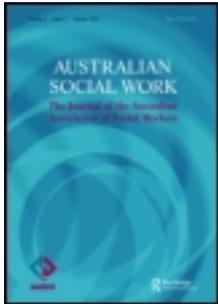


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PRACTICE, POLICY, & PERSPECTIVES SECTION

The Intersection of Trauma, Racism, and Cultural Competence in Effective Work with Aboriginal People: Waiting for Trust

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Abstract

The consistent failure of initiatives aimed at addressing discrepancies between Australia's Aboriginal and non Aboriginal citizens point to a need to address responses to Aboriginal people by mainstream service providers. This practice paper draws on the experience of Aboriginal and non Aboriginal practitioners in the trauma field to consider the limitations and potential of "cultural competence" as a construct for working with Aboriginal and Torres Strait Islander peoples. Key limitations are the lack of accounting for the trauma and ongoing racism experienced by Aboriginal people, which result in isolation of communities, protection of abusers, and under-use of mainstream services by Aboriginal people. When trauma and racism are addressed, successful and respectful engagement with Aboriginal individuals and communities becomes possible and the potential of cultural competency initiatives can be realised. A three-step process for achieving this at the personal, practice, and agency levels, which has been developed in a collaboration by Aboriginal and non Aboriginal practitioners, is outlined.

Keywords: Indigenous Social Work; Indigenous Child Protection; Culture; Culturally Competent Social Work; Trauma; Indigenous Knowledge

Recent years have seen increased evidence of the unacceptable gap in health, education, and access to resources between Australian Aboriginal and non Aboriginal communities. These documented disparities include a 17-year life expectancy gap, (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2005), a fourfold suicide rate (Trewin & Madden, 2005), and a school completion rate half that of non Aboriginal students (Department for Education Science and Training, 2006). All levels of government have produced celebrated strategies to improve the health of Aboriginal Australians (Wenitong et al., 2007). However, evidence of significant impact from these initiatives remains scant. In fact, there are grounds to believe the situation is worsening, with a 48% increase in Aboriginal imprisonment in Australia between 2001–2008

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(Fitzgerald, 2009), and in New South Wales (NSW), a 37% increase in Aboriginal children in out-of-home care between 2007 and 2009 (Department of Human Services, Community Services, 2010). How is it that so many interventions seem to fall short of achieving their goals? What is missing? The target for most of this activity is Aboriginal individuals, their families, and their communities. Is this the correct focus?

We suggest that although direct measures are critical, the attitudes and responses of mainstream service providers, who are tasked with making a difference in the lives of Aboriginal people, may be impeding progress on overcoming these disparities. Evidence of systematic racism towards Aboriginal people in education, welfare, public housing, and the criminal justice system (Paradies, Harris & Anderson, 2008), and the lack of confidence in mainstream services held by Aboriginal communities (Westwood & Westwood, 2010), pointed to the need for a focus on non Aboriginal service providers in closing the gap. Recognition of the importance of mainstream service provider's practice has led to the emergence of the "cultural competence" frame. However, this approach is not without its limitations. The first half of this paper critiques the concept of cultural competence, exploring its shortcomings in resolving the difficulties faced by Australian Aboriginal people. In particular, we argue the need for this framework to address the trauma and ongoing racism that Aboriginal people experience. In adopting this position, we take the term "racism" to refer to avoidable and unfair phenomenon leading to inequalities in power, resources, and opportunities across racial or ethnic groups (Priest, Paradies, Gunthorpe, Cairney, & Sayers, 2011). The second half of the paper describes an approach that opens new possibilities to engage with Aboriginal people and move beyond the guilt that can immobilise non Aboriginal service providers, creating space for accessible and safe services.

This paper is based on the work of the NSW Health Education Centre Against Violence, a State-wide unit with responsibility for delivering resources and training to health and other practitioners responding to child abuse, sexual, domestic, and Aboriginal family violence. First established in 1987, the Centre now provides face-to-face training to over 3,000 health and other professionals annually. The Centre has pioneered its approach to culturally-competent practice through the programs it delivers to the Aboriginal workforce and communities, as well as to non Aboriginal health professionals, advised by an expert group of Aboriginal practitioners and community members. In 2011, 40% of program participants were Aboriginal workers or community members. The paper is a collaboration between Aboriginal and non Aboriginal practitioners at the Centre.

