

‘Talk, talk, cry, laugh’: learning, healing and building an Aboriginal workforce to address family violence

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Abstract. Sexual abuse and family violence are widespread and under-reported phenomena for which Aboriginal victims face even greater barriers to asking for and receiving assistance than do others in the community. There is a need for strategies to address abuse without disempowering and alienating Aboriginal people. A program developed by the New South Wales Health Education Centre Against Violence is addressing this issue at the same time as contributing towards a strengthened Aboriginal health workforce. The training program which is a 1-year qualification course has grown from a 52% rate of graduation in its first 6 years to 92%. Three practices in the classroom have contributed to this success. These are: (i) recognition of the emotional impact of the training and its links to participants own histories; (ii) providing space to address participants negative prior educational experiences; and (iii) further developing content on the recent sociopolitical history of Aboriginal people. These practices have strengthened this successful course, which is building a skilled workforce to provide accessible, culturally sensitive services for Aboriginal people experiencing abuse.

Received 25 November 2011, accepted 12 June 2012, published online 14 December 2012

Objectives

This case study, written by Aboriginal and non-Aboriginal educators from the Education Centre Against Violence, reports on a training program for Aboriginal workers responding to child sexual assault and other forms of family violence. It outlines how the course is successfully addressing low retention rates typical of Aboriginal education initiatives and is producing a skilled workforce in a complex area.

Indigenous peoples experience significantly elevated levels of sexual assault and intimate partner violence globally,^{1,2} with Australian rates of intimate partner violence six times higher among Aboriginal than non-Aboriginal women.^{3,4} Systematic removal of children,⁵ over-imprisonment with high rates of deaths of men in prison⁶ and persistent racism impose barriers to people seeking help for abuse.⁷ Recent federal government efforts to address this issue through the *Northern Territory Emergency Response*, have further disempowered and alienated Aboriginal people, with little evidence of reduced abuse incidents.⁸ Strategies are needed to address this issue, that are both effective and avoid further alienation. This case study describes a

program that is meeting both objectives, by skilling Aboriginal health and welfare workers to prevent sexual abuse and family violence.

Setting

The *Education Centre Against Violence* is NSW Health’s state-wide training facility for health professionals responding to child abuse, intimate partner and sexual violence.

The Centre develops evidence-based therapeutic and curricular resources to address these issues and delivers over 200 short courses (average 3 days) to 3000 health professionals annually. A growing area of the Centre’s activity is programming for Aboriginal communities. Three streams in this domain comprise: (i) training non-Aboriginal workers to provide culturally competent responses, (ii) direct delivery of community development programs to strengthen local capacity to prevent abuse, and (iii) training to Aboriginal workers. This paper addresses the third stream, specifically the *Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault and Child Protection)*.

Participants

The Certificate IV is funded by the NSW Department of Health as a qualification course for Aboriginal positions specialising in response to family violence.⁹ Offered exclusively to Aboriginal participants, the course provides graduates with a nationally recognised qualification accredited by the Vocational, Education and Training Assessment Board, Australia's formal education accreditation body. The course was developed in consultation with a curriculum advisory committee and community representatives.

Delivered over 12 months in six modules, each of 1-week duration, graduation is dependant on satisfactory completion of 11 written assessments. At time of writing 12 courses had been delivered to 196 participants, of whom 160 had completed and 107 qualified.

How the course has changed and grown

Initially cofacilitated by non-Aboriginal trainers, the course is now fully taught by an Aboriginal training team. The first 5 years of the course saw an average intake of 11 students per year, with a 52% qualification rate. Since 2007 the average intake has grown to 22 students and in the last 2 years the qualification rate has grown to 92%.

Three key developments in the life of the course have contributed to this success. These developments and their impacts are described below, illustrated with quotations from the learning journals of the 2010 intake, reproduced here with students' written consent.

