

2010

Conceptualising bullying in an Aboriginal context as reported by the Yamaji community, to inform the development of a bullying prevention program that is culturally sensitive to the needs of Aboriginal students

Juli Coffin
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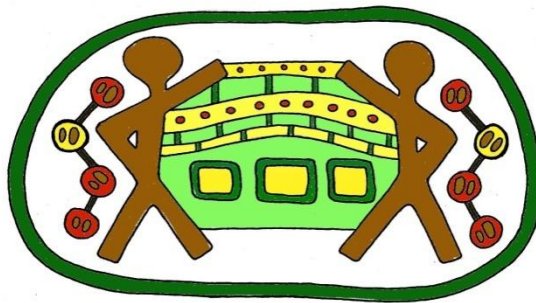
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Conceptualising bullying in an Aboriginal context as reported by the Yamaji community, to inform the development of a bullying prevention program that is culturally sensitive to the needs of Aboriginal students



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A thesis submitted for the degree of Doctor of Philosophy

at the Child Health Promotion Research Centre,

School of Exercise, Biomedical and Health Sciences,

Faculty of Computing, Health and Science

Edith Cowan University

December, 2010

(Artwork Allison Bellottie)

Statements

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education; contain any material previously published or written by another person except where due reference is made in the text; or contain any defamatory material.

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Statement of originality

This thesis is based on data collected as part of a four year longitudinal study called Solid Kids Solid Schools conducted by the Child Health Promotion Research Centre (CHPRC) at Edith Cowan University and Combined Universities Centre for Rural Health (CUCRH) The SKSS project was a four year Healthway funded research project conceptualising bullying in an Aboriginal context and providing policy and guidelines specifically directed at intervention and prevention.

The author of this thesis was instrumental in the conduct of this study. She was the Project Director, cultural advisor and provided validation of the research outcomes by providing cultural secure methodology in all phases of the project.

Further, the author was solely responsible for the development of the theoretical framework and research questions, data collection and analyses and manuscripts published in peer review journals of this PhD research.

Statement of contribution by others

Joint papers have been highlighted and statements of contribution are signed by all co-authors (Appendix I). All other work has been led and conducted by the author.

A Statement of Confidential Information

Materials given to me by the Aboriginal community members, including children under 12 years of age, have been provided with the understanding that it is de-identified and that words and phrases may be utilised by the principal researcher for her PhD research and other research investigating relationship issues among Yamaji people within this region. Full consent was provided by both the participants and an adult where necessary. Information is stored in an archive locked cupboard and will be kept for at least five years before being destroyed.

Acknowledgements

There are many people who sometimes without knowing it 'hold' us. Some of the people who held me are: my family and extended family, my boss of eleven years Ann Larson, Aboriginal interviewers/researchers: Gwen Rakabula, Loretta McDonald, and Milton Quartermaine. Those special people who put up with my constant needs and wants are Donna Cross, Dionne Paki, and Lydia Hearn, thank you for keeping me in a supportive space. Also thanks to all of the people involved and engaged in the Indigenous Capacity Building Grant for being there and being you. My kind friend, Cheryl Kickett-Tucker, for being my shoulder to lean on always offering an ear to listen. The entire Solid Kids Solid Schools Steering group, my old and new friends and the wider Yamaji community for taking an interest. Thanks must also go to the schooling systems - Government, Catholic and Independent for their faith, trust and support when I am sure at times what I was doing was very unclear. My family for having no idea what I am going through when I say I have had enough, and having the good sense not to question me!

My inspiration to begin and then to finish this work was my cousins' nephews who sadly committed suicide before they had grown into adulthood and my cousin a few years my senior who recently passed, he was always there with a kind word and he understood the struggle for Aboriginal people attempting such journeys. To start with sorrow and sadness is not what I had anticipated but I have lost many people in the four years of this journey, Noel Green, nephews, cousin Kenny Houghton, Kirsty Crowe, Jonno my fishing buddy, step father Colin and one of my mothers. I am sorry

my Mum won't get to see me finish, but her support for what we all did in our lives is with us forever. She never had schooling and employment opportunities like we have had in our time but she was a vital link in our Pilbara community. The fish won't miss her, but we all do.

This is an accurate reflection of what it is like for an Aboriginal person trying to engage in such a process, life does not stand still to wait for us to finish what we are doing, although some days I really wish it did. I hope by the time my three children finish their schooling things are different - Aboriginal people with confidence and strong identity are commonplace.

List of Publications Relevant to the Thesis

Peer Reviewed Journal Articles

1. **Coffin J.** Rising to the challenge in Aboriginal health by creating cultural security. *Aboriginal & Islander Health Worker Journal*, 2007; 31(3):22-24.
2. Larson A, Gilles M, Howard P, **Coffin J.** It's enough to make you sick; the impact of racism on the health of Aboriginal Australians. *Australian and New Zealand Journal of Public Health*, 2007; 31(4): 322-329.
3. **Coffin J.** Embedding cultural security in bullying prevention research. Manifestation: *Journal of Community Engaged Research and Learning Partnerships*, 2008; 1(1); 66-81.
4. **Coffin J.** 'Oh We Just Carrying a Yarn', what Aboriginal Children and Youth Say About Bullying. * (submitted November 2010)
5. **Coffin J,** Larson A, Cross D. Bullying in an Aboriginal Context. *Journal of Indigenous Studies*, (in publication 2010).
6. **Coffin J.** Our Hope. *Rural and Remote Health* 7 (Letter to the editor), 634.
Online available from <http://www.rrh.org.au>

**Presented in this thesis as a chapter until it has been accepted for publication.*

Book Chapters

1. **Coffin J**, Drysdale M, Hermeston W, Sheerwood J, Edwards T. (2008) "Ways forward in Indigenous health". In: Liaw S, Kilpatrick S, editors. *A Textbook of Australian Rural Health*. Canberra: Australian Rural Health Education Network.
2. Guilfoyle A, **Coffin J**, Magninn P. (2008) "Make sure there is a shady tree: participatory action research and Australian Aboriginal communities". In *Maginn P, Thompson S, Tonts M*, editors. *Qualitative Urban Analysis: An International Perspective*. Amsterdam: Elsevier.
3. Kickett-Tucker C, **Coffin J**. (2009) "Aboriginal Self-Concept and Identity". In *Improving the educational outcomes of Aboriginal and Torres Strait Islander Children*. Victoria: ACER Press.

List of Additional Publications, Conference Presentations, Awards, Grants, and Media Engagements Related to the Thesis

Additional publications

The following publications by the author are relevant to this thesis but do not contribute substantively to it:

1. **Coffin J**, Wilkes E, Wright M, Kickett-Tucker C. 2009 Boatshed Declaration. Participants in the National Roundtable on Racism resulting in the Boatshed Declaration June (2009). (candidate was one of 50 participants)
2. Dudgeon P, Wright M, **Coffin J**. Talking It and Walking It: Cultural Competence Journal of Australian Indigenous Issues, 2010
3. **Coffin, J**. Editorial on Australian Journal of Rural Health, Special Issue on Aboriginal Health and Research in Rural and Remote Communities, 20: 2-9, 2010. (candidate was one of four editors)

Grants

The Candidate's PhD research contributed to four grants:

1. **Aboriginal Researcher Development Program. 2007-2008**

Chief Investigator: **Coffin J**.

Funding: Healthway

Amount: \$34,000

2. **Solid Kids, Solid Schools: Conceptualising bullying in an Aboriginal context as reported by the Yamaji community 2009 – 2011**

Chief Investigators: **J. Coffin**, D. Cross, B. Down

Funding: ARC Discovery Grant

Amount: \$80,000

3. **SKSS Bullying Prevention Project Extension: Formative Social Marketing Campaign 2010 - 2013**

Chief Investigators: Brown D, **Coffin J**, Paki D, Henley N, Hearn L.

Funding : Healthway

Amount: \$449,876

4. **NHMRC Centre of Research Excellence in Aboriginal Health and Wellbeing 2010 - 2015**

Chief Investigators: Stanley F, Bessarab D, **Coffin J**, Dudgeon P, Eades S, Kickett-Tucker C, Marriott R, Pearson G, Walker R, Wright M.

Funding: NHMRC

Amount: \$2.5 mil

Awards

The Candidate's PhD research has resulted in a number of awards: (Appendix II)

1. **Coffin J.** Not Just Scholars but Leaders: Learning Circles in Indigenous Health Research 2005 til 2010

2. **Coffin J.** ECU Vice Chancellor's highly commended, 2010 student excellence award
3. **Coffin J.** Injury Control Council of Western Australia (ICCWA) Award for Outstanding Achievement (2010) for the Solid Kids, Solid Schools Project

Poster Presentations

1. **Coffin J.** World PrevNet Conference (2006) poster: Solid Kids Solid Schools: Results and Research Methodology in Aboriginal Communities. (See Appendix III)
2. **Coffin J.** Solid Kids Solid Schools. Third Biennial Meeting of the International Network of Indigenous Health and Knowledge Development Conference (INIHKD) Oct 14-18 2007, Rotorua New Zealand (see Appendix IV)
3. **Coffin J.** Cultural Security in Aboriginal Bullying Research Public Health Association of Australia Annual Conference Sept 23-26, 2007, Alice Springs NT.
4. **Coffin J.** Safe Schools Week, 25th June til 1st May, 2007 Bullying Results and Research Methodology in Aboriginal Communities.

Oral Presentations

1. **Coffin J.** Invited speaker Aboriginal Bullying Project: description, international connections and concerns. International Prev-Net planning committee, May 23, 2006, Ottawa Canada. <http://prevnet.ca/Home/tabid/36/Default.aspx>

2. **Coffin J.** Invited speaker, Solid Kids Solid Schools project, Midwest District education in-service for AIEO's October, 2007, June, 2008 and October, 2009.
3. **Coffin J, Wright M, Kickett-Tucker C.** Validating Indigenous knowledge: Identifying research methods for the construction of Indigenous knowledge. Public Health Association of Australia Annual Conference Sept 23-26 2007, Alice Springs NT.
4. **Coffin J.** Invited speaker Catholic Education Department. Working with Aboriginal Communities to Address Bullying, June, 2007
5. **Coffin J.** Invited speaker Safe Schools Week, Education Department; Solid Kids Solid Schools, 2007.
6. **Coffin J.** Solid Kids Solid Schools - What do Yamaji community say about bullying? World Indigenous Peoples' Conference on Education (WIPC:E 2008) Dec 7-11, Melbourne Vic.
7. **Coffin J, Wilkes E, Wright M, Kickett-Tucker C.** Invited presenter and catalytic speaker on intra racial racism among Aboriginal children/youth. National Roundtable on Racism, June, 2009.
8. **Coffin J,** Mental Health Symposium, Fremantle – Bullying in an Aboriginal context, November 23-25th, 2009.

9. **Coffin, J**, invited speaker Indigenous Capacity Building Grant, translation of research to stakeholders presentation on Solid Kids Solid Schools, November 7, 2009.
10. **Coffin, J**, and Paki, D. Presentation on Solid Kids Solid Schools, speaker session at National Centre Against Bullying Conference, April 8-11, 2010 Melbourne.
11. **Coffin, J**, and Paki, D, Presentation on 'Solid Kids Solid Schools' at the World Indigenous Health Knowledge Conference, Washington, May 2010.
12. **Coffin, J**, invited speaker on research methodology with remote and rural Aboriginal communities, Rural and Remote Health Symposium, June 11-13, 2010 Brisbane.

Media:

1. Website development and implementation of the website, www.solidkids.com.au. The Solid Kids Solid Schools (SKSS) website was developed and disseminated in the fourth year of the SKSS project and implemented throughout 2010. It has sections for schools, community, parents, teachers, AIEO's and children/youth around the issues associated with bullying and tips for its prevention and research from the Yamaji community. The current view rate of the website is 1,739 visitors as of October 25 2010 (Appendix V)

2. A Comic Book depicting stories directly from the PhD research have been created in a comic format for children/youth for use with or without other resources. The stories are depicted by a young female Yamaji artist for youth groups and homework centres. Acknowledgement to Fallon Gregory for illustrations, storyline, layout etc by author (Appendix VI)

3. DVD for schools/parents and students around dealing with bullying specifically for Aboriginal community. Eight scenarios written directly from the PhD research have been created into scenarios with three possible outcomes. These will be implemented in Yamaji schools in 2011. Storyline and funding sourced by the author. Acknowledgement to Sandra Carr for storyline development; Greg Cross, Rose Murray and Gwen Rakabula (nee Merritt) for assistance with filming and student permission; Chris Lewis and film crew for filming and editing (Appendix VII)

4. Twitter interview, for the Allannah and Madeline Foundation conference in April, 2010, Melbourne - what schools and teachers can do when dealing with Aboriginal relationship issues and bullying from the SKSS research.

5. Newsletter and school summary reports (Appendix IIX)

Abstract

Introduction

The Solid Kids Solid Schools project aimed to capture the unheard voices of Aboriginal children and community members on the issues surrounding 'bullying'. In an Aboriginal context bullying is different and the outcomes are different, yet mainstream programs are utilized to combat the issue. We need to know how bullying is different for Aboriginal children and young people, why it is different and what does this difference mean in terms of addressing this issue in a school and community setting?

Methodology

A community based steering group guided the direction of this study and the larger Solid Kids Solid Schools project. Snowball sampling and volunteer recruitment (Sarantakos 1993) were used to secure consent and interviews with over 190 Aboriginal respondents in the Yamaji (Midwest) region of Western Australia. Respondents included children, youth, Elders and parent/caregivers. Face to face interviews were conducted and transcribed by Aboriginal researchers to ensure cultural validity. Interviews were used to understand Aboriginal respondents' experiences with bullying, its effects and what was needed to reduce its prevalence and harm to those who are targeted.

Results

While bullying was found to be an issue for all children, bullying perpetration and victimisation among Aboriginal children and youth appears to be different. Further,

Aboriginal children and youth seem to be affected differently to non-Aboriginal children and youth. Bullying is not thought to be cultural or acceptable and the long term effects were not widely recognised among community members. Bullying appears to have a pattern of acceptance among young people and intra-racial bullying was found to be the most hurtful to Aboriginal children and youth. Long-term violence and community acceptance of bullying allows other anti-social behaviours to manifest and the belief in the need for young people to 'fight all the way up' is expected by the community.

Conclusions

Intra-racial bullying and other forms of aggression need to be dealt with by both the school and the wider community setting and recognized as a serious issue facing many Aboriginal children and families. Without fully understanding this very personal, emotive and critical issue in an Aboriginal context we cannot take action to reduce its negative impact. This shared understanding must be developed with sensitivity whilst maintaining cultural integrity for Aboriginal people. While the effects of bullying are widely known for mainstream children and communities, this study provides the first major insight into how this harmful behaviour is perceived and experienced by Aboriginal people. Only with this understanding can we begin to develop community-based interventions to help young people to deal with this problem behaviour.

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Chapter 1: Introduction and Overview

Introduction

Bullying among school aged children and adolescents is a significant problem in Australia and worldwide (Rigby 1997; Zubrick SR, Silburn SR et al. 2005.; Griffin Smith and Gross 2006). Yet while there is a plethora of research on bullying from a mainstream perspective (Olweus 1997; Salmivalli, Kaukiainen et al. 2005), little is known among bullying among Aboriginal children (Zubrick, Silburn et al. 2005). (***See Candidate's Article No. 4 in List of Publications***). After more than seven years of bullying and research in urban areas of Western Australia (WA), conducted by the Child Health Promotion Research Centre (CHPRC) at Edith Cowan University (ECU), a whole of school community curriculum had been designed entitled "Friendly Schools Friendly Families". The suitability, however, of this program for rural schools and Aboriginal students was unknown, as was our understanding of how Aboriginal children and adults conceptualise childhood bullying as well as which rural school/community intervention programs are appropriate. Hence the "Solid Kid Solid Schools" project was conducted by CHPRC and CUCRH (Combined Universities Centre for Rural Health) to work with Yamaji school communities to develop locally relevant and culturally secure bullying prevention and management strategies.

Overview

Within this context, this PhD study aimed to conceptualise what bullying means, sounds like and looks like in an Aboriginal context, as reported by Aboriginal people at different levels with the Yamaji community. The findings aimed to inform the

development and evaluation of an Aboriginal specific school and community-based bully prevention and reduction program based on a clear conceptual framework.

The Aboriginal experience in Australia is diverse. Aboriginal people live in capital cities, regional centres, small towns and remote communities. The specific history of interaction with Europeans from invasion and land dispossession, the assimilation policies including removal of children to the self-determination programs of the 1970s to 1990s, varies between locations and language groups. This research is the first in Australia to explore how Aboriginal bullying is shaped by the individual, family, community and societal levels. (***See Candidate's Article No. 5 in List of Publications***).

Given the diversity of this topic, it was important to target the study to a specific locality and cultural group and include enough variability to put forward some conclusions which could be tested in other settings. Hence the study was confined to the Midwest Murchison region of Western Australia. This vast region covers 600,000 square kilometres and comprises several coastal towns and a large, sparsely settled inland. It has an estimated total population of 51,748 and an Aboriginal population of 7,209 residing in one major regional centre of 35,000 and many other small towns and communities ranging from 9,000 to fewer than 100 people (Australian Bureau of Statistics 2007-08). The Midwest is the traditional country of the Yamaji people, a collective term for the language groups that belong to this region. English is widely spoken but Aboriginal language has been preserved in the region, with the most widely spoken Aboriginal language being Wadjjarri. (Appendix IX)

It was important to ensure the research process followed principles of ethical Aboriginal research. It is not acceptable for Aboriginal people to be the 'subjects' of research. Ethical Aboriginal research requires Aboriginal control over the research questions, processes, and analysis, and about how the research results are used. This intense involvement can be most effectively achieved within a relatively confined area, allowing community leaders, parents and children to be involved in and to benefit from the research.

Implicit in this study was the paradigm of cultural security. Through an understanding of and through building relationships, language, cultural metaphors and images, the researcher could determine the understandings that resonate within the local Aboriginal people. Most existing literature considers cultural safety or awareness whereas the greater emphasis on cultural security is limited (***See Candidate's Article 3 in List of Publications***).

Thus, this study followed a culturally secure approach. It began by researching and developing a framework to culturally review and understand bullying among Aboriginal children. Through ongoing interviews and focus groups with Aboriginal children, parents, Elders and Aboriginal and Indigenous Education Officers (AIEOs), this study developed a clearer understanding of where bullying occurs, in what contexts, what it looks like, its causes and its effects . This understanding resulted in a clarification and strengthening of the cultural framework used to help to minimize the impact of bullying on Aboriginal children and young people.

Chapter 2: Aims and Objectives

Aims

The aim of this study was to develop a clearer understanding of where bullying occurs, in what contexts, what it looks like, its causes and its effects, with the goal of developing a cultural framework that can provide policy and practical strategies to reduce bullying and/or the harm caused by bullying among Aboriginal school students in the Midwest Murchison region of WA.

Objectives

- To work closely with and be guided by Aboriginal cultural translators, as well as other Aboriginal education and health experts, plus other key stakeholders and community informants interested in reducing the effects of bullying on Aboriginal children attending primary schools in selected rural areas of Western Australia;
- To follow the community protocol to understand and seek the recommendations of members of the Aboriginal communities linked to local schools. To investigate perceptions regarding bullying in the Aboriginal community and with other stakeholders such as youth workers, teachers and supervisors to seek recommendations about culturally informed ways to address the Aboriginal experience of bullying in school;

- To facilitate and encourage strategies to enhance the capacity of local communities to address bullying by involving Aboriginal people in sustainable and positive ways and observe this in the course of the study;
- To develop a set of guiding principles for the development of materials for schools and community groups to use to implement strategies to reduce bullying and/or the harm caused by bullying which is responsive to the cultural and other strengths and needs of Aboriginal students in rural schools.

Research Questions

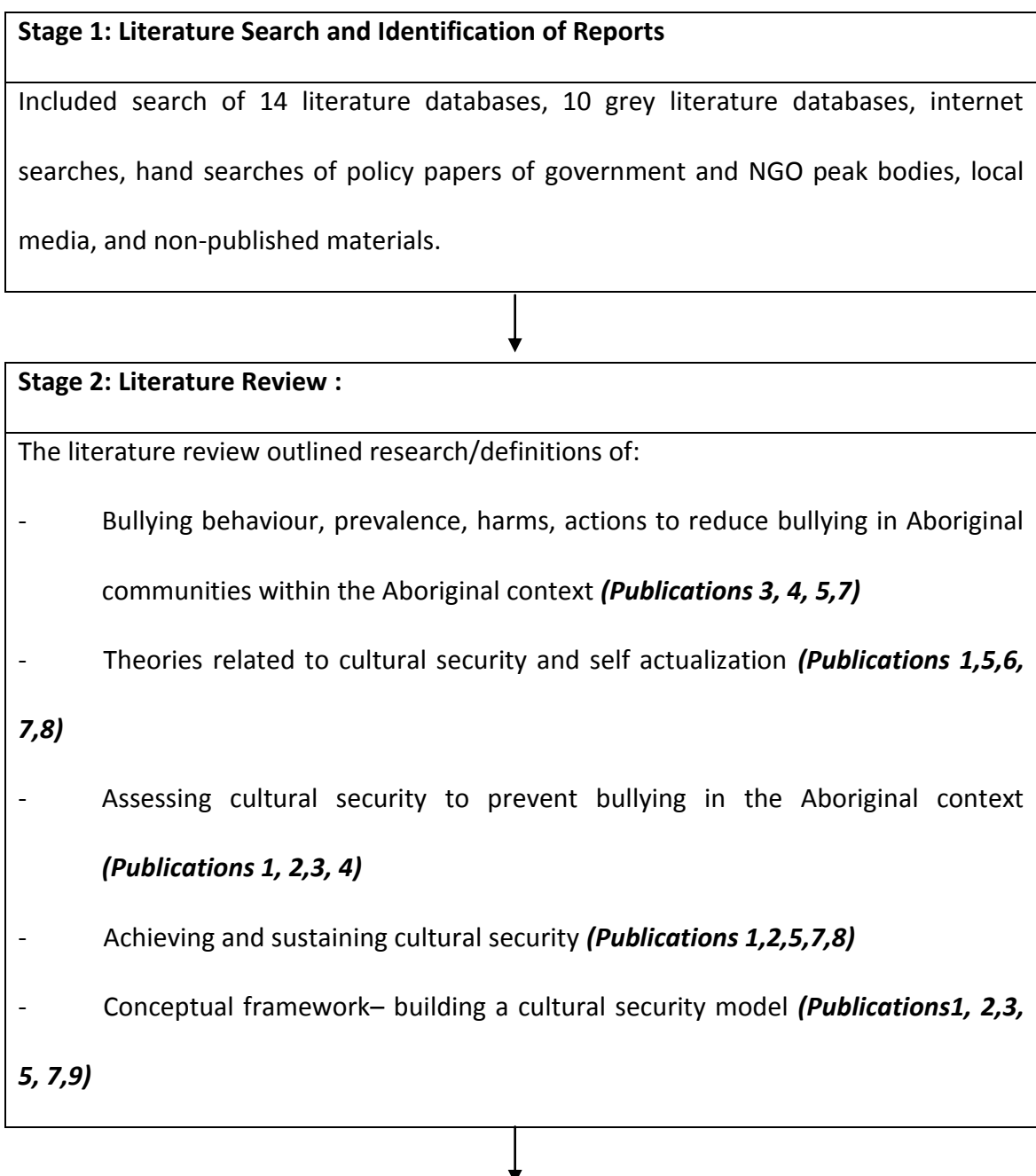
The following questions have arisen from the aims and objectives. These questions encompass methodology, analysis and results from the candidate's research.

1. In an Aboriginal (Yamaji) context where does the bullying of children and youth occur, what does it look like, and who is doing it?
2. What are the differences between non-Aboriginal bullying behaviours and bullying behaviours in an Aboriginal (Yamaji) context?
3. What do Aboriginal (Yamaji) children, youth, adults and Elders qualitatively report are the causes and effects of bullying for Aboriginal people?
4. What do Aboriginal children, youth, adults and Elders recommend needs to be done to reduce the harm from bullying to Aboriginal people?

Chapter 3: Research Project Process and Relationship with Publications

Figure 1 outlines the stages involved in the PhD Candidate's study. Figure 1 indicates how the Candidate's papers (numbered in the list of publications) are linked to each stage in this thesis.

Figure 1 Summary of Research Process



Stage 3: Research Methodology

The research methodology highlighted:

- Aims of research project (**Publications 3,4,9**)
- Sampling and study samples (children, parents, Elders, AIEOs) (**Publications 1, 3,4, 5**)
- Developing and piloting of interview guides (**Publications 1,2, 3,7, 9**)
- Recruiting/training of Aboriginal research assistants (**Publications 2, 4,5,9**)
- Conducting of interviews (children, parents, Elders, AIEOs) (**Publications 3,4, 5**)
- Conducting the focus groups (**Publications 3,7,9**)
- Analysing results (**Publications 3, 4, 5,7**)
- Following up on findings with schools and communities (**Publications 4, 5, 7**)
- Intervention strategy (**Publications 4,5,9**)



Stage 4: Formation of a regional Aboriginal Steering Group to determine and clarify Methodology

The project involved the formation and ongoing consultation with a regional Aboriginal Steering Group comprised of Aboriginal community leaders. The group provided advice at each stage of the project from data collection and interpretation through to follow up and dissemination. The Aboriginal Steering Group provided a conduit between the research study and the community involvement. (**Publications 4,4, 5**)



Stage 5: Analysis of Findings, Review and Discussions

Research was analysed and published in journal articles outlining findings related to children and parents. Four publications from this research have been published by the

author as sole or first author and a further two have been submitted for publication, a further article was published with other authors. In addition, three related book chapters have been published by the author as a co-author, and a website developed .(**Publications 3,4,5,9**)



Stage 6: Implications

Findings from this research resulted in an ARC grant and a Healthway grant and a NHMRC Centre of Research Excellence Grant and additionally four direct result orientated papers from the research. Model development for application to similar social and emotional type issues within an Aboriginal context .(**Publications 1,3,4,5,9**)

Chapter 4: Literature Review

Bullying can be defined as deliberate repeated oppression, physical or psychological, of a less powerful person by a more powerful person or group. It differs from a conflict, disagreement or violence, although it may include these elements. With bullying there is always a power imbalance which makes ill treatment of the person being bullied possible. (Farrington 1993)

Prevalence of Bullying

Bullying was identified as one of the major issues facing children and young people, parents, educators and the community at large (Tattum and Tattum 1992). Previously (1999), surveys of bullying and responses to bullying by Peter Smith and others (Smith, Darling et al.) in over 21 countries in America, Europe, Africa, Asia and Australasia have seen an increase in interest and policy development. Whilst bullying has always occurred, it seems that this behaviour has been underestimated in both its extent and severity. The Australian Covert Bullying Study (ACBPS) detailed that 27% of Australian school students aged 8 to 14 years reported being bullied every few weeks or more often. In addition 9% reported bullying others on a frequent basis (every few weeks or more often) (Cross 2009). This is relatively high compared to the prevalence in other parts of the world {Salmivalli, 2005 #5042}.

Boys overall report bullying others and being bullied more frequently than girls (Boulton and Underwood 1992; Whitney and Smith 1993; Boulton and Smith 1994; Kumpulainen, Rasanen et al. 1998; Veenstra, Lindenberg et al. 2005). Bullying peaks at

different times for each gender with girls peaking between the ages of 13-14 years and boys peaking between the ages of 15-16 years, (Rigby, 1997; Kids Help Line, 1998,). Between the genders the style of bullying varies with girls reporting more exclusion and indirect types of bullying behaviours, whereas boys are more likely to report physical and threatening styles of bullying (Rigby 1997). Primary school bullying rates are generally higher than secondary school rates, but there is a notable increase in bullying when children enter their first year of secondary schooling (Rigby 1996). Intervention therefore needs to be much earlier.

Bullying can take many forms. It can be overtly physical and threatening, or can take a more subtle indirect form, such as, involving exclusionary behaviour, or cyber bullying via, for example, texting. This latter form has evolved as a result of increased mobile phone usage by young people {Cross, 2009 #11000}. Verbal harassment and teasing is the most commonly reported type of bullying in Australia {Rigby, 1997 #3199}.

Growing evidence indicates the connection between bullying and poor health (Rigby 1997). Bullying and being bullied is indeed a point of interest along the causal pathways to drug/alcohol abuse, violence, obesity, self harm/suicide or aggressive behaviours (Rigby 1998). In many of the extreme cases where an outcome has been fatal, such as school shootings, suicide or other negative actions, bullying has been at least a contributing factor for motivating such action (Dake, Price et al. 2003). Bullying in schools can seriously affect a child's social, physical and psychological well being (Slee 1995) as well as their academic achievement (Zubrick, Silburn et al. 1997). Bullying is a pervasive type of aggression and its effects are linked to serious public health risks and higher mental health issues {Strabstein, 2008 #11001}. Other issues

related to the outcome of bullying include; more interpersonal difficulties (Kumpulainen, Rasanen et al. 1998); higher levels of loneliness (Kochenderfer and Ladd 1996; Kochenderfer and Ladd 1996; Forero, McLellan et al. 1999); depression (Slee 1995; Slee 1995; Craig 1998; Kaltiala-Heino, Rimpela et al. 1999); suicidal ideation (Rigby and Slee 1999); and increased anxiety (Slee 1994). Due to the presence of mental health issues these students are also more likely to dislike (Forero, McLellan et al. 1999) and want to avoid school (Kochenderfer and Ladd 1996; Rigby 1997). This level of dislike then has implications of the level of academic attainment and higher levels of education (Zubrick, Silburn et al. 1997). Similar issues manifest for students who bully others regularly, for example these students often have depression, suicide ideation and self-harm, in relation to those students who do not bully, with comparative rates of mental health issues being as high as 83% compared to 18% (Zubrick, Silburn et al. 1997). Students who bully often also have low academic competence, and are more unhappy at school (Zubrick, Silburn et al. 1997).

Studies by Dake (Dake, Price et al. 2003) around causal factors to children who bully others are suggesting that aggressive parenting style or parent personality, authoritarian parents, harsh home environment and a lack of adult role models, for example, are characteristics of children who bully. Children who bully others are also at risk of social maladjustment later in life, and lack opportunities to attain socially desired objectives (Farrington 1993). Characteristics of children who are bullied have some similarities around suicide ideation and depression but are very different in the type of parenting styles that have an influence. For these children it has been documented that they have a marked more intense relationship with their parent(s) (Rigby 1998), have parents who are more involved in school activities and similarly to

the children who bully (Rigby 1993), can come from a “harsh” home environment (Rigby 1994). Rigby, in earlier studies, found that adolescents from dysfunctional families in which there is relatively little caring between family members are much more likely than others to engage in bullying at school (Rigby 1993; Rigby 1994). The parental attitudes that oppose bullying and encourage the maintenance of positive family relations appear to play a significant part in developing in children a propensity not to bully others, arguably because children in such families feel it is wrong (Rigby 1997).

Playgrounds and hallways are among the most likely places within the school environment for bullying to occur (Rigby and Slee 1991). To and from school was another popular location with levels often underestimated by parents and teachers. Children are opportunistic and make the most of unsupervised environments (Pepler, Craig et al. 1994). There is much similarity between the research results arising from projects undertaken in Canada and those in Australian schools in relation to where, by whom and when bullying occurs. For example, both countries have found similar perceptions from parents and teachers with regards to the amount of bullying that occurs (Pepler, Craig et al. 1993). The action that results from being bullied can include retaliation, telling an authority figure, or not telling anyone, whilst others try to inform peers and then family or friends about their situation. Often the action of “dobbing” or telling is not a realistic option as many children do not feel they have anyone in which they can confide (Rigby 1997).

Bullying in an Aboriginal Context

While the association between many demographic factors such as age, gender, socio-economic status and bullying have been considered in international research, to date there exists a paucity of research addressing the cultural complexities and the layering of these complexities, and its effects on Indigenous people (Trevaskis 2003). Several studies involving ethnic racism and how this relates to bullying have been identified (Partington and McCudden 1992; Olweus 1993; Randall 1996; Foley 2003). These suggest that in the workplace and school community these behaviours exist (Sercombe 2006). However, an adaptation of what exists in the mainstream to address bullying is not the best means of translating or transadapting this issue into an Indigenous domain. Instead it needs to be nurtured, developed and grown locally in order to have any significant impact or sustainability (Horton 2006; Tsey 2001).

Recent studies have shown that Aboriginal children are far more vulnerable to the effects of bullying behaviours and therefore experience far more negative outcomes than their mainstream counterparts (Blair, Zubrick et al. 2005). The outcomes for Aboriginal children at school include far lower academic achievement, and greater negative mental and physical effects than their mainstream counterparts (Partington 2001). In addition to these more obvious effects, there are the huge social and emotional burdens that families and ultimately children carry (Maxwell 1995; Freemantle, Stanley et al. 2004; Blair, Zubrick et al. 2005; Zhao and Dempsey 2006). A unique summary of the experiences of Aboriginal children, and their exposure to unequal relationships is provided through the voices of Associate Professor Dr Helen Milroy and Aboriginal Elder Pat Kuposar, in the foreword and preface of the Western Australian Aboriginal Child Health Survey (WAACHS) (Zubrick SR, Silburn SR et al.

2005). It is noted that when looking into Aboriginal context for mental, social and emotional well being three main historical issues must be kept in mind: the denial of humanity, the denial of existence, and the denial of identity (Zubrick SR, Silburn SR et al. 2005).

As indicated through the WAACHS study, during 1999 - 2001 approximately one in five Aboriginal children were living in households where in the past twelve months seven or more major life stressors had occurred. This is a significant figure that equates to these children being five and a half times more likely to demonstrate clinically significant emotional and/or behavioural difficulties when compared to children where only two major life stressors had occurred (Zubrick SR, Silburn SR et al. 2005). “Normality” of life for some Aboriginal children includes witnessing regular violence in their homes, or community at large. Moreover it represents a form of psychological abuse, through which negative role model behaviour is unintentionally passed onto the child and often normalised as a way to solve disputes (Maxwell 1995; Maxwell 1996).

Bullying in Aboriginal Communities

Bullying is a significant public health problem among Aboriginal children (Lawrence 1994; Howard 2002; Litchfield and Reid 2003). Analysis of calls to the Kids Help Line service over a five year period found calls relating to bullying had doubled, and that 5% of all calls (or 2,655 calls) were made by Aboriginal children, with bullying being the fifth most common reason for Aboriginal children to contact the Kids Help Line, as compared with non-Aboriginal children who reported it to be the tenth most common cause (Kids Help Line 1998; Litchfield and Reid 2003). Closely related to bullying issues

are relationship issues, this was the highest ranked issue for Aboriginal children to call and represented almost double the number of relationship issue calls that were made by non-Aboriginal children in rural and remote areas (Kids Help Line 1998). Moreover, Aboriginal and non-English speaking males contributed close to 50% of all bullying-related calls (Kids Help Line 1998), with over three-quarters of calls being made by 10-14 year olds (Litchfield and Reid 2003). These findings, plus results from the second volume of the Western Australian Aboriginal Child Health Survey (Zubrick SR, Silburn SR et al. 2005) provide further evidence of the extent of bullying and its nature and effects among Western Australian Aboriginal children. The extent of bullying within the Aboriginal community would be largely underestimated as there are only a few reliable sources of data available.

Thus, finding appropriate strategies to prevent and ameliorate the effects of bullying among Aboriginal children is paramount, not only to reduce the social and emotional difficulties associated with bullying, but also for dealing with a host of academic problems related to low retention rates, poor self-esteem (Collins 1993; Bauret, Brown et al. 2001), and higher levels of mental and behavioural disorders (Commonwealth Task Force on Child Development Health and Wellbeing 2003).

Shortcomings of research for understanding

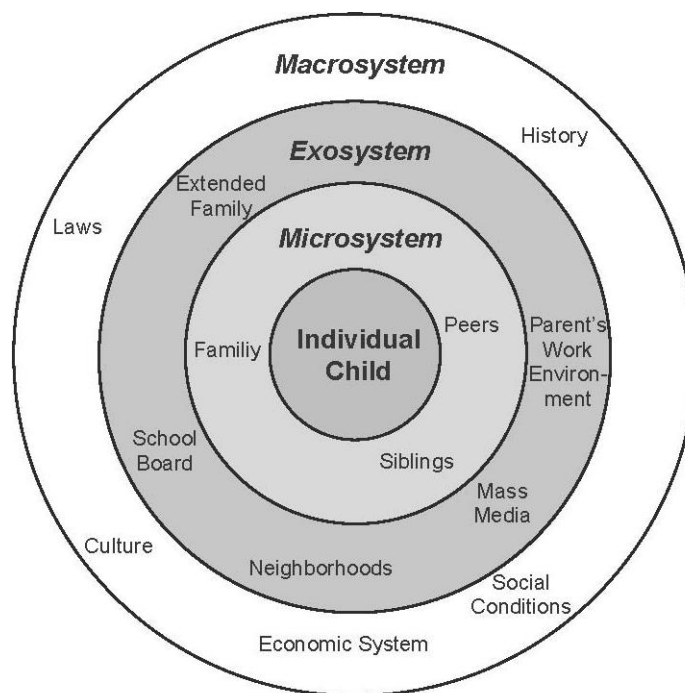
Nevertheless, the types of behaviours described in studies relating to Aboriginal bullying, both in terms of their causal pathways and outcomes, have used Western terminology (Garcia Coll, Jenkins et al. 1996). Mainstream developmental theories and classifications have been utilised to guide the research and processes for data analysis, and hence what is lacking is a description in Indigenous specific methodology and in particular translation (Foley 2003). To effectively address bullying behaviours in an

Aboriginal context it will be necessary to 'unpack' such terminology (Smith 1996; Poole 1997; Main, Nichol et al. 2000; Tsey 2001; Adams and Saunders 2006). Additionally unknown is the racism implications and if/when children are disciplined or recorded as disruptive etc, is ethnicity recorded, that is do schools know if the children bullying are Aboriginal or non-Aboriginal.

Bronfenbrenner (1979) a leading social theorist has led the focus of intervention and prevention programs away from a focus on only the individual and more into the other socio-ecological factors affecting the behaviours on the individual such as the use of labels describing the systems that operate in a child's lifetime. These systems are described as microsystems, mesosystems, exosystems and macrosystems. This ecological framework unpacks the relationships between a child and their immediate environment (microsystem). This layer also includes the child's family, peers, school and neighbourhood. The mesosystem refers to the relationship between two or more Microsystems (see Figure 2) and so on until you get to the macrosystem which is around attitudes and ideologies of the culture. Bronfenbrenner's theories resulted in a social ecological standpoint and became world renowned for its application and direction. Over the years the conceptual framework has not changed but more recent adaptations and models of Bronfenbrenner's model offer more detailed descriptions of the influences on development {Zubrick, 2005 #11003}. Other adaptations of this early model also encompass a time socio-historical perspective and looks to identify pathways for positive and negative outcomes, therefore encompassing historical events which impacted on socialisation of people/race and place {Santrock, 2007 #11004}{Bronfenbrenner, 2006 #11002}. By the early identification of these elements of positive and negative outcomes, programs and interventions can be designed to

support the wellbeing of children and young people. The Ecology of Human development model Figure 2, {Bronfenbrenner, 1979 #10999}, represents a useful starting point to develop an intervention to reduce bullying among Aboriginal children and young people. It is useful in the Aboriginal context as it captures the influences of extended family, history, siblings, mass media and very importantly culture. All these elements are present in an Aboriginal context but the way in which they exist and inter relate is where the differences are found.

Figure 2 The Ecology of Human Development



Issues Affecting Aboriginal Bullying in the School Setting

The Friendly Schools and Families Bullying Intervention Projects developed by the ECU Child Health Promotion Research Centre (previously the Western Australian Centre for Health Promotion Research), comprise a whole-of-school program that has been empirically evaluated in over 50 Perth metropolitan primary schools. With its widespread release to schools following seven years of empirical research, there has

been high demand for these materials among schools in rural areas with significant proportions of Aboriginal children. However, its suitability for rural and remote schools and Aboriginal students is unknown. What is known is that for Aboriginal students relationship issues carry over to the school environment and teachers and schools are ill equipped to handle these complex demands.

A study conducted by Trevaskis (Trevaskis 2003) found that, while discrimination against Aboriginal children may have been more overt in the past, teasing, bullying, and more subtle forms of discrimination remain prominent (Lawrence 1994; Howard 2002; Litchfield and Reid 2003; Mellor 2003). At the individual level, bullying/victimisation by and of Aboriginal children appears to occur as a result of both emotional and social drift away from major groups and is related to children's shame management skills (Ahmed ; Ahmed and Braithwaite 2004). Shame is a complex issue to manage, especially for the culturally unaware and often ill prepared teacher. Poor management of shame is not only related to hostility and a tendency to blame others, but also related to feelings of unworthiness, helplessness and depression. Thus teaching styles, learning activities, classroom management, student communications, social roles, school community relations, and teachers' responses to student disputes can play a significant role in shaping how Aboriginal students are typecast and in determining whether students attend school (Howard 2002). Family, teacher and friendship relations all have a powerful influence on how children respond to these disputes (Partington and McCudden 1992; Lawrence 1994; Howard 2002), and can indirectly affect attendance and retention rates among Aboriginal children (Partington 2001). Historically schools do not represent a safe and comfortable environment for community members and parents (Zubrick SR, Silburn SR et al. 2005.).

In relation to issues around the Australian schooling system and structure, teachers for example, feel ill equipped to teach Aboriginal students and only 50% of universities offer teaching courses with Aboriginal Studies as a core component (Sheehan, Ridge et al. 2002, National Inquiry into Rural and Remote Education 2000). This basic lack of cultural understanding may help to explain teachers' inability to identify differences in bullying behaviours between Aboriginal and non-Aboriginal children (Partington and McCudden 1992; Commonwealth Task Force on Child Development Health and Wellbeing 2003). Additionally teachers' attitudes to working with Aboriginal children are often negative, with many labelling Aboriginal children as 'troublemakers' (Trevaskis 2003), hard to work with (Collins 1993; Lawrence 1994), and some considering certain forms of bullying to be acceptable (Lawrence 1994).

Generally, non-Aboriginal teachers use education and training practices in the classroom that are inherently structured by their own culture (Partington 2001; Aveling 2002), and consider teaching non-Aboriginal children much easier than teaching Aboriginal children. They often see the school as an extension of their own experiences and values (Lawrence 1994). Even in cases where there is strong agreement that all children should be treated equitably when discipline is required, students may be physically isolated from others as a means of punishment, with little attention given to exploring the underlying reasons for the behaviour (Stewart 2002; Commonwealth Task Force on Child Development Health and Wellbeing 2003). Such behaviour management does little to win the trust of Aboriginal students and their families, and only enhances their sense of 'shame' and isolation from the school

community, and can victimize students and/or encourage bullying behaviour (Sheehan, Ridge et al. 2002; Trevaskis 2003).

Cultural security and integrity in schools

In response, there is increasing evidence that promoting both cultural security and celebrating cultural diversity in schools can support positive behaviour outcomes (Howard 2002; Sheehan, Ridge et al. 2002). Where Aboriginal children have been listened to and supported by their teachers, the outcomes of bullying behaviour and its management appear to be more positive resulting in more trusting and supportive relationships (Sheehan, Ridge et al. 2002). It has been suggested therefore that cultural security training be made mandatory to improve understanding of behaviours and its relationship with teaching styles (Collins 1993; Brahim 2001; Partington 2001), forms of communication (Lawrence 1994; Partington, Richer et al. 1999; Stewart 2002), and teaching approaches (Brahim 2001; Partington 2001), such as emphasis on collaboration rather than competition, and making realistic demands with achievable short-term successes (Partington 2001). Moreover, it is suggested that a process be implemented at the school level to include more local content and local knowledge recognition; *listening* to the views of Aboriginal and Islander Education Officers (AIEOs), Aboriginal students and families, so that they can internalise and learn to deal with the discomfort which arises from the awareness of people's own racism (Aveling 2002). This is a key step in deconstructing 'whiteness' and progressing both the understanding and process of dismantling effective barriers to teaching (Drurie 2000).

Barriers faced when dealing with training and locality issues include the teacher/school attitudes, small staff numbers in most rural schools, and the rapid turnover of teachers

(which makes it difficult to get them motivated to participate in programs that increase their workloads), but also because the school experiences of many Aboriginal parents and community leaders were negative and these attitudes have been passed on to their children (Sheehan, Ridge et al. 2002; Zubrick SR, Silburn SR et al. 2005.). Apart from teacher vilification of Aboriginal students (Malin 1994; Ryan 1997; Gray, Sputore et al. 1998), systemic and institutional racism (Colman-Dimon 2000; KatuKalpha 2000) have also meant that many Aboriginal parents still view schools as hostile environments (Groome and Hamilton 1995), which they both fear and distrust, resulting in lack of parental participation in education in schools (Theis 1987).

Building trust and implementing whole school and community approaches is therefore likely to be slow and often compounded by a general tendency among teachers and Aboriginal people to live and socialise in different areas (Sheehan, Ridge et al. 2002). Building a culture of schooling among parents and/or carers (siblings/other relatives) cannot be overestimated, but requires making school environments more welcoming for Aboriginal people, especially front office areas, which are the first point of contact for parents (Northern Territory Department of Education 1999; Britton 2000). Within the school context Aboriginal parents have limited opportunity to participate effectively and be involved in decision making processes except attendance at Parents and Citizens (P&C) committees, or through AIEOs (Dwyer 2002). Aboriginal and Indigenous Education Officers play a vital role in improving positive home-community-school linkages (Northern Territory Department of Education 1999), but they are often under-utilised for such tasks, instead dealing with reactive behaviour management and minor social issues.

In order to be effective in addressing whole of school bullying resources for use in Aboriginal settings, suitable processes must be determined to enhance the promotion of cultural security, improve teacher understanding, and appreciation of the behaviour of Aboriginal children and its management, and promote a culturally safe whole-of-school approach to address bullying issues, which encourages both family and community participation (Dwyer 2002; Sheehan, Ridge et al. 2002; Trevaskis 2003). Aboriginal views must be listened to and respected and further investigations are needed to determine where, when and how bullying issues are managed well and why (McCormack, Mohammed et al. 2001; Dwyer 2002). Central to this process is the need for consultation and negotiation with AIEOs, Aboriginal students and their families, and teachers, to assess the problematic relationships between school and community that have contributed to bullying behaviours (Dwyer 2002), and to encourage a consultation process that has provided positive results in exemplar schools (Jordan 1992; Gardiner 1996; Puruntayemeri 1996). Without this process of consultation, any program to reduce bullying behaviours will only serve to reinforce existing barriers.

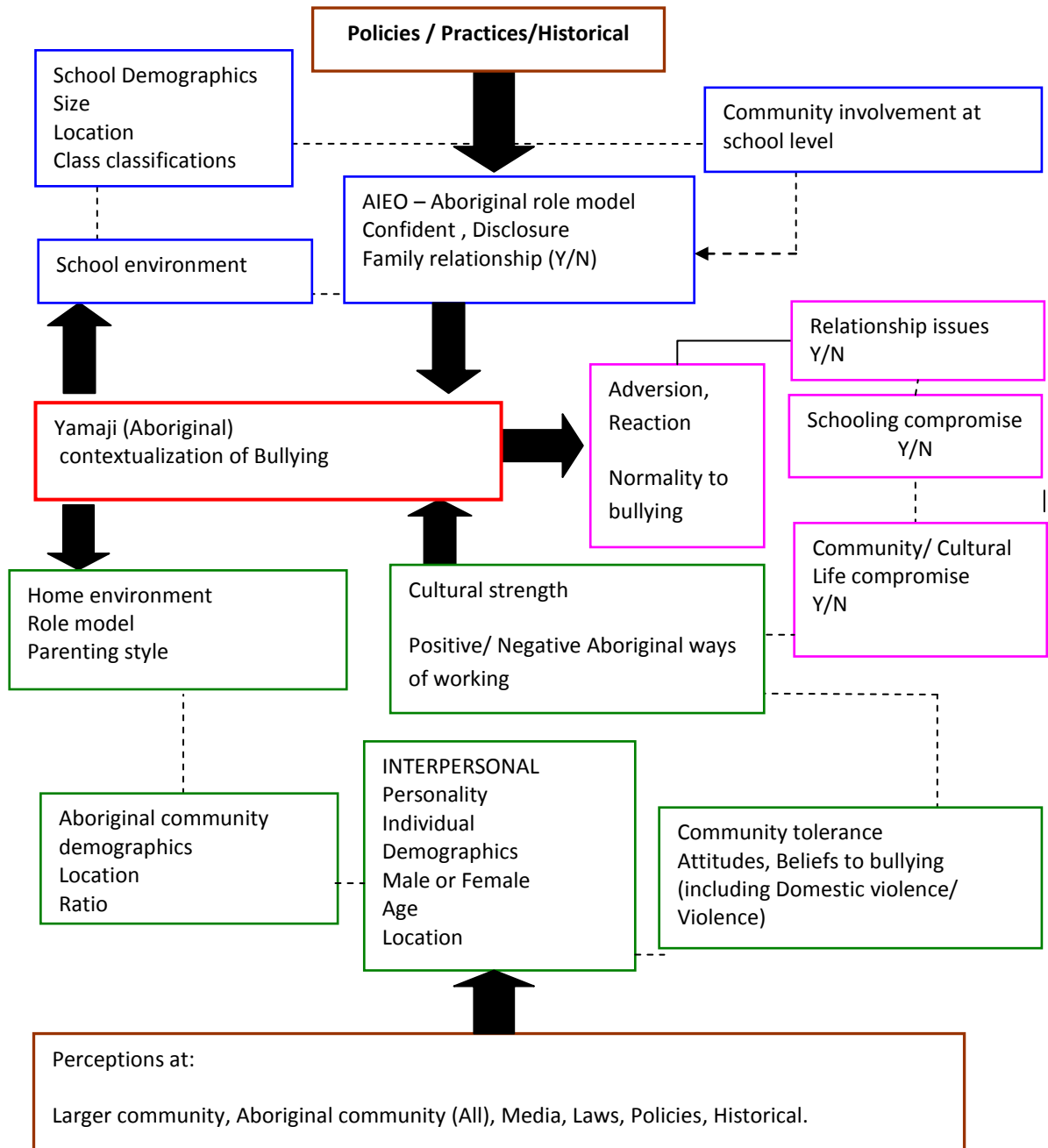
Previous bullying research in urban areas has provided positive results; however, what is unknown is how Aboriginal children and adults conceptualise childhood bullying and what rural school/community intervention programs are appropriate. (***See Candidate's Article No. 2, 3 and 9 in List of Publications***).

Chapter 5: Methodology

This project is “multi–strategy” (Brough, C. et al. 2004) by its nature. The Aboriginal child is its central focus and what is being explored is the phenomenology of bullying (Riemen 1986). This process ensures that all preconceived ideas are put aside by interviewer(s) and researchers alike and that understanding the phenomenon as experienced by the children is the primary aim (Smith 1996). Identification of community strengths is another key feature of this research project and will be a powerful starting point for effective and empowering processes of community development (Brough, C. et al. 2004).

To ensure cultural integrity is maintained the author ensured that the definition of health was preserved in an Indigenous context, which has as essential elements of the research process the holistic inclusion of physical, social, emotional, spiritual, cultural, environment, economic, family connectedness, identity and belonging (Murphy and Kordyl 2004). Such a holistic model is found within the social ecology framework (Poole 1997), and the behavioural ecological model (Hovell M, Wahlgren D et al. 2002). Elements from these models such as the emphasis on the environmental, social and cultural components, through to the individual level are compatible to Indigenous concepts. Utilising some of these models, a conceptual framework for this thesis was developed and formed the basis of the research (Figure 3).

Figure 3: Preliminary Conceptual Framework



This preliminary conceptual framework (Figure 3) illustrates the relationships between factors previously found to encourage and/or discourage bullying behaviour. However, factors such as community perception, parenting style, modelled behaviour and role modelling for Aboriginal children have not been explored in relation to bullying in an Aboriginal context. This study aims to investigate many of these relationships in a Yamaji context and the implications for practice with Yamaji children.

For example, how do the needs of Aboriginal children living in a more traditional context differ from the needs of their more urbanised counterparts, and what are the implications of these differences for addressing bullying behaviours and the means of dealing with these? How do behaviours modelled in their family life influence the way in which Aboriginal children respond to their own difficult situations?

This thesis comprised the following three phases:

Phase 1: Reanalyses of WAACHS data, community identification and recruitment (0-12 months)

Phase 2: Community consultation and formative data collection (17 -19 months);

Phase 3: Collaborative planning for recommendations / resource development? (4 - 6 months).

Phase 1: Reanalyses of WAACHS data, community identification and recruitment (0-12 months):

Permission was granted from the *Aboriginal Steering Committee of the Western Australian Aboriginal Child Health Survey (WAACHS)* to access bullying data collected as part of the Survey. These data were reanalysed to identify and examine the three communities selected for this study.

A regional Aboriginal Steering Group was also formed during this phase. This group comprised invited members from Aboriginal communities, leaders from the Midwest and Murchison, including but not limited to individuals with expertise in education and health. This group provided advice about communities to approach to participate in the project and the appropriate protocols for approaching these communities. This

advice included gaining consent from Aboriginal Community/Language groups. This Steering Committee provided a partnership with the Yamaji community at the different levels to ensure appropriate ownership and representation (deCrespigny, Emden et al. 2004)

Phase 2: Community consultation and formative data collection (9-17 months)

Phase 2 was divided into two main stages.

Stage 1 - A representative sample of the Yamaji community (Appendix) was identified to scope and determine;

- How bullying is experienced and contextualized by Yamaji children in years 4-7 and 8 -12.
- How AIEOs / ATA's (Aboriginal Islander Education Officers / Aboriginal Teacher Assistants - Catholic/Independent school system) and Aboriginal teachers perceive and respond to bullying among Yamaji school children.
- How local Elders perceive the issues around bullying in the community, historically and within their own families/experiences.
- What has been successful and unsuccessful in schools and communities for Yamaji children to address this issue.

These scoping data provided an understanding of community readiness for participation in Stage 2. The scoping tools were developed with steering committee approval and input.

The author and other team members followed the advice of the Aboriginal Steering Committee and cultural translators to determine the most effective techniques to

engage community members and organisations, to ensure that recommendations were carefully listened to and adopted (Rawlings 2003), had a clear focus in discussions leading to practical results (Smith and Stephenson 2002), and provided timely and appropriate feedback to the communities of the short-term outcomes/successes, to enhance self-esteem and motivation to participate (Shackley and Ryan 1994).

Stage 2 – Following the scoping phase 1 in depth case studies were conducted in three Yamaji communities with young people and adults to elaborate on earlier understandings and provide more details on specific bullying issues raised by the community, such as school staff responses to bullying between Aboriginal students. Additionally during this stage parents/caregivers and community personnel (e.g. school nurses, mental health workers, school psychologists, youth workers) were also invited to participate in face to face interviews.

Phase 3: Initial Collaborative planning (4 - 6 months)

Based on data collected and validated by the community in Phases 1 and 2 theoretical guidelines were then developed to help schools plan and to assist schools and communities with their understandings and tools to reduce bullying among Yamaji school children. Using a Social Ecological Model (Poole 1997; Hovell M , Wahlgren D et al. 2002) the author ensured collaborative planning occurred at multiple levels especially involving the Aboriginal Steering Committee, community members, AIEOs, P&C committee representatives, Aboriginal students and their families and teachers. The revised framework (see Figure ??) developed was used to plan and design a website and other recourses which are beyond the scope of this thesis. This

knowledge and guidance gained through the early stages of this research a provided the phenomenological substantiveness required to ensure sustainability for Aboriginal community program delivery (Nettles 1991).

Data Collection

(More details of the data collection process can be found in the Candidate's Articles 4 and 5)

The recruitment of children and young people for Stage One (Scoping) of this study used a stratified matrix (Appendix X) to ensure that schools selected for this study met the following criteria:

- Yamaji area (Midwest/Murchison education district)
- Aboriginal students enrolled and attending school
- Across sectors (Government, Non-Government, Independent)
- Primary, secondary, district or vocation education institution (age target 8-17 years), students disengaged from schooling system

Once schools were recruited and informed consent was secured from Parents/Caregivers and the participants, face to face interviews of approximately 30 – 50 minutes in duration were conducted. Interviews were completed by the author and another trained Aboriginal interviewer. An Aboriginal male interviewer was utilised wherever possible to interview Aboriginal boys but particularly in the older age grouping of 12 years and older to ensure cultural integrity. With the permission of the participants a scribe or audiotape recorded the interviews and focus groups. All participants involved in the consultation phase were provided with a small gift of

appreciation and a summary of the findings was provided as part of a social event for their review and comment.

Snowball sampling was utilised (Sarantakos 1993) to conduct semi-structured interviews with the Steering Committee participants and other community members. A community newspaper article was also used to call for any nominations from community members and the author attended annual district level conferences including the AIEO conferences to raise awareness and potential participants.

Once data saturation (no new data elicited) was reached for the children/youth and community members and these findings were validated by the community representatives and steering committee, the scoping phase ended.

Data collection (***See Candidate's Articles No. 2, 3 and 5 in List of Publications***) in Stage 2 used the purposive sampling of students to recruit respondents (Sarantakos 1993). This data collection was more concentrated and provided a greater depth of understanding. These data were used to inform the socio-ecological framework/recommendations with guidance from the Steering Committee. 'Reporting back to the Yamaji community' mechanisms included newsletters and other forms of media including newspapers and radio to supplement community information sessions to ensure communication and ownership of materials.

Instruments

In the scoping Phase 1 four instruments were developed to collect data from the AIEOs and Aboriginal teachers, local Elders, students in Years 4-7, students in Years 8-12 (or equivalent). Instruments were adapted from those used as part of the Friendly Schools and Families (Cross, Pintabona et al. 2003). Pilot testing was conducted by the author and team investigators with a convenience sample from the community to determine appropriateness. Phase two instruments were developed using data collected during Phase 1. ***(Details of the adult and young people's interview items can be found in the Candidate's Articles 4 and 5)***

Data Analysis

(A detailed description of data analyses techniques can be found in the Candidate's Articles 4 and 5)

Information collected during both Phase 1 and 2 were transcribed for subsequent review and analysis. The interview and focus group data were reduced subjectively using an organising, shaping and explanation process ***(See a more detailed account of this process in Candidate's Articles No. 2, 3 and 4 in the List of Publications)***. Colaizzi's (1978) phenomenological method of data analysis was used. The seven steps for analysis were as follows:

1. Each set of data were read twice
2. Significant participant responses were coded (NVivo)
3. Meanings were formulated by identifying the significance of each statement through creative insight (Colaizzi 1978)
4. Meanings were formulated for each data set and grouped into relevant theme

5. A detailed account of the themes and their meanings were prepared using content analysis and perceptual mapping through the NVivo analyses program
6. A detailed description of the phenomena was made using NVivo
7. These data interpretations were then taken to the Aboriginal Steering Committee for comment and refinement and then discussed with the community participants in summary form. As part of the cultural validation process and to determine the accuracy of these interpretations, participants were asked to provide feedback at a time convenient to them. This feedback was collected and integrated with the findings and when substantial agreement was reached these data were used to inform the school intervention planning process.

Ethics

Ethics approval was provided by two committees: Edith Cowan University Human Research Ethics Committee (ECU HREC) and the Western Australian Aboriginal Health Information and Ethics Committee (WAAHIEC). All researchers associated with data collection had a current "Working with Children Clearance".

Chapter 6: Results

The results from this study are provided in the Candidate's papers 4 and 5.

This study focused on interviews and findings from Yamaji children/youth and adults (parents, caregivers, AIEO's, Elders and Aboriginal teachers). Below is a summary of these findings taken largely from the Candidate's papers 4 and 5:

Findings of interviews with Yamaji children

The major findings from the interviews with Yamaji children and youth were around the age at which bullying peaks (***see Candidate's article 3***), its frequency and who is doing the bullying to whom (***see Candidate's article 3 and 4***) and the language of bullying (***see Candidate's article 3***). Younger children reported bullying was occurring more frequently (40%) and described it as happening 'everyday' as opposed to 16% of youth. Female youths were more likely to report that bullying happened everyday (***see Candidate's article 3***). The language of bullying varied throughout the region with children/youth using localised terminology and expression to replace the word bullying. Almost all children/youth had heard the word bullying but many children did not have a clear understanding of the different types of bullying (***see Candidate's article 3***). Students from the regional town utilised the word bullying more than those from remote and rural communities.

One of the most alarming findings was the amount of 'emotional baggage' that Aboriginal children are carrying around and that many children/youth do not talk to anyone with regards to these issues {Zubrick SR, 2005. #7186}. Children rely on the

teacher for support and to sort these types of complex relationship issues out while youth's tell their Mother mostly and only a small number utilised other family members and school staff to deal with these types of issues. Bullying is mostly big kids harming smaller weaker kids, and it is more often than not related to jealousy. Over 95% of all bullying mentioned was intra-racial (*see Candidate's article 3*).

Children in upper primary school more openly admitted to bullying and more boys reported they bullied. Among both age groups students reported that they want the issue fixed and if it did not exist at school and in the community things would be on many levels much better. Aboriginality and identity featured strongly for children and youth particularly around issues of jealousy, and victimization often occurred as a result of threats to identity (*see Candidate's article 3*). Bullying was felt to be 'normal' for many children/youth and there was an image to uphold around being regarded as 'proper' Aboriginal if you were bullying others. Cultural obligation and family pride weigh heavily on the minds of Aboriginal youth, particularly those who often feel compelled to fight and stand up for their own family members or risk being ostracised (*See Candidate's article 3*).

Findings of interviews with Adults (i.e. parents, Elders, AIEOs, Aboriginal Teachers, Caregivers).

Most parents and adults felt that bullying was a normal part of growing up and that it was mostly older on to younger children/youth (*see Candidate's article 4*). Reporting was different from what adults saw compared to AIEO's. The AIEO's often discussed non-Aboriginal children being involved in bullying where as Parents, caregivers and Elders all mentioned Aboriginal children only. Families felt that by having lots of

siblings and family around this was a protective factor against bullying. Most adults expressed the need for more interventions as bullying behaviour was thought to be modelled mostly at home and normalised (*see Candidate's article 4*). Adults wanted bullying to stop and they wanted children and youth protected from the many effects of bullying but often parenting style was one of the factors not assisting in stopping this behaviour. It was common for physical punishment to be cited as a means to punish children for bullying behaviours. Adults also commented on the gender differences in bullying; with girls being cited as having long and drawn out episodes - whilst boys tended to be quick, physical, then all over with. Parents particularly discussed the normalisation of bullying for children from what they saw in the community and family feuding and racial tensions rated high on the reasons why these behaviours are modelled. Racism featured strongly (*see Candidate's article 4*), between Aboriginal groups and was mentioned frequently as a reason to bully if a child is lighter skinned or a bit different from the others around that area in features or appearance. Adults and Parents in particular expressed frustration at the ways in which bullying issues were dealt with at school (*see Candidate's articles 3, 4 and 9*).

Synthesis of Adult and Young People's Results

A review of the data reported by young people and adults suggests that children/youth feel that bullying occurs more frequently than do adults in the Yamaji community (*see Candidate's articles 3 and 4*).

Bullying in an Aboriginal context is markedly different in that it encompasses the cultural layer and with the impact of external racism the cultural layer produces an implosion within the Aboriginal culture. The manifestation of this external pressure,

given the right context and environmental issues such as housing, poverty and jealousy, creates inequity and cultural imbalance, the result is behaviours such as bullying (*see authors publications 3 and 4*).

Bullying is modelled frequently in many households and within and between families in the immediate and wider community groupings, which creates normalisation and reinforced modelling and behaviour which in turn relates to identity, racism and manifests itself in forms such as intra - racial bullying {Whaley, 1992 #7248}{Zubrick SR, 2005. #7186}.

Environmental and contextual stressors also appear to impact on the social and mental well being of Yamaji communities. These negative socialisation behaviours appear to be cyclic and inter generational {Tummala-Narra, 2007 #7251}.

Figure 4 outlines the major findings from this study. The Figure also indicates how the Candidate's publications are linked to each stage in these results.

Figure 4: Summary of Results for Children and Parents' Data with Reference to Applicable Publications

Research Process:

The stories and experiences of than 250 Yamaji (Aboriginal) school aged students, parents /caregivers, Elders and people working in different school systems in rural Western Australia were captured in this formative study. Scoping interviews and focus groups were used to describe Yamaji experiences of bullying and relationship issues.

Data also identified what was needed to help Yamaji communities prevent or manage bullying.



