Chapter One

Introduction

“We will protect, preserve and extend our cultural heritage as traditional owners of Yaegl Nation to ensure the survival of our culture...” (Yaegl Local Aboriginal Land Council, 2006, p. 4 (Vision Statement)).

Chapter Overview

This chapter will firstly present the research abstract before introducing and providing a background to the current study. This will include the study rationale and aims, and important cultural and geographical information about the Yaegl community in which the study took place. It will present a glossary of key terms and community-specific information to assist with review of the findings presented in chapter four. This chapter will also discuss the researcher’s personal rationale for undertaking the research, and the potential relevance of the study for future Indigenous health initiatives.

Background to the Study

The Australian Indigenous population has faced numerous atrocities following European arrival in 1788. These included dispossession from their land; mass killings in frontier violence and massacres; social control through the operation of reserves and missions; introduction of fatal diseases and changed nutrition and living patterns, and; exclusion and/or discrimination within the economy, education and health system (Saggers & Gray, 2007). Contemporarily, many factors continue to operate in Australia that distance Indigenous peoples from equal social and health status compared with non-Indigenous Australians. Anderson (2007) contributes several key points to this discussion, including the significant reliance of Indigenous
peoples on government welfare due to their continued exclusion from the Australian economy; the potential for ongoing racism to be a pertinent factor in this social disadvantage; limited access to health care; decreasing social connectedness, and; the recognition that Indigenous social disadvantage has trans-generational effects. While there is still some ongoing debate among researchers as to the causal pathways of the current Indigenous ill-health, the majority of authors in this area point directly to the dispossession and exclusion across many facets, including land, family, culture and the economy, as being the central factors in the ongoing ill-health and social disadvantage of Indigenous communities.

In spite of the wide-spread disease and death caused by European colonisation of Australia, the Indigenous population has resiliently endured and recovered with a current population of approximately 520,000, representing 2.5% of the total Australian population (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008). This ongoing survival is perhaps suggestive of the immense and binding Indigenous cultural heritage and vitality. While this resilience and the steadily increasing population of the Australian Indigenous peoples is heartening, their history of exclusion from the dominant economy is still reflected in the ongoing and deep social disadvantage that exists in many of these communities today. Indeed, Indigenous Australians continue to fare worse than non-Indigenous people in most socio-economic indices, including health, mortality, education, employment, and housing (Australian Bureau of Statistics, 2004b; Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008). It can be argued that the poor health and social situation of Australian Indigenous communities would not be tolerated if it were present in the non-Indigenous population (Saggers & Gray, 2007).

**Study Rationale**

The socio-economic disadvantage and ill-health experienced by Indigenous Australians has continued at alarming rates despite increased research into Indigenous health and the burdens faced by Indigenous peoples. In many cases the response to these research findings has been to enhance existing health services
rather than reorienting health with a new approach and integration of culturally informed and holistic practices. Consequently, the high rates, compared to the non-Indigenous population, of mental illness, disease and mortality in Indigenous communities have remained. The current health system generally lacks answers as to ways in which the wellbeing of Indigenous peoples can be appropriately and effectively addressed. It has been evident for some time that new leads in health care need to be taken if sustainable progress is to be made.

The National Health and Medical Research Council (NHMRC) formed the Aboriginal and Torres Strait Islander Research Agenda Working Group (RAWG) in 1997. As a result of this formation and the understanding that national research priorities in Aboriginal and Torres Strait Islander (ATSI) health were needed, the RAWG ‘Road Map’ (The Aboriginal and Torres Strait Islander Research Agenda Working Group of the NHMRC, 2002) was developed. This report provides an overview of the scope of the problem in relation to poor health, disability and reduced life expectancy in Aboriginal communities. The Road Map delivers six detailed research themes believed to be critical to achieving substantial health gains in this area. Of particular importance to the current study was the inclusion of research priority two, as follows:

“A research focus on the factors and process that promote resilience and wellbeing; in particular but not exclusively, during periods of pregnancy, infancy, childhood and adolescence and form the basis for good health throughout the lifespan” (p.3).

The RAWG Road Map consultative process identified gaps in research that need to be addressed for the promotion of wellbeing in ATSI communities. It acknowledges the array of previous research conducted in these communities, and states “research now needs to build on what is known about patterns of risk, disease and death and examine how interventions and systems can effect change in a sustainable manner” (p.6). It is clear that the available research is not being utilised in practical ways and there is a need to focus on “what works, understanding why it works, and spreading the knowledge around” (p.6). This forms the central aim of the current study - utilising a strengths-based view to ascertain what is working in communities and
how this can be broadened to other social issues within the community being researched and in other Indigenous communities. The Road Map goes on to suggest research would be beneficial that looks at factors which “promote resilience and lay the foundations for good health throughout life” (p.8) with an understanding that ‘doing well’ in an ATSI community may mean different things to the wider community. As a result of the recognition of resilience as a key research priority, the NHMRC has supported the development of the International Collaborative Indigenous Health Research Partnership Grant Program on Resilience, aiming to stimulate research in this area (NHMRC, 2004a).

Similarly, Homel, Lincoln and Herd (1999) call for greater understanding of why Indigenous peoples, despite their vulnerability to such a variety of social problems, are often protected from even worse harm. They call for a broader analysis, and one that takes into account the strengths of Indigenous communities, as a potential means in developing more promising modes of intervention. They specifically call for qualitative investigation into the differences (historical, social and cultural) in features of resilience to adversity between Indigenous and non-Indigenous communities in Australia, which may have implications for developmental pathways with reduced criminality. Likewise, Henderson et al (2007) urge for further research to assist understanding of the meaning of resilience in Indigenous Australian communities and how this understanding may be used to strengthen individuals and communities. With these recommendations in mind, the researcher aimed to look at the specific features of Indigenous resilience, and protective factors, operating to shield the community from even worse conditions and ameliorate the effects of ill-health and social disadvantage.

Undoubtedly, many questions remain unanswered regarding Indigenous community resilience. Indeed, non-Indigenous individual (or psychological) resilience has been the major focus of literature and discourse in this area to date (Garmezy, 1993; Luthar, Chicchetti, & Becker, 2000; Masten, 2001; Rutter, 1985; Werner & Smith, 1982). The questions requiring further investigation surround the ability of family and community resilience to help a group of people through hardship and adversity. This is a particularly driving question when looking at communities and groups of people who face multiple adversities, such as the poor health, racism, and high
unemployment seen in Australian Indigenous communities at present. This is an area in need of further research, particularly within the Indigenous context, where multiple adversities are common and community resilience requires greater understanding and utilisation.

Given our well researched and documented knowledge of the determinants and state of ill-health and social disadvantage in Indigenous communities, there is now increasing recognition of the need for a new direction in Indigenous research, health promotion and service provision. This new direction is a strengths-based approach, and one in which the researcher believes there lies a model for assessing and utilising a community’s existing strengths and resources in addressing health and social concerns and achieving community goals. To clarify, there appears to be a lack of existing data and knowledge regarding what is working in Indigenous Australian communities, in other words the existing strengths and capacities of communities, and how these can be utilised to inform and assist programs and initiatives to achieve the health and social goals of these communities. Authors (Colussi, 2000; McKnight & Kretzmann, 1997) discuss this need for a new alternative to community development and capacity building whereby assets, strengths and resources are not excluded from community studies and surveys, an approach they term the ‘capacity-focused alternative’. This idea of identifying and utilising existing strengths in community regeneration is closely tied to concepts within the social capital discourse. In this discourse it is well acknowledged that a community’s resources and cohesion can be mobilised in such a way as to create equitable and sustainable economic and social development (Cullen & Whiteford, 2001; Woolcock, 1998). At the family and community levels, protective factors can contribute to the development of resilience and capacity to cope with risk and adversity (Hunter, 2001a; Kalil, 2003; Waller, 2001; Walsh, 1998; 2002). The task then is to achieve greater understanding of how these strengths can be identified and effectively utilised for enhanced Indigenous resilience, health and social gains, and this forms the basis of the research to be presented.
Personal Rationale of the Researcher

The reasons behind my personal interest in Indigenous health issues and decision to undertake this research are wide-ranging. As a non-Indigenous woman, I have long admired the spiritual and cultural realms of Indigenous Australians, and the interconnectedness of land, family and community in Indigenous culture.

Growing up in the Clarence Valley on the far north coast of New South Wales, I was surrounded by Indigenous people, some weakened by social oppression and disadvantage, others positive, strong and leading their community. I witnessed the racism targeted at the Indigenous community and the differences between my schooling experience and that of my fellow Indigenous classmates, and later became engaged in a quest to know more about their traditional culture and of the consequences to Indigenous Australia since European invasion.

I undertook studies in this area while completing an undergraduate health sciences degree, and became more involved with community members from the area in which I grew up. I learnt many things during my university studies, mainly focused around community deficits and the determinants of ill-health and disadvantage, but the most significant lesson was my acknowledgement of the many positive things occurring in Indigenous communities. In my final year of university I completed an honours research project, based in the Yaegl community, investigating the role of spirituality in Indigenous health and wellbeing (McLennan, 2003b). This further enhanced my relationship with many people in the Yaegl community and helped me to better understand the inextricable links between family, community, culture and spirituality in Indigenous identity and wellbeing (see McLennan, 2003a; McLennan & Khavarpour, 2004). The strengths, and sheer resilience of Indigenous Australians and their communities, are too often ignored or overlooked in the media and through a non-Indigenous lens and way of viewing the world. I acknowledge, as a non-Indigenous researcher, the interpretation of my research findings has occurred through this ‘white’ lens and will ultimately influence the ways in which I emphasise and utilise the information obtained. However, it has been my central intention to bracket my own experience and expectations of health and wellbeing, and to allow the community’s unique experience and health goals to be presented. My driving
personal rationale behind the research has been a belief that existing strengths and support structures present in Indigenous communities could be a key reason for the continuation of cultural and spiritual vitality, and the prevention of even worse psychosocial disadvantage. I believe an improved understanding and respect for these existing resources could enhance the approach of practitioners and communities alike in attempts to strengthen health and social outcomes.

In summary, this research was developed out of motivation to investigate the presence and complexity of resilience within an Indigenous Australian context, and the implications an improved understanding of resilience may have for Indigenous health. It is hoped this research will uncover family and community resilience as a possible clue to improved Indigenous wellbeing, and provide communities and the people who serve them with improved knowledge and ideas for community cohesion, wellbeing and support services.

**Context of the Study**

The research was achieved through a critical review of the relevant literature, as well as interviews and focus groups with participants from the Yaegl tribe of New South Wales. The Yaegl tribe consists of the Indigenous people of the Lower Clarence Valley, situated in north-eastern New South Wales. The Clarence Valley Council area is located in the Northern Rivers region of New South Wales, approximately 600 kilometres north of Sydney and 300 kilometres south of Brisbane. The following (Figure 1) is a map of the major localities of the Clarence Valley Council.
According to the Clarence Valley Council’s most recent population records (primary source: Australian Bureau of Statistics, Censes of Population and Housing, 2006), the Clarence Valley has a population of approximately 48,000 people, including 2,300 Indigenous people (equating to approximately 4.8% of the total population) (Clarence Valley Council, 2008). Included in this statistical data is the SEIFA Index of Relative Socio-Economic Disadvantage, derived from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and variables that reflect disadvantage. Low scores on the index occur when the area has many low income families and people with little training and in unskilled occupations. The higher an area’s index value for the Index of Relative Socio-Economic Disadvantage, the less disadvantaged that area is compared with other areas (Australian Bureau of Statistics, 2006b). The Clarence Valley was shown to be less disadvantaged than surrounding local government areas Kempsey and Nambucca, but more disadvantaged than Taree, Bellingen, Coffs Harbour and Hastings (Clarence Valley Council, 2008).
The original inhabitants of the Clarence Valley were a number of Indigenous groups, including the Bundjalung, Gumbaynggirr and Yaegl tribes, and the term ‘Goorie’ is used to refer to these local Indigenous peoples of the Clarence Valley. The major landmark of the area is the Clarence River, which meets the Pacific Ocean at Yamba. Traditionally, the Bundjalung people occupied the land north of the Clarence River and the Yaegl tribal area included the southern (Lower Clarence Valley) coastal areas of Maclean and Yamba, extending to just north of Iluka (Purcell & Randall, 2002).

European settlement of the area dates from the 1830s when cedar timber cutters arrived, with major land use since that time being farming, including dairy, sugar cane plantations and maize (Clarence Valley Council, 2008). In the Lower Clarence Valley, European settlement of Maclean (from the mid eighteen hundreds) resulted in the forced relocation of the Indigenous people to Ulugundahi Island (a river island in the lower Clarence River). On the Island they were under the control of the Aboriginal Protection Board and a non-Indigenous mission manager. The families resided in tin shacks, grew their own vegetables and farmed cows and goats for milk. Many of the men worked as cane cutters during the local sugar cane harvesting season, and some of the women worked as ‘domestics’ in the cane farmers’ houses. The mission manager took all wages, and distributed funds at his own discretion. During the 1950s, following flooding problems on Ulugundahi Island, the Aboriginal Protection Board constructed houses in Yamba (Pippie Beach) and Maclean (Hillcrest) to which the community relocated (Yaegl Local Aboriginal Land Council, 2006).

Today, the Yaegl people continue to reside predominantly in this coastal area, south of the Clarence River, from the coastal town of Yamba to inland Maclean (approximately 20 kilometres inland), with two Local Aboriginal Land Councils located in both townships. According to the current Clarence Valley statistical reporting (Clarence Valley Council, 2008), Maclean has a population of approximately 4,000 people, 7.5% of which is Indigenous. Yamba has a population of approximately 6,000 residents, with 3.9% Indigenous people. The approximated overall Yaegl Indigenous population is 600 people.
The Clarence Valley Indigenous communities are serviced by Clarence Valley Community Health and the Bulgar Ngaru Aboriginal Medical Service (AMS), which is based in Grafton and provides outreach clinics to both Maclean and Yamba. In the latest Clarence Valley Social Plan (Clarence Valley Council, 2007) it was reported the AMS is focusing on partnerships with Community Health and the provision of services in preventative health, fitness and wellbeing. This report also discusses the significant concern within the Indigenous communities of the Clarence Valley in the area of mental health. The communities were said to be concerned about mental health issues relating to substance abuse, and as a result of grief and loss. There are mental health services available, including a non-Indigenous counsellor at the Mental Health Unit (Community Health), an Indigenous Mental Health Case Worker (AMS) and Drug and Alcohol Case Worker (AMS), however these services are reportedly under utilised (Clarence Valley Council, 2007). Another area of concern for the Indigenous communities of the Clarence Valley is that of education and training, with major problems in Indigenous high school student truancy and retention rates, and lack of local post-school training opportunities. It is likely that a lack of employment opportunities in the region is also acting as a significant disincentive for formal education. Crime is also considered a pressing issue for the Clarence Valley Indigenous communities, particularly regarding juvenile crime in Yamba, and the Yaegl community is seeking assistance with a holistic approach to crime prevention (Clarence Valley Council, 2007; Yaegl Local Aboriginal Land Council, 2006).

**Glossary of Terms**

The spiritual sites in the Clarence Valley that are of particular significance to the Yaegl people have been documented and a project was completed in 1996 by a team of Yaegl people which details some of these sites in the Lower Clarence (Clarence River Tourist Association, 2003). The following is a brief summary of some of the terms, and local sites in the Lower Clarence, which are important to the Yaegl people (historically, spiritually and/or socially), and mentioned in the interviews and focus groups conducted for this study.
1. **Goorie** – The term Goorie is used to refer to the local Indigenous people of the Clarence Valley, and includes the Indigenous people of the Yaegl, Bundjalung and Gumbaynggirr tribes.

2. **Yaegl** - The Yaegl tribe refers to the Indigenous people of the Lower Clarence Valley, namely the areas in and around Yamba and Maclean, and is the community at the centre of this research.

3. **The Clarence River** – The Clarence River has great meaning and importance to the Goorie people and a number of dreaming stories focus on the ‘Big River’. One such story refers to the Giant Eel who travelled through the Clarence Valley creating the Clarence River and the local Goorie people.

4. **Ulugundahi Island** – This Island was an Aboriginal mission in the early 1900s. The Aboriginal Protection Board sent the surrounding Goorie people to the island to live. Participants in this research spoke of traditional life on the island, the difficult transition when they were moved back to the mainland in 1950-1960, and of the significance the Island still holds for the Yaegl people today. The Island is still used for Yaegl cultural events, community celebrations and for the farming of vegetables, which are used and sold by the community.

5. **Yamba and Angourie Road Camping Sites** – There are numerous sites in the Clarence Valley that were used as camp sites for the Goorie people in the 1940s and 1950s. These sites are spoken of by participants as being key places of historical and spiritual significance through connection with ancestors.

6. **Hillcrest** – This is the former site of one of the Lower Clarence Valley missions for Indigenous people, located in Maclean. It is now the location of the Yaegl Aboriginal Land Council, Nungeera Cooperative (Creative Arts and Business Enterprise) and a village of housing for Yaegl families.

7. **Pippi Beach Village** – This is the former site of one of the Lower Clarence Valley missions for Indigenous people, located in Yamba. It is now referred to as ‘the village’ and is the site of the Birrigan Gargle Aboriginal Land Council, a multi-
purpose community centre, housing for Yaegl families, and ‘the lodge’ (a residence for aging elders of the Yaegl community).

Study Aims

This research aims to identify and evaluate the meaning and role of resilience in the wellbeing of Indigenous Australians, specifically the Yaegl Goorie people of north-eastern New South Wales. In particular, this study aims to investigate the following research questions, which informed the theoretical framework and research methods employed in the study:

1. What are the models of resiliency in Australian Indigenous communities?

2. What part, if any, does resilience have in strengthening the Indigenous response to adversity, such as ill-health and disability?

3. How can models of Indigenous resiliency be utilised to strengthen/enhance the capacity of the individual, family and community to cope with adversity?

Thesis Outline

This thesis will present both the existing research in the cross section between Indigenous health and resilience, as well as the findings and conclusions of the current study.

Firstly, the Literature Review (Chapter Two) will present the existing literature and discourse relevant to Indigenous health and resilience, with particular focus on family and community resilience. Also presented here will be the origins, meanings and relationships of these central topics, as well as unanswered questions and theoretical propositions arising from the literature.
The *Methodology* (Chapter Three) will discuss the overall theoretical framework and methodology utilised to facilitate the aims of the study. The chapter will present information regarding the specific research process, ethical considerations of the study, and the methods employed by the researcher in both obtaining and analysing the data collected.

The research findings, from the interviews and focus groups, will be presented in *Findings* (Chapter Four) followed by an interpretative analysis of the findings in the next section, *Discussion* (Chapter Five).

Finally, *Conclusion and Recommendations* (Chapter Six) will provide a review of the study, the researcher’s conclusions based on the research findings, the implications of the study for the Indigenous health field, and recommendations for health practice and research arising from the results of the study.

**Chapter Summary**

This research investigates Indigenous wellbeing with a particular emphasis on resilience as an aspect that may provide one of several missing keys to the reorientation of Indigenous services and health provision.

This chapter has introduced the current study, including its background, context and rationale, as well as the personal rationale of the researcher and the importance of the research in the area of Indigenous health. The following chapter, Chapter Two: *Literature Review*, will provide a broad and in-depth presentation of the existing research and discourse in the areas of Indigenous health and resilience.
Chapter Two

Literature Review

“Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities” (Masten, 2001, p. 235).

Chapter Overview

As will be discussed in the following literature review, resilience is now regarded as an ‘ordinary’ human quality, one that can be fostered in individuals and their communities through the strengthening of existing resources and protective factors. This chapter will present the literature available in the areas of social capital and resilience, with particular focus on Indigenous health and wellbeing, and health promotion initiatives. Literature was selected on the basis of quality and relevance to the current study. The overall aim of the literature review is to provide a broad context for the research presented in the proceeding chapters, and particularly for Chapter Five, Discussion, in which the research findings will be analysed and discussed in relation to the existing literature.

1. Indigenous Health

Indigenous peoples continue to endure profound disparities in health compared with non-Indigenous peoples. Colonisation and associated acculturation and assimilation policies have had significantly negative impacts on cultural sustainability and the health and wellbeing of Indigenous peoples across the globe. Two basic processes are discussed in the literature in relation to contact between cultures: ‘acculturation’ and ‘adjustment’. Berry (1990) argues the latter occurs as a result of the limited power of Indigenous peoples to react against the forced acculturation by the
dominant culture. Bartlett (2003) supports Berry’s view that the acculturation experienced by Indigenous populations has been involuntary, and has led to ‘acculturation stress behaviours’ including reduced mental health, feelings of alienation and confusion, substance abuse, homicide and suicide to name just a few. Bartlett proposes this ‘stress phenomena’, involving Indigenous people living “under conditions of extreme stress for multiple generations” (2003, p. 166), has resulted in psychological and social pathology that are products of forced acculturation and seen wherever there has been sustained contact with a dominant culture. Smith (2003) also summarises the vast impact of colonisation on Indigenous peoples, stating:

“The arrival of colonists has always meant death and destruction for Indigenous people. This happens not just because of guns, infection, destroyed lifestyles, exploitation, poverty and political oppression but because of a deep spiritual oppression that comes from having your sovereignty and culture subjugated” (Smith, 2003, p. 1).

Kirmayer et al (2003) review the literature relevant to mental health for Indigenous peoples around the world. They argue the long history of cultural marginalisation and policies of forced assimilation have had dramatic effects at the individual, family and community level, resulting in negative impacts to mental health and community cohesion. According to the literature review conducted, these processes have also resulted in the disintegration of effective pre-colonisation healing methods and disturbance to Indigenous identities that are often “relational or communalistic, ecocentric (connected to the land and to animals), and cosmocentric (connecting the person to an ancestral lineage or the spirit world)” (Kirmayer, Simpson, & Cargo, 2003, p. 19). In fact, many researchers and authors have attempted to draw commonalities between the Indigenous peoples of the world. While it has become increasingly recognised that immense diversity exists within and between Indigenous peoples, major commonalities in addition to the strong connection with the land and environment have included the shared experiences of colonisation and similar socio-economic and health positions of Indigenous peoples (Durie, 2004). Durie summarises these commonalities include the “loss of culture, loss of land, loss of voice, loss of population, loss of health and wellbeing”, and concludes that “on almost all indicators of social wellbeing…Indigenous peoples fare worse than their non-Indigenous neighbours” (Durie, 2004, p. 1138).
In Australia, the poor health of Indigenous peoples is a serious, continuing and very real concern. The rate of ill-health, compared with the non-Indigenous population, makes research and positive action in the Indigenous health arena an important and urgent priority. As is the case in international discourse, much of the literature looks to the colonisation process, involving the imposition of Western philosophies and practices on traditional culture, as a major reason behind the socio-economic disadvantage and ill-health in Australian Indigenous communities (Anderson, 1996, 2003; George & Davis, 2000; Henderson et al., 2007; Hunter, 1993; Meadows & Singh, 2001; NACCHO, 1993; Reynolds, 1998). Saggers and Gray (1991; 2007) discuss evidence of good health and strong community structures among the Indigenous peoples of the Australian continent before European invasion, which lead to both depopulation of the Indigenous peoples and the deterioration of their traditional and 50,000 year old society (Broome, 2001). The resulting negative ramifications of colonisation processes have been vast, and remain as contributing factors in the ill-health and social disadvantage experienced by Indigenous Australians currently.

Significant works in this area point directly to the dispossession and exclusion across many facets, including land, family, culture and the economy, as being the central factors in the ongoing ill-health and social disadvantage of Indigenous communities (Anderson, 2007; Human Rights and Equal Opportunity Commission, 1997; Saggers & Gray, 2007; Sheldon, 2001; Swan & Raphael, 1995). However, while racism and the legacy of colonisation are usually sighted as the major casual factors behind the depth of social disadvantage in Indigenous Australia, Pearson (2001) passionately emphasises the need to realise other factors are also at play. He specifically urges the “passivity and disempowerment” (p.139) of the welfare-based condition of many Indigenous communities has lead to social dysfunction, destruction of traditional values and culture, and further alienated them from the economy. Similarly, Cass (2006) discusses a range of explanations for the ill-health in Indigenous communities, including arguments for genetic, environmental, socio-political and early developmental explanations. Cass argues that psychosocial factors, health behaviours, social structure and health service access can all affect incidence and progression of disease and ill-health.
Much research has been conducted into the incidence of ill health and socio-economic disadvantage of Indigenous peoples, and clear disparities have been shown between Indigenous and non-Indigenous Australians. Statistical reporting of the health of Australian Indigenous peoples indicates consistently alarming rates of disability and chronic illness, including mental illness. Indigenous life expectancy is almost two decades below that of non-Indigenous Australians, and infant/child mortality approximately three times that for non-Indigenous children (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008). In a combined review of both the National Aboriginal and Torres Strait Islander Social Survey (Australian Bureau of Statistics, 2004b) and the General Social Survey (Australian Bureau of Statistics, 2004a) for the Australian population, the rates of severe or profound disability were found to be more than twice as high among Indigenous peoples (Australian Institute of Health and Welfare, 2006). Further, Indigenous people are twice as likely to be hospitalised for mental or behavioural disorders as other Australians, involving disturbing rates of self-harm (Australian Bureau of Statistics, 2006a; Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005).