Sigrid Herring (SH) and Marlene Lauw (ML) are Aboriginal educators who teach the Certificate IV in Aboriginal family violence at the Centre. SH has worked in Aboriginal health and community services for 23 years, managing services in urban and remote communities in NSW, Western Australia, and the Northern Territory, which address housing, education, addiction, employment, and mental health responses. She has extensive experience developing and delivering Technical and Further Education (TAFE) diploma courses and has worked on land claim and

cultural preservation projects. ML is a Wiradjuri woman, with 28 years experience in Aboriginal community organisations, supporting families with health and emotional issues. She has worked as a family violence worker in local courts and Aboriginal Medical services, acting as a bridge between Aboriginal women experiencing violence and mainstream services. ML's practice is informed by knowledge of the barriers that her family continue to face accessing education, health, and statutory services. Jo Spangaro (JS) was involved in early initiatives with Aboriginal communities undertaken by the Centre in the 1980s. Since then, she led health policy in NSW for child protection, domestic violence, and sexual assault, and conducted doctoral research on the impact of health policy for domestic violence, which included indepth interviews with Indigenous and non Indigenous women. She returned to the Centre in 2010 to support program and research initiatives. Lorna McNamara (LM) is the current director of the Centre who oversees the Aboriginal curriculum and community development projects, and established the Centre's Aboriginal advisory board. LM has recruited and supervised over 20 Aboriginal educators, giving her firsthand knowledge of the needs of Aboriginal workers coming to work in mainstream organisations. As authors, we draw on the work we have been part of pioneering at the Centre and our combined experience working with Aboriginal communities affected by abuse. In addressing disadvantage experienced by Aboriginal communities, we do not lose sight of their resilience, generosity, and humour.

The Emergence of “Cultural Competence”

Cultural competence emerged as a framework for training in human service agencies in the 1990s, to improve responses to culturally and linguistically diverse populations (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Hannsman, Morrison, Russian, Shiu-Thornton, & Bowen, 2010). Cultural competence is defined as:

a system of care that acknowledges and incorporates the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. (Cross, Bazron, Dennis, & Isaacs, 1989, p.1)

This definition establishes, firstly, that culture is central to how *all* individuals and organisations operate, and secondly, that adequate responses are not a matter of goodwill, but fundamental to the work of individuals and agencies. Cultural competence extends the notions of “cultural sensitivity” and “cultural awareness”, implying both action and accountability (Stewart, 2006).

Limitations to the Cultural Competence Frame

In our experience, the cultural competency framework provides a valuable starting point for service providers in assessing their practice and appreciating its derivation

from a cultural position. This is particularly important in Australia, where helping professions predominantly reflect the make-up and values of the dominant, white-Anglo culture, a dominance that renders culture largely invisible (Tannoeh-Bland, 1998). The cultural competence frame also has limitations. It has been criticised for its lack of power analysis (Sakamoto, 2007), for “othering” non whites (Downing & Kowal, 2011; Pon, 2009). and for tendencies to be tokenistic (Furlong & Wight, 2011). While it may be that some of these criticisms stem from misuse of the concept, there is also little evidence that Indigenous cultural training as it is currently delivered, changes practice in the medium or long term (Downing & Kowal, 2011; Durey, 2010; Hill & Augoustinos, 2001).

In relation to working with Australian Aboriginal people, we identified two key limitations of the cultural competency framework as the basis for changing practice of mainstream service providers towards Aboriginal people. Firstly, it does not address the ongoing trauma legacies from invasion, and secondly, it does not take account of the ongoing experiences of racism experienced by Aboriginal people. Understanding these aspects of Aboriginal people’s experience, we argue, are essential to competent service provision. Each is discussed in turn.

Trauma Legacies

Following occupation of Australia in 1788, Aboriginal people experienced wholesale destruction through mass slaughter (Elder, 1988), loss of natural food, introduced diseases (King, Smith, & Gracy, 2009), and policies of assimilation, segregation, and systematic removal of lighter-skinned Aboriginal children (McGregor, 2002). Discourses of State-directed destruction of Australian Aboriginal cultures imply that these overt practices occurred in the distant past, obscuring their continuation into the late 20th century. However, Aboriginal children were removed on the basis of race until 1970 (Human Rights and Equal Opportunity Commission [HREOC], 1997). Until 1972, children could be excluded from a NSW school on the basis of their Aboriginality, if any member of the school community objected to their presence (Cadzow, 2008).