Major Findings for Yamaji Children/Youth:

- Bullying behaviour is markedly different within the Aboriginal context **(Publications 3 & 4)**
- Intra-racial bullying seems more common and more harmful than inter-racial bullying **(Publications 3 & 4)**
- Bullying appears to occur mostly from bigger to smaller/older to younger children/youth **(Publications 3 & 4)**
- Aboriginal *children* in this study report telling mostly their teacher if they are bullied **(Publication 3)**
- Aboriginal *youth* are more likely in this study to tell their Mum if they are bullied **(Publications 3)**
- Jealousy is associated with many instances of bullying **(Publications 3 & 4)**
- Aboriginal students in residential schools seem to be at greater risk of being exposed to and involved in intra-racial bullying **(Publications 3 & 4)**
- Having high numbers of Aboriginal students and family in a school is not necessarily protective against bullying **(Publication 3)**



Major Findings from Yamaji Parents/Elders/AIEO's and Aboriginal Teachers

- AIEO's are mentioned rarely as being asked to help solve bullying issues
(Publications 4 & 9)
- Parents and Elders report not knowing what to do to meliorate the harm from or prevent bullying **(Publications 3, 4 & 9)**
- Some parenting styles appear to perpetuate the cyclic (perhaps generational?) nature of bullying **(Publications 3 & 4)**
- Bullying among families appears to be largely unchecked **(Publications 3 & 4)**
- Bullying between families seems to have significant implications for children/youth **(Publications 2, 3 & 4)**
- Parents and Elders seem well aware of bullying but report not knowing how to stop it **(Publications 3,4 & 9)**
- Cultural security at schools is lacking and inhibits the communication between the school and the community **(Publications 1, 2, 3 & 4)**
- Wider community racism appears to be associated with bullying behavior **(Publications 1, 5 & 9)**
- Bullying appears to have become normalised in the community for adults as well as Aboriginal children and young people. **(Publication 4)**

Chapter 7: Discussion

Each publication, especially articles 4 and 5 prepared by the author, has a separate section for a discussion of the results which provides interpretation of the particular aspect(s) within the context including future implications and direction for further research. This final section discusses how the findings from this study could help to reformulate a socio-ecological model that describes how Aboriginal young people may be affected by bullying. This chapter also aims to demonstrate the application and interaction between elements of the research and the translation process with future directions and limitations discussed in detail. This section will focus on what understandings have been attained in relation to: developing a clearer understanding of where bullying occurs, in what contexts, what it looks like, its causes and its effects for Aboriginal young people. These understandings will be used to develop a cultural framework that can provide policy and practical strategies to reduce bullying and/or the harm caused by bullying among Aboriginal students in rural schools.

Application of Models

This research has found that Aboriginal issues must be fully contextualised and not remain focused on the individual. Orientation of the research around a broader socio-ecological paradigm is essential and is an integral component for positive change with Aboriginal communities. A model of contextualising bullying within a social ecological paradigm (Figure 5) has clearly emerged from the data similar to that developed by Bronfenbrenner (Bronfenbrenner 1979). The newly developed social ecological model of bullying in an Aboriginal context (Figure 5) and Bronfenbrenner's model have many

similar features and elements. Some of these elements include influences of parenting styles, the school environment, peers and community culture. These features while addressed in the hypothesised pre-conceptual model (Figure 3) have been changed as a direct result of the data that has emerged. Earlier hypothesis and pre conceptualisation was based more around the elements common to the disciplines of social psychology but also contained focus on the environmental, cultural, physical and physiological components as well. What has become more clearly defined is where each element actually influenced, originated, merged and broadly belonged. The elements which correlate best to the newly developed model (Figure 5) are around the directing or focusing of where research is needed and in what way the issues in a particular context must be considered. The way in which the 'ecological viewpoint' is expressed and not compromised is similar between the elements of both models. The Brofenbrenner model also highlighted the need to focus on incorporating all levels, micro, meso and macro. From this body of work the findings indicate the definition and influence of the micro, meso and macro levels in the Aboriginal context are evident. At the micro level exists the child and their peers, issues such as bullying, jealousy and cultural norms. At the meso level we find the family, then wider relatives and social networks, the parenting styles and support systems for families, still part of this level also exists within an Aboriginal context the interactions of the inter family issues such as nepotism, feuding and jealousy. Within the macro level we have the wider society and extrinsic elements such as racism and poverty, stereotyping and size and racial composition of the community.

The application of Brofenbrenner's model has meant that the child's growth is viewed through a series of nested boxes, dyads and triads of individuals then bigger chunks of

society {Zubrick, 2000 #10986}. Also similar to the new Aboriginal contextualised model, Bronfenbrenner convinces us that parents, teachers and social scientists have not taken into account that development is not something that happens to a child but rather it is a process of a series of potentially transforming interactions with others in particular environments and settings. This is evident within the context and depth of the data obtained by the author in this research process. For example the data details how the parental and community influences have a strong hold on how the child will either internalise and act out in relation to bullying or they will choose to react in an alternative way from the 'norm' or wider community expectation. Early formative thinking around these processes led to the development of Figure 2 which incorporated policies, practices, history and environment for example and the importance of all of these. This early developmental mapping of the issue of contextualising bullying then builds on current findings.

Many educational psychologists and social theorists and studies continue to be child focused and almost laboratory or white academia based. By not utilising an approach similar to Bronfenbrenner the emphasis also perpetuates the 'deficient' in the victim style ethos. This equates to if something is wrong it is deemed the child's fault or that of the family's and those elements which are focused on the individual, rather than the elements which an individual interacts with such as within the context of this body of work where the child is blamed rather than the poverty and social disadvantage that the child encounters on a magnified scale every day. Similar to Bronfenbrenner this study suggests that psychosocial studies should not shape social policy, but that social policy should shape psychosocial studies. This is very significant to this study which aims to contextualise bullying experiences for Aboriginal people, only then with this

understandings could an effective and culturally secure policy be created. With this level of understanding policies and interventions can start to affect the meso and macro levels of each child rather than place the emphasis and onus on changing the child themselves.

A social ecological model of bullying in an Aboriginal context

Socio-ecological models {Zubrick, 2000 #10986} focus the attention on elements broader than the individual. However the value of these types of models are only realised when they are tailored to suit the specific target audience, such as Aboriginal people in the Yamaji region of Western Australia. The model below has been adapted based on this study's findings to meet such needs and the differences that exist in context.

The Social Ecological Model of bullying in an Aboriginal context is specifically suited to the terrain of this body of work. The model (Figure 5) is tailored to the issue, however it is also part of an intellectual tradition that has been explored for many years, i.e. how to document such complexities in life. But the novelty of this model is extending the model away from this group and from the starting points described from these early models. In this context the model differs in the following ways: it takes into account elements such as health service delivery, racism and social inequities and encompasses many common cultural elements such as nepotism and jealousy which exists in modern day Aboriginal communities but more particular within the context of the study and the participants.

Figure 5 A social ecological model of bullying in an Aboriginal context



The model is different as it is specific to Western Australian Midwest and Murchison Aboriginal (Yamaji) people.

It is clear that people are embedded in their context, culture. People are deeply contextualised, hence this Aboriginal model is not a rejection of individual factors but rather the many influences on individual behaviours. in an Indigenous context.

It is important to examine each of the layers of the model in relation to the findings from this research and also to examine what happens between the various layers that may influence or discourage bullying. These Yamaji Aboriginal specific layers include: the individual, peers, within family, between families and community. These relationships are described as follows:

Individual – this includes self directed characteristics like age, gender, cultural and historical heritage, and could even contain elements around pre birthing conditions. Throughout the study many issues associated with blame on the individual were from the point that others felt that the child/youth in question could not help the way they acted and often this blame extended to the wider family group.

Peers – these are not only school peers but also social peers and from what interviewees have said at this level there is a high level of social and emotional harm as a result of negative peer interactions and one of the most worrying behaviours is the high incidence of intra racial issues. Peers level is also about who is doing what and in an Aboriginal context it is more often older to younger. Normalised behaviours that

have also been adopted by some within the culture include those negative behaviours which are then reinforced from within the peer group.

Within Family – is the most striking difference from earlier developed models. In this layer for Aboriginal children/youth elements such as the number of siblings, family set up i.e. blended, single parent, step and child rearing practises for example have a major influence on the set of conditions a child or young person has for support for example especially in crisis and developmental thinking around relationship issues. Child raising and cyclic issues that affect positive parenting are also far reaching as is the unbalanced parenting that occurs when there is a distinct lack of Aboriginal male role models around for children/youth. Issues that parents discussed such as overcrowding and having many siblings all equate to less time per child for some families and when a child has a social or emotional crisis this of course can be extremely counterproductive.

Between Families – describes the elements such as what divides families and what brings them together, one of the biggest family divisions in the last decade in the Yamaji region there has been that of land claims and royalties. This also equates much jealousy, nepotism and innate family feuding. At the child/youth level it is manifested as proving family and cultural loyalties or being ostracised, and often by doing what is deemed necessary social isolation often results.

Community – layer is probably one of the most complex as many elements in this layer are actually very subversive and not easily seen. Racism for example and community entrenched values are often only felt by the victim and are hard to see all of the time.

The sheer diversity of the Aboriginal population is also an issue not really thought about in a social ecological context but there are many diversifications in modern day Aboriginality, for some people this creates strength, but for others it is extremely confronting and creates many problems. The size of the community is important in that there is often more support or like-mindedness in a larger town, if not it can lead to social isolation which is often experienced in smaller communities especially if one or two Aboriginal families only reside in that locality. Other social determinants such as access to transport, health and social services are all deemed characteristics that play an integral role in the outcome for communities at this level. Poverty is a very big reality for many Aboriginal families and the stresses and stigma that this brings are often stressful and can also be along the causal pathways to self destruction through alcohol self harm and other drugs. Stereotyping can have many effects which are often felt most severely through racism but can also present in other forms such as school or social status and achievement.

If we were to take one section and slice it like a cake any set of context could apply, for example, if the individual was born into a set of high incidence of intra racial issues, had a high exposure to violence, was then subjected to various layers of nepotism and family feuding and they were low socio economic status and lived in an area with poor health facilities and access to appropriate health related programs, we could easily determine such a set of conditions would relate in similar cycles and outcomes. In order to contextualise the bullying experiences for Yamaji communities we can begin to see how complex and relational elements within the model become. For example if the school is culturally insecure, and students do not feel valued, their identity is threatened and they will go to extreme lengths to assert their identity, many of these

ways will become a negative because the cultural security does not exist in their school environment.

Implications and Future Directions

The application of the earlier developed Cultural Security Model (*see Candidate's article 1*) has implications around the way research outcomes must meet the needs to the Aboriginal community. That is to say the way that research happens for such a complex area such as relationships and bullying must be maintained in an overall culturally secure framework if it is to effect the outcomes on an individual, peer, family and wider society level. The Aboriginal Social Ecological Model (Figure 5) utilises a culturally secure standpoint and applies the micro, meso and macro domains into an Aboriginal context in order to assist, guide and develop understanding and meaning from the research process into action and outcomes for Aboriginal people. Using this model we can start to unpack and answer our original research question of what bullying looks and feels like in an Aboriginal context. The first steps of contextualisation involve assessing the extent of the relationship issue(s) and identifying risk and protective factors at the community level. Prevention planners can then work collaboratively within their communities to design effective prevention strategies. This part of the prevention planning process involves assessing the community resources and identifying gaps and ineffective programs. The Aboriginal Socio ecological model (Figure 5) is useful for understanding the interplay of risk and protective factors in designing bullying prevention programs. It focuses attention on a developing child and includes the individual, peer, family, between families and community domain.

There is a transactional process between and among levels in this model. Peers and community norms may influence individual behaviour. Similarly, family may influence the individual and also be influenced by community variables (e.g., employment). A parent's level of educational attainment may influence how empowered he feels that he is able to affect community change. Each over arching layer, that is: the Individual, the peers, families, between families and the community layers all have components of prevention, intervention and treatment, some ideas around these elements are described below:

Individual level

- Individual/peer domain— in a community where relationship imbalances are played out some of the issues faced may be around strong normalisation of bullying, this may lead to rebelliousness and early initiation of bullying. With prevention and interventions associated with these elements the raising of individual social skills and modelling of a belief in the moral order, would be two behaviours expected to help counteract that normalisation and acceptance.
- Processes in place where individuals could access culturally appropriate services and help are also imperative. Assistance with using resources developed thus far such at the website www.solidkids.com.au

Peer level

- School based interventions, including achieving culturally secure schools and modelling appropriate behaviour and responses at a peer level within the school context. Achieving a culturally secure school would model to the students that

their identity is unique and important and would give messages around positive identity rather than socially derived behaviours being reinforced.

- Not accepting any bullying within the school context no matter who the students are that are involved. The comments made during the research were around the fact that some bullying is let go because it is Aboriginal students and school staff do not want to interfere, students welfare must be elevated to the top no matter what or whom are involved by changing the responses to bullying episodes through standardised practice, policy and follow up.

Family level

- By utilising the extended family each family could build a better relationship with the school and be invited to attend for positive rewarding experiences rather than negative ones as often as possible.
- The AIEO needs to be involved in all correspondence and the role of the AIEO needs to be fully developed with community consultation especially with regard to bullying and relationship issues and how they should be engaged.
- Assistance with using resources developed thus far such at the website www.solidkids.com.au

Between families level

- Build on each families positive influences around identity, language and culture and explore differences and similarities among family groups and family trees as new children arrive into the schooling system, a 'buddy family system could be adopted.

- Between families domain—explore opportunities for prosocial involvement and rewards for prosocial involvement.
- Parent interventions and tools for effective communication around the issues of interracial bullying and bullying generally by holding information sessions and having visiting AIEO's and other staff such as counsellors and school psychologists explain the purpose of their role and the things they can do to support families in need and individuals.

Community level

- Social marketing based on what community wants/said around the issue not mainstream adaptations
- Whole of community interventions around where sport and community events are held and by which individuals/families to emphasis inclusiveness and celebrate sameness
- Assistance with using resources developed thus far such at the website www.solidkids.com.au
- Create more social and cultural attachment by engaging local artists and displaying local achievements in creative ways in venues frequented by the wider community.

Based on this model, community bullying prevention efforts can help keep children and youth from these behaviours—by reducing or eliminating risk factors, where possible, as well as by enhancing the protective factors that buffer youth against exposure to risk. *Risk factors* increase the likelihood of relationship (bullying) issues

and antisocial behaviors. *Protective factors* buffer youth against exposure to risk. Risk and protective factors fall within four domains: individual/peer, family, between families, and community.

Though the years of research and analysis of findings from this body of work the conceptual framework has now evolved into a far more significant model which can be applied in and for many issues and contexts. The framework is again developed and has the underpinning social ecological framework (Krug 2002) as its initial starting point but it is specifically for an Aboriginal context. Figure 2 compared to Figure 5 demonstrates how the initial framework has evolved.

The Future

Research herein is applicable to the development of community interventions within the school context, models of research and presenting an Aboriginal world view to a traditionally non-Aboriginal issue. Below listed are some implications for research, policy and practise around the issues of bullying for Aboriginal students in the Yamaji region of Western Australia from the outcomes of this body of work.

1. Implications for research

Further research is now emerging as a result of this research around interventions and strategies for tackling intra racial bullying. However many gaps in the research process and outcome still remain. Further research around the application of the Social Ecological model and its application would need to be done in order to ascertain its reliability. More research around the areas of youth and young adults

perpetuated bullying cycles needs to be investigated as this project was really just the tip of the iceberg in relation to numbers of young Aboriginal people who are experiencing this type of behaviour on a daily basis and more importantly who are not seeking help. Research investigating the relationship between bullying and technology with Aboriginal communities needs further exploration as it is always evolving. Research around the development of multimedia and social marketing programs and their effectiveness at all levels within the community (micro, meso and macro), would be a desirable outcome from this research as what was currently being targeted by mainstream programs was not applicable in an Aboriginal context due to the way bullying is conceptualised and the extra layers that exist from Aboriginal children/youth.

2. Implications for policy

- Through setting up strategies for AIEO's and within schools and having a reporting mechanism to the community would give ownership and purpose to the position Better development of a long term employment strategy for AIEO's and teachers with Aboriginal community input. This could include recruitment, retention and cultural brokerage.
- Dealing with issues in school that are created or have roots out of schools and vice versa, could be managed by having community Elders and links to assist with cultural matters in place and these positions paid as part of the school staffing and pastoral care process (managed in a more culturally secure manner).
- Development of and the setting up these abovementioned protocols as mandatory practice

- Home visits for positive events
- Up skilling AIEO's and school staff around mental health first aid training
- System level changes to assist in the treatment/intervention/ prevention for kids in their lives such as family counselling sessions and different strategies to alleviate blame on individuals and immediate family groups.

3. Implications for practice

- Cyclic issues and how to counter bigger social issues when they arise in the school setting could be best managed by establishing a resource list and shared care agreements with organizations that support families and mental well being.
- An increase in positive identity programs, less self esteem focused and more about the positives that Aboriginal people bring to society and still maintain.
- Development of localised visual resources such as DVD's (see appendices)
- Development of localised website and support materials for all sectors of the community that deal with relationship and bullying issues (see appendices).
- Culturally secure resources developed by Aboriginal community members and based on the communities expressed needs through research or other means such as school incidence reports and community activities (see appendices).
- A school based resource to support and provide education around the very different and specific nature of bullying in an Aboriginal context.

Limitations

The limitations of this research can be looked upon in two ways, firstly it is a discreet group of Aboriginal communities, i.e. the Midwest (Yamaji), and it was driven by recruitment within school settings, there were more girls than boys and many adults were known in some way to several of the Aboriginal researchers. A limitation could also be deemed around the time that has lapsed and the initial relevance of the issues to the more current forms of bullying for example, around the use of mobile phones and computers as social networking mechanisms, but it can be argued that the outcome is still the same and the materials can easily incorporate change. To reduce the above mentioned limitations I had been back to several of the schools that were slow to reply more than three times, I had also spoken with parents/caregivers outside of the school grounds and I went to residential and community based programs to try to widen the reach for Aboriginal children/youth. Gender issues were addressed with a couple of focus groups but sadly one of the male research assistants interviewed a large group of boys and did not provide adequate transcripts for those interviews. The focus groups had more boys than girls but due to the larger representation of female Aboriginal researchers males were not as well covered in some areas. Aboriginal research assistants were also trained very comprehensively around interview techniques for best practise with children/youth but personal style and variation did occur, as did the amount of probing that some interviewers did compared to others. The timing issue could not be helped, schools and communities are very busy places and we had to work around the availability of many facets to complete some areas. The community issues around the time of interviews could have played a small part but it was not enough to be noticeable, for example there were no known suicides related to bullying, for example, in the immediate communities where interviews took

place, or any large gatherings around bullying and such. Certain families or groups may have been absent during data collection due to the nature of Aboriginal peoples movements and funeral/cultural obligations. This was minimised by rescheduling interviews around such events if they were known to the interviewers.

Pilot testing and instrument development was also strengthened as some of it was derived from earlier work and the questions were tested with a wide variety of participants, not just one in each grouping. Implications for data are that it is Yamaji specific; I can hypothesise that the issues such as intra racial racism are issues for many other Aboriginal populations but I cannot generalise.

That is one light. On the other side what has been achieved is an in depth look and development with a group of dedicated Aboriginal people into the issue and contextualisation of bullying and its experiences. Within the geographical exclusiveness there exists great variety rarely seen in other regions and states where Aboriginal people live. While the findings have had a positive outcome for the Yamaji region, given the qualitative nature of the project the findings are not aimed to assess the generalizability of the data, this would need further exploration and development from the ground up within any other context in order to reproduce a similar impact.

Conclusion

The Social Ecological Model of Bullying in an Aboriginal Context was developed to conceptualise the complexity of relationships and internal and external influences on our lives and of those around us. This formed the basis for exploring the concepts held

by both the community, and those who wish to work in the community. The model has application for a multitude issues effecting Aboriginal communities.

From this research (which compliments other research in the field by colleagues){Whaley, 1992 #10847}{Kickett-Tucker, 2010 #10995}{Zubrick SR, 2005. #10983}, it is important to note that intra racial issues have not as yet really been explored in an Aboriginal context. Mental health is a rising issue among Aboriginal Australia and if behaviours such as bullying manifest a cycle of mental health issues there are ways we can as a community intervene. The school based community, the Aboriginal community and the wider community must all have an influence concurrently if anything is to have permanence. It appears from this body of work that the importance of social and emotional well being and identity has not been given its right place in the order of relevant precursors to cycles of hopelessness, poverty and self harm and the way in which is often grown and But through this body of work these points have been clearly illustrated.

The solutions/strategies are not individualistic, understanding in this way forces us to redirect our strategies and not stay at the individual level. Money and programs locates the causal nexus, it is located in the outer rings of the Aboriginal Bullying in a Social Ecological model (Figure 5), whereas all levels must be targeted concurrently.

References

Adams, K. N. and M. Saunders (2006). "Indigenous health: is it every researcher's business?" Australasian Epidemiologist**13**(1).

Ahmad, Y. and P. Smith (1994). Bullying in schools and the issue of sex differences. Male Violence. J. Archer. London, Routledge.

Ahmed, E. Shame Management and Bullying: Stability and Variability Over Time.

Ahmed, E. and V. Braithwaite (2004). "Bullying and Victimization: cause for concern for both families and schools." Social Psychology of Education**7**: 35-54.

Australian Bureau of Statistics (2007-08). Regional Population Growth - Australia, ABS.

Aveling, N. (2002). "Student Teachers' Resistance to Exploring Racism: reflections on 'doing' border pedagogy." Asia-Pacific Journal of Teacher Education**30**(2): 119-130.

Bauret, P. A., N. J. Brown, et al. (2001). "Indigenous Australian children: educating for health." Medical Journal of Australia**174**: 488-489.

Bertrand JL, B. J., Ward VM (1992). "Techniques for Analysing Focus Group Data." Evaluating Review**16**: 198-209.

Blair, E. M., S. R. Zubrick, et al. (2005). "The Western Australian Aboriginal Child Health Survey: findings to date on adolescents." Medical Journal of Australia**183**(8): 433-435.

Boulton, M. J. and P. K. Smith (1994). "Bully/victim problems in middle-school children: Stability, self-perceived competence, peer perceptions and peer acceptance." British Journal of Developmental Psychology**12**: 315-329.

Boulton, M. J. and K. Underwood (1992). "Bully/victim problems among middle school children." British Journal of Educational Psychology**62**: 73-87.

Brahim, K. (2001). "Promoting education for Indigenous people in remote communities." Retrieved 24th September, 2003, from http://www.thesource.gov.au/youth_roundtable/previous_roundtables/2001_youth_roundtable/educating_outside/reports/Promo_Ed_for_Indig_K_Brahim.pdf.

Britton, P. (2000). Improving the Self-Concept of Aboriginal Students: A Holistic Approach. 10th Annual ASA Conference, University of Western Sydney, Bankstown Campus, Milperra, University of Western Sydney, Bankstown Campus, Milperra, Journal of the Aboriginal Studies Organisation.

Bronfenbrenner, U. (1979). The Ecology of Human Development. Cambridge, Mass/US, Harvard University Press.

Brough, M., B. C., et al. (2004). "Strong in the City: towards a strength-based approach in Indigenous health promotion." Health Promotion Journal of Australia**15**(3): 215-220.

Carnahan, S. (1994). Preventing school failure and drop out. Risk resilience and prevention: Promoting the well being of all children. R. J. Simeonsson. Baltimore, Paul H Brooks: 103-123.

Coffin, J. (2007). "Rising to the challenge in Aboriginal health by creating cultural security." Journal Aboriginal & Islander Health Worker Journal **31**((3)): 22-24.

Colaizzi , P. F. (1978). "Psychological research as the phenomenologist sees it. ." In R.S.

Collins, G. (1993). "Meeting the needs of Aboriginal students." Aboriginal Child at School**21**(2): 3-16.

Colman-Dimon, H. (2000). "Relationships with the School: Listening to the Voices of a Remote Aboriginal Community." The Australian Journal of Indigenous Education**28**(1): 34-47.

Commonwealth Task Force on Child Development Health and Wellbeing (2003). Towards the Development of a National Agenda for Early Childhood. Canberra.

Craig, W. M. (1998). "The relationship among bullying, victimisation, depression, anxiety, and aggression in elementary school children." Personality and Individual Differences**24**(1): 123-130.

Crisp, B. R. and J. Duckett (2000). "Four approaches to capacity building in health: consequences for measurement and accountability." Health Promotion International**15**(2).

Cross, D., Y. Pintabona, et al. (2003). "The Friendly Schools Project: An empirically grounded school-based bullying prevention program." Australian Journal of Guidance and Counselling**13**(1): 36-46.

Dake, J., J. H. Price, et al. (2003). "The nature and extent of bullying at school." Journal of School Health**73**(5): 173-180.

deCrespigny, C., C. Emden, et al. (2004). "A 'partnership model' for ethical Indigenous research." Collegian**11**(4): 7.

Drurie, J. (2000). Writing Whiteness in the West: no single white body. Third International Cultural Studies Conference, Birmingham, UK,.

Dwyer, S. (2002). "Benefits of community involvement at school level." The Australian Journal of Indigenous Education**30**(2): 1-7.

Farrington, D. P. (1993). Understanding and preventing bullying. Crime and Justice. M. Tonny and N. Morris. Chicago, University of Chicago Press. **17**.

Foley, D. (2003). "Indigenous Epistemology and Indigenous Standpoint Theory" Social Alternatives**22**(1).

Forero, R., L. McLellan, et al. (1999). "Bullying behavior and psychosocial health among school students in New South Wales, Australia: cross sectional survey." British Medical Journal**319**: 344-348.

Freemantle, J., F. Stanley, et al. (2004). Patterns and trends in mortality of Western Australian infants, children and young people, 1980-2002. . Perth, Advisory Council on the Prevention of Deaths of Children and Young People.

Freire, P. (1985). Rethinking Critical Pedagogy: A Dialogue with Paulo Freire. The Politics of Education: Culture, Power and Liberation. Massachusetts, Bergin and Garvey.

Garcia Coll, C., R. Jenkins, et al. (1996). "An Intergrative Model for the study of Developmental Competencies in Minority Children." Child Development**67**: 1891-1914.

Gardiner, A. (1996). "Aboriginal Education - A reality in the 1990s." The Australian Journal of Indigenous Education**24(2)**: 20-24.

Gray, D., B. Sputore, et al. (1998). "Evaluation of an Aboriginal health promotion program: A case study from Karalundi." Health Promotion Journal of Australia**8(1)**: 24-28.

Groome, H. and A. Hamilton (1995). Meeting the Educational Needs of Aboriginal Adolescents. NBEET Commissioned report. Canberra, ADPS.

Habermas, J. (1988). On the Logic of Social Sciences. Oxford, Polity Press.

Horton, R. (2006). "Indigenous peoples: time to act now for equity and health." The Lancet**367**(9524): 1705.

Hovell M , Wahlgren D, et al. (2002). The Behavioural Ecological Model; Integrated health and behavioural science. San Fransisco, Jossey-Bass Inc.

Howard, D. (2002). "Family, friends and teachers: Why Indigenous students stay at or leave school." The Australian Journal of Indigenous Education**30**(2): 8-12.

Jordan, D. (1992). Australian Aborigines: Education and Indentity. Education and Cultural Differences. D. Ray and P. D.H. New York and London, Garland: 61-87.

Kaltiala-Heino, R., M. Rimpela, et al. (1999). "Bullying, depression, and suicidal ideation in Finnish adolescents: School survey." British Medical Journal**319**(348-351).

KatuKalpha. (2000). "Senate Employment, Workplace Relations, Small Business and Education Training Programs for Indigenous Australians.", from <http://www.aph.gov.au/senate/committee/eet-ctte/indiged>.

Kids Help Line. (1998). "Ethnicity and Bullying - Racism amongst young people."

Retrieved 1st October, 2003, from

<http://www.kidshelp.com.au/research/media/PRESSRELEASES/bullyingnews.htm>.

Kochenderfer, B. J. and G. W. Ladd (1996). "Peer victimization: Cause or consequence of school maladjustment." Child Development**67**: 1305-1317.

Kochenderfer, B. J. and G. W. Ladd (1996). "Peer victimization: Manifestations and relations to school adjustment in kindergarten." Journal of School Psychology**34**(3): 267-283.

Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). Violence-a global public health problem. Geneva, Switzerland: World Health Organization.

Kumpulainen, K., E. Rasanen, et al. (1998). "Bullying and psychiatric symptoms among elementary school-age children." Child Abuse and Neglect**22**(7): 705-717.

Lawrence, H. (1994). "Aboriginal children in urban schools." Issues in Education Research**4**(1): 19-26.

Litchfield, K. and W. Reid (2003). Towards a Talking Circle: A review of concerns of callers from Aboriginal and Torres Strait Islander backgrounds. Queensland, Kids Help Line: 1-26.

Main, D., R. Nichol, et al. (2000). "Reconciling pedagogy and health sciences to promote Indigenous health." Australain and New Zealand Journal Of Public Health**24**(2): 211.

Malin, M. (1994). "What is a good teacher? Anglo and Aboriginal Australian Views." Peabody Journal of Education**69**(2): 94-114.

Maxwell, G. C.-L., Janis (1995). Distorted Childhoods: The Meaning of Violence For Children. I. O. Criminology, Victoria University Of Wellington.

Maxwell, G. C.-L., Janis (1996). Impact Of Bullying on Children. Occasional Paper. Wellington, Office of the Commissioner for Children.

Mccormack, P., F. Mohammed, et al. (2001). "Learning to Work with the Community: The Development of the Wujal Wujal Guidelines for Supporting People who are at Risk." Aboriginal and Islander Health Worker Journal**25**(4): 19-25.

Mellor, D. (2003). "Contemporary Racism in Australia: The Experiences of Aborigines." Personality and Social Psychology Bulletin**29**(4): 474-486.

Murphy, L. and P. Kordyl (2004). "Appreciative Inquiry: a method for measuring the impact of a project on the wellbeing of an Indigenous community." Health Promotion Journal of Australia**15**(3): 211.

National Inquiry into Rural and Remote Education (2000). Emerging Themes. H. R. a. E. O. Commission, Commonwealth of Australia.

Nettles, S. M. (1991). "Community involvement and disadvantaged students: a review." Review of Educational Research**61**(3): 379-406.

Northern Territory Department of Education (1999). Learning Lessons: An independent review of Indigenous education in the Northern Territory.

O'Moore, A. M. and B. Hillery (1989). "Bullying in Dublin schools." Irish Journal of Psychology**10**: 426-441.

Olweus, D. (1993). Bullying at school: What we know and what we can do. Oxford, Blackwell.

Partington, G. (2001). "Current orthodoxy in Aboriginal education." National Observer(50): 20-28.

Partington, G. and V. McCudden (1992). Ethnicity and Education. New South Wales, Social Science Press.

Partington, G., K. Richer, et al. (1999). Barriers to effective teaching of Indigenous students. Combined Confereneec of the Australian Association for Research in Education and New Zealand Association for Research in Education, Melbourne.

Partington, G. W., R. Forrest, S. (2001). "Interpretations of Classroom Discipline Practices by Teachers and Indigenous Students in a Western Australian Secondary School." Education Research and Perspectives**28**(2).

Pepler, D., W. Craig, et al. (1994). "An evaluation of an anti-bullying intervention in Toronto schools." Canadian Journal of Community Mental Health**13**(2): 95-110.

Pepler, D. J., W. M. Craig, et al. (1993). A school-based anti-bullying intervention: Preliminary evaluation. Understanding and managing bullying. D. Tattum. Oxford, Heinemann: 76-91.

Poole, D. (1997). "Building Community Capacity to Promote Social and Public Health: Challenges for Universities." Health and Social Work**22**: 163-170.

Puruntayemeri, T. (1996). "Group leadership towards Aboriginalisation or localisation at Murrupurtiyanuwu." The Australian Journal of Indigenous Education**24**(2): 24-25.

Randall, P. (1996). A community approach to bullying, Trentham Books.

Rawlings, B. (2003). "Setting up new services: How service users are involved in planning therapeutic community day care programs." Therapeutic Communities: International Journal for Therapeutic and Supportive Organisations**24**(4).

Riemen, D. (1986). The essential structure of a caring interaction: doing phenomenology. Norwalk, CT, Appleton-Century-Crofts.

Rigby, K. (1993). "School children's perceptions of their families and parents as a function of peer relations." The Journal of Genetic Psychology**154**(4): 501-513.

Rigby, K. (1994). "Psychosocial functioning in families of Australian adolescent schoolchildren involved in bully/victim problems." Journal of Family Therapy**16**: 173-187.

Rigby, K. (1996). "Peer Victimization and the structure of primary and secondary schooling." Primary Focus**10**(7).

Rigby, K. (1997). "Attitudes and beliefs about bullying among Australian school children." The Irish Journal of Psychology**18**(2): 202-220.

Rigby, K. (1997). The peer relations assessment questionnaires (PRAQ). Victoria, The Professional Reading Guide for Educational Administrators.

Rigby, K. (1997). "What children tell us about bullying in schools." Children Australia**22**(2): 28-34.

Rigby, K. (1998). "The relationship between reported health and involvement in bully/victim problems among male and female secondary schoolchildren." Journal of Health Psychology**3**(4): 465-476.

Rigby, K. (1998). "Suicidal ideation and bullying among Australian secondary school students." Australian Educational and Developmental Psychologist**15**(1): 45-61.

Rigby, K. and P. Slee (1999). "Suicidal ideation among adolescent school children, involvement in bully-victim problems and perceived social support." Suicide and Life-Threatening Behavior**29**(2): 119-130.

Rigby, K. and P. T. Slee (1991). "Bullying among Australian school children: Reported behavior and attitudes toward victims." The Journal of Social Psychology**131**(5): 615-627.

Ryan, P. (1997). "Another Country: Non-Aboriginal Tertiary Students ; perception of Aboriginal and Torres Strait Islander peoples,." The Australian Journal of Indigenous Education,**25**(1): 18-22.

Salmivalli, C., A. Kaukiainen, et al. (2005). "Anti-bullying intervention: Implementation and outcome." British Journal of Educational Psychology**75**: 465-487.

Sarantakos, S. (1993). Social Research. South Yarra, Macmillan Education Series.

Sercombe, H. (2006). "Youth Work in Rural Settings." Youth Studies Australia**25**(3).

Shackley, P. and M. Ryan (1994). "What is the role of the consumer in health care?" Journal of Social Policy**23**: 517-541.

Sheehan, M., D. Ridge, et al. (2002). "'This was a great project': reflections on a 'successful' mental health promotion project in a remote Indigenous school." Health Promotion Journal of Australia**13**(3): 201-204.

Slee, P. (1995). "Bullying: Health concerns of Australian secondary school students." International Journal of Adolescent and Youth**5**: 215-224.

Slee, P. (1995). "Peer victimization and its relationship to depression among Australian primary school students." Personality and Individual Differences**18**(1): 57-62.

Slee, P. and K. Rigby (1993). "The relationship of Eysenck's personality factors and self esteem to bully-victim behaviour in Australian schoolboys." Personality and Individual Differences**14**(2): 371-373.

Slee, P. T. (1994). "Situational and interpersonal correlates of anxiety associated with peer victimisation." Child Psychiatry and Human Development**25**(2): 97-107.

Slee, P. T. (1995). "Bullying: health concerns of Australian secondary school students." International Journal of Adolescence and Youth**5**: 215-224.

Smith, G. and S. Stephenson (2002). *The Theory and Practice of Group Representation*, Department of Politics, University of Southampton.

Smith, P. K. and S. Sharp, Eds. (1994). School bullying: insights and perspectives. London, Routledge.

Smith, R. C., N. Darling, et al. Family influences on adolescents' peer groups: Relations with parents and sibling characteristics. Pennsylvania, Pennsylvania State University: 1-8.

Smith, R. G. (1996). "Towards a composite educational research methodology: balancing the authority equation in Aboriginal education." Australian Journal of Indigenous Education**24**(2): 33-41.

Stewart, J. (2002). "The relevance of the 'Learning Styles Debate' for Australian Indigenous students in mainstream education." The Australian Journal of Indigenous Education**30**(2): 13-19.

Tattum, E. E. and D. D. P. Tattum (1992). Social education and personal development.

Theis, K. (1987). Aboriginal Viewpoints on Education: A survey in the East Kimberley region. Research Series No. 5, National Centre for Research on Rural Education, University of Western Australia.

Trevaskis, G. (2003). The Friendly Schools Bullying Intervention Project: Adapting resources for use in remote Indigenous school settings. School of Public Health. Perth, Curtin University of Technology: 125.

Tsey, K. (2001). "Making Research More Relevant to the Needs and Aspirations of Indigenous Australians: the Importance of Research Capacity Development." Aboriginal and Islander Health Worker Journal**25**(1): 19-24.

Veenstra, R., S. Lindenberg, et al. (2005). "Bullying and victimization in elementary schools: A comparison of bullies, victims, bully/victims, and uninvolved preadolescents." Developmental Psychology**41**(4).

Whitney, I. and P. K. Smith (1993). "A survey of the nature and extent of bullying in junior/middle and secondary schools." Educational Research**35**(1): 3-25.

Williams, K., M. Chambers, et al. (1996). "Association of common health symptoms with bullying in primary school children." British medical Journal**313**: 17-19.

Zhao, Y. and K. Dempsey (2006). "Causes of inequality in life expectancy between Indigenous and non-Indigenous people in the Northern Territory, 1981-2000: a decomposition analysis." Medical Journal of Australia**184**(10): 490-494.

Zubrick, S., S. Silburn, et al. (1997). Western Australian Child Health Survey: Education, Health and Competence. Perth, WA, Australian Bureau of Statistics.

Zubrick SR, Silburn SR, et al. (2005.). The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People.

The Western Australian Aboriginal Child Health Survey. Perth, Curtin University of Technology and Telethon Institute for Child Health Research,.

Published Papers

Journal Publication # 1

Abstract: Rising to the challenge in Aboriginal health by creating cultural security

J Coffin

Aboriginal & Islander Health Worker Journal, 2007; 31(3): 22-24.

The term “cultural security” has been used for many years but often quite loosely. The way cultural security is defined here is a very practical use of the term. It is seen in this paper from a perspective of human rights. The aim of this paper is to discuss the concept of cultural security and how health workers may gauge the degree of cultural security in their practice. Without a clear definition of terms it is easy for health services and staff to feel that they are already at an appropriate level, yet wonder at the resistance to use health care and services and lack of engagement in community activities when required.

Achieving cultural security is about the meeting of two different approaches in health, which is the Western definition and the Aboriginal definition, to achieve the desired outcome of improved health status. There are always going to be barriers and enablers in every community and organisation for the development and attainment of cultural security in health services, time is the enemy when it comes to strengthening enablers and breaking down barriers. Prioritising attaining cultural security will bring about one of the greatest impacts on the health of Aboriginal Australia.

Article: Rising to the challenge in Aboriginal health by creating cultural security

Larson A, Gilles M, Howard P, Coffin J

Aboriginal & Islander Health Worker Journal, 2007; 31(3): 22-24.

Introduction

Cultural security is an essential component of health services for Aboriginal people yet is largely misunderstood or ignored [1]. We need to consider what is cultural security. What does it really mean to Aboriginal people and how can health services and individuals help to create a culturally secure environment? Most of the existing literature considers cultural safety or awareness while discussion of security is limited [2]. For many Aboriginal people health care access can result in emotional and physical discomfort when cultural security is not an integral part of the service.[3]

Being aware of the cultural issues when providing a health service in a community is just the beginning of what is really required. To really be successful and responsive to the betterment of Aboriginal health, cultural security is essential to every aspect of the health system. Doctors, speech pathologists, social workers, school nurses, dentists etc all need to provide a culturally secure service no matter is what their role in provision of health care. An Aboriginal person may only access one or two health care providers over a long period of time -so having a culturally secure service is even more vital. [3]

Health services may consider they have a culturally secure service if they have Aboriginal staff or an Aboriginal liaison officer or they do cultural awareness training for all new staff. Although people may consider this adequate in fact people are only doing minimum in such cases and these token gestures do not equate to adequate

health care. In fact, doing the bare minimum can create problems. For example, if there is only one Aboriginal liaison officer, who in this case is a female, not from the area and with no cultural connections in the area, the person cannot really fulfill their role. Other Aboriginal staff employed may be in the kitchen or cleaning but they are not visible. The health service does not have an Aboriginal “face” and therefore Aboriginal people do not have an adequate point of contact.

Clearly health services are frustrated with their inability to create solutions to the issues when dealing with Aboriginal patients, but there are many things that can be done to address these issues and move towards a more equitable health service provision for all.[4, 5]The aim of this paper is to differentiate between cultural security, safety and awareness and demonstrate their importance in a health service context.

Defining terms

What is important to conceptualise is that not everyone can put the concepts of cultural security into words. Cultural security can present itself in many forms. Likewise, ‘non secure’ cultural behaviour can take many forms. Many Aboriginal people have been almost de-sensitised to even very blatant racism. After a life of continual stereotyping, negative or inappropriate treatment by the dominant culture it often goes unrecognised, or becomes the ‘norm’ of an Aboriginal person’s life.

For several years now I have used simple definitions, which (to me) make the distinction between cultural security, safety and awareness, three very commonly used terms, which are often quite inappropriately interchanged. Cultural awareness and cultural safety have a place in and towards the attainment of cultural security. The first

two levels must be addressed in order to progress to the next level (Figure 1). As per Maslow's theory of self actualisation[6], we cannot progress unless the more basic needs have been met. Think about this progression in the context of a health service, full of groups of individuals; without that basic need fulfilled it would be very hard to move to the next level.

A practical example could be related to the treatment of an eight-year-old Aboriginal boy for speech therapy from the perspective of the speech pathologist.

Awareness: "I know that most Aboriginal people have very extended families."

The basic understanding does not lead into action. There is no common or accepted practice and what actions are taken depends upon the individual and their knowledge of Aboriginal culture and cultural security.

Safety: "I am going to make sure that I tell Johnny's Mum, Aunty and Nana about his appointment because sometimes he is not with his Mum."

Safety involves health providers working with individuals and organisations and can sometimes encompass the community. More often though cultural safety consists of small actions and gestures, usually not standardised as policy and procedure.

Security: *"I am going to write a note to Johnny's family and ask the AHW to deliver and explain it. I will check in with the AHW if any issues were raised when explaining the procedure to the family and if transport is sorted out., I will ask to see if Sylvia (the AHW) can be in attendance at the appointment as well."*

Security demonstrates understandings by taking actions. It is easy to create policies and procedures around these processes so that it becomes an automatic action from the earliest point of identifying Aboriginal people when they first seek health care.

Security is likened to the highest attainment level and is the hardest to achieve but like a house if the foundations are good it will stay strong and be easy to maintain for many years to come. It can even be added to down the track to make it better and more useful. Examples of strengthening security would be community engagement in decisions such as appointment of staff, training, job descriptions, and protocols. It means that there is a definitive compulsory action when an Aboriginal person is transferred from one hospital to the next, when someone passes away in hospital etc. There is also a definite point of contact and actions are well established. It should not matter if the health service is manned by temporary staff. No matter who is in the health service, they know that these are the procedures to follow.

Without the establishment of some awareness in a health context, it is hard to appreciate what safety and security in a cultural sense would look like. This does not mean that it would be necessary to know for example all about Men's business, but it is necessary to appreciate who to ask if urgent information was required, what would be appropriate care, and who should provide it, if a matter arise where a male is treated.

Another practical application of the process it could actually look something like this: An awareness could simply be that Aboriginal men and women do not wish to be grouped together in the same room, extending to safety - where two exits are

provided and two different rooms are utilised for such purposes through to setting up a culturally secure service, such as a male and female doctor and appropriate staff utilising two rooms for treatment of patients.

One of the biggest issues in Aboriginal health is stereotyping, and media depiction, which is often negative. Everyone will come to the table with preconceived ideas about Aboriginal people even if there has never actually been any physical contact![2] The concepts of awareness, safety and security must be fully explored in the context of the impact of policy on Aboriginal people. This begins to progress into real understanding which helps people to move forward to creating and maintaining safety mechanisms in their particular context. There may already be - if you are lucky - some security mechanisms and with more awareness and understanding these are demystified. For example at the health service it is common practice for men to only see the male doctor, you may have thought it 'peculiar' but with a cultural awareness you now understand why this is so, and if you can help to ensure that it happens in the right way, you are moving towards culturally safe practices.

In order to achieve and maintain cultural security two more elements must be developed, these are protocol and brokerage. They can be likened to the vehicle to reach cultural security in the appropriate way that will be then sustainable.

Brokerage is a mechanism to deepen awareness into understanding successful and safe practice. It involves two-way communication where both parties are equally informed and equally important in the discussion. Communication and respect are of the utmost importance[5, 7], values and ideas are not pushed but considerations from

both sides are equally regarded. Good brokerage is a key ingredient in cultural security that must be developed with the Aboriginal community. This is about doing what you set out to do by building faith and trust. One of the largest parts of brokerage is listening and yarning.

Protocols are a strategy that can take a culturally safe practice to a culturally secure one [5, 8]. Protocol addresses the fact that in an Aboriginal context, everything needs to be done in consultation with the Elders within the particular community (or context), and key stakeholders. The right people can actually support many of the processes, by giving you correct guidelines for community engagement. An example could be that after talking with the AHW it was discovered that the older ladies were the ones to speak in relation to the young pregnant women. Now whenever anything with the young Mums arises there is an established point of contact to the older women first - thus an assurance is created for cultural security. The community point of contact is made aware of the situation and involved. Community participation can then be progressed beyond just 'involvement.' Communities become partners in an equitable culturally secure provision of service.... This is the pathway to cultural security.

Measuring cultural security

All health workers must know exactly what is cultural awareness, safety and security, and have a practical understanding of how is it maintained through appropriate brokerage and protocol. [5] The first thing that must be done around achieving cultural security is defining and standardising the language so to demystify confusion and allow people to plot themselves or their health service along a continuum and move forward

or maintain the same level of cultural security if it is deemed to have been achieved. A starting point is required to put everyone on the same page, including community and health service staff and other health professionals.

If we were to draw a scale (Figure 2) and ask people and health services to honestly plot themselves and their services along it, I would think not too many could actually be at the end point of cultural security attainment (e.g. sustainability). However, thinking about their place and where they want to be can be an important first step to change.

Conclusion

The concept and attainment of cultural security is obviously extremely important. Hospitals, health services, private practices and individuals need to adopt practices and policies that recognise cultural security as mandatory. Cultural awareness alone does not equal great health care[8].

We also need to recognise the Aboriginal health workers and elders in the communities who are the health system's greatest resource. Even if you do not have standout recognisable elders, there is always someone of respect who should be consulted in your endeavours to create an equitable and appropriate program, delivery and or service. As Aboriginal people we need to be clearer and define what is expected of the health care for our people and be more united in a voice that is based around actions to bring about change in creating a more equitable health care system. Aboriginal people are sometimes employed in health areas but are not heard.[8]

Health services need to listen to the community while the community needs to be clear in what it wants.

The culturally secure health service will meet needs rather than represent more conventional views of what it should look like. If you travel to another country for work, so you could be successful and not breach any cultural and social norms you would find out about such aspects as religion, beliefs and cultural practises - so why is it that in Australia you can still come here/ be born here and know nothing about its Aboriginal people, its first people who are the ones in the most need of appropriate services? The need for cultural security is urgent and grossly unmet.

Acknowledgements

Drs Linda Slack-Smith and Ann Larson provided advice in the preparation of this paper. Funding came from the Department of Health and Ageing support of Combined Universities Centre of Rural Health and the NHMRC Indigenous Population Health Research Capacity Building Grant.

1. Coffin J. *Ngalypa Muwarr: Stories from Aboriginal Health Workers involved in sexual health work*. 2002, Perth: Department of Health.
2. Williams R. Cultural safety - what does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 1999. 23(2):213-4.
3. Aboriginal Stroke Project Steering Committee. *Aboriginal Stroke Project*. n.d., National Stroke Foundation: Melbourne.
4. Holman DA. Bridging the treatment gap for Indigenous Australians. *Medical Journal of Australia*, 2005. 182(10):505-6.

5. VicHealth Koori Health Research and Community Development Unit. *Summary of Findings from Hospital Case Studies and Recommendations for Accreditation*. 2004, University of Melbourne.
6. Maslow AH. A theory of human motivation. *Psychological Review*, 1943. 50(July):370-96.
7. Sinnott MJ and Wittman B. An introduction to Indigenous health and culture: the first tier of the three tiered plan. *Australian Journal of Rural Health*, 2001. 9:116-120.
8. Westwood B. Cross-cultural training for Aboriginal health issues, South Western Sydney Area Health Service. *Aboriginal and Islander Health Worker Journal*, 2005. 29(3): 22-5.

Journal Publication # 2

Abstract: It's enough to make you sick; the impact of racism on the health of Aboriginal Australians

Coffin J.

Australian and New Zealand Journal of Public Health, 2007;31 (4): 322-329.

Background: Experience of interpersonal racism has been neglected as a mechanism by which inequalities between Aboriginal and non-Aboriginal people are created and maintained.

Methods: Cross-sectional survey of randomly selected residents of a rural Australian town (n=639). Interpersonal racism was measured by two questions on experiences in the past four weeks of negative racially based treatment that evoked an emotional or physical response. Health was measured with the mental and physical health component scores of the Short-Form 12 and self-reported fair or poor general health. Linear and logistic regressions modelled the effects of interpersonal racism on health, controlling for age, sex, socio-economic status and Aboriginality.

Findings: The 183 Aboriginal respondents had lower health component scores, were more than twice as likely to report fair-to-poor general health (34% compared with 17%, $p<0.001$), and 2.6 to 5.0 times more likely to report negative racially based treatment. Demographic and socio-economic characteristics were not associated with reporting negative racially based treatment. After controlling for other variables, Aboriginal respondents who reported negative treatment were more likely to have poor health on all three measures. Non-Aboriginal respondents who reported

experiencing negative treatment had lower mental health component scores.

Implications: Experiencing racist treatment should be recognised as a social determinant of health. Improved health care and other initiatives may not eliminate health inequalities in the absence of fundamental changes in how non-Aboriginal people behave towards Aboriginal people.

Key words: Racism; Indigenous population; inequalities; health status; mental health; Australia.

Article - It's enough to make you sick; the impact of racism on the health of

Aboriginal Australians

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Australian and New Zealand Journal of Public Health, 2007;31 (4): 322-329.

Researchers are increasingly naming racism as the cause of persistent health differences by racial or ethnic classification in the United States,^{1,2} the United Kingdom³ and New Zealand.⁴ In Australia, racism has been implicitly or explicitly named as the root cause of the extreme socio-economic and health disadvantage experienced by Aboriginal Australians.⁵⁻⁷ However, in explaining poor health, most research places greater emphasis on social and economic disadvantage,⁸ locational disadvantage,⁹ lack of investment in effective health interventions¹⁰ and insensitivity to cultural differences.¹¹ In this paper, we use cross-sectional data to test the relationship between experience of racism and health for Aboriginal Australians. Our research will assist in the development of better interventions to address and eliminate racially based disparities.¹²

Racism and its effects are usually conceptualised as occurring on two levels: institutional and interpersonal.¹³ Institutional racism is expressed through economic and political systems and maintained by the policies and practices carried out by government and other institutions. Examples of institutional racism can be found in all sectors, from public housing¹⁴ to health care.¹⁵ The result, intentional or unintentional, is that Aboriginal people receive less benefit from the same policies. Interpersonal

racism is the discriminatory interactions between individuals, such as demeaning comments by a health care provider or a shop assistant or the behaviour of a neighbour. Jones adds internalised racism as a third level, which refers to the adaptations made by persons who experience racial discrimination.¹² Internalising negative racial stereotypes is a consequence of institutional and interpersonal racism and can result in low self-esteem, depression and hostility.¹⁶ Our study directly measures institutional and interpersonal racism, but internalised racism is not easily captured in cross-sectional studies and is not addressed.^{16,17}

Racism and health

Institutional racism is often measured through differences in groups' socioeconomic status and there is a persistent relationship between socio-economic variables and health indicators. However, studies that statistically control for differences in education, employment or other indicators of institutional racism do not explain all of the differences in health status between racial groups.^{13,18}

Two comprehensive reviews of the literature have found a consistent association between self-reported experience of racial discrimination and poor mental health outcomes, using indicators ranging from self-reported measures of general mental well-being to psychosis.^{17,19} The association between racial discrimination and somatic health is less consistent,¹⁷ but positive associations have been found with self-reported general poor health, bed-days, hypertension, blood pressure and smoking.^{3,4,20-22}

Six studies report that the negative relationship between self-reported experience of racial discrimination and health remains after controlling for socio-economic variables, which suggests the effects of institutional and interpersonal racism are additive.^{2-4,18,21,23}

Interpersonal racism is more frequently hypothesised to cause poorer health through biological pathways involving prolonged heightened stress. The anger, frustration and humiliation such behaviour provokes results in a range of biological responses including greater release of cortisol.²⁴ Wyatt and colleagues reviewed the theoretical, experimental and population-based research on racism and physiological functioning related to cardiovascular diseases including acute and chronic heightened blood pressure, sodium excretion and neurochemical processes inhibiting immune functions.¹⁶ Chronic exposure to interpersonal racism is more likely to result in long-term somatic health problems than one-off or acute experiences. Among African Americans, persistent, repeated occurrences of everyday, negative, racially based treatment is more strongly related to poor physical health than obvious experiences of discrimination.²¹

Racism research in Australia

Australian research on racism has focused on the attitudes and behaviours of the perpetrators rather than the effects on those who are the targets of discrimination.²⁵ It has found that racist attitudes and behaviour are relatively common. In Western Australia, 52% of urban residents and 69% of residents of a regional centre revealed prejudice against Aboriginal Australians.²⁶ A rare study focusing on Aboriginal people's

experience of racism found racist attitudes and behaviour were ubiquitous.²⁵ An unpublished survey of Indigenous people in Darwin uncovered that the experience of interpersonal racism was common across many settings and that these experiences were associated with a range of mental and physical health indicators.²⁷

In this article, we investigate if the experience of interpersonal racism has a measurable effect on the health of Aboriginal Australians. We hypothesise that Aboriginal people experience interpersonal racism more frequently than non-Aboriginal people and that the poorer health of Aboriginal people is positively associated with those self-reported experiences. Further, we hypothesise that interpersonal racial discrimination has a cumulative effect that may explain some of the health differences between Aboriginal and non-Aboriginal people.

Methods

Sample

The data come from a survey conducted in late 2003 in an isolated rural Australian town. The University of Western Australia and the Western Australian Aboriginal Health Information and Ethics Committee granted ethics approval. At the 2001 Census, the town had almost 6,000 usual residents, with about 1,000 identifying as Aboriginal. Compared with the non-Aboriginal population, Aboriginal households had lower weekly median household income (\$500-\$599 compared with \$700-\$799) and larger mean household size (3.4 compared with 2.6). The Aboriginal unemployment rate was 17% compared with 5% for non-Aboriginal people.

Eligible respondents were over 18 years old and had lived in the town for at least 12

months. Using a spatial database of property street addresses, 57 blocks of 25 adjacent addresses were randomly selected.

Table 1: Characteristics of Aboriginal and non-Aboriginal respondents.

	Total (n=624) %	Aboriginal (n=183) %	Non- Aboriginal (n=441) %	Designed based F-ratio (p value)
Demographic variables				
Age				4.2 (0.02)
18-34	27.5	36.8	24.9	
35-54	45.0	45.2	44.7	
55+	27.5	18.0	30.4	
Sex				2.4 (0.12)
Male	41.4	36.1	42.5	
Female	58.6	63.9	57.5	
Socio-economic variables				
Employment				8.0 (<0.01)
Full-time	40.8	27.2	44.6	
Part-time/casual/ work without pay	23.5	22.2	24.0	
Other	35.7	50.6	31.3	
Highest qualification				48.9 (<0.01)
Year 10 or less	49.2	76.6	41.2	
Year 12/Trade/ TAFE/Uni	50.8	23.4	58.8	
Interpersonal racism variables				
Emotionally upset				30.5 (<0.01)
Yes	18.7	35.4	13.3	
No	81.3	64.6	86.7	
Physically upset				87.0 (<0.01)
Yes	13.6	35.8	7.1	
No	86.4	65.2	92.9	
Either emotional or physical upset				42.2 (<0.01)
Yes	21.7	42.1	15.2	
No	78.3	57.9	84.8	
Health variables				
Self-reported general health				25.6 (<0.01)
Excellent, Very good, Good	82.6	65.6	85.1	
Fair, Poor	17.4	34.4	14.9	
	Mean (Linearised 95% CI)	Mean (Linearised 95% CI)	Mean (Linearised 95% CI)	
Mental health component score	48.7 (47.7-49.7)	43.0 (40.9-45.2)	50.4 (49.4-51.3)	
Physical health component score	49.1 (48.1-50.1)	46.2 (44.5-48.0)	50.1 (48.9-51.1)	

Note:

Statistical tests compared distribution of characteristics between Aboriginal and non-Aboriginal respondents.

Note: Statistical tests compared distribution of characteristics between Aboriginal and non-Aboriginal respondents.

The probability of selecting blocks was twice as high in the four Census Collection Districts (CCDs) where at least 25% of usual residents were Aboriginal. This was to allow meaningful statistical analysis of Aboriginal respondents.

Trained and supervised local interviewers were assigned to each block. They initially mapped all addresses in the selected blocks to identify occupied residential dwellings. Then each occupied dwelling was approached to determine if there were residents who met the selection criteria. If there were Aboriginal people living in the household, all eligible residents were invited to participate. If there were no Aboriginal people living in the household, only the adult in the house whose birthday was due next was asked to complete a questionnaire.

Variables

Several strategies have been used to measure the experience of interpersonal racism in surveys.^{13,28} Unlike other measures of racist behaviour in the literature,^{21,22} we explicitly asked about treatment the respondent considered to be racially based. Our questions did not specify the type of behaviour or the context of that behaviour.²⁰

Table 2: Logistic regression models of adjusted odds ratios (linearised 95% confidence intervals) of self-reporting negative racially based treatment by demographic and socio-economic characteristics and Aboriginality. Odds ratios in

bold are significantly different from 1.0.^a

	All respondents	Aboriginal respondents	Non-Aboriginal respondents
Aboriginality			
Non-Aboriginal (reference group)			
Aboriginal	3.6 (2.3-5.8)		
Sex			
Female (reference group)			
Male	1.2 (0.8-2.0)	1.1 (0.6-2.1)	1.3 (0.7-2.5)
Age			
18-34	1.5 (0.9-2.5)	0.9 (0.4-2.0)	2.0 (1.0-3.9)
35-54 (reference group)			
55+	0.6 (0.3-1.1)	0.4 (0.1-1.1)	0.7 (0.3-1.6)
Employment			
Not in workforce (reference group)			
Full-time	0.7 (0.4-1.2)	0.5 (0.2-1.4)	0.7 (0.4-1.4)
Part-time/casual/work without pay	1.1 (0.6-1.9)	1.1 (0.4-2.8)	1.0 (0.5-2.3)
Highest qualification			
Year 10 or less (reference group)			
Year 12/Trade/TAFE/Uni	1.0 (0.5-1.7)	1.3 (0.6-3.0)	0.9 (0.4-1.8)
<i>Note:</i>			
<i>(a) Odds ratios adjusted for sampling design.</i>			

Aboriginality

Non-Aboriginal (reference group)

Specifically, we used two questions from the 2002 Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention (www.cdc.gov/brfss/about.htm):

- 1 “Within the past four weeks, have you felt emotionally upset as a result of how you were treated because of your race (for example angry, sad, or frustrated)?”
- 2 “Within the past four weeks, have you experienced any physical stress or symptoms as a result of how you were treated because of your race (for example a headache, an upset stomach, tensing of your muscles, or a pounding heart)?”

These questions required respondents to make their own judgement about whether the behaviour or attitude was racially based and did not limit the nature or context of the treatment. We controlled for the severity of the perceived negative treatment by asking only about those that invoked a particular emotional or physical response. Each question was answered by a simple yes or no and referred to a period of four weeks to minimise recall bias. In the regression models, these two variables were combined into a single measure of any experience of negative treatment.

Mental and physical health were measured using the physical component summary score and the mental component summary score of the Short-Form 12 (SF-12), an internationally validated scale.²⁹ Each score ranged from 0 to 100, with a standardised mean of 50 and a standard deviation of 10. Higher scores indicate better health. General health status was another dependent variable, using the single question on general health status that forms part of the SF-12, dichotomised as 0=excellent, very good or good health and 1=fair or poor health. This measure has been used in other studies of the health impact of self-reported racial discrimination.^{3,21,23} Global self-assessed health questions have been found to be valid measures of health for Aboriginal Australians whose main language is English.³⁰

As in other research, socio-economic variables were used as indicators of the effects of historical and current institutional racism.¹³ The socio-economic variables were individuals' level of education and employment. Preliminary analysis found that these variables had a positive and statistically significant relationship with physical and mental health for the total sample. To ensure adequate cell sizes, the socio-economic variables were collapsed into two or three categories. An 'other' category for employment included home duties, studying, unemployed, retired and unable to work.

Analysis

We report the distribution of the main variables for Aboriginal and non-Aboriginal respondents and logistic regressions to show the association of age, sex, education and employment with self-reported experience of racially based treatment. These were calculated for all respondents and separately for Aboriginal and non-Aboriginal respondents.

Linear regression models were estimated using the SF-12 scores as dependent variables to test if the experience of racially based treatment and socio-economic status explained poorer health status of Aboriginal respondents. Adjusting for age and sex, the association of socio-economic variables on physical and mental health scores was examined first and then the racial discrimination variables were added. This was done separately for Aboriginal and non-Aboriginal respondents. The extent that institutional and interpersonal racism explained the differences in health between Aboriginal and non-Aboriginal people was tested in a model with all respondents. The analysis was repeated using logistic regression to predict self-reported fair-to-poor

general health.

We tested for interaction between Aboriginality and experience of negative racially based treatment in all regression models using the total sample. The terms were not significant and were not included in the final models.

All of the statistical results have been produced using the survey methods features of Stata 9, statistical software that enabled the specification of complex survey designs. Confidence intervals were calculated using the Taylor series linearisation procedure, taking into account the clustering into residential blocks, stratification and different sampling proportions.

Results

In total, 639 residents completed questionnaires, representing a response rate of 67% of households and 75% of individuals. This included 183 people identifying as Aboriginal. Less than 2% of the non-Aboriginal respondents referred to themselves as Asian-Australian or a specific Asian ancestry. The remainder described their ancestry as Australian (65 respondents), English (89 respondents), Scottish (11 respondents), New Zealand (10 respondents), and other European backgrounds. Aboriginal respondents were younger, much less likely to have more than Year 10 education and less likely to be employed full-time (see Table 1). Recent experience of racially based treatment resulting in an emotional upset was reported 2.6 times ($p < 0.01$) as often by Aboriginal respondents and treatment that was reported to result in physical symptoms of stress was reported 5.0 times ($p < 0.001$) more often. Aboriginal respondents were more than twice as likely to describe their general health as fair or poor (34% compared with 15%,

$p < 0.01$). Aboriginal respondents also had significantly lower mental and physical health scores than non-Aboriginal respondents.

After controlling for other variables, the odds of Aboriginal people reporting racially based negative treatment were 3.6 times greater than the odds for non-Aboriginal people (see Table 2). None of the demographic or socio-economic variables were significantly related to experiencing negative treatment.

Aboriginal people had significantly lower self-reported physical health component scores than non-Aboriginal people after controlling for demographic and socio-economic variables (see Table 3). There was a strong association between full and part-time employment and good physical health for the total sample and for Aboriginal and non-Aboriginal respondents separately. For Aboriginal people, negative racially based treatment was significantly associated with poor physical health. Those who reported negative treatment had, on average, a physical health component score of only 42.6. The measures of interpersonal racism were not significantly associated with physical health for non-Aboriginal respondents or the total sample.

Table 3: Unstandardised linear regression coefficients (95% confidence intervals) predicting physical health scores for Aboriginal and non-Aboriginal people separately and total sample (Model 1 includes demographic and socio-economic variables, Model 2 adds racial discrimination variables). Coefficients in bold are significantly different than 0.^a

Independent variables	Aboriginal respondents		Non-Aboriginal respondents		All respondents	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Aboriginality						
Non-Aboriginal (reference group)					-3.1	-2.8
Aboriginal					(-5.1 – -1.2)	(-4.7 – -0.8)
Employment						
Not in workforce (reference group)						
Full-time	8.9	8.4	3.9	3.8	4.9	4.7
	(5.3 – 12.4)	(5.2 – 11.7)	(1.1 – 6.8)	(0.9 – 6.7)	(2.4 – 7.4)	(2.2 – 7.3)
Part-time	3.5	3.8	2.7	2.6	3.0	2.9
	(-0.1 – 7.1)	(0.2 – 7.4)	(0.2 – 5.3)	(-0.1 – 5.2)	(0.8 – 5.2)	(0.6 – 5.2)
Education						
Year 10 or less (reference group)						
Year 12/Trade/TAFE/Uni	-3.3	3.2	2.1	2.1	1.2	1.2
	(-7.5 – 0.9)	(-7.3 – 1.0)	(-0.3 – 4.6)	(-0.4 – 4.7)	(-1.2 – 3.7)	(-1.2 – 3.7)
Self-reported negative racially based treatment						
No (reference group)						
Yes		-3.6		-0.01		-1.4
		(-6.4 – -0.7)		(-3.4 – 3.4)		(-3.8 – 0.9)
R2	0.20	0.23	0.17	0.16	0.17	0.17

Note:
(a) Coefficients are adjusted for sample design, age, sex, and all variables shown in the model.