In a major health survey conducted between 2004-2005 (Australian Bureau of Statistics, 2006a), two-thirds of Indigenous people reported having at least one long-term health condition (with eye/sight problems the most common among these). In addition, Indigenous people were almost twice as likely as non-Indigenous people to report their health as only ‘fair or poor’, and more than three times as likely to report having diabetes. Zhao and Dempsey (2006) report on the significant life expectancy gap between Northern Territory Indigenous and non-Indigenous peoples between 1981-2000. Interestingly, their study indicates that during this period there was a marked shift in the causes of reduced life expectancy. Communicable diseases declined, while chronic non-communicable diseases (i.e cardiovascular diseases, diabetes, cancers and digestive diseases) increased in prevalence. Nationally, the 2008 report (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008) indicates some improvements in Indigenous health, namely falls in infant mortality rates and some improvements in the socio-economic status of Aboriginal and Torres Strait Islander people, however many disparities continue.
In addition to health inequalities, significant social disparities exist between Indigenous and non-Indigenous people (Steering Committee for the Review of Government Service Provision, 2005). These include significantly lower rates of high school completion (with Indigenous people being half as likely to complete year 12 as non-Indigenous people), higher unemployment rates (16% compared with 5%), and lower home ownership/purchasing (34% compared with 69%) (Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2008). In a review of poverty among Indigenous Australians, Hunter (2001b) argues Indigenous Australians are “the most disadvantaged and poorest of Australian society” (p.129) in relation to income, housing, ill-health, arrests and land. In recent Social Justice Reports (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2006, 2007), similar pictures of health and social inequalities are discussed. In the 2006 Social Justice Report, it is argued that continued and significant disadvantage in Indigenous Australia means there is clear and urgent obligation on Australia to improve the living conditions and the realisation of rights (including the highest attainable standards of health and mental health) of Indigenous peoples. Most recently, the 2007 Social Justice Report (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2007) focused on the family violence and child abuse in Indigenous communities. This follows the distressing findings of the Breaking the Silence, Creating the Future report (Aboriginal Child Sexual Assault Taskforce, 2006), and the Ampe Akelyernemane Meke Mekarle: ‘Little Children are Sacred’ report (Anderson & Wild, 2007), which led to the Australian Government’s Northern Territory ‘Intervention’ into child protection in June 2007. The Social Justice Commissioner, in recognising the high rates of family violence and the plight of Indigenous women and children, calls for urgent action while questioning the manner in which the Federal Government’s Intervention was implemented (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2007).

Since the Intervention in the Northern Territory in 2007, there have been further developments in the governmental response to Indigenous ill-health and social disadvantage. On 13 February 2008, Prime Minister Kevin Rudd made a public apology to Australia’s Indigenous peoples regarding the governmental policies and actions responsible for the ‘stolen generations’. This was followed by the signing of
a statement of intent on 20 March 2008, by the Australian Government, Opposition and Indigenous and non-Indigenous health organisations, to collectively achieve equality in health status and life expectancy between Indigenous and non-Indigenous Australians by 2030 (Australian Human Rights Commission, 2008). This action was the result, at least in part, of the campaigning by the Close the Gap coalition, which was formed following the recommendations of the Social Justice Report 2005 (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2005; Close the Gap Coalition, 2009). In this report the Social Justice Commissioner Tom Calma called for Australian governments to commit to achieving Indigenous health and life expectation equality within 25-years, a goal supported and actioned by the National Aboriginal Community Controlled Health Organisation and Oxfam Australia (2007). This call for action is also clearly supported in the final report of the Commission on Social Determinants of Health (WHO, 2008), in which all governments are encouraged to take action toward closing the health equity gap within a generation.

1.2 Australian Indigenous Mental Health

argue there have been long-term entrenched and disturbing impacts of ‘transgenerational trauma’ on the mental health experienced by Indigenous peoples today.

The mental health of Indigenous peoples has emerged as a priority area in the wider national health agenda, with awareness being significantly heightened by the Royal Commission into Aboriginal Deaths in Custody (1987-1991). Following this, the principle reports in the area of Indigenous mental health, the ‘Ways Forward’ report (Swan & Raphael, 1995), and the ‘Bringing Them Home Report’ (Human Rights and Equal Opportunity Commission, 1997), identify several key areas for prioritisation in the context of family healing and mental health promotion. These recommendations include specialised mental health care to be one of the principles behind the effort to improve social and emotional wellbeing in Indigenous communities, and the prioritisation of key issues that need addressing, such as trauma, grief, suicide and self-harm.

The Mental Health National Action Plans (Commonwealth Department of Health and Aged Care, 1998, 2000; Council of Australian Governments, 2006) list the promotion of emotional and social wellbeing and prevention of mental health morbidity in Indigenous communities, as priority mental health targets. However, in a review of mental health resource allocation in rural and remote Australia, O’Kane & Tsey (2004) conclude the capacity of mental health care is well below the expected benchmark, requiring double the existing allocation. They argue those in greatest need of enhanced care are children, adolescents, and Aboriginal people living in remote areas. They express concern that these groups with most need, are often unable to assert their needs due to lack of power. Furthermore, evidence is mounting that people in prison are often there due to deficiencies in community based services, including services in the areas of mental health and wellbeing, substance use and disability (Krieg, 2006; Mental Health Council of Australia, 2005). The NSW Inmate Survey reports more than 74% of inmates had mental health issues and two-thirds had substance use concerns (Butler & Milner, 2003). Currently, Aboriginal prisoners represent 24% of the total prisoner population in Australia and are over thirteen times more likely to be imprisoned than non-Indigenous Australians (Australian Bureau of Statistics, 2007).
Hunter (2003) asserts there are obvious deficiencies in up-to-date knowledge and understanding of the complex issues surrounding mental health in Indigenous communities. He urges for greater research into the effects of physical, emotional and social disturbances on developmental processes, stating much of the existing literature has not kept up with the significant social changes, and hence changes in mental health problems, that have occurred in Indigenous societies. A review by The Mental Health Council of Australia (2005) looks at the critical themes in mental health care from the perspective of consumers of services and those who deliver services. The report is based on qualitative and quantitative data collected between 2003-2005 and provides an overview of key concerns in mental health care, particularly the concerns of those who have recently sought care. The report indicates:

“that after 12 years of mental health reform in Australia, any person seeking mental health care runs the serious risk that his or her basic needs will be ignored, trivialised or neglected” (p14).

The report particularly points to the informal safety network of social and financial support relied upon by many people with mental illness, in the absence of adequate or appropriate mental health care. This supports the need for enhanced social capital in communities (involving the strengthening of social relationships and resources, as will be discussed further), to better support mental health care as an additional and strong safety network to protect these vulnerable people.

1.3 Indigenous Wellbeing – Learning from the holistic and whole-of-life view of health

Indigenous views of health have traditionally been considerably different to that of the Westernised biomedical perspective. Worldwide studies have shown the distinctions and diversity between the many views of health and yet presented re-occurring or similar themes among the health beliefs of Indigenous peoples of the world. Colomeda and Eberhard (2000) contend there is a universal Indigenous connection to the land and community, as well as the conception that mind, body and spirit are linked in illness and healing. Health for Australian Indigenous peoples, best represented by the term ‘wellbeing’, involves the interplay of social, emotional, spiritual and cultural wellbeing within a community framework (Anderson, 1996;
Mobbs, 1991). This understanding of wellbeing is holistic, it doesn’t divide mental and physical being (Henderson et al., 2007), and is a ‘whole-of-life’ view that is principally interrelated and indeed interdependent with their spiritual and cultural connection to the land (Anderson, 1996). Traditionally, the symbiotic relationship held with the land fostered their spiritualism, provided their sole source of production, and thus was a key element in the holistic health and social wellbeing of individuals, families and communities. It is a relationship not easily comprehended, or explained, by non-Indigenous researchers and health practitioners, with whom health is most often individualised and compartmentalised. It is perhaps for this reason that while many current programs aimed at assisting the health of Indigenous Australians are proving successful, many continue to fail again and again, and others have left untoward health outcomes (Hunter, 2002).

Indigenous authors endorse the need for a spiritual reconnection, with the aim of improving wellbeing through reintegration of spiritual, physical, mental and social domains (Atkinson, 1997, 2002a; Wanganeen, 1994) as they had once been. They suggest that these elements be recognised along with a cross-disciplinary and humanistic (or ‘holistic’ in Indigenous terms) approach to cultural healing. The importance of spirituality and traditional rituals in Indigenous healing and wellbeing is supported (Hume, 2002; Wingard & Lester, 2001) along with its potential to be included in, and facilitate health education and promotion in Indigenous communities (Brown, 2001; Newman et al., 1999). The National Aboriginal Mental Health Conference held in 1993 highlighted in particular a strong connection to Spirit (creator of the Dreaming), and spiritual Ancestors, as integral to both the survival of culture and as a key to improved mental health for Indigenous Australians (National Aboriginal Mental Health Conference: Our Way, 25-27 November 1993). It is now clear that mental health promotion strategies need to adopt culturally informed services, which acknowledge the importance of spiritual and traditional beliefs and practices in the wellbeing of Indigenous Australians.

In New Zealand, Maori health researchers have been able to apply methods and values of both Indigenous knowledge and science to better understand health and illness (Durie, 2004). This comes from the acknowledgement that the two systems are distinct philosophies, which cannot be used to verify each other, but can be used
together to create “new knowledge that reflects the dual persuasions” (p.1138). Durie proposes that while science disregards Indigenous knowledge and Indigenous mistrust limits science, there is potential for the two to provide a more accurate combined approach, one that both provides scientific scrutiny and locates people within their natural world. Health services for ethnic minority groups, and particularly those less acculturated, may be improved by combining modern health practices with traditional practices and having representatives from these minorities involved at every stage of the intervention (Gitendra & Elliott, 1997).

An important aspect in the wellbeing of Australian Indigenous peoples is that of ‘community’. A community is that which people belong to on the basis of common personal characteristics and/or geographic factors (Ife, 2002; McKenzie, Pinger, & Kotecki, 2002). There is a strong link between community and wellbeing in international Indigenous concepts of holistic health (World Health Organisation, 1986). Community belonging in the context of Indigenous Australia is based on the specific Aboriginality and tribal area shared by a group of Indigenous people. Contemporary community health approaches, which consider the reciprocal relationship between people and their environments and seek the wellbeing of entire communities rather than solely the physical health of individuals (McMurray, 1999), is a traditionally valued approach of Indigenous peoples in the maintenance of wellbeing. There is immense cultural diversity among Australian Indigenous communities, rendering generalisation of beliefs both difficult and largely ineffective. However, the concept of community, involving kinship and connection to the natural environment, has been shown to be of central importance to Indigenous wellbeing (Anderson, 1996). Maher (1999) argues that although there are beliefs and practices which remain specific to certain Indigenous tribes and communities, there are commonly held beliefs such as those regarding the interconnectedness of community, land, kinship and spirit in Indigenous wellbeing.

Similarly, psychological sense of community is discussed by Bishop, Colquhorn and Johnson (2006), who studied this concept in the Australian Indigenous context. The study of Western Australian Indigenous peoples’ notions of community found five key elements concerning social structure and the notion of community. The primary theme was that of kinship structure, described as linking all Indigenous people and
the land in a particular region and serving as a strengthening element for groups and families. Secondly, the theme of language and presence of language groups was found to be an important part in community identity, allowing members to identify those from within their community network and further strengthening the kinship structure. The third theme of skin group was also significant in this process with names given to members helping to solidify their existence in a certain group. The final two themes, education and knowledge, were seen as specifically attached to the maintenance of a sense of community. Interaction with non-Indigenous people was seen as a threat to their social structure and protocols and thus the maintenance of existing knowledge, and education of youth through generational transfer of this knowledge, were seen as crucial. The study confirms the importance of language and identity, and the critical role of education, in community wellbeing and the preservation of Indigenous culture. The researchers propose that as long as cultural learning continues, a sense of community will play an active and important role in the lives of Indigenous peoples.

The literature also presents a particular connection between one’s cultural and social environment, and a sense of identity. In Breakwell’s (1986) overview of ‘identity’, its social origins and its expression, identity is explained as comprising of emotions, beliefs and attitudes formed within the complex interplay of a person’s social environment. Similarly, Anderson (1996) depicts identity as a set of values and memories encompassing who we are and which, for Indigenous peoples, is enmeshed with wellbeing. Ife (2002) extends this, addressing the importance of community in one’s sense of personal worth, explaining “loss of community is closely associated with loss of personal identity” (p. 193). Indigenous identity can thus be viewed as inseparable from culture and community, where an individual’s experience in their social context is a major element of their identity, which orientates an individual within a wider system (Hunter, 1993). Indeed, identity can be viewed as having an interdependent relationship with community, and is both an individual and communal construct. In the holistic and whole-of-life view of Indigenous Australians, each concept discussed, including community, identity, spirituality and wellbeing, is interdependent and inextricable from the whole and contributes equally to the wellbeing of individuals, families and the community.
1.4 Australian Indigenous Health Initiatives - Addressing barriers to effective service provision

Within the Australian Indigenous health arena, three key issues, or indeed barriers, are repeatedly discussed in relation to health service provision for Indigenous peoples, those of effectiveness, accessibility and cultural appropriateness. Following a study of wellbeing in an Australian Indigenous community, McLennan & Khavarpour (2004) discuss the need for culturally appropriate services in the provision of health (including mental health) promotion in Indigenous communities. Comprehensive Indigenous awareness training for health professionals is recommended, particularly in the area of holistic health, known as wellbeing for Indigenous Australians, and in the relationship between culture, spirituality and wellbeing. They argue this will assist health professionals to better meet the needs of service recipients, and propose “consulting and collaborating with individuals and their communities as to how these needs can be met is essential in establishing a culturally appropriate and more effective approach to [health] promotional initiatives” (McLennan & Khavarpour, 2004, p. 239).

Similar sentiments are reiterated by Kendall, Milliken, Barnett and Marshall (2008), who urge health professionals have an important responsibility to understand Indigenous concepts of health and engage in the provision of culturally sensitive and appropriate practice that meet the specific needs of Indigenous people, particularly those with chronic conditions and disabilities. Likewise, Westerman (2004) argues for urgent changes to mental health service delivery for Indigenous peoples, considering the high rate of mental ill-health in many Indigenous communities compared with the low rate of service access. Westerman proposes services need to move away from a reactionary model, to one that is proactive and incorporates culturally appropriate practice. Examples offered to assist this process include increasing cultural competence of staff; appropriate engagement of Indigenous people in services (such as culturally sensitive introductions, assessment within the client’s cultural context, and acknowledgment of mental health as holistic); improved client-practitioner relationships (including lessening cultural and gender disparity between client and practitioner where possible); and the provision of culturally
appropriate treatment options (such as the inclusion of traditional healing methods, and culturally informed counselling methods) (Westerman, 2004).

In a study directed at the perceptions of health professionals in South Australia, Valadian, Chittleborough & Wilson (2000) found that many report having difficulties while working with Indigenous clients. The study found few participants had undertaken tertiary studies in Indigenous issues, or attended cross-cultural awareness training. The major problems encountered related to communication and cultural differences, which were seen to impact upon medication compliance and overall treatment participation. The questionnaire-based study found 87% of the health professionals that participated wanted to engage in specific Indigenous cultural awareness training to assist them with better service provision with Indigenous clients. The information thought to be useful among these professionals included understanding:

- Possible priorities of Indigenous clients and how these may relate to their health problems and health care needs;
- The meaning of ‘health’ for these clients;
- The Indigenous support and care networks available;
- The Indigenous family and community structures, and;
- How they might work in partnership with Indigenous health professionals to better assist their clients (Valadian, Chittleborough, & Wilson, 2000, p. 157).

A study conducted by Kendall and Marshall (2004) identified a number of obstacles present for Indigenous Australians in accessing appropriate disability and rehabilitation services. They acknowledge the need for greater understanding of why current existing services are under-utilised by Indigenous peoples, despite the serious nature and prevalence of ill health and disability in Australian Indigenous communities. The study conducted in a largely Indigenous populated rural town in Australia, which involved interviewing of Indigenous people with disabilities along with service providers (Indigenous and non-Indigenous), confirms that culturally based beliefs influence the use and non-use of services by Indigenous people with disabilities. Many health care practices conflict with these beliefs, and the study indicates these conflicts, along with the subtle and overt racism apparent in service provision, negatively impact upon accessibility and outcomes of these services.
Roxbee and Wallace (2003), in discussing the increasing prevalence of mental ill-health in Aboriginal and Torres Strait Islander (ATSI) communities, describe the inadequacy (both in resources and locations) of community-based services and the lack of coordination between sectors in implementing service delivery. They argue western psychiatric models of care have limited value, cultural appropriateness and cultural safety for Indigenous communities, and suggest the limited accessibility of community-based care in rural/remote areas causes further problems. Increased cultural awareness training of health professionals is urged, including understanding of their local community and the mental health issues present. There is also an emphasis on coordination with other sectors, including housing, justice, education and employment, to ensure gains in mental health promotion, based on the premise that social disadvantage is strongly correlated with psychological morbidity. Roxbee and Wallace believe the development of partnerships between mental health services and ATSI primary care providers will be essential in the effort to improve the capacity of both systems, namely their ability to provide adequate, culturally safe and evidenced based mental health services to ATSI communities (Roxbee & Wallace, 2003).

As an example of efforts to lessen the barriers in health services for Indigenous people, particularly those in rural and remote areas, Andrews et al (2002) report on the consultative meetings held by the Wiradjuri General Practitioners and Aboriginal Health Workers Project in central western NSW. The meetings focussed on identifying and overcoming barriers of Aboriginal people’s access to general practitioner services. Solutions identified included outreach clinics, bulk-billing, Aboriginal cultural awareness training for all general practice personnel, employment of Aboriginal staff in general practice, the presence of Aboriginal artwork in general practice offices, and closer professional interaction between general practitioners and Aboriginal health workers. These represent simple yet effective strategies for enhancing cultural sensitivity and accessibility in health care service provision for Indigenous Australians. Even greater outcomes would be achieved by including regular community consultation in these development initiatives, ensuring service providers more fully understand and are better prepared to address the specific needs of the Indigenous community.
Providing further solutions to effective service delivery, Kendall et al. (2008) discuss specific principles for culturally-safe practice in Indigenous health, whereby influence is minimised to one’s identity despite service delivery methods or processes being alien to the client’s culture. The principles were generated through consultations in Queensland with Indigenous health workers and Indigenous community members and elders, including people with chronic health conditions and disabilities. These principles for practicing in Indigenous communities are as follows:

- Respect cultural protocols and acquire cultural competence;
- Respect Indigenous knowledge and apply it to practice where possible and appropriate;
- Seek acceptance from the Indigenous community;
- Recognise concealed disability and appreciate historical influences;
- Apply a broad concept of health that responds to the specific context;
- Advocate for individuals and the collective;
- Communicate for clear Indigenous understanding;
- Persist and provide ongoing follow-up (Kendall, Milliken, Barnett, & Marshall, 2008, pp. 228-231).

Similarly, Smye and Browne (2002) argue the importance of ‘cultural safety’ for Indigenous peoples. They propose ‘cultural safety’ is concerned with recognising the position of marginalised groups within an ecosystemic context, including social, political and economic considerations, so that a more supportive practice of health care can be developed. The element of ‘culture’ in the phrase is said to refer to the meanings assigned to health and illness by Indigenous peoples, while the component of ‘safety’ is said to provide a focus on positive health outcomes for Aboriginal people without placing them at risk by the health system. The authors suggest incorporating cultural safety into health promotion activities will enable the review of current inequities in this sector, and the utilisation and strengthening of existing knowledge and resources in Indigenous communities.
2. Community Development and Capacity Building

Community development, in the context of Indigenous health, has been defined as a process of working with communities, in a manner that advocates the full and active participation of all community members to develop solutions to the problems they have identified (Labonte, 1993), ensuring Indigenous people acquire skills to develop culturally appropriate programs and services for their communities (Sherwood, 1999). In the broader area of community development, McKnight and Kretzmann (1997) provide an alternative approach to the traditional needs and deficiency oriented models of community development. This approach, which they call the ‘Capacity-focused alternative’, is based on the premise that communities, even low income communities, have a multitude of existing capacities, skills and assets. They suggest the findings of community ‘needs surveys’, used in the traditional approaches, are neither comprehensive in providing the complete picture or helpful for a community’s forward direction. They argue a map of a community’s problems such as crime and drug addiction is only half the picture, and what is missing is the map of the community’s resources, its assets and capacities. For community regeneration to occur, McKnight and Kretzmann contend the first step is to identify and build on these resources, including those located in the community and controlled by the community (i.e. citizens’ associations, cultural and religious organizations), those governed by external bodies (i.e. hospitals, universities) and those which exist outside of the community all-together (i.e. welfare expenditure, policy makers). It is clear the task does not stop at simply identifying these resources; it requires support and action by community members, community-based groups and external organizations that can become linked interdependently to the community’s regeneration and capacity building. Further research in the area of community capacity will now be discussed, and this is of particular relevance to the current study in which community strengths and resources and their potential in boosting Indigenous resilience is a central component of the research questions.

2.1 Social Capital

When discussing community capacity building, an understanding of the meaning and role of ‘social capital’ is required. Looking to theorists in this area, social capital
refers to the resources of a family and community (Loury, 1977), the existence of community networks, engagement, identity and reciprocity (Campbell, Wood, & Kelly, 1999) and can be conceptualised as the ‘glue that holds society together’ (The World Bank Group, 2006). Bourdieu’s (1986) findings from research focused on explaining the inequalities between groups, suggests contacts through social networks can be used to gain economic advancement, suggesting social capital is critically linked to economic capital. Alternatively, Putnam’s (2000) contribution suggests social capital is closely tied to communitarianism, and a key component of building and maintaining democracy. Pesut (2002) promotes the potential for social capital to enrich social relationships and strengthen communities, explaining it as “civic engagement embedded in a network of reciprocal social relationships” (p3). Social capital is also discussed as a measure of social processes and interactions, indicators of which show processes that either facilitate or hinder social cohesion (Cox & Caldwell, 2000). Contributions in the social capital field suggest that augmenting the resources in one’s environment, including psychological, social and physical resources, can protect against the adverse effects of psychosocial stressors and income inequalities (Baum, 2002; Cullen & Whiteford, 2001; Kawaachi, Kennedy, Lochner, & Prothrow Stith, 1997).

Labonte (1999) asserts labels such as capacity-building and empowerment consist of many or all of the elements included in the term social capital. Labonte advises the Association of Health Promotion Professionals (AAHPP) Conference met in 1998 under the key theme of ‘community capacity’, a term referring to “the set of assets or strengths that residents individually and collectively bring to the cause of improving local quality of life” (Easterling, 1998, p. 430). Labonte argues there are various advantages of such terminology for health outcomes in community development, stating that for practitioners social capital building provides a way of improving resources, organisation, confidence and opportunities in disadvantaged communities. It is summarised that social capital building is conducted under the functions of community development, which aims at improving the lives of the least well off by mobilising resources and opportunities, and reducing inequalities created by social policies and practices (Labonte, 1999, p. 432).
Woolcock (1998) argues social capital has a key role in organisation, order and effective functioning. He proposes a community’s prospects for equitable and sustainable economic development are low where elements of social capital are eroded or non-existent. Relations between and within social groups can “shape prospects for sustainable, equitable growth and just, participatory governance” (Woolcock, 1998, p. 188). Likewise, Cullen & Whiteford (2001) contend social capital contributes to economic development, the effectiveness of political systems, and community development, as well as being positively correlated with physical and mental health outcomes. However, they explain a lack of agreement exists in the potential for social capital to improve usage of human, natural and financial capital, despite their findings suggesting social capital can lead to more efficient management of these resources.

