in Australian society and Indigenous communities. *Identity* was interrogated in both data sets, and the convergence of the sets is described in Table 8.4.

Table 8.4

Convergence Matrix for Bronfenbrenner's macrosystem

Model /Quantitative		Theme/Qualitative		Risk Factors	Protective Factors
3.	Looking black	3.	Looking black	Being recognised as Indigenous in mainstream society	Being recognisable as 'Indigenous' (in community only)

Note: Converged data and findings

The quantitative test items that factored into the compound variable for ***looking black*** were:

> Q11: comparative skin colour (compared to the Aboriginal and/or Torres Strait Islander community you currently live in, are you a) fairer, b) the same, or c) darker.
>
> Q12: On the drawings of arms, which colour most closely resembles your arm? (circle the number that best describes you) (1-5 on the Von Luschan colour scores).

The qualitative data produced the theme ***looking black.*** The codes that made up this theme were skin colour, authenticity, and signifiers of indigeneity, and knowing other community members (see Figure 7.6).

8.6.1 Convergence

In the macrosystem, the quantitative and qualitative data sets converged on two issues. As will be considered in detail below, these included being manifestly Indigenous and wearing signifiers of indigeneity.

8.6.1.1 Being manifestly Indigenous

Both data set results considered appearing to be Indigenous was an important predictor of community inclusion and psychological distress, but that distress and inclusion levels were contextual. Being manifestly Indigenous was a protective factor for community inclusion, but a risk factor for psychological distress. Being fair (scoring 1-2 on the Von Luschan skin colour chart), or looking different than the community was a risk factor for community exclusion and psychological distress.

8.6.1.2 Wearing signifiers of Indigeneity

The quantitative item Q8 asked ‘If you think people do know you are Aboriginal and/or Torres Strait Islander when they first meet you, is it because…you are wearing Aboriginal and/or Torres Strait Islander clothes/jewelry/colours’, but the number of participants who scored this item was too small to perform inferential statistical tests. However, in the interviews, participants described wearing Indigenous-coloured (black, yellow & red) jewelry, and Indigenous-patterned clothing (for example, t-shirts and hats). Fairer-skin coloured participants might have worn signifiers of indigeneity to increase the likelihood of community inclusion by declaring their identity in a manner that their fair skin did not facilitate, as participants commented (see also Kowal & Paradies, 2017).

8.6.2 Dissonance

There was no dissonance between the data sets in this system. Skin colour, signifiers of indigeneity, and looking black were both powerfully represented in both data sets.

8.6.3 Silence

There was no silence in these data sets.

8.6.4 Type of social capital type

The social capital types that sits under the macro system are *bridging* and *linking* capitals. Participants expressed issues on how to create relationships with their 'home' communities and with other site or communities.

8.6.5 Discussion of exosystem matrix and risk and protective factors

Having the skin colour that was stereotypically Indigenous factored in both data sets as both protective and risk factors, depending on the context of the community and inclusion. The quantitative data sets demonstrated that the skin colour of a participant was highly predictive of community inclusion and psychological distress. Fairer participants noted a higher level of exclusion from the community, either perceived or with definitive examples. Darker participants also felt excluded from the community as a function of their darker skin colour. Importantly, the *perception* of being excluded is the same as a lived experience, according to the findings of the interviews, and the measures of the quantitative data. Skin colour of participants seemed to demonstrate a perceived authenticity, or the 'amount of' Aboriginality a participant had. Darker participants experienced exclusion perceived non-acceptability in mainstream society. From the interview findings, it is the consequent seeming privileging of the fairer community members that acts a cause of resentment in darker coloured community members. Given that participants who came to a knowledge of their indigeneity in their 30s or later, it might be that white privilege exists for fairer indigenous people, even though this is an equivocal, contentious issue (Khanna & Johnson, 2010; Kowal & Paradies, 2017).

Participants who perceived they looked manifestly Indigenous were at a slightly higher risk of psychological distress, but were more protected from community exclusion than participants that did *not* look manifestly Indigenous. It is not possible to unpack the psychological distress score as a function of intra-community factors compared with inter-community factors due to small sample size, when participants looking Indigenous scored higher on the psychological distress scale, possibly because of perceived racism and social exclusion. The sites that had fairer participants in communities and high levels of community exclusionary behaviours aimed at darker participants, and in doing so, seem to have adopted the behaviour of the oppressor, and excluded the manifestly Indigenous-looking participant in order to mirror the expectations of mainstream society.

Participants who were fairer or darker than their community, and who had not grown up with their Indigenous parent felt the greatest exclusion from community, and therefore, their extended family. However, there was no difference in the level of psychological distress between the skin colour sub-groups of 'fairer than', 'the same as', or 'darker than'. This suggests that skin colour predicts level of cultural inclusion, and individuals with darker or lighter skin colours on the Von Luschan scale predicts higher psychological distress, but not in comparison with their community. Skin colour likely predicts psychological distress based on the experiences of these darker/fairer participants and the behaviours of society rather than community.

8.7 Conclusion

This chapter has considered the quantitative and qualitative results from a parallel, convergent mixed method perspective. The results and findings were categorised into each of the four Bronfenbrenner's four-system ecological social capital model matrices. The convergence, dissonance, and silence of each matrix's set of results were described. The social capital type best suited to the matrix was considered. Risk and protective factors for each matrix were described.

Sites of intervention to increase Indigenous people' perceptions of community inclusion and decrease psychological distress need to consider social capital. The challenge with categorising events, interactions, or perception into only one of Bronfenbrenner's systems is that the decision to consider family under the microsystem, for example, is a judgement call of the researcher. The reason that the data sets, codes, and themes in this research are categorised under each of the systems is that in my judgement, these codes and themes were the best match to Bronfenbrenner's social ecological capital. The research hypotheses were considered and answered, with accepting of Hypotheses 1, 2, and 3, and partially accepting Hypothesis 4, and thus rejecting the null hypotheses. The next chapters will consider how the results inform and complement the research questions, hypotheses, theories, and methodologies used in this thesis, and conclude the thesis by acknowledging its limitations, and making recommendations for future research, clinical practice, and policies.

Chapter 9: Conclusion and Recommendations

9.1 Introduction

This chapter concludes this thesis by revisiting the aims and objectives of the research, considers the implication of this research for practice and research, and of course, acknowledges the limitations of the research itself. I revisit comparative data to be able to compare this research with other published sources to consider the usability of this PhD. But first, it is appropriate to review the theoretical underpinning of this PhD, to consider the value of the theories.[95]

The main aim of this PhD research was to consider the risk and protective factors of psychological distress in relation to perceived levels of cultural inclusion/ exclusion in three Indigenous sites or communities. A secondary aim was to measure the impact of perceived cultural exclusion within Indigenous communities, with a particular focus on skin colour and being manifestly Indigenous, and if a person was living on their ancestral country or not.

Some researchers contend that all Indigenous people to have similar issues, and to some degree that is true, but reviewing the modes of colonisation (see Doyle, 2012) and the differing effects still felt by Indigenous people currently, indicates that there is no one-size-fits-all intervention to improve mental and physical health in communities. Each country or mob, and even each community needs localised interventions that are nonetheless based on best available evidence, even though there are some shared core similarities across all communities, as can be demonstrated by reviewing the theories and methods used in this PhD.

9.2 Review of the use of social inclusion theories and fit to this thesis

Chapter one introduced social inclusion as a determinant of health, especially noting racism as a predeterminant of social exclusion for all Indigenous Australians. A shared

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[95] It is important to remind the reader that I identify as Indigenous, have fair skin, blue eyes, and have experienced community exclusion, based on colourism (discrimination as a consequence of my colouring) in communities where my family connections are not known to others (see Introduction).

outcome of colonisation amongst all indigenous people is *othering*. Othering is a practice of exclusion, where populations are considered ‘not us’. Being consistently othered effects individuals’ identity and culture, and therefore, people’s self-esteem and mental health, and effectively excludes these people from sociality and their society/ies. Over one third of Indigenous people experience racism on an almost daily basis (ABS, 2013), and this experience significantly increases the risk of psychological distress in communities.

Populations who are excluded from society will suffer much poorer health. Examples of such excluded populations included the homeless, refugees, people with mental illness, people living in poverty, and of course, Indigenous people. The WHO recognised that social exclusion is a major social determinant of health. Australia was founded on a core value of social exclusion, with Indigenous people othered, brutalised and victimised by the colonisers and settlers. This core value has informed many interactions between Indigenous and non-Indigenous people for more than 200 years, effectively excluding generations of Indigenous people.

The constant state of intergenerational exclusion is complex for Indigenous people. Indigenous Australians suffer from wide exclusion (with most communities experiencing some form of exclusion), with deep exclusions (multiple or overlapping processes) and concentrated exclusion (e.g. remote communities, or inner-city ‘ghetto’ communities). Even though social inclusion was not particularly measured in this study, Question 4 in the questionnaire can be interpreted as participants’ reporting social inclusion.[96] Considering the findings from this PhD research, and using Levitas’ (1998/2005) model suggests most governments policies mean Indigenous people are treated via the MUD – that is, the moral underclass discourse. The up-, mid- and down- stream factors of the determinants of health all also load on this type of exclusion, with a suffocating risk of suffering social exclusion, with social exclusion being the precursor of community exclusion.

The United Nations and the WHO recognised the need to consider inclusion as a protective factor for all societies, and created a set of indicators. One of the indicators of the UN, the ‘subjective/objective’ measure, is the indicator considered in this PhD, to privilege an indigenous voice. Measuring social inclusion in Indigenous communities is

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[96] Q4 Other Australians think they are better than Aboriginal and/or Torres Strait Islander people.

currently important, as this measure has lost importance for recent governments in Australia. Not considering social inclusion makes it less likely that governments will consider community inclusion to be important.

It is challenging to determine the percentage of psychological distress can be attributable to social exclusion and community exclusion. Further research might need to consider how to measure and attribute both kinds of exclusion variables to the levels of psychological distress in the lives of Indigenous Australians.

9.3 Considering community exclusion in this thesis

Being excluded, treated as other, while constantly living in the public gaze within a society with racist intent has meant that some communities and individuals have adopted colonising, negative behaviours that cause Indigenous people to be excluded from full participation in their community. Community exclusion occurs when an individual or group is deliberately excluded from their community. Part of this research was to investigate the correlation, or risk factors, associated with this type of exclusion. Reviewing the research from this thesis suggested the significant risk factors to be skin colour, and living on country, with the opportunity to celebrate one's indigeneity. Any form of exclusion forced upon an individual or group is a threat to mental health.

How an individual is excluded by community is a lived, perceived experience. Conjectures of oppression theories suggest, basically, that 'hurt people hurt people', either replicating the negative and cruel behaviours of the very society that maims them, or that there is a complex set of ecological constructs that pull community behaviours into a learned set of behaviours, either as resource-scare competition, a politically-supported phenomenon designed to 'divide and conquer', or a physical reaction to continually living under poor social determinants of health. So, even though a determinant of health approach of research is generally causative, it is the behaviours of communities as *vehicles* of social and community inclusion that are the variable of interest for this PhD research. The all-encompassing experiences of social and community exclusion need a big picture model to best capture the predictors of psychological distress, and a social capital lens best allows for this.