Compared with the physical health measure, the mental health component scores have a stronger association with the experience of racially based negative treatment (see Table 4). After introducing the racially based treatment variables, there was a small decline in the gap between predicted mental health scores for Aboriginal and non-Aboriginal people. There was no significant association between education and mental health scores and the association with full-time employment was inconsistent.

In Table 5, we used logistic regression models to predict self-reported poor general health. As with the other measures of health, the experience of racially based negative treatment was significantly associated with self-reported fair or poor health among Aboriginal people and the total sample. In the total sample, Aboriginal people still had more than two times the odds of reporting poor health, after controlling for demographic and socio-economic variables. When the racially based treatment variable was included, the disparity between Aboriginal and non-Aboriginal people's likelihood of reporting fair or poor health declined slightly but remained statistically

significant. Among both Aboriginal and non-Aboriginal people, full-time employment was protective against poor health.

Discussion

As we hypothesised, Aboriginal Australians were significantly more likely than non-Aboriginal people to report that they had been physically or emotionally upset by negative racially based treatment in the last four weeks. In fact, recent experience of interpersonal racial discrimination was so common that more than 40% reported it. Comparable studies have shown that African Americans report higher levels of perceived discrimination than whites^{2,23} and that Maori peoples report higher levels than Asians, Pacific peoples or Europeans in New Zealand.⁴

None of the potentially explanatory demographic or socioeconomic variables were significantly associated with Aboriginal people's reported negative racially based treatment. The lack of difference in Aboriginal respondents' experience of racially based treatment by sex, education or employment status is consistent with findings for African Americans and suggests that all Aboriginal people equally experience perceived racism as part of daily life.^{2,20,22}

In this study, as in so many other studies of Aboriginal health, Aboriginal respondents reported poorer physical and mental health. They were more than twice as likely to describe their general health as fair or poor and, after controlling for age, sex, employment and education, Aboriginal respondents still had significantly lower physical and mental health scores.

Our study supports the hypothesis that the experience of interpersonal racism is associated with poorer health. Our finding that the mental health score was sensitive to acute experiences of racially based treatment replicates numerous studies in the United States that also showed a strong relationship between the experience of racial discrimination and measures of mental health such as psychological and psychiatric stress.¹⁹ This association was significant for Aboriginal and non-Aboriginal respondents as well as the total sample.

Table 4: Unstandardised linear regression coefficients (95% confidence intervals) predicting mental health scores for Aboriginal and non-Aboriginal people separately and total sample (Model 1 includes demographic and socio-economic variables, Model 2 adds racial discrimination variables). Coefficients in bold are significantly different than 0.^a

Independent variables	Aboriginal respondents		Non-Aboriginal respondents		All respondents	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Aboriginality						
Non-Aboriginal (reference group)						
Aboriginal					-5.5 (-8.1 – 3.0)	-4.0 (-6.5 – 1.6)
Employment						
Not in workforce (reference group)						
Full-time	7.4 (3.8 – 10.9)	6.3 (3.0 – 9.6)	1.3 (-1.0 – 3.5)	0.4 (-1.8 – 2.7)	2.3 (0.3 – 4.2)	1.4 (-0.4 – 3.2)
Part-time	0.5 (-4.5 – 5.5)	1.3 (-3.0 – 5.5)	1.0 (-1.3 – 3.2)	0.1 (-2.1 – 2.4)	0.9 (-1.3 – 3.1)	0.3 (-1.7 – 2.4)
Education						
Year 10 or less (reference group)						
Year 12/Trade/TAFE/Uni	-4.2 (-8.6 – 0.2)	-3.8 (-7.8 – 0.1)	1.8 (-0.2 – 3.8)	1.8 (-0.9 – 3.8)	0.8 (-1.1 – 2.8)	0.9 (-0.8 – 2.7)
Self-reported negative racially based treatment						
No (reference group)						
Yes		-9.2 (-13.3 – -5.1)		-4.5 (-8.0 – -0.9)		-6.3 (-9.1 – -3.6)
R2	0.12	0.25	0.04	0.07	0.10	0.16

Note:
(a) Coefficients are adjusted for sample design, age, sex and all variables shown in the model.

The research cited in the introduction, which has been able to demonstrate a relationship between physical health and self-reported experience of racial

discrimination, used measures of lifetime exposure to racially based treatment. Other studies have failed to find an independent relationship with physical health because, like ours, their measure of interpersonal racism captured recent acute events and not chronic exposure.²⁰ However, we did find that the physical health component score was significantly associated with the interpersonal racism measures for Aboriginal respondents. The more holistic measure of poor health status was also related to interpersonal racism for both Aboriginal respondents and the total sample.

Our study partly supports the hypothesis that the everyday experience of negative racially based treatment contributes to persistent health differences. These experiences clearly contributed to the poorer health of Aboriginal respondents. However, although adding the experience of racially based treatment weakened the association between Aboriginality and the health measures, in all cases the confidence intervals of the estimates overlapped.

Our socio-economic variables captured some consequences of institutional racism. The consistently lower levels of education and employment reported by Aboriginal respondents were undoubtedly a consequence of current and past discriminatory policies. Full-time employment emerged as a significant predictor of better health for Aboriginal people and this effect was not diminished when experience of interpersonal racism was added to the model. This association needs to be viewed with caution as poor physical or mental health can be a reason for being out of the workforce. The apparently limited protective role of education needs to be replicated in other settings. It is important to note that controlling for socio-economic status does not 'explain' all differences in health. Narrowing the socio-economic gap will reduce

but not eliminate health inequalities.

A strength of this study is that it included Aboriginal and non-Aboriginal people.²¹ Who were these non-Aboriginal people who experienced emotional upset or physical stress as a result of perceived negative treatment because of their race? We know from additional information collected in the survey that they were not ethnically or racially different from the other non-Aboriginal respondents. Nor was racial identity more salient for this group; these individuals were not more likely to report thinking regularly about their race. However, they were much more likely than other non-Aboriginal respondents to say that Aboriginal people could not be trusted. Our regression analysis did not reveal any demographic or socio-economic associations between non-Aboriginal respondents' experiences of negative racially based treatment, but further research could focus on those individuals who reacted physically to such perceived treatment. It is our tentative conclusion that although some non-Aboriginal people also experience negative treatment as part of living in a racially constructed society, unlike Aboriginal people their physical health does not suffer as a result of that behaviour. On the other hand, non-Aboriginal people experiencing such treatment have poorer mental health than other non-Aboriginal people.

Table 5: Logistic regression models of adjusted odds ratios (95% confidence intervals) predicting self-reported general health status as fair or poor by socio-economic and interpersonal racism variables. Odds ratios in bold are significantly different from 1.0.^a

Independent variables	Aboriginal respondents		Non-Aboriginal respondents		All respondents	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Aboriginality						
Non-Aboriginal (reference group)						
Aboriginal					2.6 (1.6 – 4.4)	2.1 (1.2 – 3.5)
Employment						
Not in workforce (reference group)						
Full-time	0.1 (0.04 – 0.5)	0.1 (0.04 – 0.5)	0.2 (0.1 – 0.5)	0.2 (0.1 – 0.5)	0.2 (0.1 – 0.4)	0.2 (0.1 – 0.4)
Part-time	0.5 (0.2 – 1.1)	0.5 (0.2 – 1.1)	0.6 (0.3 – 1.1)	0.6 (0.3 – 1.1)	0.5 (0.3 – 0.9)	0.5 (0.3 – 0.9)
Education						
Year 10 or less (reference group)						
Year 12/Trade/TAFE/Uni	1.3 (0.6 – 2.9)	1.2 (0.5 – 2.6)	0.5 (0.3 – 1.1)	0.5 (0.3 – 1.0)	0.7 (0.4 – 1.2)	0.6 (0.4 – 1.1)
Self-reported negative racially based treatment						
No (Reference group)						
Yes		3.2 (1.3 – 8.2)		2.1 (0.9 – 5.2)		2.5 (1.3 – 5.0)
<i>Note:</i>						
<i>(a) Odds ratios are adjusted for sample design, age, sex, sampling strata and all variables shown in the model.</i>						

Employment

Limitations

Despite the careful random selection of property addresses and the personal contact between interviewers and respondents, the final sample was not representative of the 2001 Census description of the statistical unit of which the town comprised approximately 90%. The sample had a higher proportion of females than enumerated as usual residents in the Census (53% of the Aboriginal population in the Census compared with 64% in the sample and 46% of the non-Aboriginal population in the Census compared with 58% in the sample). Aboriginal and non-Aboriginal respondents in the middle-age bracket (35-54 years) were over-represented. However, the proportion unemployed was almost identical in the Census and the sample. Controlling for demographic and socio-economic factors meant that the relationships explored were unlikely to be affected.

A significant limitation is the measure of interpersonal racism we used. In addition to the short reference period of four weeks, both variables used the respondents'

response to an event as the indicator. On one level, it is not surprising that people who had an emotionally upsetting or physically stressful recent experience have poorer self-reported health. We argue that our results are still valid despite this apparent tautology. First, this paper has been able to demonstrate that more than 40% of Aboriginal people in our study reported treatment in the recent past that was so severe as to produce a strong emotional or physical response. This is an important finding in its own right. Second, the associations we found between our measures of racist treatment and health are very similar to those of other studies that used different measures of interpersonal racism such as the self-reported experience of specific behaviours without reference to a response to that behaviour.¹⁹ A more general limitation is that cross-sectional associations are inevitably weaker than measures of effects over time; research on the effects of interpersonal racism over the life course is needed.

Unfortunately, there is no consensus on how to measure the experience of racial discrimination. Krieger, a leader in this field, calls for increased effort to develop valid and reliable self-reported measures.³¹ Our findings also highlight the need for more research on multidimensional chronic and acute measures of the experience of racial discrimination that are valid for Aboriginal Australians. The recent development of the Measure of Indigenous Racism Experiences items derived in part from qualitative research and piloted in a survey of Indigenous people in Darwin is a much-needed contribution.²⁷

The obvious policy implication of our study is that the behaviour of non-Aboriginal

people needs to change. While there are some interventions that have been proven to change racist attitudes of members of dominant groups, there is little or no research on changing behaviour that is perceived by the subordinate group as racist.³² Efforts in this area should be supported by employing effective policies in mainstream institutions such as schools and health services.³³ Further work is also needed to understand the pathways by which internalised racism affects health and to identify factors that protect or exacerbate the effects of racial discrimination. Such research would explore the role of a positive Aboriginal identity,³⁴ and supportive or destructive social and cultural Aboriginal networks.³⁵

Conclusion

Racial discrimination needs to be recognised as an upstream determinant of health.²³ Increasing our understanding of the ways that Aboriginal people experience racism and the pathways through which those experiences have an impact on health is essential if there are to be any lasting improvements. Without fundamental changes in how members of the dominant Australian culture behave towards Aboriginal people, initiatives to improve health services, educational and employment opportunities may have limited impact on health inequalities.

Acknowledgements

The study was funded by Healthway and by the Department of Health and Ageing through their support of Combined Universities Centre for Rural Health. The funders had no role in the collection, analysis, and interpretation of data or in the writing or the decision to submit the paper for publication. Data management and statistical

assistance was provided by Jessica Scott and Belynda Wheatland. The authors thank the interviewers and local stakeholders for their support.

References

1. Krieger N. Discrimination and health. In: Berkman LF, Kawachi I, editors. *Social Epidemiology*. New York (NY): Oxford University Press; 2000. p. 36-75.
2. Barnes LL, Mendes de Leon CF, Wilson RS, Bienias JL, et al. Racial differences in perceived discrimination in a community population of older blacks and whites. *J Aging Health*. 2004;16(3):315-37.
3. Karlsen S, Nazroo JY. Relation between racial discrimination, social class, and health among ethnic minority groups. *Am J Public Health*. 2002;92(4):624.
4. Harris R, Tobias M, Jeffreys M, Waldegrave K, et al. Racism and health: The relationship between experience of racial discrimination and health in New Zealand. *Soc Sci Med*. 2006;63(6):1428-41.
5. Eades SJ. Reconciliation, social equity and Indigenous health. *Med J Aust*. 2000;172:468-9.
6. Anderson I. Understanding Indigenous violence. *Aust NZ J Public Health*. 2002;26(5):408-9.
7. Henry BR, Houston S, Mooney GH. Institutional racism in Australian healthcare: a plea for decency. *Med J Aust*. 2004;180:517-20.
8. Grey D, Siggers S. The evidence base for responding to substance misuse in indigenous minority populations. In: Stockwell T, Gruenewald P, Toumbourou J, Loxley W, editors. *Preventing Harmful Substance Use: The Evidence Base for Policy and Practice*. Chichester (UK): Wiley; 2005.
9. Taylor J. Indigenous Australians: the first transformation. In: Khoo S-E, McDonald

- P, editors. *The Transformation of Australia's Population: 1970-2030*. Sydney (AUST): UNSW Press; 2003. p. 17-39.
10. Couzos S. Practical measures that improve human rights – toward health equity for Aboriginal children. *Health Promot J Aust*. 2004;15:186-92.
 11. Trudgen R. *Why Warriors Lie Down and Die*. Darwin (AUST): Aboriginal Resource and Development Services; 2000.
 12. Jones CP. "Race," racism, and the practice of epidemiology. *Am J Epidemiol*. 2001;154(4):299-304.
 13. National Research Council. *Measuring Racial Discrimination*. Washington (DC): The National Academies Press; 2004.
 14. Beresford Q. Homewest versus Aborigines: housing discrimination in Western Australia. *Australian Aboriginal Studies*. 2001(2):40-6.
 15. Institutionalised racism in health care [editorial]. *Lancet*. 1999;353 (9155):765.
 16. Wyatt SB, Williams DR, Calvin R, Henderson FC, et al. Racism and cardiovascular disease in African Americans. *Am J Med Sci*. 2003;325(6): 315-31.
 17. Krieger N. Embodying inequality: a review of concepts, measures, and methods for studying health consequences of discrimination. *Int J Health Serv*. 1999;29(2):295-352.
 18. Williams DR. Race, socioeconomic status, and health: the added effects of racism and discrimination. *Ann N Y Acad Sci*. 1999;896:173-88.
 19. Williams DR, Williams-Morris R. Racism and mental health: the African American experience. *Ethn Health*. 2000;5(3/4):243-68.
 20. Landrine H, Klonoff EA. The schedule of racist events: a measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology*. 1996;22(2):144-68.

21. Williams DR, Yu Y, Jackson J, Anderson N. Racial differences in physical and mental health: socioeconomic status, stress and discrimination. *J Health Psychol.* 1997;2:335-51.
22. Deitch EA, Barsky A, Butz RM, Chan S, et al. Subtle yet significant: the existence and impact of everyday racial discrimination in the workplace. *Human Relations.* 2004;56(11):1299-324.
23. Schulz A, Israel B, Williams D, Parker E, et al. Social inequalities, stressors and self reported health status among African American and white women in the Detroit metropolitan area. *Soc Sci Med.* 2000;51(11):1639-53.
24. Wilkinson R. *Mind the Gap: Hierarchies, Health and Health Evolution.* London (UK): Weidenfeld & Nickelson; 2000.
25. Mellor D. Contemporary racism in Australia: the experiences of Aborigines. *Pers Soc Psychol Bull.* 2003;29(4):464-86.
26. Pedersen A, Griffiths B, Contos N, Bishop B, et al. Attitudes toward Aboriginal Australians in City and Country Settings. *Australian Psychologist.* 2000;35(2):109-17.
27. Paradies Y. Race, Racism, Stress and Indigenous Health [PhD thesis]. Melbourne (AUST): University of Melbourne; 2006.
28. Paradies Y. A systematic review of empirical research on self-reported racism and health. *Int J Epidemiol.* 2006;35(4):888-901.
29. Ware JE, Kosinski M, Turner-Bowker DM, Gandek B. *How to Score Version 2 of the SF-12 Health Survey (With a Supplement Documenting Version 1).* Lincoln (RI): QualityMetric; 2002.
30. Sibthorpe B, Anderson I, Cunningham J. Self-assessed health among indigenous Australians: how valid is a global question? *Am J Public Health.*

2001;91(10):1660-3.

31. Krieger N, Smith K, Naishadham D, Hartman C, et al. Experiences of discrimination: Validity and reliability of a self-report measure for population health research on racism and health. *Soc Sci Med.* 2005;61(7):1576-96.
32. Paradies Y. Anti-racism and Indigenous Australians. *Analyses of Social Issues and Public Policy.* 2005;5(1):1-28.
33. Malin M. *Is Schooling Good for Aboriginal Children's Health?* Casuarina (AUST): Cooperative Research Centre for Aboriginal and Tropical Health, 2003.
34. Branscombe NR, Schmitt MT, Harvey RD. Perceiving Pervasive Discrimination Among African Americans: Implications for Group Identification and Well-Being. *J Pers Soc Psychol.* 1999;77(1):135-149.
35. Hunter B. *Taming the Social Capital Hydra? Indigenous Poverty, Social Capital Theory and Measurement.* Canberra (AUST): Centre for Aboriginal Economic Policy Research, Australian National University; 2004.

Journal Publication # 3

Abstract: Embedding Cultural Security in Bullying Prevention Research

Coffin J

Journal of Community Engaged Research and Learning Partnerships, 2008; 1(1); 66-81

This story needs to be told; anyone with an Aboriginal child in his or her care or profession needs to listen. This research is unique. The aim is to contextualise concepts not explored in one cultural context and relate its implications and outcomes in an educational context. With better understanding of the phenomenon explored in a culturally secure ⁽¹⁾ way we can attain some degree of appropriateness and guidance for developing programs and having a more positive impact on the outcomes for Aboriginal children, youth and communities. With better educational outcomes and the opportunities that follow, have an impact on our children, young adults and communities that cannot be underestimated. This work encompasses the past, present and future through the inclusion and guidance from Yamaji Aboriginal children, parents/caregivers, elders, teachers, Aboriginal education workers (AIEO/ATA) and the broader community. Never before has such a detailed recount been explored -all sectors have an opportunity to detail their version of the phenomenon of bullying in an Aboriginal context. This paper presents a discussion of how and why the research must occur in this culturally secure way to provide accountable and much needed guidance toward understanding, dealing with and alleviating such relationship issues with our staff, schools and communities.

“Through prevalence and behavior change, bullying is far from being a specifically childhood phenomenon. In fact, there are clear links between the amount of adult aggression to which children are exposed and their involvement in bullying behavior. It would be unhelpful if the problems children and young people experience with bullying become a way of characterising modern childhood.” (2)

Acknowledgements:

Steering SKSS Group, Professor Donna Cross, Dr Cheryl Kickett Tucker, Dr Lydia Hearn and Ms. Dionne Paki. Aboriginal interviewers: Gwen Rakabula, Loretta Mc Donald, Milton Quartermain and Therese Cross.

Article: Embedding Cultural Security in Bullying Prevention Research

Coffin J.

Journal of Community Engaged Research and Learning Partnerships, 2008; 1(1); 66-81

Introduction

To our knowledge there is no published research in the design and implementation of culturally informed and determined bullying prevention and reduction programs for Aboriginal Australian school children. This study is the first to contextualise, and test theories and methods, as applied to both the similarities and differences, comparing non-Aboriginal to Aboriginal interpretation, looking at the same issue. This may reduce the prevalence of rural Aboriginal students' experiences with bullying.

The Solid Kids Solid Schools (SKSS) Project comes from the mainstream work on "Bullying in schools". Research suggests that certain types of interventions, when carried out as a whole school, greatly reduce the amount of bullying within the school environment. This research has then led to the question: is bullying the same for Aboriginal children and communities? After more than seven years of bullying research in urban areas of Western Australia (WA), conducted by the Child Health Promotion Research Centre (CHPRC) at Edith Cowan University (ECU), a whole school and community curriculum has been designed -Friendly Schools Friendly Families⁽³⁾. The suitability however, of this program for rural schools and Aboriginal students is unknown, as is our understanding of how Aboriginal children and adults conceptualise childhood bullying and which rural school/community intervention programs are

appropriate. Previous pilot work conducted by this group suggests that there is substantial concern among Aboriginal health and education workers about the lack of success of school programs designed to prevent and reduce bullying. While discrimination may have been more overt in the past, teasing, bullying, and subtler forms of discrimination remain prominent, especially in schools.⁽⁴⁾ There is an expressed need for “something to be done” that targets the social concerns and cultural security of Aboriginal people at a practical rural community level. The importance of the research methodology is critical in getting the story heard and the intervention right.

Why is bullying different for Aboriginal children and communities?

Bullying in Aboriginal Communities

Bullying is a significant public health problem among Aboriginal children⁽⁵⁻⁷⁾. Analysis of calls to the Kids Help Line service over a five year period found calls relating to bullying had doubled, with 5% of all calls (or 2,655 calls) being made by Aboriginal children -with bullying being the fifth most common reason for Aboriginal children to contact the Kids Help Line, compared with non-Aboriginal children who reported it to be the tenth most common cause.⁽⁵⁾⁽⁸⁾ Closely related to bullying issues are relationship issues. This ranked highest for Aboriginal children to call and represented almost double the number of relationship issue calls that were made by non-Aboriginal children in rural and remote areas.⁽⁸⁾ Aboriginal and non-English speaking males contributed close to 50% of all bullying-related calls⁽⁸⁾, with over three-quarters of calls being made by 10-14 year olds.⁽⁵⁾ These findings, plus results from the 2nd volume

of the Western Australian Aboriginal Child Health Survey⁽⁹⁾ provide further evidence of the extent of bullying and its nature and effects among Western Australian Aboriginal children. The extent of bullying within the Aboriginal community would be largely underestimated, as there are very few reliable sources of data available.

Finding appropriate strategies to prevent and ameliorate the effects of bullying among Aboriginal children is paramount, not only to reduce the social and emotional difficulties associated with bullying, but also for dealing with a host of academic problems related to low retention rates, poor self-esteem⁽¹⁰⁾⁽¹¹⁾, and higher levels of mental and behavioral disorders.⁽¹²⁾

Bullying in an Aboriginal Context

While the association between many demographic factors such as age, gender, socio-economic status and bullying have been considered in international research, to date there exists a paucity of research addressing the cultural complexities and the layering of these complexities, and its effects on Indigenous people.⁽⁴⁾ Several studies involving ethnic racism and how this relates to bullying have been identified.⁽¹³⁾⁽¹⁶⁾ These suggest that in the workplace and school community these behaviours exist.⁽¹⁷⁾ An adaptation of what exists in the mainstream to address bullying is not the best means of translating or transadapting this issue into an Indigenous domain. Instead it needs to be nurtured, developed and grown locally in order to have any significant impact or sustainability.⁽¹⁸⁾⁽¹⁹⁾ Recent studies have shown that Aboriginal children are far more vulnerable to the effects of bullying behaviours and therefore experience far more negative outcomes than their mainstream counterparts.⁽²⁰⁾ The outcomes for

Aboriginal children at school include far lower academic achievement, and greater negative mental and physical effects than their mainstream counterparts.⁽²¹⁾ In addition to these more obvious effects, there are the huge social and emotional burdens that families and ultimately children (20)(22-24) carry. A unique summary of the experiences of Aboriginal children, and their exposure to unequal relationships is provided through the voices of Associate Professor Dr Helen Milroy and Aboriginal Elder Pat Kuposar, in the foreword and preface of the Western Australian Aboriginal Child Health Survey.⁽⁹⁾

This summary includes the basic premise that when looking into Aboriginal context for mental, social and emotional well being three main historical issues must be kept in mind: the denial of humanity, the denial of existence, and the denial of identity.⁽⁹⁾ As a group or race of people in this country there was no acknowledgement of difference, culture and respect. It was deemed that assimilation would indeed wipe out the Aboriginal race and dilute the cultural and linguistic diversity. In 1967, Aboriginal people were still classified as part of the flora and fauna act.

From 1999 – 2001, approximately one in five Aboriginal children were living in households, in which seven or more major life stressors had occurred in the past twelve months. This is a significant figure that equates to these children being five and a half times more likely to demonstrate clinically significant emotional and/or behavioural difficulties when compared to children where only two major life stressors had occurred.⁽⁹⁾ “Normality” of life for some Aboriginal children includes witnessing regular violence in their homes or in the community at large. This represents a form of psychological abuse, through which negative role model behaviour is unintentionally

passed onto the child and often normalised as a way to solve disputes.⁽²⁴⁾⁽²⁵⁾

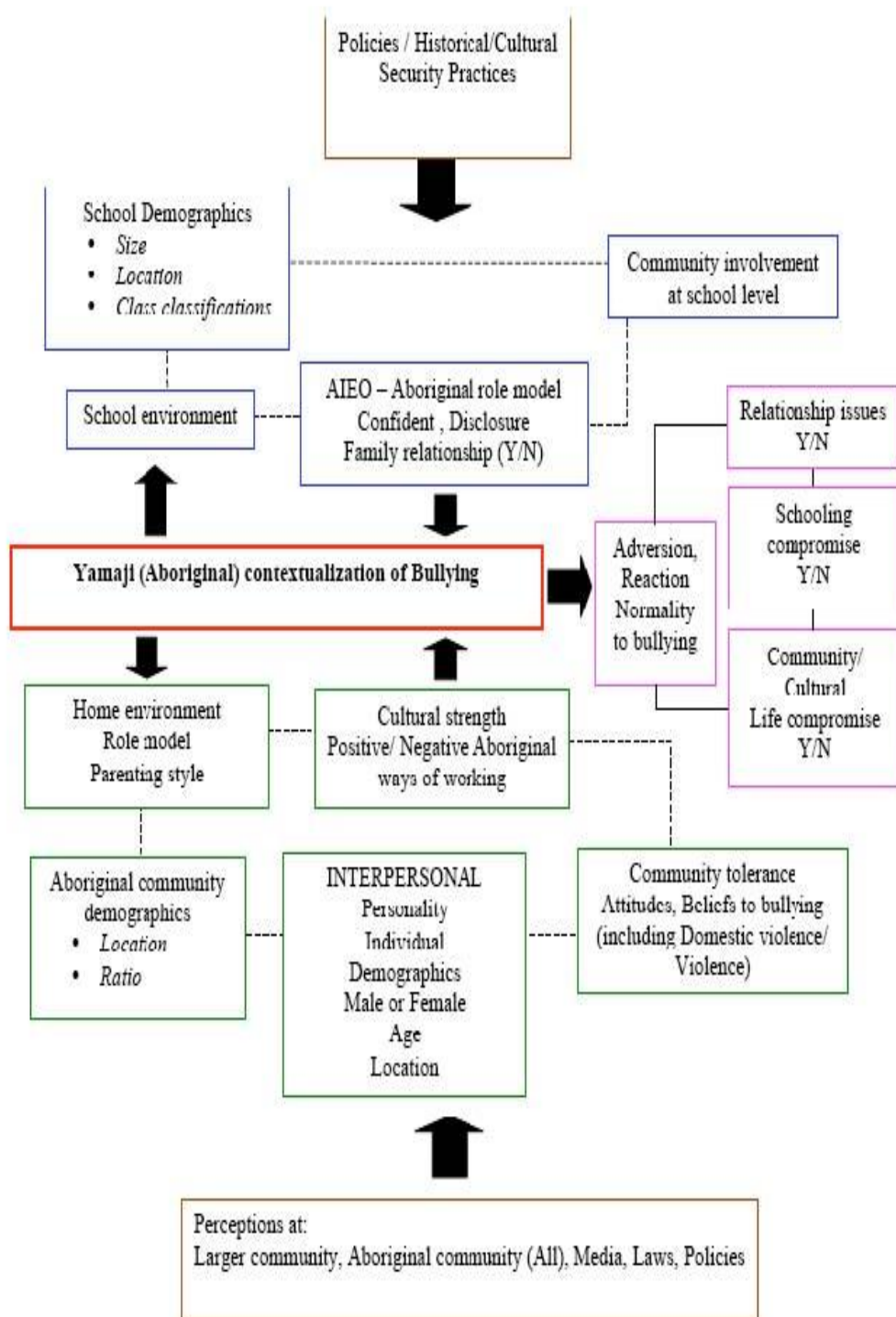
Racially based views and ideologies are often common among non-Aboriginal community and based around these “false (ideological) beliefs”⁽²⁶⁾, including the notion that Aboriginal people get many handouts and monies that non-Aboriginal Australians do not, falsely-based thinking around domestic violence and nature of what an Aboriginal child should be like, and his or her environment -volatile, unstable, or unkempt. This has significant implications for Aboriginal children in the school and community environment. If educators perceive some of these violent and more aggressive forms of bullying as “normal”, the Aboriginal child has constant reinforcement of such self-perpetuating behaviors. When looking into bullying definition one common description in Australian research is the notion that is echoes is that of a definite power imbalance.⁽²⁷⁾ Racism and power struggles are very much historically part of the Aboriginal Australian experience. Carey⁽²⁷⁾ details how there needs to be a closer match between the purpose of the bullying and the program that is offered.

Aboriginal Methodology

This research is “multi-strategy”⁽²⁸⁾ by its nature. The Aboriginal child is its central focus and what is being explored is the phenomenology of bullying.⁽²⁹⁾ This process ensures that all preconceived ideas are put aside by interviewer(s) and researcher(s) alike and that understanding the phenomenon as experienced by the children is the primary aim.⁽³⁰⁾ Identification of community strengths is another key feature of this research project and will Cultural integrity in the research is maintained by ensuring

that the definition of health is preserved for an Indigenous context. It includes as essential elements of the research process, the holistic inclusion of physical, social, emotional, spiritual, cultural, environment, economic, family connectedness, identity and belonging.⁽³¹⁾ Multiple levels of reference on behaviour are required to answer a complex social behavioural issue such as bullying. Such a holistic model is found within the social ecology framework,⁽³²⁾ and workings of behavioural researchers such as Melbourne and Hovell⁽³³⁾ with the behavioural ecological model.⁽³³⁾ Elements from these models such as the emphasis on the environmental, social and cultural components, through to the individual level are compatible to Indigenous concepts. Using some of these framework models, a conceptual model for this research was developed (Figure 1). be a powerful starting point for effective and empowering processes of community development.⁽²⁸⁾

Figure 1. The preliminary Conceptual framework



The “preliminary Conceptual framework” illustrates the relationships between factors that have previously been determined by research to encourage and/or discourage bullying behaviour. Factors such as community perception, parenting style, modeled behaviour and role modeling for Aboriginal children have not been explored in relation to bullying in an Aboriginal context. This study aims to investigate many of these relationships in a Yamaji context and the implications for practice with Yamaji children. For example, how do the needs of Aboriginal children living in a more traditional context differ from the needs of their more urbanised counterparts, and what are the implications for these differences for addressing bullying behaviours and the means of dealing with these? How do behaviours modelled in their family life influence the way in which Aboriginal children respond to their own difficult situations?

To assess these questions the Conceptual Framework is organised as follows:

Environmental/Social/Cultural/Physical/Psychological:

School level – demographic, AIEO influences, community involvement at a school level, impacting upon the environment are policies/practices. *Home level* – modelling, parenting (style of parenting and role modelling), cultural strength and Aboriginal ways of working *Community level* – community attitudes beliefs to bullying, domestic violence and larger community level there are influences from media, laws and policies. *Demographics* – individual, community, Aboriginal community and school gender, age, location of schooling, Yamaji/tribal grouping/identification, socio economic status, LORI distance from urban setting, mixed proportions of Aboriginal to non-Aboriginal. *Behaviour link* – aversion, reaction, normality to bullying *Outcomes* – Relationship issues (yes/no), schooling compromised (yes/no), community/cultural life compromised (yes/no). *Interpersonal factors* -group dynamics, inter family and

community modelling, family/group, individual factors, peer support, feeling alone, friends and support belongingness (school, community, family). *Contextual factors* -if kids or others took action, how safe the kids feel within their environment (community/school/home) who can they talk to for help...what historically has it been like for Aboriginal people in this area/region?

Personality factors -depression, anxiety, internalise and externalise problems. Measure general issues, feeling sad how they respond.

The Region

The Yamaji region in Western Australia is unique in its composition of Aboriginal groupings. It encompasses the desert, coastal, urbanised and rural components rarely found within just one region. It is not representative of all other Aboriginal groups but there would be similarity between similar sized and purpose built towns/locations. The distances and localities divisions LORI (Levels of relative isolation) are consistent with those of the WAACHS data.⁽⁹⁾ This classification places Geraldton (Yamaji country) as a low level of isolation however, it places Meekatharra and Carnarvon (east and north of Geraldton respectively) at a moderate level of relative isolation. The WA Department of Education and Training have advised us that significant numbers of primary schools with higher proportions of Aboriginal students (>10% of school population) can be identified in the rural areas selected for this study. In 2004 in the Mid-West district, for example, 21 of the 32 Government schools (66%) had 10% or more Aboriginal students in Year 4-5 classes. In metropolitan schools more Year 5 students report they are bullied and/or bully others than any other age group of students 34, 35. The school age of highest bullying prevalence is yet to be determined in Aboriginal communities.

Phases of the study

Phase 1 -Description of the issue, community identification and recruitment (0-12 months): Permission has been granted from the Aboriginal Steering Committee of the Western Australian Aboriginal Child Health Survey to access bullying data collected as part of the Survey. We will use these data to place the 3-4 communities selected for this study within a state context. Literature review is ongoing as is the review of suitable models and theories relating to this issue and context. A regional Aboriginal Steering Group has been formed. Invited members are from Aboriginal communities, leaders from the Midwest and Murchison, including but not limited to individuals with expertise in education and health. This group will provide advice as to specific communities to approach to participate in the project and the appropriate protocols for approaching those communities. This will include gaining consent from Aboriginal Community/Language subsections. A partnership will be formed with the Yamaji community at the different levels to ensure appropriate ownership and representation.⁽³⁶⁾

Phase 2 -Community consultation and formative data collection (9-17 months). Despite three decades of research investigating the value of participation and consultation⁽³⁷⁾⁽³⁸⁾ evidence has shown that consultations are not always conducted effectively. Phase two is divided into two main stages.

Stage 1 -Scoping of a representative sample within the Yamaji region to determine;

- How bullying is experienced and contextualized by Yamaji children in years 4-7 and 8 -12.
- How AIEOs / ATA's (Aboriginal Islander Education Officers / Aboriginal Teacher Assistants Catholic/Independent school system) and Aboriginal teachers

perceive and respond to bullying among Yamaji school children.

- How local elders perceive the issues around bullying in the community historically and within their own families/experiences. What has been successful and unsuccessful in schools and communities for Yamaji children to address this issue.

Scoping data will inform the steering committee and provide a picture of community readiness for participation in the next stage –Stage 2. Scoping tools have been developed with steering committee approval and input.

The candidate and other team members will follow the advice of the Aboriginal Steering Committee and cultural translators to determine the most effective techniques to engage community members and organisations, ensure that recommendations are carefully listened to and adopted,⁽³⁹⁾ have a clear focus in discussions leading to practical results,⁽⁴⁰⁾ and provide timely and appropriate feedback to the communities of short-term outcomes/successes, to enhance self-esteem and motivation to participate.⁽⁴¹⁾

Stage 2 -In depth case studies in 2-3 Yamaji communities will be collected to elaborate on earlier themes and provide more details and rationale to early findings and hypothesis. Parents caregivers and community personnel (e.g. school nurse, mental health workers, school psychologist, youth worker) will be invited to participate in face to face interviews.

Phase 3 – Initial Collaborative planning (4 -6 months). Theoretical guidelines and models will be developed to assist schools and communities with their understandings

and tools to reduce bullying among Yamaji school children. Using a Social Ecological Model,⁽³²⁾⁽³³⁾ our research team will ensure collaborative planning occurs at multiple levels especially involving the Aboriginal Steering Committee, community members, AIEOs, P&C committee representatives, Aboriginal students and their families and teachers. The program will be developed to address the individual needs of Aboriginal children in the selected communities. One-size-fits-all programs work best for those who least need the intervention and may exacerbate the problem faced by those most in need.⁽⁴²⁾ The framework will feed into the planning and the design of materials which will be culturally secure and have community ownership and validity. Without such knowledge and guidance gained through the early stages of this research a program or response to this issue would have a distinct lack of phenomenological substantiveness required from rigorous research and sustainability for Aboriginal community program delivery.⁽⁴³⁾

Data Collection

Data collection for Stage 1 (Scoping) will use a stratified matrix to ensure that schools have the following criteria:

- Yamaji area (Midwest/Murchison education district)
- Aboriginal students enrolled and attending school
- Across sectors (Government, Non-Government, Independent)

Primary, secondary, district or vocation education institution (age target 8-17 years)

Interviews for scoping will be face-to-face qualitative interviews of approximately 30 – 50 minutes duration. Interviews will be completed by the candidate, an investigative

team member, or a trained Aboriginal interviewer (AIEO or community member with these skills). An Aboriginal male interviewer will be utilised wherever possible to interview Aboriginal boys but more particularly in the older age grouping of 12 upwards to ensure cultural integrity. With the permission of the participants, a scribe or audiotape will record the interviews and focus groups. All participants involved in the consultation phase will be provided with a small gift of appreciation and a summary report as part of a social event (such as a morning tea) of the research interpretations for their review and comment.

Snowball sampling will be used⁽⁴⁴⁾ to attain semi – standardized open interviews with participants. The named participants will be from the Steering Committee meetings and acceptance from the group will be required before commencement. The schools capacity to participate is ensured through a letter and meeting with the Principal, AIEO (or principle supervisor/manager and any Aboriginal staff involved). A community newspaper article will also call for any nominations from community members and attending several district level conferences such as the AIEO conference and the Principal conference will again raise awareness and ask for nomination to participate. Once saturation is completed with data and school demographics, scoping will be completed. Elders nominated must be deemed to have an interest in health, education or youth outcomes and snowballing names and nominations will be the starting point through the Steering Committee. AIEO's will be invited and then followed up when in their locality/ school/community.

Informed consent is sought from parents/caregivers and the participant under eighteen years (child) must also sign, this involves recruitment of the AIEO's within schools to ensure that this process goes smoothly. Scoping will be restricted to school

times and holiday programs and youth groups will provide an additional contact point.

Focus groups will be utilised to collect data where deemed appropriate.⁽⁴⁴⁾

Data collection in Stage 2 will use different methodologies such as purposive sampling of students.⁽⁴⁴⁾ For example, students may be asked to draw pictures⁽⁴⁵⁾ (great care needs to be taken with interpretation of children's drawings, this will only be utilized if such a person is available), respond to stimuli/pictures, use models in order to engage responses. As the target group of interviewees is wider, the methods will be matched to the groups accordingly. For example, it is more appropriate to have Aboriginal male parents/caregivers interviewed by an Aboriginal male interviewer one-on-one as opposed to a group of ten year 3 students who are drawing a response to a set question.

Phase 3 will see a culmination of analysis from all data collection but predominately from Stage 2 of Phase 2, as this data collection will be more concentrated and therefore of greater depth. The scoping data (Phase 2, Stage 1) will still prove useful to make comparison and to ensure inclusion and accountability. The framework/recommendations will take shape from Steering Committee meetings and further community validity if and when required through reporting back to the wider Yamaji community. Reporting back mechanisms through newsletters and articles, media etc will be supplemented by a community information session or evening in the 3-4 target communities to ensure communication and ownership of materials in addition it will insure validity to the recommendation process. An approach of equity and partnership through this process will be maintained from all researchers throughout this project.⁽⁴⁶⁾

Instruments

In the scoping phase (1) four instruments will be developed these are: AIEO and Aboriginal Teacher, Local Elders, Students in years 4-7, students in years 8-12 (or equivalent). Modeling for the instruments will be from the Friendly Schools and Families⁽⁴⁷⁾ conceptual framework as it is an example of a successful school-based bullying program. The candidate and team investigators to ensure appropriateness will do pilot testing. Steering committee members will be given an opportunity to comment and change the instruments.

In Phase 2, instruments will be developed from information in Phase 1. As the localities are to be identified and data collection will be more intensified with different methods utilised such as picture drawing, models, teacher and AIEO identification of class lists, one to one interviews, focus groups and questionnaires

Analysis

Phase 1 and 2 will have similarities such as issues around saturation, themes and feedback/translation to the stakeholders and community.

Information collected during this consultation will be transcribed for subsequent review and analysis. The interview and focus group data will be reduced subjectively using an organising, shaping and explanation process. Subjective reduction usually involves interpretation of interview data as well as examination of transcripts for recurring words, themes, topologies and causal chains.⁽⁴⁸⁾ Responses will be clustered into individual types as well as response types. The preliminary Conceptual framework

(Figure 1) responses will be tagged with a set of pre-established codes. These codes will subsequently be used for the content analysis and perceptual mapping through the NVivo analyses program. These data interpretations will then be taken to the Aboriginal Steering Committee for comment and refinement and then discussed with the community participants in summary form. As part of the cultural validation process and to determine the accuracy of these interpretations, participants will be asked to provide feedback on these at a follow-up time convenient to them. This feedback will be collected and integrated with the findings and when substantial agreement has been reached these data will be used to inform the school intervention planning process. Demographic details about participants will be verified to ensure accurate representation. Information will be given to children as the larger group such as a class group or school group who are at the locality of data collection by means deemed appropriate through the Steering Committee. Some examples could be posters in the school, or incentives with specific targeted messages.

Colaizzi's ⁽⁴⁹⁾ phenomenological method of data analysis will be used. It offers personal insights into how to present an auditable decision trail in a phenomenological research study and explores issues of rigor and trustworthiness. For the novice researcher, it provides practical examples of how to illustrate the processes that can be employed to interpret and make sense of the research material when writing a thesis or research report. The seven steps for analysis identified by Colaizzi, will be adhered to as closely as possible to ensure that the data analysis technique used is flexible and complements the style of this study. ⁽⁴⁹⁾

The seven steps are as follows:

- (1) Each set of data is read twice
- (2) Significant participant responses are coded (NVivo)
- (3) Meanings are formulated by attempting to spell out the significance of each statement by way of creative insight
- (4) Meanings were formulated for each data set and grouped into relevant themes
- (5) A very detailed account of the themes and their meanings were prepared
- (6) A detailed description of the phenomena was made
- (7) The data were returned to the participants for verification in order to validate the construction of the themes and subsequent meanings. Any amendments or recent information were included.

Ethics

Ethics approval has been submitted and passed by two committees: Edith Cowan University Human Research Ethics Committee (ECU HREC) and the Western Australian Aboriginal Health Information and Ethics Committee (WAAHIEC). All Aboriginal researchers associated with data collection will have obtained a "Working with Children Clearance". Ethics approval for this individual thesis will also be sought. If there are any disclosures from interviewees the researchers will follow the protocols of the interview location (school, hostel or community centre) and will offer (school) psychological assessment from Perth through Edith Cowan University or locally available services. Data will be stored in locked filing cabinets in a locked office when not in use. Archiving and disposal of data will conform to the AVCC/NHMRC guidelines. In addition to these ethics there has also been localised ethical consideration by the collection of support letters from various key stakeholders in the Yamaji community.

Working with the Community

Brough⁽²⁸⁾ describes the concern in health education around bringing together resources and strategies that have been developed to connect appropriately to the social and cultural spaces occupied by Indigenous people. He discusses the importance of strength-based approaches when working with Indigenous people. The five strengths described are: 1) extended family; 2) commitment to community; 3) neighbourhood networks, 4) community organizations, and 5) community events. The SKSS methodology framework utilizes all of these major strength foci. There is strong commitment to finding solutions for Aboriginal children and community. The amount of giving from the Yamaji community has been exceptional with incentives offered for attendance but never required, for example with the Steering Committee. Elders and interviewee time has been rewarded with small vouchers and school based supplies for children or shirts for community where applicable. The shirts are worn with pride and identify those who have made a commitment to this project.

The steering group is integral to maintain strict cultural security, as one Aboriginal person cannot speak for many. Representation is instrumental to the projects success or failure.⁽⁵⁰⁾ Sullivan's definition of clans, tribes, language groups to find social cohesion for researchers has often been one of complex theory.⁽⁵⁰⁾ The definition utilized for this project has been around the nurturing type of classification and is therefore related to family groups. This is more applicable for our type of snowballing methodology as each group can identify who the main families are and we can ensure more adequate scoping coverage. Particularly in an area geographically large such as Geraldton that has many diverse Aboriginal family groups from many different regions,

in addition to the traditional owners of the area. There are today and have been in the past, many Aboriginal people who challenge the idea that one group or an individual are representative or form a representative structure for the community.⁽⁵⁰⁾ Consultation and time are integral to working transparently across the whole community; with the Solid Kids project we have not only the steering group but also constant communications through newsletters and verbal feedback on an informal basis to the wider community. “Aboriginal representatives on boards and committees are assumed at least to move among the Aboriginal community, hear the voices of the people, and therefore act as a special sort of channel for those voices.”⁽⁵⁰⁾ This however is not always the case, therefore other channels of communication must be maintained and built into such research as many steering group members would be restricted to their own family and social circles. To work effectively with the Aboriginal community time cannot be restrictive; generating the idea of the topic must be built into the framework of the research process.

Cultural Security as a base methodology

Terminology confusion is common when referring to cultural labeling to describe an action or set of actions or guidelines⁽¹⁾ (refer Figure 2). On the SKSS project the definition of cultural security has been utilized to encompass a “shift in emphasis from attitude to behaviour”⁽⁵¹⁾ The project has a distinct commitment to cultural security with workforce development, to ensure cultural respect and development within both the non-Aboriginal team members and that of the wider research team and funding bodies involved. This is achieved through the chief investigator being an Aboriginal woman and directing the project at all levels thus ensuring the development of local

community members as researchers and steering committee members, including an

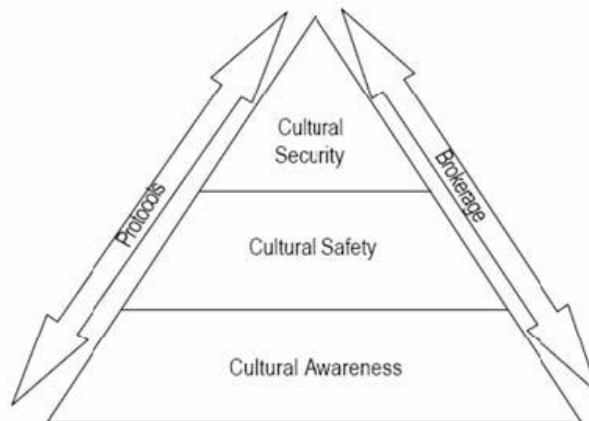


Figure 2 -Cultural Security Model. J.Coffin 2007

Aboriginal community voice at all levels, both formally and informally. The other transference of cultural security comes from the wider research team with one other Aboriginal researcher involved at a Team Investigator level and utilized on the Investigator meetings.

Such transference only come through the coordination and highly developed levels of communication.

One protocol adhered to with the SKSS project is keeping clear communication with members of the broader community -this necessitates periodical visits and/or correspondence. Extra consultation is required to validate the knowledge being produced.⁽⁵²⁾ Visits to the community by appropriate members, i.e. in relation to gender and age issues is also kept in mind as not all people on the project team or steering group can converse with all members of the general Aboriginal population due to cultural/family or gender issues.

Three principles adhered to with the SKSS project are summarized by Kearns and Dyck⁽⁵³⁾ in the (i) respect for the cultural knowledge, values and practices of others, (ii) an awareness of one's own way of seeing and doing, (iii) analysis of the effect of our actions on the knowledge that is produced. What is of interest to most will be the knowledge produced, this is a new area where there exists little research and understanding, many people want answers. Knowledge transfer and dissemination to the wider interested groups will not occur until all participants at a local level are made aware of findings.

In order to be effective in addressing whole of school bullying resources for use in Aboriginal settings, suitable processes must be determined to enhance the promotion of cultural security, improve teacher understanding, and appreciation of the behaviour of Aboriginal children and its management, and promote a culturally safe whole-of-school approach to address bullying issues, which encourages both family and community participation.⁽⁴⁾⁽⁵⁴⁾⁽⁷⁰⁾ Aboriginal views must be listened to and respected and further investigations are needed to determine where, when and how bullying issues are managed well and why.⁽⁷⁰⁾⁽⁷¹⁾ Central to this process is the need for consultation and negotiation with AIEOs, Aboriginal students and their families, and teachers, to assess the problematic relationships between school and community that have contributed to bullying behaviours⁽⁷⁰⁾, and to encourage a consultation process that has provided positive results in exemplar schools.⁽⁷²⁻⁷⁴⁾ Without this process of consultation, any program to reduce bullying behaviours will only serve to reinforce existing barriers.

Previous bullying research in urban areas has provided positive results; however, what

is unknown is how Aboriginal children and adults conceptualise childhood bullying and what rural school/community intervention programs are appropriate. Without the correct vehicle to unlock what is considered privileged and personal information, (we are dealing directly with relationships and issues of power imbalance and how people feel), it is emotive research and we will not succeed. To truly understand the phenomenon of bullying in an Aboriginal context we must unlock what it feels like and what it looks like. Cultural security is integral to this process.

References

- (1) Coffin J. Rising to the challenge in Aboriginal health by creating cultural security. *Aboriginal & Islander Health Worker Journal*. 2007; 31((3)):22-4.
- (2) Veenstra R, Lindenberg S, Oldehinkel AJ, DeWinter AF, Verhulst FC, Ormel J. Bullying and victimization in elementary schools: A comparison of bullies, victims, bully/victims, and uninvolved preadolescents. *Developmental Psychology*. 2005;41(4).
- (3) Cross D, Hall M, Erceg E, Pintabona Y, Hamilton G, Roberts C. The Friendly Schools project: an empirically grounded school bullying prevention program. *Australian Journal of Guidance and Counselling*. 2003;13(1):36-46.
- (4) Trevaskis G. The Friendly Schools Bullying Intervention Project: Adapting resources for use in remote Indigenous school settings [Masters]. Perth: Curtin University of Technology; 2003.
- (5) Litchfield K, Reid W. Towards a Talking Circle: A review of concerns of callers from Aboriginal and Torres Strait Islander backgrounds. Queensland: Kids Help Line; 2003.
- (6) Howard D. Family, friends and teachers: Why Indigenous students stay at or leave school. *The Australian Journal of Indigenous Education*. 2002;30(2):8-12.
- (7) Lawrence H. Aboriginal children in urban schools. *Issues in Education Research*.

1994;4(1):19-26.

(8) Kids Help Line. Ethnicity and Bullying -Racism amongst young people. 1998 [cited 2003 1st October]; Available from:

<http://www.kidshelp.com.au/research/media/PRESSRELEASES/bullyingnews.htm>

(9) Zubrick SR SS, Lawrence DM, Mitrou FG, Dalby RB, Blair EM,, Griffin J MH, De Maio JA, Cox A, Li J. . The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2005.

(10) Bauret PA, Brown NJ, Collins B, Martin CM. Indigenous Australian children: educating for health. Medical Journal of Australia. 2001;174:488-9.

(11) Collins G. Meeting the needs of Aboriginal students. Aboriginal Child at School. 1993;21(2):3-16.

(12) Commonwealth Task Force on Child Development Health and Wellbeing. Towards the Development of a National Agenda for Early Childhood. Canberra; 2003.

(13) Olweus D. Bullying at school: What we know and what we can do. Oxford: Blackwell; 1993.

(14) Randall P. Acommunity approach to bullying: Trentham Books; 1996.

(15) Foley D. Indigenous Epistemology and Indigenous Standpoint Theory. Social Alternatives. 2003;22(1).

(16) Partington G, McCudden V. Ethnicity and Education. New South Wales: Social Science Press; 1992.

(17) Sercombe H. Youth Work in Rural Settings. Youth Studies Australia. 2006;25(3).

(18) Horton R. Indigenous peoples:time to act now for equity and health. The Lancet. 2006 May 27-Jun 2;367(9524):1705.

(19) Tsey K. Making Research More Relevant to the Needs and Aspirations of

Indigenous Australians: the Importance of Research Capacity Development. *Aboriginal and Islander Health Worker Journal*. 2001;25(1):19-24.

(20) Blair EM, Zubrick SR, Cox AH. The Western Australian Aboriginal Child Health Survey: findings to date on adolescents. *Medical Journal of Australia*. 2005 12 June 2006;183(8):433-5.

(21) Partington GW, R. Forrest, S. Interpretations of Classroom Discipline Practices by Teachers and Indigenous Students in a Western Australian Secondary School. *Education Research and Perspectives*. 2001 2001;28(2).

(22) Freemantle J, Stanley F, Read A, de Klerk N. Patterns and trends in mortality of Western Australian infants, children and young people, 1980-2002. . Perth: Advisory Council on the Prevention of Deaths of Children and Young People; 2004.

(23) Zhao Y, Dempsey K. Causes of inequality in life expectancy between Indigenous and non-Indigenous people in the Northern Territory, 1981-2000: a decomposition analysis. *Medical Journal of Australia*. 2006 12 June 2006;184(10):490-4.

(24) Maxwell GC-L, Janis. *Distorted Childhoods: The Meaning of Violence For Children*. In: *Criminology IO*, editor.: Victoria University Of Wellington; 1995.

(25) Maxwell GC-L, Janis. *Impact Of Bullying on Children*. Occasional Paper No.6. Wellington: Office of the Commissioner for Children; 1996. Report No.: 6.

(26) Paradis Y. Anti-Racism and Indigenous Australians. *Analyses of Social Issues and Public Policy*. 2005, 5(1):1-28.

(27) Carey TA. Improving the Success of Anti-Bullying Intervention Programs: A Tool for Matching Programs With Purpose. *International Journal of Reality Therapy*. 2003;XXII(Spring number 2):16-23.

(28) Brough M, C. B, Hunt J. Strong in the City: towards a strength-based approach in Indigenous health promotion. *Health Promotion Journal of Australia*. 2004 19 June

2006;15(3):215-20.

(29) Riemen DJ. The essential structure of a caring interaction: doing phenomenology. Norwalk, CT.: Appleton-Century-Crofts (1986)

(30) Smith RG. Towards a composite educational research methodology: balancing the authority equation in Aboriginal education. Australian Journal of Indigenous Education. 1996;24(2):33-41.

(31) Murphy L, Kordyl P. Appreciative Enquiry: A Method for measuring the impact of a project on the well-being of an Indigenous Community. Health Promotion Journal Of Australia. 2004;15(3):211.

(32) Poole D. Building Community Capacity to Promote Social and Public Health: Challenges for Universities. Health and Social Work. 1997;22:163-70.

(33) Hovell M , Wahlgren D, C. G. The Behavioural Ecological Model; Integrated health and behavioural science. San Fransisco: Jossey-Bass Inc; 2002.

(34) Slee P. Peer victimization and its relationship to depression among Australian primary school students. Personality and Individual Differences. 1995;18(1):57-62.

(35) Rigby K. Psychosocial functioning in families of Australian adolescent schoolchildren involved in bully/victim problems. Journal of Family Therapy. 1994;16:173-87.

(36) deCrespigny C, Emden C, Kowanko I, Murray H. A 'partnership model' for ethical Indigenous research. Collegian. 2004 2004;11(4):7.

(37) Freire P. Rethinking Critical Pedagogy: A Dialogue with Paulo Freire. The Politics of Education: Culture, Power and Liberation. Massachusetts: Bergin and Garvey; 1985.

(38) Habermas J. On the Logic of Social Sciences. Oxford: Polity Press.; 1988.

(39) Rawlings B. Setting up new services: How service users are involved in planning therapeutic community day care programs. Therapeutic Communities: International

Journal for Therapeutic and Supportive Organisations. 2003;24(4).

(40) Smith G, Stephenson S. The Theory and Practice of Group Representation: Department of Politics, University of Southampton; 2002.

(41) Shackley P, Ryan M. What is the role of the consumer in health care? Journal of Social Policy. 1994;23:517-41.

(42) Carnahan S. Preventing school failure and drop out. In: Simeonsson RJ, editor. Risk resilience and prevention: Promoting the well being of all children. Baltimore: Paul H Brooks; 1994. p. 103-23.

(43) Nettles SM. Community involvement and disadvantaged students: a review. Review of Educational Research. 1991;61(3):379-406.

(44) Sarantakos S. Social Research. 2nd ed. South Yarra: Macmillan Education Series; 1993.

(45) Geldard KG, D. Counselling children: A Practical Introduction. London: SAGE Publications; (1997)

(46) Crisp BRS, H. Duckett, J. Four Approaches to capacity building in health: consequences for measurement and accountability. Health Promotion International. 2000;15(2).

(47) Cross D, Pintabona Y, Hall M, Hamilton G, Erceg E, Roberts C. The Friendly Schools Project: An empirically grounded school-based bullying prevention program. Australian Journal of Guidance and Counselling. 2003;13(1):36-46.

(48) Bertrand JL BJ, Ward VM. Techniques for Analysing Focus Group Data. Evaluating Review. 1992;16:198-209.

(49) Colaizzi PF. Psychological research as the phenomenologist sees it. . In RS. 1978

(50) AIATSIS. Indigenous Governance. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies; 2006.

- (51) (n.d) NTDoHaCs. Aboriginal Health and families -a five-year framework for action. In: services HaC, editor. NT Government; retrieved 2005.
- (52) Jimenez V. The Tree Of Life as Research Methodology. The Australaian Journal Of Indigenous Education. 2005;34.
- (53) Dyck I, Kearns R. Transformaing the relations of research: Towards culturally safe geographies of health and healing. Health and Place. 1995;1:137-47.
- (54) Sheehan M, Ridge D, Marshall B. 'This was a great project': reflections on a 'successful' mental health promotion project in a remote Indigenous school. Health Promotion Journal of Australia. 2002;13(3):201-4.
- (55) Partington G. Current orthodoxy in Aboriginal education. National Observer. 2001(50):20-8.
- (56) Brahim K. Promoting education for Indigenous people in remote communities. 2001 [cited 2003 24th September]; Available from: http://www.thesource.gov.au/youth_roundtable/previous_roundtables/2001_youth_roundtable/educating_outside/reports/Prom o_Ed_for_Indig_K_Brahim.pdf
- (57) Stewart J. The relevance of the 'Learning Styles Debate' for Australian Indigeous students in mainstream education. The Australian Journal of Indigenous Education. 2002;30(2):13-9.
- (58) Partington G, Richer K, Godfrey J, Harslett M, Harrison B. Barriers to effective teaching of Indigenous students. Combined Conferenec of the Australian Association for Research in Education and New Zealand Association for Research in Education; 1999; Melbourne; 1999.
- (59) Aveling N. Student Teachers' Resistance to Exploring Racism: reflections on 'doing' border pedagogy. Asia-Pacific Journal of Teacher Education. 2002 February 2002;30(2):119-30.

- (60) Drurie J. Writing Whiteness in the West: no single white body. Third International Cultural Studies Conference; 2000; Birmingham, UK; 2000.
- (61) Gray D, Sputore B, Walker J. Evaluation of an Aboriginal health promotion program: A case study from Karalundi. Health Promotion Journal of Australia. 1998;8(1):24-8.
- (62) Malin M. What is a good teacher? Anglo and Aboriginal Australian Views. Peabody Journal of Education. 1994;69(2):94-114.
- (63) Ryan P. Another Country: Non-Aboriginal Tertiary Students ; perception of Aboriginal and Torres Strait Islander peoples,. The Australian Journal of Indigenous Education,. 1997;25(1):18-22.
- (64) KatuKalpa. Senate Employment, Workplace Relations, Small Business and Education Training Programs for Indigenous Australians. 2000 [cited; Available from: <http://www.aph.gov.au/senate/committee/eet-ctte/indigen>
- (65) Colman-Dimon H. Relationships with the School: Listening to the Voices of a Remote Aboriginal Community. The Australian Journal of Indigenous Education. 2000;28(1):34-47.
- (66) Groome H, Hamilton A. Meeting the Educational Needs of Aboriginal Adolescents. Canberra: ADPS.; 1995. Report No.: 35.
- (67) Theis K. Aboriginal Viewpoints on Education: A survey in the East Kimberley region: National Centre for Research on Rural Education, University of Western Australia; 1987.
- (68) Britton P. Improving the Self-Concept of Aboriginal Students: A Holistic Approach. In: Craven R, editor. 10th Annual ASA Conference, University of Western Sydney, Bankstown Campus, Milperra; 2000; University of Western Sydney, Bankstown Campus, Milperra: Journal of the Aboriginal Studies Organisation; 2000.

- (69) Northern Territory Department of Education. Learning Lessons: An independent review of Indigenous education in the Northern Territory; 1999 1999.
- (70) Dwyer S. Benefits of community involvement at school level. The Australian Journal of Indigenous Education. 2002;30(2):1-7.
- (71) McCormack P, Mohammed F, O'Brien A. Learning to Work with the Community: The Development of the Wujal Wujal Guidelines for Supporting People who are at Risk. Aboriginal and Islander Health Worker Journal. 2001 July/August 2001;25(4):19-25.
- (72) Jordan D. Australian Aborigines: Education and Identity. In: Ray D, D.H. P, editors. Education and Cultural Differences. New York and London: Garland; 1992. p. 61-87.
- (73) Gardiner A. Aboriginal Education -A reality in the 1990s. The Australian Journal of Indigenous Education. 1996;24(2):20-4.
- (74) Puruntayemeri T. Group leadership towards Aborigalisation or localisation at Murrupurtiyanuwu. The Australian Journal of Indigenous Education. 1996;24(2):24-5.
- (75) Salmivalli C, Kaukiainen A, Voeten M. Anti-bullying intervention: Implementation and outcome. British Journal of Educational Psychology. 2005;75:465-87.
- (76) Fitzpatrick Kevin DA, Piko Bettina. Not Just Pushing and Shoving: Bullying Among African American Adolescents. Journal Of School Health. 2007 January, 2007;77(1):16-23.

Journal Publication # 4

Abstract: "Make Them Stop it" – What Aboriginal Children and Youth in Australia Are Saying About Bullying

J Coffin

First Peoples Child & Family Review 2011; 6(1); 83-98

This paper explores and summarise a three year research program into contextualising bullying in an Aboriginal cultural environment for youth and children. Bullying is not a new concept; it has been passed down from one generation to the next for many years. Effects of bullying can be long term and often manifest or being the causal pathway to other undesirable behaviours. Among children and youth effects of bullying are seen in many forms, for Aboriginal children and youth these effects are magnified. Aboriginal children and youth are already over represented in truancy, juvenile detention and anti social behaviours, bullying is in the mix and it is preventable. Intra racial bullying and turning inward on one's own cultural group is surely a cry for help with these complex and intricate relationship issues. This paper concludes by considering some of the implications of these findings for future research and conceptualisation and has practical solutions for those who are in the care and position to influence the outcomes for Aboriginal communities.

Article: "Make Them Stop it": What Aboriginal Children and Youth in Australia Are Saying About Bullying

J Coffin

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Bullying among school-aged children and adolescents is a significant problem, in Australia (Rigby 1997; Zubrick SR, Silburn SR et al. 2005; Griffin Smith and Gross 2006) and worldwide (Olweus 1997; Salmivalli, Kaukiainen et al.2005). Characteristically, bullying can be defined as the repeated infliction of physical, mental or emotional trauma, on one person by another or others. There is a plethora of research on bullying from a mainstream perspective. However, little has been done to explore bullying amongst Aboriginal children and adolescents. The Western Australian Aboriginal Child Health Survey found that approximately one third of Aboriginal school students aged 12 to 17 years had been bullied at school, one quarter had been 'picked on', and one in five had been subjected to incidents of racism in the six months prior to the survey (Zubrick, Silburn et al. 2005).

Bullying can lead to significant mental and emotional health problems and behavioral difficulties, which is of concern, especially among Aboriginal children and youth who have a much higher risk of developing these clinically significant problems than the general population (Zubrick SR, Silburn SR et al. 2005), than non-Aboriginal children (24% and 17% respectively). Bullying is also associated with disengagement from school, an increased likelihood of other aggressive behaviour and cyclic behaviours. Aboriginal children have high rates of school truancy (Mellor and Corrigan 2004; Boon 2008), phone help line usage (Kids Help Line 2005), and juvenile detention (Australian

Bureau of Statistics 2001; AIHW 2003; Australian Bureau of Statistics 2006). However, no research has investigated whether bullying could be one of the underlying causes of these outcomes. What is becoming evident is that some behavioural problems have their roots within the aggression and victimization that can result from relationship problems with peers and others. Aboriginal children disproportionately experience the high levels of personal and interracial violence which are often attributed to bullying and its complex causal pathways (Whaley 1992; Unnever and Cornell 2004; Craven and Bodkin-Andrews 2006; Harris, Lieberman et al. 2007; Beaty, Alexeyev et al. 2008).

Cultural construct (that is, the creation and maintenance of true and accurate cultural representation), plays a major role in research undertaken in an Aboriginal context (Foley 2003). Successful, community driven research agendas within an Aboriginal Australian context have been documented, where the community is free to decide upon the elements of Aboriginal research such as the cultural agenda - without the worry of pre-formulated agendas from mainstream driven research projects. As Dutta (Dutta 2007) explains, a culture-centered approach is a commitment to theories and applications from within the culture, and is useful in bringing the voices forward and offering alternative entry points to open up discursive voices of those who may be marginalized. This approach further legitimizes the cultural knowledge component of the research context and highlights its importance in any Aboriginal-based research. Further, it recognizes both Aboriginal and non-Aboriginal researchers (McCoy 2008) as being integral components of Aboriginal-based research, with conscious participation in the cultural aspirations, preferences, and practices of the research participants.