Although important milestones have been achieved since that time, these policies continue to have a major deleterious impact. The majority of the Aboriginal adults have been found to be living with ongoing trauma resulting from widespread removal of children and high rates of subsequent physical and sexual abuse (HREOC, 1997). Direct traumatic effects of removal include: lack of parenting skills, substance problems, mental health issues, or further exposure to abuse as a result of heightened vulnerability (King et al., 2009; Memmott, Stacy, Chambers, & Keys, 2001). Living in communities where the adults contend with these effects, contributes to continuing removal of Aboriginal children at a tenfold rate (Department of Human Services, Community Services, 2010), perpetuating the trauma for all family members.

The loss and grief caused by colonisation are recognised as creating “intergenerational trauma” (Atkinson, 2002). As with Holocaust survivor’s offspring, who were not themselves directly exposed to traumatic events, Aboriginal

children inherit these potent legacies nonetheless (Menzies & McNamara, 2008). In our experience, child removal, disproportionate levels of policing, incarceration, and deaths in custody, lead to a globalised experience of fear that is transmitted to Aboriginal children, which continues to overshadow their lives as adults. Lives lived in fear transcend reasons for, and sources for, that fear. One of us recalls that as a child her Aboriginal mother was disproportionately focussed on the importance of being *clean*. As an Aboriginal child, to not be clean was not merely inconvenient, but *dangerous*, as it attracted the attention of those in authority and assumptions about neglect, based purely on Aboriginality. Therefore, cleanliness had to be attended to above other needs. Pressures such as these may be responsible for the present situation, in which 27% of Aboriginal adults experience high levels of psychological distress (Australian Institute of Health and Welfare, 2009).

Ongoing Racism

The second shortfall of the cultural competence framework is the lack of recognition of the racism Aboriginal people continue to experience, maintained by a dominant culture that privileges white people. From the perspective of the Aboriginal authors of this paper, racism remains part of the day-to-day experience, debilitating our people, denying us the right to live and move about with ease in our own country, compounding the low self-esteem and shame that many people carry. There is relatively little research on racism from the perspective of those who experience it (Larson, Gillies, Howard, & Coffin, 2007), but recent studies indicate that 52% to 70% of Aboriginal people experience distressing racism on a regular basis (Paradies & Cunningham, 2009; Priest, Paradies, Stewart, & Luke, 2011). Twenty-two percent of Aboriginal people report racism by health providers, and even higher rates at work and from other service providers (Paradies & Cunningham, 2009). Aboriginal people remain under represented in public life and the media with qualitative research suggesting that negative stereotypes about Aboriginal people are normative, linked to racism that is both overt and pervasive (Mellor, Bretherton, & Firth, 2000).

Although many would claim to be familiar with recent Aboriginal history, understanding it as a history of trauma with continued impact provides a different understanding. It contrasts with the dominant discourse, which holds that because State policies are no longer overtly racist, Aboriginal people are responsible for their current problems. The cultural competence frame provides a platform for seeing difference and culture; however, without the lenses of trauma and racism, difference appears only as dysfunction, shrouding the manifestations of Aboriginal people's continuing rich culture.

Further Impact of Trauma and Racism

Prevalent experiences of trauma and racism, we argue, have three additional consequences that, in particular, affect responses to interpersonal violence, the area of our work with communities. Each of these consequences compounds the others.

These are: isolation of communities, protective responses to community members, and under use of mainstream services.

Isolation of Communities

When the extent and debilitating effects of racism are understood, retreat into community and the relative safety it affords from that phenomenon, can be seen as a logical choice. Nonetheless, this response also isolates Aboriginal individuals and families. In many parts of Australia, the isolation is physical as well as figurative. The south eastern states have relatively few remote locations. However, from our experience delivering community development programs, we find that many Aboriginal reserves are distant from town centres and lack public transport or other basic services. This isolation can be dangerous. The lack of recreational, educational, and employment opportunities, along with constrained accountabilities, can create environments that foster violence. This is supported by recent evidence finding income to be a bigger predictor of violent and property crime than criminal justice action (Wan, Moffatt, Jones, & Weatherburn, 2012).

Protection of Community and Culture

A second outcome of trauma and racism is that when violence occurs, the desire to protect family and community acts as barriers to seeking help. High rates of incarceration and deaths in custody of Aboriginal men, lead many women to actively protect abusers. This echoes the situation for African–American women, who remain silent because of their awareness that black men bear the brunt of abuses of State power (Herman, 2005). Australian Aboriginal women witness the loss of traditional Aboriginal male roles, which also prompts them to protect their men. Embedded in this is the desire to protect the community from the shame that is shared when one person fails. Shaming occurs not only through internalised racism, but through knowledge that disclosure of abuse by an Aboriginal person is likely to be taken as evidence of Aboriginal dysfunction.