9.4 Utility of Bronfenbrenner’s ecological social capital model in this thesis

Behaviours of community exclusion can be considered a measure of neighbourliness and civility. This measure suggests the best fit of frameworks to consider the issue of relationships in Indigenous communities is a social capital framework. As shown in this thesis, the networks in community determine the level of personal violence. A salient example is demonstrated by the lack of networking opportunities available to Indigenous people who move-in to another community and may have lived there for years, yet still score themselves on the peripheries of the new community. After reviewing diverse social capital frameworks, the most appropriate model for this PhD research was Bronfenbrenner’s bio-ecological model, using his systems approach of micro-, meso-, exo- and macro- systems.

Bronfenbrenner’s model is a popular research model to consider social issues. It is easily accessible to all disciplines, and allows for identification of placements for interventions. Bronfenbrenner’s model was extremely useful for this PhD research, as it facilitated the categorisation of both data and findings. Data reduction is necessary to make sense of the research, and Bronfenner’s model allowed the findings to make sense.

Bronfenbrenner’s model was a good fit for this research, as it allowed relationships to be unpacked and determine the areas in community that provided strength to participants. Importantly, Bronfenbrenner added a fifth system to his later models: the chrono-system, where time is considered as a further category (Bronfenbrenner, 1988). Measuring the length of time and amount of exclusionary behaviours to determine why some individuals and communities do not adopt negative community behaviours would be valuable (see a Canadian example in Tousignant & Sioui, 2009; and in Australia -Hopkins, Zubrick, & Taylor, 2014; Hodge, Turner, Sanders, & Forster, 2017; Munns et al., 2017), suggesting that the chrono-system and its relationship to psychological distress would be better examined with a longitudinal study, rather than the snap-shot study of this PhD. While one item in the questionnaire considered time by asking how long a participant had identified as Indigenous, a more rigorous measurement of repeated exposure to negative community behaviours that result in community exclusion might capture the resilient behaviours that protect against psychological distress in Indigenous communities.

Bronfenbrenner’s chronosystem can include timelines of personal history, measuring instances of abuse, or loss and grief, and placing them into Bronfenbrenner’s other systems. Having this information about participants or communities might have added a powerful and rich understanding of why some participants score higher than others on psychological distress scale. National, reliable data sets indicate that Indigenous people live through more traumatic life events, in number and context, than non-Indigenous people do (see ABS, 2017).

In addition to a social capital/social determinant framework, was the need to ensure cultural proficiency in research in Indigenous communities. The Yerin Dilly Bag model, based on my ancestral (Cadigal/Eora) languages, is a set of applied values created to ensure that this research remained emancipatory, and privileged the voices of the Indigenous participants, including my own, and added to the ability to interpret the results.

9.5 The Yerin Dilly Bag model

Researching in Indigenous communities comes with its own sets of risks, the most prominent one in my mind is to do no harm. For this reason, I wanted a clearly articulated set of core values with would inform my behaviour in this research. Because there are so many different Indigenous nations, I needed to be culturally congruent relating with community leaders to get permission to enter the two sites as well as interacting with participants and potential participants. It is easy to become emotionally invested in one's research, however, having the Dilly Bag values to inform the research process was valuable to me.

9.5.1 Reflection of the Yerin Dilly Bag model

I have reflected on using the Yerin Dilly Bag model using Gibbs (1988) reflection cycle (see Table 9.1). I decided on these seven values (Mawa maur: to hold; ngara ngara: listen; burbangna: to help lift up; waranara: to see; bulbanga: to hold up; wingara: to think; and ngagaga: to ask) after considering the research process, and my need to maintain ethical behaviours. It is the civility of these values that inform the behaviours of my personal interactions with all community members. In the future, I would start on a model creation of values at a primary action, and spend more time with my community elders.

Table 9.1

Reflection on creating and using the Yerin Dilly Bag model

Description	Feelings	Evaluation	Analysis	Conclusion	Action Plan
Creating the different values for the model by visiting an older family member, researching languages of Sydney	Language is a vehicle to access culture, and family history, so it was a privilege to listen to her, and get her permission and sanction to use lingo in a PhD. She has passed, so this time was precious to me.	Good: using my grandmother's language made me feel stronger Bad: I should have spent more time locking down the language	I could have considered more concepts for this research	There is nothing else I would do differently, but I do wish I had spent more time with my elders.	I would recommend researchers go back to their country to get permission to research from their elders to ensure the research values meet the researcher's and model's values
Using the values of the Model to direct research	Using these values, and explaining them to other researchers, allowed me to be grounded in my Indigenous and family identity as a researcher	The Dilly Bag values are aligned to my personal values, so I thought the model would keep me on track in caring for community, and felt empowered to use this model as it honoured my elders	The Dilly Bag model is a useful way to frame all research activities that align with research integrity.	The model is useful because it kept me grounded in the reason I was doing this research – doing something to alleviate psychological distress in my communities	I would have started this process earlier, to ensure the values guided the entire research project, such as the literature review, discussing with other academics, and community leaders

Note: categories from Gibbs (1988) reflection cycle

In hindsight, I would have been better served to have added bravery, or courage to the values that inform the model. I cannot remember the word for courage, but to be brave is *madung*. It is a struggle to be brave in many instances, but social justice facilitation requires bravery. Being *madung* would have allowed me to give a greater voice to a *wicked* problem, and not shy away from ugly aspects in some Indigenous communities, especially issues of family violence, rife in some of our communities (see Al-Yaman, Van Doeland, & Wallis, 2006; Cripps & Adams, 2014; Cripps, Bennett, & Gurrin, 2009). As an adult survivor of acute childhood sexual abuse, I was reluctant to consider this aspect of psychological distress in the participants – and while I tell myself (and the supervisors) that this was because I was caring for the participants' social and emotional well-being, and maybe that was so, it was more that it would have been too costly for my own mental health. As a clinician, I choose never to work with perpetrators of childhood abuse, but I should have had the courage to consider this in the interviews at least. Nonetheless, the process of creating the Yerin Dilly Bag was extremely valuable, as it permissioned my activities in community, and allowed me to keep fealty with the aims and objectives of this PhD process.

9.5.2 Use of the eco-map in this thesis

The eco-map was a tool used as a visual prompt in the interviews. It was a very successful instrument to get participants to visually consider where their energy was spent in community relationships, and be able to talk about their experiences. Participants were encouraged and able to speak *to* the eco-map, rather than simply to me. I have used the technique of having patients (in my clinical practice) speak *to* a form (usually an assessment form of some type) as it takes away the pressure to talk about 'self', and yet participants are still able to share the information they need to. An eco-map fits with a culture that uses pictorial data to express feelings. There was no resistance to the use of the eco-map by participants.

9.6 The use of mixed methods in this thesis

The choice of methodology in research is dependent on the types of data required to explain and interpret the research hypotheses. In this PhD, the use of mixed methods positioned the research in a transformative framework, by using a social capital model that would allow placement of both data and findings in a manner that identified best placement for future interventions, and was collected concurrently, allowing for checking of both data sets. For example, considering community exclusion with new moves ins under the mesosystem (see Chapter 8.3), the questionnaire measured *living on country* and the eco-maps considered how living on country was almost code for being accepted by community, or coded *living on black*. This codification of living on country would not have been available by using the quantitative data set only. Review of the triangulation chapter demonstrates the richness of data as a function of using a mixed method across the framework of Bronfenbrenner's ecological social capital framework.

The value of a convergent parallel study is in its ability to inform both processes. For example, the interview data was the major informant for both data and findings regarding the placement of variables in the Bronfenbrenner system. The categorisation of data allowed for the statistical modelling of Bronfenbrenner's four systems. Even though the model was not fully able to significantly explain the levels of psychological distress, it was nonetheless valuable in terms of testing the model.

Perhaps the most salient reasons for using a mixed methods parallel convergent study in this PhD is the small populations available for research purposes. Each community would need to be separately approached, and assessed for willingness to volunteer to be involved in another research project, and therefore require lengthy negotiation between community elders and me, or be part of a census-type enquiry, and beyond the scope of a PhD project's questions.

9.7 Review of the research questions of this thesis

The five research questions for this thesis were centred on identifying the risk and protective factors of community exclusion, and that exclusion as a causative agent in psychological distress. These are now addressed in turn:

1. What are the risks and protective factors that contribute to psychological distress in Indigenous populations?

These factors have been described in Table 7.6 and are related to the four themes of *growing up black, living on black, fitting in black,* and *looking black* and fit with Tajfel's social identify theory. Participants who scored or felt more positive about their indigeneity were protected from psychological distress.

2. What is the self-perceived level of community inclusion/exclusion of Indigenous Australians?

Both data sets demonstrated that some Indigenous people feel excluded from their communities. Participants were asked to map their level of inclusion on a semi-circle, with the majority of participants scored in 3 of a possible 5, with 1 being the centre. While some fair/dark participants put themselves in the centre, being different generally meant participants were placed further away from the centre of the community.

3. Is being manifestly Indigenous a protective factor for the psychological distress of Indigenous Australians?

Indigenous people and non-Indigenous people consider appearance to be aligned with indigeneity. Participants who looked manifestly Indigenous scored higher psychological distress, and higher community inclusion, suggesting perhaps these participants' distress was predicted by other variables not considered here, such as racism and social exclusion. Some fair participants had high levels of psychological distress, and this might be a result of their higher levels of community exclusion.

4. What interactions of Indigenous participants with their communities add to the prediction of psychological distress?

The negative community behaviours associated with community inclusion (or lateral violence) were the most reliable predictors of psychological distress. The most common reactions were also negative, such as get angry, or change self, so there would be a feedback loop for psychological distress and the effects of negative interactions. Whilst it might be therapeutic at times to express intense feedings, such as anger, ruminating on anger is a risk factor for aggression and depression (Peled & Moretti, 2010). Chronic anger, as when a participant scores 'sometimes', or 'often' for feeling angry, is also a precursor to antisocial behaviour (Hawes et al., 2016). It is chronic, unmanaged anger and its associated depression that facilitates the transformation from victim to perpetrator of childhood abuse to adult abuser (Lee & Kim, 2017).

These questions have also been answered in the preceding chapters. However, any research that is not representative is not valid, and therefore not useful, so it is important to consider if the participants in this research can be considered a representative sample of the Indigenous population. I argue that having lived in these communities for most of my life, I consider they represent a significant measure of community attitudes and beliefs. This argument is strengthened by comparing other research and statistics about psychological distress in Indigenous people.

9.7.1 Comparative levels of psychological distress in Indigenous people

The ABS collect and report on the health of Australian Indigenous people. Comparing levels of psychological distress in the ABS statistics. The 2014–15 National Aboriginal and Torres Strait Islander Social Survey reported nearly one third of Indigenous people over 15 years of age scored high to very high levels of PD on the K10 (ABS, 2017). If an individual Indigenous person has a co-morbid mental illness, then that percentage climbs to 60% of the population (ABS, 2017). These data are similar to the results of this thesis, suggesting that the research is sample is indicative of the Indigenous population.

9.8 Answering the research hypotheses

Research hypotheses speculate the outcomes of research, and are handled differently to the aims of this thesis. While the accepting or rejecting the null hypotheses is strongly based on the quantitative results, the triangulation of results also contributes to the decisions (see Table 9.2).