Recognising the impact of personal histories of trauma and abuse

From the outset we recognised that students' personal histories of abuse could create barriers to their learning. We find that across all the Centre's courses at least 25% of participants have experienced one or more forms of lifetime abuse, in line with prevalence of these experiences in the community.¹⁰⁻¹² The higher levels of abuse in Aboriginal communities translate in the Certificate IV classroom to a situation in which *all* participants, or a close family member, have directly experienced sexual or family violence. In some instances it is the training that provides the impetus for participants to identify past experiences as constituting acts of abuse. This can be particularly confronting for the students. Many have had multiple experiences of trauma and racism, which for some include removal from families as children. A typical student comment in this regard was that by C:

'This had a hard impact on me emotionally and it has reminded me of a lot of things that happened in my past.'

In the classroom personal trauma histories are addressed by predicting the likelihood of high prevalence of abuse levels in the group and of negative reactions being triggered. Additional strategies include dedicating time to debriefing participants after potentially distressing material and availability of trainers for support during, after and between modules. Tapping into traditional Aboriginal culture, humour is used as a deliberate tool to relieve stress, to acknowledge and move beyond mistakes and to promote a positive outlook. The process of this way of learning and its impact was described by B:

'Talk, talk, cry, laugh. I can now provide information on child sexual assault to the community.'

Legacies of prior educational experiences

Recognising the importance of role models and for Aboriginal-led solutions, the Centre worked in the early years at skilling a team of Aboriginal trainers to take over delivery of the course, which occurred in 2003. An unexpected outcome of this development was that participants began to reveal their anxieties about being in an educational setting. We learnt that many participants have negative associations with learning. Many recall feeling unwelcome in classrooms. This sense of exclusion from schooling is not solely subjective. Up until 1972 Aboriginal children could legitimately be excluded under state education policies if any member of the school community, including parents objected to their presence.¹³ The anxieties of participants are typified in the following comment made after attending Module 1.

'I had very little education for myself when I was a young person. . . So I felt like I was learning for the first time.' (V.)

An all-Aboriginal learning environment allows questions and fears to be addressed without risk of humiliation.

'I have done all this in a uni course and didn't understand a word of it. I have learnt so much and feel more comfortable to talk about the issues.' (G.)

Additional strategies used are: establishment of group rules emphasising the value of all contributions and the group's expertise apart from book learning; options for pair work; and provision of learning support between sessions. Motivation to complete the course is built through frequent discussions about the graduation ceremony. This event is highlighted from the outset as a landmark goal to work towards, which is celebrated with a lavish, accolade-filled ceremony, in recognition of students' achievements.

Addressing the historical context of being Aboriginal

The most recent development has been the restructuring of the course to provide detailed content in the first module on the post-colonisation history of Aboriginal people, particularly on the stolen generations. The idea for this came about by chance, when some Aboriginal participants attended the Centre's cultural competence course, usually attended only by non-Aboriginal workers. The accidental Aboriginal participants were shocked to learn about their history and its consequences, which had been unknown to them. We had previously assumed that most Aboriginal people would be familiar with the details of post-invasion dispossession of land and removal of children. In fact we now recognise that the recent past is so traumatising for Aboriginal elders and community members, that it is rarely spoken of, and more rarely in a coherent manner. This history is taught in the first module of the Certificate IV course, where it has a galvanising effect on most participants.

'The impact was profound and deeply disturbing. I had no idea it was as tough as it was for my people.' (W.)

'I identified and named issues I have dealt with all my life, but could never put a name to.' (D.)

Including that history at an early stage leads to a profound shift among many participants. Instead of the prevailing sense of shame in being Aboriginal that is often brought into the course by participants, a different understanding is fostered. Re-positioning what it means to be Aboriginal in this way allows shame about the high levels of abuse in Aboriginal communities to be discussed. Shame at being Aboriginal, at having poor educational outcomes and about high levels of abuse in Aboriginal communities are interconnected. By addressing all three, participants come to view their families and history in a new light, feel less to blame and take new pride in being Aboriginal.

This shift in perspective also influences the internalised racism that is the norm for most Aboriginal people and which is often re-directed towards others in the family or community. Instead of continuing to blame themselves and others in the community for the health, social and economic disadvantages they experience, participants start to become more compassionate towards their own people. This is important, as these are not only fellow community members, but also the clients the students serve.