Nonetheless, in the research review presented by Kritsotakis & Gamarnikow (2004), a number of research studies indicate social capital to be useful in raising health and welfare status and lowering rates of crime. While they also acknowledge a number of studies that show no correlation between social capital and health capital, their article raises important questions regarding the applicability of social capital, and its implications for community capacity development, to the health of some communities. First among these questions relates to Coleman (1988) who suggests social capital is only possible in those communities where there is social and environmental isolation. Secondly, Woolcock (1998) proposes social capital refers to the interpersonal relationships within (not between) communities. These propositions may then lead to the exclusion of some communities, particularly ethnic minority groups whose communities remain somewhat separate, not always geographically, but rely on relationships with the wider community for health and welfare services.

At this point it is important to understand the different structural components of social capital, such as those known as ‘bridging’ (inter-group) and ‘bonding’ (intra-group) forms of social capital (Cullen & Whiteford, 2001; Putnam, 2000). Bonding refers to relations that are typically inwardly focussed, based on family relations, which serve as protective mechanisms during times of need. Bridging refers to the weak ties that link those of different cultural/ethnic and occupational backgrounds, and is crucial in providing opportunities for participation and exchange. The latter
form, bridging social capital, is considered particularly relevant to health and mental health through the “diffusion of information, service delivery and implementation, the control of deviancy, and reinforcing extant health norms” (Cullen & Whiteford, 2001, p. 10), and improving collective action. On the other hand, bonding social capital can be exclusionary, and may not serve to produce society-wide benefits of cooperation and trust (Baum & Ziersch, 2003). Kritsotakis & Gamarnikow (2004) warn of the potential dangers of the bonding form of social capital being employed in health care delivery, which could include imbalanced power relations (Bourdieu, 1986) and even ethnocentrism (Portes & Landolt, 1996). Pesut (2002) acknowledges the positives of both ‘bonding’ and ‘bridging’ social capital, but asserts the potential for social capital to manifest itself as anti-socialism, elitism and ethnocentrism (which one may assume would result from over concentration on internal bonding capital). Likewise, Portes and Landolt (1996) discuss the potentially negative consequences of social ties formed in the process of building social capital. The same strong ties needed to assist collective action can also exclude non-members, such as poor or minority groups. Strong ties within a group may lead to less trust and reciprocity with those outside of the group, which is possibly what is happening in many multicultural communities. It is then possible that the same social capital ties that help members of a community can often enable it to exclude others, those who are marginalised, by restricting social pathways.

Another key point made by Portes and Landolt (1996) relates to the quality of benefits derived from social capital, and in fact for social capital to be positive, one’s ability to command resources through social networks must be separate from the quality of these resources. For example, lack of money for university fees does not mean non-existent social capital – a student may have a highly successful social network that simply lacks the economic means for private education. Portes and Landolt (1996) conclude that individuals and communities can “benefit greatly from social participation and mutual trust, but the outcomes will vary depending on what resources are obtained, who is excluded from them, and what is demanded in exchange” (p22). This issue is risen by Stone’s (1986) report which identifies minority groups, particularly those that are disadvantaged, as sometimes reluctant (for various reasons) to engage in community activities. Hence communities will fare
very differently in terms of social capital depending on avenues for social participation and access to resources.

Kawaachi, Kennedy, Lochner, & Prothrow-Stith (1997) argue social capital serves to mediate the effects of income inequality on mortality. Their study indicates a strong association between income inequality and reduced social trust and cohesion, which is in turn associated with increased mortality. In other words, disinvestment in social capital is one way in which income inequality leads to disparities in health and mortality rates. These findings suggest the importance of investment in social capital at the community level, including public funding in education and community programmes, to increase participation and social ties and reduce the social disparities between the rich and poor. Furthermore, Kritsotakis & Gamarnikow (2004) acknowledge the limitations of social capital investments if health services remain oriented with institutions and away from family and community environments.

Despite the lack of agreement about the actual and potential benefits of social capital in community development and health, there are clearly many areas in which increased social access and participation can directly influence health information, behaviours and hence health outcomes. Cullen and Whiteford (2001) report on a number of examples of relationships evident between social capital variables and public health and wellbeing, including socialisation and isolation; protection during crisis; participation and civic engagement; income disparities, and; government performance. In another example, Runyan (1998) reports on the results of a longitudinal study of child abuse and neglect, in which social capital was also measured. The measures of social capital most clearly associated with positive developmental outcomes were those of church affiliation, perception of personal and social support, and support from one’s neighbourhood. The study concludes that social capital can have an impact on children’s wellbeing from an early age, with high levels of social capital most crucial for families with fewer financial and educational resources. In other studies, social capital and particularly social networks have been shown to positively influence physical activity rates (Litwin, 2003), as well as individual health, and perception of neighbourhood and social inclusion (Cattell, 2001), and overall health and social functioning (Jutras, 2003). Consequently, social capital has the ability to highlight the interaction between
environmental and social factors with connected groups of individuals (communities), and could explain an array of collective outcomes, with the capacity to promote better health education, better access to health services and changing societal norms that impact on public health.

Communities under stress are said to be more likely to experience conditions that are symptoms of, or catalysts to, lower levels of social capital and this can in turn lead to clustering of problems, such as social pathologies, health problems and exacerbating conditions (i.e. high unemployment, poverty, discrimination etc). Cullen and Whiteford (2001) make suggestions for the betterment of health and mental health, by building social capital in various ways at the state and community level. This is seen as having potential to enhance the resilience and competencies necessary for more constructive participation in society. Additionally, the report presents measurement tools for assessing social capital and its benefits, the most useful of which is the WHO Disability Assessment Schedule version 2 (WHODAS/II) that measures the interrelations of social capital with health and mental health, and includes themes of understanding and communicating; getting along with people and; participation and society. The use of such measurement tools could be highly beneficial in assisting the mapping of community strengths, resources and health, particularly if implemented with specific cultural information and sensitivity.

Overall, it is supported in the literature that social capital can assist individuals and their communities to negotiate challenges, and it appears social capital would be well worth embracing and strengthening among those communities stricken by adversity and disadvantage. The key to this will be in supporting the ‘right’ social capital processes, with Kritsotakis & Gamarnikow (2004) urging health care professionals to employ the ‘bridging’ form of social capital (Cullen & Whiteford, 2001; Putnam, 2000) and to have open arms in their delivery of care, meaning we must be willing to provide services outside of our own community or social groups.
3. Resilience

Closely connected to the area of social capital research is the growing interest and body of research in ‘resilience’. This section will initially discuss individual resilience, where the main body of literature is located, and will follow with examination of resilience at the family and community levels. Resilience is generally recognised as the ability to withstand and rebound from adversity. Individual resiliency research began surfacing in the 1970s and 1980s with key contributions from Anthony (1974), Garmezy (1974; 1985), Rutter (1979; 1985) and Werner and Smith (1982). The research in this area initially developed around ideas of ‘invulnerable’ and ‘invincible’ children. These ideas have since been challenged and resilience is now widely viewed as “a common phenomenon that results in most cases from the operation of basic human adaptational systems” (Masten, 2001, p. 227), involving individual coping strategies and the recruitment of protective and supportive resources. There are numerous risk and protective variables involved in the phenomenon ‘resilience’ that influence development under ‘high risk’ conditions (Braverman, 2001), and these will be discussed following an initial review of the contributions to the field of resilience.

The construct of individual resilience has had little consensus with regard to definition over the past four decades, and this has involved many attempts to define and clarify its meaning and role in healthy development. One of the earliest contributors to this arena was Viktor Frankl, a Jewish Psychiatrist, who wrote of the incredible brutality and suffering he witnessed and experienced while incarcerated in a prisoner of war camp in Germany during the Second World War. Frankl’s 1963 book, entitled ‘Man’s Search for Meaning’, details his experiences and consequently, his awareness of individual adaptive characteristics that he believes allow some to survive such unthinkable conditions. The central influence he deduced was not merely one’s environment, but one’s ‘inner decision’ and that “any man [sic] can, even under such circumstances, decide what shall become of him – mentally and spiritually” (Frankl, 1963, p. 105). This perspective holds individual disposition and coping capacity as the central factor in overcoming adversity, and is something later theorists have since expanded on, acknowledging broader influences as crucial in the development of resilience.
Another of the founding commentaries on resilience, Rutter (1985) reviews the concept of resilience and its ability to help one manage life’s trials. Rutter reminds us of the universal observation that even in the face of terrible adversity it is unusual for more than half of the people exposed to succumb, a phenomenon seen in the relatively low prevalence of Post Traumatic Stress Disorder diagnoses compared with the high incidence of trauma. Rutter explains resilience is the result of engagement with risk or stress, and involves individual and environmental differences that can either promote susceptibility or provide protective factors when one is faced with adversity. The ‘buffering’ or protective factors Rutter discusses include social supports, parenting and scholastic achievement. Rutter argues these protective factors may not be attributable to the actual quality of resilience developed; instead stating this is the result of what people do to deal with the situations in which they find themselves, and this is influenced by developmental experiences. Rutter concludes from studies of children in high-risk communities that successful personal development is closely tied to productive social role acceptance, coping skills, and close family and kin relationships.

Other more recent definitions of individual resilience include the following understandings:

Luthar, Chicchetti, & Becker:
“A dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma. This term does not represent a personality trait or an attribute of the individual. Rather it is a two-dimensional construct that implies exposure to adversity and the manifestation of positive adjustment outcomes” (2000, p. 857).

Ungar (of The International Resilience Project):
“Resilience is both an individual’s capacity to navigate to health resources and a condition of the individual’s family, community, and culture to provide these resources in culturally meaningful ways” (2006, p. 5).
These recent definitions imply resilience is a developmental process, capable of changing throughout the lifespan, and involving the interplay of one’s experience of adversity with their specific coping and adjustment strategies and resources. These resources include equally those within a person’s unique capacity and those resources available within his or her socio-cultural environment.

Grotberg (1996) explains some of the earlier theories and definitions of resilience tended to focus solely on personality traits such as one’s optimism, and open-mindedness, failing to acknowledge the dynamic interaction of many protective factors within the developmental process of resilience. More recent thinking in this area suggests people’s traits influence how they choose to interact with their environment and that people have enormous potential for adaptability (Buckmaster, 2003), thus ways of tapping into that potential may have many implications for health promotion and intervention.

Despite debate during the early years of resilience discourse, the concept of psychological resilience has significantly challenged understandings of the development of disadvantaged children and has shifted models away from solely deficit-focused approaches. For instance, in a three year study of 213 children, 133 of which had been maltreated, Chichetti & Rogosch (1997) found maltreated children exhibited greater deficits and a lower level of competent functioning than the non-maltreated children. While this may come as no surprise, their findings indicate positive self-esteem and ego reliance are predictors for resilient functioning in disadvantaged children, suggesting interventions focused on the development of confidence and self-reliance would be beneficial in the enhancement of resilient adaptation. This suggests resilience and protective factors have an important role to play in emotional coping and development, and provide impetus for change in our approaches to health and community wellbeing.

Similarly, Dyer and McGuinness (1996) suggest resilience is “a dynamic process highly influenced by protective factors” (1996, p. 277). The authors propose the antecedents to the development of resilience in an individual include adversity itself, the presence of a caring person and the ability to recruit support of others during times of adversity. Resilience is suggested to not only involve reduced undesirable
outcomes following adversity, but involves protective factors (i.e. a supportive social environment) that serve to moderate the impact of adversity and in fact represent specific competencies essential for resilience to occur (Dyer & McGuinness, 1996).

A major argument put forward by Masten (2001) is that resilience is ‘ordinary’, it is not special or extraordinary, it is “a common phenomenon arising from ordinary human adaptive processes” (p234). This argument proposes many basic human adaptational systems are at work, systems involving many constructs such as attachment, self-efficacy, authoritative parenting, intelligence, self-regulation, and intrinsic motivation. These systems of adaptation require protection and fostering. Disruptions to development due to impairments in these systems or due to prolonged environmental hazards can have significant impact on the likelihood of risk and negative developmental outcomes.

As a result of the growing interest in the concept of resilience, the International Resilience Project was formed in 2003 by Dr Michael Ungar, now funded by the government of Canada and coordinated through Dalhousie University. The purpose of the International Resilience Project is to improve understanding of how youth effectively cope with the adversities they face, using cross-cultural quantitative and qualitative research methods to examine factors associated with building resilience in youth around the world (Grotberg, 1996; The International Resilience Project, 2006; Ungar, 2005). The project examined individual, interpersonal, family, community and cultural factors associated with building resilience and collected data with over 1500 children in 14 communities on five continents. The studies specifically targeted children and adults that had experienced at least three risk factors, including war, social dislocation, mental illness and violence to name a few. Several themes emerged that were connected to the maintenance and promotion of resilience in young people. These included access to material resources, identity, relationships, cohesion, cultural adherence, social justice and power and control. From their findings, resilience was put forward as “a way of life, whereby each person finds the best way to resolve tensions she/he experiences” (The International Resilience Project, 2006, p. 15). It is noted that each person’s perception of the tensions they face will be strongly influenced by culture, by their appraisal of a situation, and by feedback from the environment in which he/she resides. Also developed out of this
work was the ‘universal strengths model’ (Killian, 2004), which maintains resilience is a natural human ability to deal with adversity, but that this capacity requires nurturing and support to enable resilience to prevail over vulnerability and risk.

Luthar and Cicchetti (2000) argue resilience is made up of two key elements, adversity and positive adaptation, and research has centred on identifying vulnerability and protective processes. The vulnerability factors discussed are said to exacerbate the negative effects of risk, such as low intelligence within chronic poverty. On the other hand, protective factors are explained as having the capacity to modify these effects in a positive way, such as the presence of at least one caring adult and an internal locus of control. These factors are said to derive from individual, family and community level influences, and Luthar and Cicchetti provide the following examples to illustrate this point:

- At the individual level, some personal attributes (such as impulsive behaviour or low intelligence) can exacerbate vulnerability, while other attributes may provide protection (a sense of self efficacy, or easy-going temperament);
- At the level of family, vulnerability can be heightened (including inconsistent parenting) and protective factors can be present (such as emotionally responsive care-giving);
- Community influences can promote vulnerability (including exposure to neighbourhood violence) and provide protective factors (including supportive school relationships) (Luthar & Cicchetti, 2000, p. 859).

Likewise, Goldstein (2006) discusses the key elements of resilience, explaining resilience is a developmental process involving individual differences in attributes (i.e temperament, cognitive ability) and environments (i.e supportive parents and classrooms). He believes many factors can provide prediction of resilience or vulnerability, such as social isolation, limited connection to others and lack of self-confidence. Goldstein (2006) asserts the major and most common themes present in the literature suggest the following protective factors are at play:

- Dispositional attributes of the individual that elicit predominantly positive responses from the environment (i.e. easy/likeable temperament);
• Socialisation practices within the family that encourage trust, autonomy, initiative and connections to others, and;
• The external supports in the community that reinforce self-esteem and self-efficacy (Goldstein, 2006).

Goldstein’s summary of the major findings in the literature relating to individual resilience serve to clarify the separate, yet interrelated, origins of protective factors. He argues the development of resilience involves aspects of biology (or genetics), environment and experience, and that resilience can be predicted by mechanisms and processes within the child, within the family and within the community – and all are inter-related.

Looking at the influence of risk and resilience in the wellbeing of individuals, Cowen (1991) discusses numerous factors that can operate to impede or promote wellness for different groups throughout the life span. She proposes four concepts - competence, resilience, social system modification, and empowerment, as being key to the promotion of ‘wellness’ (considered as involving both physical health and psychosocial health over a continuum). It is suggested that pursuits to promote wellness will require consideration of life circumstances, family milieu, educational experience, social settings and systems, and the justice and empowerment offered by larger society. Of the four key wellness concepts proposed by Cowen (1991), resilience is said to be vital as all people, regardless of competence and background, are susceptible to major life stressors and the heavy impact of these. Cowen suggests a better understanding of how best to cope with adversities is an important element in an overall plan for improved and maintained wellness. These concepts, which Cowen argues are interrelated and interdependent in the pursuit of wellness, are “linked genotypically by the fact that each speaks meaningfully to a life span view of wellness that takes into account age-related, situation-related, group-related, and society-related determinants of and impediments to wellness” (p408). Later Cowen (1994) re-emphasises the importance of resilience in the concept of wellness, proposing it is the person-environmental interaction, such as a child’s interaction with family, school, peers and the community, that predicts the strength and power of one’s resilience in the face of adversity.
Masten (2001) suggests that major adversities often involve threats to protective systems for development, and efforts to promote competence and resilience in children at risk should focus on strategies that protect or restore the efficacy of these basic human adaptational systems. Findings in this research area provide rationale for changes in intervention focus, such as the promotion of competence and prevention and reduction of symptoms, through strategies such as asset strengthening, risk/stressor reduction, and enhancement of protective processes and treatment of illness. As with risk factors, protective factors also have what Waller (2001) labels a ‘ripple effect’, in which the encouragement and support of an adult at a certain time in a child’s life can assist their continued development by creating a tendency for optimism and self-efficacy. Waller defines risk factors as influences (at the systemic level, i.e individual, family, community, society) that threaten positive adaptational outcomes, while protective factors provide a buffering effect between individuals and the threats to their wellbeing. Waller clarifies that risk and protective factors are not dichotomous, as a risk factor can become protective following positive adaptation and the development of new coping competencies. Similarly, Walsh (1998) determines resilience is dependent upon the interplay of one’s risk and protective factors, and may strengthen or wane at different times depending on the extent of adversity and the accessibility of support and past or present protective factors.

Higgins (1994) presents the results of her eight-year series of in-depth interviewing with forty adults, all of whom were considered exceptionally resilient by clinicians despite experiencing severe hardship as children. These hardships had included multiple family problems and severe parental psychopathology. The study suggests the primary factor in one’s resilience is the capacity to ‘love well’, a quality, Higgins states, which involves the ability to:

• Develop and maintain caring personal relationships;
• Engage in personally satisfying and meaningful work, which includes parenting, and;
• Have faith in their own potential and that of the world around them (Higgins, 1994, pp. xiii-xiv, 352-353).
Higgins contends the capacity to love well is not a predetermined characteristic, but something that is possible to cultivate over time through engagement in supportive and caring relationships.

In some of the literature surrounding individual resilience concerns are raised as to the potentially negative affects, such as repression of emotions, aggression and violence, associated with the development of resilience. Some of the negative consequences of resilience identified in the literature include:

- Children considered resilient showed physical health problems and later displayed social interaction difficulties and maladaptive behaviours as adults (Egeland & Kreutzer, 1992; Higgins, 1994; Werner, 1992).
- Adolescents labelled resilient showed high scores of anxiety and depression (Spaccarelli & Kim, 1995) and often engaged in suppressive, resistive and aggressive activities to ensure their survival (Luthar & Ripple, 1994).
- Relationships between resilience and violence have been shown, including the use of aggression and violence for protection and survival amongst Native Americans and African Americans (Elsass, 1992).

These findings of the potentially negative implications of resilience provided the impetus for Hunter's (2001a) study into the characteristics and effects of resilience in adolescents. The study involved qualitative research into resilience among American and Ghanaian adolescents. The adversities identified were closely aligned to the theme of loss, such as lost loved ones and lost childhood through abuse. The responses to these adversities included anger and sadness, although the ways in which participants had overcome these varied along with the effects to their personal development. Hunter concludes resilience, while involving the overcoming of adversity, could in fact incur negative outcomes and hurt adolescents in the short-term and potentially the long-term. The author proposes the need for greater research into the identified relationships between resilience and anger, violence, sadness, distrust, poor ego strength and inadequate coping. The study indicates there may in fact be gaps in the resilience research with regard to possible dichotomies or types of resilience, such as functional/healthy or dysfunctional/unhealthy resilience behaviours. However, the study also contributes to our understanding of resilience by demonstrating a central mediating or ‘buffering’ factor identified in the research was
that of social support. The research identified major differences between the effects of adversity for American teenagers, living in a more individualistic society perhaps, compared with the Ghanaian teenagers whom had interpersonal and social support provided by the family and village community.

Also looking at the broader context and influences in individual resilience, the National Longitudinal Study on Adolescent Health in the United States of America (Bernard & Marshall, 2001) identified important risk and protective factors at the school level, a key institution within communities. There were four domains of adolescent health examined, including emotional health, violence, substance use, and sexuality. While many family context variables were indicated, such as parent and family connectedness, significant indicators were also identified in the context of schools. The most significant variable associated with better health in the school environment was that of connectedness to school (from the student’s perspective), involving trust, perceived caring, and positive relationships with teachers and fellow students. Conversely, the most significant risk factor in this environment was that of student prejudice, which was associated with both emotional distress and suicide attempt. The review concluded that healthy relationships in the communities of young people, including parents, neighbours, teachers and peers, are critical and any efforts to improve adolescent health and wellbeing “must make the development and maintenance of strong relationships the top priority” (Bernard & Marshall, 2001, p. 5). Similarly, Wolkow and Ferguson (2001) in reviewing the literature linking social support and resiliency, strongly support a focus on community-level protective factors in diminishing adversities and increasing favourable life outcomes. The key consideration proposed here is that of the important role of caring and supportive adults, including parents, teachers, coaches and neighbours, in the development of resilience in vulnerable children and adolescents (Brooks, 1994). While this factor is viewed as important, it is not a stand-alone protective factor and in fact relies on the interplay of other community based protective factors, such as community participation and active community organisations (as will be discussed further in section 3.3, Community Resilience).

More recent findings in the area of individual resilience and protective factors include broad implications for improved health and social wellbeing of people in
disadvantaged circumstances, including adults at risk of psychopathology (Van Vliet, 2008), women recovering from sexual assault (McClure, Chavez, Agars, Peacock, & Matosian, 2008), and boys living in low socio-economic neighbourhoods (Vanderbilt-Adriance & Shaw, 2008). There has been an increase in research surrounding resilience following disasters and trauma, commensurate with recent global events of natural disaster and terrorist activity (Goldstein, 2008; Walsh & McGoldrick, 2004; White, Driver, & Warren, 2008). Researchers have found various predictors of resilience are evident in adults exposed to potentially traumatic events, with one such study examining these predictors in adults of the New York City area after the September 11, 2001 terrorist attack (Bonanno, Galea, Bucciarelli, & Vlahov, 2007). Findings indicate the prevalence of resilience (described as nil PTSD symptoms in the 6 months following the terrorist attack) is dependent on unique socio-contextual factors such as gender, age, ethnicity, education, level of trauma exposure, social support, and life stressors. The study provides impetus for further research into resilience in the face of extreme adversity, and the ways in which this may be fostered through interventions aimed at increasing protective socio-contextual factors such as social support and reducing the effect of factors such as life-stress. This is reflected in the review of childhood resilience following disasters and terrorism (Williams, Alexander, Bolsover, & Bakke, 2008), which indicates children require an early sense of safety from adults, predictable routines and consistent social support in the aftermath of disaster. This suggests response services (both immediate and in the long term following disaster) need to hold social support and the presence of welfare workers as major priorities in the recovery of children exposed to disasters. The findings of research in the area of disaster recovery have significant potential to aid policy and interventions where the central aim is to boost the resilience of individuals by augmenting socio-contextual protective factors.

3.1 Resilience, Ethnicity and Indigenous Peoples

To date there appears to have been limited research contributions in the cross section between resilience and ethnicity, and even less into the meaning and role of resilience in Indigenous communities. This is somewhat surprising considering the importance of resilience to minority groups, and particularly Indigenous peoples who continue to experience the effects of colonisation and relative socio-economic
disadvantage. In Australia, authors have affirmed that little is known about resilience among Indigenous Australians and their communities and urged for greater research and understanding in this area (Holmes, Stewart, Garrow, Anderson, & Thorpe, 2002; Hunter, 1990, 1993; Robson & Silburn, 2002; Westerman, 2003). Accordingly, the National Health and Medical Research Council (NHMRC) has identified research into Aboriginal and Torres Strait Islander resilience and wellbeing as one of six top research priorities and supported an international research grant program designed to stimulate research in this area (2004a; National Health and Medical Research Council (NHMRC), 2004b). The following section will provide discussion of the current international and local literature in the areas of resilience, ethnicity and Indigenous peoples.