Table 9.2

Accepting or rejecting of the research hypotheses

No.	Hypothesis	Evidence	Result
H1	The level of mental health of the sample population would score as ‘poor’ on the Kessler 10 measure of psychological distress.	The mean K10 score was 24.30, meaning the average level of psychological distress in all three communities was ‘high’, and that mental health is concomitantly poor.	Accept H1
H2	Community exclusion is a risk factor for the lower levels of mental health.	The K10 scores for participants who considered themselves on the periphery was poorer than those closer to the centre, and was statistically significantly different between different levels of community inclusion.,	Accept H2
H3	Living on country is a protective factor of psychological distress, and a predictor of community inclusion.	Participants living on country had a *M*K10 score of 23.1, and those not living on country scored *M*K10 24.9; and the difference in K10s were significantly different between both conditions.	Accept H3
H4	Skin colour will predict a certain level of community inclusion, with darker skin colour permissioning group membership in Indigenous communities and lighter skin colour giving rise to greater levels of perceived community exclusion.	Fairer (vL1) participants scored the highest PD (K10) scores, but darker (vL5) participants also scored high levels of PD. Levels of community inclusion were spread across conditions.	Partially accept H4

Note: H= hypothesis; we reject the null hypothesis.

9.9 Comparing this research data to government data

The Australian Government regularly measures the health and well-being of Indigenous Australians. These are considered lag indicators, as the data are usually a number of years old by the time they are released. Nonetheless, the data released by the Australian government, from several government departments are used in this research as a means of comparing findings with the national Indigenous population, where possible.

9.9.1 Psychological distress

Indigenous Australians carry a great burden of disease for all forms of mental illness. One of the ways this is measured is the use of the K10 questionnaire. As noted in earlier chapters of this thesis, the K10 is the instrument of choice for many health researchers, numerous arms of the Australian government, including the Australian Bureau of Statistics. In the 2012–13 Health Survey (Dept. of PM&C, 2014), 30% of Indigenous people had high/very high levels of psychological distress, and 70% has low or moderate levels of psychological distress. In the research undertaken for this PhD, 50% of participants scored high or very high on the K10. The difference between the national data and results of this research may be due to the self-selection of participants, drawn to a survey about psychological distress, or perhaps, that the communities were experiencing high stressors such as community feuding. It is interesting to note that almost half the participants' responses in this PhD research, in relation to what they would do if they witnessed or experiences negative community behaviours was to *change something about themselves*. This finding is most likely a testament to poor self-esteem, and high risk of psychological distress.

It is the normalisation of psychological distress that makes amelioration challenging. In the 2012–13 Health Survey (Dept. of PM&C, 2014), half of Indigenous Australians have had a relative removed from their family, while about the same percentage considered they had 'been a happy person' for most of the time. While this is less that non-Indigenous people (61% for the same statistic) (Dept. of PM&C, 2014), it is questionable that there is such a dichotomy in the Indigenous communities. It could therefore be suggested that these two statistics demonstrate the normalisation of psychological distress by Indigenous peoples, and further reinforces the representativeness of the participants of this PhD research.

9.9.2 Demographics

There is no one protective factor in demographics for psychological distress. All Indigenous Australians are at risk of some measure of psychological distress, regardless of age, gender, or where they live in terms of rural and remote, or urban and metropolitan. Having a global risk of psychological distress is demonstrated in this research, as there was no one demographic profile that scored significantly higher on the K10.

Recognising that correlation does not ensure causation is always problematic in research concerning social determinants of health. However, understanding the scope of the level of psychological distress, in all communities, across all demographics, will inform any policy makers. Indigenous communities need urgent, mental health interventions to stop the cycle of depression.

9.9.3 Community exclusion is a risk factor for psychological distress

As noted, Indigenous peoples score higher on psychological distress than non-Indigenous people. However, the predictive factors of this distress differ in Indigenous communities. Living as *other*, in a society that has racism as a steady state, where Indigenous people are subjected to overt and covert behaviours of racism on a daily basis, is damaging not just for an individual, but for families and therefore, communities. There were commonalities across the risk and protective factors.

Being excluded by community is an affront to identity and therefore self-esteem (see for example, Romero, Pina-Watson, & Toomey, 2018). Some participants lived with a chronic underlying stress, waiting to be attacked by community that did not accept their claim to indigeneity, resulting in a type of post-traumatic stress syndrome (see White et al., 2015). One protective factor against being excluded by community is living on one's country (see Dowling et al., 2015). Living on country assumes that one has generational ties to that country, and assumes that one has extended family in the area (Wensing, 2014), and both conditions suggest one's identity is beyond question, regardless of skin colour or appearance. Having a relationship with country as traditional owners is a protective factor against cultural exclusion, and for psychological distress. On the other hand, living on country, and being connected to the community might be a protective factor due to the ability of traditional owners to know their cultural history and the ceremonies that go with that country. It seemed that *being connected to country* was code for *being accepted and included in the community.*

It should be that noted that it was not always the darker or fairer participants on the von Luschan skin colour scale that were excluded. The colour of one's skin has been used as a weapon for lateral violence in other Indigenous communities (see Bennett, 2014; Clark, Augoustinos, & Malin, 2016; Paradies, 2016). The protective factor for skin colour and community was being the same skin colour as the rest of the community. This means that if the community was mostly fair, then fairer participants were included, and darker participants were culturally excluded. Why this occurred is not demonstrated in this research. It might be that the anxiety inherent in being Indigenous was lessened by looking like the community, and not standing out and attracting further gaze, acted as a protective factor.

The reasons for the level of cultural exclusion based on skin colour are unclear from this research – only that it is a predictor of cultural exclusion. In the popular movie *Rabbit Proof Fence* (Olsen, Winter, & Noyce, 2002), Molly, a young Aboriginal girl, is told the fair ones can go to Sister Kate's because *they are more clever than us*, so I am not sure if resentment has a place in the practice of cultural exclusion. If fairer Aboriginal people are seen to get better employment opportunities, as some participants suggested, then perhaps cultural jealousy is a factor in explaining cultural exclusion.

9.9.4 Looking Indigenous and its predictive nature of psychological distress

There is some disagreement in the literature around 'looking indigenous' as a risk or protective factor. Studies from African-American racial 'passing', where an individual appears white enough to pass in the privileged cohort of society, suggest that fair individuals can somehow lean on skin colour to avoid social exclusion. In this study, not looking manifestly Indigenous was a protective factor against racism in society, so in that manner, it is a protective factor. However, it was also risk factor for cultural exclusion.

Fairer participants were at risk of greater, prolonged negative behaviours targeting them from their communities. Being bullied and shamed were the most damaging and frequent negative community behaviours. However, it might also have been that the constant need for fair participants to 'prove' their identity in both community and mainstream areas that might also have contributed to their higher scores.

For example, interview participants noted that if one is fair, then it is harder to be accepted in community, and other noted that in, for example, workplaces, the need to 'sell' themselves as indigenous was also distressing. It is not possible from this research to unpack the main cause of distress in these participants.

Even though it was not an aim of the research, it became apparent during the interviews and feedback on the questionnaire, that some participants held certain beliefs about why they might be culturally excluded. One reason was that fair Indigenous people could engage in white privilege, or to be a 'traffic light Aboriginal', or even a 'stealth Koori'.[97]

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[97] As one participant said a ''traffic light Aboriginal is one who is Aboriginal when it is safe to be so, but not when there is overt racism, and a stealth Koori is one 'they can't see you coming till it's too late.'

Having an identity that fits with society acts as a protective factor against some racist behaviours. While this might appear to explain in some manner, fairer participants denied access to white privilege. Some fair participants noted that they might not be able to be identified when they were out of their community, they also wanted me to know that the vicinity where they lived, in the shops and facilities they used, non-Indigenous people would still treat them as Indigenous due to the family or social connections held by Indigenous people, so any privilege of their fair skin might only last as long as they were never seen in company with their darker relatives- a condition not likely to be common.

Another reason one participant volunteered was that some Indigenous people did not like the fairer ones, as their whiter skin was a reminder of white sexual abusers. Another participant said that it was easier to 'pick' on a fair Indigenous person than it was to 'pick' on a non- Indigenous person. These statements seemed to suggest an underlying anger in community against non-Indigenous people, as a function of the racist events Indigenous people experience, but directed at other community members.

There was some self-loathing in some participants. Some dark participants said at times they wished they were white – life would be easy, they would not have to endure the victimisations of society. Some fair participants said they 'hated' their white-coloured skin, with one participant stating he hated his blue eyes, and hoped his grandchildren did not get that gene. This indicates that the colour of one's skin is still an important consideration in modern society. Racist behaviours that socially exclude manifestly Indigenous people are as damaging as those of cultural exclusion are to fairer Indigenous people.

It is not only the Indigenous community that chose to consider a participant to be Indigenous based on appearance. A fairer participant was 'frightened' that her public service supervisor might reject her claim to her position and identity, based on the participant's inability or not wanting to gain a second confirmation of Aboriginality form from a local, but not her home community, organisation. The supervisor apparently wanted a second confirmation to meet the third criteria of Aboriginality as being accepted by the community one lives in, even though the participant had relocated from another state for this position. Living with the constant stress and fear of losing one's employment not based on one's performance, but rather based on whether one can 'sell' themselves as Aboriginal or not, cannot be conducive to good mental health.

These results are similar to Bindi Bennett's (2014) thesis reporting that light-skinned Indigenous people experience lateral violence as a function of not being manifestly Indigenous. Yet it is not only Indigenous people with differing skin colour that are targeted for community exclusion. For example, Uzogara, Lee, Abdou, and Jackson (2014) reported that medium skinned colour African American men suffered less discrimination from their community, than men with fair or dark coloured skin men. Uzogara and Jackson (2016) consider African American women and report the medium-skinned women perceived less community inclusion, but dark-skinned women reported higher social and community exclusion. These studies about skin colour in African-American people are like the results of this PhD study, suggesting the strong influence social inclusion has on the behaviours of cultural exclusion in all human populations.

9.10 Theoretical implications

While aspects of the results and findings of this research may be regarded as equivocal due to small sample numbers, especially in some of the statistical conditions, it remains that Indigenous peoples have significantly higher levels of psychological distress. Most participants experienced negative community behaviours, either based on skin colour (or appearing manifestly Indigenous), or not living on one's country. Given that most participants did not live on their country in this study, then living off country as a new move-in might be a risk factor. This is problematic, given that many Indigenous people from NSW and the ACT have been removed from country and family, and move for work or education, or for family reasons.

Using social capital as a lens can determine effective positioning of interventions designed to reduce psychological distress by increasing community inclusion. For example, interventions aimed at increasing family resilience would fit in the microsystem, and include parenting courses, or changing pre-school models to include family and communities. Increasing access to county is situated in the mesosystem, with an intervention such as increasing community functions that do not require participants to have identification papers. Mental health interventions need to consider Bronfenbrenner's systems to be able to include all the components of that system.

Research in Indigenous communities requires consideration of the impact of that research. Indigenist research needs to be emancipatory and understand reciprocity. This PhD introduced the Yerin Dilly Bag model, a set of values created to guide actions and intentions for this study. These values can be used to inform any other research, or modified to suit the researcher.

9.11 Implications of findings for policy and practice

The importance of this research to the promotion of positive mental health to Indigenous peoples lies in the consideration of risk factors. Indigenous people continue to experience psychological distress at levels that require some treatment or intervention. This research demonstrates the sites for intervention to improve social and community inclusion may include:

9.11.1 Anti-racism programs that encourage the acceptance of Indigenous people

This might seem to include educational programs, such as the *beyondBlue* campaign (http://www.beyondblue.org.au/resources/for-me/aboriginal-and-torres-strait-islander-people), aimed at increasing Indigenous inclusion by demonstrating a lived experience of racism and consequent psychological distress. Similarly, the ‘Racism. No Way’ (http://www.racismnoway.com.au/) program in some Australian schools is intended to give school students behaviours and motivations to be more inclusive at school and society. These programs are not easily evaluated, and may fit a victim or deficit approach. However, educational programs requiring the abuser to change their behaviour might not be successful (see for example, Trepagnier, 2017; Forrest, Lean, & Dunn, 2016), and this style of program needs further evaluation.