‘Gives us more understanding of how past wrongs have affected our people. I will be more aware of how I deal with our clients.’ (K.)

Outcomes

As stated previously, the course’s qualification rate has grown from 52% to 92%. A recent independent evaluation found that the course employs high-quality content and materials, uses rigorous, transparent assessment processes and is taught by trainers who are highly regarded by both students and their managers.¹⁴ It further found that completing the course has enabled several students to obtain more senior positions. Consultation for the evaluation with external stakeholders indicated that significant new initiatives have arisen as a result of graduates’ new skills. As an example one graduate formed a local child protection committee with which she lobbied for action, resulting in media coverage and a visit to the community by the NSW Ombudsman.¹⁴ Most participants describe not only increased skills, but personal effects, through which they have come to regard themselves and their communities in new ways.

‘I learned more than I ever knew about this even though I’ve lived it. I understand so much more what stops Aboriginal families from moving forward.’ (E.)

‘I have a sense of hope now.’ (B.)

Students’ confidence to undertake further study was noted in the evaluation report to be an outcome of the course, and demand for further training by graduates resulted in 2011 in the introduction of a follow up course. The *Advanced Diploma of Aboriginal Specialist Trauma Counselling* now allows those who have successfully completed the Certificate IV to learn specialist counselling, complex case management and advocacy skills. Thirteen participants commenced and completed this course in 2011. Planning is underway with the University of Sydney for articulation from the Advanced Diploma into Faculty of Education and Social Work postgraduate courses. This will provide Aboriginal health workers with the best possible platform for

secure employment, and further enhance the skill level of the workforce.

Problems and constraints

As with any new initiative there have been challenges. One issue flagged in the evaluation was lack of appreciation on the part of students’ managers of the emotional and learning difficulties they face, leading to unrealistic expectations of workers at times. This is now being addressed by providing comprehensive documentation to managers about the course, its impact and expectations on participants. A second challenge is managing the disruption to participants’ training caused by ill health and family crises. Our participants’ lives reflect the profound health disparities between Aboriginal and non-Aboriginal people;¹⁵ health problems are frequent and often serious. At times this interferes with students’ learning, and trainers have frequently had to advocate for rural participants requiring health services in Sydney during the training.

Lessons learnt

Delivering this course has demonstrated that it is possible to simultaneously address the personal impacts of abuse, poor previous educational experiences and the sociopolitical context of Aboriginal history post-colonisation. By doing so Aboriginal workers learn to be effective at responding to the trauma burden carried by their people. We contend that not only is it possible, but it is in fact *necessary* to attend to these three aspects of the pedagogical experience. Only in this way will Aboriginal health workers become free to operate effectively and with pride in the workforce, compassionately supporting their communities.

Our experiences provide lessons for other educational initiatives aimed at under-representation of Aboriginal people in the professional workforce. Despite comprising 2.5% of the population, Aboriginal people make up only 0.2% of Australian medical practitioners and 0.6% of nurses.¹⁵ These rates remain low despite the introduction of numerous initiatives in tertiary education institutions.¹⁶ Most of these initiatives adopt highly selective inclusion criteria as the primary strategy for ensuring course completion.¹⁷ In contrast, this program addresses the many barriers to Aboriginal students completing education by directly engaging with their traumatic prior experiences and negative educational experiences, and by examining the history that explains much of the real disadvantage Aboriginal people continue to experience. In this way training links directly to powerful lived experience, which left unacknowledged is a barrier to learning. By drawing directly on this experience the learning is profound, can support recovery from past traumas, and provide a qualification and skills in an area of high need.

Competing interests

None of the authors have conflicting interests to declare. None of the funders of the Education Centre Against were involved in decisions to present the material here, or in collection or analysis of data.

Acknowledgements

The input of the Aboriginal training team and others at the Education Centre who established and refined the Certificate IV course are gratefully

acknowledged, in particular Mareese Terare, Mailin Suchting, Pam Swinfield, Carmen Parter, Joanne Campbell, Catherine Clarke and Tim Agius.

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