Waller (2001) provides a table of protective factors, drawn from common findings in the literature. Included in her contribution is the category ‘culture/ethnic identity’, which is made up of the following protective factors common to ethnic minority groups:

- Strong positive ethnic identity;
- Resistance to oppression through ethnic activism;
- Identification with traditional beliefs and values;
- Participation in traditional practices, and;

Waller acknowledges much of the resilience research ignores the significance of culture and socio-economic status in this discourse. She states, “for many individuals, families, and communities, understanding resilience requires analysis of the impact of oppression” (Waller, 2001, p. 294). Similarly, Jessor (1993) notes that our understanding of psychosocial development and resilience will remain limited if conditions of concentrated and chronic adversity, such as racism and poverty, are ignored. In discussing the multiple risk factors for some children in disadvantaged communities, Waller (2001) acknowledges both risk and protective factors tend to be pervasive and flow to other areas of one’s life. Therefore, a child living in a community with high crime rates is perhaps more likely to be exposed to other risk factors (such as inadequately resourced education and high unemployment) and this exposure to multiple risk factors creates significantly greater threat to positive adaptational outcome.
Indeed, the literature presents resilience as not only a multidimensional process, but one that is culture specific, in other words the meaning of resilience and the mechanisms by which it operates differ in different cultural or ethnic contexts. Multi-generational living for example, which may be viewed as dysfunctional for some families, is viewed in many ethnic minority communities as an important protective factor and grandparents have long been viewed as an integral part of the family system (Kalil, 2003). Within this area of research is that of HeavyRunner and Morris (1997) who present ten innate resilience-promoting traditional cultural values, beliefs and behaviours of Indigenous Americans, namely:

- Spirituality;
- Child-rearing/extended family;
- Respect for nature;
- Veneration of age/wisdom/tradition;
- Generosity and sharing;
- Co-operation/group harmony;
- Autonomy/respect for others;
- Composure/patience;
- Relativity of time, and;
- Non-verbal communication (HeavyRunner & Morris, 1997, p. 1).

The authors emphasise the positive role of culture in supporting youth and boosting resilience by connecting them with a common heritage. Considered critically important is the long held belief that “our children are gifts from the Creator and it is the family, community, school, and tribe’s responsibility to nurture, protect, and guide them” (HeavyRunner & Morris, 1997, p. 1). However, it is important to acknowledge that not all cultural beliefs and practices are necessarily good, or protective, for individuals who experience them. It has been recognised that some cultural practices may in fact result in maltreatment of children and it is then crucial these practices be evaluated in relation to the cultural context and what the impacts are for members of that culture (Korbin, 1997).

Following a study on the impact of violence in Latino American communities, Clauss-Ehlers and Levi (2002) identify significant cultural factors that act in a buffering manner against violence. These factors, which they term ‘cultural
community resilience factors’, include immediate and extended family support; protocols of respect; and positive relationships and role models, as the most important protective factors for youth within the Latino community. The researchers argue these factors protect against the destructive forces present in one’s environment, and are key to effective interventions with Latino youth. It is suggested that Latino youth are often reluctant to seek assistance from outside the family network, and thus violence prevention programs will only succeed where youth are reached through integrated services (including schools, community organisations and health systems) that take an ecosystemic approach valuing individual context and culture in the development of psychosocial resilience.

Brodsky (1999) studied the concept of resilience among urban, African-American, single mothers. Using the women’s own words, Brodsky conceptualises resilience as “an ongoing process of balancing risk and protective factors” (1999, p. 148) in various domains of life. These domains were seen as sources of stress as well as support, and include neighbourhood, parental role, money, family, friends, men as significant others, personal characteristics and spirituality. The participants replaced the word resilience with the term ‘making it’, describing an ongoing process of achieving goals or working toward success in unlikely or risk-laden circumstances. This ongoing process of resilience or ‘making it’, and it is important to note that participants did not mention having ‘made it’ such as the term resilience can sometimes imply, is presented as a process involving the daily balancing of stressors and resources from each of life’s domains. Additionally, Brodsky’s research emphasises the importance of one’s ability to identify and utilise resources and supports, as well as recognise their own achievements, despite various adversities. The findings also support the need for holistic approaches (involving families and communities) to recognising and addressing risks and protective factors, based on the wide ranging ‘domains’ spoken of by participants that effect their daily lives. Additionally, the researchers argue that resilience must be understood within a specific cultural context and that the current views of resilience have been narrow and ethnocentric, often failing to take into account cultural context and properties of resilience that are unique to particular communities.
More recently, Iwasaki and Bartlett (2006a, 2006b) use a framework of resilience in researching the role of culturally meaningful leisure for Indigenous Canadians coping with stress. Their results indicate the use of human strengths and resilience, through culturally based activities such as arts, dance, music, and land visits, was important in coping with socio-economic, cultural, historical and political stressors. These culturally-based forms of leisure were found to be more effective in dealing with culturally-bound stressors, such as racism, whilst other forms of leisure (i.e. physical activity) remained useful for health related stressors such as diabetes. The researchers discuss the ‘survival spirit’ displayed throughout the focus groups conducted, which entailed participants’ enthusiastic reporting of their strengths and proactive approach to dealing with trauma and stress. Most participants reported leisure plays a key role in their coping, providing benefits such as relaxation, social connectedness, and the facilitation of cultural identity and spiritual renewal. Overall the research shows the important role of culture in stress and coping behaviours, and the potential for culturally-based leisure activities to enhance coping and resilience in people experiencing trauma or significant stress.

Also in Canada, Chandler and Lalonde (1998) present findings of their work with First Nations peoples of British Columbia, looking at youth suicide prevention. The researchers demonstrate several factors, specific to the cultural background of the participants, which can reduce risk of suicide in young people. They argue cultural continuity and local community control are significantly linked to low rates of suicide despite the negative impacts of remoteness and socio-economic disadvantage. These protective factors are said to promote a sense of purpose and identity for young people, which can lead to prevention of suicide. These findings suggest cultural resilience, and practices to ensure cultural safety, may be crucial in assisting communities to protect individuals from the risk of suicide and its precipitatory factors such as social exclusion, depression and anxiety.

Looking to research in Australia, Homel, Lincoln & Herd (1999) discuss the developmental pathways leading to crime and violence and acknowledge the many risk factors which can influence criminality and violence in Aboriginal communities, including “racism, group powerlessness and the conflicting demands of different cultures” (p.184). Developmental theory is explained as having a basic tenet that
crime stems from both the make-up of individuals as well as their social environment. This social environment includes not just the immediate family but informal supports such as kin, neighbours, the local community, institutions (i.e. schools) as well as external factors affecting children and families (i.e. policies). This approach takes into account the individual in the context of their environment.

Homel et al (1999) also look at the protective factors in Aboriginal communities and recognise Aboriginal youth are somewhat protected “from even worse harm against often overwhelming odds” (p.192). The authors discuss personal controls (such as self-worth) and family controls (attachment to and support of extended family) as important protective factors against crime and violence in Aboriginal communities. Another major protective factor presented here is that of ‘cultural resilience’, which they explain as being evidenced by diversity, which itself indicates “cultural resilience, revival and distinctiveness” (p.189). Edmunds (1995) is cited, and proposes cultural resilience is evidenced in commonalities of exchange; negotiability; factionalism; and mobility with a sense of place and belonging. Edmunds also argues for the significant cultural and community strengthening that can occur when land claims are made, which supports Waller’s (2001) view above, regarding the protective role of ethnic activism.

Other findings in Australia, while not achieved through specific resilience-centred research, suggest Indigenous peoples in both remote and urban settings have developed resilience-boosting strategies in order to survive the broad social and health disadvantages they face. These findings include the important role of accessing traditional lands, and practicing cultural knowledge in natural resource management (including land management, and gathering/eating bush tucker) for gains in mental and physical health (Bear-Wingfield, 1996; Brown, Nicholson, Stephenson, Bennett, & Smith, 2001; McDermott, O'Dea, Rowley, Knight, & Burgess, 1998). Of significant contribution to our knowledge of resilience issues for Indigenous Australians are the various findings of Tsey and colleagues (Tsey & Every, 2000; Tsey, Patterson, Whiteside, Baird, & Baird, 2004; Tsey, Whiteside, Deemal, & Gibson, 2003) who show participation in family wellbeing programs and men’s health groups can improve participants’ personal empowerment by increasing their sense of self-worth, resilience and problem solving ability. Their research has shown positive outcomes not only for individual empowerment, but also in the
capacity of individuals to identify and address social issues within their community, an outcome that could lead to increased resilience of Indigenous communities, families and individuals.

3.2 Family Resilience

There has been growing interest in resilience at the family level, involving focus predominantly on family processes that promote individual resilience, and to a lesser degree those that strengthen whole family units. This interest in resilience and families has been characterised by a move away from deficit-based and toward strengths-based models of family interventions (Hawley & DeHaan, 1996; Kalil, 2003; Walsh, 2002). Investigating protective factors within the wider context, Waller’s (2001) synthesis of the research proposes resilience is a “multidetermined and ever-changing product of the interacting forces within a given ecosystemic context” (p.290). Waller explains research has tended to focus on individual resilience and within-person factors, whereas she believes resilience requires consideration of ones broader ecosystemic context. In other words, the process of adaptation requires analysis of the interdependency of individuals, families, communities and social systems.

As with individual resilience, family resilience has also been defined in diverse ways. In early discourse, McCubbin and McCubbin (1988) focus on adaptive abilities in defining family resilience as “characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations” (McCubbin & McCubbin, 1988, p. 247). The ability to access or increase strengths for positive outcome during inevitable challenges is another focal point in the definition of family resilience as “the family’s capacity to cultivate strengths to positively meet the challenges of life” (Silliman, 1994, p. 1). Taking a holistic view of family resilience, Hawley and DeHaan propose the following definition:

“Family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and
protective factors, and the family’s shared outlook.” (Hawley & DeHaan, 1996, p. 7).

There appears to be limited research into the specific meaning and role of family resilience, and the existing literature tends to either describe the processes and resources within families that serve to strengthen the family response to stress and hardship, or focus on those that assist the adjustment of individuals within the family unit. In other words, in reviewing the literature it is noted that two approaches or ideologies are often taken in relation to family resilience. Some studies, such as those presented above, take the view of resilience as a systemic quality shared by a family unit, and focus on family functioning and collective adaptiveness to stress or hardship. Others continue to hold an individual level focus, in which families are viewed as holding major protective factors or risk factors for individual family members. In the latter perspective, authors have presented various familial protective factors related to positive social adjustment and the development of resilience in individuals, including:

- Maintenance of family rituals, proactive confrontation of problems, minimal conflict in the home, absence of divorce, and a positive relationship between child and mother (Barnard, 1994);
- Warmth, cohesion, and stability (Garmezy, 1993; Wyman et al., 1992);
- Strong parent-child relationships involving positive interactions, nurturing and affection (Ingoldsby, Shaw, & Garcia, 2001; Rutter, 1979; Werner & Smith, 1982; Wyman et al., 1992).
- Positive parenting strategies, including nurturance, responsiveness and consistent discipline and structure (Masten & Reed, 2002; Vanderbilt-Adriance & Shaw, 2008);
- Family cohesion, including consistent support and positive affirmations (McClure, Chavez, Agars, Peacock, & Matosian, 2008).

Conversely, authors have also suggested families can act as a risk factor for individuals, with familial risk factors including severe marital discord, family conflict, maternal mental illness, overcrowded housing, and limited parenting skills (Cummings, Goeke-Morey, & Papp, 2004; Kolvin, Miller, Fleetig, & Kolvin, 1988; McClure, Chavez, Agars, Peacock, & Matosian, 2008; Rutter, 1979). However, Kalil
(2003) agrees with Rutter (1987) that resilience is the result of engagement with risk and adversity, rather than simply the avoidance of risk. These risks exist at the individual, family, community and society level, and protective factors such as those present in the family environment are argued as acting in both a compensatory function to directly reduce risk, and in a buffering function to interact with risk and reduce negative outcomes (Cicchetti & Toth, 1998; Pollard, Hawkins, & Arthur, 1999). Indeed, it becomes evident from the literature that family resilience itself is reliant on the individual resilience of family members, hence connecting the two levels of resilience as interdependent.

Looking at family resilience more broadly, McCubbin et al (1997) argue the development of resilience through adversity at the family level is the result of many processes of family functioning, coping, rituals and beliefs. They emphasise family resilience involves both ‘elasticity’, the maintenance of functioning following risk, as well as ‘buoyancy’, recovery and organisational adaptation following stress or trauma. The first phase presented is that of ‘adjustment’ involving the recruitment of protective factors, followed by a phase of ‘adaptation’ that requires recovery factors to be drawn upon, in order for the family to ‘bounce back’ in situations of crisis. The common family protective factors identified were family celebrations, routines, and traditions, while prominent recovery factors included family integration, support, recreation, esteem building and optimism. Additionally, McCubbin et al (1997) believe a third set of assistive factors, labelled ‘general family resilience factors’, play multiple functions as protective and recovery factors. These include such qualities as problem-solving strategies, effective communication, equality, spirituality, social support and physical and emotional health.

Hawley and DeHaan (1996) discuss the significance of a family’s ‘schema’, identified in their contribution of a family resilience definition (see above) in which they include a family’s ‘shared view’ as an important component within the process of resilience. This family schema includes the family’s collective values, goals, priorities and view of the world (Hawley & DeHaan, 1996), also known as a family world view which includes the family’s interpretation, assumptions and beliefs regarding reality, its environment and position in the world (Patterson & Garwick, 1994). A similar idea is put forward by other authors who emphasise the critical
nature of family coherence, meaning a shared world view of reality (McCubbin, Thompson, Thompson, Elver, & McCubbin, 1994), and the acknowledgement that families appear to function best when connected to a larger belief system and purpose (Walsh, 1998). This construct of a shared view, or family schema, encompasses the shared attitudes, values and goals of a family that are at the core of its response to stressors. This shared view in some Indigenous American and Hawaiian families appears to be strongly influenced by factors less prominent in non-Indigenous families, including a group rather than individual emphasis, a present-time orientation, and a strong focus on spirituality and the land (McCubbin, McCubbin, Thompson, & Thompson, 1995).

Walsh (1996) puts forward a systemic view that incorporates the dual functions of family resilience, suggesting family resilience is the result of “interactional processes over time that strengthen both individual and family hardiness” (p261). In later work, Walsh (2002) argues stress and hardship influences the entire family and that certain processes within the family can serve to protect and assist the recovery of vulnerable members as well as the family unit as a whole. The key family processes that Walsh (1998; 2002) believes can assist the functioning and recovery of individuals and family units are as follows:

- Family Belief Systems, i.e. shared value systems and outlooks that help members to make meaning of life events/crises;
- Family Organisational Patterns, i.e. resilience can be fostered through flexibility, mutual support and team-work when facing challenges;

A similar approach is taken by Kalil (2003). In the author’s comprehensive review, the central question posed is why some families cope well when faced with adversity, such as stress or a crisis, while other families faced with similar circumstances fail to manage. Kalil summarises relevant aspects of the psychological and sociological models that are often drawn upon in the resilience literature. The psychology orientation is most commonly used in discussions of individual resilience, while sociological theory is referred to in the family and community
resilience field. Kalil believes investment in social relationships (in other words social capital) is imperative, as family and community resilience requires effective social interactions and collective support in the formation of protective factors and promotion of successful outcomes. The review indicates there are several factors, including connectedness, cohesion, effective communication and coping strategies, and strong belief systems, that operate at the family level and which provide means for families to adapt to change and overcome challenges. Within Kalil’s discussion are the following key propositions:

- Family resilience is not a static trait and all families are resilient, but to varying degrees in different circumstances;
- Families are resilient in two distinct ways, in terms of how the family as a unit responds to stress and in terms of how the family functions as an important protective environment for children’s development;
- Important aspects of family resilience include family cohesion, family belief systems (especially religion or spirituality) and family coping strategies (Kalil, 2003, pp. 68-70).

In summary, the literature in this area suggests family resilience is a highly unique process, dependent on family structure, belief systems, resources and collective experience of adversity. It involves the development of resilience of the family unit as well as individual family member resilience, and is neither exclusive (all families are resilient to varying degrees) nor static (it is influenced by internal and external factors over time and can be changed or strengthened). This understanding of family resilience is heartening, in that it acknowledges the resilience of families can be assisted through strategies aimed at strengthening factors such as family cohesion, communication and coping strategies, organisation and parenting styles. Family resilience can be viewed as interdependent with both individual resilience, and community resilience, as each level involves the interaction of risk and protective factors.

### 3.3 Community Resilience

As with individual resilience, there has been a growing body of research in community resilience. This should be considered separate to the studies of protective
factors present at the community level that assist in the development of individual resilience, as have been mentioned in the previous section on individual resilience. One approach put forward for understanding resilience at the level of community is to view these groups as resilient when they respond to a crisis or significant adversity in a way that strengthens the community, its resources and its ability to cope (Mangham, McGrath, Reid, & Stewart, 1995). More recently, community resilience is considered a process involving the utilisation of dynamic resources and capacities to assist the community’s adaptation after adversity, an adaptation ideally resulting in high and non-disparate levels of health and wellness within that community (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). Overall, community resilience is acknowledged as an adaptive process, rather than an outcome, and involves more than merely the collection of resilient individuals but the collective and meaningful action of community members to intervene and move-on from problems (Brown & Kulig, 1996; Pfefferbaum, Reissman, Pfefferbaum, Klomp, & Gurwitch, 2005; Rose, 2004).

Within the area of community resilience, some studies have concentrated on urban environments while others have focused on rural communities, and vast differences in adversity and resilience have been noted (Abbott-Chapman, 2001; Norden, 2004; Rolfe, 2006). Indeed, a key point demonstrated by the research conducted by Vinson (2004) is that some communities experiencing disadvantage are more resilient than other communities in overcoming these adversities. Vinson documents the important role of social support and community cohesion, proposing there are three key categories of information that require measurement when assessing a community’s wellbeing and resilience. These are the community’s social and support networks (including access to social support in times of need), social participation (as the obverse of social isolation and being cut-off from relationships providing friendship and company), and community engagement (including volunteering which draws people together to work for the benefit of others) (Vinson, 2004).

Rolfe (2006) supports the view that communities have various internal resources that can be used to build community capacity for problem solving and resilience. These internal resources include social support structures of both formal and informal nature, including community centres, volunteer halls, libraries, schools and churches.
These organisations, Rolfe discusses, are important in the response to hardships, such as family crises, community health issues, and threats to the community’s environment (both ecological and built environments). These features of a community provide the vitality and social cohesion, as proposed by Vinson (2004), that assist a community to remain connected and work together during times of stress or change, such as economic instability.

The Community Resilience Manual (Colussi (Ed.), 2000) developed in Canada, is a community development resource for ‘rural recovery and renewal’. The manual aims to provide communities with assistance in mobilising community members and focusing on promoting a healthier and more autonomous community. The manual provides information on what makes a resilient community and is the result of acknowledgement of the stress and vulnerability of rural communities in Canada due to the uncertainty of volatile commodity markets. The manual recognises all communities have characteristics which can either hinder or help them to adapt and change, stating:

“resilience is not a fixed quality within communities. Rather it is a quality that can be developed and strengthened over time. As resilience is strengthened, the capacity to intentionally mobilize its people and resources to respond to, and influence social and economic change is enhanced” (p.5).

The manual looks at community resilience within the framework of Community Economic Development, and provides examples of behaviours that help make a community resilient, and the functions a community should engage in or have access to. These include taking a multi-functional approach to creating a sustainable (economically, ecologically, politically and socially) community development system; engaging in strategic planning that merges social and economic goals and builds local capacity, and; mobilises key organisations and sectors of the community and maximises use of internal resources (Colussi, 2000, p. 8).

Also discussed in the Community Resilience Manual are four key dimensions of resilience, including attitudes and behaviours of community members, attitudes and behaviours of community organisations, awareness and use of community resources, and community processes such as strategic planning and action. These dimensions are said to reflect the core components of community and the reality that all parts of
a community are interdependent, processes within which can either promote or hinder resilience. Furthermore, the manual provides an overview of the characteristics of community resilience, characteristics that help to assess levels of resilience within a community. These characteristics and their levels are said to be unique to communities, should be assessed by local community people, and are able to be enhanced or changed over time. The characteristics of community resilience can include diversified and representative leadership, sense of pride, optimism about the future of the community, a spirit of mutual co-operation, sense of attachment to the community, self-reliance and diversified employment, valued and supported education at all levels, effective and collaborative organisations, and an inclusive and representative community economic development plan.

Additionally from Canada is the report entitled ‘From Restless Communities to Resilient Places’ (External Advisory Committee on Cities and Communities, 2006), which evaluates existing policies and future needs in the quality of life experienced in Canadian cities and communities. The report recognises the increasing restlessness among Canadians as a result of economic change, environmental issues, feelings of powerlessness and perceived lack of government response to the needs of cities and communities. The committee found Canadians believe community success does not merely come from opportunity or size alone, but was intrinsically linked with a strong sense of place, and a community’s capacity to meet challenges and adversity, and maximise possibilities through creative problem-solving. The diverse findings prompted the committee to urge for several changes to increase creativity and resilience amongst communities and neighbourhoods, including:

- Increased devolution of responsibilities to local governments;
- Acknowledgement of sustainability as a guiding principle behind all governmental choices and actions, especially with regard to both the environment and cultural identity;
- Increased synergy between economic, social, environmental and cultural dimensions of community strategies, and;
- Recognition of the key importance of social cohesion within communities and neighbourhoods and particularly for those communities of exclusion (2006, pp. vii-xviii).
The developments in the area of community resilience appear particularly important for improved understanding and future directions in the area of Australian Indigenous health promotion, where ‘community’ will remain a central factor in the ongoing resilience of Indigenous peoples.

### 3.4 Implications of the Literature for Future Research and Intervention

As a result of the contributions made in the areas of social capital and resilience, various authors have proposed further research to expand our understanding in these areas, and others have suggested ways to utilise research findings in service provision and program development. As has been discussed in much of the literature, capacity building and resilience have much to offer in improving approaches to health promotion initiatives. Researchers have begun emphasising the need for a strengths-based approach to wellbeing, in which programmes are aimed at increasing existing protective resources to empower communities in building resilience and enhancing community wellbeing (Harvey & Delfabbro, 2004; Silberberg, 2001; Walsh, 2002). For instance, authors such as Pearson (2001) and Cass (2006) suggest that in attempting to address the burden of ill-health and social disadvantage in Indigenous Australian communities, a key approach will be empowerment and ‘capacity building’, involving a move away from perceived hopelessness and powerlessness present in some communities, to working on building community based responses and strengths. Similarly, Kirmayer, Simpson and Cargo (2003) argue the findings from the literature suggest the strengthening of collective identity, esteem and social capital will be key in the pursuit of Indigenous health and wellbeing. This will require major focus on empowering communities, not simply individuals, and acknowledgement that enhanced connection to land and community will provide pervasive sources of protective factors. The authors expect this will contribute greatly to the building of resilience and enhanced coping capacities against threats of marginalisation, environmental change and consumer capitalism.

Luthar and Cicchetti (2000) argue resilience research both identifies vulnerability and protective factors, and provides understanding of the processes that explain the effects of these factors in at-risk groups of people. As a result, the authors suggest
further resilience research has the potential to assist policy makers and interventionists to better address salient vulnerability and protective factors in at-risk communities. Similarly from an ecosystemic perspective, Waller (2001) believes in the possibility of change at the individual, family and community levels, and that “protective influences can be introduced into an individual’s life through any relationship in any part of the ecosystem” (p.294). Examples of these could perhaps include positive self-confidence and assertiveness training, family empowerment, recreation programs and enhanced social cohesion through group/club membership.

Kalil (2003) proposes research on family resilience, unlike individual resilience, is sparse and inconclusive in answering many of the theoretical and empirical questions, such as what family resilience entails, how it can be measured and how it can be learned or enhanced. Accordingly, further research is called for into the factors that promote and foster resilience in families and communities, and how resilience varies cross-culturally. Furthermore, Kalil believes this research is needed to inform social policy by providing improved plans for interventions to assist families to enhance their resilience and better cope with current and future problems. In the discussion of intervention programmes aiming to address resilience, she states that a family resilience approach to intervention has strengthening families’ capacity to master adversity through collaborative efforts at its core. Whereas, community-based interventions aim to generate social capital at the neighbourhood or community level by helping families to expand their social networks with the goal of improving their resilience.