Any intervention aimed at improving Indigenous health needs to be evidence-based (Doyle & Hungerford, 2014), although this is not commonly the case (Doyle, 2015). The value of this thesis is that it contributes to the knowledge of the predictors of psychological distress, although knowledge transfer is always a challenge. Ferdinand, Paradies, and Kelaher (2017) report the need for community-based health interventions to research-based and integrated into the public health field using a collaborative approach.

9.11.2 Inclusive programs within and between Indigenous communities

Programs that support community inclusion in Indigenous communities need to be resourced and locally-based. New move-ins, even after decades, are often not considered as ‘authentic’. An effective program in WA for new move-ins, for example, was to have home visitors, community members who were tasked to visit a new move in with cleaning supplies for their new house. This created an informal setting for inclusion, but funding was ceased. Another common vehicle of community inclusion are targeted programs such as art classes, children's programs, or health programs, designed to meet a physical need, but with community inclusion as a core value. From a mental health perspective, considering that hurt people hurt people, easy access to mental health treatments in Indigenous communities are urgently needed.

9.11.3 Change of confirmation of Aboriginal process

Getting a confirmation of Aboriginality certificate can be problematic for some Indigenous people. For example, one participant was one of the three Indigenous psychiatrists. She has always identified, grew up with her Aboriginal father, went to community functions growing up and through medical school, and joined the Indigenous Doctors Association, however, that association was now asking members for letters of confirmation of Aboriginality. Neither she nor her father had ever joined a land council, or other organisation under seal. This meant that she had no access to a confirmation letter, and so resigned her membership, and has gradually faded from the community, feeling inauthentic and rejected, after lengthy, valuable service in her field. This is a contentious arena, with accusations of 'false' Aboriginal people in media, and therefore in people's minds, and increases the fear in fair Indigenous people. For this reason, this PhD is therefore congruent with other scholars such as Harris, Nakata, and Carlson (2013) by recognising that Indigenous people move from their home community for school, work, and family reason, and should not be considered any 'less' Indigenous.

The need to demonstrate authenticity is still an institutionalised need. Universities, some medical services, and scholarships all require some form of confirmation of Aboriginality (see 'Proof of Aboriginality' by AIATSIS at https://aiatsis.gov.au/research/finding-your-family/before-you-start/proof-aboriginality). A certificate of confirmation is not a certification of an individual's identity, but a bridge to services offered by governments and other organisations. There can be considerable anxiety when, for example, a potential university student is refused entry to a program due to a lack of confirmation papers. If a potential student is a teenager who comes from a community apolitical family, or who grew up with the non-Indigenous family, then presenting oneself to an Indigenous organisation to be 'accepted' might be challenging. Perhaps all universities need to follow the Australian National University's lead, and accept a statutory declaration from the potential student or candidate.

9.11.4 Removing the stereotype of Indigenous person from the national school curricula

While there is some acceptance amongst non-Indigenous people that not all Indigenous people fit a stereotypical appearance, it would be conducive to inclusion of all Indigenous people to have elements of mixed-identity history and issues of identification in the national curriculum. Linda Burney's famous quote 'being Aboriginal has nothing to do with the shape of your nose, or the colour of your skin' informed the New South Wales Department of Education's Higher School Certificate in Aboriginal Studies (http://hsc.csu.edu.au/ab_studies/part2/heritage/heritage_and_identity/index.html). However, the concept of phenotype as not defining identity needs to be in other curricula, not merely Indigenous-specific units.

9.11.5 Organisational cross-cultural training and employment

Employment is a powerful determinant of Indigenous social and emotional well-being (Calma, Dudgeon, & Bray, 2017), as discussed in Chapter 3: Social Capital. Recruiting for an Indigenous workforce has multiple challenges (Findlay & Andrew, 2014), but retention of Indigenous workers is made easier if the work-place culture is supportive of Indigenous people (Slatyer, Cramer, Pugh, & Twigg, 2016). Reducing employment discrimination increases the health of Indigenous communities (Ferdinand, Paradies, Perry, & Kelaher, 2014).

The National Aboriginal and Torres Strait Islander Health Plan 2013–23 (AGDoH, 2017) consider a culturally respectful and non-discriminatory health system a health enabler. To combat racism as a social determinant of health, health services need to have clinically appropriate care by culturally proficient employees. Many organisations host some form of cross-cultural training for their employees. These training units should include the diversity within the Indigenous population, to ease psychological distress amongst Indigenous employees (see Moore 2017). Cultural proficiency training would inform relationships between communities and non-Indigenous people, increase student and worker retention, and contribute to closing the gap in the indices of Indigenous disadvantage.

9.11.6 Mental health interventions

The level of psychological distress in Indigenous communities is distressingly high. There is no family that is not affected by mental health issues. Interventions need to be placed where the efficacy is greatest, with suggested places including greater access to counsellors. Community programs need to be from a culturally proficient standpoint, such as group measures, usually not considered best practice, but might better suit a collectivist society. Communities need more spaces for meetings and inclusive activities, such as art classes and other stress-management programs. Current programs in Indigenous communities are often motivated by non-Indigenous, albeit well-meaning, agendas. For example, a cooking class run by the local health service might be deemed successful, but it will be a short-term program, and usually has word-of-mouth enrolments. A whole-of-community, long-term approach is required.

9.12 Limitations of this research and process

In all research, there are limitations by virtue of the possible scope, methodological restrictions, and practical realities, especially as Australian Indigenous people are a diverse population. Even though limitations for this research have been considered as the project progressed, there are some issues that need to be articulated, as follows:

9.12.1 The research aims and objectives

After considering the scope of community exclusion, it might have been more prudent to consider a more focussed aim of this thesis. such as measures of exposure to community exclusion behaviours, although this PhD has identified the risk to psychological distress of community exclusion.

9.12.2 Research design

The triangulation and use of three communities was intended to increase the reliability of the data, and capture participants who were living off-country. However, accessing Indigenous communities requires a significant time investment, and this time might have been better spent becoming more fully immersed in one community. The risk of using a single community are that community feuding might inhibit volunteers, and that sorry business and other forms of disruption will stop the research project all together. Similarly, data might have differed if a remote community was used, but remote communities are psychologically fragile (see Kelaher, Ferdinand, & Paradies, 2014; Ridani et al., 2015) and it would have been against my Yerin Dilly Bag values to research these communities for my own PhD, and for no discernible benefit to that community.

Considering the research design, it might have been more robust to continue recruiting participant numbers, even though for the qualitative data, saturation was reached early. At one site (the Central Coast) community disruption stopped the collection of data and interviews for almost one month. This demonstrates that when researching in Indigenous communities, is it prudent to set aside a longer length of time and resources. Lower numbers in some of the subgroups did not allow for statistical analyses with any reliability.

9.13 Strengths of this research

The strengths of research must be articulated in order for other researchers to be able to replicate the successes.

9.13.1 Generalisability of findings

It can be argued that the research population is not representative of all Australian Indigenous peoples. There are over 250 language groups in Australia (Rumsey, 1989; Dendy et al., 2017), and no one piece of research can consider the cultural mores of each community. However, the process of recruitment was such that it captured participants from across Australia, and would suit other researchers. Using a similar approach to participant conscription, Carlson and Fraser (2018) used on-line recruitment for Indigenous Australians to measure racist events. The Carlson and Fraser (2018) study recruited 135 participants from across Australia, and their research is considered to be representative of all Indigenous people enough to be published and accepted by the academy.

9.13.2 Ease of data to use

Using colour-coded questionnaires and on-line surveys added to the ease of data interpretation. Each item on the questionnaire was based in the literature and designed to collect the data required to answer the research questions, with appropriate number of either three or seven responses in the questions requiring a Likert response (see Gogol et al., 2014). The data was very consistent, precise, and reliable.

9.13.3. Using mixed methods

The qualitative findings complemented and refined the quantitative data, and could provide more detailed information to the explain the complex issue of community exclusion. Adding qualitative data collection to a sensitive subject such as violence and distress priviledged voices that might not have had the chance to be properly heard.

9.13.4 Cost Effectiveness

Using on-line recruitment is a very cost-effective method. Considering the cost of printing the questionairres, placing them in the recruitment area, and cost of postage back to the research office, then transposing the hard-copy to an on-line survey was time and resource effective. Using *Qualtrics* to collect data also avoided error in data collation as results were easily downloaded

9.13.5 Individualised research model

The Yerin Dilly Bag model of indigenist research is a definite strength of this research. Creating a values-based model allowed for researchers and participants to feel comfortable in sharing knowledge and experiences. This model allowed me to develop communication skills and hone my qualitative research skills.

9.13.6 *Community Exclusion* in This Research

Even though there is a plethora of research that considers lateral violence, or incivility, in Indigenous communities, this thesis introduces the concept of ‘community exclusion’ to the conversations of psychological distress in Indigenous communities. Using *community exclusion* instead of *lateral violence* will allow for deeper, richer conversations about the risks, predictors, and protectors of behaviours deleterious to the social and emotional well-being of Indigenous peoples and communities.

9.14 Implications for practice and policy

This piece of research is fundamental to understanding the risks and protective factors that inform community exclusion and psychological distress. Translating research into policy and practice from this is concerned.

9.14.1 Implication for policy

A policy is a set of ideas used as a basis for making decisions to reach long-term goals. This research lends itself to considering the following implications:

9.14.1.1 Community inclusion

While interventions and programs to decrease the burden of disease of mental health issues in Indigenous communities abound (see for example, DeWit, DuBois, Erdem, Larose, & Lipman, 2016; Lindstedt, Moeller-Saxone, Black, Herrman, & Szwarc, 2017; Sabbioni et al., 2018; Sun & Buys, 2016), the core component needs to include vehicles of community inclusion. An example of a vehicle of community inclusion would be family-friendly designed for Indigenous people, but also welcome non-Indigenous people, given that so many participants in this study had one non-Indigenous parent and therefore extended family. For example, the Victorian Government sponsor *Local Aboriginal Networks* (LANs) where Aboriginal Victorians (sic) are encouraged to meet regularly to 'improve social cohesion' and are 'non-competitive and inclusive' (Victorian Government, 2016, pp. 5-6). Regular activities encourage families, elders, and others to organise and engage in affordable activities designed to create a safe, supportive place for community members to interact. This encourages families with a non-Indigenous parent to attend and feel welcomed and safe, and will increase community inclusion.

9.14.1.2 All policies must be written in plain English, with community inclusion as a measurable target

The six Close the Gap target areas (see Table 1.6) all were supposed to have social inclusion as a core component. A lesson learnt from the Close the Gap programs was that social inclusion is difficult to operationalise, and that unless each program considers vehicles of inclusion, then that component is lost, and is not measured in the outcomes. The opportunity going forward is to translate the evidence from this research into policy, and mandate community inclusion as a core value and component in social and emotional well-being programs.