The Solid Kids Solid Schools (SKSS) project, on which this paper is based, was developed to better understand bullying within an Aboriginal cultural construct (that is, what it looks like and feels like in an Aboriginal context) (Coffin 2008). Despite the emergence over the last two decades of an impressive body of knowledge on the impact of childhood trauma on emotional health (Dahlberg 1998), this has only recently been extended to an Aboriginal context, where the picture is different and the trauma, in many instances, is far more severe (Zubrick SR, Silburn SR et al. 2005.).

This project was guided by the views and expectations of research conducted within the community of the Aboriginal participants. Aboriginal adults expected that research among their children and families would have leadership from an Aboriginal community member at all times and the engagement of an Aboriginal epistemological positioning around knowledge creation and ownership. This also helped to establish relationships and to maintain cultural construct integrity (Coffin 2007).

The voice of the Aboriginal child on issues around bullying has not been heard. This paper uses Aboriginal children's voices to learn where bullying occurs, and in what contexts, what it looks like, its causes, and its effects. It provides some direction to minimize the impact of bullying on Aboriginal children and youth in school, families and communities.

Methods

The goal of the SKSS project was to contextualize bullying behavior(s) and translate this knowledge into community owned and identified strategies in the Yamaji region (Midwest /Murchison) of Western Australia. Three locations within the Yamaji region

were used within the study. These can be best described as a regional town (population of 35,000), a remote inland community/town (population of 800), and a small coastal rural town (population of 9,000) (Australian Bureau of Statistics, 2007-08).

Sampling

140 children/youth (aged 8yrs to 18yrs) were interviewed. These children/youth came from schools in all three locations. The regional town has four high schools - Catholic, Public, Grammar and Christian. The state high school has the largest student enrolment and a much higher proportion of Aboriginal students (40%) than do the other schools. The next largest high school is the Catholic school with only 5% Aboriginal enrolment at the time of the interviews. In comparison, the state school and the Independent school in the remote town have 93% and 99% Aboriginal enrolment respectively. Regional schools have between 300 and 500 students, compared to remote schools where numbers fluctuate dramatically and average around 120 students. The coastal rural town has similar Aboriginal enrolment numbers to the regional town, but has a higher proportion of Aboriginal students located in its lower secondary schooling system. Both the coastal rural and the regional town have around 15% Aboriginal and Torres Strait Islander enrolment in their upper secondary years (all statistics based on the Midwest Education Department Data, 2008). The results were collected in the space of approximately two years over 2008 and 2009 .

The methodology used to review children's issues around bullying involved:

- Working with an Aboriginal steering group
- Developing and piloting the interview guide
- Recruiting/training Aboriginal research assistants

- Conducting interviews with children from the three locations
- Organizing focus groups
- Analyzing results
- Following up findings with schools and communities.

Aboriginal Steering Group

A critical component of this project was the formation of a regional Aboriginal Steering Group comprised of Aboriginal community leaders. This group provided advice on each stage of the project, from data collection and interpretation through to follow up and dissemination. Additionally, the steering group provided a conduit between the research project and the community, often encouraging people to become involved, and informally updating the community about the project's progress. As issues were raised and a more global perspective was required than that of members of the steering group, each member networked within the community and collected feedback, which was then communicated to the research team. Although there were no young people in the steering group, their opinions were sought throughout the project using talking circles (Power 2004), youth workshops, and small gender-specific focus groups.

Development and Piloting of the Interview Guides

Creating a safe space for Aboriginal students to verbalise, in their own words, what bullying feels and looks like is fundamental to developing an understanding of the complexity of this issue.

An interview guide was developed and validated with the steering group's involvement, and pilot tested by the Aboriginal research assistants with a convenience

sample of five students in each age category (8-12 and 13-18 years of age). Some of the questions were adapted from previous research conducted by Trevaskis (Trevaskis 2003). The interview guide comprised five main parts including an introduction, a background and permission form, and several warm-up familiarity questions, followed by key questions and an additional comments section. The key questions for participants (primary children aged 8-12 years and youth aged 13-18 years) were grouped into questions around family and community connections such as:

- How many cousins do you have at school?
- Do you mix with them all the time?
- Who lives with you?
- Do many of your siblings go to this school or do any family work here at school?

There were also questions about personal interests and general feelings about school. Discussions were open ended and children/ youth were asked their personal opinions on life in the community, family and community connectedness, school life, home life and also about who is the best person to help them solve issues around relationships and personal issues that may arise. Children/youth were also asked to comment on what was needed and currently may not be available to help solve any of the issues they may have brought up in the interview.

In all interviews, language and the individual's understanding of bullying were clearly defined. Bullying was introduced by asking participants what they liked and disliked about school and community life. If bullying behavior was not raised by a participant unprompted, pictures were utilized as a uniform cue and participants were asked to describe the behaviors depicted. The pictures were used with the majority of primary

school aged children but were rarely used with high school or older students. These pictures also reduced interviewer variation and possible language confusion, especially with slang words, such as 'deadly', which means different things to different people. Participants were asked to describe the behaviors depicted. After discussing the picture or bullying behavior described by the participants, interviewers asked a standardized question about the frequency of bullying involving the student and, more generally, in their community.

Interviewers encouraged those they interviewed to describe their physical and emotional responses to bullying behavior. Often the physical response formed the main component of the 'story' or answer to the posed question. This was captured by the interviewer taking notes, for example; "Child x, got up from his seat and acted out how the beating was administered with a full account of the events that had taken place...". The emotional and emotive-type responses and language were further explored with those who had a good rapport with the interviewer and felt safe enough to offer this.

Participants were asked about the frequency of bullying both at school and within broader community life. With the focus on "what do you see" rather than what happens to you personally. The rate refers to what was happening to them and/ or around them in their school setting or within life in the wider community. Frequency questions were asked in such a way that participants could utilize their own language, for example, when talking about rates of bullying behavior. Due to differences in language ability and stage of development, high school youths were not as descriptive as the primary school children. For example, it is hard to determine exactly what the

word 'sometimes' means, and at times opposing meanings had been combined, such as 'almost every day/not that much'. The conclusion to the interview had several open-ended questions where the participants could offer an opinion or ideas towards a solution to the issues they had discussed. For example "What do you think would make school and community life better for you and or other children/youth in this town?".

Recruitment/Training of Aboriginal Research Assistants

Two female and one male Aboriginal research assistant were trained to conduct interviews, transcribe tapes, and assist in coding the text. The research assistants used their local knowledge and networks within the community to recruit participants, provide information on appropriate language, and maintain cultural security (Coffin2008).

The interview procedure was consistent with best practice for interviewing children and adolescents, as described by Wilson and Powell including elements such as alternative framing of questions to avoid guilt and feelings of 'dobbing'² (Wilson, et al. 2001; Wilson and Powell 2001). This questioning technique is particularly important in the area of bullying, as many children do not want to be stigmatised as a 'dobber', and worry it will lead to further victimization. Other best practice principles used in the interviews included:

- The interviewer doing the least talking; and
- Using questions which are open ended, focused on the child's needs, responsive to the responses provided, and which remain adaptable throughout the interview process.

The interviews utilized identification markers as part of normal questioning, and interviewers used the introductory phase of the interviews to build rapport and to explain what the interviewee could expect, with a focus on confidentiality and honesty.

Wherever possible, male researchers interviewed male participants and females interviewed female participants. In an Aboriginal context gender roles are very important and it is more likely that each gender will engage better as a young male would not open up about personal information to an unknown female and vice versa. Gender specific interviewing maintains cultural integrity for Aboriginal participants and researchers involved. Interviews were taped, and transcribed by an Aboriginal transcriber or one of the appropriate Aboriginal researchers. While interviews varied according to an individual's situation, the average duration was 40 minutes. Aboriginal researcher assistants who were responsible for conducting the interviews throughout the research were also given time after each interview to debrief and conduct a brief analysis of the interviews in relation to what went well and what needed improvement.

Interview Recruitment

Purposeful area and snowball sampling (Sarantakos 1993) was utilized to recruit participants through the use of the SKSS Steering Group and Aboriginal and Islander Education Officers (AIEO)³ based in each of the target schools. This process ensured the sample represented a range of localities and schools, and involved children from Year 4 to Year 7 (8 to 12 years) and Year 8 to Year 10 (13 to 16 years). Additionally,

several interviews were held with individuals who had left school (described as ‘disengaged’ were placed in age appropriate categories in Table 1). These youth were categorized in the appropriate locality and classed as high school age (age appropriate). Consent was obtained from parents/ caregivers and from the children/youth for each interview. This was usually done in person by an AIEO or Aboriginal researcher visiting the child’s home or by contacting parents/caregivers in another way, such as at local sports events or school assemblies. Table 1 below describes the location and gender spread of children/youth interviewed.³

Table 1. Distribution, gender and number of children and youth interviewed in SKSS

	Regional town		Coastal Town		Remote		Total
	Primary School (2 state/1 catholic)	High School	Primary School	High School	District High School	School residential remote	
Male	28	11	9	3	7 (primary)	8	66
Female	35	2	16	2	9 (primary)	10	74

Focus Groups

Focus groups were held with:

1. Youth of high school age from Geraldton Residential;
2. Children/youth at Gunnadoo Farm School Holiday program (aged 8 to 17 years); and
3. Geraldton Aboriginal Streetworkers Holiday Program participants (aged 8 to 14 years).

While interviews had been planned, the focus groups were held instead as some members of these three groups asked to be together. Each focus group was gender-specific and lasted no more than an hour and a half. The questions used were similar to those utilized with individual interviews. Groups were no larger than eight and privacy was maintained for these groups during the focus questions.

Analysis

Colaizzi's (1978) framework was used to conduct the analysis to maximize validity and maintain the 'community voice', ownership and representation (Coffin 2008). Since most interviews were conducted by female Aboriginal researchers, the transcripts of interviews with males were checked by a male Aboriginal researcher to ensure gender equity. To maintain dependability (Bryman 2004), transcripts were read three times, firstly by the author (AR1), secondly by another Aboriginal researcher familiar with the work (AR2), and thirdly, in summary form by the steering committee members.

Summary points and main themes that evolved from these data were then double-checked, and validated, changed, and/or discussed if required. For example, AR1 found a pattern to describe bullying behaviors, and AR2 reviewed the data to validate the pattern and, where appropriate, added further supporting information. At times, AR2 found different themes, which were either added to the list, or used to alter the definitions of existing themes. After presenting the themes to the steering group, each theme was deemed to be either significant or secondary. This process consisted of much discussion and voting. Some significant themes were presented to the steering group and to be validated by the community. The process also determined if there was any pattern or similar examples from the study region to validate these findings; or if they were unique to one school/area in the region. This approach strengthened the information that formed part of a summary document distributed to all schools and communities. Responses were coded through QSR Nvivo software (QSR, International et al. 2007). The initial coding results were open-ended, however after the steps described above, more selective coding was systematically applied (Glaser and Strauss

1967). A condensed set of data was then analyzed to identify any linkages and to consolidate or dispute earlier or ongoing theory.

Follow-up/Translation to Schools and Communities

Follow up with communities was an integral part of the research. Information from interviews and focus groups was taken back to representative community groups for validation or further insights.

With the themes endorsed or modified by the steering group, a summary for each region was prepared and sent back to all schools and community groups (including parents, care givers, youth workers) involved with the project and others who could benefit from such localized knowledge. Additional knowledge-translation activities included newspaper publicity, articles in local and state papers, and conference presentations about the findings and possible actions to address the findings.

Results

The interviews with children/youth provided information about what bullying looks like, feels like, its frequency, where it happens and to whom, and who Yamaji children/youth tell when they are being bullied. The interviews also addressed what the participants wanted done about bullying, and some of the complexities around the issue of bullying and its cultural implications for Aboriginal children and youth.

Frequency of Bullying

Unlike young people of secondary school age, primary school aged children readily quantified their bullying experiences. Nearly 40% reported that bullying happens at

their school every day. A typical response was “Yep, all the time, might as well say every day.” Just 16% of youth reported that bullying happened all the time/every day, while nearly a quarter reported that bullying happens, every couple of days/weekly at their school. However, 43% gave a relatively non-committal answer, acknowledging that ‘it happens’, or it happens ‘sometimes’. Just over 14% of younger children used the term ‘sometimes’, whereas over two thirds of them gave a quantifiable answer.

Some differences were evident by gender, school type and locality. Boys and girls were equally likely to report that bullying happened daily in primary school, but among the youth, females were more likely to report bullying as a daily occurrence. Most male and female students at the two residential schools reported that bullying occurred daily. Interestingly, the proportion of Aboriginal students enrolled within a school did not appear to have a direct influence on the frequency of reported bullying in that school.

The ‘Language’ of Bullying

The children in this study described bullying as “Big kids picking on little kids”. The phrases ‘picked on’ or ‘picking on’ were the most commonly used when describing older or bigger kids bullying younger/smaller kids. Twenty five percent of all student respondents mentioned “teased, hitting” and “carrying yearns” to describe bullying, and described bullying as “people picking on people for fun”.

Bullying means picking on little kids, teasing them, hitting them and swearing at them. (Male, 12yrs, rural coastal primary school)

Slight variations were found in the words used to describe bullying and in the meanings attached to these words. The differences found between regional/coastal and remote were possibly due to the way the respondents used their 'own' Aboriginal language and the influence of the schooling system. Students in the remote and coastal areas, for example, tended to use the word 'teasing' instead of 'bullying'. For example, "...teasing, picking on little kids..." was a typical response when seeking a definition of bullying. These children and youth used more descriptive language such as 'swearing', 'smashing' and 'hitting'.

In contrast, over 70% of children/youth from the regional town used the term 'bullying'. When the illustrations of children fighting were used the majority of respondents throughout the region responded with either the word 'bullying' or 'bully'. Children and youth often provided detailed and graphic descriptions of violent bullying behavior, frequently using adult words and concepts of fighting. These children/youth gladly demonstrated some of the more physical forms of bullying they had seen.

The language used by children and youth to describe bullying behaviors was also localized in some instances. Numerous phrases such as "What's your go" were localized and well understood by children as young as 8 years old. This phrase typically means 'let's go and fight' and is a direct challenge from the person who says it to another. Interestingly, no major gender differences were found in terms of the use of language to describe bullying, except that girls generally provided more detailed accounts of physical, social and emotional bullying or to forms of bullying other than the physical kind.

Feelings Associated with Bullying

When asked 'How does bullying make you feel?' more than 50% of all respondents said "sad and angry", with the vast majority of remote respondents indicating that the major cause of unhappiness at school was bullying and teasing.

"I feel so sad, worried and, angry that I punch walls to get it out of my system and then stay away for a while." (Male, 11 yrs, regional primary school)

Again, children provided more detailed descriptions of their feelings than did the youth. However, even the older age group indicated the level of frustration they felt when bullied, saying, for example, "you get hit and then you either take this anger out on someone smaller or weaker than you...". Some students talked about 'payback' and being prepared to 'wait until the person bullying was older when they would be an easier target' or spoke of how they would redirect their aggression onto weaker siblings, family and others. While many children and youth felt that school was 'good' because they had lots of friends, some mentioned that when they had only a few friends or were new, school was not a place of happiness. The most prominent observation relating to feelings about bullying was the lack of emotion shown by Aboriginal children when describing harrowing bullying experiences. Their responses seemed to indicate they were everyday 'normal' and accepted behaviors and just part of life. In contrast, a few children/youth used strongly emotive words such as 'terrorized', and were clearly distressed and anxious about the bullying and violence they had witnessed or experienced. They described the behaviors as 'unacceptable and unfair', 'not normal', and something they wanted 'corrected almost immediately'.

When I was in Year 8 it used to happen a lot, I think the other kids thought that it was funny but they didn't know how that hurt my feelings. (Female 15 yrs, disengaged, coastal rural)

Interestingly a few children indicated they felt a bit sorry or sad for the victims of bullying, although this response was rare.

Um, they bully different colored skin kids, um like last year at the school we had this one girl and she was a bit mumingie (simple) and people kept on teasing her and hitting her and all that so she left and that's sad. (Female 14 yrs, remote)

What Bullying Looks Like

The size of the perpetrator and of the person being victimized was a major descriptor when talking about bullying with all respondents. Over half of all students referred to the 'big' students verbally or physically picking on the 'little' students. The theme of bigger-bullying-smaller was consistent throughout the whole region. The majority of respondents, when describing what bullying is or looks like mentioned it was 'Aboriginal kids bullying Aboriginal kids'. Aboriginal children and youth also indicated that while bullying was also perpetrated by non-Aboriginal students they felt it was not as frequent as intraracial bullying and that it didn't hurt as much. Children suggested that 'bullying', or 'running somebody down' seemed to be normalized behavior. They said it was just "something that Aboriginal people do", intrinsically linked to being a 'proper' Aboriginal. When children arrive from different Aboriginal language groups⁴, this can be extremely confronting. Aboriginal children often report feeling threatened

or fearful when entering another community/school, partly due to the lack of family support as well as how other language groups not from that local area might be treated. Being from another area and feeling uncomfortable that they might be bullied was mentioned by more males than females in this study, and only among the youth.

Why Bullying Occurs

Aboriginal youths consistently responded that the major causes of bullying were boredom (30%), jealousy (60%), and drugs and alcohol (95%). For the majority of children (95%) boredom was also a prominent reporting followed by just 'wanting to be the boss' and that the perpetrators 'just can't help it' as major causes of bullying. Children also mentioned drugs and alcohol as a common factor related to why some people bully others. A small number of male children indicated that some people bullied others to gain attention and friends.

A feeling of jealousy towards other Aboriginal students was also mentioned as an issue that contributes to intra-racial divisions and bullying, especially in the wider community. Personal or physical features and sexuality (sexual jealousy) also ranked highly among the reasons why young people in this study were bullied, especially in the remote region. There was no mention of positive image and/or of positive associations and being proud to be Aboriginal by any of the children interviewed. Questions were geared toward students being able to provide a positive and or negative response, for example "What do you like about living in this community? And what don't you like so much about living in this community?"

I feel alright today. Last week, well yesterday, I cried because um, these, um this one boyas bullying me. I told the teacher but I'm getting sick of people calling me names, yeah, such as Big Bird and swearing at me and that. They are in the same year as me and they are boys and girls. (Female, 11yrs, coastal)

The normalization of this behavior was evident in comments from both children and youth, suggesting there was legitimate place for older cousins, siblings or family members to bully others and 'sort out' an issue. This perception is likely to maintain a bullying cycle, with children and youth talking about 'payback', or 'getting their payback', particularly among the female youth living in coastal and remote towns. Children and youth reported that they feel compelled to fight and be strong for their family. In the Aboriginal context, this includes cousins, distant relatives and lifetime friends (that is not exclusively family). Young people reported a great sense of family pride and loyalty and the following two quotes exemplify this:

I don't like it when we fighting, swearing, ... the other girls fight with my sisters and then I gotta fight. (Female, 14yrs, remote)

Where Bullying Occurs

Children of all ages, locations, and school types reported that their school was where bullying is most likely to occur. Children from the entire region described how easy it was for bullying to occur and that teachers did not take action to stop it.

... only place kids can catch one another. At school there is a crowd. (Male, 12 yrs, regional town)

Mainly playground, oval, undercover area, when the teacher leaves the class – even for a second, the other kids start teasing and calling names and when we tell the teacher they don't do nothing. (Male, 9 yrs, remote)

Sport was also mentioned frequently as an opportunity for bullying or family fighting and dominance.

Teasing all the time, where no teacher when we playing or in sports time it happens. (Male, 12 yrs, remote)

Children and youth, especially girls, felt that there was nowhere to go for help if they were bullied after school hours, while the youth indicated that when you are being bullied “no place is really safe except in your own house”.

Who do Students Tell about Bullying?

Yep, nearly every day but once really bad um, I told the Teacher and they sorted it out. (Male, 12yrs, remote)

Yamaji children reported that when bullying occurred, they mostly tell their teacher (52%), and their mother (20%). In contrast, youths are more likely to tell their mother first (40%), then their teacher, Nana, and relatives (12%). Interestingly the children

reported a longer list of people from whom they could seek help than did the youths. In remote and coastal towns, most children who reported the bullying told their teacher or the school principal, and their main care giver, nana or mum, whereas the youth from the coastal area were more likely to report the bullying to their family, predominately their Mother. A small number of these coastal area youth indicated that they would only tell their family and not the school staff, as they felt the staff weren't helpful, and it would be a 'waste of time'.

In contrast, youth in the regional town were more likely to tell their mother, AIEO, friends, and other accessible adults such as school counsellors, chaplains, mentors and youth workers.

Very few of the youth mentioned they would talk to a male family member, such that dad, uncle, and pop were only mentioned once. This could be due to a lack of responsible males in the young person's family unit, or to the mother being more pivotal in the child's life. Some children and youth reported that they largely had no-one with whom they could talk if they were bullied.

Um ...I don't know, sometimes I tell the teachers but the kids keep on doing it so, um no one really ... (Male, 11yrs, coastal)

I am a Person Who Bullies...

Approximately 15% of children and youth openly admitted to being a 'bully' 'sometimes' or 'all the time/everyday' or indicated they had previously bullied others.

... every day, every couple of days, depends on how I am feeling. (Female, 12 yrs, coastal town)

All the time. Anytime. Whenever I feel like it. (Female, 12yrs, regional town)

Even though more students from the remote residential school reported being bullied, fewer remote students admitted they bullied others compared to students from the coastal town, but some indicated they would bully back if they were bullied. Slightly more males admitted to bullying others than females, although bullying others was reported most frequently among boys from year 5 to 7, with the majority of overall bullying reported among boys and girls in Year 7.

The Importance of Friends

Friends rate highly as a protective factor against bullying for Yamaji children/youth. There were more than twice as many positive comments related to having friends as there were negative comments around friends (56 compared to 19). Students, especially primary school aged males, mentioned bullying as a means to gain attention and friends, but interestingly three young males mentioned that their peers talked about having been 'taught to bully' to gain friends.

There was also a direct positive correlation between friends at school and having multiple siblings/cousins at school.

Oh well like we fight about whose friend, like we have to pick like best friends and stuff.

But I don't reckon we should because that hurts other people's feelings. And some

people get left out like we always often get left out all the time. It's mainly me and S who get left out. (Female, 12 yrs regional town)

Children from other areas felt this isolation and some felt culturally as well as socially isolated for large periods of time - for example 'all last year, after when I first came here'.

What do Children/Youth Want Done about Bullying

Almost all students reported they wanted the issue to be resolved, although many indicated they often had to resolve it alone, because telling an adult was interpreted as weak. Many children and youth suffer in silence. Some children and youth acknowledged they were not sure what teachers could do about bullying, yet they still wanted teachers to 'fix it'.

Um I don't know (ha ha) probably take the kids aside and talk to them and work out a solution like separate the class or something ... (Male, 14yrs, regional)

Some suggestions from children and youth for teacher responses included telling them to stop and verbally chastising them, while children wanted the people bullying to apologize - "make them apologize to me."

Finally, some suggested parents should be part of the solution and that they should give their child 'a hiding' if they bullied others. However, more commonly children/youth felt positive that parents respond to bullying by keeping kids home from school until the issue settles down. Many children/youth felt it was 'normal' to stay home when socially or emotionally challenged.

I want them to tell her off and tell her to stop. (Male, 12yrs, remote)

Just tell the parents of the other kids and tell them to make them stop it and make them get a hiding. (Female, 11yrs, remote)

Discussion

This paper explores concepts held by Aboriginal children and youth about bullying. The culturally, linguistically and geographically specific study conducted provides an in-depth analysis of Aboriginal children's and youths' experiences of bullying behavior. The respondents very rarely referred to ethnicity in the interview, although when it was 'whitefella' specific, this was spelled out by the students. Hence, given an Aboriginal interviewer conducted all interviews, it appears the Aboriginal children and youth were discussing intra-racial bullying or bullying involving other Aboriginal children that often involved their own family and other Aboriginal families.

The two most important and unique contributions of this study are:

- How Aboriginal children and youths' identity and cultural obligation impact on the likelihood of them being involved in bullying behavior; and
- Consequently, the largely intra-racial nature of the bullying described by the participants.

Aboriginality and Identity

The normative expectations and social norms to act or respond demonstrating one's Aboriginality, especially from pre-adolescence and onwards, appears to increase

children's and youths' vulnerability to being victimized and/or to perpetrate bullying behavior (Kickett-Tucker and Coffin 2010).

Aboriginal children and youth reported they often didn't have a choice in how they respond to potentially threatening situations, because of their intrinsic need to adhere to their Aboriginality. This was particularly evident when their identity was under threat, such as a racial slur or when they experienced tribal or language group alienation. Children and youth needed modelling of positive responses, so that a taunt such as 'oh you people just live in the bush' could be met with a positive response about their survival and hunting skills and their great utilization of resources in the environment.

Similarly, Aboriginal children and youth described feeling threatened intra-racially when entering another community and/or school if they didn't have cultural support (such as language recognition of other groups, other people of their cultural group, people who understand Aboriginal culture and have knowledge about Aboriginal ways etc). Interestingly more males than females in the older age group (12 years upwards) felt more exposed to bullying victimization due to threats about their identity.

A major factor that Aboriginal children and youth said caused intra-racial bullying was jealousy. Perceived inequity among respondents such as owning better clothing or receiving sporting or scholarly accolades was a factor that led to jealousy, which was often expressed through aggression and bullying. This may occur because among Aboriginal people resources were traditionally shared equally within the community,

whereas today many Aboriginal communities no longer function in this way because of influx of money and housing and stigmatization (Foley 2003).

Bullying, or running somebody down was also deemed by respondents to be normalized behavior and was just 'something that Aboriginal people do', intrinsically linked to being a 'proper' Aboriginal. Although there were no specific questions about positive image, there was no mention of a positive image and/or positive associations and being proud to be Aboriginal by any children or youth who were interviewed. This absence of positive associations and pride in being Aboriginal was striking.

Being bullied (mostly) verbally in response to jealousy (Bessarab 2006) about one's personal characteristics and/or sexuality was of concern to Aboriginal children and youth, particularly those from remote regions. Female perpetrators were more likely to use nasty language suggesting high levels of promiscuity and unattractiveness, whereas the males tended to bully using terminology that inferred failure, with words like 'loser'.

To respond to this entrenched internalized racism and to counteract this bullying, it is essential that Aboriginal children and youth receive support to build a strong, positive racial identity rather than only focusing on self-esteem related issues (Dudgeon, Garvey et al. 2000; Kickett- Tucker and Coffin 2010). Positive racial identity must include all racial groups taking pride in their contribution to society and accepting differences as a strength - not a reason for division

Cultural Obligation: How Does This Impact on Children?

Aboriginal children and youth feel compelled to fight and to be strong for their family, including cousins, distant relatives, lifetime friends and their immediate family. The respondents reported a great sense of family pride and family loyalty. Long standing feuding is sometimes present and preconceived ideas about groups from different Aboriginal language or tribal areas have been formed through generations and handed down to children/youth. The family obligation for children and youth requires them to side with their family or be outside their cultural and family circle. This cultural obligation to behave in accordance with their family can be extremely confronting for Aboriginal children and youth when they first enter a geographically or linguistically different group.

Well ever since I've been here I've felt a little bit nervous. I don't know how to, how I feel and felt real scared because well I just got here and I don't know most of the kids at school their names but they all know my name. And because I don't know them and I want to be all the kids friends, but I don't know their names and they just look at me and what I look like or what I do. Like if they look after me I said to myself, I'll look after them. And now I get bullied all the time because I look after my own, I'll kill for my family and friends. And back in X whether it's my brother or sister or friend and they get hurt just always want to get to help them out and to protect them from people that try to hurt them. (Male, 7 yrs, regional town)

Having friends and or family within the school setting was described as a double edged sword. With friends, and sometimes with family (e.g. having multiple siblings/cousins at school), respondents described security and popularity. However, friends also came with the obligation to 'stick up' for them or be on the outer of the friendship circle.

Some children and youth reported being outside of friendship circles as a result of family feuding within the community. Feuding is a damaging issue for children/youth and adults alike within the community. It is often subtle and long standing, it can be physical in nature but for children and youth, it is more often about exclusion and intimidation.

What Does This Mean?

One of the unique findings in this study is the extent to which bullying in the communities studied was intra-racial. Intra-racial bullying was pervasive, and damaging. Intra-racial bullying attacks the core of Aboriginal children's and youths' being, their Aboriginality (Kickett-Tucker 2008). This factor alone could represent one of the most important areas in need of intervention in order to support both Aboriginal children and youth. Aboriginal children and youth need to be given opportunities to describe how they are feeling about these complex relationship issues and what can be done to address them.

There exists an overburden of relationship issues for families and parents, with cyclic events such as poverty, unemployment, goal terms, drugs and alcohol abuse, overcrowding, hopelessness), as well as wider racial, societal and discriminatory issues. The burden of these relationship issues and complex social issues ultimately comes to rest with the children/youth and their caregivers .By contextualizing what bullying looks and feels like for Aboriginal children and youth, we can determine more clearly the most culturally secure ways to address this problem. Children and youth need to be able to build relationships with a neutral person who has the cultural understanding of their individual situation but also who has the ability and power to go respectfully

into the community and help create practical solutions. Sustainability of any project or research outcomes are achieved from partnership with, and engagement of, Aboriginal communities within the region, and the establishment of 'public' displays within school grounds to demonstrate these partnerships, (e.g. language welcome, art works, visiting speakers, plaques). Displays showing famous Aboriginal people from the region and positive contributions of Aboriginal people from the region would also assist in engendering pride and positive attitudes amongst Aboriginal children and youth. It involves the community truly becoming part of the process of change, not just being invited in as an afterthought without any real power to change or develop direction (Chandler and Lalonde 2004).

Aboriginal children and youth are frustrated. In primary school Aboriginal children tell the teacher about bullying, often with limited results. Similarly Aboriginal youth report they don't tell teachers, possibly because they are not able build relationships with teachers like primary aged students, or possibly because they have learnt in their younger years that typically nothing happens if they do tell.

What is clear is that the respondents don't want bullying behavior to continue, they want consequences and someone in authority to take action (Varjas, Meyers et al. 2008). The Aboriginal

Indigenous Education Officer (AIEO) was barely mentioned as a person who could provide help with bullying, unless they were also a family member. It appears, in some contexts, that the AIEOs have a type of 'invisibility' in relation to social and relationship issues (Partington and Galloway 2007). By not actively engaging AIEOs to help deal with bullying issues, the education system may be missing a vital culturally secure

intervention opportunity. To address this situation, the status of the Aboriginal Indigenous Education Officer role should be raised within the system and incumbents given more training in how to more effectively respond to the very complex social and emotional health issues experienced by, and between, Aboriginal students. Having a high Aboriginal student enrolment does not appear to be a solution to protect Aboriginal children and youth from bullying. Strategies that do appear to be protective against bullying, however, are:

- Having high numbers of visible and well trained Aboriginal staff in schools who are accessible to students;
- Having the positive contributions of Aboriginal people to society and the wider social positives of being Aboriginal reflected in schools and school grounds; and
- Providing a safe common room or shared space for Aboriginal students in schools, (students reported this as a helpful factor in solving bullying issues).

Conclusion

The research has only begun to document the experiences of Aboriginal children/youth and their experiences with bullying. Two of the most interesting and surprising results of the research were the extent to which the bullying experienced or observed by the participants was intra-racial and that this hurt more than inter-racial bullying, and the notable lack of positive comments by the participants about their Aboriginality. The research also showed that Aboriginal children and youth want parents and teachers to deal with bullying, but they are often ineffectual in their efforts to deal with it. To date, we have not given our teachers and/or parents adequate tools to effectively deal with bullying related issues, especially intra-racial bullying, to the scale and degree that is required. It appears that schools and

communities mostly take notice of physical bullying and aggression, probably due to safety reasons and duty of care and because it is more obvious. It also seems that attention to this issue often comes too late when the problem has become too large to be dealt with easily and is confounded by other community issues such as family feuding. Internalized racism and feuding among families and wider groups affect the most vulnerable among the Aboriginal population. To address these complex social and societal issues it is essential to rebuild positive/strong Aboriginal identity within all Aboriginal communities (Kickett-Tucker and Coffin 2010).

Summary of what will make the most difference:

- More resources, capacity and skills based training for schools, teachers, parents and AIEO's with training to help them address the mental, emotional health needs of Aboriginal students.
- Provision of more school-based psychologists with training in culturally secure practice to support Aboriginal students and families
- Adoption of locally developed and informed practical resources and training (linked to community needs) addressing both prevention and management of bullying and relationship issues provided to parents and teachers such as www.solidkids.com.au.
- Engagement of, and a true partnership with, the community showing positive associations with Aboriginal people from the region

References

Australian, Bureau, et al. (2007-08). Regional Population Growth - Australia, ABS.

Beaty, L. A., E. B. Alexeyev, et al. (2008). "The Problem of school Bullies: What the research tells us." Adolescence **43**(169): 1-11.

Bessarab, D. (2006). A Study into the Meanings of Gender by Aboriginal People Living in Urban (Perth) and Regional (Broome) Settings. Faculty of Education, Language Studies and Social Work (ELSSW) Department of Social Work & Social Policy. Bentley, Curtin University of Technology, . **(Unpublished) Doctor of Philosophy Thesis.**

Bishop, R. (1998). "Freeing ourselves from a neo-colonial domination in research : a Maori approach to creating knowledge." Qualitative Studies In education **11**(2): 199-219.

Bryman, A. (2004). Social Research Methods. UK., Oxford University Press.

Chandler, M. and C. Lalonde (2004). Transferring whose knowledge? Exchanging whose best Practices? Toronto, Thompson Educational Publishing.

Coffin, J. (2008). "Embedding Cultural Security in Bullying Prevention Research" Manifestation: Journal of Community Engaged Research and Learning Partnerships **1**(1).

Colaizzi , P. F. (1978). "Psychological research as the phenomenologist sees it. ." In R.S.

Craven, R. and G. Bodkin-Andrews (2006). "New Solutions for Addressing Indigenous Mental Health; A Call to Counsellors to Introduce the New Positive Psychology of Success." Australian Journal of Guidance and Counselling **16**(1): 41-54.

Dahlberg, L. L. (1998). "Youth violence in the United States: Major trends, risk factors and prevention approaches." American Journal of Preventive Medicine **14**(4): 259-272.

Dudgeon, P., D. Garvey, et al. (2000). Working with Indigenous Australians: A Handbook for Psychologists. Perth, Gunada Press.

Dutta, M. (2007). "Communicating About Culture and Health: Theorizing Culture-Centred and Cultural Sensitivity Approaches." International Communication Association **17**: 304-328.

Foley, D. (2003). "An Examination of Indigenous Australian entrepreneurs." Journal Of development and Entrepreneurship.

Foley, D. (2003). "
Indigenous Epistemology and Indigenous Standpoint Theory
" Social Alternatives **22**(1).

Glaser, B. and A. Strauss (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago, Aldine Publishing Company.

Griffin Smith, R. and A. M. Gross (2006). "Bullying; Prevalence and the Effect of Age and Gender." Child and Behaviour Therapy **28**(4): 13-37.

Harris, W., A. Lieberman, et al. (2007). "In The Best Interests of Society." Journal of Child Psychology and Psychiatry **4**(48): 392-411.

Kickett-Tucker, C. (2008). "How Aboriginal Peer INteractions in Upper Primary School Sport Support Aboriginal Identity." The Australian Journal of Indigenous Education **37**.

Kickett-Tucker, C. and J. Coffin (2010). Aboriginal self-concept and racial identity: practical solutions for teachers.

Kids Help Line. (2005). "Callers From Indigenous Backgrounds." 2008, from www.kidshelp.com.au/upload/14500.pdf.

McCoy, B. (2008). Holding Men: Kanyirninpa and the health of Aboriginal men. Canberra, AIATSIS, Aboriginal Studies Press.

Olweus, D. (1997). "Bully/victim problems in school: Knowledge base and an effective intervention program." The Irish Journal of Psychology **18**(2): 170-190.

Partington, G. and A. Galloway (2007). Issues and Poilicies In School Education.

Power, K. (2004). "Yarning: A responsive research methodology." Journal Of Australaian Research in Early Childhood Education **11**(1).

QSR, International, et al. (2007). "QSR Nvivo." from <http://www.qsrinternational.com/>.

Rigby , K. (1997). "Attitudes an beliefs about bullying among Australian school children." The Irish Journal of Psychology **18**(2): 202-220.

Salmivalli, C., A. Kaukiainen, et al. (2005). "Anti-bullying intervention: Implementation and outcome." British Journal of Educational Psychology **75**: 465-487.

Sarantakos, S. (1993). Social Research. South Yarra, Macmillan Education Series.

Trevaskis, G. (2003). The Friendly Schools Bullying Intervention Project: Adapting resources for use in remote Indigenous school settings. School of Public Health. Perth, Curtin University of Technology: 125.

Unnever, J. and D. Cornell (2004). "Middle School Victims of Bullying: Who Reports Being Bullied?" Aggressive Behaviour **30**: 373-388.

Varjas, K., J. Meyers, et al. (2008). "Missing Voices: Fourth through Eighth Grade Urban Students' Perceptions of Bullying." Journal Of School Violence **7**(4).

Whaley, A. L. (1992). "A Culturally Sensitive Approach to the Prevention of Interpersonal Violence Among Urban Black Youth." Journal of the National Medical Association **84**(7): 585-588.

Wilson, J. C., , et al. (2001). Crows Nest, N.S.W. , Allen & Unwin.

Wilson, J. C. and M. B. Powell (2001). A guide to interviewing children : essential skills for counsellors, police, lawyers and social workers Crows Nest, N.S.W., Allen & Unwin.

Zubrick SR, Silburn SR, et al. (2005.). The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People.

. The Western Australian Aboriginal Child Health Survey. Perth, Curtin University of Technology and Telethon Institute for Child Health Research,.

Zubrick, S. R., S. R. Silburn, et al. (2005). "The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People."

Journal Article # 5

Abstract – Bullying in an Aboriginal Context

Coffin J, Larson A, Cross D,

Journal of Indigenous Studies

Aboriginal children appear to be more likely to be involved in bullying than non-Aboriginal children. This paper describes part of the Solid Kids Solid Schools research process and discusses some of the results from this three year study involving over 260 Aboriginal children, youth, elders, teachers and Aboriginal Indigenous Education Officers (AIEO's), and an Aboriginal led and developed Steering Committee. It is the first study that contextualises Aboriginal bullying, using a socio-ecological model where the individual, family, community and society are all interrelated and influence the characteristics and outcomes of bullying.

This paper demonstrates that for Aboriginal children and youth in one region of Western Australia, bullying occurs frequently and is perpetuated by family and community violence, parental responses to bullying and institutional racism. Addressing bullying requires actions to reduce violence, foster positive cultural identity and reduce socio-economic disadvantage.

Article – Bullying in an Aboriginal Context

Coffin J, Larson A, Cross D,

Journal of Indigenous Studies

Introduction

The explosion of research on bullying which has occurred since the 1990s has focused on dominant populations in Europe and the European settler societies of Australia, Canada, New Zealand and the United States (Berger, 2007). More recently there has been attention to the bullying among ethnic and racial minorities, particular immigrant communities in Europe (Verkuyten & Thijs, 2002) and African Americans in the United States (Fitzpatrick, Dulin, & Piko, 2010). Very little research has been done in regard to bullying in indigenous populations. However, this is starting to change with the publication of a few quantitative studies of indigenous children's experience of bullying in Australia (Craven & Bodkin-Andrews, 2006; Zubrick et al., 2005), Norway (Hansen, Melhus, Hogmo, & Lund, 2008) and New Zealand (Maxim Institute, 2006).

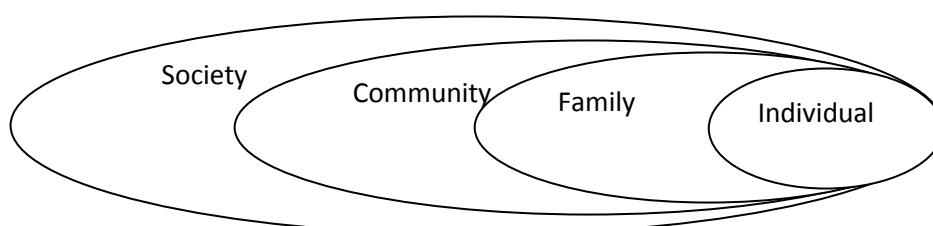
Bullying behavior can be physical, social or psychological in nature but it always involves unprovoked intent to harm which occurs repeatedly in familiar social settings and incorporates a power imbalance. (Griffin Smith & Gross, 2006; Olweus, 1994; Rigby, 2000). The association between poor health and bullying is a growing area of concern (Rigby, 1997). Students who are bullied tend to suffer from: poorer health (Rigby 1998; PT Slee, 1995) and more somatic complaints (Rigby 1998; Williams, Chambers, Logan, & Robinson, 1996); lower self-esteem (Rigby & Slee, 1991; P. Slee & Rigby 1993); more interpersonal difficulties (Kumpulainen et al., 1998); higher levels of loneliness (Forero, McLellan, Rissel, & Bauman, 1999; Kochenderfer & Ladd, 1996a, 1996b); depression; suicidal ideation (Rigby, 1999); and increased anxiety (PT Slee, 1994). As such they are also more likely to both dislike (Forero et al., 1999) and want

to avoid school (Kochenderfer & Ladd, 1996a; Rigby 1997), so their level of academic competence tends to be lower, while their level of absenteeism is frequently higher (Zubrick et al., 1997). Children who bully others are also at risk of social maladjustment later in life, and lack opportunities to attain socially desired objectives, such as employment, family, marriage and other mainstream normative expectations (Farrington, 1993).

One factor that has been relatively under-researched is the role of culture and social context in influencing the prevalence, features and triggers of bullying (Berger 2006). The inconsistent record of bullying prevention programs is likely to be at least in part because of a lack of understanding on how socio-cultural context reinforces bullying behaviour in different ways (for example, Hong (2009) on interventions in low-income schools in the United States). We argue that bullying involving Aboriginal children and youth cannot be effectively tackled by mainstream programs that fail to understand and engage with their cultural, familial and socio-economic realities.

This paper uses a social-ecological framework to explore how Aboriginal culture and context in one region of Australia influences bullying behaviour. As a starting point we use a framework developed to study violence from a public health perspective (Figure 1) (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Figure 1: Socio-economical model



There is strong evidence that all four levels influence bullying behaviour. Differences in prevalence and type of bullying by individual characteristics such as age and gender have been exhaustively studied. We know for example, that girls are more likely to participate in relational aggression such as excluding the victim whereas boys are more likely to display physical aggression.

Family relationships are also predictors of bullying behaviour and the impact of bullying. Rigby's studies demonstrate that adolescents from dysfunctional families in which there is relatively little caring between family members are much more likely to engage in bullying at school (Rigby, 1993, 1994). The parental attitudes that oppose bullying and encourage the maintenance of positive family relations appear to play a significant part in developing in children a propensity not to bully others, arguably because children in such families feel it is wrong (Rigby, 1997).

Community and societal level factors also influence childhood and youth bullying. Bullying behaviour is more common in communities with high level of violence. European research has shown that some ethnic and racial minorities experience high levels of racist bullying from the dominant culture (Motti-Stefanini et al., 2008; Verkuyten & Thijs, 2002).

The Aboriginal context

Although definitive comparative prevalence studies have not been done, Australian Aboriginal children experience bullying at least as often and possibly more often than non-Aboriginal children. Using different time references and different questions, a survey of Aboriginal children in Western Australia found that 31% of young people

aged between 12 and 17 years old reported they had ever been bullied at school (Zubrick et al., 2005).

Aboriginal children experience a disproportionate degree of factors associated with greater levels of bullying. The consequences of historical dispossession of land and suppression of language and culture are all too apparent in contemporary Australian families. Forced removal of children from Aboriginal parents for most of the twentieth century has resulted in cyclical patterns of frustration, disengagement from society and anger often mixed with alcohol and drug abuse (Australian Human Rights Commission, 1997; Australian Institute of Health and Welfare, 2005). High rates of mortality, morbidity and incarceration (Aboriginal people are 21 times more likely to be imprisoned than non Aboriginal people in Western Australia) (Australian Bureau of Statistics, 2010; Freemantle, Stanley, Read, & de Klerk, 2004) mean that parents and especially male role models are missing from many families and communities. Domestic and family violence put some children at high risk (Australian Institute of Health and Welfare, 2005). Disrupted families, location disadvantage and institutional racism result in Aboriginal people having lower levels of education, health and employment.

Despite these burdens, Aboriginal identity and culture are a source of strength. There is growing evidence that where cultural identity is strong and Aboriginal communities have effective education, health and employment services, the well-being of Aboriginal people, and especially children and youth is much better. Chandler and colleagues have explored this extensively in the Canadian setting, finding that variables measuring community and cultural strength are associated with low rates of youth and adult suicide (Chandler & Lalonde, 2009).

Research questions and setting

The Aboriginal experience in Australia is diverse. Aboriginal people live capital cities, regional centres, small towns and remote communities. The specific history of interaction with Europeans from invasion and land dispossession, the assimilation policies including removal of children to the self-determination programs of the 1970s to 1990s varies between locations and language groups. This research is the first in Australia to explore how Aboriginal bullying is shaped by the individual, family, community and societal levels as in Figure 1. Given the diversity it was important to ground the study in a specific locality and cultural group but to include enough variability to be able to put forward some conclusions which could be tested in other settings.

Conducting a study in a particular locality is also an important strategy to ensure that principles of ethical Aboriginal research were followed. It is not acceptable for Aboriginal people to be the 'subjects' of research. Ethical Aboriginal research requires Aboriginal control over the research questions, processes, and analysis, and about how the research results are used. This intense involvement can be most effectively achieved within a relatively confined area, allowing community leaders, parents and children to be involved and to benefit from the research. This study confined itself to one region, the Midwest of Western Australia. This vast region covers 600,000 square kilometers and is comprised of several coastal towns and a large, sparsely settled inland. It has an estimated total population of 51,748 and an Aboriginal population of 7209 residing in one major regional centre of 35,000 and many other small towns and communities ranging from 9000 to fewer than 100 people (Australian Bureau of

Statistics, 2007-08). The Midwest is the traditional country of the Yamaji people, a collective term for the language groups that belong to this region. English is widely spoken but there is still the preservation of Aboriginal language in the region, with the most widely spoken Aboriginal language being Wadjarri.

Methods

This paper is drawn from a larger Aboriginal community - based study called 'Solid Kids Solid Schools' (SKSS). The SKSS study goal was to contextualize bullying behavior and translate this knowledge into community-owned strategies. The methodology incorporated best practice in research with Indigenous communities (Smith, 1999) and was approved by the appropriate university and Aboriginal ethics committees. Partnerships were formed with the Yamaji community at multiple levels to ensure appropriate ownership and representation (deCrespigny, Emden, Kowanko, & Murray, 2004). Critical to this partnership was the formation of a regional Aboriginal Steering Group comprised of invited leaders from Midwest Aboriginal communities, including but not limited to individuals with expertise in education and health. This group provided advice on all aspects of the research from protocols for community engagement to interpretation and use of the results.

Semi-structured interviews were conducted with primary and secondary school aged children, parents and other caregivers, community Elders and Aboriginal and Indigenous Education Officers (AIEOs) employed in the schools. In total 260 people participated, drawn from three towns selected by the steering group. These towns were the regional centre with a population of 30000, a rural coastal town with a population of 6000 and a remote inland town with less than 1000 residents.

Respondents comprised 119 primary school students, 21 high school students, 40 parents and other caregivers, 18 Elders and 60 AIEOs.

Children and youth were recruited from schools and a vocational education centre. Selected schools serving the three communities were invited to participate. The selection was based on the interest of the school and the desire to have a range of primary and secondary schools, including state, Catholic and residential. The 12 participating schools sent an information sheet and consent form home with each Aboriginal child. All children who returned a signed form were interviewed. This amounted to 198 Aboriginal children, or an estimated 15% of Aboriginal children enrolled in the schools. Adults were approached to be interviewed through local contacts and referrals by members of the steering group. In addition to individual interviews with AIEOs at the participating schools, information gathered from an interactive workshop on bullying held with about 60 AIEOs provided further insights. Two female and one male Aboriginal research assistants were trained to conduct interviews and transcribe tapes. These workers had extensive contacts in one or more of the communities. Where possible, male researchers interviewed male respondents and females interviewed female respondents. Interviews were audio recorded and transcribed by an Aboriginal transcriber or the Aboriginal researchers. Transcripts of interviews with males were checked by a male Aboriginal researcher. Follow up with communities was another important part of the partnership. Information from interviews and focus groups were taken to representative groups for validation or further insights. More detail about how the study maintained cultural security is provided by (Coffin, 2008).

Instruments

Some questions were derived from an earlier unpublished study of bullying by Indigenous students (Trevaskis, 2003). The question lines were pilot tested for validity and appropriateness using a convenience sample that included male and female children from each age category, a male and female Elder within the immediate community and an Aboriginal teacher and AIEO. Modifications were made to shorten and simplify the question line.

Students were asked about family and community connections, and general feelings related to enjoyable and disliked aspects of school and community life. When children raised bullying spontaneously, they were asked about the frequency of bullying in their school, how they felt about children being bullied or bullying, if they personally bullied or were bullied and about the causes of bullying and what should be done to reduce this behaviour. Children who did not mention bullying unprompted were shown drawings depicting acts associated with bullying and then asked what they called it. The other questions about bullying followed. The structure of the adult question line was similar with an emphasis on community and family relationships, followed by the wider community. Adults were directly asked what the word bullying meant to them, how they responded to bullying to and by their children, what they thought were the causes of bullying and what should be done about it. Interviews with adults took approximately 40 minutes and interviews with children about 20-30 minutes.

Analysis

Interviews were entered into QSR Nvivo (QSR, International, Pty., & Ltd., 2007). To ensure respondent anonymity all interviewees were assigned an ID code using first names and numbers.

Colaizzi's (1978) framework for data analysis was followed to ensure validity and to maintain the community ownership and engagement. Transcripts were read three times. At the third reading, common themes were extracted and included: (a) major events or phrases, (b) a summation of events and/or people by location, gender and role (c) examples of any emerging themes, (d) any negative responses or examples that contradict the researcher's ideas, and (e) a variation of any emerging themes. Meanings were then attached to the themes by creative insight (Colaizzi, 1978). The text was then re-examined for consistencies across gender, age, location and school type. Finally the refined meanings were placed within a socio-ecological framework. To ensure that bias from investigators was minimised an independent Aboriginal research assistant was employed to validate themes and to help validate the analysis. The Steering Committee also was invited to review and validate the interpretation of the results.

Results

Themes and meanings derived from the interviews are presented using the socio-ecological framework. First, the act of bullying, from respondents' perspectives is described, including behaviour, prevalence and differences by gender, age and Aboriginality. The influences on bullying are explored by examining first the effects of family, then the larger Aboriginal community including inter-family relations and finally the wider Australian society.

Characteristics of bullying in the Yamaji region

Bullying was a word that was widely understood by all children and adults in each community. A few adults in the smaller towns referred to it as a *wadjella* (white person) word, but they also explained they had a word with the same meaning in their language. When asked to describe bullying, people included all of the characteristics associated with bullying: prolonged or repeated behaviour such as ‘teasing’, ‘picking on’ or ‘hitting’ by a more powerful person against a weaker, smaller or younger person.

Prevalence

Virtually all of the 128 students interviewed said that bullying happened at the school at least some of the time. Over 40% of primary school students said that they saw or experienced bullying every day or nearly every day. Secondary students did not report it as so common. Only 16% said it was a daily occurrence, but they still agreed that it happens ‘sometimes’. Adults felt that bullying was part of childhood and happened everywhere.

Behaviours

All forms of bullying were raised in the interview. Primary school students frequently described bullying as teasing. Physical aggression accompanied verbal and relational bullying among older students. For example, one Aboriginal woman described the escalation of bullying behavior by older high school girls:

“... they usually start off by giving that kid dirty looks, I think to see their reaction. Then they start to sling off say a few little nasty things and then they

start get worser, usually by now they have extra kids on their side and feeling tougher themselves, yeah then they um pretty continue on with the teasing and name calling, then as time goes on it gets worser and worser and eventually they end up hitting them and terrorizing them for a couple of days". Female parent/caregiver, 31, inland remote community

Many people interviewed said that bullying happened to the 'smaller kids' who were *winyarn* (weak) or *ngardu* (someone with low self-esteem). However, a large proportion of children and adults specifically said that it was older children bullying younger children.

Well here at the school the big kids like in year 6 & 7 pick on the little kids by bossing them to get the ball if it goes off the court or footy oval and if they don't get the ball for them they usually get really angry and start to hit the little kids Male 9yrs, Coastal remote

Most adults expressed sympathy for the children who were victimised. The negative consequences of bullying that concerned them included poor school attendance and achievement, being frightened to go out of the home, a perpetuation of being victimised as they grew up, behaviour problems and risk of suicide.

Virtually all episodes of bullying discussed involved only Aboriginal children. The non-directive nature of the interviews meant that people could talk about any form of bullying. What people of all ages chose to discuss was bullying of Aboriginal children by other Aboriginal children, not by non-Aboriginal children. For example, one adult in the educational system said,

My son was in boarding school, he only lasted one term because of severe bullying by his own race.....His work started to drop.

Inland remote AIEO

Even in the schools where Aboriginal students were a minority, they rarely mention bullying or being bullied non-Aboriginal students. The only mention of bullying of Aboriginal children by non-Aboriginal children was by AIEOs from one primary school in the regional centre. The AIEOs reported there was very little bullying at their school and that what did happen involved non-Aboriginal children taunting Aboriginal children. However, children attending that school reported that bullying between Aboriginal students was relatively frequent.

Families' impact on bullying

Children and adults described many ways how families could protect children from bullying. One of the most direct forms of protection was older siblings or cousins who would either deter other children from bullying them or punish their bullies. Children without this protection felt more vulnerable.

However, bullying also occurred within families. Many children and adults talked about older siblings or cousins bullying younger relatives. As one man recalled, *well I gotta confess that I was a bully, but only to my brothers and sisters oh and little cousins but I think it was because my older brothers and cousins picked on me a lot.*

Father, coastal town

His comment brings up another way that bullying affects the family. Many adults and some children described that when children were bullied they would act up at home, being aggressive to everyone.

I know one of my sons when he been go school out there (residential school), every time he been come home for holidays he used to all the time belt em his brothers and sisters and play proper rough ways. It wasn't until long time after I been find out

*what he been doing to this mob here, that bigger boys was doing
to him at the [school].*

Mother remote town

Most adults also felt that for some children, bullying behaviour was modelled at home through the behaviour of their older siblings, or by observing domestic violence. More than a few parents attributed the violent behaviour of their adult children on what that they saw at home. While some people made a direct connection between domestic violence and bullying, others felt that it created an environment which normalised aggression and could result in children bullying others.

Parental responses to bullying

All parents and grandparents wanted to prevent their children from bullying others or being victimised. Adults said that they wanted to know if their child was bullying others. They said if that happened they would talk with their child about how it was wrong and that it could hurt others. It was also common for them to say that they would give the child 'a good hiding' or other physical punishment to reinforce the message.

Similarly, parents said they would take action if their child was victimised. A common response to a child being bullied away from school, such as at the pool or shops, was to keep the child at home. Some parents also said they would keep a child home who was upset from being bullied at school 'for a couple of days then when they right I send them back to school' (Grandmother, remote town).

While almost all parents said they would encourage the child to speak to a teacher or headmaster, most also said that they would personally talk to someone at the school as well. In the smaller towns, many parents added that they would tell the parents of students who bullied, but a few said that they would not do that because it would lead to fights between the families.

Adults viewed bullying by girls differently than they viewed that behaviour with boys. The general opinion was that bullying episodes lasted longer with girls and some girls were tormented by the effects of bullying for their life. Women were more likely to become involved when their daughters or granddaughters were bullied, and the risk of escalating arguments between women was great. Episodes of bullying with boys were seen to resolve more quickly; the best possible resolution was when the boy stood his ground and fought those who bullied him.

Well because the majority of my grandchildren are boys I tell them to give it right back to them. I know it's wrong but it the only way it gunna stop because when my other grannies was here on they was getting picked on all the time. Anyway their mother and father went to the school and try to sort it out time and time again but nothing same kid kept picking on him hitting him and all that. Anyway it started to happen out of school hours you know around town and then anyway this one day he thought stuff it. He grabbed that boy and give him one good one and what you reckon they best friends today. Elder from Regional Centre

Community influences

Community is defined here as the wider group of Aboriginal people and families living or associated with the particular town or regional centre. Children and adults were asked what influences their community had on bullying. The answers were strong and

consistent. Various behaviours in the community were seen as either directly resulting in more bullying or indirectly creating a climate in which aggression was normalised.

Children and adults from all three locations reported that violence in the community leads to an acceptance of that behaviour as normal. Parents and elders in the coastal and remote towns were particularly graphic in describing how often children were exposed to violence by people outside of the family. Even in the regional centre, many parents and children raised community violence as a reason for bullying, although others said they were able to avoid being exposed.

Parents described how, as children aged, they became accustomed to violence. Young children were frightened and frequently cried when they saw or heard it. However, as they grew older a normal pattern was for them to either ignore it, or to rush out to watch, discuss and even join in.

*If they inside say watching DVD then they hear someone fighting
they press pause and go and watch the fight have a good laugh
and then go back inside and watch the movie like nothing happen.*

Father, coastal town

A specific form of community violence is 'feuding', a term used by Aboriginal people to describe entrenched tensions between family groups. Feuds often have their origins in a particular 'wrong' which happened many years ago. Incidents of aggression between families can flare up at any time and underpin all interactions with all members of the opposing family, including children. There is a cultural obligation to defend one's family, which children feel very strongly. While this brings a sense of pride in doing the right thing for one's family it can also be a burden for children.

*Feuding issues affect our kids by the way they learn in the classroom
there is a distraction you know tensions between students so really
the kids won't concentrate on their work properly.* Elder, Regional Centre

*Yes bullying is an issue in our community because what happens
outside school is related and brought back from community issue into
our school.*

AEIO Regional Centre

The immediate reasons children were bullied could reflect tensions within and between communities. For example, triggers for bullying included being from another area, being fair or very dark skinned/different looking to the norm, or socialising with different cultural groups especially non-Aboriginal children. Leaving a school or community is not necessarily a solution. Moving to a new town to go to school without family was also a risk factor for being bullied. In this study, the two residential schools had the greatest complaints about bullying from students. One of these schools had an exclusive Aboriginal student population and in the other school only 30% were Aboriginal.

Influence of the wider society

The themes raised by parents and children about the familial and community influences on bullying were almost identical in the three very different towns that were the part of this study. There was also consistency regarding the influences from the wider society. Adults in particular raised issues about systemic socio-economic disadvantage, lack of rural infrastructure and entrenched racism. These issues were

not discussed in as much detail or with the same passion as parental and community influences, but they form a wider context which triggers bullying incidents and aggravates the harms caused by bullying.

Rural infrastructure

The close nature of Aboriginal communities, even within a regional city, leaves children with few opportunities to be at 'peace' and feel safe. Bullying can happen anywhere. During the interviews children and adults often claimed bullying was caused by boredom. Parents regularly suggested that there should be more youth activities. These comments reflect the real lack of investment in recreational programs for Aboriginal children and youth. Although all of the towns had swimming pools and sports facilities, these rarely offered supervised activities. The bush tracks that lace most rural towns and used regularly by children are hidden from public view. These and other public settings become places where bullying occurs. This is why protective parents said they kept their children at home, going out only to visit a relative.

I think that kids bully each other in areas that there is no one around to control the situation. I know that they bully at school but Teachers can put a stop to it, but in areas where there is no Teachers, Police, Security Guards or even Shop Attendants kids are most likely to be bullied.

Mother, coastal town

Racism

Even though inter-racial bullying was rarely discussed, this does not mean that racial tensions do not exist in the schools or communities or that racism is not relevant to understanding bullying in an Aboriginal context.

One way that racial tensions manifested themselves is through internalised racism. This occurs when Aboriginal children turned on other Aboriginal children for having non-Aboriginal friends, for having a light skin colour, or pronounced Aboriginal facial features or mannerisms. The victim is being punished for being Aboriginal, whether it is for being perceived as being too Aboriginal or not Aboriginal enough. This kind of bullying was mentioned by only a few respondents, mostly by adults remembering their childhood, however, racially-related taunts were probably part of the 'teasing' and 'picking on' that children discussed. One way children respond to such bullying is to separate oneself from non-Aboriginal children and to be as 'Aboriginal' as possible.

Another way that racism manifested itself was by reinforcing the view that teachers did not listen to Aboriginal students when they told them about bullying or that they did nothing to stop this. The adults who had this opinion expressed it with considerable anger and bitterness, reflecting a lifetime of experiencing being let down by mainstream institutions.

Well I think that the parents need to let the teachers know that if a kid comes to see them then they should listen to the., I tell ya now my Grannies and my kids too when they went to school always told me that the teachers would never listen to them they would always tell them to go along and play and leave it with them they will deal with it, but most of the time nothing. They don't even speak to the other

kids, in the end but kids take it into their own hands and either just walk off from school or punch piss out of the other kids. Grandmother, coastal community

Many children expressed the same view.

Tell Teachers, but they don't listen. Tell Mum, she goes and shouts at them.

Male Year 5, Regional centre primary school

Discussion

Interviews with over 260 Aboriginal children and adults reveal that intra-racial bullying is pervasive in the Midwest of Western Australia. Children and adults point to family and community factors that perpetuate bullying. They also indirectly refer to the systemic inter-racial conflict in Australian society as another cause. The issues raised in the interviews reinforce recent research on the predictors of bullying and interpersonal violence in other disadvantaged populations (Hong, 2009; Merrell-James, 2006; Tummala-Narra, 2007). Other research also shows that bullying and associated aggression experienced in our three communities will result in profound negative outcomes.

Family influences

Bullying that happens within the family, between siblings, cousins and also parents, provides opportunities for Aboriginal children to learn and practice these behaviours. Children and adults indicated that it was 'normal' for older kids to bully younger kids and many described bullying between siblings or cousins as a regular occurrence.

Research from Israel has found that children who were victimized by siblings were far more likely to be the victims of bullying at school and to exhibit behavioural problems (Wolke & Samara, 2004). The authors note that school based strategies need to take into account children's experiences at home.

Some of the parenting styles described in the interviews are not conducive to Aboriginal children feeling safe and being able to express their problems (Hong, 2009; Merrell-James, 2006; Zubrick SR et al., 2005.). Many parents and caregivers seemed to be encouraging or modeling violence or physical punishment. A common sentiment was that children, and particularly boys, should stand up for themselves by fighting back when they encountered bullying. Many adults also said that they would deal with reports that their child bullied others by using physical punishment. The international evidence is conclusive that parental use of corporal punishment increases the likelihood that children will exhibit behaviour problems including aggression and bullying (Gershoff & Bitensky, 2007). However, at least one researcher has found that parental encouragement to respond to situations with aggression was not associated with children's greater support of violence, physical fighting or bullying others or being bullied (Ohene, Ireland, Clea, & Borowsky, 2006). It appears to be the direct application of physical punishment on the child and not general admonishments to be strong and fight that encourage children to be aggressive to others.

According to the adults interviewed, some of the children in the study communities are exposed to chronic trauma. This exposure increases the likelihood they will have learning difficulties, display aggression, and be withdrawn and, later, to be at high risk of alcohol or drug misuse, interpersonal violence and criminal offending, and mental and physical health problems (Harris, Lieberman, & Marans, 2007). Categories of

defined trauma include being victimised or an observer of psychological, physical or sexual abuse; violence against the mother; living with a household member who abused substances, was suicidal or mentally ill, or was ever imprisoned; absence of one or both parents; and physical or emotional neglect. Not only do Aboriginal children have a greater likelihood of experiencing one or more of these types of trauma than non-Aboriginal Australian children, their parents' own experience of trauma as children impact on their capacity to care for their children, putting that child at cyclic risk interpersonal violence and bullying (Windisch, Jenvey, & Drysdale, 2003; Zubrick SR et al., 2005.).

Some parents and caregivers told us they were successful in creating homes that were free of violence and other trauma. They described how no violence was allowed at their house and how they would keep their children from places or people known to be violent. However, at least one study suggests that protective parents who do not support violence are not effective in preventing bullying or other interpersonal violence by their children if the school and community environment is violent (Brookmeyer, Fanti, & Henrich, 2006).

Influences of the Aboriginal community

Outside of the family, the actions and attitudes of the Aboriginal community also affect children's behaviour. The Aboriginal people interviewed consistently identified the high levels of violence in the community, as well as alcohol and drug use, as reasons why bullying occurs. Empirical evidence and psychological theory support their views. Exposure to violence in childhood and adolescence is associated with reduced empathy and more frequent displays of interpersonal violence (Sans & Truscott, 2004).

Recent studies have observed that Indigenous people were 2 to 3 times more likely to be victimised than non-Indigenous Australian and, for some types of offenses like assault, over 20 times more likely to be apprehended (Bryant & Willis, 2008; Wundersitz, 2010). The over-whelming majority of offences were intra-racial. Alcohol was also involved in a very high proportion of cases.