Walsh’s (2002) contributions to the discourse focus on the application of a positive, strengths-based and future-oriented approach to family therapy and enhanced functioning and wellbeing. Instead of focusing on families as dysfunctional, through a deficit-based lens, the approach is considered to be changing. Walsh argues we can now view them as being challenged by adversities and recognise their reparative potential, and interventions can focus on bringing out their best. Walsh (2002) states: “a basic premise guiding this approach is that stressful crises and persistent challenges influence the whole family, and in turn, key family processes mediate the recovery and resilience of vulnerable members as well as the family unit” (p130).
Findings in the role of protective factors warrant the re-balancing of family focussed interventions (Walsh, 2002) so as to focus on families succeeding despite stress and adversity, by enhancing family strengths and processes of resilience, along with empowerment and competency building. The aim of fostering resilience would be two-fold, one side is to reduce pathology and dysfunction and the other is to enhance wellbeing and functioning (Luthar, Chicchetti, & Becker, 2000). Walsh (2002) calls for a redirection in research – away from studies of dysfunctional families to studies of what makes families function well and what helps them to succeed. It is argued that we need to look at the basic systemic processes that foster family functioning while being mindful of the diversity of family challenges and multiple routes to healthy functioning. While findings on resilience phenomena have promoted changes in the areas of prevention and treatment, including changes to goals, assessments, strategies and evaluations (Cicchetti, Rappaport, Sandler, & Weisberg, 2000; Luthar, Chicchetti, & Becker, 2000; Masten, 2001), a multidimensional view must be taken. Falicov (1995) suggests families must be seen as having overlapping features of multiple cultural contexts, based on the unique configuration of the lives within the family, such as ethnicity, socio-economic status, religion, family structure, gender roles, sexual orientation and life stage. We need to look holistically at the family context, aiming to understand the challenges, constraints and resources within each context.

Furthermore, the findings on resilience phenomena highlight the limitations of previous theory and practice in prevention and intervention fields (Braverman, 2001). Resilience research has rekindled positive psychology, focusing on improving strengths and competencies, and suggests greater potential exists in individuals, families and communities than has previously been given credit. Understanding and awareness of human adaptation systems that influence healthy development and functioning has the potential to “inform policy and programs that foster competence and human capital and aim to improve the health of communities and nations while also preventing problems” (Masten, 2001, p. 235). Interventions to enhance resilience must first begin with a collaborative approach to recognising and strengthening existing protective resources at individual, family, community, cultural and spiritual levels.
In the area of community resilience, Doron (2005) proposes a community resilience model for assisting refugees to overcome emotional distress and grief associated with forced migration. The model is based on a definition of community resilience that incorporates the following components:

- A sense of belonging;
- Control over situations;
- The ability to deal positively with challenges;
- Maintaining optimism;
- Learning relevant skills and techniques;
- Having strong values and beliefs, and;
- Community support in various forms (Doron, 2005, p. 184).

Doron argues the strengthening of these components can assist the grief process, enhance optimism and show the beginnings of increased resilience for refugees. Doron suggests communities will be more resilient if these components are addressed through development strategies, including pursuits to enhance skill development, training, leadership and cultural ties.

Also from a community-based perspective are the findings and recommendations of Blackstock and Trocmé (2005). In the discussion of the multiple threats posed to the wellbeing of Indigenous children as a result of structural decisions made outside of their communities, they support structural change that considers child, family and community resiliency as interdependent. While the article specifically reviews the New Zealand Indigenous experience of maltreatment and governmental under-supporting, it does provide impetus for broader culturally appropriate community-based responses to social disadvantage universally. The authors state the promotion of community-based resiliency factors has the potential to reduce child maltreatment and the over-representation of Indigenous children in the child welfare system. The resiliency factors spoken of are those embedded within Indigenous cultural ways of being and caring for children, families and communities that sustained generations of children throughout colonisation. Community development strategies, the authors urge, should aim to identify and utilise these existing cultural strengths to support enhanced safety and wellbeing in these communities. At the base of the authors’ argument for culturally appropriate and resilience driven community development lies the understanding that “resilient Aboriginal communities provide the best chance
for resilient, safe and well Aboriginal children, young people and families” (Blackstock & Trocmé, 2005, p. 31).

Kirmayer et al (2003) support the need to strengthen ethno-cultural identity, community integration and political empowerment as a way of improving mental health in Indigenous populations. It is argued that the mobilisation of rituals and practices and restoration of healing traditions will be crucial in promoting community cohesion and improved mental health. Mental health promotion approaches must take into account the importance of cultural identity and the role that traditions play in asserting this identity. Kirmayer et al urge practitioners and policy makers to understand the consequences of the trans-generational violence, subjugation and loss which has precipitated much of the mental ill-health in Indigenous communities. Their findings suggest that strengthening collective identity, esteem and social capital will be beneficial in the pursuit of Indigenous wellbeing. This will require major focus on empowering communities, not simply individuals, and acknowledgement that connection to land and community will provide sources of resilience from which to build on. This is expected to contribute greatly in providing protective factors against the threats of marginalisation, environmental change and consumer capitalism.

4. Moving forward – Contemporary health initiatives incorporating resilience and capacity building.

Following the increase in research in the areas of social capital and resilience, there has consequently been an increase in programs aiming to address protective factors at the individual, family and community levels, and improve functioning and adaptiveness through empowerment and the development of resilience. This section will discuss the existing programs in the area of resilience and capacity building and will include past and present initiatives, both in Australia and abroad. It should be noted that many Australian programs have been developed and implemented under broader Indigenous health and social wellbeing goals than were appropriate to discuss here (see Campbell, Pyett, McCarthy, Whiteside, & Tsey, 2007; Clapham,
Luthar and Cicchetti (2000) describe several interventions developed within a specific resilience framework. These include the clinical trial designed by Beardslee (1989; Beardslee & Podorefsky, 1988) to assist families in which a parent was affected by depression. The clinician-led therapy intervention, involving 6-10 treatment sessions with goals developed from evidence of salient vulnerability and protective mechanisms, resulted in significantly greater improvements than for those families involved in a lecture-based intervention with similar goals. The major areas of improvements were in the understanding of the illness, marital support and illness-related behaviours, and benefits were sustained for more than 8 months post-intervention.

Another example, the family-based intervention designed by Cicchetti and colleagues (1999), also dealt with the impacts of parental depression on children. The intervention used Toddler-Parent Psychotherapy (TPP), and results suggest the use of TPP is an effective tool in promoting resilient adaptation and preventing the onset of maladaptation in the face of adversity. A similar example of the use of resilience research within clinical interventions is that of the Relational Psychotherapy Mothers’ Group (RPMG), designed by Luthar and colleagues (2000). The program entailed attention to empirically identified vulnerability and protective factors affecting the parenting capacity of mothers with substance abuse disorders, at the individual, family and community levels. Results indicate mothers who received RPMG therapy were shown to have lower levels of risk for child maltreatment, greater involvement with their children, greater satisfaction in their roles as mothers, and improved levels of opioid use (compared with the mothers who received treatment as usual).

Cardemai et al (2005) review the underpinnings and aims of the ‘Family Coping Skills Program’, a depression prevention program implemented to assist Latina mothers. The authors recognise people from racial and ethnic minority groups and low-income backgrounds are particularly vulnerable to the effects of depression, due to both higher rates of depression and under utilisation of mental health services in
these groups. The Family Coping Skills Program was designed to benefit Latina mothers and their children’s development, incorporating flexibility in language choice; culturally relevant content; culturally sensitive delivery, and; multicultural competence of the delivery providers. The review of the program indicates initial outcomes are positive and continued development and evaluation of the programme was supported.

An Australian example of program implementation is the ‘Family Wellbeing Empowerment Program’, developed and evaluated by Tsey and colleagues (2000; 2003). The program was found to be effective in assisting participants to improve their awareness, resilience and problem-solving abilities, which were found to be positive factors in enhancing overall wellbeing as well as capacity to engage in community betterment activities. Tsey et al (2003) believe the program indicates an important element of health and wellbeing for Indigenous peoples is ‘control’, where historically all control over their lives has been taken away by the dominant majority culture. This element of control is argued to be a central factor in empowerment and capacity building for Indigenous peoples, and the authors suggest it is now critical that Indigenous communities are given greater control and responsibility to assist social and health improvements. This can only happen if individuals are empowered, through skill-based training and capacity building, along with supportive assistance from external services. The empowerment program evaluated through participatory action research indicates such programs can “engage and support Indigenous people and their communities to take greater control and responsibility for their affairs” (Tsey, Whiteside, Deemal, & Gibson, 2003, p. 39).

Tsey, Patterson, Whiteside, Baird and Baird (2004) have also focused on empowerment for Indigenous men, with the implementation of the ‘Rural Aboriginal Men’s Health Group’. The findings from this project describe significant changes in the behaviour of the male participants, as well as increased self-awareness, self-confidence and hope for the future. The program has also indicated the men involved are more empowered and able to support each other to address problems through collective action. Additionally, the Yarrabah Men’s Health Initiative (Auseinet, 2009) in Queensland, aims to restore men’s rightful roles in the community using a holistic healing approach, incorporating strengthening strategies in the spiritual,
mental, physical, emotional and social aspects of life. Another program designed specifically with Indigenous men’s empowerment in mind, is the ‘Gamarada Men’s Self Healing Program’ currently being conducted in Redfern, Sydney (Gamarada, 2009). Gamarada, meaning ‘comrades or friends’ in the Gadigal language, is a ten-week program entailing Aboriginal and Eastern methods of self healing to facilitate respect and empowerment, with Aboriginal culture and spirituality a central component of the learning process. The program aims to empower Aboriginal men to focus on higher values such as community service, love, compassion, and non-violence by building inner strength, discipline, willpower and self-control. These latter programs are currently underway and are yet to be evaluated.

In South Australia, the ‘Building Resilience and Sharing Journeys’ group therapy project (Williams, 2005) was designed within a resilience and capacity building framework. The state funded model was designed to address the needs of newly arrived refugee women, both humanitarian refugees and asylum seekers. These women are seen as being at high risk of emotional and mental health problems, such as depression, anxiety and post-traumatic stress disorder, due to pre-migration trauma and the significant acculturation stressors that follow migration. The model is an early intervention strategy aiming to reduce risk factors and assist these women to re-build a positive sense of self, which is often diminished through traumatic experiences. The program combines information sessions, regarding health and social support services, with group therapy involving the sharing of participant experiences. Topics such as resettlement issues, personal safety, cultural transition, health and wellbeing, and goal setting are dealt with in a caring and supportive environment aimed at increasing social connection and coping strategies. Underpinning the model is a solid strengths-based perspective, with feminist principles, to ensure refugee women’s experiences are acknowledged and supported whilst also involving a strong empowerment and solution-focused approach to building resilience. The model has not yet been evaluated, however the review of the model’s framework and objectives suggest it has significant potential in its intended field as well as other areas aimed at enhancing social and emotional wellbeing.

In discussion of the Australian Government’s Stronger Families and Communities Strategy 2000-2004 (the Strategy), Scougall (2008) reports on what has been learnt
from the Strategy and provides insights into the critical factors that explain the success of some projects and frustrations of others in the strengthening of Indigenous families and communities. The Strategy was aimed at building family and community capacity to deal with challenges and take advantage of opportunities, with a particular focus on those at risk of social, economic and geographic isolation. Aiming to strengthen, empower and support families and communities to address their own concerns, several community-based initiatives were implemented. These included programs focused on parenting, families and relationships; leadership and; skill development. Scougall’s report is largely based on the findings of the national evaluation of the Strategy, involving questionnaires, case studies, site visits and project files. The evaluation indicates the Strategy has strengthened internal bonds and relationships within Indigenous families and communities; raised awareness of the complex issues faced in Indigenous communities, and; helped in developing new family and community services for Indigenous people. There were some capacity strengthening interventions that were found to be particularly effective, and these were predominantly initiatives implemented within existing meaningful programs rather than creating new ones. These effective programs involved the up-skilling of Indigenous and non-Indigenous staff, whilst also utilising their local knowledge, cultural competence, and close relationships with the community. A major finding of the report is that strong Indigenous families and communities are expected outcomes only if these interventions are sustained and long-term. The success of the strategy resulted in the continuation of the initiative, with the Stronger Families and Communities Strategy 2004-2009 underway currently.

Chapter Summary

This chapter has provided discussion of the existing literature in the fields of Indigenous health, social capital and resilience - the overarching themes of the study. The initial discussion of the determinants and high incidence of ill-health and social disadvantage in Indigenous Australia aims to provide both a background and rationale for the current study. The available literature and theory in the areas of social capital and resilience offers health and social policy makers and practitioners the opportunity to develop strengths-based strategies for improving health and
wellbeing in those communities threatened by adversity and disadvantage. In summary of the literature reviewed, resilience can be viewed as a dynamic and ongoing process of adaptation for individuals, families and communities, and involves the interplay of risk and protective factors at the individual, family and community levels. This understanding can be utilised in the development of effective programs and service provision aiming to assist Indigenous people to achieve equal status in life expectancy, health and social wellbeing.

The chapter has provided a framework for the study, to clarify the background and direction of the research. It provides a solid context for Chapter Five, Discussion, in which the research findings will be analysed and discussed in relation to the existing literature.
Chapter Three

Methodology

“Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape enquiry” (Denzin & Lincoln, 1994, p. 4).

Chapter Overview

This chapter will present the research design, with initial discussion of research theory to demonstrate the theoretical underpinning of the study. This will be followed by the specific research design utilised by the researcher (section four). The overall theoretical framework and research process will be discussed, including the epistemology, theoretical perspective, methodology and methods employed to facilitate the aims of the study. The chapter will discuss the specific research activities undertaken by the researcher, as well as the ethical considerations of the study, and the methods employed by the researcher in both obtaining and analysing the data collected.

Introduction

There are numerous types of research ‘design’, each with its own associated strengths, limitations and ethical concerns. Research design refers to the planning of an inquiry for the precise investigation of a phenomenon (Babbie, 1992), and ensures the research process, including the data collection and analysis of the data, are planned from the initial stages of research (Sarantakos, 1998).

Research is often classified simplistically as either qualitative or quantitative in methodology. However, these terms deal more with research methods, such as data
collection and analysis activities, than theoretical perspectives and frameworks. In order to analyse the research process from the outset, one must look not only at the methodology and methods chosen, but the theoretical perspective of the researcher and indeed the informing epistemology. This view is shared by Crotty (1998), who proposes the following (figure 2) to demonstrate the four key elements of research and their relationship:

![Figure 2, Crotty (1998, p. 4)](image)

1. **Epistemology**

Within the social sciences there are many competing epistemological perspectives, or theories of knowledge, which involve different assumptions and approaches in research. According to Gerber and Moyle (2004) the two basic ways of understanding knowledge that influence health scientists are the positivist approach and the constructivist approach. However, other research discussion centres around the three main epistemologies of Objectivism, Constructivism and Subjectivism (Crotty, 1998), which hold different beliefs about the extent to which the subject, object and context of research are interrelated.

‘Objectivism’, which is regarded as influencing the positivist and post-positivist theoretical perspectives, holds objective truth at its core. Researchers who subscribe to this understanding see meaning as separate to consciousness, therefore separating subject and object in the research enterprise. They believe measurement,
observations and recordings can be objectified so as to create universal laws about causal relationships and human behaviours (Gerber & Moyle, 2004).

Subscribers of the ‘Constructivist’ approach believe there is no objective truth but a process of discovery, interpretation and theory building from the interplay of the research object and subject. Meaning is constructed by engagement with realities (Crotty, 1998), and involves closely analysing subjective and contextual data unlike the objectivist tradition. Constructivists believe meanings can be described, interpreted and constructed by participants and researchers (Gerber & Moyle, 2004), indicating different experiences will inform different interpretation and meaning.

The ‘Subjectivist’ view of knowledge, on the other hand, holds the subject as the sole player in the generation of meaning. Meaning is not seen as the result of the interplay between subject and object, as the object is seen as having no influence on the subject or the generation of meaning (Crotty, 1998). The subjectivist view is closely tied to the post-modernist theoretical perspective, in which only the subjective view is considered as valid, regardless of how diverse.

The main distinction here lies between the objectivist/positivist view and the constructivist/subjectivist views of knowledge, and this also typically informs the separation and differences between quantitative and qualitative approaches respectively. Where objectivists and quantitative researchers will study independently the object of the research, constructivists and qualitative researchers will explore the influence/s of one’s experiences and interpretation of the object of research within a contextual framework. Another major difference here is that between the inductive and deductive ways of theorising. In constructivist and qualitative research, theories are constructed or ‘inducted’ from the results of rich data and in-depth description and interpretation (Gerber & Moyle, 2004), by way of a saturation of the “subjective object” (Gurwitsch, 1992, p. 12). Whereas, objectivist and quantitative researchers, for instance experimental researchers, ‘deduct’ theories through hypothesis testing and statistical analysis (Gerber & Moyle, 2004).

Through discussion of the contrasting epistemologies, it is clear that all approaches to research are informed by one of these particular views of knowledge. While a
researcher may not set out to design a study within one of these epistemologies, the way in which he/she chooses to study and interpret an object of research should be justified by an appropriate theoretical perspective (discussed below), which is informed by an overarching epistemology.

2. Theoretical Perspective

Researchers use philosophical perspectives or models, to help in the organisation, analysis, interpretation and explanation of phenomena. These perspectives are sometimes termed ‘paradigms’, as coined by Thomas Kuhn (1970) who stated a paradigm is “a set of beliefs, values and techniques…which acts as a guide for that community’s research and analysis” (p. 175). These theoretical perspectives, as they will be termed, can be seen as providing a framework from which to critically analyse and understand phenomena (Silverman, 2005) and as assisting one to determine facts through a process of sifting through information and interpreting the meaning of this information as it relates to the chosen topic area (Andrews, Sullivan, & Minichiello, 2004). It can be seen therefore as influencing or justifying the quite separate choice of a methodological approach.

There are multiple theoretical perspectives available to researchers, each with its own set of strengths and weaknesses for different investigations. Babbie (2004) discusses these theoretical paradigms and advises they “are not true or false; as ways of looking, they are only more or less useful” (p. 35), each making different assumptions about social reality. Yet another difference of relevance here is the focus of theories, be they macro-theories or micro-theories. Social science ‘macro-theories’ deal with large-scale social or institutional relations, while ‘micro-theories’ focus on social issues at the individual and community level (Babbie, 2004). This can further influence the choice of theoretical perspective, as some will enable research at both the micro or macro levels, and others such as symbolic interactionism will be limited to only one, the micro-theory level in this example. Thus, depending on the researchers assumptions and the phenomena to be investigated, he/she must adopt the most appropriate theoretical perspective, which will inform the methodology and choice of research methods.
Each theoretical perspective offers researchers a distinct way of providing a context for a particular investigation and informing its methodological criteria (and there may be several methodologies to choose from under each theoretical perspective). Many theoretical perspectives have emerged as a result of the disillusionment or limitations surrounding the traditional scientific paradigms (i.e. the positivist perspective), in which the multidimensional elements of individuals’ contexts and their relations with objects and each other can be overlooked. The objective truth focused and empirical evidence based approach of positivism is inadequate when the aim of one’s research is to understand and describe the subjective experience of individuals within the context of their environment or community.

3. Methodological Approach

There is much disparity in the description and apparent definition of the term ‘methodology’. Kermode (2001, p. 8) refers to methodology as the “conceptual and philosophical approach” which underlies one’s research. However, Crotty (1998, p. 3) states methodology is the “strategy, plan of action, process or design” that lies behind our choices of methods, which is informed by the theoretical or philosophical stance of the researcher. Likewise, Sarantakos (1998) advises the methodology of an investigation exists within the context of a particular theoretical perspective or paradigm.

It can be summarised that the chosen methodology provides a guide for the way in which researchers investigate and analyse their chosen phenomena. It refers to the choices made in planning and executing research, such as the cases to study, and methods of data collection and analysis (Silverman, 2005). Thus the methodology provides a ‘how-to’ guide in gathering relevant information, choosing and implementing appropriate data collection methods, and selecting the ways in which the data will best be analysed, interpreted and presented. While there are various methodologies available to researchers, not all options will be appropriate for all researchers due to factors such as time, money, resources, access to data and the
specific needs of the research questions. The methodological approach employed by the researcher in this particular study will be further discussed in section 4.3.

### 3.1 The Qualitative Approach

Crotty (1998) proposes qualitative and quantitative research are distinct only from the level of methods and not at the levels of epistemology, theoretical perspective or methodology. Crotty argues the distinction at the higher levels lies between objectivist/positivist and constructionist/subjectivist research, but this is often incorrectly viewed as a distinction between qualitative and quantitative. Crotty advises delaying the decision regarding the use of qualitative or quantitative methods until the purpose of the research is clearer and the researcher is better equipped to choose the most appropriate method/s, be that qualitative or quantitative or both. Other authors that describe the differences between qualitative and quantitative at the methodological level, accept the philosophical perspectives from which they are derived as fundamentally different (Saltman & O'Dea, 2001).

While there are varied definitions, there are some widely accepted differences that allow one to contrast the two methodological approaches, or indeed approaches to research methods. Quantitative research styles are based on the scientific method, empiricism and objectivity (Creswell, 1998; Sarantakos, 1998) and involve the acquisition and measurement of numeric data. The medical and health sciences were largely founded on these positivist-based research styles, and no-one would deny the immense contribution of developments under this approach. Nonetheless, there are limitations to this approach, where humanistic and subjective variables and understanding are often neglected. A more complete and representative picture can be achieved through researching more than just the empirical, as Ritchie (2001) explains, unless people’s individual experiences and perceptions are investigated, a significant gap will remain in the research. Furthermore, Sarantakos (1998) suggests it is essential to understand a phenomenon wholly, as a complex system functioning collectively, not merely as singular and disconnected parts.

Qualitative research approaches were consequently developed out of recognition of the limitations of quantitative approaches, and the need for a more inclusive
orientation to inquiry. They are now utilised in the health and social sciences among many others, and those researchers who subscribe to the qualitative approach aim for in-depth understanding of a phenomenon, the findings of which are often in-depth and descriptive rather than statistically based. While qualitative research was once used only in conjunction with quantitative studies in a supplementary manner, it is now utilised independently, having legitimised itself as an epistemologically based and separate approach (Grbich, 1999). Through interactive methods of inquiry, qualitative research can facilitate improved understanding of human perspectives, behaviour and social systems. By deepening our understanding of participants and the meanings they attribute to their experiences, individual perspectives, according to Ezzy (2002), can be related to larger meaning systems and social patterns. In other words, personal points of view are not only essential in understanding the workings of an individual, but they are necessary for improved understanding of an individual’s context, his/her family and community. This sort of information is of course essential in health and social planning, and is not easily, or holistically, collected through quantitative means.

Nonetheless, there are issues of contention associated with qualitative research. Validity and reliability, two elements of traditional scientific rigour, are less accessible in the qualitative realm and have meant it has often come under fire for this reason (Grbich, 1999). Validity, or the extent to which clear causal relationships are found and the research questions are answered (Silverman, 2005), can become an issue if participants are influenced during the data collection by the researcher, and thus findings are the result of this interplay. Reliability, or the capacity for data to be repeated in subsequent measurement (Babbie, 2004), can also be problematic in qualitative research due to the often un-reproducible results collected and the impact of researcher subjectivity. This is the case due to the unique depth of information (Saltman & O’Dea, 2001) and the centrality of context and subjectivity (Sarantakos, 1998) in qualitative research. This has meant qualitative research has been criticised for its lack of objectivity, an important element of the positivist tradition and quantitative approach to research. However, qualitative research can be viewed as providing crucial subjective and contextual data, ignored in experimental studies, which enables the construction of sound theories through access to rich and in-depth description and interpretation (Gerber & Moyle, 2004). Other researchers believe
Objectivity, validity and reliability are not appropriate or effective terms in relation to qualitative research, and stress the importance of trustworthiness, soundness, credibility, dependability and quality in determining a study’s accurate representation of the experience of study participants (Gerber, 1993; Lincoln & Guba, 1985; Streubert & Carpenter, 1999).

3.2 Methods

It is important to separate the term ‘method’ from ‘methodology’. While a ‘methodology’ is based on the researcher’s theoretical perspective and provides a guide and practical framework for investigation and analysis (Crotty, 1998), the term ‘method’ in the research context refers to the specific techniques and activities in which a researcher engages during the research process. Methods are employed particularly during the collection and analysis stages of research, and are chosen within the context of a particular methodology. The researcher selects certain methods under the assumption they will most appropriately and efficiently aid the research process, achieve the aims of the methodology and assist the answering of the research questions.

4. The Implemented Research Design

The research design employed in this particular study will now be presented, with reference to theoretical perspective and methodological approach where appropriate. As have previously been presented in Chapter One, Introduction, the guiding research questions that informed the choice of theoretical approach and research methods are as follows:

1. What are the models of resiliency in Australian Indigenous communities?

2. What part, if any, does resilience have in strengthening the Indigenous response to adversity, such as ill-health and disability?
3. How can models of Indigenous resiliency be utilised to strengthen/enhance the capacity of the individual, family and community to cope with adversity?