9.14.1.3. Funding of future social and emotional well-being programs

Policy makers need to consider the extra time needed to define *community* and to identify the barriers of social well-being, creating indicators that are subjective and objective. For example, the now-defunct *Social Inclusion Unit* of Australia intended to measure access to the internet as a vehicle of social inclusion in remote communities (ASIB, 2009), but did not consider the risk of cyber-bullying on Indigenous youth in remote areas, or the challenge these communication practices have for older people (see Kral, 2014), or that the higher rate in social media is correlated with higher rates of youth suicide and self-harm (Carlson, Farrelly, Frazer, & Borthwick, 2015). A more rigorous consultation and collaboration process by experts in community inclusion might have predicted these outcomes, and therefore need to be factored in to the budget and planning of any intervention (see Singer, Bennett-Levy, & Rotumah, 2015).

9.14.1.4. Different means of establishing Indigenous identity

Requesting a *Confirmation of Aboriginality* certificate can be challenging for many young people, and for families of the Stolen Generation. This process needs to be considered and discussed with the local Indigenous communities, as some Indigenous people are not able to access programs designed to increase health and education, and can leave a community fractured, with individuals feeling a lack of belonging, or excluded.

9.14.1.5 Polices for community inclusion.

Poverty predicts social inclusion, but not community inclusion. Targets for policies aimed at community inclusion that include specific, subjective measurements that can present a balanced representation of poverty and social exclusion. Indicators should be mutually consistent and the weight of single indicator in the portfolio should be proportionate given that it is not statistically appropriate to aggregate or collapse data around these indices, although individual indicators can be assigned a 'weight' in order to facilitate policy creation. The portfolio of indicators need to be transparent and as accessible to citizens as possible. Data should include metadata, and be disseminated back into communities.

9.14.2 Implications for practice

The core component of this research is understanding the predictive nature of community exclusion on psychological distress. Practitioners need to have an acute awareness of community

9.14.2.1 Culturally proficient practitioners and understanding community exclusion.

Health practitioners need to be able to work effectively across cultures (see Levett-Jones et al., 2017). One step in the cultural proficiency journey is cultural knowledge (Lee, 2015), so it would serve practitioners well to understand the risk and predictors of community inclusion, and how community inclusion is an important part of an Indigenous person's identity. Working in community requires practitioners to not take sides in bullying or family feuding (Coffin, Larson, & Cross, 2010) and to understand the chronic trauma that might affect Indigenous mental health outcomes (Hopkins, Zubrick, & Taylor, 2014) to avoid permissioning behaviours of cultural exclusion. Practitioners need to be able to be a vehicle of community inclusion and to help clients or service users to see the behavioural cues of lateral violence, and its negative effect on psychological distress in Indigenous communities.

9.14.2.2 Mental health therapy for community exclusion using Bronfenbrenner's social capital model

Social capital in small communities means mutual knowledge and this introduces a certain peer enforcement which can either respect the rights or enforce the obligations of that group membership (Durlauf & Fafchamps, 2004), so if social capital is a determinant of physical and mental health, then the risk of living without a sense of privacy or control where you are admitted to the community only after actively seeking permission by the holders of power might negate the protective power of being included.

9.14.2.3. Building resilience in Indigenous communities

The results of this research re-enforce the elevated levels of psychological distress in Indigenous communities. This demonstrates the need for mental health interventions aimed at recovering from the effects of community exclusion and psychological distress. An effective model recommended for clinicians is the Star model of recovery (see Figure 9.1) (Lloyd, Williams, Machingura, & Tse, 2016). The Star model suits a Bronfenbrenner approach and considers each star point as a function of social capital systems.

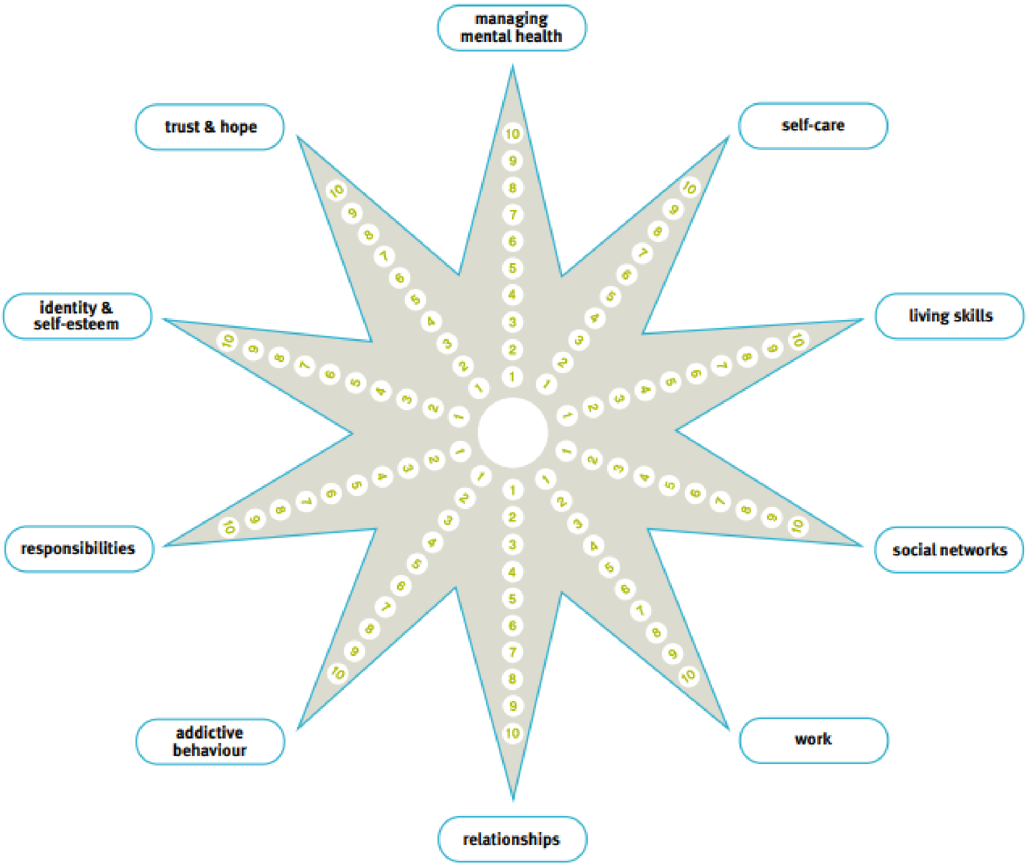

Figure 9.1. STAR model of recovery and resilience-building (copied from MacKeith & Burns, 2008, p.7). Copyright (2008) Mental Health Providers, London.

9.15 Recommendations for future research

Research is like a university, built one brick at a time. While this research added a brick, new knowledge is required, and is concerned with:

9.15.1 Conceptual framework

Future research could consider Bronfenbrenner's later model, which includes a fifth system, the chronosystem. Adding a chronosystem domain would allow research to identify the response to differential exposure to negative events, and consider the results of life-long exposure. Exposure to negative behaviours and individual responses need to be considered. Research in this area would identify resilience and coping mechanisms, with the possibility of creating resilience in others and/or community.

9.15.2. Gender

Literature suggests that women would be at a greater risk of psychosocial distress (ABS, 2017). However, this was not the data or findings of this PhD research. This research did not consider other predictors of psychological distress, such as post-natal depression, episodes of family violence. A research strategy that includes a greater focus on the life experiences of each gender in future research might be able to explore this in future. It is important to understand gender differences in mental health to better place intervention and treatments.

9.15.3 Identity

While this research contributed to the issues of identity/identification, it also introduced an age-based variable, where participants who claimed their indigeneity in later years were less psychologically distressed. It would be interesting to consider a qualitative investigation into how this cohort retained their resilience.

9.15.4 Indigenist model

The Yerin Dilly Bag model informed this research. The core values of this model could be used in other projects to refine this model, or adapt it for localised use by other researchers where appropriate.

9.15.5 Community inclusion

Community exclusion/ inclusion is one of the most significant risks of psychological distress in Indigenous communities. Related to social inclusion, this concept needs to be more closely considered in terms of intervention and evaluating of programs. Using Paradies’s (2006) MIRE instrument, adjusted for intra-cultural measure of community experiences, further research is required to identify potential sites and interventions to ameliorate community exclusion.

9.15.6 Skin colour

Manifest indigeneity is often based on skin colour. However, there are many other genetic contributions to Indigenous people that contribute to skin colour. For example, some Indigenous families have Indian or Afghani, or Maori or Pacific Islander heritage, and so a relatively dark skin colour might be a measure of genetic admixture more than indigeneity. Research could demonstrate any difference in inclusion and psychological distress scores for Indigenous people with these heritages, and if this difference in ancestry gave opportunities for inclusion in communities other than Indigenous, and if these feeling of inclusion had impact.

9.15.7 Other indigenous people

The model and framework in this research could be used in research with other indigenous peoples to consider the levels of social and community inclusion and psychological distress. It might be that other indigenous nations have successful evidence-based interventions to tackle psychological distress in communities. It is necessary to consider the core components of any intervention when adapting cross-cultural mental health programs (Doyle & Hungerford, 2014), so it would be interesting to consider other indigenous people's interventions and test for replicability in Australia.

9.16 Finally

The overarching aim of this research was to contribute to the evidence base to inform policies and practices that ameliorate the elevated levels of social and emotion distress in Indigenous people. The burden of mental illnesses in Indigenous communities is a crushing, debilitating effect of colonisation and racism in Australia. If Australia, as a nation, is politically willing to go forward and have Indigenous people included in society in every level, then policy-makers and practitioners of health need evidence to base best interventions.

Indigenous people continue to be the sickest in the country. Considering psychological distress through a social determinant of health framework, using Bronfenbrenner's ecological social capital model has demonstrated the urgent need for policy makers and practitioners to create interventions to increase social and community inclusion, and to decrease psychological distress in Indigenous communities. In some small way, I hope this research can lighten the burden of an individual or community. It is only fair.

Chapter 10: Epilogue

10.1 Personal reflection on the PhD research journey

All research is a journey, especially a PhD Students can, for example, work in a cohort model where they belong to a community of practice (for example, see Govender & Dhunpath, 2011), where the need to be employed can take precedence over the PhD and make completion challenging (see Gazza & Hunker, 2014), and even where the experience of being a PhD student can cause one to question one's identity (Daniels & Brooker, 2014).

While it would seem that 'reflection' is the end stage of a research project, this is not true. The method of reflection should be decided at the beginning of any project. For me, I used a reflective diary, based on Gibb's reflexive cycle (1988), as this is a common, simple tool used in clinical mental health nursing (see Figure 10.1)

Figure 10.1. Gibbs reflexive cycle. Adapted from Gibbs (1988). Copyright (1988) Oxford Brookes University.

Using this technique to interrogate my research diary, I will share the examples of my reflections on the interviewing process (see Table 10.1), and use of the Gibbs cycle as a tool for reflexive practice (see Table 10.2).

Table 10.1

Reflections on the interviewing process

Description	Interviewing participants for this research project.	My role as researcher, not clinician.
Feelings	I felt the weight of responsibility to ensure the safety of the participants- talking about distress can cause injury, and I felt the gravity of this every time I was interviewing, or handling interview data.	I thought that this would be the easiest part of my PhD journey because I am an experienced mental health clinician, but it was challenging to interview for research rather than assessment or treatment.
Evaluation	Good: I recognised the importance of caring for community members Bad: I suspect this ‘fear’ of doing harming might have made me reluctant to interrogate some issues with some participants.	Good: most interviewees were positive – they had volunteered and were willing to share their stories Bad: a couple of interviewees used me as an example of profiting from my apparent white privilege, saying they wouldn’t have the opportunities that I have had, which is probably true.
Analysis	There are not enough opportunities for community members to discuss PD with non-family Indigenous people, and so there was a risk of participants treating or expecting the research interview to be therapeutic.	Being an Indigenous researcher, there is a need to straddle Indigenous and non-Indigenous world, but it comes with a risk of not getting is right in either practices, so I started wearing my university t shirts and hoodies with an ANU name badge to reinforce my role as researcher.
Conclusion	I would have sought higher levels of supervision before and after interviewing.	I would organise better follow-up for community members rather than just recommending services as per the ethics process.
Action Plan	I would allow negotiate for more supervision after the interviews, and acknowledge mistakes I might have made in the interviews.	I know that mental illness is higher in my communities, and I would organise services to coincide with the research project.