The inescapable dilemma for those who experience abuse in their communities, is whether the safety offered by the intervention of mainstream services outweighs the refuge from racism afforded by remaining silent and, therefore, within the fold of the community. We find that contact may be maintained with a family member who is known to be abusive, in preference to losing kinship connections. The desire to hold on to cultural practices is a related predicament. Shared parenting among the wider family network is a central cultural practice in Australian Aboriginal communities (Yeo, 2003), as are obligations to care for particular persons. Such practices are forsaken reluctantly.

Under-use of Mainstream Services

A third outcome of the living with trauma and racism is under use of mainstream services by Aboriginal people, which in respect at least of health services is a well

recognised phenomenon (Cunningham, 2002; Fisher & Weeramanthri, 2002; Shahid, Finn, & Thompson, 2009). Increasingly, accessibility of mainstream services, which explains under use by Aboriginal people, is being named as an area requiring redress (Wenitong et al., 2007). In our experience, regular exposure to racism leads to cynicism and hostility among Aboriginal people and compounds the fear that is a further barrier to Aboriginal people's use of mainstream services. Fear of having problems or illness attributed to being Aboriginal; of being asked questions that are not understood; of being found wanting as parents and statutory intervention occurring as a result, remain real risks to Aboriginal people. Understanding non attendance as provoked by fear, explains events that are often used as evidence of Aboriginal people's incompetence. These include school absenteeism; late presentation for antenatal care; and "non compliance" with health providers' advice. Although not all mainstream service providers are overtly racist, negative encounters occur with such frequency, that apprehension by Aboriginal people is warranted and should be recognised as such.

Challenges to accessing needed services are heightened by Australian Aboriginal cultural practices of sharing private information only with a person who is trusted. We suggest this contrasts with the dominant cultural practice, in which information is unquestioningly vouchsafed to professionals on grounds of their authority. We have found that when Aboriginal people are unwilling to share information, many professionals become dismissive, failing to appreciate the basis for this, and the impact of negative past encounters. In our experience, this reinforces the unwillingness of many Aboriginal people to use services. As a result, help is often sought only in emergencies or when situations have become serious (King et al., 2009; Shahid et al., 2009; Taylor, 2010), and interventions accordingly become more drastic than they may otherwise have been. In this way, use of services may lead to surgery instead of medication, eviction instead of rent relief, school failure rather than remedial help. Being in receipt of drastic interventions compounds the high stress of trauma legacies, with the outcome that many people live in a perpetual state of crisis.

A Non Solution

Creation of single, dedicated Aboriginal positions is an approach frequently adopted by mainstream agencies as an attempt to increase service access. In our view, workers in such positions are often unable to achieve what is expected of them by both employers and their own communities. Encouraged to apply for such positions on the basis of cultural expertise, while frequently lacking formal qualifications, Aboriginal staff are often left in untenable situations. Typically, they are asked to represent the worldview of all Aboriginal cultures, despite the diversity of the 150 existing Aboriginal language groups. We have found that many of these workers are immobilised by fear of being found wanting, without a sufficient sense of entitlement to ask for support. Histories of personal and familial trauma often compound these

experiences. Employers rarely recognise the distress that workers in these situations are experiencing, or provide the mentoring required. Tasking Aboriginal workers with sole responsibility for making services culturally competent is a non solution and other strategies are needed.

Translation into Culturally Competent Practice

To shift the entrenched disparities between Aboriginal and non Aboriginal Australians, the cultural competency frame needs to be reshaped so that mainstream services can both recognise the extent of trauma and racism, as well as identify culture as part of the living context of all individuals. Despite the limitations of the cultural competence framework, one strength is the visibility that it gives to the dominant culture. With this comes the realisation that one's world view is mutable and not universal. This is a valuable contribution, as culture is typically otherwise understood as residing only in exotic rituals, leading non Aboriginal people to erroneously assume that urbanised Aboriginal people no longer retain their culture. Making culture visible also allows the subtleties of Australian Aboriginal culture to emerge. Practices that include: finding a partner, caring for infants, responding to children's tantrums, responses to illness and disability, sharing resources, the role of sibling or grandparent, and how authority figures are addressed can then be understood as part of culture. The concept of a continuum of cultural competence (Cross et al., 1989; Goode 2004) is a useful tool in this endeavour. The continuum describes five different positions ranging from "cultural destructiveness" to "cultural competence", enabling cultural blindness and tokenism to be recognised as falling short (Goode, 2004).