4.1 Epistemology

This research has a constructivist epistemology, which provided the overarching framework for the study. It is clear that when looking at the meaning and role of resilience (object), the researcher needed to be able to investigate in-depth the participants’ experiences and interpretation (subject) and the influence of their Indigenous cultural and community processes (context). Looking independently at resilience itself, for instance a rate of recovery from a particular hardship, would provide little in the way of meaning and understanding of the influences involved in the development of resilience.

4.2 Theoretical Perspective

The research dealt with a micro-level of investigation, researching the beliefs and behaviours of individuals and families, and the small Indigenous community’s activities that provide protective factors and thus contribute to the development of resilience. An inductivist (previously discussed) and interpretivist perspective, in which the meaning, understanding and interpretation of data is considered central (Baum, 2002; Saks & Allsop, 2007), was the theoretical perspective and positioning taken by the researcher. Perhaps more specifically, the phenomenological theoretical perspective, valuing an in-depth understanding of the community’s protective factors, their experiences and perceptions, was considered most appropriate for this research. This theoretical perspective lies behind the choice of methodology and methods, and provided a philosophical context for the study.

4.3 Methodology

In this study, the researcher chose a combined methodological approach to best suit the needs of the study. One of the methodologies used to inform the design of the study was that of ethnography, which focuses on culture, ethnicity and the distinguishing dynamics of certain groups within society, with a central aim of
documenting the participants’ world from their perspective (Atkinson & Hammersley, 1994; Rice & Ezzy, 1999; Russell, 2004). Ethnography was developed by early anthropologists and later sociologists (now known as the Chicago School of researchers) wishing to study populations and sub-populations outside of their own (Russell, 2004). Atkinson and Hammersley (1994) summarise the major emphases of ethnography as being the exploration (rather than hypothesis testing) of social phenomena; in-depth study of a small number of cases within a group; use of unstructured data that has not been pre-coded for analysis; and detailed interpretive analysis. Lawler (1998) describes the benefit in using ethnography for studies with a primary aim of investigating people’s views of the world and their actions, from those people themselves. While typically in ethnography one would employ observation as the central method, this was not an appropriate option for the researcher due to the nature of the key theme, resilience, and cultural sensitivity and privacy considerations for the community. Russell (2004) argues participant observation is not always appropriate, particularly in non-public settings and due to the increasingly privatised nature of social life, as well as practical considerations such as the ethnic background of the researcher and the effect this may have on interaction and data collection. As a result, the current study utilised focus groups and interviews to obtain the data instead, and the researcher acknowledges the limited specific ethnographic information obtained in this case due to the absence of participant observation. Nonetheless, utilising the ideology of the ethnographic tradition ensured the researcher was mindful, throughout all stages of research, that the Yaegl community holds a variety of beliefs and actions that influence, and are influenced by, their particular culture. With this in mind, the researcher spent time (as will be discussed below) with participants from the community as well as recording through interviews and focus groups their beliefs and reported actions so as to develop a detailed picture of the community’s processes that may or may not aid the development of resilience.

The other methodology used to guide the research process was phenomenology (developed by Husserl (1962) and Heidegger (1962)), which focuses on a person’s lived experience and their shared social practices, or their ‘life-worlds’ (Crotty, 1996; Rice & Ezzy, 1999). Phenomenologists aim to see the world through the eyes of their subjects, describing their experiences and the interpretations they make of these
experiences, including their thoughts, feelings and understandings (Andrews, Sullivan, & Minichiello, 2004). By using a phenomenological framework, the researcher was able to uphold principles such as neutrality, bracketing (the setting aside of preconceptions), and ensuring all participant responses were treated equally (as suggested by Browne (2004)). As valued in both ethnography and phenomenology, the researcher endeavoured to see things from the perspective of the participants. Meanings, perceptions and actions uncovered in the research, required understanding within the framework of the participants’ worldview or culture (Crotty, 1998). Both the ethnographic and phenomenological principles helped in the organisation of the study, in the researcher’s approach to data collection and analysis, and in ensuring the study involved consistent quality.

It is evident that the choice of utilising the qualitative approach in this particular research is most favourable, due to its focus on human experience, perception and meaning making, concepts that are not easily or effectively quantifiable. Although limitations specific to this particular research will be addressed in detail in Chapter Six, Conclusion and Recommendations, it is important to recognise the limited capacity for generalisation of qualitative findings when researching a single specific Indigenous community. On the other hand, when dealing with such subjective and context-bound concepts of experience, culture and resilience, an in-depth and inclusive approach to the research is required. The principles of the qualitative approach enabled these concepts to be explored comprehensively through its interpretive framework, and ensured the investigation was conducted without preconceived ideas or theoretical assumptions, as can be the case with quantitative questionnaire-based research.

4.4 Methods

In choosing the methods for this research, including participant recruitment, data collection and data analysis, it was important to consider the nature of the topic area under investigation whilst maintaining ethical and cultural sensitivities.
4.4.1 Ethical and Cultural Considerations

The researcher acknowledged, from the conception stage of research that ethical and cultural sensitivity were paramount. The researcher gained supervision by an Indigenous academic so the research would be designed with Indigenous input and guidance from the very beginning. As will be discussed below, the researcher sought advice and written permission (see appendix A and C) from the Yaegl community by way of an ‘advisory group’ of community members. Application was then made to the University of Sydney Human Research Ethics Committee, and approval was granted in December 2006 (see appendix B). Following this approval, the researcher then applied to the Aboriginal Health and Medical Research Council of New South Wales for research approval, and this was granted in May 2007 (see appendix D). Approval for both aforementioned Ethics Committees were based on the researcher’s evidence of strict commitment to the ‘National Statement on Ethical Conduct in Research Involving Humans’ (National Health and Medical Research Council, 1999, 2007) and ‘The Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research’ (National Health and Medical Research Council, 2003).

These recently released guidelines on ATSI health research (National Health and Medical Research Council, 2003), which replace the guidelines issued in 1991, state:

“Trustworthiness of both research and researchers is a product of engagement between people, it involves transparent and honest dealing with values and principles, the elimination of ‘difference blindness’ and a subtlety of judgement required to eliminate prejudice and maintain respect and human dignity” (National Health and Medical Research Council, 2003, p. 4).

The guidelines provide guidance for research conception, design and conduct and the expressed values, of which there are 6 key values (Spirit and Integrity; Reciprocity; Respect; Equality; Survival and Protection; and Responsibility), all of which should inform research activities involving ATSI peoples. The guidelines also call for community engagement and participation in research. This was something the researcher strongly believed in and ensured occurred at each step of the research process (by consulting with and involving the advisory group discussed, and all research participants), including planning, data collection, and interpretation stages of the research.
Indigenous peoples have long been subjected to exploitative research, often with no benefit to the community in which it was conducted while the researcher uses the findings to increase his or her academic status (Tuhiwai Smith, 1999). In this study, the researcher was careful to uphold the rights of privacy, cultural integrity and self-determination, as valued by the aforementioned guidelines. Additionally, it was decided in the research planning that the possibility for participants to be identified by their fellow community members should be avoided, particularly in a small community such as Yaegl. Participant demographic information (other than gender) was not collected or presented, so as to ensure participants could maintain anonymity and speak freely without fear of judgment or impact on community relationships.

The researcher was committed to ensuring dignity and wellbeing took precedence over the expected benefits to knowledge (National Health and Medical Research Council, 1999). In general, benefits gained through research should outweigh burdens (harm and inconvenience) to participants. This research entailed no known burdens or inconvenience for participants and may effectively result in indirect benefits for participants and their community. These potential benefits include the coming together of members in the discussion of community strengths and needs; recognition and documentation of the community’s protective factors; and the opportunity for the community to use the collected information in community planning or in applications for project/program grants. The research also raises issues for Indigenous peoples which, given greater understanding and recognition, may assist self-determination and empowerment, on a community and individual level in health care settings and health planning. Thus, the researcher was careful to give much consideration to the ethical principles of research and to the potential benefits for participants.

4.4.2 Community Consultation and Input

Prior to the commencement of research, the researcher liaised with several members of the Yaegl community regarding the possibility of a study focusing on resilience. These community members included the Clarence Valley Council appointed Aboriginal Liaison Officer, the then acting Manager of the Aboriginal Medical
Service, the Coordinator of the Yaegl Land Council, and two community elders the researcher had known from childhood. All are Yaegl community members.

Meetings and correspondence (by phone and email) with these members continued for some months (May to October 2006) during the conception stage of the research. This contact assisted the researcher to develop a more specific research plan and to better understand the interests and workings of the Yaegl community. All members contacted during this period agreed the study would be an interesting and potentially beneficial study, and formal approval was received from both the Yaegl Land Council and the Aboriginal Medical Service.

The researcher also arranged ‘Advisory Group’ meetings with members of the community to ensure the project involved the community as much as possible, and was responsive to any suggestions or changes requested. These meetings were advertised by way of notices and word-of-mouth at both the Yamba and Maclean offices of the Yaegl Land Council, and took place on 12 February 2007 (Maclean Office) and 13 March 2007 (Yamba Office). It was at these meetings that many community members expressed positive regard for the strengths-focussed nature of the study aims, having witnessed or participated in many studies that revealed only negative information about Indigenous communities. The meetings provided the researcher with further knowledge of the community and helped the development of genuine and trusting relationships between the researcher and community members. The researcher was also able to clarify the aims of the research and disseminate information for members interested in participating in the interviews and focus groups.

A plain English summary paper along with a copy of the final research thesis will be presented to Yaegl Land Council, and the researcher acknowledges this research conducted in the Yaegl community, is owned by the Yaegl community so that its findings and recommendations may be considered at the community’s discretion.
4.4.3 Participant Recruitment

The Yaegl Land Council, a community controlled and operated centre, provided invaluable assistance throughout the course of the research. As well as ensuring the researcher upheld expected protocols, it acted in the following ways:

- Representing the community’s interests during initial correspondence and meetings;
- Advertising the ‘advisory group’ meetings;
- Disseminating verbal and written information (see appendix E) about the research;
- Assisting with the arrangement of interview and focus group times, and;
- Providing a location for the interviews at both Yamba and Maclean offices.

The researcher formed a strong relationship with the staff at the Yaegl Land Council, and met many community members there who were later to become participants in the study. The Land Council offices provide many services to the community, and also provide resources such as phone and photocopying/faxing facilities that many community members regularly ‘drop-in’ to use. It was here that many people from the community became familiar with the study and the researcher, and some indicated their interest in participating in the interviews and/or focus groups. Other community members who were located more remotely from the main townships of Yamba and Maclean, were nominated by the Coordinator of the Yaegl Land Council. This entailed the Coordinator contacting potential participants and enquiring as to their interest in participating in the study. If interested, the participant was then contacted by the researcher, who provided further information and confirmed their interest. The inclusion of participants nominated by the Land Council, and those more randomly encountered by the researcher at the Land Council offices, meant for a more representative sample of participants with a broad cross-section of community members. Community members were not chosen purposively to participate in the study on a basis of ‘resilience’. This would have required an agreed definition of the term as well as reliance on the researcher’s own assumptions and opinions, and this would have resulted in an exclusive and non-representative sample of the Yaegl community.
4.4.4 Informed Consent

It was imperative that all participants were fully informed and consenting. All community members who expressed interest in participating in the research, either directly to the researcher or indirectly through the Yaegl Land Council, were provided with a Participant Information Statement (see appendix F and G). Interest in participating in the study was then re-confirmed and informed consent (see appendix H) was gathered before proceeding with the interview or focus group. These documents ensured participants were informed of the aims and procedures of the research and had formally consented to their involvement. In addition, the researcher ensured the privacy and confidentiality of all participants by coding all transcripts and recordings with alpha-numeric codes rather than names. Participants were offered access to the transcript of their interview/focus group so corrections could be made if they so wished.

4.4.5 Data Collection

It was decided in-depth interviews and focus groups would best assist the answering of the research questions, due to the nature of the data to be collected. The data would include participants’ thoughts, experiences and opinions, and would not be collected easily or in an in-depth and comprehensive way if survey or questionnaire methods were utilised. Interviews were considered important in obtaining a broad individual response and representation of experience, while focus groups were used to achieve family and community-based perspectives.

The fifteen interviews were held between 21 May 2007 and 27 November 2007, and the two focus groups were held on 10 September 2007 and 27 November 2007. The interviews and focus groups were held at the following approved premises, depending on participant preference of location:

1. Yaegl Aboriginal Land Council, Maclean;
Semi Structured One-to-One Interviewing

Interviewing ensures participants have the opportunity to more fully develop and present their subjective thoughts and experience, whilst also permitting the interaction of the researcher for greater comprehension (Morse, 1992). There are varied techniques for conducting interviews. The interview structure adopted in this research followed a semi-structured format whereby the researcher was guided loosely by a set of broad questions, referred to as an interview guide. The purpose of the guide is to assist the researcher to access and identify key issues within the topic areas (Grbich, 1999). In this research, the interview guide was developed in the proposal stages of the research and acted as a prompt for topics to be explored during the interview (see appendix I). This interview guide was carefully developed with the view that the presence of protective factors and models of resilience should not be imposed by the researcher. Instead, it was acknowledged that a connection would best be assessed if participants were left to initiate, of their own accord, its inclusion in the discussion as they saw fit. A mixture of descriptive questions, to elicit a stream of information relating to the topic, and probing questions to encourage elaboration of peripheral information, were implemented to assist with interpretation (as suggested by Grbich (1999)). The researcher wanted to ensure the interviews were an active and effective exchange of information, requiring flexibility to allow the addition of new questions to assist the flow of the interview and un-folding of meanings (Holstein & Gubrium, 1995).

The researcher conducted fifteen interviews in total, and these were held between May and November 2007. The average duration of each interview was approximately one hour. Each interview took place in a private office at the Yamba or Maclean offices of the Yaegl Land Council, depending on which location was convenient and preferred by the participant. The researcher commenced each interview by providing a participant information sheet, checking their understanding of this information, and confirming their willingness to have the interview digitally recorded for transcription purposes. Only one interview participant requested the digital recorder not be used, and the researcher took hand-written notes of the interview only. Written consent was sought from all participants and each was informed of their right to withdraw from the interview or request the recorder be turned off without any consequence to themselves or their community. This initial
conversation, which included some relaxed discussion about the participant’s day, aided in building a trusting and relaxed relationship between the interviewer and participants. This was an important stage of each interview that ensured participants felt settled and comfortable throughout the interview.

With the assistance of the interview topic guide, the running of the interviews was straightforward and where appropriate further questions were added. Interviews involved an informal style, and the researcher utilised her training in counselling to ensure the principles of rapport, active listening and empathy were employed, along with encouragement to elaborate on topics where appropriate. It was crucial to maintain a conversational style whilst addressing the main themes under investigation.

Focus Groups
Focus groups are used in a diverse array of settings and research areas. They have been found to be particularly useful when a researcher wishes to explore the experiences and perspectives of people from a different cultural background to their own, and ‘give a voice’ to marginalised groups (Rice & Ezzy, 1999). Even with a relatively small number of people, usually between 4-10 participants, focus groups can enable in-depth discussion on a specific area of interest. The researcher chose to use focus groups as a supplementary source of data. They provided the researcher with community minded perspectives that were not as accessible in the use of interviews, where participant responses tended to be individual and immediate family centred.

The researcher commenced the focus groups by distributing participant information sheets and confirming each person was willing for the discussion to be digitally recorded for later transcription. Participants were then informed of their right to withdraw from the group or request the recorder be turned off without any consequence to themselves or their community. Written consent was sought from all participants and the group was encouraged to interact with each other, as the researcher was aware of the importance of ensuring the focus groups were not conducted as a group interview. In other words, participants were free to talk to each other on the topic and questions rather than simply individually answering the
questions of the researcher, or focus group moderator as they are often termed. This group interaction is a key feature of focus groups and provides significant advantages in using this research method. The participant interaction characteristic of focus groups is sometimes coined the ‘group effect’, and allows people to explore and clarify their points of views, leading to insights in the data that are not usually accessible in other methods (Cary, 1994). Additionally, it is often through the group interaction that participants feel more relaxed and safe about talking of their experiences and perceptions because they see others have similar feelings (Rice & Ezzy, 1999).

The researcher followed a topic outline (see appendix J), similar to that used in the interviews. However, the wording of questions posed to the groups was changed to provide a focus on the ‘community’. For instance, individuals were asked in interview how they had coped or managed a hard time in their life, whereas the groups were asked about the community’s collective coping and management through hardship, i.e cultural activities or community-based assistance. The focus groups conducted achieved the aims of their implementation, to provide a community-based perspective on protective factors and resilience, and involved in-depth group discussion and reflection on the community’s wellbeing, strength and capacity to manage hardship. Despite these achievements, there were some issues that arose and prevented further use of the focus groups. The researcher had proposed to conduct 3-5 focus groups, however the difficulties in arranging the group meetings were significant and meant many scheduled focus groups were cancelled due to lack of attendance. This lack of attendance resulted from funerals in the community, participants forgetting the scheduled times, and poor weather that deterred community members from leaving their homes. As a result of these difficulties, the researcher decided not to arrange further focus groups after the two conducted in September 2007 (five participants) and November 2007 (six participants). The two focus groups ran for an average of one and a half hours.

4.4.6 Data Analysis

After transcription of the digital recordings, the data was broken down into topic areas as well as reviewed inter-connectedly, in order to gain a complete picture of
themes, without numeric or statistical reliance (Sarantakos, 1998). This analysis is often referred to as a ‘thematic analysis’ of the raw data, which has been collected and transcribed. The vast collection of words and phrases are reduced to what is of most interest and significance to the research questions. Seidman (1998) points to the importance of approaching this task of reduction with an inductive, rather than deductive, orientation. Therefore a researcher must, as much as possible, review the transcripts without an existing theory, but with an open mind to all that emerges from the text.

After transcribing and reading thoroughly the interview and focus group transcripts, statements and passages of most importance to the research questions were highlighted. Arising key themes and associations in the passages were then explored further, involving the investigation of relationships, consistencies and anomalies with the existing literature. These arising themes were placed into categories, a process referred to as ‘coding’ data (Seidman, 1998). The categorised data was interpreted individually and then compared cross-categorically. This allowed the researcher to review individual experiences and perceptions presented by participants and to assess the relationships arising between these categories. After examining the categories, the researcher identified the core themes, and connecting sub-themes, which were presented consistently throughout the data.

The researcher also utilised the qualitative research software ‘NVIVO’ as a tool in the analysis of the data. NVIVO aided the analysis process by providing the researcher with an additional, and more manageable way of coding data (through the development of ‘nodes’ which hold common concepts and factors) and investigating relationships between these, for instance participants’ sense of wellbeing and their access to supportive structures. These ‘nodes’ and their corresponding relationships can then be viewed in relation to the specific research questions. The researcher found the programme allows one to view the data more manageably and objectively than is possible when using manual coding techniques. This process assisted the researcher to undertake a comprehensive and inductive (emerging directly from participants’ discussions) coding process and identification of themes, with constant checking of the reliability of the coded themes, a process detailed and supported by Fereday and Muir-Cochrane (2006). Through a rigorous process of developing codes
and identifying resulting themes and relationships in the data, the researcher was able to ensure quality by ensuring it was possible to logically and clearly demonstrate each theme’s generation from the raw data to represent the subjective viewpoint of participants.

The overall process of both manual (initial phase) and computer-aided coding and comparison facilitated the development of propositions pertaining to the research questions. These were then tested against the data, in order to develop analytical conclusions that can be found in Chapter Five, Discussion.

Chapter Summary

This chapter has presented the theories behind research design, and how these inform a researcher’s approach to a particular study. By reviewing the key elements, including epistemology, theoretical perspective, methodology and methods, the researcher has revealed their meanings and relationships, and the specific ways in which these elements formed the researcher’s own overarching framework and guide to the research process. The chapter has discussed this implemented research design, with particular emphasis on the ethical considerations and the research methods employed, including those in data collection and data analysis, the findings of which will be presented in the following chapter, Findings.
Chapter Four

Findings

“Resilience is not a fixed quality within communities. Rather it is a quality that can be developed and strengthened over time. As resilience is strengthened, the capacity to intentionally mobilize its people and resources to respond to, and influence social and economic change is enhanced” (Colussi, 2000, p. 5).

Chapter Overview

This chapter will present the findings of the interviews and focus groups conducted in the Yaegl community. The chapter will commence with a review of the adversities and hardships that can be seen as challenging the resilience of individuals, families and the community. It will follow with a presentation of the diverse protective factors present at the individual, family, community, and wider community levels, along with example quotations to support and clarify the sub-themes. Participant quotations include those gained through the interviews (participants 1-15) and those recorded in the focus groups (participants 16-24). It is important to note these findings should be reviewed with particular consideration of the community's cultural and contextual information provided in Chapter One, Introduction.

Introduction

Several themes emerged following the transcription and analysis of interviews and focus groups. Rich and in-depth stories, opinions and reflections were gained from both data collection methods, and findings from both are integrated in this chapter due to their largely similar thematic nature and equal value in contributing to the findings of the study. In contrasting the findings achieved through the two data collection methods, the only significant differences of note were the perspectives
taken by participants. For instance, the one-to-one interview participants tended to focus more on personal and immediate family-centred experience and circumstances, while the focus groups involved greater community-centred discussion. These perspectives will be evident in the quotations provided throughout this chapter, and details of the participants who engaged in a focus group are provided in figure 3 below.

The concept of ‘resilience’ was discussed with the use of many different terms and phrases, including ‘strength’, ‘determination’, and ‘stubbornness’, and many factors were reported by participants as helping them to feel supported and ‘keep going’ with life. This is one of the many reasons that make the analysis of the concept of resilience so difficult, the lack of agreed definition and the seemingly unlimited terminology and scope of the concept. However, the researcher was careful not to introduce resilience into the discussion until late in the dialogue, to allow its reference and discussion to occur at the participants’ own will. As will be presented in this chapter, the findings of the research indicate there are many protective and supportive structures operating in the Yaegl community.

To assist in providing background and context for the participants’ quotes, the following table details the gender of each of the study participants and indicates those who participated in a focus group (FG).

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Figure 3: Participant gender, and data collection method.
1. **Adversity and Challenges to Resilience**

As discussed in the literature, adversity can often operate as a precursor to the development of resilience. In the individual interviews conducted for this study, more so than the focus groups, participants spoke of diverse hardships in their lives, such as separation from biological parents, divorce, financial hardship, loss of loved ones and ill-health. These challenges to resilience have been grouped in several sub-themes, including negative change, ill-health and racism, as will be presented. Nonetheless, many participants spoke of the strength they had developed following certain hardships in their lives, with the following quote indicating the acquired strength in relation to a separation and divorce.

> “but I proved a lot of people wrong, and since that you could say that I became a stronger person”

*Participant 1*

And later repeating:

> “But I’m happy, I became a stronger person.”

*Participant 1*

Many spoke of the strength and personal development achieved after losing loved ones:

> “we lost our daughter, she was killed in a farming accident, she was run over by a farming machine, that sort of makes you stronger because it took a [real] lot to get through that, a lot of my strength to recover and now when I go to a funeral I know there’s got to be a grieving period and then at the end of that period you sort of get over it a bit.”

*Participant 6*

Later, the participant above spoke of the restriction he felt under the watchful eye of the police and wider community, and the indirect strengthening effect this had on his character:
“we just felt that sense of you couldn’t really do anything back than which probably made us a little bit stronger willed”

Participant 6

When discussing the role models and leaders within the Yaegl community, many participants attributed the strength of their community elders to the hardships they had endured and overcome in the past. These hardships were viewed as building one’s strength and coping skills.

“Yeah growing up how they grew up, they never grew up in houses they grew up in huts and they had to struggle and they had to really struggle how they lived and they had to be strong you know, had to be strong...”

Participant 11

These strengths developed through hardships were seen as important characteristics to be proud of, and to be continued in the future.

“they went through some really tough times...I mean it wasn’t that long ago they tried to bred us out and the elders have come through the other side of that, they struggled through that...and we want to carry that on, that pride and that respect, and I’m very aware of how difficult it was for them and it’s about carrying that culture through and coming out the other side.”

Participant 15

1.1 Negative Change

Participants spoke of many changes that have occurred overtime in the community, and while many changes were seen as positive (such as the development of community programs, to be presented in section five below), some were viewed as having negative implications for the community.
One such negative change was the reduction in community gatherings and the consequences this has on community cohesion.

“we don’t have the corroboree ceremonies and the dance ceremonies and that sort of thing anymore and so because times have changed we don’t find the time because everyone’s working now and everyone’s got a life and yeah so busy.”

Participant 6

And:

“we used to get together once a month and just talk and see how everyone’s going, but everyone’s sort of drifted away a little...”