Table 10.2

Examples of reflection on using the Gibbs model to position myself in the reflective research project

Description	Researching being manifestly Indigenous when I am not manifestly Indigenous.	Keeping faith with the research process.
Feelings	I was anxious approaching some communities/members where I was not known, as I didn't want to be treated violently, as I have often been so treated in the past.	Journaling by using the Gibbs cycle enabled me to become a partner with the research itself. I thought I would be able to manage the values and processes of this research by writing a reflexive journal.
Evaluation	Good: I developed some resilience about approaching new communities Bad: anxiety gets in the way of best performance in any individual, so I needed to be aware of my anxiety level.	Good: the use of this reflexive cycle enabled me to make sense of each research step in a timely manner, and to keep on the research plan. Bad: using the cycle sometimes made me feel I was objectifying or making exotic the stories of the participants.
Analysis	Using frequent personal reflection via the Gibbs cycle allowed me to express this anxiety.	Being able to journal the research process was an effective way of keeping on track with the research project.
Conclusion	I could have utilised ANU's counselling service – I did use it once at the end of the process, but should have used it more liberally.	Gibb's cycle is a suitable tool for reflection in a research journey.
Action Plan	I would have used my supervisor more to alleviate this anxiety.	I would share my research journey with my supervisor to ensure I was keeping faith with the research process.

Note: categories from Gibbs (1988) reflection cycle.

10.2 Personal journey and the PhD

Aboriginal people score poorly across most health indices, and I am no different. During my PhD journey, I have been diagnosed with diabetes, which took four of years of trial and error to stabilise medications, side effects, and blood sugar levels. I had skin cancer that included my sinuses, and had to have it excised, but due to the delay in diagnosis and treatment, I lost most of my teeth. The process of making sure all the skin cancer has gone, and with (failed) bone grafts, etc., means I haven't eaten solid food for almost two years. A diet of mashed vegetables and ice cream is not conducive to diabetes, or obesity, and I have gained over 30 kgs during the course of this PhD!

I am a carer for my husband with his multiple diseases. I also care for my son with major depression. Working full-time, and having to manage the household and their healthcare needs is challenging. I am also an aunty in the community, and this means I contribute financially, emotionally, and physically to community events, especially funerals. We have had stretches where there was a funeral a month during this PhD, as I am also considered part of the Maori community as well, being married to a *kāumatua.* I have been subject to family violence, and had to take out a Domestic Violence order against my ex-husband, who continually tries to 'destroy' me. This has impacted on my own mental health.

But there have been rewards to compensate for the challenges. I was awarded an Endeavour Award, and spent four months in New Zealand, and piloted some of this research methodology. I was successful in a Roberta Sykes scholarship, and completed a Master of Science (Evidence Based Social Intervention) for the University of Oxford. Both of these prestigious scholarships allowed me to travel and live overseas, and to get a broader perspective of life. My home university gave me the Indigenous Alumni award for my life-long service to my community.

Carrying the responsibility of being an Indigenous scholar and academic means being increasingly in the public gaze. I had a bad experience talking 'off the cuff' to a journalist, and was censured by my employing university, even though the journalist had added their own words to mine. Since then, I have been interviewed a few times, and each time, I feel the responsibility and anxiety of speaking for the whole of Indigenous Australia (or so it feels).

The only way I survived the journey was because of my supervisors who have encouraged and uplifted me. A PhD is not a solo journey, and I have walked with giants in my field, and it has been a privilege to be in their company. I have learned so much to prepare me for my life-long learning journey, and I intend to uphold the Yerin Dilly Bag values of my family as my guiding principles to inform my academic and community practice.

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Appendix A: Survey tool

THE
AUSTRALIAN
NATIONAL
UNIVERSITY

Thank you for participating in this survey about important issues in our communities. Please keep the participant information sheet, but return the signed consent form with your completed

Thank you for considering being a participant in this research. I am Kerrie Doyle, an Aboriginal woman (Winninnini/Cadigal) from Darkinjung country, and I am doing a Research PhD in Indigenous Studies at the National Centre for Indigenous Studies at the ANU. If you are willing to participate in my research, you need to sign your name at the bottom of this page. By signing your name, you are saying that you have read the Participant Information Sheet about the research and you are willing to participate in the research.

I (the undersigned) agree to take part in the research:

1. I have read the Participant Information Sheet that outlines the general purposes, risks, methods, and what this research is all about..
2. The risks and inconvenience of participating in the study have been explained to me in the Participant Information Sheet.
3. The risks and inconvenience of participating in the study have been explained to me in the Participant Information Sheet.
4. I am satisfied with the explanation given about the research and my related questions have been answered to my satisfaction.
5. I understand that the project may not be of direct benefit to me but will benefit Aboriginal people generally.
6. I know I can withdraw from the study at any time.
7. My consent to participate in the research is freely given and I have not been coerced to participate.
8. I understand that I can obtain a summary of the results of the study when it is completed.
9. I understand that my personal information will be kept private and confidential at all times, in all forums, and in all documents related to this study.
10. I agree to the publication of the results of this study, knowing that it will be impossible for anyone to identify me or the information I provided.

Your Name:________________________Signature:_____________________________

Date:__________________________________

Thank you for your generosity in being part of this project.

Read the statements and choose the answer that best describes how you feel:

Put a tick or cross box with the answer that best describes how you feel:	Never	Hardly ever	Sometimes	Often	Very Often
1. In my opinion, social and emotional wellbeing is an important issue in my community					
2. I feel accepted by other Aboriginal and/or Torres Strait Islander people.					
3. I feel good about being an Aboriginal and/or Torres Strait Islander person.					
4. Other Australians think they are better than Aboriginal and/or Torres Strait Islander people.					
5. How often do you think about being an Aboriginal and/or Torres Strait Islander person?					
6. Do the people that you *mix with* know that you are Aboriginal and/or Torres Strait Islander?					
7. Do people you *meet for the first time* know that you are Aboriginal and/or Torres Strait Islander?					

8. **If you think people do know you are Aboriginal and/or Torres Strait Islander when they first meet you, is it because:** (circle the letter for all comments that apply to you)
   a. you look Aboriginal and/or Torres Strait Islander;
   b. you are in an Aboriginal and/or Torres Strait Islander setting;
   c. you are with other Aboriginal and/or Torres Strait Islander people;
   d. you are wearing Aboriginal and/or Torres Strait Islander clothes/jewelry/colours
   e. other ____________________________________
9. **How old were you when you realised you are an Aboriginal and/or Torres Strait Islander person?**

____

10. Are you living on your ‘country’?

a. yes
b. no
c. I don’t know
d. Prefer not to answer

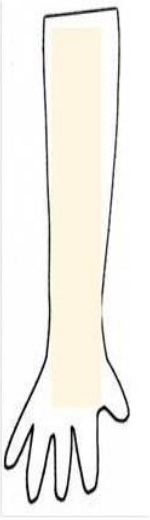
If you are *not* living on your country, is that because

a. Your parents moved here before you were born, or when you were young and you have stayed here
b. You moved here for work
c. You moved for family reasons with your partner/other family
d. You moved for other reasons
e. Other (please comment)______________________________________

11. Compared to the Aboriginal and/or Torres Strait Islander community you currently live in, are you

a. fairer
b. the same
c. darker

12. On the drawings of arms, which colour most closely resembles your arm? (circle the number that best describes you)



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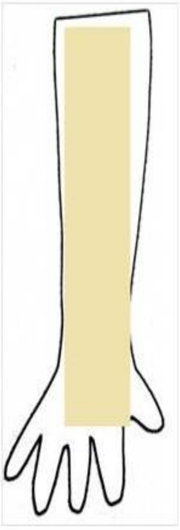

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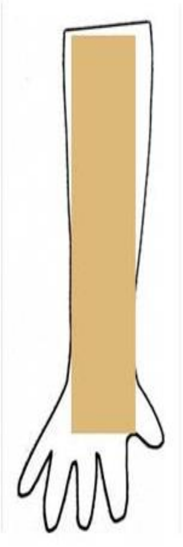

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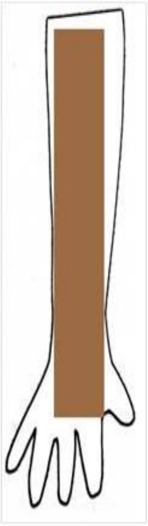

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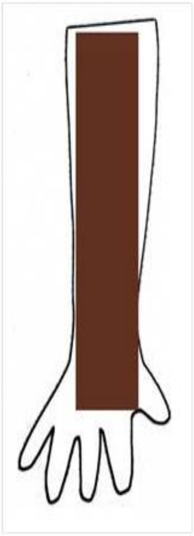


5

The next questions are about behaviours you might have noticed or experienced in the Aboriginal and/or Torres Strait Islander community you live and/or work in, and how they affect you. Tick or cross the box that best describes your experiences

In your communities, how often do you experience and/or witness:	Not at all	Occasionally	Frequently
13. Bullying			
14. shaming			
15. cultural exclusion (for example, not feeling welcome at cultural activities)			
16. family feuding, infighting			
17. physical violence			
18. offensive body language (for example, raising eyebrows, face-making)			
19. verbal affront (for example, name-calling, snide remarks, lack of openness, abrupt responses, gossiping)			
20. undermining activities (for example, not being available, ruining your reputation)			
21. other people withholding information (for example, when you don't get told about community events or opportunities)			
22. sabotage (for example, deliberately setting up a negative situation)			
23. scapegoating (for example, others blaming you or your family)			
24. backstabbing (for example, complaining to peers and not confronting the individual)			
25. failure to respect privacy (for example, other people talking publicly about your business)			
In your communities, how often do you experience and/or witness:	*Not at all*	*Occasionally*	*Frequently*

26. broken confidences (for example, when you have told someone something in private, then they tell someone else)			
27. organisational conflict (for example, fighting in land councils, Aboriginal Medical Services)			

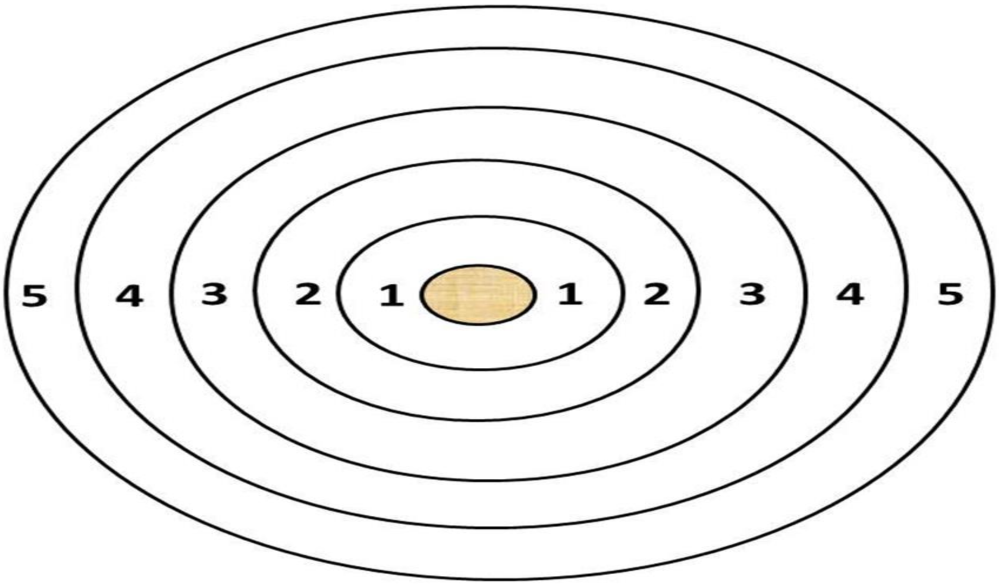
27a. What is the most common behaviour you experience or witness in your community?