When violence escalates until it becomes an issue between families, our respondents told us that children were drawn into the conflict. Fortunately, several of the adults interviewed resisted such behaviour and were actively keeping their children and wider family from becoming involved. For example, one woman said,

I don't use family feuding. This kind of behaviour in [our town] is called criminal behavior. Payback is a traditional form of punishment not practiced in this area. Use of this type of language makes the behavior acceptable and perpetrates the myth that violence is part of Aboriginal Culture. Mother, Regional Centre

Promising strategies to reduce violence have been implemented world-wide. The most relevant for the communities in this study are a combination of primary prevention and targeted interventions (Krug et al., 2002). Primary prevention involves social marketing of anti-violence messages, proactive policing and design of public spaces. Targeted interventions would involve working directly with Aboriginal community leaders to address issues through mediation and diversion programs for youth. In the interviews it was clear that the Aboriginal community recognises the damage that violence and bullying is causing. Intensive local efforts with the support

of community leaders may be enough to reduce the level of violence, bringing profound benefits to children.

Wider social influences

The influence of Aboriginal people living in a wider Australian society cannot be ignored. Previous research among inner city African American youth in the United States suggests that interpersonal violence may result from a combination of environmental stressors, racial identity problems, and health and mental health problems (Whaley, 1992). Similar environmental and social stressors and health problems have been found among Australian Aboriginal children and the communities in which they reside (Zubrick SR et al., 2005.). These have their root causes in the history of colonisation and subsequent policies of assimilation and welfare dependency.

It is not a coincidence that the highest levels of reported bullying were in the more isolated and remote towns. These communities lack access to employment, transport and services such as counseling and other mental health support. Limited economic opportunities result in cycles of poverty that create jealousy within the Aboriginal community related to material possessions such as clothing, shoes, electronic equipment, school choice and even friend choices. These 'possessions' are often scrutinized and if they are deemed by the perpetrator to not be 'Aboriginal' enough, the person is targeted. Social determinants, such as low social economic status create division and difference which contribute to the bullying behavior (Blum, Beuhring, et al., 2000).

Racial violence and oppression are typically experienced across generations and become both a personal and shared experience (Tummala-Narra, 2007). The Yamaji region has been affected by many of the same forces of reduced farm and station employment and increased welfare dependency that has been described for the Kimberley region in northwest Western Australia. Hunter (1991) has argued that these forces directly resulted in increased rates of mental illness and suicide for the children of the first generation to experience those changes. The children in this study are their grandchildren. Several of the adults in this study discussed the personal impact of intergenerational effects.

“Well I love my kids but I’m a drunk today, I was bullied at school and now I’m in a (expletive) relationship my man abuses me which I feel is still bullying. I hate my life I wanna get out but what can I do, I have all these kids to think of and look another on the way yeah it’s all pretty (expletive), so I am the perfect example of how a victim of bullying turns out”.

Mother, coastal town

Another way that inter-racial tensions are manifest is in the relationships between schools and the Aboriginal communities. Children and adults complained that teachers did not ‘listen’ when children said they were being bullied. Even the schools with a high proportion of Aboriginal students were viewed as mainstream institutions which were unfamiliar with Aboriginal community issues. It is very likely that the situation in the schools in this study was similar to that described by Merrell-James (2006, p 283) who argued that intra-racial bullying among African-Americans is perpetuated, in part, by ‘adults who ignore bullying as too commonplace to bother with or who dismiss intra-racial bullying as nonexistent.’

Conclusion

The strength of this study is its in-depth examination of the context in which Aboriginal bullying occurs in one region of Australia. As numerous researchers have observed, responding to bullying and other child mental health issues requires an understanding of the multiple levels which influence behaviour (Chandler & Lalonde, 2009; Hong, 2009; Tummala-Narra, 2007). Without context understandings can only be superficial (Ernest Hunter, 2007).

Bullying behaviour among children may be universal but the factors that perpetuate and protect are unique to each setting. They involve the characteristics of families, the community dynamics and the wider socio-economic context which, in this case, has been shaped by centuries of institutional racism towards Aboriginal Australians.

Solutions to minimising bullying can start with behaviour in the classrooms and school yards, but this will not be sufficient until the inter-generational impacts of trauma and disadvantage can be undone through support to parents and other caregivers. Aboriginal communities also need to consciously reject violence and the wider society needs to take its responsibilities of addressing systemic Indigenous disadvantage.

References

1. Australian Bureau of Statistics. (2007-08). Regional Population Growth - Australia (2008 ed.): ABS.
2. Australian Bureau of Statistics. (2010). The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008. Canberra: ABS.
3. Australian Human Rights Commission. (1997). *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Canberra: Australian Human Rights Commission.
4. Australian Institute of Health and Welfare. (2005). The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005. Canberra: AIHW and Australian Bureau of Statistics.
5. Berger, K. S. (2007). Update on bullying at school: science forgotten? *Developmental Review, 27*, 90-126.
6. Brookmeyer, K. A., Fantl, K. A., & Henrich, C. C. (2006). Schools, parents and youth violence: a multilevel, ecological analysis. *Journal of Clinical Child and Adolescent Psychology, 35*(4), 504-514.
7. Bryant, C., & Willis, M. (2008). *Risk factors in Indigenous violent victimisation*. Canberra: Australian Institute of Criminology.
8. Chandler, M., & Lalonde, C. (2009). Cultural continuity as a moderator of suicide risk among Canada's First Nations. In L. Kirmayer & G. Valaskakis (Eds.), *The mental health of Canadian aboriginal Peoples; Transformations, Identity, and Community*. (pp. 221-248). Vancouver, British Columbia: UBC Press.

9. Coffin, J. (2008). Embedding Cultural Security in Bullying Prevention Research
Manifestation: Journal of Community Engaged Research and Learning Partnerships 1(1).
10. Colaizzi, P. (1978). Psychological research as the phenomenologist view it. In R. Valle & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.
11. Craven, R., & Bodkin-Andrews, G. (2006). New Solutions for Addressing Indigenous Mental Health; A Call to Counsellors to Introduce the New Positive Psychology of Success. *Australian Journal of Guidance and Counselling*, 16(1), 41-54.
12. deCrespigny, C., Emden, C., Kowanko, I., & Murray, H. (2004). A 'partnership model' for ethical Indigenous research. *Collegian*, 11(4), 7.
13. Farrington, D. P. (1993). Understanding and preventing bullying. In M. Tonny & N. Morris (Eds.), *Crime and Justice* (Vol. 17). Chicago: University of Chicago Press.
14. Fitzpatrick, K., Dulin, A., & Piko, B. (2010). Bullying and depressive symptomatology among low-income African-American youth. *Journal of Youth and Adolescence*, 39, 634-645.
15. Forero, R., McLellan, L., Rissel, C., & Bauman, A. (1999). Bullying behaviour and psychological health among school students in New South Wales, Australia: Cross sectional survey. *British Medical Journal*, 319(7206).
16. Freemantle, J., Stanley, F., Read, A., & de Klerk, N. (2004). Patterns and trends in mortality of Western Australian infants, children and young people, 1980-2002. Perth: Advisory Council on the Prevention of Deaths of Children and Young People.

17. Gershoff, E. T., & Bitensky, S. H. (2007). The case against corporal punishment of children: converging evidence from social science research and international human rights law and implications for US public policy. *Psychology, Public Policy, and Law, 13*(4), 231-272.
18. Griffin Smith, R., & Gross, A. M. (2006). Bullying; Prevalence and the Effect of Age and Gender. *Child and Behaviour Therapy, 28*(4), 13-37.
19. Hansen, K. L., Melhus, M., Hogmo, A., & Lund, E. (2008). Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: the SAMINOR study. *International Journal of Circumpolar Health, 67*(1), 99-115.
20. Harris, W. W., Lieberman, A. F., & Marans, S. (2007). In the best interests of society. *Journal of Child Psychology and Psychiatry, 48*(3/4), 392-411.
21. Hong, J. S. (2009). Feasibility of the Olweus Bullying Prevention Program in Low-Income Schools. *Journal of School Violence, 8*(1), 81-97.
22. Hunter, E. (1991). The social and family context of Aboriginal self-harmful behaviour in remote Australia. *Australian and New Zealand Journal of Psychiatry, 25*(203-209).
23. Hunter, E. (2007). Disadvantage and discontent: A review of issues relevant to the mental health of rural and remote Indigenous Australians. *Australian Journal of Rural Health, 15*, 88-93.
24. Kochenderfer, B. J., & Ladd, G. W. (1996a). Peer victimization: Cause or consequence of school maladjustment. *Child Development, 67*, 1305-1317.
25. Kochenderfer, B. J., & Ladd, G. W. (1996b). Peer victimization: Manifestations and relations to school adjustment in kindergarten. *Journal of School Psychology, 34*(3), 267-283.

26. Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). *Violence-a global public health problem*. Geneva, Switzerland: World Health Organization
27. Kumpulainen, K., Rasanen, E., Henttonen, I., Almqvist, F., Kresanov, K., Linna, S., et al. (1998). Bullying and psychiatric symptoms among elementary school-age children. *Child Abuse and Neglect*, 22(7), 705-717.
28. Maxim Institute. (2006). *Current issues in Maori schooling*, from www.maxim.org.nz/files/pdf/policy_paper_maori_education.pdf
29. Merrell-James, R. (2006). Intra-Racial Bullying: An Issue of Multicultural Counseling, *Persistently Safe Schools 2006: Collaborating with Students, Families, and Communities* (pp. 283 -294, <http://www.hamfish.org/>): The National Conference of the Hamilton Fish Institute on School and Community Violence.
30. Motti-Stefanini, F., Pavlopoulos, V., Obradovi, J., SDalla, M., Takis, N., & Papathanassiou, A. (2008). Immigration as a risk factor for adolescent adaptation in Greek urban schools. *European Journal of Developmental Psychology*, 5, 315-335.
31. Ohene, S.-A., Ireland, M., Clea, M., & Borowsky, I. W. (2006). Parental expectations, physical punishment, and violence among adolescents who scored positive on a psychosocial screening test in primary care. *Pediatrics*, 117(2), 441-447.
32. Olweus, D. (1994). Bullying at school: Basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry*, 35(7), 1171-1190.

33. QSR, International, Pty., & Ltd. (2007). *QSR Nvivo*, from <http://www.qsrinternational.com/>
34. Rigby, K. (1993). School children's perceptions of their families and parents as a function of peer relations. *The Journal of Genetic Psychology, 154*(4), 501-513.
35. Rigby, K. (1994). Psychosocial functioning in families of Australian adolescent schoolchildren involved in bully/victim problems. *Journal of Family Therapy, 16*, 173-187.
36. Rigby, K. (1997). Attitudes and beliefs about bullying among Australian school children. *The Irish Journal of Psychology, 18*(2), 202-220.
37. Rigby, K. (1997). What children tell us about bullying in schools. *Children Australia, 22*(2), 28-34.
38. Rigby, K. (1998). Peer relations at school and the health of adolescents. *Youth Studies Australia, 17*(1), 13-17.
39. Rigby, K. (1999). Peer victimisation at school and the health of secondary school students. *British Journal of Educational Psychology, 69*, 95-104.
40. Rigby, K. (2000). Effects of peer victimization in schools and perceived social support on adolescent well-being. *Journal of Adolescence, 23*, 57-68.
41. Rigby, K., & Slee, P. (1991). Bullying among Australian school children: Reported behavior and attitudes toward victims. *The Journal of Social Psychology, 131*(5), 615-627.
42. Sans, D. P., & Truscott, S. D. (2004). Empathy, exposure to community violence and use of violence among urban, at-risk adolescents. *Child & Youth Care Forum, 33*(1), 33-50.

43. Slee, P. (1994). Situational and interpersonal correlates of anxiety associated with peer victimisation. *Child Psychiatry and Human Development*, 25(2), 97-107.
44. Slee, P. (1995). Bullying: health concerns of Australian secondary school students. *International Journal of Adolescence and Youth*, 5, 215-224.
45. Slee, P., & Rigby, K. (1993). Australian school children's self appraisal of interpersonal relations: The bullying experience. *Child Psychiatry and Human Development*, 23(4), 273-281.
46. Smith, L. T. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples* London: Zed Books.
47. Trevaskis, G. (2003). *The Friendly Schools Bullying Intervention Project: Adapting resources for use in remote Indigenous school settings*. Unpublished Masters, Curtin University of Technology, Perth.
48. Tummala-Narra, P. (2007). Conceptualizing Trauma and Resilience Across Diverse Contexts. *Journal of Aggression, Maltreatment and Trauma*, 14(1), 33-53.
49. Verkuyten, M., & Thijs, J. (2002). Racist victimization among children in The Netherlands: the effect of ethnic group and school. *Ethnic and Racial Studies*, 25(2), 310-331.
50. Whaley, A. L. (1992). A Culturally Sensitive Approach to the Prevention of Interpersonal Violence Among Urban Black Youth. *Journal of the National Medical Association*, 84(7), 585-588.
51. Williams, K., Chambers, M., Logan, S., & Robinson, D. (1996). Association of common health symptoms with bullying in primary school children. *British medical Journal*, 313, 17-19.

52. Windisch, L. E., Jenvey, V. B., & Drysdale, M. (2003). Indigenous parents' ratings of the importance of play, Indigenous games and language, and early childhood education. *Australian Journal of Early Childhood*, 28(3), 50-56.
53. Wolke, D., & Samara, M. M. (2004). Bullied by siblings: association with peer victimisation and behaviour problems in Israeli lower secondary school children. *Journal of Child Psychology and Psychiatry*, 45(5), 1015-1029.
54. Wundersitz, J. (2010). *Indigenous perpetrators of violence: prevalence and risk factors for offending*. Canberra: Australian Institute of Criminology.
55. Zubrick, S., Silburn, S., Gurrin, C., Teo, H., Shephard, C., & Carlton, J. (1997). *Western Australian Child Health Survey: Education, Health and Competence*. Perth, WA: Australian Bureau of Statistics.
56. Zubrick, S., Silburn, S., Lawrence, D., Mitrou, F., Dalby, R., Blair, E., et al. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.
57. Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, et al. (2005.). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*.
58. . Perth: Curtin University of Technology and Telethon Institute for Child Health Research,.

Journal Article # 6

Our Hope

Coffin J

Rural and Remote Health 7 – Letter to the Editor

Dear Editor

I have watched in silence and amazement as the last few weeks have unfolded and the Prime Minister of Australia has sent the army into Aboriginal communities with the expressed purpose of removing children. What is portrayed yet again is a basic lack of social and structural understandings of an Aboriginal context, and the never-ending attraction of the 'quick fix' to a multi-layered and complex issue. I would like raise a number of points about just one aspect of what appears to be the 'Howard plan' - that is the child-centred argument.

When families are involved in cyclic behaviours such as alcohol or drug dependency sometimes it is the fact that the children are present that keeps people getting out of bed at all. Children are central to our culture and removing them for short periods will not necessarily protect them. During school holidays, vacations and at other times, children will still be placed back into an unchanged environment. Will it make a difference to threaten families, for example, with the prohibition of alcohol or with taking their kids away? How could these measures be policed correctly? Who will actually do the decision-making about who goes where and for how long? If people feel they need something to survive they will get it at any cost - I know, I have lived on a 'dry' community. There will be no change.

And what do our kids have at the end of their twelve years of schooling? What do they have to really look forward to? Ask an Aboriginal person who is trying to turn their life around and get a job about red tape and police clearances. We will end up with yet another sub-group of dislocated adults in years to come. What about the kids who do not want to leave and would rather put up with their world

view of what they know, even with the poverty and hardships, than go to a residential home

I do not enjoy seeing children not being looked after, but I feel more sad to see families in pain and suffering. Its amazing how many so called dysfunctional family groups and communities have never been asked their story, or who have told their plight continually to many officials only to see no change over ten years. It's a wonder that people turn up to any meetings at all....ever.

Yes, make some radical changes but do it with the whole community, the whole family, the child's whole world. Recognise that the consequences of years of oppression and hopelessness will not disappear overnight. Ask yourself, if you woke up one morning and had no hope, no purpose and now no family or lands around you, would you really be able to function? The government failed long ago to make basic changes to the way the social services. Medical and health services, schools and housing systems where run for our communities, why come in now and just remove the very thing that offers us some hope, some future, some stability – our kids.

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Book Chapter # 1

Chapter 10 - Ways Forward in Indigenous Health

Coffin J, Drysdale M, Hermeston W, Sheerwood J, Edwards T.

A textbook of Australian Rural Health

Learning objectives

- Develop cultural skills for all staff working with Indigenous peoples.
Understand the levels of cultural security for Indigenous staff working in organisations.
- Understand the need for cultural training of future health professionals.
- Recognise the diversity of the Indigenous population.
- Develop a practical understanding of cultural security in an Indigenous context.
- Understand the differences between cultural awareness, safety and security and apply this knowledge to a health context.

Introduction

The aim of this chapter is to differentiate between cultural security, safety and awareness, to demonstrate their importance in a health-service context and to give practical strategies for achieving and sustaining culturally secure services.

Cultural security is an essential component of health services for Indigenous people, yet it is largely misunderstood or ignored by health providers (Coffin 2002). What is cultural security? What does it mean to Indigenous people and how can health services and individuals help to create a culturally secure environment? Most of the existing literature considers cultural safety or awareness, but the discussion of security is

limited (Williams 1999, Kearns and Dyck 2005). However, for many Indigenous people emotional and physical discomfort will result when cultural security is not an integral part of a health service (Aboriginal Stroke Project Steering Committee 2004, Reading et al 2005). This can lead to inadequate use of health services and, consequently, poorer health outcomes (McCormack et al 2001).

When providing a health service in a community, an awareness of cultural issues is just the start. To really be successful in improving Indigenous health, cultural security must be an essential element of the health care system. All health care providers, including doctors, speech pathologists, social workers, school nurses and dentists, need to provide a culturally secure service (Aboriginal Stroke Project Steering Committee 2004).

Health services may consider that they have a culturally secure service if they have Indigenous staff or an Indigenous liaison officer, or if they provide cultural awareness training for all new staff. In fact, such strategies are the bare minimum and stopping at this stage can create problems. For example, employing only one Indigenous liaison officer who is a female, not from the area and with no cultural connections in the area, means that she will not be able to fulfil all of the responsibilities of her role and will be isolated in the service, with no Indigenous co-workers to team up with. In reality, this health service does not have an Indigenous 'face' and Indigenous people do not have an adequate point of contact. Cultural protocol may stop her dealing with men's issues, yet she will be expected to deal with all clients by the health service.

The large demand for training programs and other support indicate that health services are frustrated with their inability to create solutions to the issues when

dealing with Indigenous clients. Fortunately, much can be done to address these issues and move towards a more equitable health service provision for all (VicHealth Koori Health Research and Community Development Unit 2004, Cunningham et al 2005).

Defining terms

Cultural security, or its absence, can take many forms. Many Indigenous people are desensitised to even very blatant racism. After a life of continual stereotyping, further negative or inappropriate treatment by the dominant culture often goes unrecognised, or becomes the norm in an Indigenous person's life. Because racism can become so internalised, many Indigenous people may not have the background or ability to explain to health care providers what they have felt or experienced.

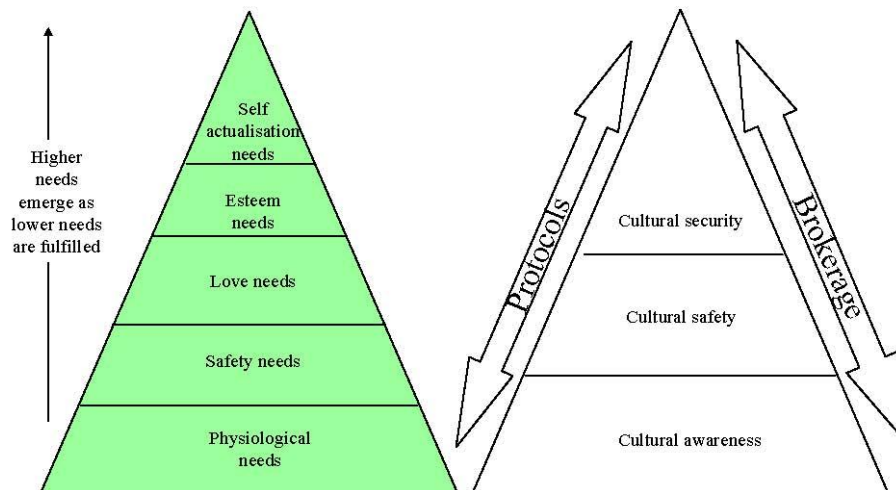
Let's look at the distinction between cultural security, safety and awareness (see Glossary for definitions). These very commonly used terms are often quite inappropriately interchanged. The definitions and their practical applications presented here are the subject of dozens of training sessions delivered to health science students and rural health care providers. Cultural awareness and cultural safety are important foundations for the attainment of cultural security, and the first two levels must be addressed in order to progress to the next level (see Figure 10.1). According to Maslow's theory of selfactualisation (Maslow 1943), we cannot fulfil higher needs unless more basic needs have been met.

To illustrate these levels, consider the management of an eight-year-old Indigenous boy by a speech pathologist.

I know that most Aboriginal people have very extended families.

Awareness

Although the speech pathologist demonstrates a basic understanding of a relevant cultural issue, it does not lead into action. There is no common or accepted practice, and any subsequent actions will depend upon the individual and their knowledge of Indigenous culture and cultural security.



Source: adapted from Maslow (1943) by J Coffin

Figure 10.1 Comparison of cultural security and self-actualisation hierarchies

Safety

I am going to make sure that I tell Johnny's mum, aunty and nanna about his appointment because sometimes he is not with his mum.

Cultural safety involves health providers working with individuals, organisations and, sometimes, the community. More often, it consists of small actions and gestures, usually not standardised as policy and procedure.

Security

I am going to write a note to Johnny's family and ask the Aboriginal and Torres Strait Islander Health Worker to deliver and explain it. I will check with the

Aboriginal and Torres Strait Islander Health Worker to see if any issues were raised when explaining the procedure to the family and if transport is sorted out. I will ask to see if Sylvia (the Aboriginal and Torres Strait Islander Health Worker) can be in attendance at the appointment as well.

Cultural security links understandings and actions directly. Policies and procedures create processes that are automatically applied from the time that Indigenous people first seek health care.

Another practical application of the three levels can be seen in the organisation of waiting rooms. Awareness could simply mean recognising that sometimes, depending on the protocols, Indigenous men and women do not wish to be grouped together in the same room. Safety would mean that two exits are provided and two different rooms are used for such purposes. In a culturally secure service, male and female doctors and appropriate staff would also use two rooms for the treatment of clients. Without the establishment of some awareness in a health context, it is hard to appreciate what safety and security in a cultural sense would look like. This does not mean that it is necessary to know all about men's business, but if a practitioner is treating an Indigenous man, it is necessary to know who to ask for urgent information about appropriate care.

Cultural security is the hardest to achieve; but, if the foundations are good, security can be provided and will be easy to maintain. Security can be strengthened by community engagement in service provision decisions such as appointment of staff, training, job descriptions, and protocols. It means that there is a definitive compulsory action when an Indigenous person is transferred from one hospital to the next, or

when someone dies in hospital. Cultural security means that there is a definite point of contact and that actions are well established. It should not matter if the health service is manned by temporary staff. No matter who is in the health service, they will know that these are the procedures to follow.

Achieving and sustaining cultural security

One of the biggest issues in Indigenous health is stereotyping and media depiction, which is often negative. This means that everyone comes to the table with preconceived ideas, even if they have never actually met an Aboriginal or Torres Strait Islander (Williams 1999). For example, at a health service it may be common practice for men to only see a male doctor. A new staff member may think that this is peculiar, but with cultural awareness he or she will understand why this practice exists and will be in a better position to ensure that these culturally safe practices continue.

In addition to improving the foundations of awareness and safety, two more elements must be developed to achieve and sustain cultural security: brokerage and protocols. If there are links between these elements and the process of achieving cultural security, it is much more likely that appropriate and sustainable security will be achieved.

Brokerage is a mechanism by which awareness of successful and safe practice can be deepened. It involves two-way communication, where both parties are equally informed and equally important in the discussion. Communication and respect are of the utmost importance (Sinnott and Wittman 2001, VicHealth Koori Health Research and Community Development Unit 2004): values and ideas are not pushed, but considerations from both sides are regarded equally. Good brokerage is a key ingredient in cultural security and it must be developed with the Indigenous

community. It is the way to build faith and trust. One of the largest components of brokerage is listening and yarning.

Health services need to recognise that Aboriginal and Torres Strait Islander Health Workers and Elders in the community are the health system's greatest resource. Even if there are no clearly identified Elders in the catchment area, there is always someone of respect with whom health care providers should consult if they want to create an equitable and appropriate program or service.

Protocols are strategies that can take a culturally safe practice and make it a culturally secure one (VicHealth Koori Health Research and Community Development Unit 2004, Westwood 2005). Protocols formalise the need, in an Indigenous context, for health care delivery and programs to be done in consultation with the Elders and key stakeholders within the particular community (or context). The right people will generally support many of the processes by advising on the correct guidelines for community engagement. For example, in one community, after talking with an Aboriginal and Torres Strait Islander Health Worker, a group of midwives discovered that the older Indigenous women were the ones to speak to in relation to young pregnant women. Subsequently, whenever issues arise with young mothers, there is an established point of contact with the older women first — thus an assurance is created for cultural security. Community leaders are made aware of the situation and are involved. Community participation can then make progress beyond mere 'involvement.' Communities become partners in an equitable, culturally secure provision of service. This is the pathway to cultural security.

Measuring cultural security

All health care providers must know what cultural awareness, safety and security is, and have a practical understanding of how is it maintained through appropriate brokerage and protocol (VicHealth Koori Health Research and Community Development Unit 2004). The first step to achieving cultural security is defining and standardising the language to reduce confusion. Then, people can plot themselves or their health service along a continuum as a basis to either move forward or maintain the same level of cultural security, if it is deemed to have been achieved. This basis is a starting point for everyone involved, including community and health service staff and other health professionals.

If we were to draw a scale (Figure 10.2) and ask health care providers and health services to honestly plot themselves and their services along it, few would consider themselves to be at the end point of sustainable cultural security. However, using the scale to think about their place and where they want to be can be an important first step to change.

Source: Coffin



Figure 10.2 Cultural security scale

The concept and attainment of cultural security is extremely important and must be understood in every workplace where staff come into contact with Indigenous people. Cultural awareness alone does not lead to better health care (Westwood 2005). Indigenous people need to be clearer in defining what is expected of the health care provided for them and be united in voicing support for actions to bring about the creation of a more equitable health care system. Indigenous people are sometimes

employed in health areas, but may not be heard (Westwood 2005). Health services need to listen to the Indigenous community and the community needs to be clear about what it wants.

Case study 10.1 Cultural security

On several occasions at a rural hospital, an elderly Indigenous man with chest pains presented, accompanied by his family members. This occurred mainly in the quiet hours of the early morning, on week nights. The daughter of the man carried a small child and several other children were running around the accident and emergency waiting area. The man in question went in to see the nurse for the third night in a row. However, the nurse on duty was different from the night before and the man had to explain his story over again.

This was frustrating to him as English was his second language. The issues were discovered to be of a very personal nature and the nurse checked him out thoroughly, and admitted him immediately. Half an hour later when the ward clerk went to check on the man's status he had left the building. The man never returned again.

Discussion

The man in the case study was a very well-respected Elder. His treatment was not only inappropriate but also repeated three times. The admission process was the final straw. The man's daughter came in to the hospital the following day, appalled at how her father had been treated. She was at no time asked questions regarding his health, language preferences or history, yet she had presented with him three times when he had chest pains.

The saddest thing is that the hospital staff were following what they thought was the right course of action. Interpretive services, Aboriginal liaison officers and Indigenous nursing staff would have been able to support the man's journey through the hospital — even his own family members were there to be included. There was no security for Indigenous people in the hospital. His treatment was gender-inappropriate, yet male doctors were working on the night of the man's admission. Even the admitting procedures were culturally unsound as the man did not understand the seriousness of his symptoms, the health issues related to his symptoms or why he was being admitted to the hospital.

To ensure cultural security, the most useful questions could have been asked at the appropriate times, including which health practitioner the man would have preferred to see and talk to. Staff could have spoken to the daughter in private and asked her some of the questions that the man was finding difficult to answer. Cultural security is a set of prescribed actions and reactions to someone of another culture. It is not a hard road to take, but it requires a really good map. When it works correctly, the journey is enjoyed by all.

Case study 10.2 Leaving the bright lights

This case study describes the experiences of students who chose to attend a week-long cultural immersion program within an Indigenous remote community. They were told that the week did not only include working within the health care system; students were required to take part in all the activities organised by the local community (Palmer 1997, Teubner and Prideaux 1997). At the briefing session, it was pointed out that the week was to be a cultural learning experience, not a holiday, and

certain protocols of respect, dress code and recognition of the role of a visitor were explained.

Throughout the program, students were challenged both culturally and clinically with a series of impromptu emergency scenarios that highlighted the difficulties of dealing with the needs of clients in a remote area. The program also highlighted the need to develop skills other than clinical skills, in order to be able to treat a patient in a remote setting. The responses of the students ranged from positive to negative, with the latter feeling unexpectedly inadequate in dealing with medical emergencies in the bush.

Students visited a bush clinic where the community nurse who had practised for 30 years cared for approximately 80 residents. She pointed out that 70 people in the community suffered from diabetes at varying levels. She challenged the students about how to improvise in the bush without medicines or other supplies, an unreliable telephone, no flying doctor and with the nearest hospital 120 km away (if the road is open). This demonstrated in a practical way the knowledge and innovation required to work in remote Australia.

Back at the campfire, students heard stories which allowed time for them to ask questions or reflect on the day's learning. Students' comments included:

'To be able to experience the history of the Indigenous culture has given me an understanding and awareness of the health issues that may be present in Indigenous people.'

'This was a fun, educational and effective camp. I learnt heaps, enjoyed myself and met new people and it has encouraged me to work in Indigenous health in rural or

remote places.’

Discussion

Developing an understanding of cultural security in medical and nursing students can be viewed as an aspect of social responsibility (Jamrozik 1995, Palmer 1997). Providing opportunities for medical and nursing students to experience first hand the health conditions, and the lack of resources and access to health care experienced by Indigenous people living in rural and remote Australia, is of critical importance (Garvey and Hazell 1997, Palmer 1997). Students experienced a different cultural setting and teaching methods that provided them with a rare opportunity to step briefly into an Indigenous worldview (Jamrozik 1995, AMC 1998).

Case study 10.3 Community checklist and researcher protocols

You have accepted an offer of a clinical placement in a rural area, where you have been invited to gain research skills working on a research project. It is a large case–control study to implement an intervention relating to smoking, targeting Indigenous adults from a number of communities across the region.

You meet Carmel, who is also a junior researcher and the sole Indigenous investigator in the research group, at your first team meeting. During the meeting, the project proposal, study design and project personnel are discussed. Carmel’s ideas include extensive consultation in each of the respective community research sites and that the group should take a capacity building approach to the research by training community people to help implement the intervention. This would improve the acceptability and cultural security of the research in the communities. You notice that the chief

investigators listen respectfully, but don't take Carmel's ideas on board because they seem to be 'too hard' and would take 'too long' to implement. You are still new to research, but you feel unsettled as you think what Carmel says makes sense. What can you do?

Discussion

If researchers ever wonder why there is such resistance to the concept of research amongst Indigenous people, they needn't look back very far. Communities have watched as processions of researchers from a range of fields have bowled in, measured heads, checked teeth and recorded language and customs, only to take that knowledge and leave, never to return and never to give back (Humphery 2000). Over generations, suspicion of researchers has developed, resulting in communities often feeling they have been 'researched to death' (Atkinson et al 2002).

This is a shame, because there is much the modern researcher has in common with Indigenous communities. Mainstream health research is driven by problem resolution through the scientific process; Aboriginal and Torres Strait Islander communities also want to solve the urgent, persistent health crises. However, rather than having methodological rigor, track record and research outcomes as the focus, as one senior Indigenous health professional has put it:

Aboriginal people are more focused on the process than on the outcome.
(Humphery 2000)

There is a good chance of bridging the gap between competing priorities if solid, trusting, equal and sustainable partnerships with Indigenous stakeholders are built up from the conception of a research project through to the dissemination stages (NHMRC and CHF 2002, Couzos et al 2005). Quality research that engages stakeholders

and communities can help improve the health problems faced by Aboriginal and Torres Strait Islander people, particularly if it is of practical use in addressing priority needs and offering a methodology that fills a gap (eg assessing interventions and their transferability) (VicHealth Koori Health Research and Community Development Unit 2000, Sanson-Fisher et al 2006, Thomas and Anderson 2006). In other words, a good process will lead to good outcomes.

Community-based research can be of a high scientific standard without compromising the values and principles of those being researched. (Couzos et al 2005)

Early career researchers can be in a difficult position if they sense that something is not right with a project. In Case study 10.3, you do have a responsibility to confer with a coworker like Carmel and speak up to the other investigators. In return, they should be compelled to take Carmel's suggestions on board and to act on her (and any other junior colleagues') concerns.

A practical step towards avoiding potentially damaging scenarios like the one described in Case study 10.3 is to follow a set of research protocols. If this is done, as in any good systems management process, the maintenance of cultural security in a research project will not depend on any one individual reacting each time an issue arises.

Protocols for Aboriginal and Torres Strait Islander health research can be drawn from existing documents (eg Aboriginal Stroke Project Steering Committee 2004), or a research team may wish to develop their own guidelines. Either option should always be set up under the direction of the researchers' local Indigenous communities,

stakeholders and colleagues. This will ensure that the research is done in a culturally secure way from beginning to end. There are a number of excellent examples to guide researchers in how to go about compiling Indigenous health research protocols (Eades and Read 1999).

Another means of ensuring cultural security in research is to support local Indigenous people to create, through a consultation process, their own local community health research checklist. Similar to protocols for researchers, a checklist is a practical tool, but it is owned by local communities and community organisations, and facilitates their making of informed decisions about participating in research when they are approached by researchers.

Whilst it should be flexible and deal with projects on a case-by-case basis, a good research checklist can identify what overall standards the community should expect from research. It should also describe what ethically, culturally and methodologically sound research with genuine objectives looks like (Eades and Read 1999, VicHealth Koori Health Research and Community Development Unit 2000).

For example, the Kimberley Land Council (KLC) Executive set out a number of questions when they were approached by a researcher who was asking the KLC to support a project on local Indigenous community development issues. These questions provide a simple, but wise and all-encompassing framework that is still relevant for communities investigating the appropriateness of individual primary health care research projects. As a final safeguard, protocols developed by researchers may be based on the community checklist.

A health research checklist (modified from Kinnane 2006)

1. What will the research bring to the people/community?
2. What will we as researchers take away from the community?
3. Will we train and employ the community's people to do the research?
4. How will the community know if what we are talking about will help them?
5. What committee will steer the researchers?
6. Who is the report of the research findings for?
7. Who will look at it or use it?

Case study 10.4 Research involving Indigenous Australians

The project involved the training of health staff to undertake a new diagnostic procedure, and introduce it to the health services at several Indigenous communities.

The overall aim of the project was to establish acceptance and utilisation of the procedure by clients, and achieve appropriate follow-up and subsequent good health care outcomes for those clients.

Evaluation was an integral part of the project, to assess whether the aims of the project had been met. However, the evaluation was instigated as a research project, without any community involvement or consultation with the Indigenous communities or their representative bodies. This lack of consultation had a negative impact on the project as a whole, and reduced the uptake and utilisation of training opportunities. Once the communities, health services employees and other respective organisations were consulted, the barriers to successful training and subsequent implementation of the new procedure were overcome.

Discussion

Some Indigenous people involved viewed this research project with frustration;

however, this perception shifted through the input and engagement of a research team that included two Indigenous academics that came on board at a time when the project had reached a stalemate. Their role was critically important in shifting and changing the focus and process of the project, making it a culturally secure and beneficial strategy. This was done through the engagement of Indigenous participants in the evaluation of outcomes, and led to acceptance by the communities involved. There was, however, a lack of acknowledgment of the Indigenous participants' involvement in the project and their role in facilitating the required change in documents related to the project. This is unacceptable.

Importantly, the Aboriginal and Torres Strait Islander Health Workers who received training were also involved in the research consultations, planning and evaluation processes. They felt safe and empowered to undertake research training, so that they could make the evaluation activities meaningful to themselves, their culture and associated values and beliefs, and the communities.

Key points

- Health services need to listen to the Indigenous community and the community needs to be clear about what it wants.
- Indigenous people need to be clearer in defining what is expected of the health care provided for them and be united in voicing support for actions to bring about the creation of a more equitable health care system.
- It is important to understand the differences between cultural awareness,

safety and security and apply this knowledge practically in a health context. A practical understanding would be this description:

- In a culturally secure environment, the individual feels 'culturally safe', the health professional is 'culturally competent' and the service provided is 'culturally appropriate'. The health services organisation that meets the benchmarks for cultural safety and cultural appropriateness is 'culturally secure'.
- Central to cultural security is brokerage – a two way communication where both parties are equally informed, equally respected and equally important in the discussion.
- Cultural security processes include brokerage, protocols and resource allocation to embed cultural security in organisations and health systems in a sustainable manner.
- Specific cultural training is important to equip professionals with a recognition of their own culture and cultural safety requirements as well as to equip themselves with appropriate cultural skills to interact competently and appropriately with Indigenous colleagues, staff and consumers.
- It is important not to stereotype people and to treat each patient/client as an individual person.

Recommended readings and resources

- AITSIS (Australian Institute of Aboriginal and Torres Strait Islander Studies) (2000). *Guidelines for Ethical Research in Indigenous Studies*. http://www.aiatsis.gov.au/__data/assets/pdf_file/2290/ethics_guidelines.pdf
- This is an essential document for people wishing to undertake research involving Indigenous peoples. It concerns them sharing an understanding of the aims and methods of the research, and sharing the results.
- Humphery K (2000). *Indigenous Health and 'Western Research'*, Discussion Paper 2, VicHealth Koorie Health Research and Community Development Unit. http://www.onemda.unimelb.edu.au/docs/DP2_KimHumpheryFINAL.pdf
This paper documents and discusses the conduct and process of Australian Indigenous health research and its reform over the past two decades. It outlines what both Indigenous and non-Indigenous writers have argued in their endeavour to raise questions about the methods, process, priorities, ethics, use and usage of the now large and ever-increasing body of work inquiring into Aboriginal and Torres Strait Islander health issues.
- Smith JD (2007). *Australia's Rural and Remote Health, A Social Justice Perspective*, 2nd edition, Tertiary Press, Melbourne, 18–37. This publication provides real insight into the rural, remote and Indigenous health landscape, using story-telling techniques, historical accounts and real-life experience.
- Williams R (1999). Cultural safety — what does it mean for our work practice? *Australian and New Zealand Journal of Public Health* 23(2):213–214.
An article which discusses the issues of cultural safety in our work practice.

Learning activities

- 1 What impact does history have on the health and wellbeing of Aboriginal and Torres Strait Islander people?
- 2 How would an understanding of Aboriginal and Torres Strait Islander culture and protocols help you to deliver culturally secure health care?
- 3 How would an understanding of Aboriginal and Torres Strait Islander culture and protocols help you to undertake culturally secure research?
- 4 Reflect on the availability of resources in a remote Indigenous health service and how you, as a health professional, would work in this environment.
- 5 Describe how working as a health professional in an Indigenous community may challenge your beliefs and values.

Book Chapter#2

Book Chapter - "Make sure there is a shady tree": participatory action research and Australian Aboriginal communities.

Guilfoyle A, Coffin J, Magninn P

Qualitative Urban Analysis: An International Perspective

Introduction

Participatory Action Research (PAR) is a qualitative research methodology with a dynamic and powerful potential in both rural and urban contexts. This chapter explores its efficacy in research with Australian Aboriginal groups. It is contended that PAR is the optimal approach in conducting research with such communities. PAR has the potential to empower Indigenous communities in ways that quantitative designs simply can't. However to reach its full potential PAR must achieve full participation. This point is considered by reflecting on the complexities of participation within a number of research projects involving Australian Aboriginal communities that we have worked on.

The chapter provides a brief introduction to key elements of PAR and how it applies to research in Australian Aboriginal communities. This frames a critical approach which helps achieve fuller and more meaningful participation by engaging communities during the very first phase of the research process - defining the research issue/question. Next, three key elements of PAR - 'Planning', 'Action' and 'Reflection' – are discussed to show how these help 'secure' greater and more meaningful participation. Participatory research in general is a delicate and complex endeavour. This delicateness and complexity is magnified in research involving Indigenous groups and the prospect of attaining perfect participation with such groups is an unattainable one. This should not deter researchers. If anything, it should act as a platform for critical reflection and construction of more effective practices that seek to maximise participation and stimulate action for change within disadvantaged groups. To illustrate this point a number of abbreviated case studies are used in order to highlight

good and bad methodological practice in relation to participation. The overall aim is to highlight the conditions that will provide a symbolic 'shady tree' for meaningful participatory research with Australian Aboriginal communities. Finally, some general conclusions are outlined.

Participatory Action Research

Kurt Lewin (1946) is attributed as the founder of social psychology and the originator of the terms Action Research (AR) which appeared in a special edition of the *Journal for Social Issues*. Lewin's action research was conceived in an era when positivist logic prevailed. The aim was to test a theoretically derived hypothesis on a real world problem. The idea was to bring together action and research to form a theoretically supported, or in Lewin's terms, 'useful' intervention ((in Marrow, 1969); also see Hammersly, 2006). A theorised intervention was trialled within a specific, typically industrial/organisational setting with the aim of improving productivity. Following this implementation (i.e. action), reflection is made about improvements in order to measure their effects. This reflection generated modifications to the programme, which were then re-implemented and re-tested to check for any further increases in effectiveness. Many AR projects rely on this intervention based framework (see (Anderson, Herr & Nihlen, 1994; Koch & Kralik, 2006; Johnson, 2005; Poulsen et al, 2007).

Today, however, AR is deployed in a highly qualitative fashion with recursive, reflective and interpretative activity central in all AR designs (Stringer, 1999; Kemmis & McTaggart, 1998; Reason, 1994, 1998; Reason & Bradbury, 2006; Schmuck, 2006). Many practicing action researchers shape the key elements or phases of 'planning', 'action' and 'reflection' (Kemmis & McTaggart, 1998) through a pictorial representation which illustrates the highly reflexive flow between each. Stringer (1999), for example, has laid out an excellent description of the methods and processes involved in each of the key AR processes which he defines as Look-Think-Act.

[Insert Figure 1, example of a spiralling design]

It is important to note that Lewin (1946) did not include his participants as active agents in the research process (Koch and Kralik, 2006). It was not until Freire's (1970) work into school settings and the marginalisation of children due to illiteracy and poverty that the power of including participants as active agents in AR methods was discovered (see Koch & Kralik, 2006 for an overview of Freire's approach). Freire developed methods for including children in all stages of the research processes and, more crucially, saw them as agents with a critical self awareness, capable, when equipped, of transforming their own social situation towards desired ends. In moving to this participatory approach there is an expectation that marginalised communities will, in effect, become the central agents of their own change – i.e. the masters of their own destiny. It is argued here however that the degree of autonomy attained by marginalised groups is dependent on the extent to which they *can* or *will* be engaged in a PAR project.

Marginalised communities are of course free to engage or not engage in PAR projects and accept or reject the external agency of the researcher in charting their issues and potential solutions. The success of a PAR project depends critically therefore on the ability of the researcher to engage the community. For 'genuine' PAR advocates the ultimate aim is to develop methods that ensure the local community is *fully* engaged and involved, in all phases - Planning; Action; and Reflection - of the research project (Koch & Kralik, 2006; van Loon and Mann, 2006). In order to realise this goal it is suggested here that PAR researchers must adhere to a set of key principles:

Figure 1: Basic Principles for Participation in PAR

- Projects should be mapped out and described in terms of cyclical process for planning, actioning and reflecting on phases of research
- Research must identify issues that challenge existing practices;
- Research must aim to help change practices within participating communities;

- There must be clear expectations for stakeholders and communities about the achievable outcomes and actions, for practice or policy;
- Participants, including all relevant members of participating communities, must be included in all phases of the research;
- All research processes must be inclusive of all relevant members of participating communities
- Reciprocal learning must take place about the definition of the research topic
- Reciprocal dialogues between researchers and participants must occur about research processes, policies, practices and strategies for change in the community
- Any processes within the data collection for engaging participants, formal interviews, organised events, meetings, forums, workshops or social get togethers can be constituted as 'actions'
- All participants must be provided an opportunity to reflect on their role in the project, the impact of the project on the community and these must be recorded.

Adapted from Siggers et al (2006)

The Australian Aboriginal Context

To achieve what Prilleltensky (2003) has described as psychopolitical validity, research must account for social forces and macro systems of injustice which affect the lives of people within a community. A number of key factors must be considered in the context of achieving this validity in any research with Australian Aboriginals.

Australian Aboriginal communities have an extremely rich culture. They are among the oldest surviving cultures in the world, but their contemporary survival, especially in remote localities, is subject to immense pressures due to a range of macro social, economic and cultural pressures Lowitja O'Donahue/Helen Milroy (WACCHS data?). Like their ancestors Australian Aboriginal communities today are an extremely diverse group defined by various markers such as family membership, kinship and law, language group, 'skin' based systems and, of course, geography. The 2001 Census estimated that the Aboriginal and Torres Islander population totalled 410,000 (2.2 per cent total Australian population) (ABS, 2001. Preliminary data from the 2006 Census shows that this group now numbers 455,000 (2.3 percent total Australian population)

(ABS, 2006) In terms of spatial distribution almost a third (30 percent) of the Aboriginal and Torres Strait Islander population lived in major cities with a further 20 and 23 percent living in inner- and outer-regional areas respectively in 2001. And, over a quarter (27 percent) of the population lived in remote (9 percent) or very remote (18 percent) areas (see Dudgeon et al, 2000; Wensing, 2007).

Full citizenship was only bestowed onto Aboriginal Australians in 1967 when they were given rights to vote. Forty years on the economic, political and social advances that have enhanced the life of the average Australian have yet to trickle down to the average Australian Aboriginal. The majority of Australian Aboriginal communities continue to occupy a secondary position within Australia and this is reflected in a whole host of socio-economic indicators including: health welfare dependency, incarceration, housing, unemployment and, educational attainment (Australian Bureau of Statistics, 2005; Holman, 2005; Guilfoyle, 2006; Sinnott & Wittman, 2001, Pearson, 2006; Storry, 2006 Hughes, 2007). The severity of this disadvantage is poignantly reflected in the average life expectancy amongst Australian Aboriginals which has been described as 'third world'. On average male and females can expect to live to 59.4 and 64.8 years old respectively. This contrasts with 76.6 and 82 years amongst non-Aboriginal Australians – a 17 year difference in life expectancy!

Australian Aboriginal communities desire change to their socio-economic standing within Australian society. The degree of their disadvantage renders them somewhat powerless to define their own research problems in a way that will gain government funding or the attention of researchers to collect evidence for supporting solutions desired by the communities. This is changing with the emergence of prominent Australian Aboriginal academics/intellectuals and politicians such as Professor Mick Dodson (National Centre for Indigenous Studies, Australian National University), Noel Pearson from the Cape York Institute (see www.cyi.org.au), Aiden Ridgeway (Senator, Democrats Party) and Warren Mundine (National President, Australian Labor Party). It is not simply the case that Indigenous peoples must learn to mainstream and learn to speak the same language as wider society in order to get heard. Rather, if

policymakers and researchers are sincere about identifying and resolving the 'real' problems faced by Australian Aboriginal communities then an appropriate methodology, one that captures the voices of people at the grassroots level, needs to be employed. A good methodology that brings both voices – Indigenous and non-Indigenous – together in an equal partnership is likely to be more productive. A first step in moving to this position is to develop an appreciation of the factors underpinning the wariness towards research amongst Indigenous communities.

First, Coffin (2003) has argued that Australian Aboriginals are suffering from research fatigue. Ironically, whilst research is still needed it is imperative to identify how communities feel about being researched in order to develop better research into the future. Relatedly, for Australian Aboriginals in general, the imposition of theory based research agendas resonates with colonisation. This is particularly true within health based research (see Milroy and Kaposar, 2005). A steady stream of researchers have entered communities with the primary aim of observing and recording the presence of chronic diseases and other major health issues - sexual health, road safety, injury prevention, and nutrition - and prescribing solutions to lower ill-health rates.. Third, many Aboriginal communities have been exposed to extensive unethical medical based interventions wherein researchers have arrived in the community simply to extract physiological samples for example without providing details as to the purpose of the data collection nor reports back to the community about how this data is being applied. Fourth, problems within communities are often not discrete. They are holistically defined such that each is interlaced with the other. The construction of solutions based on singular, simplistic and normatively defined problems are often fraught with tensions. The impact and definition of such 'problems' will be defined and interpreted quite differently, within and across Australian Aboriginal communities with resistance to 'one size fits all' solutions being fairly common.

PAR and the Significance of Identity

Australian Aboriginal culture is highly attuned to reflecting on how identity is constructed and communities work together in defining and resolving community issues. This approach to problem definition and resolution however has been under attack since colonisation due largely to non-Aboriginal people defining the problems and issues of Indigenous groups and imposing, sometimes forcibly (e.g. 'the stolen generation' – see Bringing Them Home Report (HREOC, 1997) public policy solutions (Hughes, 2007). Despite all this Australian Aboriginal communities have persisted in their fight for equality and to protect and maintain their traditional cultural and spiritual identity. Milroy and Kaposar (2005) have argued that any research with Australian Aboriginals needs to be explicitly framed within the context of their historical and contemporaneous experiences and position which essentially involves a denial of humanity, existence, and identity.

Since issues of identity and ownership of community problems are at the heart of Australian Aboriginal well-being and well applied PAR it seems obvious that this methodology is the most appropriate one to use when doing research with Australian Aboriginal people, especially since PAR has the reflective capacity to monitor how identity is constructed and used within the research process (Guilfoyle, 2000).

The moment a marginalised group starts charting the issues it faces; it begins to formally define itself. But if an issue to be researched is pre-constructed and imposed on a community by external agents such as researchers or policymakers the identity of that community and the solutions to its problems are questionable. In other words, if there is a lack of meaningful participation in the research policy process local communities may become resentful of any state intervention, irrespective of its positive intentions, as it is not of its making. This may serve to deepen a community's sense of marginalisation and socio-political exclusion. A recent example of this is an Australian Federal Government's proposal to inject \$60 million to improve the housing conditions of Australian Aboriginals in Alice Springs. This policy intervention was rejected however, because of the conditions attached to it (Living Black, 2007). Similarly, concerns have been expressed by a number of Aboriginal leaders in relation

to the Australian Federal Government's proposed emergency interventions (Howard and Brough, 2007), announced in late June 2007 to tackle child sex abuse in the Northern Territory as detailed in the Little Children Are Sacred Report (Northern Territory Government, 2007).

Critical Participatory Action Research

The problem with a theoretically driven PAR approach is that there is a risk that the boundaries of the community, the nature and extent of the problem and the proposed intervention are predetermined and counterintuitive to what the community itself knows are its needs and wants. It is quite often the case that theoretically driven interventions have not been practically defined or expressed by the community being targeted. For Australian Aboriginal communities research is thought of as valid only if it is dedicated to helping improve the very local practices that the community defines as needing improvement. Though Lewin had quipped there is nothing as practical as a good theory, for many Australian Aboriginal communities nothing is more practical than good practice itself!

It is contended here that PAR has the potential to make a significant contribution on this front. PAR provides the research design potential for bringing researchers and communities together. The key, however, is in applying PAR in such a way that it will engender meaningful engagement with Australian Aboriginal communities. The pathway to this position involves researchers being alert to three key inter-related factors: (i) issue/problem definition is not an imposed one; (ii) proposed interventions match local needs and wants; and (iii) proposed interventions have community endorsement. The case study example below briefly illustrates this point.

Put another way, the three inter-related factors outlined above translate into the need to be aware of the key elements that underpin the three distinct phases - (i) Planning, (ii) Action and (iii) Reflection - of the Critical Participatory Action Research process: Each of these phases are considered in more detail in subsequent section.

Case Study 1. A 'Paternalistic' Attitude to Child Care

Project: Towards an Indigenous Child Care Plan

(Saggers et al, 2006)

When consulting with a local reference group, one member spoke firmly and directly:

“All I see is a sea of white faces sitting here. This is about our kids. We should be doing this project not you”.

The member decided not to participate in the project because the government had defined the agenda as one of ‘mainstreaming’. The basic human right to define how to care for one’s own children was denied. The ‘research problem’ should have had a basic community definition rather than being imposed on the community. Aboriginal communities desire Aboriginal-centred approaches to child care rather than mainstreamed provision by non-Aboriginal services.

Conclusions

1. PAR can’t neglect the ownership concerns of local participants;
2. Cultural security is at risk when shifting from local definitions of the problem;
3. Researchers should not unwittingly perpetuate a system that imposes definitions of what the community needs; and
4. A First Step PAR approach would ask - What sort of Child Care provision do the local community desire?

Planning¹ for Representation, Protocols and Sampling

All research projects invariably require a significant degree of (pre-)planning from the outset. In light of the particular cultural sensitivities surrounding Indigenous groups research planning has to be extra meticulous on a number of fronts. For instance, it is imperative that any research steering group has significant representation from the

¹ We call this Planning but equally it could be a Reflection phase, or what Stringer (1998) calls ‘looking’.

local community. Furthermore, at least one Aboriginal mentor must be employed within the research project team. Researchers who do not have direct community links can seek collaborations through Aboriginal people in their roles as workers in allied service professions or academic research centres. Ensuring that Australian Aboriginals line research settings in this way provides a series of access points for non-Indigenous researchers to initiate contact, develop rapport and, ultimately, build trust with local communities. All of this provides a platform for the commencement of research. Even then, some additional preliminary measures need to be put in place in order to ensure researchers maximise their potential when researching Indigenous groups

It is essential that researchers work closely with cultural mentors and steering group members in defining the cultural security protocols of a research project. Aboriginal researcher Juli Coffin (2007) has outlined the need for researchers to be practical and use local protocol checklists to ensure 'cultural security' is maintained. Cultural security moves beyond researchers simply being culturally aware and/or making provisions for cultural safety (Kearns & Dyck, 1996 McCormack et al, 2001; Westwood, 2005; Williams, 1999). Instead, cultural security, requires formally putting in place definitive protective mechanisms which guide how researchers and the community work together. Cultural security protocols are a collaborative tool borne from working with the community within their own defined key strengths (Brough, 2004; van Loon & Mann, 2006). The drawing up of cultural protocols is an essential first step during the planning phase of PAR. Researchers who collaborate with participants to define protocols demonstrate an understanding of the basic premises for achieving participation – dialogue on secure methodological processes.

The very act of drawing up protocols highlights the complex and highly recursive nature of PAR. As suggested above protocols should be established during the pre-planning stages of a research project in order to guide researchers and the research process. The inherently and continually reflective nature of PAR means, of course, that protocols can be revisited, amended and requalified as the research process evolves.

This reflexivity will help ensure the construction of optimal participatory pathways that fit with the changing dynamics and discourses of the community in which the research is conducted. It will also demonstrate to Indigenous community members that researchers are highly sensitised and respectful of the cultural contexts which they are working in. This should bode well in galvanising trust, enhancing access and ensuring more meaningful participation. The case study below highlights some of the cultural sensitivities that researchers should be mindful of when in the field.

Case Study 2. Knowing and Doing

Project: The Caring for Stroke Project

(Coffin, 2004)

Within Australian Aboriginal groups people may be offended when the name of a deceased person is mentioned or when a male or female enters a gender specific space (called Men's country or Women's country). If after being made aware of the protocol a visitor once mistakenly uses a name or enters an inappropriate area, but makes an effort to apologise then culturally s/he has made the proper acknowledgement and shown respect. If, however, the visitor has been told on many occasions about a particular protocol, but does not abide by it, the entire Aboriginal community is affected and would no longer want to engage with such a person.

Conclusions:

1. Australian Aboriginal protocols include: "no respect shown, none is returned".
2. Basic cultural oversights or transgressions may antagonise cultural security
3. Whole communities can be offside before a project has achieved engagement.

Engaging with Australian Aboriginal communities directly or, through appropriate community brokers, in order to collection data has implications on sampling. It is vital particularly during the initial planning phase of research that researchers make well

informed decisions as to who to approach in the community for consent, and support for the research.

Whilst the concept of representative sampling is usually associated with quantitative research, it is also at the heart of PAR. If PAR is to work effectively it is important that all key representatives are included in the research process. Planning a PAR project within Aboriginal communities requires a respect for established networks. Deciding precisely who to include and when requires careful consideration during the initial phases of research. Unlike mainstream research where there is an emphasis on consulting and involving as many people as possible in Indigenous research participation has to be more selective and staged. In Australian Aboriginal contexts sampling involves a two staged process and always requires top-down approval. These two stages are (i) identification of key community representatives who are in a position to provide consent for research to proceed; and (ii) the recruitment of community elders who will be the key research informants. In the event that a project commences without key community representatives knowledge and consent means that there is an extremely high risk of the project being boycotted and thus coming to a halt.. Furthermore, it is essential to include those representatives who have been given rights to speak on behalf of others. The selection of proxies must be fully informed by cultural protocols of who can act on behalf of others in reference to any research topic. Inappropriately asking some members to act as proxy for others may also be seen as a cultural transgression. Again, this poses possible risks to the research process. The point being made here is that it is imperative that researchers have the right cultural protocols in place before they commence their participatory research endeavours proper.

In terms of generating a 'representative sample' of Australian Aboriginal communities researchers must first identify the main language and/or family groups that reside, permanently or temporarily, within the target research area. It is essential that contact and consultation is made with representatives from all groups even if this takes a prolonged period of time. Whilst there can be no guarantee that every single

group in a suburb or township will be contacted researchers must be seen to have pursued all possible avenues to make contact with all groups. The experiences of Aboriginal researcher Juli Coffin (2004) outlined in Case Study 3 below point to the types of steps that researchers need to follow.

Once all key stakeholders have been made aware of the project and granted their consent researchers can commence sampling participants from within the wider community. It is important to note that the granting of consent from Aboriginal Elders does not mean that local community members are obliged to participate in research. Rather, researchers need to develop strong inter-personal relationships with local community members in order to encourage them to take part in research. It is here that researchers will find the cultural mentor an invaluable resource in facilitating such relationships. The cultural mentor will be able to set up introductions, communicate with community members in culturally appropriate ways and spread the word (i.e. a form of snowballing) about the project through informal networks (see Case Study 4 below).

Case Study 3. Who is Who?

Project: Nutrition Project

(Coffin, 2004)

A mind map of each of locality detailing each family and/or language group was initially devised. The next step was to identify the culturally secure contact within each group. In speaking to this person talk about inter-racial feuding or relationships was duly recorded as these matters have implications on finding a unified voice and representative speakers. Evidence or suggestions of nepotism which might exclude some members from getting involved were also recorded. This entire process took several months and many cups of tea. More importantly, as each step had been carefully recorded clear links and contacts with each group could be demonstrated if there were any questions about certain groups being overlooked or missed.

Participation is achieved, when researchers.....???? Can you finish this sentence off?

Conclusions:

1. Know and make the appropriate initial contacts.
2. Reflect on all factors affecting who will participate in the project.
3. Dedicate enough time to mapping all potential participants.

Case Study 4: Two Staged Sampling

Project: Kimberley Sexual Health Project

(Bolger et al 1998).

The cultural mentor arranged talks with each key Elders from 42 family groups, with some Elders acting as official proxy for others. The mentor put the word out and contacted researchers whenever outlying community Elders were in town and arranged meetings with them to gain their consent. Word of the project spread through informal networks across the consenting communities over several months. On a walk home one night one of the research team was approached by a young man who stated: "Hey! You are that sex fella aren't ya"?. He suggested he had heard about the project through various networks and voluntarily detailed the effects of having an infection and the acute problem of having no culturally appropriate medical service to attend.

Conclusions:

1. All key stakeholders must provide consent
2. Natural networks within the community spread the word about the project.

Actions: Data Collection and Participation

The aims of PAR are coloured by adjectives such as ‘empowerment’ (Fetterman & Wandersman, 2005), ‘emancipation’ (Benton, 2005; Reading & Ritichie, 2005; Whitehead & McNiff, 2006), ‘social activism’ and ‘resistance’ (Gilnwright, Noguera & Cammarota, 2006). These suggest that PAR has the potential to somehow transform peoples’ lives. Kralik (2006) has noted that at the very least PAR has the potential to raise peoples’ ‘consciousness’. It is suggested here that direct involvement in participatory research processes is *the* action which leads to changes highlighted above. It is through involvement in the participatory research process that participants may become more aware of their socio-political situation and resultantly find themselves wanting to do something to change this and realising that they have the ability to exercise influence over their lives.

Critical actions can occur at the ‘micro’ or intra-personal or inter-personal level when researchers and participants are engaged in reciprocal dialogue. The actions of a research project may even reach the inter-group level. This may be possible when a project is a catalyst for ‘restoration’ (McArdle & Reason, 2006) or ‘transformation’. Under these circumstances a simple research action may lead to the production of political awareness and knowledge amongst community members and thus initiate subsequent (re)actions that may ultimately filter upwards to produce; ‘macro’, structural, or even societal level (re)actions. This latter scenario is arguably the pinnacle outcome of participatory research. Admittedly, however, such an outcome is a rare event. Nevertheless, participatory actions irrespective of how discrete they may be have significant potential to initiate change at the intra-personal and inter-personal level. These localised changes may be brought about by simple actions such as collecting data.

Data collection as Action

Whilst the collection of data constitutes an ‘action’ within PAR it can only be deemed to be a ‘successful’ action when it has been guided by strict cultural security protocols. Such protocols allow virtually any methodological approach to be used within a PAR

project since PAR design is primarily an overarching data collection framework. Having said this, quantitative designs such as Randomised Controlled Trials (RCTs) and True-, Quasi- or Pseudo-experimentation are not useful for a critical participatory action research project. This is because these more 'scientific' approaches seek to develop interventions. For critical PAR the emphasis shifts. Whereas for Lewin programme implementation was the critical action it is argued here that the act of 'data collection' itself should be viewed as a critical action of the project. Hence, qualitative methods such as ethnography, participant observation, in-depth case studies, autobiographical, case history and/or narrative approaches should be adopted as these allow researchers to get 'under the skin' of people's lived experiences. Other forms of documentary data such as journals and diaries, field notes and logs emails, attendance records, indeed information in any form that can help progress cycles of planning, action and reflection form valid 'actions' (Israel, 2005).

In working with Australian Aboriginal communities questionnaires and broad based social surveying are generally inappropriate methods. This is often because of low literacy skills amongst many Aboriginal people. Furthermore, surveys limit the opportunity for respondents to provide personal and nuanced answers to closed ended type questions. Australian Aboriginal culture relies heavily on the spoken word.. Focus group interviews, forums and other community events where people can come together to simply observe and listen and/or make comment if they feel it is appropriate to do so are more appropriate and productive methods of collecting data.. In conducting focus group type interviews if researchers acknowledge that Aboriginals are the original owners of the land that the meeting is taking place this will help in garnering respect, permission and support for data collection.

In conducting in-depth interviews or focus groups researchers need to be mindful of cultural protocols on a number of fronts. For example, care must be taken in who to approach, how they are approached and when and where interviews should be conducted. It is extremely discourteous,, for example, for researchers to simply enter Aboriginal communities, land areas or dwellings, or other defined physical, geographic

and social spaces, without prior approval. The 'correct' approach would involve a nominated representative meeting the researcher who would then act as a guide while in the designated area. Furthermore, in many communities, it is inappropriate for female researchers to engage in 'men's business', or conduct interviews with men (and vice versa). Moreover, in conducting interviews researchers need to be careful how they frame their questions. For example, in interviewing young males about sexual health issues care needs to be taken not to imply that they have a personal sexual health problem as this might cause 'shame'. There is a high degree of risk of the research process coming to a halt in such circumstances,. Elsewhere, it is not appropriate for some community members to speak out in a group setting or when certain other community members are present. Often whole families cannot be present in the same place at the same time as other families.

The complex cultural mores within Australian Aboriginal communities clearly point to the need for researchers to construct cultural security protocols to guide them throughout their research endeavours. At a more structural level, cultural security protocols need to be underscored by some basic ethical procedures.. These include standard clauses in 'language' with community members being fully aware of what the purpose of the data collection is, the nature of the issue on which the data will bear, how they or their community will be represented, who will read the report, conditions of consent, rights to withdraw without prejudice, any specific methods for approaching participants and respecting cultural practices.

Participation as Action

In mainstream research concerns have been expressed that paying people in order to encourage their involvement in research may undermine the ideal of informed consent (Grady 2001) and may even be unethical (Fry et al, 2005). In Australian Aboriginal contexts payment for participation and/or the provision of vital food and other resources to the community is an integral part of their participation agreement. For reasons of culture and under-privilege – far from 'biasing' samples and data - participation upon condition of payment actually adds cultural security to a project by

the community appreciating that the researcher is aware of their basic needs and customs. Gathering together for meals is the appropriate mechanism for bringing the community together to discuss an issue. If researchers want to construct such arrangements then the onus is on them to provide food. A critical action in health settings for example is researchers 'demonstrating' processes related to the data collection, but actions such as eating healthy choice food by providing this to communities when conducting focus groups. Another common action that researchers should engage in when in Aboriginal settings is to provide some basic services such as medical assistance and transportation.