Participant 8

A focus group discussion centred on changes in ‘respect’, once strictly upheld in the Yaegl community, and now faltering due to changes in community structures.

“you’ve got a lot of these other people coming in with different ways and different ideas and they are disrespectful in some ways on our land, they do some things disrespectful and then they go away for decades and then they come back and demand this and that and demand respect and it’s not right where the true Yaegl people are very reserved, we are very reserved as a race and quite dignified too.”

Participant 19

The decreasing respect amongst the younger generation of the community was discussed by one of the elders.

“you got to respect yourself, respect yourself in a lot of ways to give respect to others, which we done that but today I see a big change in young people, some of them don’t respect you”

Participant 2
Another expressed disappointment in the changes in young peoples’ respect for themselves, their parents and the elders of the community, stating:

“I know when we grew up we had respect for everyone, and we had more respect for the elders, the older people, and today I don’t see much of that happening around here...”

Participant 3

Similarly:

“years ago you couldn’t back chat any elders you’d get a slap in the mouth and that’s all changed now, only a few of them abide by that now.”

Participant 9

This change in young people’s respect was discussed in a focus group as possibly related to the increasing rate of grandparent carers for children.

“see a lot of kids are being raised by their grandparents now, so they’re getting what they want because the grandparents are worn out because they did it all with their kids...”

Participant 22

Reduced leadership and positive role models was also attributed to these negative changes, with one participant lamenting the lack of role models in some of the Yaegl families and of the effect this has on young people:

“they’re not getting it from home, parents having parties and drinking and everything else...and that’s the behaviour the kids grow up with that’s imbedded in their mind that this is what it’s all about and you’ve got 15 and 16 year old girls having children and that’s what the Aboriginal girls are believing is the way of life, you get pregnant and you get the pension and that’s the way it goes on and it doesn’t change.”

Participant 7
Similarly, another spoke of her concern for the lack of leadership and role models within the community.

“I can’t honestly say there is leadership for the community, because its only leadership within themselves, not for the community...There’s no role models that I can think of, they might think that they are because they’re out in a job, but they’re not, as far as I could see.”

Participant 1

When questioned about the change that would occur in the community if leadership and positive role modelling existed or was strengthened, she responded:

“Well they would sit down and talk about this person and that person not doing their job, they would have a time limit about when that person would come in to work and when they would leave to go home. There would be a right working time, like 9-5, and other people in the community would see that... They would be more focused and thinking things are great.”

Participant 1

Some participants acknowledged other changes in community life resulting from increased “nepotism”, whereby traditional ways of looking after all community members were being overshadowed by individual and immediate family centred ways.

“everyone looked out for everyone. I’m glad I was part of that, today is very different, these days people don’t really care about their family and that...”

Participant 3

Likewise:

“mostly they’re [community members] here to support you but nearly all that’s changing now they’re all for themselves, too much getting like the white man’s way not like they used to be, they’re too busy looking out for their own than looking out for everybody like it used to be...”

Participant 9
Nepotism and jealousy were seen as underlying factors to some of the problems in Indigenous health and wellbeing.

“before we can get things worked out in the higher levels like government, we gotta get things worked out within ourselves first, there’s a lot of jealousy and nepotism and stuff like that, its rife.”

Participant 7

And:

“black fellas are very jealous people, if they see someone going ahead and getting things done for their community they want to pull them down, want to put ‘em down and I think its jealousy, I see it all over, and the young people that are uplifting the community, they try to pull ‘em down.”

Participant 2

1.2 Ill-health

Other major points in relation to adversity were about the increasing rates of ill-health and reduced life expectancy in the community. This was viewed as alarming and a major area of concern for community members.

“recently there were a number of deaths within months of each other...we’d see a death in the family once a year and within the community that’s one of the bad things that’s happened in our lives...seeing every year something else that’s killing off our mob and it’s an eye opener to everyone, you know look how easy it is to lose someone when one minute they’re there and next minute they’re gone and that’s how easy it is to be diagnosed and you could be gone in a month or so.”

Participant 22
And:

“In the community at the moment, their lifestyle is so poor and their living conditions are terrible which of course makes them have health problems.”

Participant 10

Times of crisis were often discussed as resulting from deaths in the community, involving difficult times of grief and healing.

“I suppose our biggest drama in the Aboriginal community is our life expectancy, it’s pretty poor and to lose close relatives whether they’re extended family or not, we’re really close and it takes a bit of time to heal from those crises...”

Participant 15

The increasing use of alcohol and other drugs and the negative impact this was having on community members’ health and wellbeing was also noted.

“Aboriginal people knew about the drugs years ago before white men found out about it, but they never used to smoke it to that extent, way back years ago you know they might just used to have a puff but now they’re all going silly over it and its sending them psychotic and that you know, big changes and its everywhere, the white and black.”

Participant 9

1.3 Racism

Throughout the interviews there was much discussion of the effects of racism on self esteem and pride, and the many implications racism has had on the community throughout history. Many community members spoke of it as a factor behind one’s strength and determination.

“there was a lot of racism back then and she [Aunty] started fighting for her people and that, so I reckon their strength came from the way they lived and
fought and were brought up. See I think that’s why I’m also strong, I was a very strong young girl growing up in my teenage years and now because we sort of experienced that last bit of hardship of living.”

Participant 11

Elders are admired for the ways in which they coped with, and carried on, despite the racism targeted at them.

“he [grandfather] run the first 4 minute mile but it wasn’t recognised because he was Aboriginal, and he won the Stawell gift but had it taken off him because he was Aboriginal. And ok it didn’t make him bitter or anything he just said ok that’s the way it was at the time...”

Participant 5

Others told of ways racism had affected their own character, convictions and life decisions.

“I had a really bad experience here [at school], us Goories here in those days when we came here...and to us they didn’t look at the potential we had they just looked at us as Aboriginal...and there were times that I just wanted to chuck it in because I couldn’t handle the racism and the stereotyping, yeah the negative things at that time and that experience made me a stronger person and made me come back to my community to make sure they’re not going to do that again...”

Participant 12

And:

“all that horrible stuff that happened to our people, well one side of my brain is still covered with that but for us it’s about pride, and being proud of who we are and our history.”

Participant 14
Inter-community racism was also discussed as having many implications on community functioning, pride and self-esteem.

“I just think well why is there so much fuck’n racism and this is just in the black fellas, between each other...”

Participant 16

Participants discussed the indirect effects of racism on the community, such as the lack of employment opportunities for community members.

“It’s hard you know...you see some of the injustices done to your mob and you see them walking around aimlessly and people say “Why don’t they better themselves?” but ok where? Where are the opportunities? And all that CDEP now, it’s just 16 hours, work-for-the-dole that’s all it is. And now they’re going to take that off them.”

Participant 5

One participant described the sense of shame resulting from racism was contributing to the lack of pride and confidence in the young people of the community.

“[A] lot of Aboriginal people they say there’s shame, shame and all that, but I say just leave that shame out of it. If you got it up here [head], go and use it, I said if you feel shame and you don’t put out what you got well you get nowhere, you’ll get nowhere.”

Participant 2

2. Individual Protective Factors

Many sub themes arose in the data surrounding individual protective factors, things that help people to cope, feel safe and feel supported. The factors discussed here specifically relate to those which come from within one’s character and personal coping styles. While these personal protective factors may in fact develop out of
external processes, i.e. parenting and role model influences, those processes and influences will be discussed in section three.

2.1 Wellbeing

Participants spoke of several factors behind their sense of health and wellbeing, and many of these overlap with other themes of strength, family and community togetherness, and a sense of responsibility. While predominantly one’s wellbeing was presented as being inextricably linked to family and community wellbeing, there were elements of wellbeing that were specific to the strength and coping of individuals.

The belief that health and wellbeing is of central importance in one’s sense of purpose or meaning in life was prevalent throughout the interviews. This included a sense that wellbeing enables one to meet their priorities or responsibilities.

“Well, wellbeing is your health, your life style, wellbeing to me it’s a big thing because if you don’t have wellbeing well you just don’t care about life… I don’t drink and I don’t smoke, I don’t go to the club…because number one is the kids and our health.”

Participant 2

Other participants spoke of wellbeing as involving the need to know “where you’re at in life” (participant 4), the need for holistic health including wellbeing of mind and body (participant 10 and 15), and the ability to cope with certain amounts of stress and pressure (participant 6 and 7). The importance, and perhaps the interdependent nature, of wellness in one’s sense of success or achievement, was also expressed.

“I went to year 11, but most of my mates they dropped out at year ten or year nine and they didn’t have that hunger for more knowledge, to just to strive to be well and healthy and I’ve tried lots of different things.”

Participant 6
Wellbeing was closely linked to one’s sense of happiness and perceived capacity for achievement.

“being happy, being healthy, being happy with what little you’ve got, that’s being well, and waking up knowing you’re going to achieve something...”

Participant 12

2.2 Identity

Many interviews included participants’ stories of their childhoods and what had influenced them to be the person they are today. While there were many influences discussed, including home, school and the community, the importance of the end product – the sense of identity itself, in one’s wellbeing and resilience was highlighted in many of the interviews, and this will be presented here.

Participants spoke of the importance of knowing who you are and where you’re from, and having pride in the Yaegl culture, for a strong sense of identity and wellbeing.

“Sticking together, being noticed who you are, and where you come from and who’s your mob, that’s really important.”

Participant 1

And:

“being a member of the community and having that identity, you know being a part of the Yaegl tribe and being proud of where you come from and who you are, you try to first and foremost you try to look after that.”

Participant 15

One participant explained the importance of children knowing their heritage and cultural practices, perceiving the opportunity for them to share a unique identity.
“with culture, with my boys, we take them out to big family outings, collect pipis and go worming and so on...and that makes them that little bit different from everyone else, that’s their knowledge, and a part of who they are, it’s something to be proud of.”

Participant 5

### 2.3 Pride and Self-esteem

Much of the discussion surrounding identity also focused on the role of self-esteem and pride. Participants expressed pride in their identity and their community, particularly in regards to their achievements in sport, financially at the Yaegl Land Council, and in the continuation of cultural practices and community cohesion. Participants commented on positive self-esteem and pride as having key roles in achievement, motivation and general wellbeing.

One of the elder participants expressed the importance of pride, along with her pride in the younger generation, including their creative capacities:

“it’s about pride in yourself, if you haven’t got that pride in yourself well you’ve got zip…There’s a lot of talent out there…and it makes you real proud to see the work they do, like the painting in the hall that time, that was through TAFE, they could do a lot when they put their minds together.”

Participant 2

In discussing the success of the Yaegl Land Council, its various enterprises and activities, and the community in general, one participant explained the sense of pride he feels in response to this progress.

“But seeing all that activity up there it makes you think wow you’ve come a long way and the community’s come along way and it makes you proud.”

Participant 6

One participant spoke of the importance of having a strong self-esteem when mixing with the wider (non-Indigenous) community.
“There’s a lot of people who stare at you at the pub or club and you have to hold your head up high, and it’s hard but we try to tell the young ones about that too, be proud of who you are.”

Participant 14

Another spoke of his pride and confidence regarding his beliefs in himself despite cultural differences and discrimination.

“we were made to feel good about ourselves and have a bit of pride and confidence in ourselves, yeah that’s what it is, and knowing that you can do just as good as the next person regardless of race, creed or colour.”

Participant 7

When discussing their role models, many community members spoke of self-confidence as a major characteristic behind their achievements and leadership.

“I think the biggest quality they have... these guys they’ve got this special quality you know the gift of the gab sort of thing, this confidence yeah that’s probably the main thing is the confidence they have within themselves...”

Participant 6

And:

“It’s just self-esteem, they know how to carry themselves when they walk down the street...Yeah it’s self-pride.”

Participant 4

A strong sense of achievement and self-esteem appeared to be closely inter-related for some Yaegl people.

“growing up as an Aboriginal person we never got praise you know from the non-Aboriginal people, you know we get praise from our own mob but when it comes from non-Aboriginal people it just boosts you up a little bit more... I think it’s because they’re acknowledging that we are valuable and they’re
finally showing us some respect for what we’ve got to offer. Yeah that makes me feel good…”

Participant 12

And:

“naturally if you feel good about yourself you’re going to get to a higher level than someone who feels pretty low about themselves… I think generally it’s having good self esteem and support.”

Participant 7

2.4 Motivation and Determination

Determination to continue or succeed in life, despite hardships, was discussed or implied by many participants. Motivating factors and the characteristics of determination and stubbornness can be seen as contributing to one’s capacity to continue fighting for justice or better quality of life.

One of the participants told the story of his father, who had lived through much hardship and discrimination, and of his determination to continue on with life despite these disadvantages:

“determination, and generally about quality of life for our future, that’s probably the main driving force. My dad used to say he was put on this earth to be tested, you know being a black man, even right up until he died…he always used to say he was put on this earth to be tested. It’s a big acknowledgement that you’re here and it’s going to be a tough one, but you’re here for the long spell so ok grin and bear it.”

Participant 5

In response to questioning about the survival of Indigenous communities and their culture despite many hardships, participants expressed belief in the stubbornness of their people and their wish to better the community as others had achieved before them:
“I think it’s a stubbornness, you know besides wanting to make things better for your community and for us now, I think back then they fought really hard for us to have what we have now”

Participant 6

Similarly:

“Well it’s a will to survive and show the white men that we can survive and we can still live off our bush tucker and survive.”

Participant 9

Another participant expressed belief in the determination and “resilience” of the staff at the Yaegl Land Council, while many other Land Councils had failed financially:

“the ones that have been successful and the ones that have stayed there are because of people with resilience and who have thought well I’m not going to let them spend this money and then in a couple of months time have nothing”

Participant 7

2.4.1 Sense of Responsibility

A sense of responsibility was attributed to people’s determination and strong work ethic, and this was seen as contributing to people’s wellbeing, self-esteem, and feelings of personal strength. Many participants spoke of responsibilities assumed during times of hardship or crisis that helped them to continue on with their lives.

“mum couldn’t afford decent shoes and things like that so I knocked off [school]...just to help mum at the big guesthouse down there...but to us it’s made us strong...those days it was hard, but it made us strong as young girls, and because what our mother went through, like we helped her...we played a big role with our mum and dad”

Participant 2
Likewise, one participant spoke of the trauma of losing his father, and the strength found through the responsibility to his family:

“that was really traumatic but I just had to deal with it and because I’ve got kids to think about and family to think about and I need to be strong to keep them strong, and that kept me going”

Participant 7

One participant spoke of his continuation at work as the result of both his sense of responsibility to his grandchildren, and of the motivating effect of earning money to pay off a new car:

“I’ll be honest the only reason I’m working is for my grandchildren, other than that I could go home and sit on the dole, but I suppose I like a beer and the quality things in life. I could sit at home and say well that will do me, but that’s why I go out and buy a new car every four years so I make that commitment to keep me here for another four, otherwise I’d go walkabout.”

Participant 5

In recalling negative childhood experiences, participants spoke of these experiences as providing them with a sense of responsibility and motivation to ensure those injustices did not reoccur or continue in the community.

“the negative things at that time and that experience made me a stronger person and made me come back to my community to make sure they’re not going to do that again, they’re not going to it to our people...”

Participant 12

2.4.2 Optimism and Betterment

A key sub-theme here was the motivating power of optimism and betterment, which appeared to encourage achievement either for individuals themselves or their community. The deep love and pride for one’s community was evident in all
interviews and focus groups, and this was often discussed in relation to people’s
determination to better their community.

“we’re going to keep fighting hey, and I’m an up and coming elder in my
community and that’s what I’m aiming for, to earn that respect and bring
back the days when we brought up, the values and the beliefs and the
importance of family and how we connect with one another as family...we
have to work on that how to bring them back together as one community.”
Participant 12

Participants spoke of members of the community who had shown remarkable
motivation and determination for self improvement and a better quality of life.

“she put her head down and she said I’m going to go through to year 12 and
go to Uni and she’s done that, she’s in her final year of university and she
said that she wants to become a school teacher and then a principal...she’s
just decided to change and out of the blue made a decision for herself and for
her to do that with her back against the wall sort of thing is just
unbelievable...”
Participant 6

Likewise, one participant spoke of his own quest for self-betterment:

“there didn’t seem to be a great deal of incentive to finish the HSC because
my brother and sister didn’t, but I think the whole reason behind it was that I
didn’t want to end up on the CDEP program like my brother has and my dad
has, and I just wanted to have a go at doing something better.’’
Participant 15

In discussion about personal motivation to achieve in education, work and family
life, one participant spoke of how he now uses his education and self-improvement to
help improve the community.
“three of us [siblings] have gone on to university studies, and it’s just been
instilled in us that this is what’s normal...it’s just the thought of bettering
myself and getting a better education, a good education, and not just that but
I’ve now got the knowledge and the know-how that gives me the capacity to
do better for the people I work with, the Aboriginal people.”

Participant 7

The following participant provided an example of the way in which the Yaegl people are attempting to better circumstances within the community. He spoke of a project, driven by himself, aiming to improve the school attendance rate of children and to raise the awareness of parents about the importance of their children’s education.

“I’m just doing this new project at the school, it’s the Aboriginal mentor project, and we’re trying to improve the attendance of the Aboriginal kids because it’s really really low attendance rate and we’re doing workshops with the parents and we try and get them to see the benefits of them being at school rather than sitting at home or wondering around the streets, it’s just so hard if you don’t get it from home it’s gotta be backed up.”

Participant 7

There was clear evidence of hope and optimism for the future wellbeing of the community:

“we’ll just wait and see if this development starts because maybe there will be some jobs for our young people... and when they see their own money coming in, instead of them getting the dole or working for CDEP, and they get the real money that they work hard for well we hope they will better themselves, better their lives...”

Participant 2

Another participant spoke of the optimism present in those people who have contributed to the bettering of the Yaegl community. He speaks of an ability to foresee improvement for the next generation and the capacity to make change, including his own motivation to better the circumstances for his grandchildren.
“Number one it’s because they see a light at the end of the tunnel or they see a way of improving for their grandkids and seeing that if I do this now it will offer them a better quality of life down the road, and I think you have to make a start somewhere to make the long term changes…Each generation wants the next generation to have it better and have more opportunities, and I’ll be honest the only reason I’m working is for my grandchildren, other than that I could go home and sit on the dole.”

Participant 5

One participant discussed the traits of his role models, which included the motivation to better themselves and their community.

“it’s a hunger to do something else, something better, in the end it’s all there to better our community.”

Participant 6

He went on to explain the apparent stubbornness in these people, his role models from the older generations, to improve the situation for the Indigenous people.

“I think it’s a stubbornness…I think back then they fought really hard for us to have what we have now”

Participant 6

Some spoke of their own motivation for leadership, to provide positive role models to inspire achievement and better quality of life in the children of the community.

“I have an outlook that I’d like to be a bit or role model for some of the kids in the community, you know someone to sort inspire them to do things with their lives.”

Participant 15

The overall theme of motivation and determination, including the motivating factors of responsibility and optimism, is accurately summarised in the following statement:
“Us Aboriginal workers in the school we keep fighting, we keep hanging in there and we don’t give up, even if it gives us a headache and sometimes we don’t want to come to work...we know it’s going to be a long time, it’s going to be a battle, and a slow process, but hopefully we’ll see that positive change before we’re gone hey.”

Participant 12

2.5 Coping and Healing

There are clearly diverse ways in which Yaegl community members recover, and move forward, from adversity and hardship. Coping styles were individual in nature, and while many external resources from family and the community were employed to assist one’s ability to cope, people indicated various personal strategies for recovery.

“Because the Aboriginal community is so diverse, there’s different types of coping, and because it’s so diverse you cannot pin point one way, you know like how sickness can affect the community and death and dying does.”

Participant 19

One participant acknowledged that while he was able to move on after the death of his daughter, he accepted that he would always remember the accident in which she died and the grieving he had experienced.

“I just think about the accident you know and it never leaves you, you’re always thinking about it and remembering things about it.”

Participant 6

Many participants spoke of the central importance of family in one’s coping and healing at times of difficulty.
“when you hear about your sickness like that all you want to do is just sit there and think well life has gotta go on but you’re too sick to do things and you don’t want to talk to anyone but your family at that time.”

Participant 24

In addition to family, the support of friends and the community was also seen as crucial in assisting peoples’ coping capacity.

“Just knowing my family and community is there, that love and support from your family and the community, and plus my children you know when I’m down and out sometimes I just think of my kids and that lifts me up again.”

Participant 11

And:

“our mob, I’d rather talk to them about the personal stuff, you keep it with your own mob and my mates, man-to-man you know.”

Participant 14

More individual coping styles included attending the cemetery of deceased relatives:

“I get in the car and I drive to the cemetery to visit my relos [relatives], I find that really works for me...I’m more a sort things out myself type of person, because I work with the community in my job, I tend to sort of keep my problems to myself, because they’re my own individual problems you know.”

Participant 12

Additionally, many spoke of sport, leisure and recreational activities as key factors in assisting their coping capacity, having a positive effect on one’s strength and emotional wellbeing.

“I just go fishing and get some time out with no [husband] and no stress-heads around me, I’ll go for a walk just by myself...”

Participant 13
Similarly:

“I go fishing and worming and I like worming because you walk up and down the beach and its good exercise and these people watching TV they don’t know what they’re missing, you know watching that sun coming up or that sun going down its just beautiful and still and calm…”

Participant 9

And:

“I’ll go into the kitchen and see what I can cook, cook up a storm...But I’ll give them out to people in the community and that.”

Participant 1

Also:

“sport has been a big thing, it’s played a big role, it takes my focus off work and that, it gives me another focus and it’s something that I enjoy and love doing.”

Participant 15

And:

“I’m fairly heavily involved in sport and basically its being really involved and now I’m coaching the juniors and its seeing the kids have a good time…”

Participant 8

Another participant spoke of her reliance on religion for strength following the death of her son.

“I gave my heart to the lord see after I lost my son...I got sick of waking up grog sick so I just gave my heart to the lord at new years ‘96 and never drank since. Yeah, that’s kept me strong...I just gave my heart to the lord and turned
over a new leaf...I look to him for strength now and he’s our help in times of crisis and times of need...”

Participant 9

2.5.1 Humour

Humour and joking were also seen as important mechanisms for people’s coping and positive sense of self, allowing them to find new perspective in situations and helping them to feel supported. One participant told of the joking that occurred in her work place that helped her to cope with stress, as well as feel accepted and part of the team:

“They’d joke about where I was when they’d look for me and they’d say “arghh she’s out in the carpark” and we’d be out there and we’d muck around and then when we’d come back in I’d rub mandarin on me so they couldn’t smell the smoke, and that was the good side of it, they all knew what I was like.”

Participant 1

She later spoke of her involvement with the local Yaegl Elders group, and implied a sense of togetherness in the laughing they can share after each meeting:

“I’m involved with the Yaegl elders out here and we have disagreements in our meeting but there’s always a laugh after.”

Participant 1

One participant in particular spoke about the role of humour and joking at several times throughout the interview. She initially spoke of its importance in her sense of wellbeing, where her sense of humour had come from, and its role in her perception or meaning making of events.

“there’s a word ‘gringie’, madness, you can have your mad days and those mad days can be playing jokes, which is what I was always brought up to do, not take things too seriously, there’s always a funny side to things...even when I did hurt myself when I was little they [relatives] would always help
me see the funny side to it...Yeah, and not everything happens for a reason, maybe they just happen because they happen, don’t over analyse things.”

Participant 4

This participant also spoke of her ability to overcome judgement or annoyance with a sense of humour:

“If people shit you just say “argh dumb-ass” and walk off.”

Participant 4

She also spoke of the role of humour in her family’s connection and support, particularly during the loss of a loved one:

“it’s basically drop everything and come together and that can go on for days, where you just chill and you have your cry, then you start telling the jokes and the funny stories and all that. Then you have another cry and you’re just there for each other.”

Participant 4

Another participant spoke of the harmless and mutual ridiculing that goes on within the community, and this was implied at several times as helping people to feel bonded and connected:

“we make fun of each other as much as they do us...”

Participant 6

One participant (participant 9) made several jokes regarding telephone callers and visitors throughout the interview, and was able to laugh about various things that had happened to her family and children over the years. She laughed at length about many of these events, and the researcher observed the positive emotional affect of the participant despite the many traumatic personal experiences she discussed.
2.5.2 Acceptance and Forgiveness

Also arising in the discussions of coping were indications of acceptance and forgiveness. These were seen as assisting people to move on with their lives following grief or adversity, and to help them develop more constructive perceptions of their experiences and strategies for moving forward.

When a participant was asked how she coped with a particularly difficult period in her life, she indicated the importance of acceptance.