____

Tick or cross the box that best describes your experiences	Never	Hardly ever	Sometimes	Often	Very Often
28. How often are you treated unfairly in your community by other Aboriginal and Torres Strait Islander people					
When/if you are treated unfairly in your community by *other Aboriginal and Torres Strait Islander people* how often do you					
28. ignore it, forget about it or accept it as a fact of life					
29. try to avoid it in the future					
30. try to change the way you are or things you do so it won't happen again					
31. try to do something about the people who did it or the situation in which it happened					

Tick or cross the box that best describes your experiences	Never	Hardly ever	Sometimes	Often	Very Often
32. talk to other people like family or friends about it, or write, draw, sing or paint about it					
33. keep it to yourself					
34. feel ashamed, humiliated, anxious or fearful					
35. feel angry, annoyed or frustrated					
36. feel amused, or sorry for the person(s) who did it					
37. get a headache, an upset stomach, tensing of your muscles, or a pounding heart					
38. retaliate (payback) the person(s) who mistreated you					

38a. If the coloured circle in the middle is the centre of your community, where would you place yourself? (put a mark in the place that best describes how included you feel)



The next 10 questions are about you and your wellness over the past 4 weeks.
Tick the box that best describes how you have been feeling over the past 4 weeks.

In the past 4 weeks, how often did you feel:	none of the time	a little of the time	some of the time	most of the time	all of the time
39. tired out for no good reason					
40. nervous					
41. so nervous that nothing could calm you down					
42. without hope					
43. restless or jumpy					
44. so restless that you could not sit still					
45. depressed					

46. that everything was an effort				
47. so sad that nothing could cheer you up				
48. worthless				

What is your age?

______

Are you:

a) Male
b) female,
c) prefer not to answer

That is the end of the questions. Please place your completed survey form in the attached envelope and either post it to me (it is free for you), or leave it in the box on the counter and I will collect it.

Thank you!

I will leave a copy of the results of this study with your local Aboriginal Medical Service/Aboriginal Land Council, but if you would like me to send you a copy of the results, put your email/other details here:

I would also like to interview you about your experiences. If you consent to being interviewed, please ring (02) 6201 5129, or email me at kerrie.doyle@canberra.edu.au, or write your details in the box below, and I will organise a time convenient to you.

If you have additional comments about this research, please write them here:

Appendix B: Guided Interview Script

Interview Script:

Participant:_______________Date:_____________________ Place:____________________

Thank you for agreeing to talk to me. (Check understanding and consent signed, etc)

I am interested in you, your experiences, and your world. (show ecopmap)

This is the eco-map that I would like to use in this interview.

Let's start in the middle of this map. Can you map out your family on the tree? Who is Indigenous on this geno-map? What are the relationship/strengths/stresses of these relationships?

What was it like for you growing up as an Indigenous person?

Can we start with the strengths? What makes some of these relationships strong? How do you manage any stress?

How satisfied are you with these situations?

What would other people say about these relationships?

How about the weaker relationships? What would it look like if they were stronger?

Do you feel included in these relationships? What would it take to have stronger community links/ family links/cultural links/etc? What would these look like from your perspective?

What are some of the positive things about belonging to your community groups? What are some of the negative? Do you think everyone else has these experiences? Do you think you are ever treated differently because of your appearance? By non-Aboriginal people? by other Aboriginal people? what are the positive and negative experiences

Prompts: how easy is it for you to identify as Aboriginal to non Aboriginal people? to other Aboriginal people? Do you think you are lighter, darker or the same as your family/community

(Prompt with the social determinants of mental health if possible in the course of the interview)

(End of the interview). Thank you so much for your generous sharing. I can make a copy of this voice file if you would like one? I will also send you a transcript of this interview, and you can check for anything you might want to add or subtract from it. (get address or contact details/check participant still has PIS in case they want to contact researcher)

Appendix C: Examples of text quotes from interviews and early consensus codings:

Theme 1: *Growing up black*

1	I grew up with my Aboriginal nanna – she taught me all I know about my culture (4F)	Aboriginal mothering
2	My mum was my role model. She was always active in my community, and she would always feed the young kids eh (1M)	
3	I didn't grow up with my bio-parents, but I think I missed having an Aboriginal mother. A father can teach you how to fish, but a mother can teach you how to be. My white parents were good people but. (16M).	
4	My parents were both Aboriginal, but my dad was working away a lot, so we didn't see him a lot when I was young. I see him now, and we have a good relationship. I think he felt bad because he had to go away for work, and leave us with our mum's family (18M)	
5	My dad was not Aboriginal. I didn't see him when I was young and my mum's family grew me up. (21F)	
6	My dad was Aboriginal. My mum never let him see me or my sister, and I didn't know I was even Aboriginal until my mum's sister "blerted it out" at my cousin's wedding. We thought we were black Irish people. I think my mum should have told us. (16F)	Non-Aboriginal parenting [2]
7	We moved around a lot when I was growing up. I never made friends in school, and I think I don't have many now. I only had one Aboriginal friend, and then we moved. I miss her. I wasn't close to my parents, my mum was Aboriginal but she died when she was 52. She worked herself to death I reckon. She was never ashamed of being a Noongar, but she was always frightened. I dunno what of (29, F)	
8	My mum is part of the stolen gen. She doesn't know her family. We don't know where we are from- where our country is- so we can't get a confirmation certificate. I mean, I could if I go to the local (land) council, but I am shame to ask them, cos they are all the traditional people round here. They might not make me welcome.(M)	Aboriginal mothering/living on country
9	In Tasmania, it was hard to say you were indigenous. There was always a lot of fighting. We moved away, and then we could say we were indigenous. We moved away with my mother, then we could say it.(1)	

10	I didn’t know I was Aboriginal until I was in my 20s. I went to a wedding with my cousin and I asked him who are all these people, and he said they are your aunties and uncles. They patted me on my head and said ‘Betsy’s boy’, so they must have known about me all my life. (M)	
11	Well, my dad is Aboriginal. My mum was not, but she was very friendly with my dad’s family, so we were very close to those cousins. I say I’m Aboriginal, because my mum’s family were a bit stuck up, you know, and we didn’t see much of them.	
	Well, my father worked with the transit mob, and we moved everywhere. He was white and my mum was Aboriginal. I didn’t do anything in the Aboriginal community until I was about 15, and one of the teachers said I should go for an Aboriginal football scholarship that was going. So I did. I didn’t do anything else really, but it wasn’t on my mind, you know. Like, I didn’t wake up and think ‘oh, I’m Aboriginal so I have to do this or that’. But when we moved up here (the Central Coast) I got involved with men’s basketball (laugh), and even got these jackets made up (Aboriginal colours). I was working on the rail, but I hurt my back, and so someone said, why didn’t I apply for a job at Nunyara, so I did. I get along all right with everyone I reckon. I am respectful of everyone, and in my job, I know I can help a lot of young people in my job. Some of them at the Land Council don’t like me, but some people are just like that. I don’t lose sleep over it.	

Theme 2: *Living on black*-living on country

212	I am from the city, so I never feel really ‘aboriginal’. Like, they talk around here about going hunting, and I can only go to Woolies. Makes me feel like I am not a real blackfella	Living on country
113	We moved cos my brother was really sick, so we moved down here (Canberra) to be near a specialist. We have just stayed here. I miss my country, but I go home a lot. (*do you feel ‘at home’ on this country?)* Sometimes I don’t, when there is family feuding, but mostly I do	
114	I got an email from someone standing for the elected body (Indigenous representative body). She told me to mind my own business, cos I wasn’t from here, even though I am Wiradjuri (Mob next door), and she is from somewhere in Queensland.	Lateral violence
115	Some families just run everything. I have lived here for nearly 30 years, and I still don’t get treated like a local.	
516	I live on my country. I moved away when I got married, but came back cos it didn’t work out, so yeah, this my land. Got no house though (laughs).	
117	Ya know, people talk about their country all the time, but I was born in the city (Sydney), so is that country?	

	Do I have to consider the area my grandparents came from as my country? Is Sydney my country? What is country anyway?	
118	Well, we are one of the families that own this country. Other people say they do, but they don’t. There are only about 4 families. Other people who move here, can’t say this is their country. (*why not*) because they have their own country and that is where they belong. We belong here. This is where our ancestors came from. This is where we belong.	
119	I dunno where my land is. I am Australian – it’s all Aboriginal land. Where I live is my country. My home is my country, my country is my home.	

Theme 3: _Looking black_

220	I don’t look black – so people don’t know I’m Aboriginal to look at me. It shits me because it means that I can’t get acknowledgement from other blackfellas on the street. I get ignored at community functions unless they know me and my family	
221	Who cares what I look like. I know I am Aboriginal. If people don’t like it, they don’t have to look at me	
222	I wish I was white sometimes. Too hard, too much worry, no safety around being Aboriginal	
2	If I am living on my own country, then everyone knows I am palawa. But here, it is hard, because I have to continually tell people who I’m from, what my culture is. (your bangle?) I wear lots of Aboriginal jewelry. It is a signal, a signifier of who and what I am.	
	I bought this from (Dion), from Darkies designs. I love telling people it’s from darkies design, cos they get all upset by the word darky I reckon. But I am just wearing this cap cos I like it. It is a TI cap (Torres Strait). I mean, I’m not from there, but I am from the coast, and I just like it. (do other people know it is indigenous?) I think they do, but I don’t care if they do. I tell people where it is from, so maybe Dion can get more customers.	
	Some people think that the blacker you are, the more Aboriginal you are – even other black people think that. So, if you are not black, you can just shut up eh.	
	I was having my tea break once. I worked in a nursing home, and someone said I was lucky I ‘didn’t look aboriginal’. I wanted to say something, but if I got offside here, then they’d make it hard for me you know. There was another Aboriginal person there- I thought she’s stick up for me, but she said nothing.	
	I went to the council meeting, and (xxxAboriginal man) called me white and to stop pretending I’m black, so I	

	told him to get back on his fucking canoe to Tonga. Just cos his skin is darker than mine, doesn't mean he's more Aboriginal than me eh.	
	At a staff meeting, I was told I was 'impersonating an Aborigine' (the staff are mostly all Aboriginal). Everyone laughed. I suppose it is funny. I laughed, but I was upset when I got home.	