Our work with organisations seeking to respond more effectively to Aboriginal communities extends the concept of cultural competence, informed by understandings of racism and trauma to address service accessibility. We do not claim that this approach is sufficient to remove Aboriginal disadvantage, but it is an essential step in opening access to needed services. While few services selfidentify as culturally destructive or incapable, many agencies we have worked with have come to recognise that their homogenous workforce, token single Aboriginal representatives on steering committees, and lack of structures to ensure community participation, fall short. Work within both this agency and others who have participated in our training, has resulted in the development of ongoing advisory groups, the development of strategic plans for conducting business, improved data collection, and reflective practice forums. These steps have resulted in strong and enduring partnerships with Aboriginal individuals and communities.

Practice Implications

We conceptualise adoption of a trauma and racism-informed cultural competence framework as comprising three stages. The first step is *becoming informed*. This is followed by *taking a stance* and finally *reaching out* to the local

Aboriginal community. Herman (1992) described how disconnection and disempowerment are at the core of trauma experiences and accordingly, recovery occurs through working with trauma sufferers to bring about reconnection and empowerment. Herman also argued that this work requires a committed moral stance in which it is necessary to side with those who have experienced injustice. In undertaking the three steps, we argue that these aspects of trauma work are central to ensuring equity of access and sensitisation of services for Aboriginal people.

Personal Implications and Steps

Understanding how one's personal and cultural identity have been shaped by colonisation is a fundamental starting point in effective work with Aboriginal people (Bennett, Zubrzycki & Bacon, 2011). Non Aboriginal individuals need to *become informed* about the full history of Aboriginal people, both pre invasion cultural richness, post invasion onslaught, and become alert to the existence and importance of living cultural practices. Our experience in providing cultural competence training to mainstream health and welfare service providers, demonstrates the lack of awareness of, in particular, the recency of active cultural dismantling and its current impacts. Married to this is the need to understand the covert and overt racism that Aboriginal people experience. We have also witnessed the shift in perspective that occurs when the lenses of trauma and racism are brought to understanding the actions of Aboriginal people towards themselves, each other, and non Aboriginal society. As a second step, *taking a stance* entails recognition of the benefits of "white privilege". Drawing on the work of McIntosh (1989) Tannoch-Bland (1998) identified 37 forms of white privilege in the form of assumptions and choices available to her but not to her Aboriginal friends. Examples included: being able to choose, to be surrounded by people of one's race most of the time without material loss; seeing people of one's race widely and positively represented in the media; confidence that one's children can be free of harassment based on skin colour. *Taking a stance* also entails willingness to name and confront racism towards Aboriginal people. This is an uncomfortable action but made necessary by virtue of the fact that one in eight Australians admit to prejudice against other cultures (Dunne, Forrest, & Burnley, 2011). In our view, white guilt is paralysing and unhelpful because it maintains Aboriginal people as "other" and apart. Instead, *reaching out* can include small acts such as reading the work of Aboriginal writers, supporting Aboriginal cultural events, responding to racist media reporting, and taking the initiative to engage with Aboriginal colleagues and acquaintances.

Practice-level Implications and Steps

In the workplace context, *becoming informed* as a first step includes researching the barriers Aboriginal people face to using mainstream services. When trauma and racism are understood as the fabric of many Aboriginal people's experience, choosing

isolation and under using services can be seen as logical alternatives to the risks of seeking help. Services will be used by Aboriginal people only when practitioners recognise the intimidation Aboriginal people face in entering the front door, and actively pursue genuine cultural competence. Service providers also need to learn about local Aboriginal communities; their history, cultural practices, local organisations, and spokespersons. It is beholden on any practitioners to do this work themselves, not to simply shift responsibility for their learning to Aboriginal individuals or organisations.

Taking a stance entails recognition that the service is discriminating against the Aboriginal community unless the client base reflects not only the Aboriginal population but the proportion of those experiencing a given disease or problem that are Aboriginal. Given that 2.5% of adults in Australia are Aboriginal (Australian Bureau of Statistics, 2006), as a minimum this should be the proportion of clients in any service-use profile, unless dedicated Aboriginal services that address that issue are available in the local area. Services that respond to interpersonal violence, mental health problems, and many physical health problems in which Aboriginal people are over represented should have Aboriginal client loads much higher than this. In reality, many non Aboriginal service providers lament that despite the existence and availability of their services, they have few or no Aboriginal clients. This should sound a note of warning that the service is not seen as welcoming by the Aboriginal community. Services cannot simply expect Aboriginal people to attend, but must demonstrate that they are safe places, where culture will be recognised, and individuals are not blamed for their situations. In our experience, once services do the work and demonstrate their safety with a small number of individuals, this information is rapidly shared among the community and uptake increases.