Case Study 5: Within Project Actions

Project: Kimberley Sexual Health Project (Bolger, 1998).

In collecting data from young men about their knowledge of Sexual Transmitted Infections (STIs) and preferred treatment options in individual interviews, focus groups and designated forums, the research project engaged in the following actions:

- Provided advice and education about condom use;
- Provided information on the problems of STIs within the community
- Issued free condoms to people
- Promoted the new Health Service and how it could accommodate the needs of young men
- Shared details on research methods and provided data collection training to health workers

Conclusions:

1. Researchers need to perform 'commitment acts' Provide information, advice and education about research methods and process.

Simply taking part in a community event such as a focus group or a forum, should not be discounted as an insignificant participatory action. In Aboriginal culture participation of this kind is the life blood of the community. Many activities which

researchers might consider as no more than simple process – such as attending a meeting – often represent vital community actions for Australian Aboriginals. Full attendance by all expected participants at a focus group points to the right protocols having been followed. Moreover, it also demonstrates that members of the community care about the topic and, feel it is appropriate to attend and have their say on matters. Even if not much or anything is actually said by particular community members their presence speaks volumes. Case Study 6 below outlines the underlying power of a properly executed research action in securing access to research informants and data and, more importantly, realising mutually beneficial learning outcomes for researcher and researched.

Case Study 6: Evidence of Learning

Project: Towards an Indigenous Child Care Plan

(Saggers et al, 2006)

A community focus group in Australia's capital city, Canberra, included honouring the traditional land and explaining all methods and reporting agreements. Participants expressed a deep appreciation towards the researchers for explicitly acknowledging Aboriginal land and providing payment for attendance and food. They had never been shown this respect by government officials or other public servants and suggested they were wary of talking to researchers because of this lack of respect. They were grateful to express their extreme disappointment towards the governments' lack of service provision and to know their verbatim comments would be used in the final report. The researchers were able to supply participants with names and contacts of people to talk to about the possibility of designing a new centre which could be used by Aboriginal communities.

Community learning outcomes

1. Learning about research processes and vehicles for expressing needs.
2. A new confidence to talk with researchers and government about needs.

3. Awareness that voices could be heard through the research processes.

Researcher outcomes:

1. Learning the power of showing basic respect.

2. Learning the power of being clear and open about research processes.

In order to ensure that participation is a successful action researchers need to do two basic things. First, they need to design appropriate forums that will engender different members of the community to participate. Next, to ensure participation becomes a valid action; researchers must dutifully record all the events, processes and engagements that occur *within* whatever participatory forums have been designed. This includes collecting feedback from mentors and community members about what they gained from the event. The case study example below illustrates the range of participatory actions that were recorded. Such records are invaluable evidence in the event that researchers are challenged about not having done enough to encourage wide and meaningful participation. Furthermore, this evidence may also be used by researchers and community members during the reflective phases of the PAR process when evaluating the performance of participatory tactics and strategies deployed by researchers.

Cast Study 7. Evidence of Action

Project: Building resilience against Suicide in the Southwest Project

(Guilfoyle, forthcoming)

The following data records were kept as critical evidence of actions:

1. A comprehensive record of all stakeholders contacted.

2. For each stakeholder and description of nature of contacts, action plans developed, collaborative, advocacy, lobbying activities. [PHRASE THIS BETTER

3. No of action plan objectives achieved.

4. Number of education programs conducted or promoted.

5. Number of local support services listed in community directories, websites, help lines as a result of project (and protocols for up-dating these).

6. Number of new and update support service referral services (and protocols for up-dating directories). [PHRASE THIS BETTER

7. Number of referral pamphlets and information packs distributed to services and public places.

8. Number and type of promotions (phone contacts, pamphlets, media, newsletters and events). [ISN'T THIS THE SAME AS NO.7?]

9. Number and type of communication strategies used.). [ISN'T THIS THE SAME AS NO.7 AND 8?]

10. Number of local media use including source (newspapers, websites, directories, brochures or fliers etc) and type (interview / article/ regular feature etc) nature, exposure.

11. Number of workshops/training events/presentations at worksites, sporting groups, schools (number and type of participants at the event, participants details, records of satisfaction tailored to that event.

Conclusions:

1. Be both creative and comprehensive in recording engagement

Reflections

PAR, at its core, is an inherently reflexive methodological design. It is precisely through 'reflection' phases, that researchers are able to modify and dynamically redefine their methods, in response to one-off and/or evolving events throughout a project. This ability to fine-tune or adapt methods is the key advantage of PAR. In conducting research with marginalised groups such as Australian Aboriginal communities, where local community, researcher and policy dynamics can be complex and fraught with tensions our past experiences, suggest that it is important that time is taken to reflect and adapt methods where necessary. It was after all the reflective action of Freire (1970), in stopping to reflect on research processes which resulted in action research becoming participatory action research.

Whilst many participatory 'actions' of a PAR project are embedded in the very processes of planning and collecting data participation also occurs during the reflective phases of the research process.. . Recorded reflections from community participants as they engage with each phase of a project constitutes the quintessential evidence that the community has been meaningfully engaged with the project. It is during the reflective phase(s) of the research process that the community and researcher come together to reach new levels of understanding about the issue/s facing the community. It is important, therefore that PAR projects are set up such that both researchers and the participants can engage in properly applied reflective strategies.

Four types of reflections are possible as illustrated in Table X below. The first, are reflections about the primary/secondary data collected, its content, validity, sufficiency, interpretations that can be drawn, how the data can be presented and reported and any other validations that can be applied to it constitute the first category. Reflections about the research methods/process used to collect this data constitute the second.

Both sets of reflections are twofold. That is both the researchers and participants (including their representatives, cultural mentors and other related agencies) can supply reflections.

Table X. Four main categories of PAR reflection (and subsets).

Stakeholder Reflection on	Researcher	Community			
		Elders or Community reps	Community members	Cultural mentors	Other agencies
Data (analysis)					
Data collection					

Critical reflection within research tends to be a formal collective exercise and may take the form of project steering group meetings or ‘stakeholder’ review meetings.. This suggests that reflective actions take place at the end of particular phases of the research process – i.e. following submission of preliminary, draft or final reports. Furthermore, these reflective arenas are often dominated by policy and research experts who have a tendency to reflect upon technical and political aspects of the research process and outputs. In PAR projects the aim is to allow reflection to emerge organically throughout the entire research process. This is achieved by developing open and transparent communication channels and a general participatory culture in the research process. Such an approach permits unsolicited comments, interpretations and criticisms from community members about the research process and researchers.

The case study below highlights the sorts of dimensions on which reflections can be formed.

Case Study 8. What to Take From a Stakeholder Meeting

Project: Building resilience against Suicide in the Southwest Project:

(Guilfoyle, forthcoming)

The following data was recorded for reflections. Qualitative interviews with the stakeholders in each town to assess the positive and negative factors, barriers or facilitating factors in establishing their working groups, recruitment of members, representation, effectiveness of induction sessions, developing terms of reference, meeting and reviewing processes, role of Project Officers in collaboration and support facilitation, ability to identify, prioritise and implement advocacy and lobbying strategies, ability to engage and network with other key stakeholders, effectiveness of action plans.

Conclusions:

1. Be creative and comprehensive in recording reflections

Another source of reflections is journaling. In good PAR projects researchers teach participants the value of recording this secondary data, especially note taking and journaling for themselves. The responsibility for the researcher is to teach these methods well. This includes supporting and monitoring the participant's use of these methods and collecting the data arriving from them in an organised way such that it can be used as evidence. Such reflections are essential to validate the primary data analysis or the primary research methods of the project.

Thus reflections take the form of any other data. They arrive from ethnographic interview notes, field notes, focus group/meeting transcripts, notes or agendas, questionnaires to formally evaluate training or feedback presentations or events, participant observation, noting of informal impromptu comments, emails, phone calls, diaries, logs, narratives (Hannu et al, 2007; Feldman, 2007). In one national project we set up a national free call number. Whether arriving through formal evaluations and feedback, impromptu discussions, or participant journals - the key activity for the researcher is to dutifully record all reflections of the project. It is the responsibility of researchers to keep organised notes and recordings of all potential reflections.

It is important that reflection takes place during the three key stages of the research process - planning, action and reflection. Critically reflecting on the reflective phase of the research process itself may, on the face of it, seem a peculiar thing to do. It is important to remember however that reflections are themselves 'data' which can be subjected to critical reflection in any subsequent phases of the research process.. Qualitative researchers will understand that reflections constitute a new secondary form of data for the project (Denzin & Lincoln, 1994). Reflections, therefore, must be recorded and analysed like any other data.

The key point is as long as participants are fully engaged in the reflections on the primary data this action should generate sufficient secondary data with no need to subject that secondary data to further detailed analysis. As long as participants, mentors and/or community representatives are provided the opportunity to comment on and engage with the data when needed and this reflection is duly recorded a PAR project can be said to have been executed properly and fully. The case study below illustrates the generation of secondary data through the engagement of a cultural mentor in the interpretation of primary data.

Case Study 9. A Mentors' Reflection

Project: Caring for Stroke Patients Project

(Aboriginal Stroke Project Steering Committee, 2006)

Primary Data (Interview with Aboriginal community member):

'The services I couldn't fault and even they say that they don't get enough Aboriginal people wanting to stay or using the services but... we had a couple of run ins with them (the carers), just to put them on track on how to talk to [people]... When mum first had her stroke, she was seeing things and she was seeing some of her old people and [the carers] were going to put her on medication for hallucinating and all that sort of stuff. So I had to go down to X (in X) and explain to them that, her people were coming back

to help her, like her old mother and sisters that had passed away and they thought that she was telling lies and all this sort of stuff’.

Secondary Data (Reflection by Aboriginal Community Leader):

...she (carer) was a young girl who didn’t have any idea about Aboriginality. The person she was looking after was a middle-aged traditional person who,...in the Aboriginal circle, he is a very highly rated traditional man...And he was very irate, because he felt that his position, as a traditional initiated person, shouldn’t have been subject to embarrassment and...the way this woman was looking after him. On many occasions he rang up to me and asked me to come down because he was in a state... of anxiety and putting pressure on the problems that he already had wasn’t doing him any good at all. So I believe the problem with people in the hospital... I have got nothing against white people, white nurses, except that they don’t understand Aboriginal people and particularly in this case, where she had no idea at all about Aboriginal men.

Reflections on data

A lot of what counts as good data in projects involving Australian Aboriginal people is that which explicates the particular cultural needs of the community when it comes to service provision, health treatment and cultural sensitivities around these. The ‘validity’ of data gathered on Indigenous people depends on how it is interpreted and by whom. Whilst non-Indigenous researchers with extensive experience in conducting research with Aboriginal groups may be able to interpret data they collect it is useful, particularly during reflective stages of the research process, for data to be scrutinised by others. Researchers can, of course, turn to their cultural mentor for assistance., They may also return to the local community and ask them to elaborate or clarify a piece of data, no matter how small or insignificant, that the researcher may be unsure about.

The case study below illustrates the use of a double reflection involving researcher and cultural mentor where the former was unsure as to the meaning of a metaphor used

by an Aboriginal person during an exchange and thus required the cultural mentor to act as interpreter.

Case Study 10. Make Sure There is Shady Tree

Project: Kimberley Sexual Health Project

(Bolger et al, 1998)

An Aboriginal Elder had agreed to meet. On being introduced to the researcher he said "I know who you are I know why you are here". After a long pause he then said: 'Make sure there is shady tree'. This was more or less the extent of the meeting! Recounting this exchange with the cultural mentor it was suggested to the researcher that what the Elder was saying was that Aboriginal communities in the local area were closely knit. The shady tree metaphor was a reference to an open area, and provided less potential 'shame' or stigma of attending the clinic for treatment. It was a space where people could wait without feeling embarrassed, and could easily exit if they felt they needed to. It meant the service should be functional, as is a shady tree in the hot sun of North Australia. It was a space which was neutral, transitory, a walk through space used by all in the community in their daily activity. The suggestion was that a new health service must, in the first and last, be a place where people are comfortable.

Conclusions:

1. A cultural mentor is required in the reflections forming data analysis
2. The metaphor was the need for a comfortable space for Aboriginal people to engage in health related activities, including research!

The translation of recorded findings and processes into a language that Australian Aboriginal communities can readily and easily understand is the final reflective act of a PAR project. It is essential that Australian Aboriginal communities are presented with clear interpretable findings and therein symbolically take-hold of these as a tangible and practical outcome of the research process. Quite often, however, this element of giving back something concrete to those in the community who have offered their critical insights is overlooked. When this happens there is a risk that people will

perceive research as a pointless and meaningless exercise and thus perpetuate already embedded suspicions towards research.

Reflections on methods and processes

The key for good reflections on the methods is to plan formal review strategies. In actuality reflections on data and methods can occur at the same time, in the same meetings. Meetings of key stakeholders at the end of each phase can pool any data collected and discuss its validity. Discussing the methods used to obtain the data is part of this process. The following types of questions needed to be reflected upon during these sessions: Are the focus groups working and are the questions being posed adequate and appropriate?, Is the correct information and data being collected? Are participants satisfied with the process and the ongoing definition of the research problem? Do participants feel they have a genuine voice in the research process? Are there any barriers to participation?, Are all members of the community being included? Are reporting mechanisms working as they should?

These types of questions can be subjected to some initial reflective thoughts even before the research process has commenced. That is, in drawing up the cultural security protocols during the initial phases of the research process it is possible for researchers to test these questions by constructing theoretical scenarios. Again, inputs from a cultural mentor would be invaluable here.

The written protocols produced (at each phase or at the final phase) can be included as an outcome – as significant ‘action’ of the project. However the set of protocols can form the reference for making reflections as the project unfolds. The final descriptions of protocols how they were adapted or employed and their effectiveness can be placed in the final report. The essential questions for stakeholder meetings include: are the cultural security protocols in place and working, where are breakdowns occurring, where they are working well, do the protocols need to be extended or modified etc. Any need for re-working of protocols provides an excellent point for reflection about

engagement of the community. These changes evidence reciprocal learning for both researchers and the community about processes of participation.

Thus generally researchers must ask if methods engaged or did not engage a community. These reflections help the researchers to re-design the research methods accordingly throughout the project. However the PAR project should begin with Reflections (Stringer, 1998) and end with Reflections. The final research report will detail the nature of the reflections and how they were used to adjust methods. The final report will be the ultimate reflective activity, encapsulating and summarising key reflections and turning points within the project. These will be used by other researchers entering the community and constitute the final action of the project. A description of the effective cultural protocols used is a great addition.

Conclusions

We have examined the potential of PAR as research design for qualitative researchers working with marginalised groups, highlighting how the design applies to Australian Aboriginal communities. The key points are that PAR when applied properly with a broader implementation on the first cycle of Planning Acting and Reflecting can create critical levels of participation with the community, working on their very definitions of identity. When the principle aim is create participation, a modified form of PAR might be suitable to by first taking a long reflective step back to work with the community in defining their local research needs. We hope to have illustrated the applied methods for PAR and provide some insight into how PAR can work to empower marginalised groups. In particular our argument has suggested the need for cultural security protocols when working with sensitive populations such as Australian Aboriginal communities. Participation can be achieved only when 'cultural security' protocols, which respect local sensitivities, are developed in each element of PAR to create the necessary 'shady tree' for effective research.

References

- Aboriginal Stroke Project Steering Committee. *Aboriginal Stroke Project*. National Stroke Foundation: Melbourne, 2004. Cited 9 September 2006. Available at: www.cucrh.uwa.edu.au
- Anderson, G., Herr, K., & Nihlen, A. (1994). *Studying your own school: an educator's guide to qualitative practioner research*. Thousand Oaks, CA: Corwin.
- Australian Bureau of Statistics (2005). *Deaths Australia, 2004*. (ABS catalogue no. 3302.0) Canberra: Australian Bureau of Statistics.
- Benton, J. (2005). *Using action research to foster positive social values*. Lanham, Md. Scarecrow Education.
- Bolger, A., Guilfoyle, A., Hunter, P., & Ejai, G. (1998). *How can we re-orient STD services to ensure that they are customer focused and culturally acceptable?* Report to office of Aboriginal Affairs and office of Aboriginal Health, Health Department of Western Australia.
- Brodsky, (2003).
- Caring for Stroke Project. Aboriginal Stroke Project Steering Committee. *Aboriginal Stroke Project*. National Stroke Foundation: Melbourne, 2004. Cited 9 September 2006. accessed at www.cucrh.uwa.edu.au/projects/files/Aboriginal_Stroke_Report.pdf
- Coffin J. (2002). *Ngalypa Muwarr: Stories from Aboriginal Health Workers involved in sexual health work*. Perth: Department of Health.
- Coffin J. (2007). *Rising to the Challenge in Aboriginal Health by Creating Cultural Security AIHWJ.Vol 31, No3*

- Costa, C., Victor, & Guilfoyle, A. (2002). The Aboriginal Falls, Injury Prevention Project. Injury Control Council of Western Australia.
- Davidson, E. (2005). Evaluation methodology basics: the nuts and bolts of sound evaluation. Thousand Oaks, CA. Sage.
- Desai, V., & Potter, R. (2006). Doing development research. Thousand Oaks, CA. Sage.
- Denzin, N., & Lincoln, Y. (1994). Handbook of qualitative research. Thousand Oaks, CA. Sage.
- Dudgeon, Mallard, Oxenham & Fielder (2000).
- Feldman, A. (2007). Validity and quality in action research, Educational Action Research, 15(1), 21-32.
- Fetterman, D., & Wandersman, A. (2005). Empowerment evaluation principles in practice. NY. Guilford Press.
- Freire, P. (1970). Pedagogy of the Oppressed. Translated by Myra Bergman Ramos for Penguin Books in 1996. Penguin Books. Harmondsworth
- Fry, C L., Ritter, A., Baldwin, S., Bowen, K J., Gardiner, P., Holt, T., Jenkinson, R. and Johnston, J (2005) 'Paying research participants: a study of current practices in Australia', *Journal of Medical Ethics* Vol. 31:542–547
- Gilnwright, S., Noguera, P., & Cammarota, J. (2006). Beyond resistance: youth activism and community change: new democratic possibilities for practice and policy for America's youth. NY. Routledge.

- Grady, C. (2001) 'Money for Research Participation: Does It Jeopardize Informed Consent? The American Journal of Bioethics, Vol. 1, Issus 2:40 - 44
- Guilfoyle, A. (2000). The challenge and the promise. A case study pf prejudice in inter group attribution research. Unpublished PhD dissertation. Perth, Australia. Murdoch University.
- Guilfoyle, A. (2006). Old wines in new bottles? New racism, inter-group attributions and Indigenous Australian race relations. *The International Journal of Interdisciplinary Social Sciences*, 1(2), 111-120.
- Guilfoyle, A. (*forthcoming*). Evaluation of Implementation Phase of National Suicide Prevention Project: Understanding & Building Resilience in the South West. In Costello, D., & Johns, M. Implementation Phase of National Suicide Prevention Project: Understanding & Building Resilience in the South West Report to Commonwealth of Australia, Department of Health and Aging.
- Hammersley, M. (2006). Action research: A contradiction in terms? *Oxford Review of Education*, 30(2), 166-181
- Hannu, H., Huttunen, R., & Syrjala, L. (2007). Action research as narrative: five principles for validation, *Educational Action Research*, 15(1), 5-19.
- Holman, D. (2005). Bridging the treatment gap for Indigenous Australians. *Medical Journal of Australia*, 182(10):505-6.
- HREOC (1997) *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Sydney (NSW): Human Rights and Equal Opportunities Commission (HREOC)
- Huck, S., Cormier, W., & Bounds, W. (1970). *Reading Statistics and Research*. Harper Collins. NY.

Israel, B. (2005). *Methods in community-based participatory research for health*. San Francisco. Jossey-Bass.

Johnson (2005). *A short guide to Action Research* (2nd ed). Boston. Pearson Education.

Kearns R & Dyck I. Culturally safe research. In *Cultural Safety in Aotearoa New Zealand* (ed. D. Wepa). Auckland: Pearson Education.

Kemmis, S., & McTaggart, R. (1998). *The Action Research Planner*. Geelong Victoria, Australia: Deakin University Press.

Koch, T., & Kralik, D. (2006). *Participatory Action Research in Health Care*. Oxford. Blackwell Publishing.

Krech (1946)

Living Black (2007). Report on Town Camps in Alice Springs, SBS TV Broadcasting Australia, 24th May, 2007

(McArdle & Reason, 2006)

McCormack P, Mohammed F, et al. (2001). Learning to work with the community: the development of the Wujal Wujal guidelines for supporting people who are at risk. *Aboriginal and Islander Health Worker Journal*, 25(4):19-25.

Milroy, H., & Kaposar, P. (2005). Foreword and Preface of the Western Australian Aboriginal Child Health Survey, in Zubrick, S., Lawrence, D., Mitrou, G., Dalby, B., Blair, E., Griffin, J., De Maio, J., Cox, A., Li, J., *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.

- Poulsen, K., Jensen, S., Bach, E., & Schostak, F. (2007). Using action research to improve health and the work environments for 3500 municipal bus drivers. *Educational Action Research*, 15(1), 75-106
- Prilleltensky, I. (2003). Understanding, resisting and overcoming oppression. Toward psychopolitical validity. *American Journal of Community Psychology*, 31, 195-202.
- Reading, J., & Ritichie, A. (2005). Implementing empowering health promotion programmes for Aboriginal youth in two distinct communities in British Columbia, Canada. *Promotion & Education*, 12(2):62-68.
- Reason, P. (1994). Three approaches to participative inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 324-339). Thousand Oaks, CA: sage.
- Reason, P. (Ed) (1998). *Human inquiry in action: developments in new paradigm research*, New York: John Wiley.
- Reason, P. & Bradbury, H. (2006). *Handbook of action research*. London, Sage.
- Saggers, S., Guilfoyle, A., Hutchins, T., Jackiewicz, S., Sims, M., Targowska, A., & Dunbar, T., Tayler, C., McLoughlin, J., Oberklaid, F., Zubrick, S., Hayward, C., & Seymour, E. (2006). *Towards an Indigenous Child Care Plan*. Unpublished Report, *Commonwealth Department of Family, Community Services and Indigenous Affairs*. Available from authors.
- Schmuck, R. (2006). *Practical action research for change*. Thousand Oaks, CA. Sage.
- Sinnott, M., & Wittman, B. (2001). An introduction to Indigenous health and culture: the first tier of the three tiered plan. *Australian Journal of Rural Health*, 9:116-120.

Stringer, E. T. (1999). *Action Research (Second edition.)* Thousand Oaks, CA. Sage.

van Loon, A., & Mann, S. (2006). Development of Community Partnerships, in T. Koch, T., & D. Kralik, *Participatory Action Research in Health Care*. Oxford. Blackwell Publishing.

Wensing, E. (2007) 'Aboriginal and Torres Islander Australiana' in S. Thompson (ed) *Planning Australian*, Sydney: Cambridge University Press, pp:225-246.

Westwood B. Cross-cultural training for Aboriginal health issues, South Western Sydney Area Health Service. *Aboriginal and Islander Health Worker Journal*, 2005. 29(3): 22-5.

Whitehead, J., & McNiff, J. (2006). *Action Research Living Theory*. London. Sage.

Williams R. (1999). Cultural safety - what does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 23(2):213-4.

Book Chapter # 3

Book Chapter – Aboriginal Self-Concept and Identity

Introduction

This chapter has several purposes. First, the general literature will present the relationship between self-concept, self-esteem and racial identity. Second, this chapter will explore the importance of racial identity upon academic achievement, behaviour and outcomes for Australian Aboriginal students. Finally, evidence-based practical solutions to improve the educational outcomes of Aboriginal students will be presented.

Self-concept

The general literature states that when individuals describe themselves, they acknowledge the qualities, skills, abilities and attributes they possess as individuals (Hattie, 1992) . These self-descriptions can be grouped into single, but related concepts an individual has about him/her self and may include self-concepts in relation to sport, academia, family and friends for instance (Fox, 1992). Collectively, these sets of self-concepts represent an individual's global sense of self.

Self-concepts vary depending on time and place as well as importance to the individual. Children, learn to differentiate their capabilities in a number of areas or domains from as early as middle childhood. Hence, they are able to describe themselves in relation to individual domains and consequently multiple self-concepts

are formed (Hattie, 1992). Children therefore, may have multiple self-concepts for the achievement domain such as social acceptance, scholastic competence, athletic competence, physical appearance, behavioural conduct and global self-worth. Yet, children for instance, may feel competent as an athlete (physical domain), but not as a student (scholastic domain) (Harter, 1978, 1980 #24, 1985 #307). Hence, for children, self-concepts are also hierarchical in nature. For example, sport self-concept can be divided into smaller concepts in relation to individual sports (i.e., basketball) or individual skills within the sport (i.e., three point shooting) (Fox, 1992).

Individuals also engage in a process of self-evaluation, whereby they make judgements and assessments of their self-concepts. These self-evaluations are commonly referred to as self-esteem (Kickett-Tucker, 1999). Information for these self-evaluations comes from two sources. The first is an external source of information that is provided by 'significant others' and consists of verbal feedback relating to values, attitudes and expectations. Non-verbal feedback is also provided which the individual uses to evaluate and judge him/her self. The second source originates internally whereby the individual will either arrive at a judgement of him/her self based on his/her own standards, values, performances and achievements, or will compare him/her self against 'others' (Kickett-Tucker, 2008).

An important contributor to self-concept is culture (Hattie, 1992). Hattie (1992) states that culture can influence self-concept, but that self-concept can also affect culture. In the case of the self-concept of Aboriginal people, this relationship is evident because

of the relationship to family, extended kin, land, heritage and identity (Forrest, 1998; Kickett-Tucker, 2009). Thus, when describing self-concept, Aboriginal people refer to their connection to their kin, land and heritage as an Aboriginal person.

Self-concept however, may influence one's culture. Some Aboriginal people for example, may be good at sport and commit to a self-fulfilling prophecy of participating in sports events, especially Aboriginal carnivals held during National Aboriginal Week. These sports carnivals then become part of the Aboriginal way of life (culture) (Roberts, Rijavec, & Roberts, 1988) and self-concept does not remain static but is dynamic and changes accordingly.

Racial Identity

Collectively, self-descriptions about culture contribute to an individual's racial identity and accordingly, occupy a significant part of an Aboriginal person's self-concept because of the salience placed upon culture and identification as an Aboriginal (Kickett-Tucker, 2009). According to Umaña-Taylor and colleagues (2002; Umaña-Taylor & Fine, 2004), racial identity is a vital component of sense of self and that it is the most important and positive contributor to an individual's self-esteem. Racial identity has also been referred to as Aboriginal identity and consists of the descriptions (self-concept) and judgements (self-esteem) that an Aboriginal person has towards 'all that is Aboriginal' (Kickett-Tucker, 2008).

Racial identity develops over time and is therefore, a dynamic and developmental element of self-concept (Erikson, 1994). Previous studies have shown that children as young as 6 months old can recognise physical differences in others even before they develop language (Katz & Barrett, 1997), and from 3-6 years of age, children's concepts of racial differences are often based upon skin colour. Between 6 to 12 years of age, children start to associate customs and practices such as language, dress, food and ceremonies as common descriptors to their racial identity. At 10 years of age, racial identity is said to have crystallised (Rotheram & Phinney, 1988). In early adolescence (10-14 years) the relationship between teenage racial identity and social class is made when the influence of external sources such as media, police, teachers and own cultural group experiences have a major impact upon the individual teens' concepts and judgements toward their racial identity (Kickett-Tucker, 2009; Quintana & Vera, 1999).

Self-concept is formed by trial and error. Within this interaction, individuals learn and develop common values, behaviours, roles and identities. The collective racial identity of a particular group (such as Aboriginal people) for instance, influences an individual's self-concept and racial identity (Day, 1994; Dudgeon, Lazaroo, & Pickett, 1990; Issacs, 1988; Wright, 1985).

In a study of urban, Aboriginal children and youths, Kickett-Tucker (2009) found that the elements that comprised the racial identity for children and youths were very similar such that culture, family, language and appearance were consistent with each

age group. In particular, youths reported having a strong, secure sense of self was the most common characteristic of their racial identity. For young children however, culture was the most reported element of their racial identity.

In comparison however, a study (Coffin, ?) of Aboriginal youth in rural and remote settings showed that a general racial identity about being Aboriginal existed, but that there were varied intra group racial identities emerging among the differing Aboriginal groups in which children and youth belong. Attached to these intra group racial identities were expectations, behaviours and values in which youth were expected to abide by. These behaviours and expectations varied among the different intra group racial identities expressed by the youth. What Kickett-Tucker (2009) and Coffin's (?) studies show is that there are layers of racial identity expressed by Aboriginal youth and that there is a difference in the racial identities of Aboriginal youth and children from urban, rural and remote regions.

The Relationship between racial identity, self concept and academic outcomes.

Racial identity formed early in life, is an important contributor to self-concept, self-esteem and overall sense of self for Aboriginal children and youth. A critical developmental period starts at pre-adolescence where external others can have a profound influence on how an Aboriginal youth views him/her self and how he/she feels about being Aboriginal (Kickett-Tucker, 2008). An example of this relationship between external others and Aboriginal racial identity can be demonstrated when Aboriginal children commence formal schooling. More specifically, Aboriginal children

attending mainstream schools are at significant risk to experience confusion about their racial identity (Partington & Mccudden, 1992) and this may differ according to setting (i.e. urban vs rural).

Dudgeon et al (Dudgeon et al., 1990; Dudgeon & Oxenham, 1989) suggested that children in urban settings are forced to develop two identities, a public identity for mainstream society and a private identity (Aboriginal or racial identity) for the Aboriginal community. Howard (1998) and others (Malin, 1989, 1994 #267, 1998 #416) warn that school inhibits the expression of Aboriginal identity and forces children to reconsider their racial identity and where they fit within the school structures. Further, it is suggested that Aboriginal children in mainstream schools have to continually ask themselves, "who am I?" which then manifests in the behaviour and attitudes displayed by Aboriginal students in mainstream schools.

It has been proposed that because Aboriginal student's racial identity is not acknowledged in the class room setting, then Aboriginal children and youth are at risk for misbehaving, taking poor risks and achieving low grades (Malin, 1989, 1994 #267, 1998 #416; Munns & . 1998; Nicklin Dent & Hatton, 1996; Peoples, 1995). In a current report on overcoming Indigenous Australian disadvantage, academic outcomes such as retention, attendance and achievement for Aboriginal children and youth for example, show low rates which are in a steady decline (Provision, 2009).

The connection between racial identity and academic outcomes for Aboriginal students is clear. However, what needs to be further considered yet is beyond the scope of this chapter, is the relationship between racial identity and health, particularly in regards to the social and emotional wellbeing of Aboriginal students. For instance, in a study of urban Aboriginal students aged 8-12 years, Kickett-Tucker (2008, 2009 #482) found that the social and emotional wellbeing of students at school was linked to their perceptions and experiences of being Aboriginal. More specifically, Aboriginal students' wellbeing was related to students' feelings and knowledge of where they 'fit' as an Aboriginal person, how they were accepted and treated by others, how they socially interacted with others and how they were engaged by others (non-Aboriginal and Aboriginal community) both in the classroom and in the playground.

It is imperative that Aboriginal students attend school equipped with strong and robust mental wellbeing. Equally important though, is that the school is equipped to ensure that they have adequate cultural security so that the Aboriginal identity of the Aboriginal student population, (including their families, kin and local community) is developed, maintained and promoted.

Unfortunately, racism is a contributor to the racial identity of Australia's Aboriginal people who experience it on many levels and in many facets of daily life (Dunn, Forrest, Pe-Pau, & Smith, 2004; Mellor, 2003; Paradies, 2006a; Paradies, 2006b; Pedersen & Walker, 1997; Van Den Berg, 2002). Several studies have shown the effects

of racism upon the physical health of adult, Aboriginal Australians such that those exposed to racism have high levels of smoking, marijuana use and alcohol consumption (Zubrick, Silburn, Lawrence, Mitrou, Dalby, Blair, Griffin, Milroy, De Maio, Cox, & Li, 2005), diabetes, substance abuse (Statistics, 2006), and poor physical health (Larson, Gillies, Howard, & Coffin, 2007). Depression and overall poor mental health has also been shown to be a consequence of racism experienced by Aboriginal people (Paradies, 2006a).

In the case of children, North American studies have shown that children who experience racism will have increased childhood depression, and a lack of positive affect and sense of wellbeing (Study, 2008). In Australia however, we don't know the impact of racism, especially subtle and prolonged forms, upon of the mental wellbeing of Aboriginal children and how this impacts on their academic self-concept and consequently academic achievement and outcomes. It is important to understand this connection as children and youth grow when there are times during their development when they are 'more' vulnerable to external pressures and external others (Wu, Noh, Kaspar, & Schimmele, 2003) and these experiences may then have a ongoing detrimental impact on their racial identity, self-esteem and overall sense of self.

The Importance of Racial Identity and Self Esteem for Urban Aboriginal Children and Youth

In a study of urban Aboriginal children (8-12 years) and youths (13-17 years), attending co-educational state schools, Kickett-Tucker (2009) found learning, knowing, and

respecting Aboriginal culture (particularly knowing traditions) was the most important concept (out of seven categories) that contributed to the racial identity of 8-12 year old urban children.

More specifically, Aboriginal children considered culture to include traditional music, stories and storytelling, traditional ways of life, art, dancing, fire, National Aboriginal and Islander Day of Celebration (NAIDOC) and respect for culture. The most important element of culture was respecting and learning traditional ways of life and this included going bush and hunting, preparing and consuming traditional foods and wearing traditional clothes:

[My aunty] teaches me ... to cook the kangaroo meat. She ... digs a hole in the back yard and gets the hot coals and puts the damper mix and that into the pot and cooks it with the hot coals (female child, aged 8 years).

For some boys, traditional music equated with learning to play the didgeridoo: *"I like the music. I listen to the didgeridoo and I play the didgeridoo (male child aged 11 years)."*

For very young children (aged 7-9 years), their preference for knowing "Dreaming" stories (in particular the Rainbow Serpent) and participating in the art of storytelling was a feature of their racial identity:

All I know is, well I was told that like the land was all dry and everything until the Rainbow Serpent came along and made the trees grow tall and the rivers get big fish and everything (female child, aged 12 years).

Another common theme featured in the racial identity of young, urban Aboriginal children was the participation in school organised NAIDOC activities:

You get to do lots of cool stuff. Like we got NAIDOC week and some celebrations like that for the Aboriginal Day and...Islander people (female child, aged 9 years).

The most important factor that contributed to the racial identity of urban, Aboriginal youth aged 13-17 years however, was a stable sense of self that enable youth to experience pride (and shame), receive positive appraisals from others, promote a sense of security and safety, provide feelings of comfort, experience positive self-esteem and provide opportunities for cooperation and self-expression, whilst maintaining integrity of their Aboriginal identity:

To have an identity, gives a person a good sense of self (who they are) (Youth focus group).

"It [identity] feels empowering. It feels good" (Youth focus group).

Unlike young Aboriginal children who stated that culture was the most important element of their racial identity, youth reported culture as the fourth most important item that comprised their racial identity. For youth, culture included learning, knowing and experiencing customs such as traditional storytelling, knowing heritage, 'country' (birthrights) and Aboriginal and family history.

It was very important to both young children and youth that being respectful toward Aboriginal culture and gaining respect from 'others' was a vital ingredient to their racial identity and which contributed to their overall sense of self:

[Its good to be Aboriginal] because you are different to everyone else and you're not the same (female child, aged 12 years).

[My family say]...its good to be Aboriginal...[It makes me feel] happy (male child, aged 10 years).

[Being Aboriginal] means a lot to me...very special. Like very special because you're getting loved (female child, aged 9 years).

To be proud of where you come from. [Its] really good [to be Aboriginal]. I just like being Aboriginal (male child, aged 10 years).

I'm different to everyone else. It makes me feel special (male child, aged 11 years).

Urban Aboriginal youth also reported that identifying as an Aboriginal meant that they also had the legitimate right to recognise and claim themselves as the first peoples of Australia, despite what 'external others' thought:

[Aboriginal means] to be indigenous to Australia (Youth focus group).

I'm original to Australia (Youth focus group).

[Aboriginal]...means an Indigenous person. It's really special (Youth focus group).

The Importance of Racial Identity for Rural Aboriginal Children

In a study of rural and remote, primary and high school Aboriginal students aged 8 to 16 years, the Solid Kids Solid Schools (SKSS) project Coffin (?) has found that the collective racial identities between groups of Aboriginal students are under constant challenge. This challenge however, is emerging from within Aboriginal group identities.

Although collective group membership may provide safety and security for individual, Aboriginal children and youth, membership to subgroups within the collective require specific cultural obligations. In the case of the students from the SKSS study, cultural obligations must be strictly adhered to and refers to having to 'act Aboriginal,' fight when someone in your social or family kin needs you to protect what is yours and be prepared for the physical call to arms (Merrell-James, 2006).

In some rural and remote environments cultural obligation is heightened because as diversity of groups (racial and other), exist within the collective Aboriginal identity. For instance, there are Aboriginal people from other regions throughout Western Australia as well as other states and who do not have association to land or culture. There are also some Aboriginal children and youth \ who have not been raised in an Aboriginal cultural context that causes confusion both to themselves and to other Aboriginal children and youth about their racial identity. A division within Aboriginal identities can develop and according to SKSS, the outcomes are social stereotyping, family feuding and other community related anti-social behaviours.

The social networks of rural Aboriginal children and youth are small and confined. Attached to these networks are behaviours, identities and attitudes common and expected toward the membership of Aboriginal sub-groups. If children and youth don't seek active membership to their group identity, then there is a fear of being ostracised because they won't participate in certain activities and hence are stereotyped by members of the Aboriginal group and risk called 'not black enough' or

labelled as 'acting white' (Merrell-James, 2006). This is what is now being termed 'intra racial bullying' and is a common component of some rural and remote Aboriginal students' racial identity.

In the SKSS study, some rural and remote Aboriginal children and youth often felt threatened when entering unfamiliar communities or schools. Their perceived fear was heightened with the lack of family support and intra racial bullying that Aboriginal sub-groups who were not from that localised area were experiencing. Identification with an 'outside' Aboriginal group made some Aboriginal children and youth very uncomfortable. It was mentioned by more males than females and only occurred with the older aged children (12 years and upwards).

There are other indicators that are resultant of the identification with Aboriginal groups and which are precursors to intra racial bullying and violence. These included: (a) having a fair or very dark complexion, (b) looking different to the norm of what an Aboriginal person should appear and, (c) socialising with different cultural groups especially non Aboriginal groups. These indicators result in some Aboriginal children and youth becoming readily identifiable and thereby easy targets:

"Um, they bully different colored skin kids, um like last year at the school we had this one girl and she was a bit muminge (simple) and people kept on teasing her and hitting her and all that so she left and that's sad" (Female, yr 9, remote school).

The SKSS study found that being a resident in a small rural or remote community restricts Aboriginal students' abilities to escape such confrontation and in particular, intra racial bullying. Unfortunately, violence has been expressed as the only way to solve such social concerns. This type of behaviour however, is not only modelled but also expected. In the case of young, Aboriginal children, they are confronted with the particular complexity needed to adhere to the social and cultural norms and expectations such as "you need to fight back or you are not really an Aboriginal." This has also been reported to be replicated with child rearing and discipline practices at home.

In the case of rural and remote Aboriginal students, the Solid Kids, Solid Schools research project Coffin, found that parents, caregivers and Aboriginal school staff consistently reported that Aboriginal children and youth engaged in intra racial bullying because of: (a) Cyclic behaviours-such as being hit by others then utilising this as a means to get results, (b) Modelled responses-, either community wide, television related or in home, (c). Frustration-often a lack of control over situations, (d) Jealousy-relating to material possessions, money or boyfriends and girlfriends, (e) Inequity-either family derived, or monetary and, (f) Power – which may relate to academia, strength in family numbers or individual physical strength etc . While most adults mentioned the impact of alcohol and other drugs upon intra racial bullying, almost every Aboriginal child in the study reported a connection between violence and intra racial bullying with "alcohol and 'gunga' (marijuana)." What is disturbing is that this finding was consistent with very young Aboriginal children aged 8 years.

It is important to note that Aboriginal community Elders reported that culturally and historically there was no such thing as 'bullying.' Events occurred and remained the business of the particular family group and actions were not carried out into the wider Aboriginal community:

" I think them kids they have changed a lot from when I was a little girl with my Mum and Dad, when anybody have an argument or fight they get hit with the fighting stick on the head and they used to have respect for each other but nothing now this kids here they have argument and fights all them boys and girls they haven't got any respect they like that now they are all the same boys and girls they argue and fight then the family will get involved and then the fight gets bigger and bigger" (Female, Elder, remote community SKSS study).

A sense of hopelessness was expressed by many of the Elders interviewed, and several mentioned that the parents/caregivers could make a difference because children were 'born into' this type of feuding and violence. The Elders however, expressed their approval for incentive programs, like football academies, and netball programs and reward activities for children/youth to create more positive outcome for attending school and achieving. Differences in school type (Government, Catholic, Private, and Independent) and location were less important because according to Elders, schools that ensured appropriate engagement and retainment of Aboriginal students were important precursors to reducing intra racial bullying and violence?

Practical Solutions

Wider society must acknowledge and actively respect that Australia's Indigenous peoples are the first nation of people to inhabit Australia. This knowledge is central to the attitudes, expectations and behaviours non-Indigenous people have of first nations people across Australia.

Schools for example, are a platform in which Aboriginal students first encounter 'formal' learning as well as 'informal' learning about others attitudes, expectations and behaviours toward Aboriginal Australia. Further, individuals, structures, curriculum and social activities within a school environment have a great amount of influence upon the wellbeing of Australia's Aboriginal children and youth and these can vary according to setting (i.e. urban and rural).

Students are expected to be at school from (in some states) 3 years of age to 17 years of age (over 15 years) for an average of 7 hours per day for approximately 150 days each year. Therefore, since Aboriginal students spend considerable amounts of time at school, it is imperative that this learning environment portrays a consistent and culturally secure picture of what it is to be Aboriginal and what is Aboriginal culture in the school environment. Otherwise, this opportunity is wasted because with it is in this learning environment that with knowledge comes tolerance and a recognition of commonalities and even differences between Aboriginal and non-Aboriginal students,

but also among the intra racial groups that exist among Aboriginal students themselves. Therefore, we need to recognise the amount of energy and time an Aboriginal student spends at school because school is a major medium of social exchange that has a direct impact upon Aboriginal students' racial identity and self-esteem. If we aim to develop positive racial identity in schools and improve the educational and behavioural outcomes of Aboriginal children and youth, then we need to be mindful that an appropriate and balanced cultural response is reached because of the issues that are now beginning to be revealed in some rural and remote areas (Coffin, ?). Without tolerance and acceptance of the diversity of Aboriginal identity for example, then intra racial bullying, identity tension and confusion among Aboriginal students will remain, but that it is also a catalyst for inter racial bullying and violence with non-Aboriginal students.

Based on previous research with Aboriginal children and youth, it is recommended that schools employ a local Aboriginal community member as the Aboriginal cultural curriculum and teaching co-ordinator who in consultation with the Aboriginal and Islander Education Officer (or equivalent), the Aboriginal student population and their families, develop, teach and monitor Aboriginal cultural and language studies at school.

In effect, the task for schools and Aboriginal communities is intrinsically linked and thereby under constant pressure. This is because that educators need to ensure that schools provide cultural security (Coffin, 2007) by developing and maintaining a

positive racial identity but at the same time, the diversity of racial identity of Aboriginal students needs to be accounted for. Aboriginal children and youth need more structured interaction and learning about the differences within the racial identity of Aboriginal groups.

Parents, schools, teachers and many other sectors in the community need a more uniformed approach to be able to create a different culture within a culture. A positive association with being Aboriginal is required holistically. The wider society for instance, is a key player to ensure a favourable identification and positive association with Aboriginal culture, however this must not be promoted just during one off events such as NAIDOC week. There are other activities to be promoted in the school including, family tree mapping for Aboriginal students, bringing in a family member to show their special talents and small gestures can help to engage the community in a positive way towards education schools and the outcomes not just academically but also socially and emotionally for Aboriginal children.

It must be noted that it takes time for racial identity to develop and that there are stages of age related development. Thus, the components of racial identity need to be presented, tried and experienced at the appropriate developmental stages of children and youth. In doing so, schools must recognise that the most important contributor to racial identity for children and youth is being respectful toward Aboriginal culture and gaining respect from 'others.' In fact, this was a vital ingredient that contributed to

urban, Aboriginal children and youth overall sense of self and self-esteem. Tables 1.1 and 1.2 summarises some practical solutions.

It is recognised however, that racial identity, does not entirely depend on the interactions and relationships formed at school, therefore the other socialising mediums that also have the greatest impact, i.e., family, Aboriginal group identity, friends must also deliver messages and learning in which Aboriginal children and youth can develop a positive sense of racial identity and self-esteem. Schools need support and ideally each school should have access to local Aboriginal community, cultural and language learning hubs to compliment the activities of the Aboriginal cultural curriculum and teaching co-ordinator at school.

Concluding remarks

Although we have provided some practical solutions that will assist in developing and maintaining the racial identity of Aboriginal children and youth in schools, we acknowledge that the entire atmosphere, politics, attitudes and behaviours of the entire school community and faculty needs to be addressed. Unfortunately, racism is a product of ignorance and is utilised as a tool that continues to suppress the expression of Aboriginal students' identity. Furthermore, paternalistic behaviours, including low expectations of academic achievement of Aboriginal students also needs redressing before any of the practical solutions presented have sustainability so that cultural security is achieved.

Overseas research has shown that where a school has actively promoted positive identity and culture, there is a much greater shift in the emotional and social well being of all students but particularly first nations or Indigenous students. This example can be demonstrated from a Canadian Aboriginal story which has distinct similarities to our Australian Aboriginal story. The Canadian program is called “The Fourth R” (Crooks, Wolfe, Hughes, Jaffe, & Chiodo, 2008) in which ‘R’ refers to ‘Relationships’. The Fourth R embraces diversity within the same ethnic or cultural grouping and utilises racial identity diversity as strength. There is no such equivalent designed for Aboriginal children in Australia, yet the need is there. We cannot underestimate the importance of culture and cultural continuity has been reported as a protective factor of suicide among native Canadian youth (Chandler, Lalonde, Sokol, Hallett, & Marcia, 2003; Chandler & Lalonde, 1998; Lalonde, 2006) and Sami teenagers (Silviken & Kvernmo, 2007).

In education, Australian studies have shown that positive racial identity combined with positive student identity of Indigenous students increases the chances of successful school outcomes such as attendance, retention and academic grades for Indigenous children and youth (Purdie, Tripcony, Boulton-Lewis, Gunstone, & Fanshawe, 2000). Our observations indicate that schools need to work in unison with the local Aboriginal communities to ensure culturally secure materials and culturally appropriate teaching strategies are developed, maintained and monitored, otherwise, schools will continue to fail Aboriginal kids (Zubrick et al., 2005). Schools need to be cultural secure before they take on Aboriginal students. This is not an option but the most vital pre-requisite

that contributes to the wellbeing of Aboriginal students and which consequently has an impact on academic outcomes and achievement.

Table 1.1 Racial identity issues and related practical solutions for Aboriginal students

Issue	Practical solution
<p>Self-concepts and hence racial identities are multiple and are dependent on Aboriginal group identity.</p> <p>Students have a self-concept toward their Aboriginality and then is divided into smaller concepts i.e. Noongar, Wadjuk etc or for rural Yamatji, etc</p>	<p>Schools must openly, actively and officially recognise and engage the multiple racial identities students may have towards being Aboriginal.</p> <p>In order to do this, the school must engage the services and cultural expertise of Aboriginal people (grandparents, mothers, fathers, uncles and aunts, etc) in order to develop and monitor new culturally appropriate curriculum and learning strategies. But these services must be considered professional services and therefore they must be budgeted accordingly.</p> <p>In order to ensure sustainability of this program, local Aboriginal people must be employed within the school to teach the cultural curriculum and to assist current teachers with regular PD within the school.</p>
<p>Messages from external others, i.e., school, media, police may be negative, so where do Aboriginal students get positive messages from external sources? The school is an external source that has the power to provide an amount of positive information about Aboriginal students' racial identity. The issue is that if this external source of information is different and conflicts with other sources, then this is where</p>	<p>The school must ensure that the messages of Aboriginal people must show the diversity that exists. In order to do this, correct labeling and information must be provided in all teaching curriculum and any public signage/posters used in the school grounds. Curriculum must be regularly monitored and updated at least every 12-24 months.</p>

<p>the confusion starts to settle about what it is to be Aboriginal.</p> <p>Schools must enable the freedom and expression of Aboriginal identity to avoid the identity confusion</p> <p>The development of self and racial identity is very prevalent in the pre-adolescent stages when pre-teens begin to interpret and make sense of themselves in regards to the social world around them.</p>	<p>.</p>
<p>It is important to recognize that Aboriginal children and youth must have a positive racial identity because it is the most important component that assists children and youth to develop a positive self-esteem.</p>	<p>This is where parents, and the core of being Aboriginal will set in motion the internal self referent criteria in which a child or youth will begin to develop their self-esteem about being Aboriginal. That is why is it vital to provide a positive experience of being Aboriginal in the early years so the self comparative mechanism is set.</p>
<p>Being Aboriginal is about belonging to 'country, culture and kin.' It is important therefore, for Aboriginal children and youth, particularly those who permantly reside in metropolitan areas to develop knowledge and have access to their kin, traditional lands and heritage</p>	<p>Incursions and excursions should be encouraged that utilises the expertise of elders and other knowledgeable and experienced Aboriginal people who can share their knowledge of heritage, country and kin. Family members of students should be encouraged and welcomed to actively engage in their children's learning of Aboriginality at school.</p>
<p>In agreeance with Coffin's study, in the case of Aboriginal youth, particular attention needs to be made of youth culture and the intra-groups youth form. The expectations, attitudes and behaviours of not only Aboriginal youth</p>	<p>The school should acknowledge and remain up to date with the 'fads and fashions' of youth sub-cultures, particularly in relation to the potential contribution sub-cultures have upon the racial identities of Aboriginal youth. i.e.,</p>

<p>but of the youth culture require consideration in the racial identity of Aboriginal youth.</p>	<p>skateboarding, feuding, etc.</p>
<p>Aboriginal children and youth need to be reassured and culturally secure in regards to acceptance, equity and belonging. To do this,</p>	<p>Develop a cultural security and sustainability policy, plan and procedure in conjunction with the local Aboriginal community and the AIEOs. Need to read Coffin's article on the scale of cultural security as a basis.</p>
<p>Racial identity is linked to the social emotional wellbeing of Aboriginal children and youth and this is because of the potential and actual experiences of racism upon mental health.</p> <p>Racism therefore, needs to be correctly reported in school settings. It also needs to be dealt with appropriately and immediately.</p>	<p>Develop an education campaign with students</p> <p>Develop an education campaign with parents/carers</p> <p>Conduct regular PD with school staff</p> <p>Establish an appropriate reporting mechanism with students, community and school staff.</p> <p>Ensure on-going monitoring of students who display racism but also students on the receiving end.</p>
<p>Urban Aboriginal children and youth report that culture is the most important concept of their racial identity</p>	<p>Provide a learning experience of traditional music, stories, storytelling, traditional ways of life, dancing, NAIDOC and illustrate the importance of a campfire.</p>

Table 1.2 Contributors of racial identity and related practical solutions for 8-12 year old and 13-17 year old Aboriginal students

Items that contribute to racial identity	What students said	Age group	Practical solutions
Culture	It is important to learn and know Aboriginal culture	8-12 yr olds	<p>Incorporate activities such as traditional music, stories and storytelling, traditional ways of life, i.e., going bush and hunting, preparing and consuming traditional foods and wearing traditional clothes. art, dancing, fire, National Aboriginal and Islander Day of Celebration (NAIDOC)</p> <p>For boys, incorporate traditional music, i.e., learning the didgeridoo</p> <p>Encourage participation in school organised NAIDOC activities.</p> <p>For very young children (aged 7-9 years), read & learn “Dreaming” stories (in particular the Rainbow Serpent) in English and the local Aboriginal language(s).</p> <p>For very young children, develop the skills of children in the art of oral storytelling both in English and the local Aboriginal language(s).</p>
	Aboriginal students	8-12 year	Non-Aboriginal school community

	<p>want to respect Aboriginal culture.</p> <p>Aboriginal students also want non-Aboriginal students to respect Aboriginal culture.</p>	<p>old children</p>	<p>to share and learn Aboriginal culture with Aboriginal students and the community side by side.</p> <p>Involve the school community in Aboriginal community events, such as NAIDOC activities being conducted outside the planned school activities.</p> <p>Invite Aboriginal people to the school to deliver and/or present cultural activities, such as storytelling, music, bush foods etc.</p> <p>These activities must be regular and not only occurring during NAIDOC week activities but are part of the school year schedule.</p>
	<p>Culture includes learning, knowing and experiencing customs such as traditional storytelling, knowing heritage, 'country' (birthrights) and Aboriginal and family history</p>	<p>13-17 year old youth</p>	<p>Include oral storytelling in teaching curriculum. For instance, instead of students writing an essay, that they provide an oral story of a topic.</p> <p>Or invite Elders or grandparents to class to present an Aboriginal legend as an example of oral storytelling.</p> <p>Provide opportunities for Aboriginal students to explore their heritage, history and birthrights to 'country' in class tasks, take home assignments etc.</p>

			<p>Include Aboriginal family members in class discussions and activities about Aboriginal culture, history and heritage for instance. Or, if this is not always possible, assign homework or assignments that explore these topics so students can work with family members at home.</p>
Identification	<p>Freedom and acceptance as an Aboriginal person:</p> <ul style="list-style-type: none"> -to be different to others -to express an Aboriginal identity -to feel happy -to experience pride -to feel special 	<p>8 -12 year old children</p>	<p>In order for children to experience freedom of their identity and be accepted etc, the teaching and social environment at school must be free from judgement and negative expectations and perceptions of Aboriginal people and Aboriginal culture.</p> <p>In order to do this, the school must provide ample and regular opportunities for the free expression of Aboriginal culture and identity within the curriculum.</p> <p>For instance, for society and environment curriculum, the teacher may utilise the six Noongar seasons and how Noongar people used the seasons to understand the plants and animals of the bush.</p>
	<p>Identification as an 'Aboriginal' person means youth perceive they have the legitimate right to recognise and claim themselves as</p>	<p>13-17 year old youth</p>	<p>True history of Australia needs to be told in schools. In particular, the Aboriginal history of Australia is important and Aboriginal youth need to be taught this so that they continue to feel the legitimate claim as first nations of Australia.</p>

	<p>the first peoples of Australia.</p> <p>Identifying as an Aboriginal means youth can feel proud, receive positive appraisals from others, promote a sense of security and safety, provide feelings of comfort, experience positive self-esteem and provide opportunities for cooperation and self-expression but it is vital that Aboriginal youth maintain integrity of their Aboriginal identity.</p>		<p>In all subjects, opportunities must exist for Aboriginal youth to write, sing, dance and create positive images and messages about being Aboriginal. These opportunities must not only be available during special events such as NAIDOC week, but are developed as part of the curriculum. Students should be encouraged to learn and share about their history and culture so that they can freely express their racial identity in a positive and favourable way that will also ensure their integrity.</p>
Appearance – physical	<p>Features such as skin colour that conformed to the idea of what it is to “look like” an Aboriginal person</p>	8-12 year old children	<p>Teach children that being Aboriginal is not about how you look, but what you do, your family connections; your traditional lands your values, beliefs (things that are unseen).</p>
	<p>Physical features such as eyes, nose, lips and legs that are considered atypical for an Aboriginal person.</p>	13-17 year old youth	<p>Teach youth that being Aboriginal is not about how you look, but what you do, your family connections; your traditional lands your values, beliefs (things that are unseen).</p>

	Need to consider youth who are biracial as this was a contentious issue among youth		
Aboriginal language(s)	Opportunity needed to speak and talk an Aboriginal language	8-12 year old children	<p>Ensure the local Aboriginal language is taught in schools by a local Aboriginal person.</p> <p>Put more resources in the school library</p> <p>Have more incursions and excursions focussed on culture and language (Aboriginal theatre groups or choirs, Elders telling oral stories, painting, weaving etc).</p>
	<p>Acknowledgement of Aboriginal-English as a language.</p> <p>Aboriginal people need a voice and a distinct accent that is Aboriginal.</p>	13-17 year old youth	Aboriginal-English must be recognised as a common form of language utilised among Aboriginal youth. This can be celebrated in the production of songs, comics, plays, stories, movies etc that are created and/or produced by Aboriginal youth. In this way, youth have the opportunity to express their voice as a distinct group and can promote what they want to say in the way that they want to say it.
Family and kin	A family and kinship system provides 'unconditional' acceptance, security and care.	8-12 year old children	<p>Schools must encourage families to attend and be part of their children's activities. This can be done by accessing families by utilising the expertise of the AIEO.</p> <p>Aboriginal families are well experienced and talented in a number of areas including and not</p>

			<p>limited to music, art, cooking, storytelling, speaking Aboriginal language(s), sport etc. Other families have carers who have excelled in particular jobs and careers. The school needs to access this expertise.</p> <p>Other activities using families include developing family trees, history, mapping of traditional lands, building a bush garden, developing family albums, career days.</p>
	<p>Family are the key to finding where one belongs and consequently one's identity.</p> <p>Family includes knowing the family tree, having positive family influences, knowledge of family history, having a distinct Aboriginal family surname and participating in activities with the family.</p>	13-17 year old youth	<p>Refer to practical solutions above for 8-12 year old children.</p> <p>However, with youth, it is imperative that activities at school involve families.</p> <p>Youth need to learn about their family history because it links them to their identity and enables them to belong.</p>
Friends (Aboriginal and non-Aboriginal)	Both Aboriginal and non-Aboriginal friends were important for play and socialisation.	8-12 year old children	Social scenarios need to be constructed so that Aboriginal students can share their culture with their friends and peers. An example is an Aboriginal student teaching a class about weaving a basket, or

	Non-Aboriginal friends were viewed as positive influences in which Aboriginal students could share culture.		making a damper (Nanna's way).
Inheritance	Having birth rights to 'country', having parents who were Aboriginal and having 'Aboriginal genes.'	13-17 year old youth	<p>Aboriginal youth need to understand that there are some of their peers who are biracial and therefore don't always have two parents who are Aboriginal, but this does not mean that they are not Aboriginal. In order to provide this education, youth need opportunities to express this issue in a safe and secure environment and without repercussions.</p> <p>Some practical solutions include showing family linkages of Aboriginal kin, whilst including other cultural members in the family. This can be done by developing, a family map which should show the racial linkages of a family and where they were born. Students, need to realise that Aboriginality is not about skin colour but it is about identification, culture, heritage and upbringing.</p>

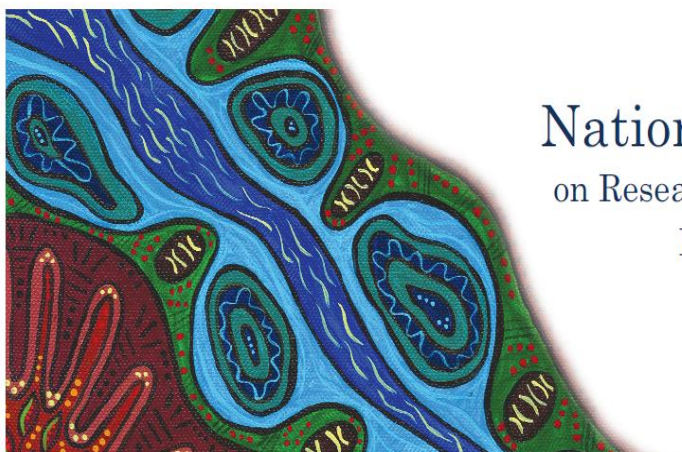
References

- Chandler, M. J., Lalonde, C. E., Sokol, B. W., Hallett, D., & Marcia, J. E. (2003). Personal Persistence, Identity Development, and Suicide: A Study of Native and Non-Native North American Adolescents. *Monographs of the Society for Research in Child Development, 68*(2), i-138.
- Chandler, M. J., & Lolande, C. (1998). Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. *Transcultural Psychiatry, 35*(2), 191-219.
- Coffin, J. (2007). Rising to the challenge in Aboriginal health by creating cultural security. *Aboriginal & Islander Health Worker Journal, 31*(3), 22-24.
- Crooks, C. V., Wolfe, D. A., Hughes, R., Jaffe, P. G., & Chiodo, D. (2008). Development, evaluation and national implementation of a school-based program to reduce violence and related risk behaviors. *Institute for the Prevention of Crime Review, 2*, 109-135.
- Day, A. (1994). Looking toward high school: Aboriginal students and parents make choices. In S. Harris & M. Malin (Eds.), *Aboriginal kids in urban classrooms* (pp. 101-116). Wentworth Falls, New South Wales: Social Science.
- Dudgeon, P., Lazaroo, S., & Pickett, H. (1990). Aboriginal Girls: Self-esteem or self-determination? In J. Kenway & S. Willis (Eds.), *Hearts and minds: Self-esteem and the schooling of girls* (pp. 71-96). London: The Falmer.
- Dudgeon, P., & Oxenham, D. (1989). The Complexity of Aboriginal Diversity: Identity and kindredness. *Black Voices, 5*(1).
- Dunn, K., Forrest, J., Pe-Pau, R., & Smith, S. (2004). *Experiences of racism in the Australian body politics: extent, spheres, and cultural unevenness*. Paper presented at the UQ Australian Studies Centre Conference, Brisbane.
- Erikson, E. (1994). *Identity: Youth and crisis*: W.W Norton & Co.
- Forrest, S. (1998). That's my mob: Aboriginal identity. In G. Partington (Ed.), *Perspectives on Aboriginal and Torres Strait Islander education* (pp. 96-105). Katoomba, New South Wales: Social Science.
- Fox, K. R. (1992). Physical education and the development of self-esteem in children. In N. Armstrong (Ed.), *New directions in physical education vol 2: Toward a national curriculum* (pp. 33-54). Champaign, IL: Human Kinetics.
- Harter, S. (1978). Effectance Motivation Reconsidered. *Human Development, 21*, 34-64.
- Hattie, J. (1992). *Self-Concept*. Hillsdale: Lawrence Erlbaum Associates.

- Howard, P. (1998). *Contextual issues related to Aboriginal children's mathematical learning*. Paper presented at the Australian Association for Research in Education, Adelaide, South Australia.
- Issacs, J. (1988). *Aboriginality: Contemporary Aboriginal paintings and prints*. St Lucia, Queensland: University of Queensland.
- Katz, P. A., & Barrett, M. (1997). *Early predictors of children's intergroup attitudes*. Paper presented at the APA Symposium on the Development of Prejudice in Children and Adolescents, Chicago.
- Kickett-Tucker, C. S. (1999). *Urban Aboriginal Children in Sport: Experiences, Perceptions and Sense of Self*. Unpublished PhD, Edith Cowan University, Perth.
- Kickett-Tucker, C. S. (2008). How Aboriginal peer interactions in upper primary school sport support Aboriginal identity *The Australian Journal of Indigenous Education*, 37, 138-151.
- Kickett-Tucker, C. S. (2009). Moorn (Black)? Djardak (White)? How come I don't fit in Mum? Exploring the racial identity of Australian Aboriginal children and youth. *Health Sociology Review*, 18(1), 119-136.
- Lalonde, C. E. (2006). Identity Formation and Cultural Resilience in Aboriginal Communities. In R. J. Flynn, P. Dudding, M & J. Barber, G (Eds.), *Promoting resilience in child welfare* (pp. 52-71). Ottawa, Ontario, Canada: University of Ottawa Press.
- Larson, A., Gillies, M., Howard, P., & Coffin, J. (2007). Its enough to make you sick: the impact of racism on the health of Aboriginal Australians. *Australian New Zealand Journal of Public Health*, 31(4), 322-329.
- Malin, M. (1989). *Invisibility in success, visibility in transgression for the Aboriginal child in the urban classroom: Case studies at home and at school in Adelaide*. Unpublished PhD, University of Minnesota, Minnesota.
- Mellor, D. (2003). Contemporary racism in Australia: The experiences of Aborigines. *Personality & Social Psychology Bulletin*, 29, 474-486.
- Merrell-James, R. (2006). Intra-Racial Bullying: An Issue of Multicultural Counseling. *Persistently Safe Schools 2006: Collaborating with Students, Families, and Communities*, 283 -294.
- Munns, G., & . (1998). They just can't hack that." Aboriginal students, their teachers and responses to schools and classrooms. In G. Partington (Ed.), *Perspectives on Aboriginal and Torres Strait Islander Education* (pp. 171-187). Katoomba, New South Wales: Social Science.