Theme 4: *Fitting in black*

1	Do I fit in around here? Maybe, how can I know if I fit in or not? I have never thought about it. I don't really give a stuff if they like me or want me.	
2	The activities like NAIDOC on the peninsula are really good. It is a good place to catch up with people. Some of them big note themselves, but it is still good to catch up with them eh.	
3	Well, once you're in the land council, it's ok. You have to stand up and tell your mob and that and then they vote on whether or not you can be in the council. I mean, they fight all the time, but anyway, you're in. I never get involved anyway. I would be too scared to take a position unless I was from a big family eh,	Ie once you're in a position in an organisation, then you're legit;
4	I don't know where I am Aboriginal from. I am from Sydney. My mother was born in Melbourne as a secret baby and then given up for adoption. We are originally from Sydney but my great grandmother's father went south to work in an orchard, so I am still finding out about my Aboriginal heritage. My mother is also looking for her family, and I am looking for them too.	
	Aboriginal people can't win, doesn't matter what you look like. If you real black, then the police and everyone out to get you – you are a target- but you might fit in with the land mob. If you not black, then the police won't target you until they know who you are, but the land council won't let you in till they know who you are, so you can't win. Give it up sista.	
5	In Alice Springs, we don't care. You think we all niggas (sic) out there? You think we all sit round campfire drinking casks? Well, that's what I reckon when you are asking me your stupid fuck questions. No one gives a fuck and you are just making it worse, by asking everyone your fuck questions.(sic)	
	Do I fit in around here? I don't fit in anywhere. I can't fit in with Aboriginal people- they treat me with suspicion- I can't fit in with white people – they treat me with suspicion. I act suspicious, cos that's all I know how to be.	
	I was told by my manager, an Aboriginal woman, that I was 'not black enough' to have an (identified) position. She said she would raise this at a land	

	council, but when my mother said something to her, she said she was only joking. But I know she wasn’t joking.	
	Do you know Lillian Holt (yes, academic from Melbourne)? Do you know her paper, shh I wish I was white? Well, I reckon we are all a bit like that. I get persecuted in my workplace, expected to know everything about every aboriginal thing happening everywhere, and it is a burden. Then in this community, where I have moved to work, cos no one from this community can do this job, then they tell me I’m a coconut, and to go home. You tell me how I can win? You tell me why I am drowning in psychological distress my sista?	
	It is the most disappointing when it is from other Aboriginal and Torres Strait Islander people. That is when it hurts the most.	
	We have bigots too, what mob doesn’t?	
	I am often told I’m not aboriginal cos I am not dark skinned – even by my own mob.	
	I have been physically threatened at the land council. Was told to shut the fuck up, and who did I think I was, and I was only a yella fella anyway. But I stood up for myself, but then his kids hated my kids, and it just got too much, so we moved down here (Canberra).	
	I think I get on ok round here. That old uncle he won’t tolerate anyone saying bad things about anyone else. His kids both graduated from ANU. He is a respected man, and I always feel safe when he is here.	
	Huh- you know (Aboriginal woman), well she was making fun of my disability, but Peter, well he stopped her. I know the others were laughing, but Peter stopped it. It is better when the managers understand how it is for the fairer ones.	
	I get told, we ALL get told, we are not real blackfellas. Whatever a real blackfella is. If you’re fair, your white, if your dark, you’re Maori, or Spanish.	
	I have been told that I am a jumped up blackfella, cos I want to better myself and my family. I have a good job, but it’s like I am a crab in a bucket. But I don’t stop doing what I am doing, because there are other people out there that appreciate it.	
	But what do you mean by community- cos I have a few mobs. My home, my work, my community, all different mobs. Like, my family, they all know me, and we all get on, you know, like families do, but sometimes at work, the other ones get a bit nasty, and we get bullied you know. Sometimes if they are jealous of you they get nasty. You have to let it go over your head but, or you’ll get sick from all the worry of it.	

	The fair ones get everything – you have a look – even you, sista girl (me), you gotta admit you have a good job and if you had skin colour like me, well, I don't think they would give you a good job like you got. They might now, but not back in the day, when we were young. That is why some of this mob hates the fair ones, cos they get the best of everything. They can be black in black place, and white in white places – they get to choose. There is no choice for me. I am always Aboriginal. You can tell by looking at me.	
	At work, in front of students, some of them try and bully me. Even the junior staff members, cos they reckon they are more Aboriginal than me. Undermining me. Aggressive in public where I can't do anything.	

Appendix D: Statistical analysis

D.1 Analysis of variance (ANOVA)

One-way analysis of variance (ANOVA) determines if there are any statistically significant differences between the means of two or more independent groups and sub-groups. For example, performing an ANOVA on the data in this thesis allows for the detection od any statistical difference in community inclusion between the three locations (Healey, 2014). ANOVAs can only indicate the predictive nature of the variables, so post-hoc tests of the data are required to identify the sample means that contribute to the difference in the means (Field, 2013).

D.2 Post-hoc tests

Certain statistical tests are performed after an ANOVA to add to the understanding of the statistical story. These tests are called post-hoc tests, and use the ANOVA statistical output to consider where the differences occurred between groups and means. The choice of post-hoc tests depends on the results of each ANOVA, number of variables and groups, and the significance of the results. Post-hoc tests are performed when there is a significant difference in group means (Field, 2013). Post-hoc tests expected to be used when appropriate in this thesis are described below.

D.2.1 The Assumption of Homogeneity of Variance (Levene’s test)

The assumption of homogeneity of variance is an assumption of the ANOVA that assumes that all groups have the same or similar variance. The ANOVA utilises the F statistic, which is robust to the assumption, as long as group sizes are equal. Equal group sizes may be defined by the ratio of the largest to smallest group being less than 1.5. If group sizes are vastly unequal and homogeneity of variance is violated, then the F statistic is considered liberal when large sample variances are associated with small group sizes, which is a risk in this thesis research. When this occurs, the alpha value is greater than the level of significance. This indicates that the null hypothesis is being falsely rejected. On the other hand, the F statistic is considered too conservative if large variances are associated with large group sizes. This would mean that the actual alpha value is less than the level of significance. This does not cause the same problems as falsely rejecting the null hypothesis, however, it can cause a decrease in the power of the study to reject the null hypothesis. The test for assumption of analysis of variance in this thesis will be the Levene’s test, which is used to assess if the groups have equal variances. This test should *not* be significant to meet the assumption of equality of variances, or rather, if there is equality (or homogeneity, or homoscedasticity) of variances, then the significance of the ANOVA is *not* able to be accepted (Field, 2013).

D.2.3 Tukey Honest Significant Difference (HSD)

The ANOVA indicates significant results, but not where the differences are. The Tukey's (HSD) indicates which specific group's means are different when compared with each other by comparing pairs of means. A Tukey HSD will be calculated after the ANOVAs in this thesis in order to identify the variable that contributes to the results of the ANOVA (Healey, 2014). The Tukey is best used when the sample means are unequal. For example, if more participants from one site scored higher on a variable than from another site, making the sample means unequal, a Tukey’s is performed to check that the significance of the ANOVA is not a function of unequal weightings.

D.2.4 Bonferroni correction

If the ANOVA shows many comparison statements, then Bonferroni corrections are used to reduce the chance of obtaining false-positive results (Type I errors) when pair-wise tests are performed on a single set of data (Field, 2013). For example, in this thesis, if a community scores high on psychological distress, it might be important to interrogate the data by looking at gender, and a Bonferroni correction can demonstrate if gender contributes to the level of psychological distress, above and beyond chance alone. Not all researchers considerate appropriate to apply these corrections (see Perneger, 1998).

D.2.5 Games-Howell

Another post-hoc test is the Games-Howell test. This test is used when variances are unequal and in the context of unequal group sizes. Severely unequal variances can lead to increased Type I error, and, with smaller sample sizes, more moderate differences in group variance can lead to increases in Type I error. The Games-Howell test, which is designed for unequal variances and sample sizes is based on Welch’s correction to *degrees of freedom*[98] with the t-test and uses the studentized range statistic.[99] This test will be used instead of the Tukey HSD test if variances are very unequal (or moderately so in combination with small sample size) or can be used if the sample size per cell is very small (e.g. <6) (Games, Keselman, & Clinch, 1979). The Games-Howell will often report looser confidence intervals compared to the Tukey's test, so this test will be applied according to need to better interpret the ANOVA. In this thesis, there might be small sample sizes in a data set, such as, for example, there might be a small number of females scoring low on the Von Luschan scale in one community, requiring a Games-Howell test to test for unequal variances.

D.2.6 Durbin-Watson statistic

This statistic is a number that tests for autocorrelation (the degree of similarity between residuals) in a regression series. It is computed to avoid declaring predictors are significant when they are not (Field, 2013).

D.2.7 Spearman's rank-order correlation (Spearman's rho)

This statistic is used if a Pearson correlation is inappropriate (i.e. if the relationship is non-parametric). Spearman's *rho* assumes interval or ration data that is bivariate normally distributed. It is nonparametric as is there is no requirement of normality.

D.2.8 Assumptions of normality: Shapiro-Wilks' *W* test

Most of the parametric tests require that the assumption of normality be met. Normality means that the distribution of the test is normally distributed (or bell-shaped). To test the assumption of normality, the Shapiro-Wilk's *W* test is used. For example, if one community has every participant scoring at 1 or 5 on the community inclusion scale, the results will not sit under a bell curve of normality, and will need other statistical analyses to be applied (Field, 2013).

D.3 Correlation and multivariate regression analyses of potential predicting factors

Correlation analyses, such as Pearson's correlation and Chi-squared tests, determine associations between hypothesised predictive factors and psychological distress scores.

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[98] In statistics, the number of **degrees of freedom** is the number of values in the final calculation of a statistic that are free to vary, usually N/n-1.

[99] In statistics, the studentised range is the difference between the largest and smallest data in a sample measured in units of sample standard deviations.

Each significant factor is analysed within a multiple regression model, controlling for geo-location, age, and gender to examine the variable with the greatest predictive effect on the level of psychological distress (PD) scores. Fisher's Exact test of independence will be used to test for bivariate associations (for example, a relationship between skin colour of participant and comparative skin colour of the community). All tests for significance are two-tailed and set at $p \leq 0.05$ due to small sub-set sample size and number of tests. A multiple regression analysis will indicate the variables that best predict PD scores (Field, 2013). Using a two-tailed test will test for the possibility the direction of the relationship of the variables is bi-directional, as in, for example, if living on country is associated with self-perceived community inclusion, but does it strengthen or weaken community inclusion?

D.4 Moderation Analyses of Significant factors

Based on the interactions of proposed elements of the Bronfenbrenner ecological social capital model, appropriate statistical analyses of the data include explorations of moderation effects (where the relationship between two variables depends on a third variable, as in, for example, skin colour is associated with psychological distress, but only when the participant is not living on country), as well as multilevel modelling of data to account for the nesting of different components of the model. Whereas a factor may initially be associated with psychological distress either positively or negatively, another factor may also explain this, and so moderator analysis distinguishes for whom and under what conditions, or how and why a certain predictor influences an outcome (Baron & Kenny, 1986). In this context, moderators will identify specific sub-populations of participants that may be at a greater risk for psychological distress. Hypothesised moderators for this research include living on country, skin colour, and community inclusion.

D.5 Principle component analysis (PCA) (factor analysis)

Factor analysis is a set of statistical techniques designed to reduce a number of variables to extract the variables that explain the most variance. Put simply, PCA identifies patterns in the data and allows variables to be classified. It will be used in this thesis to consider the variables of negative community behaviours and psychological distress (Field, 2013), because these sets of data are made up of multiple question items, and need to be made into one component variable in order to compare and interpret the whole data set.