Only once the ground work has been done, should individual practitioners *reach out* to local cultural brokers, introduce themselves, spend time and identify ways to consult with and support the local community. When this is done, practice can be shaped to reflect the needs of the community. One doctor described learning that

to access the [Aboriginal] population, you need to offer services in a way that people recognise and want. People need to feel like *themselves* and believe that the health care is connected to *their* lives, that they are involved and have choices, that it's not primarily someone else's agenda. (Belfrage, 2007, p. 537)

The warmth and generosity that is typically shown non Aboriginal practitioners by Aboriginal people in response to efforts to reach out (Bennett et al., 2011), makes this work less difficult than many practitioners expect.

Organisation-level Implications and Steps

The same three basic steps apply at the organisational level. Whether an agency is a small nongovernment organisation or a major government department, it is

beholden on individual practitioners to apply pressure for system change. Too often, in our experience, services allow a single worker to take on the role of champion. Such workers often become labelled as being “good with Aboriginal clients”, whatever this might mean. This is sometimes seen as being a sufficient agency response. However, when that individual is absent or begins to visit the community with coworkers who are not culturally competent, Aboriginal people are made to feel awkward and trust is quickly lost.

Organisations need to take responsibility for competent staff responses and ensure that staff are trained in Aboriginal history and trauma legacies. This should be matched with thorough, documented scoping, to establish the profile and service-use by Aboriginal clients against the local population. Identifying existing organisational policies for recruitment and support of Aboriginal staff, the existence and authority of any Aboriginal voice in the organisation, are also part of this process. Such a document can then form the basis of a draft strategic plan, which outlines how training, policy revision, and consultation will occur and prioritising access by Aboriginal people to the service in terms of time, resources, and ongoing commitment. Only then should contact with the community or communities be initiated, by means of cultural brokers, those with knowledge, access, and understanding sufficient to allow respectful engagement with the local community. In this process, the value of simply spending time with community members to build relationships and trust cannot be overstated.

We propose that early identification of what can be offered by an agency to Aboriginal organisations is fundamental to any organisational effort to reach out. Giving before asking is important to communities from which much has been asked and taken. Examples of respectful engagement of this type include: offers of venue spaces for meetings; training; and volunteers at celebration days. Successful engagement relies on not asking the Aboriginal community to do more, which re-enacts the exploitation only too familiar to most communities. This is not to underplay the importance of listening and asking about what community members *want* from local services. To be meaningful, consultation will be ongoing and include involvement in decision making. Formation of real partnerships can occur when these steps are genuinely and patiently undertaken. Those services that employ Aboriginal workers in an effort to engage Aboriginal clients need to be aware that these colleagues carry a heavier weight through high rates of personal trauma as a result of pervasive racism and higher rates of interpersonal violence. To address the expectations placed on these workers, careful planning for mentoring and supervision is required.

Conclusion

When the lenses of trauma and racism are brought to “cultural competence”, they bring clarity to choices by Aboriginal people to withdraw into community, to protect family members, under report abuse, and to minimise contact with mainstream services. This paper has outlined a process for employing the cultural competence frame at the personal, practice, and organisational levels that harnesses these twin

lenses. Engagement in these three steps by individuals, practitioners, and organisations do not result in an end point at which efforts cease. Rather, we believe that a cycle ensues in which the learning that arises leads to new layers of becoming informed and reaching out and so trust and networks are formed and the process continues.

An acute view of how work with Aboriginal clients needs to take account of both culture and trauma is illustrated through the story related by an Aboriginal worker in one of our courses. She recounted accompanying an older woman from her community to a doctor, who asked many questions of the woman. During the appointment the patient remained silent, looking at the floor. The doctor finally expressed some contempt towards her for wasting his time and dismissed her. Later, he asked the Aboriginal worker why the woman would not answer his questions. She explained simply that the woman was “waiting for some trust”. The cultural and familial harms that Aboriginal people continue to experience, mean it is now up to mainstream service providers to work at engaging with Aboriginal people, and developing genuine cultural competence. Only when mainstream workers recognise the trauma legacies and racism that form daily life for most Aboriginal people, become informed, and then (and only then), reach out to Aboriginal communities, will we begin to reduce the inequalities that shame us all.

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