- Nicklin Dent, J., & Hatton, E. (1996). Education and poverty: An Australian case study. *Australian Journal of Education, 40*(1), 46-64.
- Paradies, Y. (2006a). *Race, Racism, Stress and Indigenous Health*. Unpublished Doctorate, University of Melbourne, Melbourne.
- Paradies, Y. (2006b). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology, 35*, 888-901.
- Partington, G., & McCudden, V. (1992). *Ethnicity and Education*. Wentworth Falls: Social Science.
- Pedersen, A., & Walker, I. (1997). Prejudice against Australian Aborigines: old fashioned and modern forms. *European Journal of Social Psychology, 27*, 561-587.
- Peoples, R. G. O. t. N. R. o. E. f. A. a. T. S. I. (1995). *National review of education for Aboriginal and Torres Strait Islander peoples*. Canberra, Australian Capital Territory: Australian Government Publishing Service.
- Provision, S. S. C. f. t. R. o. G. S. (2009). *Overcoming Indigenous Disadvantage: Key Indicators 2009*. Canberra, Australian Capital Territory: Productivity Commission.
- Purdie, N., Tripcony, P., Boulton-Lewis, G., Gunstone, A., & Fanshawe, J. (2000). *Positive Self-Identity for Indigenous Students and its Relationship to School Outcomes*. Canberra: Commonwealth Department of Education, Training and Youth Affairs.
- Quintana, S. M., & Vera, E. M. (1999). Mexican American children's ethnic identity, understanding of ethnic prejudice and parental ethnic socialisation. *Hispanic Journal of Behavioural Sciences, 21*, 387-404.
- Roberts, P., Rijavec, F., & Roberts, P. (1988). *Black magic*. Albany, WA: Southern Aboriginal Corporation.
- Rotheram, M. J., & Phinney, J. S. (1988). Introduction: Definitions and perspectives in the study of children's ethnic socialization. In J. S. Phinney & M. J. Rotheram (Eds.), *Children's ethnic socialization: Pluralism and development* (pp. 10-28). Newbury Park, CA: Sage.
- Silviken, A., & Kvernmo, S. (2007). Suicide attempts among indigenous Sami adolescents and majority peers in Arctic Norway: Prevalence and associated risk factors. *Journal of Adolescence, 30*(4), 613-626.

- Statistics, A. B. o. (2006). *National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004/5* (No. 4363.0.55.002). Canberra: Australian Bureau of Statistics.
- Study, N. C. s. (2008). Measuring Racial/Ethnic Discrimination and Racism From a Developmental Perspective Workshop [Electronic Version]. Retrieved 19 August 2009 from <http://www.nationalchildrensstudy.gov/research/workshops/Pages/measuring-racism062004.aspx>.
- Umaña-Taylor, A. J., Diversi, M., & Fine, M. A. (2002). Ethnic identity and self-esteem among Latino adolescents: Making distinctions among the Latino populations. *Journal of Adolescent Research, 17*, 303-327.
- Umaña-Taylor, A. J., & Fine, M. A. (2004). Examining a model of ethnic identity development among Mexican-origin adolescents living in the U.S. *Hispanic Journal of Behavioral Sciences, 26*, 36-59.
- Van Den Berg, R. (2002). *Nyoongar people of Australia: Perspectives on racism and multiculturalism* (Vol. 84). Leiden, Boston: Brill.
- Wright, B. (1985). The Effects of Racial Self-Esteem on the Personal Self-Esteem of Black Youth. *International Journal of Intercultural Relations, 9*, 19-30.
- Wu, Z., Noh, S., Kaspar, V., & Schimmele, C. M. (2003). Race, Ethnicity, and Depression in Canadian Society. *Journal of Health and Social Behavior, 44*(3), 426-441.
- Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F., G, Dalby, R. B., Blair, E. M., et al. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. (No. Volume 2). Perth: Curtin University of Technology and Telethon Institute for Child Health Research.



National Roundtable on Research on Racism towards Indigenous Australians

Monday 1st June to Tuesday 2nd June, 2009

The University of Western Australia

The Boatshed Racism Roundtable Declaration

Background

On the 1st and 2nd June 2009, over 40 leading researchers and academics from across Australia met at the University of Western Australia Boatshed in Perth, to discuss research concerning racism towards Aboriginal and Torres Strait Islander Australians.

This Roundtable brought together Aboriginal and Torres Strait Islander and fellow Australian leaders and racism researchers, with the recognition that *high quality research and evidence must be at the heart of our endeavours to inform public policy and everyday practice* in order to understand and combat racism in all its forms.

The two-day meeting significantly advanced the themes of social justice and reconciliation in Australian society and has culminated in the production of a detailed statement against racism.

The statement is presented as a declaration on racism towards Aboriginal and Torres Strait Islander Australians that is intended to have a significant impact on the social change agenda within our society.

Declaration

We, the undersigned make this declaration to reassert the rights of Australian Aboriginal and Torres Strait Islander peoples:

- ♦ to be acknowledged as the First Nations peoples of Australia; and,
- ♦ to be recognised as the legitimate people to take real responsibility for their education, health and wellbeing, with the respectful support of Australian governments.

We believe that for Australia to fulfil its considerable potential for future generations, it must acknowledge the terrible injustice done to Aboriginal and Torres Strait Islander peoples – an injustice that continues to disadvantage all our futures.

We believe that this recognition will be the basis for re-strengthening the Australian national identity to the benefit of all and future Australians.

We believe that a strong and confident national identity is one that begins with its First Nations peoples, their knowledge, heritage, and spiritual connection to the land and seas.

We propose four areas for action:

Constitutional – That there be a preamble to the Constitution that recognises the rights of First Nations peoples, followed immediately by the establishment of a treaty that details a formal agreement between the Australian Government and Aboriginal and Torres Strait Islander peoples, and a framework for national action.

Policy – That policies that affect and impact on Australian Aboriginal and Torres Strait Islander peoples must be based on their full involvement and engagement to ensure appropriate agendas and appropriate levels of resourcing are applied.

Practice – That effective and genuine partnerships with governments and capacity building agendas be recognised as essential pathways to improving the outcomes for Aboriginal and Torres Strait Islander peoples' education, health and wellbeing.

Standards – That all actions must be based on, and be an expression of, the articles in the UN Declaration of the Rights of Indigenous Peoples – particularly Article 3 (the Right to Self Determination) and Article 42 (calling on the states and agencies of the United Nations to implement the Declaration).

The Roundtable, in reviewing research data and evidence, identified some key factors and issues that act as barriers to the progress of Australian Aboriginal and Torres Strait Islander peoples towards improved futures:

- ♦ Racism against Aboriginal and Torres Strait Islander peoples exists in various forms and in all systems in Australia today.
- ♦ Racism has a destructive impact on Aboriginal and Torres Strait Islander peoples' education, health and wellbeing, well beyond its immediate impact.
- ♦ Racism works strongly against all agendas which aim to close the gaps in health and other outcomes between Aboriginal and Torres Strait Islander peoples and other Australians.

We call upon the Prime Minister and the First Ministers of Australia to initiate a new national plan of action beginning with:

1. Constitutional protection against racial discrimination;
2. The reconsideration of the methods of the Northern Territory intervention to better reflect the aspirations for and of Aboriginal and Torres Strait Islander peoples, while maintaining any gains that have been made; and,
3. The formal recognition of the capacity and the right of Aboriginal and Torres Strait Islander peoples to self-determine their futures.

Our key principle for a plan of action is simple: We believe that the future happiness and wellbeing of *all Australians* and their future generations will be enhanced by valuing and taking pride in Australian Aboriginal and Torres Strait Islander peoples – the oldest living cultures of humanity.

University of Western Australia Boatshed, Nedlands, Perth 1st and 2nd June 2009

Hosts

- Associate Professor Pat Dudgeon
Chair, The Australian Indigenous Psychologists Association, Melbourne, Victoria
- Professor Jill Milroy
The University of Western Australia, Western Australia
- Mr. Romlie Mokak
Chief Executive Officer, The Australian Indigenous Doctors Association, Canberra, Australian Capital Territory
- Professor Fiona Stanley
The Telethon Institute for Child Health Research, Western Australia
- Professor Bob Montgomery
President, The Australian Psychological Society, Melbourne, Victoria
- Professor Lyn Henderson-Yates
Deputy Vice-Chancellor, The University of Notre Dame Australia, Broome Campus, Western Australia
- Commissioner Tom Calma
Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner, Human Rights and Equal Opportunity Commission, Sydney, New South Wales

Participants

- Professor Martha Augoustinos
The University of Adelaide, South Australia
- Professor Peter Buckskin
The University of South Australia, South Australia
- Associate Professor Tracey Bunda
Yunggoondi, First Nations Centre for Higher Education and Research, Flinders University, South Australia
- Associate Professor Juli Coffin
The Combined Universities Centre for Rural Health, Western Australia
- Dr. Dawn Darlaston-Jones
The University of Notre Dame Australia, Fremantle Campus, Western Australia
- Professor Rob Donovan
Curtin University, Western Australia
- Professor Neil Drew
The University of Notre Dame Australia, Fremantle Campus, Western Australia
- Professor Kevin Dunn
The University of Western Sydney, New South Wales
- Dr. Marisa Gilles
The Combined Universities Centre for Rural Health, Western Australia
- Ms. Belle Glaskin
Canning Division of General Practice and The Australian Indigenous Psychologists Association, Western Australia
- Ms. Amanda Gordon
Director, Senior Clinical Psychologist, Armchair Psychology Practice, Sydney, New South Wales
- Mr. Brad Graham
2nd Road, New South Wales
- Ms. Heather Gridley
Manager, Public Interest, The Australian Psychological Society, Melbourne, Victoria
- Professor Bernard Guerin
The University of South Australia and Desert Knowledge Collaborative Research Centre
- Dr. Pauline Guerin
Flinders University of South Australia, South Australia
- Dr. Cheryl Kickett-Tucker
The Telethon Institute for Child Health Research, Western Australia
- Ms. Amy Lamoine
Senior Policy Officer, Race Discrimination Unit, Human Rights and Equal Opportunity Commission, Sydney, New South Wales
- Professor Carmen Lawrence
The University of Western Australia, Western Australia
- Associate Professor Deborah Lehmann
The Telethon Institute for Child Health Research, Western Australia
- Ms. Anne Lipzker
Director, The Australian Psychological Society, Melbourne, Victoria
- Professor Lyn Littlefield
Executive Director, The Australian Psychological Society, Melbourne, Victoria
- Associate Professor Dennis McDermott
Flinders University, South Australia
- Professor Craig McGarty
Murdoch University, Western Australia
- Associate Professor David Mellor
Deakin University, Victoria
- Mr. Wes Miller
Chief Executive Officer, Jawoyn Association, Katherine, Northern Territory
- Professor Helen Milroy
The University of Western Australia, Western Australia
- Professor Martin Nakata
The University of Technology, Sydney, New South Wales
- Ms. Ashleigh Owen
The University of Notre Dame Australia, Fremantle Campus, Western Australia
- Dr. Yin Paradies
The University of Melbourne, Melbourne, Victoria
- Dr. Anne Pedersen
Murdoch University, Western Australia
- Lt. General John Sanderson (Retd) AC
Chair, Indigenous Implementation Board, Western Australia and Co Convener, Australian Dialogue
- Dr. Christopher Sonn
Victoria University, Victoria
- Mr. Geoffrey Stokes
Community Elder, Kalgoorlie, Western Australia
- Professor Lance Twomey
Emeritus Professor, Curtin University, Western Australia
- Ms. Karen Ugle
Yorgum Aboriginal Counselling Services and The Australian Indigenous Psychologists Association
- Professor Iain Walker
Murdoch University, Western Australia
- Associate Professor Roz Walker
The Telethon Institute for Child Health Research, Western Australia
- Ms. Aileen Walsh
PhD Student, The University of Western Australia, Western Australia
- Ms. Maude Walsh
The Telethon Institute for Child Health Research, Western Australia
- Associate Professor Ted Wilkes
The National Drug Research Institute, Curtin University, Western Australia
- Professor Joan Winch
Nyoongar Elder, Western Australia
- Dr. Michael Wright
Post Doctoral Research Fellow, The University of Western Australia, Western Australia
- Ms. Whitney Darlaston-Jones
The University of Notre Dame Australia, Fremantle Campus, Western Australia
- Ms. Annie Lee
The University of Notre Dame Australia, Fremantle Campus, Western Australia
- Ms. Faye D'Souza
The University of Notre Dame Australia, Fremantle Campus, Western Australia
- Mr. Dorian Gray
The University of Notre Dame Australia, Fremantle Campus, Western Australia

* Please note that giving the Institutional Affiliation does not imply Institutional endorsement of the Declaration

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Additional Publications # 2

Abstract: Talking It and Walking It: Cultural Competence

by Pat Dudgeon, Michael Wright and Juli Coffin*

Abstract

Cultural competence is an important conceptual framework. The depth and long term learning necessary to become a culturally competent practitioner should not be underestimated. The authors of this paper believe that cultural competence must take a political standpoint that acknowledges the impacts of colonisation, the complexities of racism and the power and privilege that continue to persist in dominant societies. The paper introduces the relevant literature on the politics of working within cultural frameworks and explores the definitions of cultural competence. Moreover, it provides a way forward by highlighting approaches which we might consider are most likely to lead to cultural competence.

Article: Talking It and Walking It: Cultural Competence

Introduction

Cultural competence is an important conceptual framework; however the depth and long term learning necessary to become a culturally competent practitioner should not be underestimated. Cultural competence, in our view, must take a political standpoint that acknowledges the impacts of colonisation, the complexities of racism and the power and privilege that continue to persist in dominant societies.

The authors, three Aboriginal researchers and practitioners who have many years of professional experience in working in a diversity of settings and have strong practical and academic backgrounds, can be considered authoritative in the area of working in cross cultural situations. We have written this paper from concerns about the lack of cultural competence and cultural security within the workplace and the community. We identified practitioners who, in our experience, work in appropriate ways with Indigenous people and asked them to become our informants and share what they do that makes them culturally competent. To that end, we profile two different models of good practice.

New models, frameworks and programs are being developed that augur well for creating a society that is sensitive to, respects and values cultural difference and recognises the distinctive place of Aboriginal Australians. This is necessary, as research has shown that cultural understandings are essential in addressing the social determinants of health and wellbeing and providing effective services to disenfranchised groups.

The term 'cultural awareness', as used to describe a short course about the cultural differences of Indigenous people, is problematic because of the 'quick fix' nature of providing information. We have misgivings that there are perceptions that cultural awareness is all that is required to gain an understanding of culture and acquire the skills to genuinely engage in a culturally competent manner. Acquiring and demonstrating or 'doing' cultural competence is a complex, demanding and life-long endeavour.

This paper introduces relevant literature on the politics of working within cultural frameworks, explores the definitions of cultural competence, discusses issues and provides a way forward by highlighting approaches which we consider most likely to lead to cultural competence.

The politics of cultural competence

Cultural competence has become very much part of the dialogue of practitioners working with individuals from culturally different groups. Overall, the increasing focus on cultural competence is a very positive development that will lead to improving services and ensuring that marginalised groups are included. In Australia over recent years, there has been a proliferation of papers and books about how to work competently with Indigenous people (Thompson 2005). However, the reality is that many practitioners do not work appropriately with Indigenous people, despite this proliferation of resources and an expanded dialogue on culturally competence.

As with any topic, theoretical knowledge does not necessarily translate into practical application. When we were writing this paper, we reflected upon our experiences of working with non-Indigenous colleagues and could only identify a small number who indeed work in culturally competent ways. Unfortunately, many others who profess to be culturally competent practitioners actually work in ways that are subtly destructive. This is a major concern, as often they have undertaken various forms of cultural competence training with the goal of making their practice culturally proficient and often they are unaware of their lack of cultural competence.

Challenging the phenomenon of false cultural competence can have negative repercussions for those Aboriginal people who take up the responsibility of critiquing inappropriate practices. The opportunity for an Aboriginal person to assess cultural competence usually occurs in the context of the Aboriginal person being employed with other people and/or in organisations. Therefore, bringing lack of cultural competence to the attention of the relevant authority is likely to place the Aboriginal person in a risky situation. More often, dissatisfied Aboriginal employees will leave or remain silent.

Even when practitioners see themselves as being culturally competent, have engaged in various training programs, and may have written about the topic, how do they really know that they have translated theory into real-life practice? Who determines who is culturally competent? If cultural competence is not undertaken in a comprehensive and genuine way, a grave concern is that the power of incompetent practitioners could be re-inscribed. Sonn (2004: 4) has considered this

and suggests: —Although useful at some level, cultural competence can be problematic because there are complex issues of power and privilege that often remain unexamined. Further, Walker and Sonn (2010) suggest that an essential part of the process of developing cultural competence involves reflecting on power and privilege inscribed in whiteness and thereby in many professions and disciplines.

Indigenous researchers and practitioners have expressed concerns about the dialogue and the definitions of cultural competence (Coffin, 2007) and the applicability of these to other populations. Much of the literature and definitions have been developed in the United States of America, and although we use these definitions in this paper, it should be noted that caution should be exercised when importing theoretical knowledge into another country with a different history and population demographic.

Cultural competence, as the definitions propose, requires a critical appreciation of cultural difference and history. This means understanding a history of colonisation and a profound acknowledgement of how this has contributed to the psychology of different groups of peoples – one dominant and the other dominated, one that comes from white privilege and the other often engaged in a process of decolonisation. Cultural competence requires a personal honesty and healthy sense of self that is not driven by power and control needs. It requires a commitment to the self-determination and the empowerment of Aboriginal and Torres Strait Islander individuals and communities.

Despite concerns about how cultural competence is enacted in reality, the

commitment to creating culturally competent services for Indigenous people is important and progressive. There is an increasing demand for practitioners to become more culturally competent. This has resulted from a recognition that traditional Western mainstream public health approaches have failed Indigenous people due to interventions having little or no understanding of Indigenous people's realities (Brown, Morrissey and Sherwood 2006; Stanley 2009).

International studies show that the social disadvantage and health issues confronting Indigenous people internationally are usually complex, historical and include many social determinants, including exclusion and marginalisation (Marmot 2005; Wilkinson and Marmot 2003). Social disadvantage is a powerful driver of poor health and wellbeing for both Indigenous and non-Indigenous people in all countries (Marmot 2005).

The Cultural Respect Framework 2004-2009 (AHMAC 2004) proposes that, in order to successfully address the poor health outcomes for Aboriginal and Torres Strait Islander peoples and provide quality health services, a range of barriers need to be considered. Some of these barriers are structural, such as poor linkages and coordination across the system and the distribution of services. Some are cultural, and include —health service provider attitudes and practice, communication issues, mistrust of the system, poor cultural understanding and racism. (AHMAC 2004: 6).

The need for mainstream service providers who work with Aboriginal and Torres Strait Islander people to offer services in more culturally secure and appropriate

ways has become an urgent issue (Brown, Morrissey and Sherwood 2006; Walker and Reibel 2009b). There are numerous policy guidelines and frameworks at both federal and state levels that document the need for processes of cultural competence in order to address the health inequities experienced by Aboriginal and Torres Strait Islander peoples. Agencies who work with Aboriginal and Torres Strait Islander families are now required to develop policies and practices that reflect cultural competence (Walker and Reibel 2009a; 2009b).

Definitions of cultural competence

Cultural competence involves the awareness, attitudes, knowledge and skills to live and work effectively in situations characterised by cultural diversity, within the workforce, with clients and in the community. The most widely accepted definition is provided by Cross, Bazron, Dennis and Isaacs:

Cultural competence requires that organizations have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum (Cross et al cited in NCCC 2006).

For a practitioner, this means that cultural competence concerns their effectiveness in communicating and behaving appropriately with people from another culture. This includes understanding and being understood. Cultural competence includes cultural awareness; however, competence goes beyond just

knowledge or awareness to action. Communicating effectively with people from another culture requires that the practitioner has both an understanding of the manner of communication and the practical ability to enact that understanding. Cultural competence is enhanced with experience and the critical reflection of those experiences. It is developed over time, and involves patience, openness, and importantly, a motivation to be effective in communicating across cultures (Dudgeon and Twomey 2000).

A cultural competence continuum framework proposed by Cross et al (1989) is useful in determining where individuals and organisations might be in the journey to becoming culturally competent. The framework describes six stages or states of cultural competence development, starting at cultural destructiveness and ethnocentrism and ending with cultural proficiency and a high regard for cultural diversity. Others, such as Goode (2004) and Wells (2000), have also contributed to this framework. There is a consensus amongst researchers that, wherever one is at in terms of these stages, there needs to be an understanding that cultural competence development is a constant state of learning, dependant on the practitioner's —willingness to remain forever vigilant and reflectively (Walker and Sonn 2010: 166).

Domains of cultural competence

The National Health and Medical Research Council (NHMRC 2005) has provided guidelines for cultural competence in its *Cultural Competence in Health: A Guide for Policy, Partnership and Participation* that consolidates literature in the area. The guide recognises four dimensions of cultural competence: systematic,

organisational, professional and individual. These —interrelate so that cultural competence at an individual and organisational level is underpinned by systemic and organisational commitment and capacityll (NHMRC 2005: 4).

Achieving cultural competence can only be successful if several related elements across these levels are in place. At the systemic and organisational level, cultural competence must be closely linked to policy requirements and organisational values, which should be articulated through service delivery objectives and expressed in high levels of political leadership and managerial support for cultural competence training. At a professional level, cultural competence must be integrated into the standards, competency and performance frameworks of professions and occupations. At an individual level, cultural competence training is most effective when it addresses the concerns and motivations of participants and is provided within an organisational context that provides opportunities and incentives for applying acquired cross cultural knowledge and skills to the workplace (Bean 2006).

This paper focuses upon the individual domain, although the point needs to be made that one of the key developments in the concept of cultural competence is the need to include all levels – the individual, the organisation and the system – and their commitments in relation to cultural groups. However, in this instance, we decided that a focus on individual cultural competence was most important because individuals enact cultural competence. A successful service is made up of individuals who are culturally competent and who have built strong relationships with Indigenous people and communities. Ideally,

a commitment to cultural competence should happen in all four domains; however, it is in the individual domain that face-to-face contact and working relationships with clients occurs. A service might not necessarily have policies in place for cultural competence, but could be successful if their workers are culturally competent. Or a service might not necessarily have policies in place for cultural competence but could be successful for some clients if some of their workers had sufficient knowledge and skills to be culturally competent in providing services to particular cultural groups. In contrast, a service may have good policies in place but if their workers are not culturally competent they are likely to have little success in providing a service to culturally different clients. It is important to highlight that the relationship between the worker and the client is critical, and unless respect and humility toward cultural differences is demonstrated in those providing services to clients, little progress will be made at an organisational level.

Cultural competence: Individual practitioners

Culturally competent individuals have a mixture of beliefs, attitudes, knowledge, experience and skills that help them to establish trust, rapport and communicate effectively with others (American College Health Association, 2008). The American College Health Association (2008) provides details about what is required in terms of beliefs, attitudes, knowledge, experience and skills.

Naming it up: Why strive for cultural competence?

The most important issue in the dialogue of cultural competence is racism. Cultural competence works against and addresses racism and discrimination. As discussed earlier, a commitment to cultural competence is necessary in societies

that have a history of and continue to oppress those from different cultural groups. A necessary component of cultural competence is the need to examine the —power disparities between groups because of historical, social and political realities, including experiences of colonization and institutionalized racism (Sonn 2004: 4).

Without due consideration of these fundamental issues, there is a danger of new forms of oppression and assimilation being developed in cross cultural engagements as power disparities involve different groups' meanings and ways of being are privileged over another. Indigenous scholars are concerned that colonisation continues in different forms. For instance, Glover, Dudgeon and Huygens (2000) propose that exploitation of Indigenous resources and denial of the legitimacy of Indigenous worldviews continues, particularly in research where new forms of assimilation can flourish.

As well as concerns about non-Indigenous researchers —building their careers on the backs of Indigenous people and offering little back to the community (Glover, Dudgeon and Huygens 2000), another concern is that researchers and others working with Indigenous people may have well-intended theories and ways of helping that may result in knowledge about Indigenous people that does not reflect their realities, worldviews and aspirations. However, this incorrect knowledge can be transformed into the 'correct way' or even a 'cultural way', thus becoming a new imposed reality upon Indigenous people. Scholars from marginalised groups have articulated concerns about Western constructions of cultural knowledge about others for some time. For instance, Said (2003) and Smith (1999) wrote about how

colonised cultures were not only oppressed and exploited, but also disfigured and misrepresented by powerful European imperial countries (the West). Important questions are raised around the representation of other cultures in this context.

Knowing other cultural groups makes —a system of representations framed by political forces that brought them into Western learning, Western consciousness and Western empire (Sered 1996: 1). Other cultures exist for the West, are constructed by and in relation to the West and are usually constructed as inferior and alien. The West becomes the describer and knower of the other cultural group. This is a very powerful form of and part of the process of colonisation where the West creates the knowledge of and about a cultural group and the realities of the culture are held against this construction. Struggling against racism at all levels (individual, institutionalised and cultural) and for cultural recognition is a concern that many Indigenous scholars share.

Racism remains a defining issue for Indigenous people. Racism distorts our self-perceptions and, even if we are aware to the power of racism, we engage with mistrust in dominant society. Often we share judgments about white people we work or socialise with – such as whether they are culturally sensitive or not. We are always educating them about Indigenous culture. I remember at a seminar, a Maori colleague refused to participate on a panel at a cross cultural seminar because he said he was tired of unzipping himself and showing his history, pain and heart to white audiences in the hope that they would gain some cultural understanding. They always took and judged and never shared themselves back in

the same way (Dudgeon 2008: 160).

Principles of cultural competence

There are a range of issues to be considered in developing cultural competence. In writing this paper, we asked ourselves, what are the characteristics that make the best culturally competent practitioners? We reflected on the work of non-Indigenous professionals who were, in our view, disempowering in their interactions with Indigenous people. We also thought about those who were highly regarded and worked in empowering ways, to distinguish what it was that contributed to their success. The following are some distinguishing principles we identified:

Building relationships

As mentioned, relationships are the keystone in working across cultures. It is critical for the practitioner to build strong relationships with the members of the community in which they are working. Strong relationships require the practitioner to value the knowledge of Indigenous peoples they are working with. The relationships should be supportive. This is not an easy task and is often undertaken in an environment of change and community politics.

Forming culturally competent relationships requires an understanding of the weight and value of relationships in Indigenous settings. For example, one-way relationships that are not reciprocal are a form of charity' and as such are fundamentally disempowering to one or both parties. To be equal', relationships should be reciprocal and this requires an honest exchange which benefits both

parties. The responsibilities which underlie many Indigenous relationships, including cross-cultural relationships, are often little understood: to treat the other with respect, to show that you value the relationship, to not engage in behaviour that may threaten it, that the exchange of resources reaffirms the relationship, and that one's resources or expertise (that is, whatever serves as the basis for exchange), if valued, may come to be seen as a collective resource. If claimed by those with a right to do so, then one may be required to respond in a way that honours the primary relationship. Those who form cross-cultural relationships may sometimes find the relationship put at risk by those close to them, who may unwittingly invoke the reciprocity inherent in the relationship and then use it carelessly. Both sides of the relationship can potentially damage the standing of the other with inappropriate or disrespectful behaviour in both cultural settings: one's standing relies on the reputation of the other and this dimension can deliver both risk and protection to both parties. It is through relationships that non-Indigenous practitioners become 'trusted' or more 'trustworthy', since an Indigenous point of influence provides opportunities for feedback and intervention should problems arise. Strong relationships offer opportunities not available otherwise. For example, 'vouching' can occur, where Indigenous collaborators might be asked for their opinion of the non-Indigenous practitioners. If positive, doors may already be open when they approach particular Indigenous individuals, families, organisations or communities (Kelly 2010; Westerman 2004).

Those who are blind to the complexities of relationships may form superficial or one-way relationships and will remain essentially 'outside' the culture of the group they

are working with. While espousing cross-cultural 'success', they may be unaware that they have simply failed to engage. This 'blind' behaviour can persist for the duration of a project, leaving the non-Indigenous practitioner oblivious to the irrelevance of their findings or outcomes (Kelly 2010).

The Close the Gap Campaign committee (2010) has developed a paper on partnerships with the Indigenous Australian community that is applicable to individual practitioners who engage with Indigenous people. The core principles of partnerships include a recognition of the power imbalances that exist between the partners, an understanding of what effect these power imbalances have on the relationship, that partnerships must be an ongoing process of negotiation rather than just a one-off consultation, the partners must be clearly identified and their roles clearly defined, that partnerships should be capacity building and be clear on each partners' role, and that partnerships should involve review and evaluation of the partnership. Partnerships are essential in the building and sustaining of relationships; they are critical for successful engagement with Aboriginal and Torres Strait Islander communities and individuals. The two models of empowering ways to work with Indigenous people presented later in this paper have developing genuine partnerships as a key element in working with Indigenous people.

Acknowledging white privilege and black disadvantage

The practitioner needs to be constantly aware of their white privilege. This means a consciousness of the ongoing effects of colonisation. Even when relationships have been established, practitioners can easily move back into positions of power

and perceived indifference or dominance. There should be an understanding of the unique position that Indigenous people occupy both in terms of colonisation and the extraordinary capacity for strength, resilience and survival in circumstances unlikely ever to be encountered by mainstream groups or populations. Aboriginal people often do not enter the relationship in the same way as non-Indigenous people. There may be a cultural and personal history of oppression, misuse and abuse of relationships, and much of this can be ongoing. At the same time, many Aboriginal and Torres Strait Islander people possess great strengths and often have a rich network of family, cultural and other social and emotional wellbeing support resources that are often not acknowledged or recognised by those outside Indigenous cultures. Coffin (2007) states that this is a fundamental issue.

Many Aboriginal people have almost been de-sensitised to even very blatant racism. After a life of continual stereotyping, negative or inappropriate treatment by the dominant culture often goes unrecognised, or becomes the 'norm' of an Aboriginal person's life. Therefore, many Aboriginal people may not have the background or ability to explain to health care providers what they feel or experience (Coffin 2007: 3).

Moving beyond empathy

Practitioners should also listen, being comfortable in themselves. There should not be competitiveness or feelings of fear of being threatened or disrespected in the interaction. There should be a shared learner role, an exchange of knowledge. The person should behave with integrity and loyalty and demonstrate respect in relationships with Indigenous individuals and the community. Shopping

around to different Indigenous informants to find the answer that suits one's own agenda is not acceptable.

Creating a safe space together

The practitioner should strive to create a safe space with Indigenous individuals and to stay with the person and process. Building relationships is not a quick endeavour, and the practitioner needs to be prepared to be there for a long duration. Brokerage is a term used by Coffin (2007) to describe the process of building an empowering relationship. Communication is essential; listening and yarning without trying to impose one's world view on the other is necessary. Good brokerage should be developed with the Aboriginal community and is built on faith and trust. Protocols should be used to formalise the process of building partnerships. This actively includes key members of the Aboriginal community and can inform the process and selection of who is to be included in various projects and the capacity building of empowered Aboriginal community members.

What really works

The authors investigated practices and processes that may increase the likelihood of being successful when working across cultures and that could be judged as genuine cultural competence. Basically, culturally competent practitioners work in ways that are respectful, empowering and reliable. Good models and tools (as opposed to 'armchair experts') for increasing cultural competence might include practices such as a process for self reflection, gaining feedback on performance and implementing a mentoring system. While not exhaustive, two

models are highlighted.

The first model is a framework for critical reflection with some useful techniques, reproduced with permission from Walker and Sonn (2010: 157-180). Walker (2000, as cited in Walker and Sonn 2010: 169) —depicts the multi-dimensional and iterative nature of critical reflection and illustrates how our understandings of self, others and the particular profession interact with the broader cultural, social, historical political and economic context, and our understandings and formal and informal theories underpinning our professional practice are informed by a complex interaction of values, beliefs, assumptions, experiences and contextual factors.

The diagram in Figure 1 depicts the tensions and interacting elements that occur at an individual level and which are experienced by those people who recognise and acknowledge that they are working within the cultural interface and attempt to understand their own relationship with the various elements within it (cited in Walker and Sonn 2010: 169; Walker, Osborne and McPhee 2000: 317)

Walker, McPhee and Osborne (2000) describe a range of tools and techniques developed with Indigenous and non-Indigenous colleagues to facilitate the process of critical reflection to enable practitioners to make more conscious decisions in their work to support the interests of particular Aboriginal community groups and organisations.

The second model is based on a mentoring process. Kerrie Kelly, a non-

Indigenous psychologist, recounts the lessons she has learned about cultural competence from working with Indigenous communities.

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The second model is based on a mentoring process. Kerrie Kelly, a non-Indigenous psychologist, recounts the lessons she has learned about cultural competence from working with Indigenous communities.

Critical Reflection Framework

Walker and Sonn (2009: 167) have developed a model of critical self reflection for practitioners wanting to work competently in Indigenous contexts. From their considerable experience, practitioners may be confronted by the challenging nature of engaging in decolonising practice at a individual level, as well as supporting complex and traumatic circumstances that clients and communities may be experiencing. Their work emphasises the importance of self-reflexivity in deconstructing whiteness. They describe how practitioners will be placed in a dynamic context with a range of complexities including cultural differences, historical influences from both broader and local perspective. Within this will be human interactions that involve a diversity of individual personalities, histories, experiences and beliefs (including those of the practitioners themselves) in the interaction and relationship of working with Indigenous peoples. Operating at

the cultural interface of engagement can be a challenging process (Walker 2001).

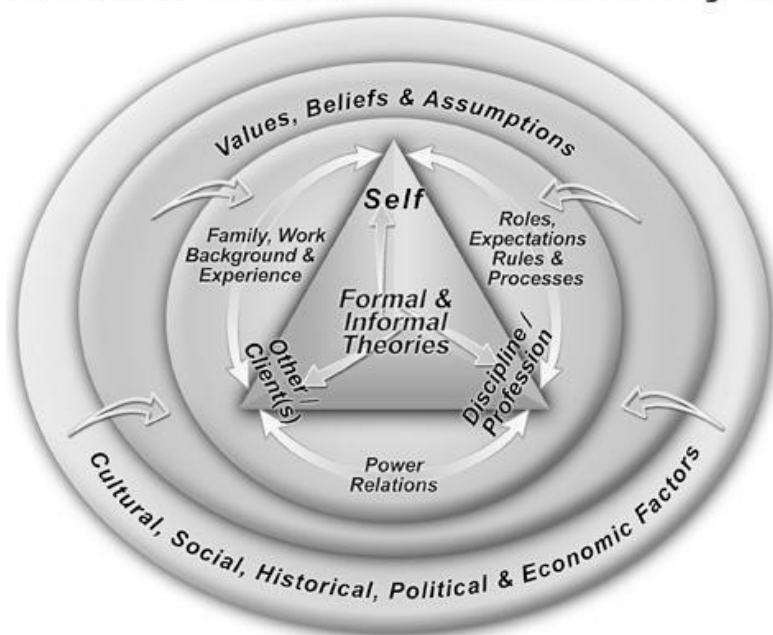
Critical reflection enables the practitioner to clarify and make sense of cultural differences in action, and also helps in the personal and professional development of both the practitioner and the Indigenous collaborators. Critical reflection is not simply an indulgent exercise about psychologising others and oneself, but should involve an action research agenda that involves working alongside and in collaboration with Indigenous colleagues. It can be a powerful tool for producing new knowledge, processes and contributions to improving social justice outcomes for Indigenous people.

Critical reflection requires practitioners to:

- Analyse and understand the broader cultural, social, political and economic environment and how it impacts on or influences their professional and personal practice.
- Make their own disciplinary and professional practice the subject of their inquiry in order to analyse and where necessary change it, so that their actions are more effective, culturally appropriate and relevant for the specific individuals and groups with whom they are working. In doing so they become more conscious of the power issues that are inherent in their own disciplines and practices, leading to the development of culturally secure process and environments to improve Indigenous health and wellbeing outcomes.
- Draw information from a broader social and historical context as well as their professional context to better inform and interpret their own and their clients' actions and responses. While the focus is about their professional

practice in context, explanations need to extend beyond the taken-for-granted practice to include an examination of how power relations in the broader social and political context impact on issues of race, culture, gender and class, and in turn, how they may influence their own and others' beliefs, values and behaviour. (Walker and Sonn 2010: 167-169)

Critical Reflection Framework of Analysis



Kerrie Kelly's reflections of 'walking the talk': Developing cultural competence through mentoring

'If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.' Lila Watson (1985)

I am a non-Indigenous psychologist who has worked with Aboriginal and Torres Strait Islander people for almost 15 years within a 'decolonising' framework (Nairn 2000). I am reticent to say that I am 'culturally competent' or 'proficient'.

However, since I have been requested to share my experiences by my Aboriginal colleagues, I am doing so in the hope that my real life experience in the field might help to demonstrate that the process of being mentored to develop cultural competence is not only effective, but appears to fit comfortably within existing Aboriginal cultures and processes. Rather than being mentored to become 'culturally competent' in relation to a particular cultural or language group, I have been mentored by Aboriginal elders and colleagues to develop cultural 'know-how' in relation to a particular issue: the Indigenous concept of social and emotional wellbeing, which is an extremely sensitive field of enquiry, heavily influenced by colonial history and human rights abuses. While I originally began working with people in Far North Queensland, I have since learned that the structure that underpins this concept has broader application.

My process of mentoring began before mainstream concepts of cultural competence were established and relied on existing Aboriginal concepts of mentoring which were applied to me as a non-Aboriginal psychologist. Whether or not my experience adheres to models developed by non-Indigenous academics, the Aboriginal version of mentoring I received required me to engage in an on-going dialogue over a number of years and to be directly accountable to my mentors for any practice I adopted in Aboriginal settings. At the same time, I was aware that my mentors perceived themselves to be accountable to other Aboriginal and Torres Strait Islander people for my practice: that is, if I acted in a harmful way, I disrespected them as well as myself. This level of accountability served as a powerful driver to develop and demonstrate cultural competence over time.

The push for me to become culturally competent arose from a need to accurately reflect the views of the Aboriginal and Torres Strait Islander group I was working with, to develop a curriculum to train counsellors to address Indigenous concepts of social and emotional wellbeing (as opposed to mainstream concepts of mental health and illness). I collaborated with a range of people within the group who had expertise in particular areas, but made deeper connections with two senior Aboriginal people in the group (a male and female). To my great appreciation, they both separately agreed to take on a 'mentor' role for me into the future when the project was complete. These relationships have continued for more than a decade and our connection remains strong. Our relationships have been open, honest, reciprocal and sometimes painful and confronting. The influence they have had on me, my life and my world-view has been profound.

As a result of being mentored, I have become aware of the following boundaries in relation to the knowledge I have been provided with:

- Given the diversity of Aboriginal and Torres Strait Islander cultures, one can only become competent in relation to one particular cultural group; If one leaves a particular locality, or begins working with another group or another area of expertise, then one reverts to being culturally incompetent again;
- Cultural competence is subject to the same constraints experienced by Aboriginal people: that is, knowledge does not extend beyond a particular language or cultural group;

- Knowledge is power in Aboriginal settings, and all people (Aboriginal and non-Aboriginal) must earn, incrementally, access to cultural knowledge or 'know-how';
- Further access will be denied if existing knowledge is disrespected or used inappropriately (that is, in ways that undermine cultural integrity or cause harm to individuals/families/communities);
- Misuse of knowledge included using it to benefit my career by writing' about' the cultural beliefs of Aboriginal people;
- The knowledge given to me could not be passed on to other non-Indigenous people without seeking permission to do so;
- If I disrespected or misused my knowledge, I was likely to experience similar consequences to those that Aboriginal colleagues might experience in similar situations.

If I have achieved cultural competence or proficiency, this has been by fitting in with existing Aboriginal and Torres Strait Islander structures and processes and respecting the cultural constraints placed on me as part of this process. I did this intuitively as an individual using an organic, reflective, respectful process without a pathway to follow other than that provided by my mentors. Trust was an important factor in establishing a successful mentoring relationship, since my mentors took on significant risks by empowering me as a non-Indigenous person with knowledge

about cultural issues. These risks are captured in the following passage:

Non-Indigenous people might know a lot about Indigenous affairs and Indigenous politics but it does not mean that they will support Indigenous people or our worldviews and values over their own, and it doesn't mean that they will not put Indigenous people down in the process. In essence they might protect and maintain their own interests in Indigenous issues by the denial and exclusion of Indigenous people and our sovereignty (Moreton-Robinson cited in Fredericks 2009: 7).

When someone asks me what I have learned from being mentored, I always respond by saying 'I have learned where my boundaries are as a non-Indigenous practitioner'. Although I might have some cultural 'know-how', I am clear that I am non-Indigenous and that I have a non-Indigenous role in whatever collaboration I am working on. I do not seek to replace or substitute

Indigenous voices. I learn what I am taught, often through 'osmosis' by being permitted to be present during serious conversations about sensitive issues. I do not ask intrusive questions. I trust that I will be taught what I need to know, when I need to know it or when I am ready to hear it.

I enjoy working collaboratively and feel very comfortable in Indigenous settings: the mutual respect, warmth and humour are life-giving to me. I enjoy having my expertise called upon and put to use. I have a few simple rules I try to live by: I never participate in a project without checking with my mentors first that the

project and my role within it are appropriate. I always work in collaboration, never alone. I never claim to represent the views or aspirations of Aboriginal people: there are many competent Aboriginal people with the authority to do this. If I am asked for my opinion on an Indigenous issue, I refer on to an Aboriginal representative. I believe there are some discussions that non-Aboriginal people should not engage in, for example issues concerning Aboriginal identity or spirituality: the former is dangerous for Aboriginal people and the latter dangerous for non-Aboriginal people. In some situations, even if I might know an answer to a question, it might not be my place to provide it; some information needs to be provided by Aboriginal people.

Mentoring is an extremely positive experience which effectively reduces the risks involved in working cross-culturally and delivers a range of positive benefits to the mentor and the mentee. Ultimately, it is only my cultural mentors and other Aboriginal and Torres Strait Islander people who can judge whether I am culturally competent or not, and that will be influenced by the culture(s) of the group I happen to be working with, and how good my mentors were in teaching me.

In closing, I will pass on a valuable piece of advice about working cross culturally that I received from a non-Indigenous colleague: *'to listen properly, you must first stop talking'*.

Conclusion

This article has provided an overview of the main issues regarding cultural competence. Drawing on both the literature and experience, the authors

explored the challenges and complexities of cultural competence and outlined a set of philosophical guidelines to assist practitioners in their work with Aboriginal and Torres Strait Islander peoples. The two sections providing experiential learning together with the framework developed by the authors from their personal experiences will be invaluable to practitioners. Their collective wisdom and knowledge of cultural competence has been shaped and refined over many years of experiential learning. The critical reflection framework provided by Walker and Sonn (2010) is a valuable and systemic way to assess and monitor ones self and to continually develop as a culturally competent practitioner. From a different perspective, mentoring as discussed by Kerrie Kelly illustrates, firstly, the difficulties and challenges of a non-Indigenous practitioner in an Indigenous setting; and, secondly, simple rules that may assist non-Indigenous practitioners working with Aboriginal and Torres Strait Islander people in ways that value their knowledge and take direction from their aspirations.

References

American College Health Association. 2008. *Cultural Competency Action List*. <http://www.acha.org/> (accessed 13 February 2009).

AHMAC (Australian Health Ministers' Advisory Council) Standing Committee on Aboriginal and Torres Strait Islander Health Working Party. 2004. *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004-2009*. South Australia: Department of Health, South Australia.

Bean, R. 2006. *The Effectiveness of Cross-Cultural Training in the Australian*

Context. Canberra: Department of Immigration and Multicultural Affairs.

Brown, A., Morrissey, M. and Sherwood, J. 2006. 'Uncovering the determinants of cardiovascular disease among Indigenous people'. *Ethnicity and Health* 11(2): 191-210.

Close the Gap Steering Committee for Indigenous Health Equality. 2010. *Partnerships Position Paper*. California: Creativecommons.

Coffin, J. 2007. 'Rising to the challenge in Aboriginal health by creating cultural security'. *Aboriginal and Islander Health Worker Journal* 31(3): 22–24.

Dudgeon, P. 2008. *Mothers of Sin: Aboriginal Women's Perceptions of Their identity and Sexuality/Gender*. Doctorate Thesis, Murdoch University, Western Australia.

Dudgeon P, and Twomey C. 2000. 'Introduction'. In Dudgeon, P., Garvey, D. and Pickett, H. (eds.). *Working with Indigenous Australians: A Handbook for Psychologists*. Perth: Gunada Press, 3-12.

Fredericks, B. 2009. 'The epistemology that maintains white race privilege, power and control of Indigenous studies and Indigenous peoples' participation in universities'. *Australian Critical Race and Whiteness Studies Association e-journal* 5(1).

Glover, M., Dudgeon, P. and Huygens, I. 2005. 'Colonization and racism.' In Nelson, G. and Prilleltensky, I. (eds.). *Community Psychology: In Pursuit of Liberation and Well-being*. New York: Palgrave and Macmillan, 330-346.

Goode, T. D. 2004. *Cultural Competence Continuum*. Washington: National Center for Cultural Competence, The Georgetown University for Child and Human Development. <http://www.ncccurrricula.info/documents/TheContinuumRevised.doc> (accessed 28 January 2010).

Kelly, K. 2010. *Personal Communication About Cultural Competence*. Perth: 16 February 2010.

Marmot, M. 2005. 'Social determinants of health inequalities'. *The Lancet* 365: 1099-1104.

Nairn, M. 2000. *Decolonisation for Pakeha*. Auckland: Workshop material distributed by CCANZ Programme on Racism.

NCCC (National Centre for Cultural Competence). 2006. *Conceptual Frameworks/Models, Guiding Values, and Principles*. Washington DC: Georgetown University Child Development Centre.

NHMRC (National Health and Medical Research Council). 2006. *Cultural Competency in Health: A Guide for Policy, Partnership and Participation*. Canberra: Commonwealth of Australia.

Said, E. 2003. *Orientalism*. London: Penguin Books.

Sered, D. *Orientalism*. Fall, 1996: Online. Postcolonial Studies at Emory Pages. <http://www.english.emory.edu/Bahri/Orientalism.html> (accessed 18 May 2005).

Smith, L. T. 1999. *Decolonizing Methodologies: Research and Indigenous peoples*. London: Zed Books.

Stanley F. 2009. *The Greatest Injustice: why we have failed to improve the health of Aboriginal people*. Adelaide: The Bob Hawke Prime Ministerial Centre.

Sonn, C. 2004. 'Negotiating identities across cultural boundaries: Complicating cultural competence with power and privilege'. *Critical Psychology: International Journal of Critical Psychology* 11: 134-149.

Thompson, N. 2005. 'Cultural respect and related concepts: A brief summary of the literature'. *Australian Indigenous Health Bulletin* 5(4): Review 1.

Walker, R. 2004. *Transformative Strategies in Indigenous Education: Decolonisation and Social Change*. The Aboriginal Community Management and Development Program. Vol 13 No 3-4 *Journal of Australian Indigenous Issues*

Curtin University. Doctorate Thesis. University of Western Sydney. Sydney, New South Wales.

Walker, R., McPhee, R. and Osborne, R. 2000. 'Critical reflections for professional development'. In Dudgeon, P., Garvey, D. and Pickett, H. (eds.). *Working with Indigenous Australians: A Handbook for Psychologists*. Perth: Gunada Press, 311-324.

Walker R, and Sonn C. (2010). 'Working as a cultural competence mental health practitioner'. In Purdie, N., Dudgeon, P., and Walker, R. (eds.). *Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Australian Council for Educational Research, 157-180.

Walker, R. and Reibel, T. 2009a. Audit of Antenatal Services for Aboriginal Women in Western Australia Abstract'. *PZANZ 2009, A Top End Experience: Better Birthing, Better Babies*. 19-22 April 2009. Darwin, Northern Territory.

Walker, R. and Reibel, T. 2009b. *Developing Cultural Competence for Health Services and Practitioners, A Discussion Paper developed in consultation with ACCARE Working Party Members*. Unpublished. Perth: Telethon Institute for Child Health Research & Women's and Newborns Health Network.

Watson, L. 1985. *United Nations Decade for Women Conference*. Nairobi.

Wells, M.I. 2000. Beyond cultural competence: A model for individual and

institutional cultural development'. *Journal of Community Health Nursing* 17(4): 189-199.

Westerman, T. 2004. Engagement of Indigenous clients in mental health services: What role does cultural difference play? *Australian E-Journal for the Advancement of Mental Health* 3(3): 1-8.
<http://www.gtp.com.au/ips/inewsfiles/P21.pdf>

Wilkinson, R. and Marmot, M. 2003. *Social determinants of health: the solid facts*. 2nd edition. Copenhagen: World Health Organization.

Additional Publications # 3

Editorial – Australian Journal of Rural Health

LISA BOURKE Associate Professor, Rural Health Academic Centre, University of Melbourne, Shepparton VIC, Australia

JULI COFFIN Associate Professor Aboriginal Health, Combined Universities Centre for Rural Health, Geraldton WA, Australia

JUDY TAYLOR Centre for Rural Health and Community Development, Spencer Gulf Rural Health School, University of South Australia and Adelaide University, Whyalla Norrie SA, Australia

JEFFREY FULLER Professor of Nursing (Primary Health Care), School of Nursing and Midwifery, Flinders University, Adelaide SA, Australia

As demonstrated in the recent federal election, rural constituents and their representatives do not feel that rural Australia has its 'fair share'. On occasions, rural Australians gain political clout to voice concerns about health, education, employment, infrastructure, support of the agricultural sector and so forth. Interestingly, this time there have been inferences about whether or not rural, regional and remote areas of Australia deserve increased spending and infrastructure, as if these regions have been subsidised by urban Australians. The inference seems to ignore the fact that rural products are exported, value-added and consumed in urban Australia and contribute substantially to the national economy. It also undermines the cultural and historical value of rural Australia as well as the rights of remote, rural and regional Australians to have infrastructure comparable to their urban counterparts. Increased political attention during the past two decades has contributed not only to grow thin a body of rural health literature but common knowledge about rural health in Australia. What typifies public perceptions of 'rural health' is poorer health status, especially among Indigenous Australians, poorer access to health care and the lack of staff, particularly

doctors. Undoubtedly, the biggest issue in rural health, and in the nation, is Aboriginal and Torres Strait Islander wellbeing. Health differentials between Aboriginal/Torres Strait Islanders and other Australians are numerous, including low birth weight babies, higher levels of infant mortality, chronic illness (diabetes, asthma, heart disease), infectious disease and mental illness, and higher rates of injury and suicide (AIHW, 2008; Carson, Dunbar, Chenhall & Bailie, 2007). These manifest in a seventeen year shorter life expectancy. Related to these health issues are poor housing, low employment and education rates, racism, social exclusion and a history of oppression and dispossession (Carson et al., 2007).

To a lesser extent, there are also health differences at the aggregated level between rural/ remote and other Australians. Overall rural and remote residents have higher rates of injury mortality, especially road accidents, higher rates of communicable diseases, disability and homicide as well as higher rates of smoking and alcohol consumption. Babies from these areas tend to have lower birth weights and children have poorer teeth quality (AIHW, 2008). But these differences are not consistent across rural and remote Australia, with higher rates in areas with a higher proportion of residents who are Indigenous or who have lower incomes, education and socioeconomic status (Beard, Tomaska, Earnest, Summerhayes & Morgan, 2009).

Another well-known issue is the lack of staff, including nurses, doctors, allied health professionals and health managers in rural and remote Australia. The shortage creates high workloads, leading to high rates of burnout and increased waiting times, which adds pressure on the existing workforce to be clinically focused and work long hours. This work pattern makes recruitment and retention of staff difficult, further

compounding the workforce shortage. Access to care is another commonly cited issue, often viewed simplistically as distance and availability. However, access masks quality of care, cultural security and the appropriateness of the model of care, type of service and needs of the local community. In reality, rural and remote health are more complex than these well known issues. Rural and remote health services are a complex web of individual actions, community control, local culture, government regulation from several levels, risk management in various ways and a combination of autonomy and surveillance at all levels. Each negotiate their own pathway and emerge in many forms with some key strengths in addition to the well-known problems discussed above.

Appendices

Appendix I – Statement of Contribution

Statement of Contribution – Donna Cross

This is to certify that Juji Coffin did 80 % of the work towards the paper/chapter titled:

Coffin J. , Larson, A., and Cross, D. Bullying in an Aboriginal Context.

As a coauthor(s), i, Donna Cross am acknowledging my acceptance for this piece to be utilised towards the candidate's final thesis submission.

Signed:



Dated: 10th November, 2010

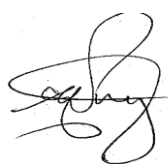
Name: Professor Donna Cross
Child Health Promotion Research Contra

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2 Bradford Street, Mt Lawley, Western Australia 6050
Ph: + 61 8 9370 6634 (work), 0419 926 070 (mobile)

Appendix I – Statement of Contribution

Statement of Contribution – Dr Michael Wright

This is to certify that Juli coffin did 33% of the work towards the paper/chapter (circle applicable) titled: __ Dudgeon, P., Wright, M., **Coffin J.** Talking It And Walking It: Cultural Competence, *Journal of Australian Indigenous Issues*. Dr Michael Wright and I as a co-author(s) am acknowledging my acceptance for this piece to be utilised towards the candidates final thesis submission.



Date 26th November 2010

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Appendix I – Statement of Contribution

Statement of Contribution – Ann Larson

This is to certify that Juli coffin did ___80___% of the work towards the paper/chapter (circle applicable) titled:___ **Coffin J.** , Larson, A, and Cross, D. Bullying In an Aboriginal Context.

and I as a co-author(s) am acknowledging my acceptance for this piece to be utilised towards the candidates final thesis submission.

Date __8 Nov 2010_____

Name____Ann Larson_____

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0427070683



Appendix I – Statement of Contribution

Statement of Contribution – Associate Professor Cheryl Kickett-Tucker

This is to certify that Juli coffin did 50% of the work towards the paper/chapter (circle applicable) titled:___ Kickett-Tucker CS, **Coffin J.** Aboriginal Self-Concept and Identity. In: Improving the educational outcomes of Aboriginal and Torres Strait Islander children. ACER Press Camberwell, 2009, Victoria.

Cheryl Kickett-Tucker and I as a co-author(s) am acknowledging my acceptance for this piece to be utilised towards the candidates final thesis submission.

Date: 9 November 2010



Name: Associate Professor Cheryl Kickett-Tucker

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Appendix I – Statement of Contribution

Statement of Contribution – Marisa Gilles

This is to certify that Juli coffin did 25% of the work towards the paper titled: Larson A, Gilles M, Howard PJ & **Coffin J.** 2007. It's enough to make you sick: The impact of racism on the health of Aboriginal Australians. *Australian and New Zealand Journal of Public Health* 31(4):322-329.

I as a co-author am acknowledging my acceptance for this piece to be utilised towards the candidates final thesis submission.

Date 16 December 2010

A handwritten signature in black ink, appearing to read 'Gilles', written in a cursive style.

Name_____Marisa Gilles


Contact details__PO Box 2728 Geraldton 6531 mobile 0429 086 740

Appendix I – Statement of Contribution

Statement of Contribution – Wendy Hermeston

This is to certify that Juli Coffin did 75% of the work towards the paper/chapter (circle applicable) titled: Ways forward in Indigenous health. and I as a co-author(s) am acknowledging my acceptance for this piece to be utilised towards the candidate's final thesis submission.

Date: 16.12.10



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Appendix I – Statement of Contribution

Statement of Contribution – Dr Andrew Guilfoyle

This is to certify that Juli Coffin did 40% of the work towards the paper/chapter (circle applicable) titled: "Make sure there is a shady tree; participatory action research and Australian Aboriginal communities" and I as a coauthor(s) am acknowledging my acceptance for this piece to be utilised towards the candidate's final thesis submission.



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Appendix I – Statement of Contribution

Statement of Contribution – Juanita Sherwood

This is to certify that Juli Coffin did ___75%_____ of the work towards the paper/chapter (circle applicable) titled: Ways forward in Indigenous health.

___ Marlene Drysdale, Tania Edwards and I (Juanita Sherwood) as a co-author(s) am acknowledging our acceptance for this piece to be utilised towards the candidates final thesis submission.

Date 12th, December, 2010



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Award – Not Just Scholars but Leaders: Learning Circles in Indigenous Health Research



Appendix III – Awards

Awards – Planning Institute of Australia (WA) Award for Excellence

Dear all,

I thought I'd just alert you to the fact that the Qualitative Urban Analysis book has been submitted as a nomination for this year's Planning Institute of Australia (Western Australia) Awards for Excellence in the Planning Scholarship, Research and Teaching Category. The book has been submitted under the names of the editors although I have provided details as to the various contributors to the book as well.

The Awards Dinner is being held this coming Friday so I'll advise after that as to whether or not the book has been successful. In the event that the book does win this category it will go forward as the WA nomination for consideration in the national planning awards for excellence which will be held at next year's joint PIA/NZPI conference in Christchurch, NZ in April 2010.

Regards,

Paul

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Co-Convenor
State of Australian Cities
Conference 2009
Perth, 24-27 November
www.promaco.com.au/2009/soac

Awards – Vice-Chancellors Student Award for Engagement

Edith Cowan University

Vice-Chancellor's Student Awards 2010

Dear Students,

I am pleased to announce the winners of the Vice-Chancellor's Student Awards for 2010.

These awards recognise and reward the outstanding achievements of individual students or a student team, nominated by an ECU staff member or member of the community, who have demonstrated an outstanding contribution to Edith Cowan University in the following areas:

- Engagement
- Contribution to University life

This year a total of 99 students were nominated for these awards. The Selection Committee gave careful consideration to all nominations, and was impressed by the very high standard of all nominees.

The winners for 2010 are:

Engagement

- Jade Stott

Special Commendations are also awarded to:

- Eunice Sari
- Ann Jones
- Darren Webb
- Solid Kids Team (Juli Coffin and Dionne Paki)

Contribution to University Life

- Jonathon Grove

Special Commendations are also awarded to:

- Nicholas Maclaine
- Samantha Ruggiero

- Ed Rep Society

Please join me in congratulating these students and all nominees. The field of applicants was very impressive and their receipt of these awards reflects a demonstrated contribution that is consistent with the University's values of Integrity, Respect, Rational Inquiry and Personal Excellence.

Kerry O. Cox
Vice-Chancellor

[Got a Question? Ask Us!](#)

Twitter: [@ECU](#)

Appendix III – Awards

Award – ICCWA Award for Outstanding Achievement

ICCWA Outstanding Achievement Award

Solid Kids, Solid Schools Child Health Promotion Research Centre

Combined Universities Centre for Rural Health

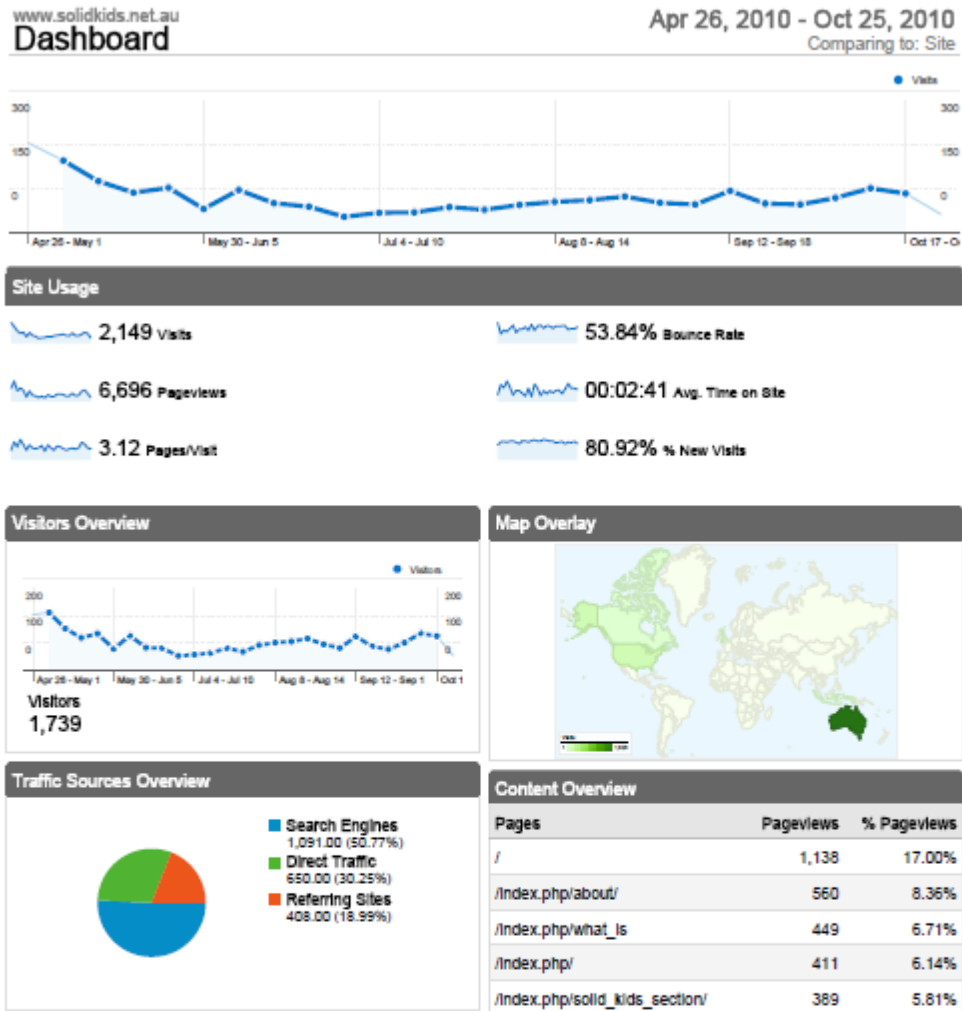


*Professor Juli Coffin (centre) and Dionne Paki from CHPRC with Professor
Tarun Weeramanthri*

Solid Kids, Solid Schools was a collaborative project conducted by the Child Health Promotion Research Centre in Perth and the Combined Universities Centre for Rural Health in Geraldton. This 4 year Healthway funded project aimed to collect understandings of bullying among Aboriginal children and communities, and to work with Yamaji school communities to develop locally relevant and culturally secure bullying prevention and management strategies. Congratulations to the Child Health Promotion Research Centre and the Combined Universities Centre for Rural Health in Geraldton for your outstanding achievements in reducing injury and promoting safety in your community.

Appendix IV - Media

Media – Website Analysis



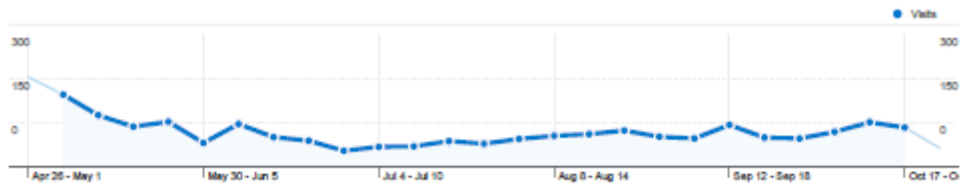


1,739 people visited this site

- 2,149 Visits
- 1,739 Absolute Unique Visitors
- 6,696 Pageviews
- 3.12 Average Pageviews
- 00:02:41 Time on Site
- 53.84% Bounce Rate
- 80.92% New Visits

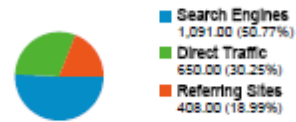
Technical Profile

Browser	Visits	% visits	Connection Speed	Visits	% visits
Internet Explorer	1,557	72.45%	T1	656	30.53%
Firefox	354	16.47%	Unknown	641	29.83%
Safari	148	6.89%	DSL	448	20.85%
Chrome	78	3.63%	Cable	363	16.89%
Opera	7	0.33%	Dialup	21	0.98%



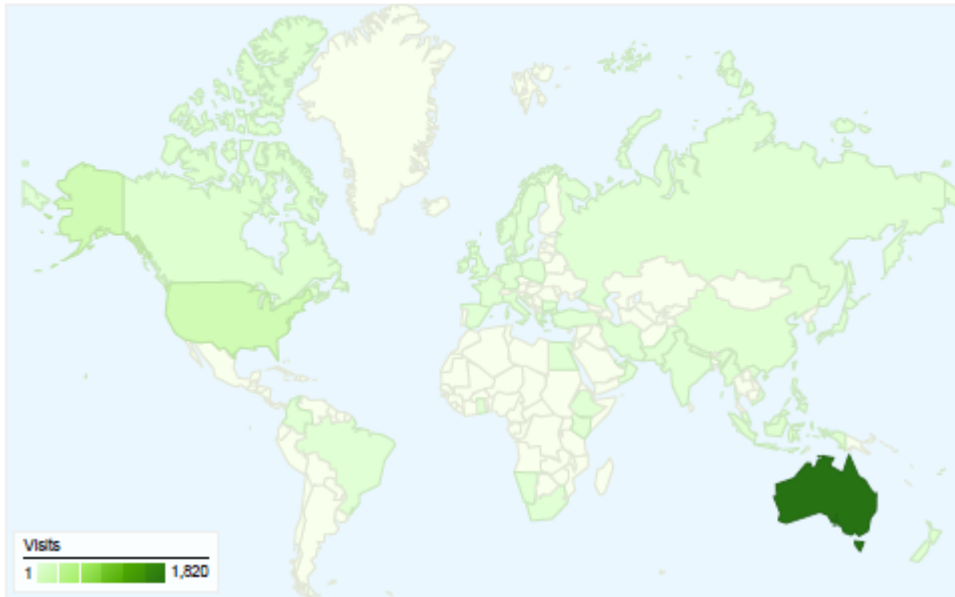
All traffic sources sent a total of 2,149 visits

-  30.25% Direct Traffic
-  18.99% Referring Sites
-  50.77% Search Engines



Top Traffic Sources

Sources	Visits	% visits	Keywords	Visits	% visits
google (organic)	1,004	46.72%	solid kids solid schools	39	3.57%
(direct) ((none))	650	30.25%	yamaji	29	2.66%
ecu.edu.au (referral)	117	5.44%	aleo	23	2.11%
chpru.ecu.edu.au (referral)	38	1.77%	solid kids	22	2.02%
google.com.au (referral)	36	1.68%	aboriginal protocols	18	1.65%

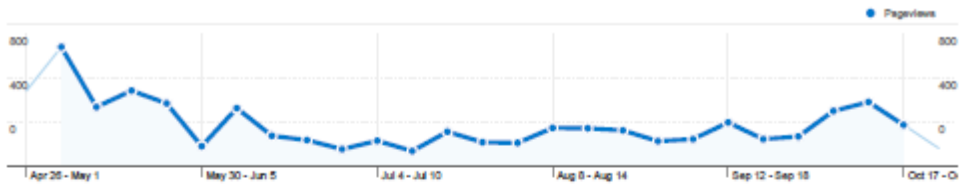


2,149 visits came from 54 countries/territories

Site Usage					
Visits	Pages/Visit	Avg. Time on Site	% New Visits	Bounce Rate	
2,149 % of Site Total: 100.00%	3.12 Site Avg: 3.12 (0.00%)	00:02:41 Site Avg: 00:02:41 (0.00%)	81.25% Site Avg: 80.92% (0.40%)	53.84% Site Avg: 53.84% (0.00%)	
Country/Territory	Visits	Pages/Visit	Avg. Time on Site	% New Visits	Bounce Rate
Australia	1,820	3.39	00:02:58	80.77%	49.29%
United States	170	1.20	00:00:17	72.35%	92.35%
Canada	26	3.54	00:04:23	88.46%	42.31%
United Kingdom	17	1.59	00:00:23	100.00%	70.59%
Indonesia	12	2.33	00:03:37	100.00%	50.00%
Ireland	8	1.00	00:00:00	100.00%	100.00%
New Zealand	7	3.43	00:05:01	100.00%	14.29%
China	7	1.43	00:01:08	100.00%	71.43%
Spain	6	1.33	00:00:10	50.00%	83.33%

Pakistan	5	1.20	00:00:14	100.00%	80.00%
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1 - 10 of 54



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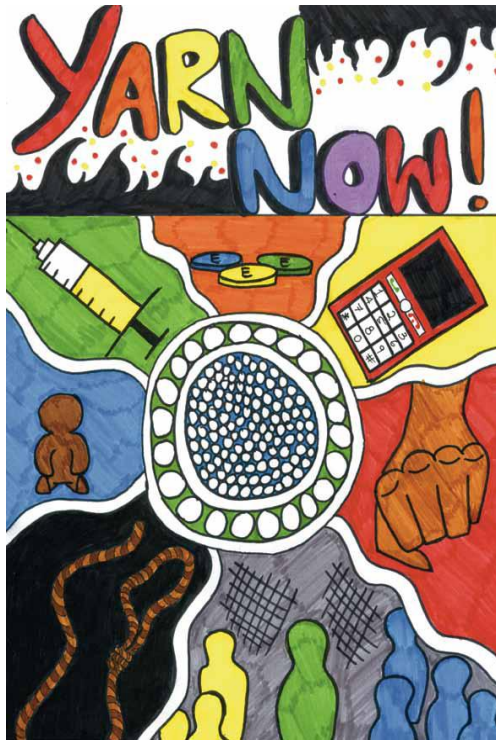
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Pages	Pageviews	% Pageviews
/	1,138	17.00%
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/index.php/what_is	449	6.71%
/index.php/	411	6.14%
/index.php/solid_kids_section/	389	5.81%

Appendix V – Media

Media – Comic Book



Juli Coffin would really like to thank the (Solid Kids Solid Schools) SKSS Steering Group and Yamaji Community for making this comic book possible and would like to introduce the talented young lady responsible for the fantastic pictures and helping to make the stories way more interesting! She is a young lady who has a passion for art as you can see:



Fallon Gregory

D.O.B. 04/08/1992

Mobile: 0458 128 153 Email: gregory_nerd@hotmail.com

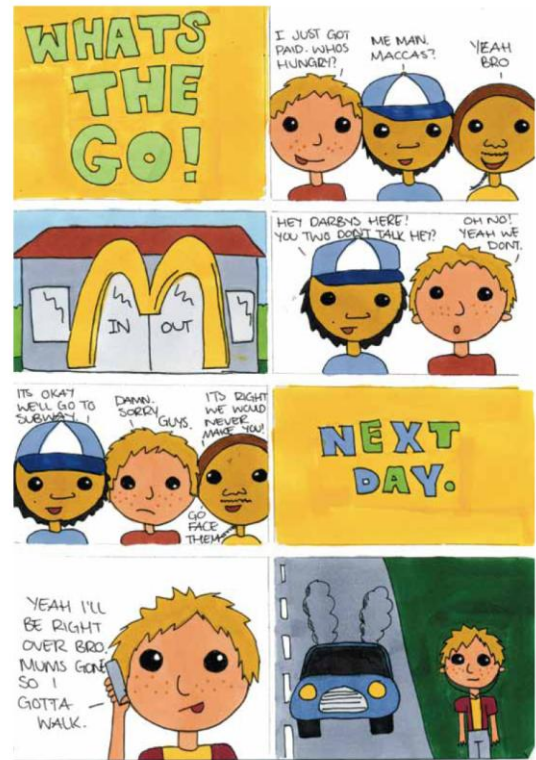
I have a large family which originate from Beagle Bay. My father is one of ten children by My Nan (Kathleen Ring) and Pop (Peter Gregory).

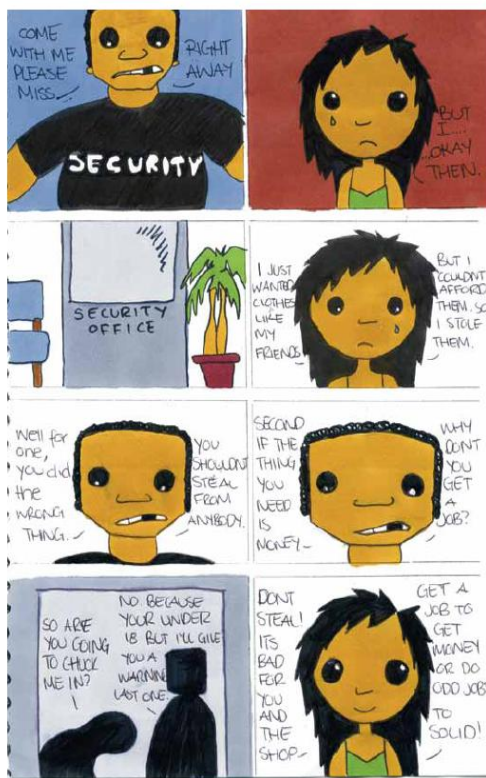
Born in Perth WA I have spent most of my childhood moving up and down the state as far as Geraldton and Perth in the south, and Derby, Fitzroy Crossing and Broome in the North. I spent nearly eight years living in Fitzroy Crossing before moving to Goomalling and then boarding at Iona Presentation College. From there I moved to Geraldton to complete my schooling and graduated year 12 from Nagle Catholic College in 2009.

My interests involve singing, drawing, art, music, fashion and fashion design. My whole life I have been surrounded by all forms of art from poetry, music, singing and painting. My family is my biggest influence in life and I have learnt a great deal of my skills from them.

I hope to continue working in the arts industry in the future and encourage anybody who wants to work in that industry to do the same.







DIVA CHAT

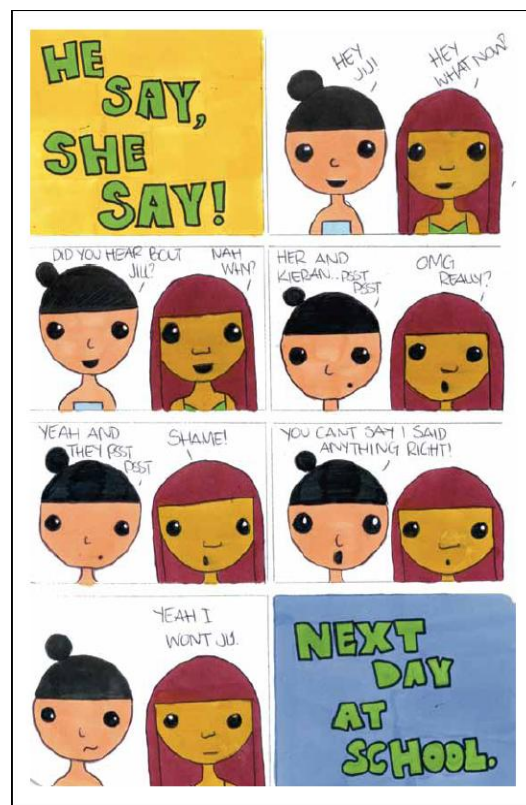
Snide remarks and innuendo
Running rampant in our town
They say it's in the name of fun
To run somebody down
But it's not that funny to those out there
Who constantly put up with the crap
To have to wear your unkind remarks
When you sink as low as that

That diva chat they say it's great
And it's really cheap as well
They get on there and go to town
their stories they love to tell
but do you people realize
your hurting someone out there
with your unkind words and trash talk
do you give a damn, do you care

I don't know if you know this
But to be on diva chat
You have to be 18 years old
Did any of you know that
All it starts is trouble

In the end the fights will start
So how about you stop and think
Before you play your part

Author: Nola Gregory © 3-3-2010



YEAH AND THEY THEN PSST PSST!

WHO WOULD MAKE A YARN LIKE THAT ABOUT ME?

I HEARD YOU WAS TALKIN ABOUT MY LIZ!

YEAH ITS JUST A YARN!

WELL IT HURT HER AND ITS NOT TRUE!

WELL THATS WHAT I HEARD OKAY?

THEN DONT YARN CARRY IF YOU DONT KNOW ITS TRUE!

OKAY THEN TELL HER I SAY SCRRY

DONT YARN CARRY!
THE YARN MIGHT NOT BE TRUE AND IT HURTS THE PERSON THAT ITS ABOUT. YOU COULD ALSO GET INTO A LOT OF TROUBLE!

SCHOOLYARD CHEEKIN

SO DID YOU DO YOUR HOME-WORK?

AS ALWAYS JIJ!

WHAT YOU NEEDS THINK YOU WICKED?

HA HA THEY NOTHING!

BUT POOR LITTLE GUTLESS DOGS.

OH-REASE TALK ABOUT YOURSELF!

OH-REASE TALK ABOUT YOURSELF!

WHATS WRONG?

NOTHING JUST THEM GIRLS BUGGING ME.

MAYBE YOU CAN GET SOME HELP TALK TO SOMEBODY?

BUT WHO WILL WANNA LISTEN TO A KID LIKE ME?

WELL FOR ONE THE TEACHER! EVEN THE PRINCIPAL.

OKAY THEN. I GUESS ILL TELL THE TEACHER.

THANKS - JIJ

ILL SEE TO IT.

THANKS FOR BRINGING THIS TO MY ATTENTION

THEM HURTS CHEEK YOU YET?

NOT A WORD SIS!

what a mad mob!!

STOP FIGHTING YOU MOB!!

WHAT YOU ACTING SMART FOR A Y. U WANT ME TO FLOG YOU.

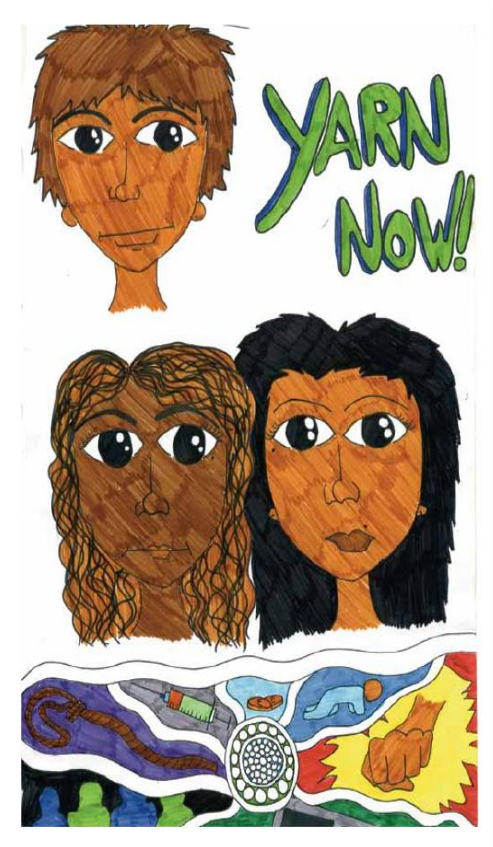
GET BACK IN THE ROOM YOU USELESS KID!

NO! STOP

NEXT DAY: SCHOOL

WHAT'S WRONG THERE BRO?

HMM!



Appendix VI – Media

DVD Letter

Leonie McEwan
Geraldton Netball Academy
PMB 102
Geraldton WA 6530



Dear Leonie

On behalf of the Solid Schools, Solid Kids team I would like to extend our thanks and gratitude to you and the Geraldton Netball Academy for your help in developing the anti-bullying DVD. Your staff and students have been extremely helpful both organising and acting in various scenes for the DVD. The Geraldton Netball Academy has been particularly generous in assisting with organisation and allowing us to film during training sessions. These contributions help us to take valuable steps towards addressing issues impacting upon the success of our Aboriginal students throughout the region and beyond.

In particular we would like to acknowledge the help of yourself and Lana Danischewsky, as you have both been instrumental in either organising or acting in scenes. Such generous assistance has been greatly appreciated.

The project involved some 50 students throughout Geraldton schools and provided them opportunity for personal growth and to make a difference in the school lives of Aboriginal students. I would like to formally thank all the Geraldton Netball Academy girls who performed in scenes and gave up their time to assist in this valuable project. Each of the following participants should be congratulated for presenting such as positive image of the Geraldton Netball Academy:

Josie Cameron	Tiana Hil
Hannah Boddington	Chloe Hand
Christine Dalgety	Chrystal Indich
Jemma Dann	Chenye Brown
Shikera Jones	Kyre Johnston
Sheliah Monedo	Narana Walsh

The Netball Academy girls demonstrated fantastic enthusiasm, volunteering their participation for roles in the DVD and displaying commitment to the project. The girls were highly cooperative and wonderful to work with – following directions, demonstrating a willingness to reshoot and improve scenes and learning scripts.

Participation in such a project brings both personal reward and provides a valuable service to the wider community. Personal reward is immediate in the sense that the girls learned new skills, interacted successfully with a professional film crew and gained a sense of pride that they have helped to make a difference within their community. Their involvement also serves

to develop their sense of self confidence and interpersonal skills. This, in turn, brings benefits to the wider community in that their efforts help to address and find solutions to issues impacting upon the success of Aboriginal students in schools.

The fact that the girls were able to recognise the benefits of their involvement in such a project and conduct themselves so cooperatively and enthusiastically is a great credit to the Geraldton Netball Academy and the positive personal development it provides for individual students.

It is anticipated that the completed DVD will be launched February/March 2011. I hope that you and the participating members of the Geraldton Netball Academy will attend the launch to celebrate your school's involvement.

I thank you for the wonderful support and participation in this project and look forward to any opportunity to work with Geraldton Netball Academy in the future.

Yours sincerely

Associate Professor Juli Coffin
Combined Universities Centre for Rural Health
A Frame Building
Fitzgerald Street
Geraldton WA 6530

DVD Scenarios

Scenario 1 – NON ACCEPTANCE OF INTER RACIAL FRIENDSHIPS

TEXT: YOU THINK YOU WHITE?

Scene 1 – Exterior, school playground

A group of students (group A), both Aboriginal and non-Aboriginal, are seated together talking about their weekend. Laughing and chatting animatedly – obviously all friends.

Student 1: How was that party on the weekend?

Students 2: No one showed up.

Students: All laugh.

Student 3: Epic fail

Student 2: My mum wouldn't let me go.

Student 4: Nah, mine neither, she wanted to ring the parents. No way.

Student 1: I didn't even bother asking, no way mine'd let me go.

All continue laughing and talking as the bell goes ("What've you got next?" "Ah I hate Science" "See you at recess" etc). All get up with school bags and start heading to class as they chat.

A group of Aboriginal students (group B) walks past group A. One whispers something in another's ear, pointing at the Aboriginal students in group A. Aboriginal student in group A notices them and looks down at feet. A student from group B yells out.

Student: What you doin? You think you white or something?

All the students in group B laugh and jostle each other as they keep moving to class.

Aboriginal student from group A, looks up, staring after the group looking hurt and sad. Stops and lets the rest of group A keep walking, then walks to class alone.

Scene 2 – Interior, classroom, head shot, background blurred.

Victim: I feel bad 'cause I don't think I'm white, they're just my mates.

TEXT: WHAT CAN YOU DO?

TEXT: A – DO NOTHING

Scene 3

A – Exterior, return to shot of student walking away alone. Sitting in class alone. Hanging out with the Aboriginal students and watching his friends from group A walking by laughing and chatting.

TEXT: B – TALK TO A FRIEND

Scene 4

B – Exterior – walking home from school. Show students talking to a couple of the kids from group B/ or the other Aboriginal students from group A

Victim: Maybe we shouldn't hang out with those white fellas anymore

Friend: Huh? Why?

Victim: They say we think we're white

Friend: That's stupid, we know we're black

Victim: (Shrugs)

Friend: Nah, we just talk to em. Tell them we are all friends, they just have to get used to it.

TEXT: C – TALK TO AN ADULT

Scene 5

C – Talk to parent/carer. Interior – talking in car on the way home from school.

Mum: How come you're not waiting with your mates?

Victim: Ah, they tell me I think I'm white or something.

Mum: What? You think you white?

Victim: Nah

Mum: Well, you don't listen to 'em. You know you black. You can have all sorts of friends.

Scenario 2 – FAMILY CONFLICTS AND SCHOOL

TEXT – YOUR FAMILY

Scene 1 – Exterior, Netball game, usual netball sounds, whistle, shouts and cheers. Sound fades to background as camera focuses on a conflict between two kids.

Kid 1: Your sister is no good. She winyarn, look she can't even catch the ball.

Kid 2: (Angrily defends her sister) She can so. She's better than your sister!

Kid 1's Mum: You shut your mouth. Don't talk about my family like that....

Scene 2 – Exterior. Mum 1 angrily approaches mother of kid 2 and they argue.

Mum 1: Your girl been calling my family names.

Mum 2: She is just sticking up for her family. Your kid called us winyarn.

Mum 1: I never heard it!

Mum 2: What, you callin me a liar now?

The two women begin yelling and pushing at each other...fade to background.

The two kids are watching on sadly

Mum 2: Right, I'm going to get my man. We coming to your place and sort you out!

Scene 3 – Exterior. CU

Kid 2: I don't like it when our families fight. Makes me feel shame.

TEXT: WHAT CAN YOU DO?

TEXT: A – DO NOTHING

Scene 4

A – Long shot of the two women fighting and yelling and kid 1 and 2 standing by and watching.

TEXT: B – TALK

Scene 5

B – Exterior, kid 1 and sister are walking to get a drink.

Sister: What mum fighting for?

Kid 1: Ah, I told Sharnee her sister was winyarn and she said stuff about our family.

Then mum went and started flogging Sharnee's mum.

Sister: I wish our families wouldn't fight. Uncle told me that our people used to have a big meeting and sit down together to sort things out.

Kid 1: Yeah? Maybe we should ask Uncle to talk to em.

Sister: Yeah. You'll have to say sorry for being a big mouth though.

Kid 1: Yeah, okay.

TEXT: C – TALK TO YOUR FAMILY

Scene 6

C – Interior. Kid 1 and mum in the car talking.

Kid 1: Mum, why you fighting out there today?

Mum: I was sticking up for my girl...and my family.

Kid 1: Everyone was talking about you fighting. I felt bad.

Mum: Hey? Why do you feel bad?

Kid 1: We shouldn't be fighting. It looks bad. I shouldn't have been saying things about Sharnee's sister. We need to look out for each other, all our families.

Mum: (stares back at her, thinking, smiles and ruffles her hair) Yea maybe you're right. Maybe I'll go and talk to 'em to sort this out.

Scenario 3 – FEMALE JEALOUSY AND BULLYING

TEXT: JEALOUS MUCH?

Scene 1 – Exterior, park/front beach. Group of girls sitting together at the park, hanging out, chatting and laughing. Another girl (Girl 1) and her boyfriend walk past holding hands. The group of girls start pointing and whispering (generally being bitchy). One of the girls gets out her phone and starts texting.

Scene 2 - Mid shot of Girl 1 and her boyfriend ad Girl 1's phone beeps and she takes it out and reads the message. She stops walking and looks over her shoulder at the group of girls behind her who all start laughing at her.

Scene 3 -

Boyfriend: What's wrong?

Girl 1: Ah, nothing.

Boyfriend: Is it that message? What happened? What does it say?

Girl 1: Nah, it's nothing, don't worry about it. C'mon lets go.

They walk away, the group of girls continue to laugh and point.

Scene 4 – Exterior, school grounds. Girl 1 is sitting with a friend at school, talking. Girl 1's phone beeps, she reads the message then throws her phone, angry and frustrated.

Friend: Hey! What's wrong?

Girl 1: They keep hassling me about Robbie.

Friend: They still doin' that? I though Sarina didn't like Robbie no more.

Girl 1: They stopped goin' out ages ago but she and her friends don't like seeing us together. Yea and Kelly said they been carrying yarns about me too. They're saying all sorts of lies about me.

Friend: (rubs Girl's shoulder sympathetically) That's no good. What are you going to do about it?

Scene 5 – Interior or Exterior. Girl 1 curled up on her bed.

Victim: I'm getting really depressed. They keep saying bad things about me and threatening me. I don't really know what to do.

TEXT: WHAT CAN YOU DO?

TEXT: A – DO NOTHING

Scene 6

A – Interior, bedroom. Girl 1 is sitting in her room and crying. In the distance a phone can be heard ringing. There is a knock on her door.

Voice: Taylah, it's Robbie on the phone.

Girl 1: Tell him I'm not home.

Voice: Hey? You don't want to talk to Robbie?

Girl 1: No. Tell him I'm not here.

TEXT: B – TALK TO YOUR FRIENDS

Scene 7

B – Exterior, school grounds. Girl 1 talking with her friend (continuation of scene 4).

Friend: (rubbing Girl 1's shoulder) Hey, don't worry about them. Your friends don't listen to that crap. Everyone knows they just jealous.

Girl 1: Yea but they keep messaging me and saying they're gonna flog me and stuff.

Friend: Block that number. Don't read those stupid messages. They all talk anyway.

Girl 1: Yea, I s'pose.

Friend: C'mon lets go find out how to block the number so they can't send those stupid messages anymore.

Girl 1: Yea, okay.

TEXT: C – TALK TO A TEACHER OR AIEO

Scene 8

C – Interior, school. Girl 1 approaches a door marked 'AIEO', knocks and goes in.

Over should shot of AIEO as Girl 1 relates the issue.

AIEO: Hi Tayla, how are you?

Girl 1: Ah, I've been having a bit of trouble.

AIEO: Well, what's going on?

Girl 1: Some of the girls at school are carrying yarns about me. They keep sending me text messages, callin' me names and threatening me.

AIEO: Why are they doing that?

Girl 1: They jealous 'cause I've been going out with Robbie.

AIEO: I'm glad you came to see me...these girls are doing the wrong this and there's a lot we can do about that...let's talk about some ways we can help...

Continue with shot of the conversation continuing as Girl 1 is talking and starts to smile a bit and look happier...

SCENARIO 4 – FIGHTING

TEXT: WHAT'RE YOU FIGHTING FOR?

Scene 1 – Exterior, park, two groups of school boys from different schools meet. A boy from the first group bumps a boy from the second group as they go past. They immediately start up at each other. “Who do you think you’re pushing?” “Get out of my way.” etc and both groups begin pushing and mouthing off at each other. Blur scene. Voice starts to yell – “Fight, fight, fight...!!!” as a blurred brawl can be seen and the camera pulls back to a long shot.

Two boys run into the shot, one with his camera phone. He holds the phone up to film the fight.

Scene 2 – Exterior, the same two boys are now walking away from the fight scene as Boy 2 looks at his phone.

Boy 1: What you got there?

Boy 2: What does it look like, I filmed the fight.

Boy 1: What’re you gonna do with it?

Boy 2: I’m gonna post it on youtube ‘ey.

Boy 1: Nah, I don’t reckon you should do that ‘ey.

Boy 2: Why not?

TEXT: YEAH, WHY NOT?

Scene 3 – Exterior, group of kids sitting around the school ground discussing why fighting is a problem.

Student 1: You see that fight yesterday?

Student 2: Yea a big mob of ‘em all started havin a go.

Student 3: I saw it on youtube ‘ey.

Student 1: What?

Student 3: Some fella filmed it and posted it, I saw it last night. Heaps of people saw it.

Student 2: (shaking head sadly) That's no good 'ey.

Student 1: Yeah, makes us fellas look bad. It's not good.

TEXT: WHAT'S THE PROBLEM?

TEXT: A – BAD ROLE MODEL FOR YOUNG KIDS

Scene 4

A - Interior, two young kids on the computer at school. They see the fight on youtube. Camera shot so we can see their faces and the glow of the computer screen on them (but not the actual footage). Sound – can hear the chant of – “fight, fight, fight”.

Young kid 1: Hey, that your brother fightin'!

Young kid 2: Nah it's not.

Young kid 1: Yea it is. That's his shirt and look 'ere, that his hair. It's him, shame.

Young kids 2: (close up on face as he watches sadly, then turns away).

TEXT: B – FAMILY SHAME AND DISAPPOINTMENT

Scene 5

B - Exterior – two Aboriginal women meet in the street. Stop to chat.

Woman 1: That your boy fighting on the computer?

Woman 2: (looks down at feet, mumbles) Yea.

Woman 1: You've got to tell him to stop fighting. It makes us look bad.

Woman 2: I know. I'm really disappointed and now he's in trouble with the school too.

Woman 1: We've got to teach our boys to behave.

Woman 2: Yea I'm gonna have a talk to that boy.

TEXT: C – BRINGING DISGRACE UPON OUR CULTURE

Scene 6

C – Interior, news desk, current affair program reporting on the issue.

Reporter: Local indigenous leaders say they are shocked and alarmed at the recent spate of video's that have appeared on the website 'youtube'. The video's show footage of local indigenous youth engaged in vicious brawls in public spaces such as school and parks. An increasing number of these video's are appearing and indigenous leaders say these present their culture in a highly negative light.

Cut to interview footage

Leader: We don't want to see our young people treating each other in this way. It is bad for them and it is bad for our culture, our people.

SCENARIO 5 – PEER PRESSURE AND BULLYING

TEXT: BULLYING HURTS

Scene 1 – Exterior. Group of students congregated at school. A group of bullies talking, laughing and pushing each other around a bit. A small boy begins to approach.

Bully 1: Hey push that little one.

Student: Nah, he's just a kid.

Bully 1: Push 'im. What's wrong with you? You scared?

Bully 2: Yea, he's too scared.

Student: No. I just don't wanna.

Bully 1: (shoves the student) Push 'im. You want to hang out with us or what?

Student: Yea.

Bully 2: (shoves student in direction of the boy) Push 'im.

Student: (stumbles and pushes the boy)

The small boy falls over, dropping his bag. All the bullies laugh, dragging the student away with them. The student looks back over his shoulder guiltily. Close up of the boy looking sad on the ground.

Scene 2 – Head Shot

Bully: My brother pushed me around. It's just the way it is, these little fellas need to know who's boss.

Scene 3 – Head Shot

Small Boy (Victim): I don't know why those kids push me like that. I'm scared and I dunno what to do.

Scene 4 – Head Shot

Student (Peer pressure): I don't want to hurt anyone but those fellas won't be my mates if I don't join in.

TEXT: WHAT CAN YOU DO?

TEXT: A – DO NOTHING

Scene 5

A – Replay scene of student pushing small boy. As he lays on the ground everyone else looks then just walks away.

TEXT: B – SPEAK UP!

Scene 6

B – Replay scene of student pushing small boy. Other students immediately spring to his defense and growl at the group of bullies.

Student 1: Hey what do you think you're doing?

Student 2: Yea why don't you leave him alone?

Bully 1: Aw, he'll be alright.

Student 3: He's not hurting anyone, stop bullying him.

Student 2: You think you're tough pushing little kids around.

Bully Student: I'm sorry, they pushed me (helps the boy up), I didn't mean to hurt you.

Other bullies slink away.

TEXT: C – TALK TO SOMEONE

Scene 7

C – Interior. School Counselor's office. Bully student and Boy both walking through door marked 'School Counselor'. Rear shot over boy and students shoulders to counselor.

Scene 8 – Interior. Counselor's Office. Bully and boy are both sitting in front of the counselor.

Counselor: What happened?

Boy: He been pushing me around, bullying me.

Counselor: Is this what happened?

Student: Yeah but my mates made me. Told me a had to.

Counselor: How does this make you feel?

Boy: I'm scared. Those fellas are bigger than me.

Counselor: Is that how you want him to feel?

Student: Nah, he's alright.

Counselor: Okay, lets talk about some ways to sort this out.

Both boys nod.

SCENARIO 6 – FAMILY FEUDING AND SOCIAL ISOLATION

TEXT: FAMILY FEUDING

Scene 1 – Interior, classroom, students are entering classroom, a female student goes to sit with other Aboriginal students.

Student 1: This seat's taken.

Female Student: What? No one's sittin' there.

Student 1: You're not sitting here.

Female Student: Why not?

Student 2: 'Cause no one like your family.

Female Student: What? Why noy?

Student 3: You family been fighting, they trouble makers, no one wants to know 'em.

Student 2: Yea Uncle told me your family no good, always fighting.

Female Student: But that's not my fault.

Student 2: Well, go tell your family. We don't care.

Student 1: Yea, clear off.

Student 3: Go and sit somewhere else. You're not wanted here.

Scene 2 – Exterior, school playground, female student walks by to hear a large group of male students gesturing and telling her younger brother he's not welcome. Young brother walks away sadly. Female student (sister) approaches him.

Sister: What's going on?

Brother: (clearly upset) They told me they don't want me hangin' around 'em.

Sister: Hey? Why not?

Brother: 'Cause our family. They said we're all the same.

Sister: (sadly) Yea they've been saying that to me too. It's not our fault our family havin troubles.

(The two walk off together).

TEXT: WHAT CAN YOU DO?

TEXT: A – DO NOTHING?

Scene 3

A – Interior, classroom, show student sitting alone and excluded, looking miserable, watching other students as they happily interact.

TEXT: B – TALK TO YOUR FAMILY

Scene 4

B - Interior, family home, brother and sister approach their Aunty in the lounge room.

Sister: Aunty we've been having some trouble at school.

Aunty: Hey, what's the trouble?

Brother: It's 'cause of the fighting.

Aunty: You been fighting?

Sister: Nah, 'cause of our family fighting. The kinds say our family is no good.

Brother: They won't hang around with us. Won't be our friends anymore.

Aunty: (Angry) Well, we'll see about that. I'll go 'round and see their mum and sort them out. I'm gonna give them a floggin'.

Sister: No Aunty, that's why they don't like us. It's 'cause of the fighting. It's making trouble for us kids.

Aunty: Oh, so you want us to stop the fighting?

Sister and Brother: Yeah

Aunty: Well, I'll go talk to our family, see if we can sort things out so it's better for you kids.

TEXT: C – TALK TO AN ELDER

Scene 5

C – The brother and/or sister approach an elder.

Uncle: Hey little fella, you don't look too happy, what's going on?

Kid: Uncle I'm having trouble at school 'cause of our family fighting.

Elder: What's happening?

Kid: The kids at school won't hang around with me. They say our family is no good 'cause they always fightin' and stuff.

Elder: Well the fighting's no good. Makes us look bad. In the past our people would hold a big meeting and sit down to sort things out.

Kid: That must have been good.

Elder: Would you like me to have a meeting with your family? Try and sort things out to stop the fighting?

Kid: Yea, that'd be good Uncle.

Elder: Ok, I'll go talk to them and we'll try and make things better for you at school hey?

SCENARIO 7 – PEER PRESSURE AND BULLYING (VICTIM)

TEXT: BULLYING HURTS

Scene 1 – Exterior, group of students congregated outside school at the end of the day. A group of bullies are calling out and hassling the younger students as they walk by. A small boy begins to approach. (as per scenario 5)

(Cut to end of scene one from scenario 5)

Bully 2: (shoves student in direction of the boy) Push ‘im.

Student: (stumbles and pushes the boy)

The small boy falls over, dropping his bag. All the bullies laugh, dragging the student away with them. The boy is left upset on the ground.

Scene 2 - Exterior – Outside school. Close up.

Small Boy (Victim): I don’t know why those kids push me like that. I’m scared and I dunno what to do. They are always picking on me, pushing, hitting me, calling me names. I don’t wanna go to school any more.

TEXT: WHAT IF YOU JUST IGNORE IT?

TEXT: FEAR

Scene 3 – Interior – dark bedroom. Boy is asleep on his bed, clearly experiencing a nightmare.

Exterior – Same group of bully students as per opening scene, images and sound are distorted as per a dream. Close ups of the bullies faces loom as they shout abuse. “You’re a loser”, “Run home to mummy”, “Those girls shoes?”, “Come on, have a go”, “Just try it we’ll smash you”

TEXT: DEPRESSION

Scene 4 – Exterior – outside in school playground. Boy is alone, isolated and appears miserable. Student approaches. Shot of group of bully students off in the distance.

Student: Hey you wanna come kick the footy?

Victim: Nah.

Student: Why not?

Victim: Just don't feel like it.

Student: Well, you comin' to training this arvo?

Victim: Nah.

Student: What? Why not? What's goin' on? You sick?

Victim: No, I'm fine, just leave me alone. (walks away)

Student: (close up of face showing concern)

TEXT: SELF HARM

Scene 5 – Interior – news program. Mid shot of news reader, alongside in background is a photograph of the victim.

Newsreader: Tragedy struck yesterday with the suicide of 13 year old high school student (name). It is said the student became depressed having been the victim of ongoing bullying attacks from older students for a number of months. The victim's family were unaware of the bullying problem and are in shock; family, friends and the community are grieving the loss of this once bright and cheerful young man.

TEXT: WHAT CAN YOU DO?

TEXT: A - TALK TO SOMEONE

Scene 6 – Exterior (repeat scene 4 and continue)

Student: ...what's goin' on? You sick?

Victim: No, it just...(trails off and looks down, embarrassed)

Student: (sits down next to him concerned) Just what? What's the problem?

Victim: Those fellas, they keep bullying me, pushing me around and stuff.

Student: Those boys who pushed you the other day?

Victim: Yea.

Student: They just bullies, trying to make themselves big men. You gotta tell someone, let them sort 'em out.

Victim: Yea but who can I tell?

Student: You gotta find someone you trust, someone from your family or an adult.

Victim: Yea s'pose.

Student: Come on, come an' have a kick.

Victim: Ok.

TEXT: B - ASK STAFF FOR HELP

Scene 7 – School classroom – all the students walking out and getting their bags. Victim lags behind, alone. Teacher approaches victim as he is leaving the classroom.

Teacher: (Name) you've missed quite a few days of school and now you haven't handed in your assignment, why not?

Victim: I dunno.

Teacher: (Name) this isn't like you, is everything ok?

Victim: Yea.

Teacher: Are you sure? I'm worried about you. If there's anything I can help with let me know. Sometimes it helps just to talk.

Cut to mid shot of the two seated at a desk with victim talking and teacher listening and nodding sympathetically. No dialogue.

TEXT: C – CALL THE HELPLINE

Scene 8 – Interior – at home, victim is sitting with a phone in his hand staring at a card. Camera shows close up of the card "Kids Helpline...". Boy takes a deep breath and begins calling the number. Show mid shot of boy sitting and talking on the phone (no dialogue).

School Summary Report



Solid Kids, Solid Schools

working towards making things better for Yamaji kids

What is Solid Kids, Solid Schools about?

It is important to know how Aboriginal communities think about childhood bullying and what school and community programs are appropriate in responding to bullying among Aboriginal children and young people. *Solid Kids, Solid Schools* aimed to:

- collect cultural understandings of bullying among Aboriginal children and communities;
- work with Yamaji school communities to develop locally relevant and culturally secure bullying prevention and management strategies.

What did we do?

During 2006 and 2007 the *Solid Kids, Solid Schools* project collected Yamaji stories through interviews and focus groups with Aboriginal students, their parents and carers, Elders, and Aboriginal school staff including Aboriginal and Islander Education Officers (AIEOs), Aboriginal Teacher's Assistants (ATAs) and Aboriginal teachers.

In 2008 *Solid Kids, Solid Schools* engaged in community focus groups to create strategies for a sustainable school and community-based bullying prevention and reduction program. Focus groups were held in four locations throughout the Yamaji region to collect community contributions of possible bullying prevention strategies for use with Aboriginal children and young people.

In 2009 *Solid Kids, Solid Schools* incorporated community feedback from the previous three years to develop an **information website** to assist parents and carers, students, and school communities in bullying prevention and management. The website was developed under the direction of the *Solid Kids, Solid Schools* Steering Committee (www.solidkids.net.au) and is expected to be tested in October/November 2009.

From 2006 to 2009 more than 200 people of different ages from all over the Yamaji region participated in this study.

What did Yamaji kids say?

121 kids participated in this project aged from 8-17 years. There were a range of responses from this group of participants about what, how and why bullying happens. One Year 4 girl from a remote school described bullying at her school as something where



"the big kids pick on the little kids because they think that they are good and ... after school ... they have a fight".

A Year 7 boy from a regional school talked about fighting with his siblings,



"Well, if it's my younger brothers or sisters ... I'll tell them to stop but if they don't, then I will start fighting with them".

What did Yamaji parents and carers say?

40 parents and carers participated in this project. One parent reflected on their own experiences of bullying and how that continued to impact them years later,



"I hated being left out and bullied at school. I see my children getting teased and it makes me sad and I feel for people and children who get bullied because when it happens to you, you can't forget it. It still hurts".

What did Yamaji Elders say?

11 Yamaji Elders participated in this project. When asked what they thought schools could do, the Elders discussed the impact of bullying on the 'whole' community. One Elder talked about how bullying in her community escalated,



Solid Kids, Solid Schools

working towards making things better for Yamaji kids



"... they carry yarns, argue and then have a big smash then they go home and tell their parents then they get involved and then it gets bigger and bigger and before you know it is way out of control".

Another Elder recommended the schools,



"get some feedback from Aboriginal parents and maybe encourage them to participate in some activities with their kids".

What did Aboriginal school staff say?

In total **55** Aboriginal school staff (AIEOs, ATAs and Aboriginal teachers) participated in interviews and focus groups. During the focus groups Aboriginal staff frequently talked about the importance of involving parents and AIEOs in the management of bullying.



"A lot of parents don't want to come to the school but want to discuss their children, so it is important for AIEOs to be involved [in the management process] and to have the opportunity to ... home visit".

What did school principals say?

35 school principals also participated in this project and were asked about their school's guidelines and practices to support Yamaji children prevent or manage bullying. Principal's responses suggested the following ways to strengthen and support Yamaji students:

- identify places where bullying takes place;
- form a behaviour management group that represents the whole school, including Aboriginal families;
- train staff to address bullying issues;
- assist parents and carers of Aboriginal children to

- address bullying with their children;
- provide areas where Aboriginal students feel safer from bullying;
- provide targeted programs for Aboriginal students who are bullied and/or bully others; and
- provide referrals for Aboriginal students who are bullied and/or bully others.

Conclusions

This study has helped to improve our understanding of the bullying experiences of Yamaji people. It also helped us to develop some strategies that could help our families and schools to prevent and manage bullying among our kids.

Juli Coffin, Project Director, said the following about the findings from this project:



"Although our research is still a work in progress, we are beginning to see more clearly the picture of life faced by our [Yamaji] children within schooling and community settings ... This information is just the beginning and it was only possible with the strength and support of the Yamaji community, [who are] already leaders in making things better for their kids..."

Thank you

The *Solid Kids, Solid Schools* team thank the many Yamaji children and young people, carers and parents, Elders and Aboriginal school staff who gave their time and stories to this study and also acknowledges the school principals who were involved. Without these contributions our knowledge of ways to support Yamaji kids could not be improved.



This symbol is used to highlight Yamaji wangi (talk) or quotes collected from Yamaji community members who participated in the *Solid Kids, Solid Schools* project.



For more information please contact Juli Coffin (julicoff@cucrh.uwa.edu.au) on 08 9956 0200 or Dionne Paki (d.paki@ecu.edu.au) on 08 9370 6350.

“SOLID KIDS – SOLID SCHOOLS”

wangi 1 - June 2006

“Solid kids” are kids who feel good about themselves and get along well with other kids.



“Solid Schools” are helping to make ‘solid kid’s and one day will keep our future communities

‘solid’

Greetings

Buranymarda (Badimaya), *inya ku’arlu* (Nhanda), *nhanha yurnanggu* (Wajarri)

Our logo

What do you reckon about our great new logo? Fabulous artwork by Allison Bellottie who created the logo – we think it’s a great design. What do you think? We have also project – “Solid kids – Solid schools.” We like “solid” because it’s widely understood! But you tell us what you think – we really want your thoughts. We want this e-letter to be from the community to the community so call Juli or Gwen on 9956 0200 or email Gwen at gmerritt@cucr.h.uwa.edu.au or Juli julicoff@cucr.h.uwa.edu.au

about eight other graphics to be used throughout the project which have been again developed by Allison. We are testing different responses by the kids but think they will like the cartoon type approach.

We would really like to hear your feedback

on the design and also the name for our

What are we trying to do in the Aboriginal Bullying Prevention and Reduction Project (“Solid Kids Solid Schools”)?

The project has one big aim to **reduce bullying behavior experienced by Aboriginal children attending school in the Midwest and Murchison region of**

Western Australia. Then there three other aims that go with the main one.

One is to create ownership of the project with local community members of a Yamaji based program. The second is to create ways to help Yamaji communities to reduce bullying by involving Aboriginal people in positive ways and in ways that will keep the project going.

The third is to develop a resource/program for our schools and our community groups which is right for us and our kids.

These are the aims we have promised to deliver to our funding bodies but we are happy to hear your thoughts on these or other things you think we have missed. Let Juli or Gwen or any of the members of the Solid Kids community group know what you think.

Solid Kids Solid Schools reference group is ticking along. And a big THANK YOU to the Yamaji community and Donna Cross and her team from ECU. We didn't have as many at the last meeting but understand that people are busy, so if you couldn't make it please feel free to e-mail one of us or stop us in the street for information or to share your thoughts.

Some of the members are in the photo below from our first meeting.



If you are interested in being involved in the community group let Juli or Gwen know. Gwen and myself will be calling on you soon for your participation but if you have any concerns please contact us.

As well as myself (Juli) and Gwen there is Peter Shaw and Ann Larson from Combined Universities Centre for Rural Health in Gero and Donna Cross, Lydia Hearn, Dionne Paki and Kevin Runions from Edith Cowan University and Steve Zubrick, Cheryl Kickett-Tucker, Sven Silburn and Colleen Hayward from the Institute for Child Health Research in Perth.

CANADA TRIP!


I (Juli Coffin) have just been in Canada for a Prev-Net meeting which was about healthy relationships and bullying issues around the world, I met some excellent people and listened to amazing programs. The ones that related to Aboriginal kids in Canada were excellent. It was a great opportunity to tell people about what we are all trying to do in Yamaji country. The best conversations were with Canadian Aboriginal people who were amazed at the similarities of our cultures. One very impressive program was about using video and role play, this works really well with elders, parents/caregivers, siblings and the students. I am really hoping we can do something to show the rest of Australia and who knows the world! Below is a copy of the poster which I quickly made to take over and share some information, this is also now displayed at CUCRH so check it out!



Appendix IIX – Presentations


chipping – yarn carrying – main actor – what's your go – wanna smash – get out on the flat – who you wannabe – big shot – think you too deadly – winyam

dog – make me weak – chipping – yarn carrying – main actor – what's your go – wanna smash – get out on the flat – who you wannabe – big shot – think you too deadly



Yamaji Perspectives on "Bullying"

Juli Coffin – CUCRH, NHMRC Capacity Building Grant, Chief Investigator SKSS.





THE PAST

What Yamaji elders say....

"Talk to your kids, make time to develop a good relationship with them while they are young."

"When I was young all the other Yamaji kids could run and do sports really good. I couldn't I was a bit 'round', I carried that depression and failure around all my life."

"The incentives programs work for Yamaji kids, sport as a reward or art are really well received."



Comments when asked what should we do about Yamaji kids and bullying included:

- "Give it right back to them"
- "Depression is a real issue from being picked on"
- "Police need a zero tolerance to family feuding for all families"
- "Being chubby was an issue"
- "Being a minority at school"
- "Encourage your kids to talk when they're young, so if things resurface at least you can talk about it"
- "Sometimes family-orientated is not good, as one family can dominate"
- "Kids think fighting is normal"
- "Communication between school and homes needs to be better"
- "Winyam kids just get picked on"
- "The School needs feedback"

THE PRESENT

What Yamaji teachers and AIEO's have to say about bullying

"Well basically the wadjulla (non-Aboriginal) teachers just don't get it".....Aboriginal Teacher

"I think the kids who get picked on every day, well every couple of days, are the winyam ones" male AIEO.

"I see the kids withdraw from the other kids they don't want to be involved in playing any activities or team games. I think because they feel as if they stay out of the way they won't be picked on." Female Aboriginal Teacher

"Around town you always see kids teasing each other and picking on each other that can contribute to how they are when they come to school sometimes they might feel that the kids picking on them in the community will pick on them while they here at school. Well from what I know these kids are pretty good at school, but when they down town it's a different story. I think that the other family members push them until they go and fight or argue with their friends." female AIEO

"I think the bigger ones they pick on the younger students because they know that they can over power them with their strength and voice and that's why I think that they target the little fella's" male AIEO

"Bullying is a huge issue in my community and unfortunately our kids are getting these ideas and problems from parents or influential adults" male Aboriginal educator

THE FUTURE

What Yamaji Children and youth have to say about bullying...

"Been happening around to people all over the world, not being nice to people, its been happening at school, not nice to bully at school or community." (town, yr 4-7, female)



"Me being bullies, friends being bullies and cousins being bullies" (remote, yr 8-10, male)

"Yeah you know the older kids well they put sharp things into the books kids and then they threaten to hit you or stab you with it, I see it all the time every couple of days" (remote yr 10, male)

"Um I think alcohol and drugs make people fight because all the fights I've seen everyone is always drunk or stoned off their faces" (rural, yr 10, female)

"Well I found that if your smaller or weaker in school then you will probably get picked on but if you strong and got a big mouth you right." remote, yr 10, Female)

- Many Aboriginal kids use the term "bullying"
- There is terminology that is attached to the region (what's your go?)
- There are a surprising number of kids dealing with grief and loss issues
- (town) Language to describe feelings
- Most Yamaji kids tell
 - the teacher
 - Mum and Nan
- Many kids see fighting-back as only option
- Highest reports at Primary school are year 8 and 7
- Highest reports at High school are year 8 then year 10








The SKSSup used 9000 (90000) WCUOR has a corporate spirit (CUB), both meanings, it is derived by the Yamaji community. The three phase project was coordinated through consultations with Yamaji centers that the task of researching violence and "bullying" are relevant to a young contract. Attached below is some preliminary results of the ongoing task. The developmental framework will be completed over the next 12 to 18 months. This will complete the consultation (phase) from the Yamaji community. In continuing understanding, we can move forward and the final outcomes will be in practice and monitoring ways with policy and practice being relevant to our findings, you can understand the complexity of any issue in involving community based research without a perception of accurate past present and future reactions.

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References: "Holding to the challenge in developing health by creating culture sector" by Juli Coffin, available and research Health writer journal, vol. 10, p. 20-24, May 2007

www.aboriginalschools.org.au

dog – make me weak – chipping – yarn carrying – main actor – what's your go – wanna smash – get out on the flat – who you wannabe – big shot – think you too deadly

get out on the flat – who you wannabe – big shot – think you too deadly – winyam



Solid Kids Solid Schools

Reducing "Bullying behaviours" among Aboriginal children in the Yamaji Region

PHASES:

1. Ethics approval, community steering group and community
2. Scoping of Aboriginal children's voices and AIED's, selection of sites
3. In-depth qualitative interviews of Aboriginal children, elders, community members, school staffing.
4. Intervention and evaluation
5. Design of suitable culturally appropriate bullying reduction package



What does bullying look, feel and sound like in the Aboriginal Community

Being winyan (weak) Family fighting
 Bossing Smash Nasty
 Running me down Yarn carrying
 Dirty looks Chipping main actor
 Wannabe Big shot Mean Jealous Bust



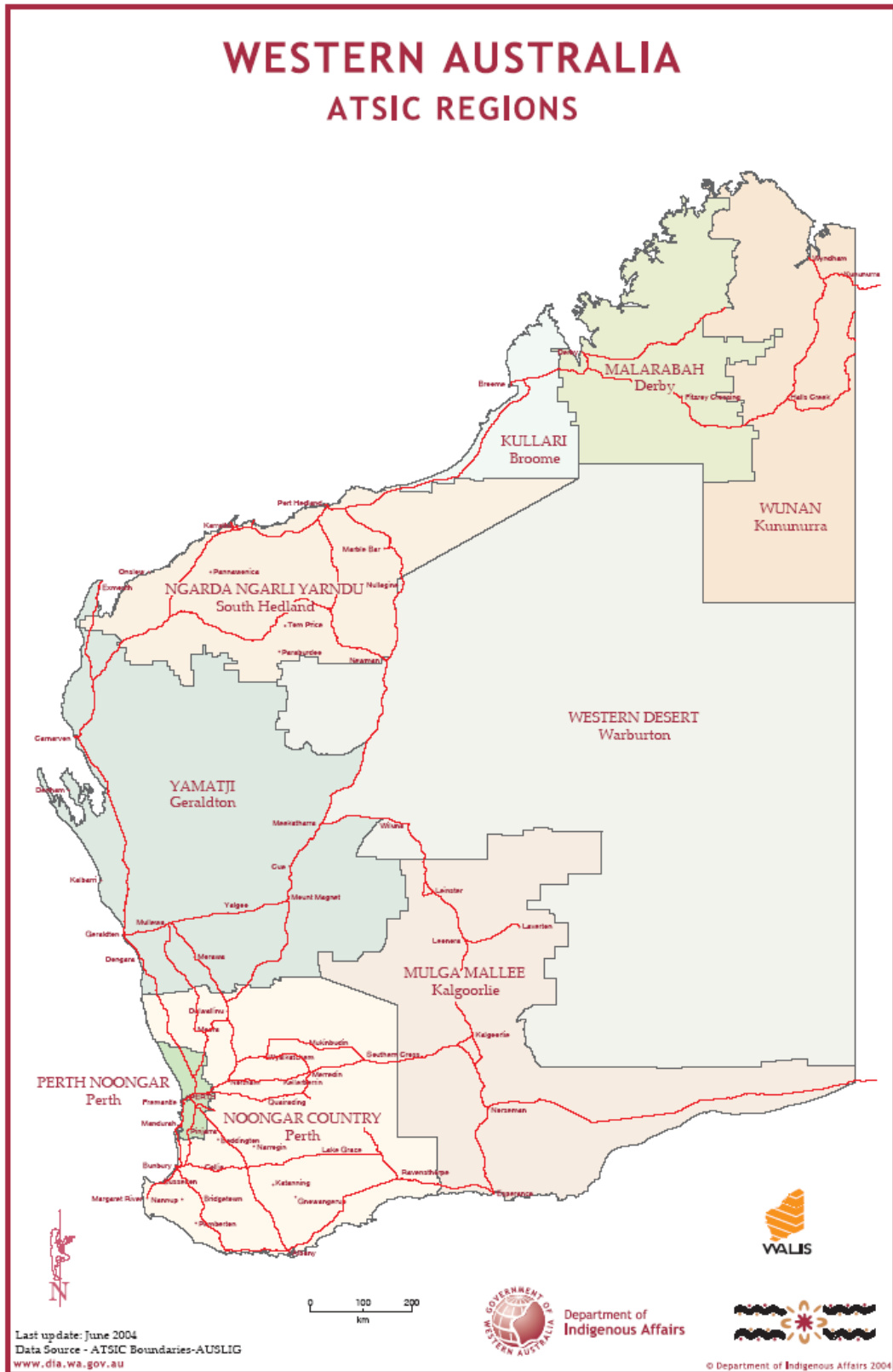
Telethon Institute for Child Health Research

Qualified Interpreter Centre for Rural Health

Healthway
 HEALTHWAY, LEARNWAY, WA

ECU
 EDITH COPLEY
 child health

Appendix IX Yamaji Region



Appendix X Representative Sample

	Coastal	Remote	Regional
<i>Years 4-7</i>			
Boys	9	5	28
Girls	16	6	35
<i>Years 8-12</i>			
Boys	3	6	11
Girls	2	7	2
Total	30	24	74

Table 1 *Solid Kids, Solid Schools* Yamaji student participants from the MWED

	Coastal	Remote	Regional
<i>Parents/carers</i>			
Males	3	1	-
Females	16	17	3
Total	19	18	3
<i>Elders</i>			
Males	-	1	3
Females	1	6	1
Total	1	7	4

Table 2 *Solid Kids, Solid Schools* Yamaji parent/carer and Elders participants from the MWED

Appendix XI – Stratified Matrix

School Postal Name	Town Area rating	Sector	Total Primar y	Total Second ary	%ATSI PRI	%ATSIS EC	%ATSI OVERAL L
1. ST LAWRENCE'S SCHOOL	GERALDTON	NON-GOV	396	0	4.8%	#DIV/0	4.5%
2. ST MARY STAR OF SEA CATH SCH	CARNARVON	NON-GOV	195	76	7.7%	7.9%	8.2%
3. NAGLE CATHOLIC COLLEGE	GERALDTON	NON-GOV	0	810	!	3.7%	3.7%
4. OUR LADY OF MOUNT CARMEL SCHOOL	MULLEWA	NON-GOV	90	0	10.0%	!	11.0%
5. ST MARY'S SCHOOL	NORTHAMPTON	NON-GOV	66	0	7.6%	#DIV/0	8.6%
6. CHRISTIAN BROTHERS AGRIC SCHOOL	TARDUN	NON-GOV	0	70	!	67.1%	67.1%
7. ST JOHN'S SCHOOL	RANGEWAY	NON-GOV	203	0	14.8%	!	15.2%
8. ST FRANCIS XAVIER PRIMARY SCH	GERALDTON	NON-GOV	414	0	1.0%	!	0.9%
9. STRATHALBYN CHRISTIAN COLLEGE	GERALDTON	NON-GOV	232	218	2.2%	2.3%	2.4%
10. KARALUNDI ABORIGINAL ED CTRE	MEEKATHARRA	NON-GOV	53	63	98.1%	100.0%	99.2%
11. CARNARVON CHRISTIAN SCHOOL INC	CARNARVON	NON-GOV	41	0	9.8%	!	8.2%
12. GERALDTON GRAMMAR SCHOOL	GERALDTON	NON-GOV	154	226	1.3%	0.9%	1.1%
13. PHOENIX WEST VOCATIONAL COLLEGE	GERALDTON	NON-GOV	3	27	66.7%	81.5%	80.0%
14. CARNARVON SENIOR HIGH SCHOOL	CARNARVON	GOV	0	270	!	44.8%	44.8%
15. CARNAMAH DISTRICT HIGH SCHOOL	CARNAMAH	GOV	65	86	16.9%	11.6%	14.4%
16. EXMOUTH DISTRICT HIGH SCHOOL	EXMOUTH	GOV	193	89	1.0%	3.4%	2.1%
17. MEEKATHARRA DISTRICT HIGH SCH	MEEKATHARRA	GOV	99	45	91.9%	93.3%	91.4%
18. MORAWA DISTRICT HIGH SCHOOL	MORAWA	GOV	121	69	26.4%	27.5%	25.1%
19. MULLEWA DISTRICT HIGH SCHOOL	MULLEWA	GOV	44	34	97.7%	91.2%	95.7%
20. NORTHAMPTON DISTRICT HIGH SCH	NORTHAMPTON	GOV	86	43	25.6%	27.9%	25.8%
21. DONGARA DISTRICT HIGH SCHOOL	DONGARA	GOV	271	103	3.0%	7.8%	4.1%
22. MOUNT MAGNET DISTRICT HIGH SCH	MT MAGNET	GOV	98	46	66.3%	69.6%	65.9%
23. JURIE BAY DISTRICT HIGH SCHOOL	JURIE BAY	GOV	156	91	3.8%	4.4%	4.4%
24. GERALDTON SENIOR COLLEGE	GERALDTON	GOV	0	963	!	16.4%	16.4%
25. KALBARRI DISTRICT HIGH SCHOOL	KALBARRI	GOV	123	73	6.5%	1.4%	5.0%
26. WA COLLEGE OF AGRIC - MORAWA	MORAWA	GOV	0	66	!	4.5%	4.5%
27. JOHN WILLCOCK COLLEGE	GERALDTON	GOV	0	659	!	24.9%	24.9%
28. ALLENDALE PRIMARY SCHOOL	GERALDTON	GOV	271	0	18.8%	!	17.5%
29. BADGINGARRA PRIMARY SCHOOL	BADGINGARRA	GOV	54	0	0.0%	!	0.0%
30. BEACHLANDS PRIMARY SCHOOL	GERALDTON	GOV	97	0	51.5%	!	60.8%
31. BINNU PRIMARY SCHOOL	BINNU	GOV	43	0	9.3%	!	9.6%
32. BLUFF POINT PRIMARY SCHOOL	BLUFF POINT	GOV	355	0	29.6%	!	27.4%
33. BUNTINE PRIMARY SCHOOL	BUNTINE	GOV	14	0	0.0%	!	0.0%
34. CARNARVON PRIMARY SCHOOL	CARNARVON	GOV	178	0	69.1%	!	65.9%

35.	CHAPMAN VALLEY PRIMARY SCHOOL	NABAWA	GOV	34	0	29.4%	#DIV/0 !	31.0%
36.	COOROW PRIMARY SCHOOL	COOROW	GOV	49	0	0.0%	#DIV/0 !	0.0%
37.	CUE PRIMARY SCHOOL	CUE	GOV	40	25	80.0%	96.0%	83.3%
38.	DANDARAGAN PRIMARY SCHOOL	DANDARAGAN	GOV	58	0	13.8%	#DIV/0 !	13.7%
39.	ENEABBA PRIMARY SCHOOL	ENEABBA	GOV	32	0	0.0%	#DIV/0 !	0.0%
40.	GASCOYNE JUNCTION REM COM SCH	CARNARVON	GOV	10	5	70.0%	100.0%	77.8%
41.	GERALDTON PRIMARY SCHOOL	GERALDTON	GOV	338	0	7.4%	#DIV/0 !	6.3%
42.	LATHAM PRIMARY SCHOOL	LATHAM	GOV	16	0	0.0%	#DIV/0 !	0.0%
43.	MINGENEW PRIMARY SCHOOL	MINGENEW	GOV	78	0	16.7%	#DIV/0 !	14.8%
44.	PERENJORI PRIMARY SCHOOL	PERENJORI	GOV	43	0	39.5%	#DIV/0 !	41.5%
45.	RANGEWAY PRIMARY SCHOOL	RANGEWAY	GOV	426	0	56.1%	#DIV/0 !	55.9%
46.	SHARK BAY PRIMARY SCHOOL	DENHAM	GOV	55	20	25.5%	35.0%	24.7%
47.	THREE SPRINGS PRIMARY SCHOOL	THREE SPRINGS	GOV	45	0	17.8%	#DIV/0 !	17.9%
48.	WALKAWAY PRIMARY SCHOOL	WALKAWAY	GOV	67	0	1.5%	#DIV/0 !	1.1%
49.	WATHEROO PRIMARY SCHOOL	WATHEROO	GOV	34	0	0.0%	#DIV/0 !	0.0%
50.	WUBIN PRIMARY SCHOOL	WUBIN	GOV	7	0	14.3%	#DIV/0 !	10.0%
51.	YALGOO PRIMARY SCHOOL	YALGOO	GOV	26	13	100.0%	100.0%	100.0%
52.	YUNA PRIMARY SCHOOL	GERALDTON	GOV	19	0	10.5%	#DIV/0 !	12.0%
53.	EAST CARNARVON PRIMARY SCHOOL	CARNARVON	GOV	282	0	39.4%	#DIV/0 !	39.9%
54.	USELESS LOOP PRIMARY SCHOOL	USELESS LOOP	GOV	14	0	42.9%	#DIV/0 !	33.3%
55.	LEEMAN PRIMARY SCHOOL	LEEMAN	GOV	55	0	1.8%	#DIV/0 !	1.5%
56.	CERVANTES PRIMARY SCHOOL	CERVANTES				0		0.0%
57.	MOUNT TARCOOLA PRIMARY SCHOOL	GERALDTON	GOV	423	0	3.3%	#DIV/0 !	3.1%
58.	SANDSTONE PRIMARY SCHOOL	SANDSTONE	GOV	7	0	71.4%	#DIV/0 !	70.0%
59.	WAGGRAKINE PRIMARY SCHOOL	WAGGRAKINE	GOV	301	0	14.3%	#DIV/0 !	15.0%
60.	BURRINGURRAH REM COM SCHOOL	MEEKATHARRA	GOV	41	36	97.6%	100.0%	98.8%
61.	PIA WADJARRI REM COM SCHOOL	VIA YALGOO	GOV	12	10	100.0%	100.0%	100.0%
62.	YULGA JINNA REM COM SCHOOL	MEEKATHARRA	GOV	11	5	100.0%	100.0%	100.0%
63.	CARNARVON SCHOOL OF THE AIR	CARNARVON	GOV	29	0	0.0%	#DIV/0 !	0.0%
64.	MEEKATHARRA SCHOOL OF THE AIR	MEEKATHARRA	GOV	41	0	9.8%	#DIV/0 !	8.5%
65.	HOLLAND STREET SCHOOL	GERALDTON	GOV	9	13	22.2%	23.1%	25.0%

Refer to main document for criteria for stratification

NAME		TYPE	STATUS	PLACE	>100	<100	% ATSI
CBC	(1)	Ag College	Non Gov	Rural	70		67.1
Karalundi	(10)	Primary/Secondary	Non Gov	Remote	116		99.2
Phoenic West	(13)	Primary/Secondary	Non Gov	Geraldton Town	30		80.0
Carnarvon Senior High	(14)	Primary/Secondary	Gov	Carnarvon Town	270		44.8
Meekatharra District High	(17)	Primary/Secondary	Gov	Remote	144		91.4
Mullewa District High	(19)	Primary/Secondary	Gov	Rural	78		95.7
Mt Magnet District High	(22)	Primary/Secondary	Gov	Remote	144		65.9
Beachlands Primary	(30)	Primary	Gov	Geraldton Town	97		60.8
Bluff Point Primary	(32)	Primary	Gov	Geraldton Town	355		27.4
Carnarvon Primary	(34)	Primary	Gov	Carnarvon Town	178		65.9
Chapman Valley	(35)	Primary	Gov	Geraldton Rural	34		31.0
Cue	(37)	Primary/Secondary	Gov	Rural	65		83.3
Gascoyne Junction	(40)	Primary/Secondary	Gov	Remote	15		77.0
Geraldton Primary	(41)	Primary	Gov	Geraldton Town	338		63.0
Perenjori	(44)	Primary	Gov	Rural	43		41.5
Rangeway	(45)	Primary	Gov	Geraldton Town	56		55.9
Shark Bay	(46)	Primary/Secondary	Gov	Rural	75		24.7
Yalgoo	(51)	Primary/Secondary	Gov	Remote	39		100.0
East Carnarvon	(53)	Primary	Gov	Rural	282		39.9
Useless Loop	(54)	Primary	Gov	Remote	14		33.3
Sandstone	(58)	Primary	Gov	Remote	7		70.0
Burrengah	(60)	Primary/Secondary	Gov	Remote	77		98.8
Pia Wadjori	(61)	Primary/Secondary	Gov	Remote	22		100.0
Yulga Jinna	(62)	Primary/Secondary	Gov	Remote	16		100.0
Holland Street	(65)	Primary/Secondary	Gov	Geraldton Town	22		25.0

KEY:

Remote : >300 km to nearest populated town of greater than 25,000 people