“Crying, talking to people and accepting the fact that life isn’t fair and having conversations with my dead grandfather and asking him for guidance.”

Participant 4

On the other hand, one participant expressed concern for the over-acceptance occurring in relation to Indigenous racism and ill-health.

“I think yeah you get the racism and all, it’s still very much out there, but its hidden at the moment, everyone’s saying let’s all be tolerant but there is always something and there’s still the high health issues with Aboriginals and unemployment but everyone’s used to them so they say that’s the way it is and it’s accepted.”

Participant 5

Another participant discussed the acceptance of diversity within the Yaegl community, indicating the positive and unconditional support existing for members:

“as an Aboriginal community we treat everyone like we want to be treated you know, no one wants to be treated ill fatedly, and that’s a common thing for the kids and you accept everybody too...”

Participant 6
Many participants spoke of childhood experiences, including financial hardship, grief and racism, they had to accept and move on from. In talking of her experience of being adopted out of the Yaegl community, the following participant talks of the process involved in her acceptance and forgiveness of her biological family later in life.

“it took me a while to really feel ok with my own people cause they gave me away, “you didn’t want me and why didn’t you look after me?” you know my aunts and uncles and they all had big families too, and that’s why they couldn’t look after me and I accepted that and got to love them and know them.”

Participant 9

One participant spoke at length about her process of acceptance of the injustices to her people throughout history, and her strength to move on with her life and happiness.

“people say about how it was years ago with the massacres and people weren’t treated right…And a lot of people still have hatred I suppose, it’s still there, but we weren’t brought up like that, and I’ve got no hatred in me at all for anyone, for the white community or anyone…we gotta think of the future, you gotta put the past behind and look toward the future, but there is still a lot of people that have the past up there in their future and while they have that they won’t ever get rid of that bitterness, the hatred or whatever and that’s how I see it…I can cope with a lot of things and I don’t throw anything back into white people’s faces…”

Participant 2

2.5.3 **Sense of Thankfulness**

Also within the themes of coping and acceptance, was evidence of a sense of fortune and thankfulness. This was an unexpected finding considering the adversity and hardships reported by many participants.
Despite talking of difficult times, participants repeatedly spoke of how fortunate they felt.

“But I suppose although we might have missed out in a material sense when I was at school, the love and the respect was always there and that’s always carried through.”

Participant 15

And:

“you gotta look at how fortunate you are, like I am see my kids are well and healthy and today’s a classic example when we’re going to a funeral for a young boy who didn’t live to be 19, yeah you gotta look at those things and I see how fortunate I am, being fortunate for my healthy kids and whatever else.”

Participant 7

One participant stated she felt “lucky” to have experienced the hardship of living in the bush.

“that’s why I always say I was lucky to be brought up in the bush...it just made me strong and you know we used to have no electricity, no electricity and we used to have to carry water back from the well and we used to help mum with the washing and that you know...”

Participant 11

Another spoke of appreciation for her circumstances as being linked to her wellbeing and happiness.

“being happy, being healthy, being happy with what little you’ve got...”

Participant 12

The gratitude for the efforts and hard work of the community elders was clear throughout the interviews and focus groups, with many attributing their current
quality of life to the hardships overcome by their ancestors.

“knowing that our families and our elders did it really tough and they made it through, and they went through some really tough times and we’re so happy they kept going through all that...and for us now to have the opportunities that we have today is just great you know...I’m very aware of how difficult it was for them...”

Participant 15

Others spoke of how fortunate they felt to have positive leaders and role models in their family and community.

“to us that’s just inspirational to have those sort of people in your family, and they’re amazing role models and we’ve been fortunate enough to have that.”

Participant 7

3. Yaegl Protective Factors

There were many sources of protective factors evident within the Yaegl community. These resources, along with the ways in which the community accesses and utilises these, will now be presented.

The researcher noted the wide-range of people referred to in participants’ discussions of sources of support, role modelling and influence. These included parents, siblings, partners, elders, grandparents, aunties and uncles, nieces and nephews, children and grandchildren, cousins, teachers and colleagues. These broad avenues for support and guidance indicate the interconnected and interdependent nature of the Yaegl community and its protective resources.

3.1 Family and Community Processes

All interview participants indicated family and community togetherness and support are of significant importance for the Yaegl people. This theme appeared repeatedly
when participants spoke of coping with and overcoming crises or hardship, and can be seen as a protective factor of central importance.

It is important to note the terms ‘family’ and ‘community’ were used interchangeably, often showing the community is considered one big family, or “one mob”. There appears to be less of a separation between community and family than in non-Indigenous communities, with the Yaegl people recognising strong kinship ties with all members of the community and therefore considering them as family, for instance:

“Well with the community here, you get people coming around to see if you want any help. It’s just so touching when they come up to you and just say “are you alright? Here’s some money for you and the family” or they make something, and they would do that for everyone because we’re that close-knitted family, and all our mob here we’re just one, and we’re all here for each other, and that’s the support we can give to one another.”

Participant 1

Another participant expressed:

“they’re always there and the community is your family, they’re not separate because your family and the community is one.”

Participant 6

There was a common understanding of shared resources between people in the Yaegl community as all members are considered ‘family’. For instance, one participant referred to his fellow community members as his “brothers and sisters”:

“the community support ay, we’re all there for one another and we understand each other’s problems and what not, with all our relations, and that’s the lifestyle we live. We’re tight...Yeah because we’re all related and you don’t mind helping your brothers and sisters out and we make our resources available to each other which helps us out.”

Participant 5
Many spoke of the immense support provided by members of the community, indicated or offered in varied ways, including through a subtle touch rather than verbally.

“I suppose especially in the Aboriginal community they’re very supportive and they don’t always come out and say look I’m here for you but its little things like a touch on the shoulder or “how you going?” and “everything ok?””

Participant 7

There is clearly a habitual support system that occurs within the community following the death of a loved one, and this was discussed repeatedly throughout interviews and focus groups.

“I had a lot of support from the family, and I support the others out there when they lose anyone, because they’re all our family, it’s our relations and we always support the community...that’s how we do things.”

Participant 2

And:

“it’s family support again ay, and the community as well, they help me have a laugh or a cry. I know when we lost our sister...all dad’s family came down from Tabulam and it wasn’t just the immediate family, it was all the others that he grew up [with], and ohhh when that happens it just, it lifts you up a bit, especially now with everything changing its good to know and see that the love and support and respect is all still there...to see that love and support from outside of the family and in the community it’s just really good and it makes you feel that little bit stronger...”

Participant 11
Others described the support structure “in place for our families and the community” (participant 15), and the expected support and responsibilities of all in times of difficulty.

“It’s just the closeness of the family and being there to support one another, yeah family support, the immediate family and the community, because when something happens even outside of my family well we’re all still there for that family.”

Participant 11

And:

“we help one another out by just being there and showing that you’re there if you’re needed, like one of the big things we actually do is to cook for the family if they’ve lost someone like we cook a big pot of soup because we know they’re going to have a mob coming and going all the time, it could be even five bucks toward a loaf of bread or whatever, and I suppose it’s just making them aware that I’m here if I need to be.”

Participant 12

Likewise:

“when something happens there is a common understanding in the community and they know what’s expected of them, you know if a certain family has gone through some tough times then they will be there for them...they are always there in the background helping where ever they can and that is really special and it happens in Maclean and Yamba and we’re all the one tribe, there is that understanding they will be there for each and provide that support. They just know, and it’s often on the Goorie grapevine as we call it, and we all try to be there to pay our respects and just be there and give that support...”

Participant 15

And:
“it’s a very tight community when it comes to it and we’ve got a funeral tomorrow actually, people just pull together and everyone’s got their own little job to do...everyone just gets in there and does their share that’s just the way it always is...”

Participant 8

This support system within the community was viewed as “automatic”:

“everyone is family so everyone helps each other anyway, it’s just automatic.”

Participant 3

And something that continues, sometimes unknowingly, to ensure support and assistance is always there when needed.

“it’s the community support and the access to resources and knowing people are there if and when you need them, you don’t necessarily see it until you need it...”

Participant 5

Similarly:

“and you just know in yourself that person is going to be there for you if you need them.”

Participant 7

There was a strong sense of community support with many participants speaking of the ease of “dropping in” on their fellow community members and approaching them for support, as well as sharing difficult times together.

“yarning and just dropping in to people’s places and there’s no hidden agenda it’s just a simple visit and being able to approach certain people in the community...”
Participant 16

And:

“there is an understanding in the community and there is a lot of support out there when a community member goes through a crisis and I think that supportiveness and that understanding and helping and sharing that plays a big role in the Aboriginal community here in the Lower Clarence, being there for one another and helping to deal with those crises together.”

Participant 15

The close emotional connections within the community, and the united grief when someone from the community dies, were expressed by all.

“I think growing up in the Aboriginal community everyone’s so close to each other and when someone dies...you know if an aunty or an uncle or a family friend dies it’s the same as losing someone in your immediate family and we all feel it, and Aboriginal people we tend to feel a connectiveness to people that even aren’t in our family”

Participant 6

When asked about the role of the community in one’s wellbeing and strength, a participant described a difficult time in her life and the reassurance and love she experienced from the community:

“They just kept telling me that everything will be alright and to reassure me, and I’ve got the love there that will never be taken away, that’s one of the things that does help a person...There is always that deep understanding that we are one mob.”

Participant 4

The interdependent nature of individual wellbeing with family and community wellbeing was discussed repeatedly throughout the interviews and focus groups, for instance:
“Wellbeing, I see it as my inner health, but as well as that wellbeing is also in regards to family as well. How can I put it, the wellbeing of family and family members, that’s the way I see wellbeing anyway.”

Participant 3

And

“For me as an Aboriginal man, for me being well it’s about the people that I care about and the people around me...If I don’t feel happy with what’s happening to someone else either in my direct or indirect family then I don’t feel very well also, for me it’s about concern for the family and making sure everyone else is ok, I can feel comfortable then.”

Participant 7

Similarly:

“It’s about looking out for one another, and having the community talking to each other and looking out for one another...they look after each other and we look after ourselves too like with food and eating well and that.”

Participant 23

It was clear that one’s understanding of wellbeing was strongly influenced by family and the community. All participants attributed their understanding of wellbeing to the ways in which they were brought-up by their parents and other community members, and the lessons learned throughout their lives, for example:

“I think it’s something that’s put into you as you’re growing up for instance your mum and the way your mum looks after you and that sort of thing but as you grow up you’re more aware of what’s going on around you and make all the right decisions after making the wrong decisions, you sort of learn from those.”

Participant 6
And:

“I think it’s the way we were brought up, mum being Aboriginal… we were just brought up with that perspective that everyone else needs to feel good too about themselves and about their family and everything else falls into place.”

Participant 7

Community involvement and cohesion can be seen as important elements of strength and wellbeing. Many participants spoke of the benefits of participating in activities and projects within their community.

“They’re the things that sort of help keep me going, I like to be around people, and I’m involved with the Yaegl elders out here and we have disagreements in our meetings but there’s always a laugh after.”

Participant 1

And:

“basically its being really involved and now I’m coaching the juniors and its seeing the kids have a good time, yeah being involved in the community and volunteering.”

Participant 8

The importance of “sticking together”, and being a part of the community was repeatedly discussed, implying the need for community cohesion as well as pride in your community and cultural history.

“NAIDOC week is a big one and we celebrate our culture, and we have lots of activities around the place at the schools…And there’s heaps of community days with information from the services and we have BBQs and that, it’s just a get together and we spend time together and have dancing, yeah they do the traditional dances…or if there’s something organised over at Ulugundahi Island, we all go over there and we have a Christmas parties…”

Participant 15
And:

“When we’re all together, all together from Yamba and Maclean and we’re all together like when we meet up or when it’s Christmas time, just get together and everyone’s talking to each other and yarning to each other and it’s just best when we’re all together.”

Participant 23

Many spoke of their pride in the Yaegl community’s achievements and progress.

“seeing all that activity up there it makes you think wow you’ve come a long way and the community’s come along way and it makes you proud.”

Participant 6

Similarly:

“I found that when we had our reconciliation day over at Ulugundah Island, that was a really great sense of pride because a lot of people came from all over the Clarence [Valley] to our Island and it was really nice you know. And not only the Clarence, people came from all over...”

Participant 19

When asked about activities within the community that help people to feel connected and strong, all participants spoke of the togetherness experienced at times of funerals, the occasional cultural gatherings and the more regular BBQ get-togethers.

“I suppose the Aboriginal community is very very strong where they all want to come together and they cuddle and kiss and talk about the old times and the good times and what not, and see Aboriginal families have all been affected by the death of a direct family member or indirect member, and everyone understands what one goes through”

Participant 7
Another participant added:

“those BBQs bring everyone back together and we laugh and talk about old times and tell stories and the kids run around and it’s just one big family.”

Participant 8

And:

“the same goes for when something good happens everyone benefits also. We’re not just there for the bad times, we’re also there for the good times, times of celebration as well.”

Participant 5

### 3.2 Family Love and Support

The interviews indicate family support in particular is inextricably linked to wellbeing, and one’s strength in recovering from hardship. When asked what had helped them through difficult times, many expressed the centrality of immediate family support.

“Mainly that family support, because we took it really hard, my mum and brother passed away in the same year like within months of each other, and that was pretty awful you know, and then dad, but it’s like with any family you all bond together and help each other through the grief”

Participant 3

Another participant expressed:

“Those closest to you you tend to grab a little closer or lean on them a little bit, especially with myself my family are my main support.”

Participant 5

Similarly:
“you always have your immediate family that you tend to lean on more in times of stress and hardship, and it’s a bit separate. If I’m doing it tough I don’t mind going to my sister for 20 bucks, or that type of thing. That’s just the expectation in your own little immediate family.”

Participant 5

The central role of family was discussed in relation to one’s achievements and capacity to be resilient.

“Well his family would have, that helped to put him there and helped him all the way...he had his mother and his sister to support him all the way. I think it’s the family they’ve got around them and that are there to support them in times of crisis, you know that caring and sharing and everyone looks after each other.”

Participant 9

Family support was repeatedly viewed as critical, and some spoke of the strong support networks they had due to the support of family members and friends.

“family support would be the biggest thing, and just having family and friends around to help me through, to have people to talk to and give me support, I’ve got a good support network.”

Participant 10

And:

“Families, families are the main support.”

Participant 19

Family love, respect and support were all talked about in relation to one’s strength and protection.
“They just kept telling me that everything will be alright and to reassure me, and I’ve got the love there that will never be taken away, that’s one of the things that does help a person…”

Participant 4

Similarly:

“I know who I can go to if I really need to and it’s usually Aunty Lil being the elder and I ask her to sit down for a yarn or I go to my brothers and sisters.”

Participant 12

Significant discussion centered on the entrenched family support that continues despite changes that may be occurring in the mainstream culture or in younger generations. This was seen as something to be passed down to each new generation.

“with us it was instilled in us from our parents and our aunties and uncles and it was brought down to us and all our family still look out for each other and see how each other is… so we all look after each other that way.”

Participant 3

And:

“my family is strong, that’s all I can say, it’s mum and dad and what they told us and taught us and they were there for us and that’s how they were brought up…so it came from their parents and then their parents and then that’s passed onto us, it’s just the love and support and mum and dad always taught us those two are the main things to be there for your family and dad used to say…you are family and you love and respect one another all the time.”

Participant 11

One participant spoke of the sheltered life she believed she had experienced due to the protection provided by her parents.
“To tell you the truth I’ve lived a very sheltered life because my parents were very protective and very strict...they had the hardships but they kept us sheltered from that, from the issues they had.”

Participant 3

Others spoke of the characteristics of strong families in the Yaegl community, including support and respect, which help those families to function well.

“family communication is really really important and to function well they need to really support each other and they can express issues and not keep them bottled up like a lot of people do. If you can communicate and address your emotions and all that sort of stuff it certainly helps. Yeah, you shouldn’t have to deal with things on your own, I mean yeah there are certain things you do need to deal with on your own in some situations but there’s a lot of help and support out there...it’s just allowing people to assist when they can or whatever it may be and I think respect plays a big role, a massive role, you have to earn respect obviously it’s not just handed to you, but respect is certainly a key factor.”

Participant 15

3.3 Parenting, Role Modelling and Leadership

The effects of parenting and role modelling featured in all interviews. Repeated throughout the interviews were statements of the benefits of strong parenting and positive role modelling in relation to one’s coping capacity and sense of support, motivation and identity.

3.3.1 Parenting and Child Rearing

It was clear that parenting and child rearing, which included the influences of aunties, uncles and grandparents, were critical elements in the passing of knowledge and maintenance of support structures.
“well my mum and dad are my inspiration and they’re the ones that have
given me the values that I’ve got and that have been instilled in me and
they’re my mum and dad and they did it, they did it and they did it tough and
look where we’ve ended up because they did it tough.”

Participant 12

And:

“well I think overcoming the hurdles as a kid and as an adult your family
plays a big role in that, and friends as well, I think my parents played a major
role in who I am and how I’ve been brought up...”

Participant 15

One participant spoke of her “sheltered life” created by her parent’s protection:

“To tell you the truth I’ve lived a very sheltered life because my parents were
very protective and very strict, we were told what to do and what not to
do...they had the hardships but they kept us sheltered from that, from the
issues they had.”

Participant 3

All participants acknowledged the importance of continuing the positive parenting
and teachings that had been passed on to each generation.

“Our parents see they got taught well from their parents, that’s been passed
on to us and our kids and their kids hopefully.”

Participant 14

And:

“the way I was brought up is the way I’m going to bring my kids up...”

Participant 10
Many participants spoke of the important lessons learned from their elders. One in particular spoke of the immense impact of his elders, particularly his grandfather, who he described as passing on valuable lessons of work ethic and self-respect:

“I suppose it’s about strength, like my Grandfather and all my great uncles and so on were really strong men in the community, they were all cane cutters and they were well respected in the community, the white community too, and I suppose they instilled discipline and work ethic...You know my grandfather was always a well dressed man, whenever he went into town he would wear the tie and the suit and it’s about those things being passed down through the generations.”

Participant 8

Similarly:

“because of our Grandfather Rockie and our Grandmother that brought us here and introduced us to the Clarence, the values are still there...”

Participant 12

One woman spoke of the early lessons she was taught from her grandmother that helped her to avoid alcohol binge drinking occurring in the community:

“When I was growing up and some of them would have a drinking session and my grandmother brought me up to just stay away from them and let them do what they want to do, and these days they’re off doing their thing and we’re doing our thing.”

Participant 4

Others described the expectations and actions within the Yaegl community in relation to parenting and care for children.

“people will notice if you’re someone that doesn’t look after your kids and don’t care about your kids and that really stands out particularly in the Aboriginal community it really does stand out and people will actually black
band you a lot of times and they’ll tell you well we don’t agree with what you do and you better clean your act up or you just don’t get accepted and that’s always the way it’s been.”

Participant 7

And:

“for your kids you try to make things better for them, and it's about providing better for your children and giving them a kickstart in life that we may not have had when we were kids.”

Participant 15

Likewise:

“I pass all that on to our kids, like I get them to do their paintings and I tell them about the wild flowers and the ways we’ve survived and hopefully they’ll pass it all on to their children so they know.”

Participant 9

Elders of the community spoke at length of the boundaries they were given as children and the lessons of “right from wrong” they were taught. In reflection of their own upbringings and the positive parenting experienced, the elders spoke of the need for strong parenting skills to be imparted to some members of the community:

“I’m just grateful how mum and dad brought us up. Yes parenting skills, this is what they need.”

Participant 1

And:

“our parents tried to teach us the right things and what to do and how to go about this and how to go about that, which we done it, we done it, cause they were very very strict in those days with how they brought us up, not like today...”

Participant 2
3.3.2 Role Modelling and Leadership

Positive role modelling, including its cyclical nature and important function in the guidance and wellbeing of the Yaegl community, was discussed by all participants.

“There are a lot of really good role models out there, like the elders and the ones that sit in the middle and there are a lot of role models out there...”

Participant 12

And:

“if you’ve got really good role models and good organisations in the community that gives people a bit of guidance...”

Participant 15

In speaking of the positive characteristics developed through lessons from parents, such as strong work ethic, some expressed belief in the cyclical effect of role modelling:

“I suppose its monkey-see monkey-do, if you see your mum and dad out working and earning money for the good things like the things you like to have in your life... but I know myself my dad always worked, he worked on the island and cutting cane when he was younger.”

Participant 6

And:

“I think it depends on how you were brought up and if you’re brought up well and you wanna carry that on in your life and then on to your family, and if they’ve had a good education and gone and done something and not just sat around the mission and done the wrong thing I guess that helps them to be stronger people, not just wanting to sit around, wanting to make something of their life...”

Participant 10
Others spoke of the strength and inspiration imparted by their role models, and of their gratitude for having these people in their lives.

“my grandfather...he was a black tracker and he was the first black tracker in NSW to have his own men under him... and mum’s sister...was the first Aboriginal teacher in NSW, and to us that’s just inspirational to have those sort of people in your family, and they’re amazing role models and we’ve been fortunate enough to have that.”

Participant 7

And:

“it’s Aunty Pandy, that’s who makes me stronger every day, she’s my role model, she’s a strong lady and sometimes I wish I had her strength.”

Participant 13

One’s motivation for education and work was often attributed to various role models.

“I suppose seeing the people that I grew up with in jobs and that were doing well, and not just in jobs but permanent jobs you know what I mean”

Participant 6

And:

“my Grandfather and all my great uncles and so on were really strong man in the community, they were all cane cutters and they were well respected in the community, the white community too, and I suppose they instilled discipline and work ethic into that generation and its carried on from there...”

Participant 8

Participants spoke emotionally of the role models that had helped them throughout their lives. The following participant spoke at length about his respect and appreciation for both his grandmother and mother:
“I suppose with my mum being a single mother and raising me since I was five...she did a great job, she’s a strong woman and we had our dramas but we’re as thick as thieves and she’s a bit stubborn like me but she’s an absolute champion and she’s gone through a lot you know... Yeah having those people to look up to, Nan was a really straight shooter, and we’re a really tight family and she’s definitely left her mark on us and the community”

Participant 8

Similarly:

“the person I think of is my grandmother, she’s the strongest person I know and she’s there for everyone...I know she had a very rough upbringing and I guess sort of now she didn’t want the same thing for her kids, and she’s very supportive and very strong. It was that hardship I suppose that made her the strong person she is...”

Participant 10

The following participants told of their close connections with their mothers and aunties, and how fortunate they felt for their teachings, strength and support.

“my mum and her two sisters [names aunties] they were the most strong ones, and with my first two children mum taught me the way to massage their little body...she taught me a lot of things and [aunt] I look up to her she was a very strong woman...and I seen her speak, she used to go and speak and she was very strong, very strong, ohhh she’s one of my idols...”

Participant 11

And:

“For me it was really my mum, she looked after us, we had a good life, she shared things with everyone...and she was a strong woman as well and she
spoke her mind, and she was spiritual herself, and that is the person I think of...I look up to my aunties a lot too.”

Participant 3

The following participants spoke of their motivation to become more like their uncles, who they believed had been very successful and supportive.

“Yeah well [Uncle] well I wanted to be him because I’d watched him play footy when I was growing up and then he went away to Teachers’ College and he’s done well and he’s got a house now.”

Participant 8

Similarly:

“my uncle, my mum’s brother, he was a great role model and he’s very involved in the council and just his experience and his knowledge of the community I think I just started to think well I’d like to do that too, and he had a pretty important role in the community and seeing him do that really stuck out for me and not just because of his employment but because he supported me and encouraged me and he still does, he played a big role…”

Participant 15

Additionally, the absence of achievement in one’s family also appeared to have a positive effect on one participant’s motivation to finish school and seek better opportunities:

“there didn’t seem to be a great deal of incentive to finish the HSC because my brother and sister didn’t, but I think the whole reason behind it was that I didn’t want to end up on the CDEP program like my brother has and my dad has, and I just wanted to have a go at doing something better.”

Participant 15

The presence of teachers as strong role models and positive influences was a theme reported throughout some of the interviews.
“I had role models in the teachers at school too that I looked up to...people that are strong.”

Participant 3

And:

“I suppose it was having good teachers that believed in us and you know [names of teachers] they were big influences at school...the teachers at school had a big influence on me.”

Participant 15

Intertwined with the theme of role modelling, were the concepts of respect and leadership. It appeared that one has to gain the respect of the community before their leadership skills will be acknowledged and modelled.

One participant spoke of a particular community member he believed to show strong leadership, and who has achieved great respect in the community through his work ethic and generosity.

“I think work ethic, and he’s respected, he knows where he’s from and what he’s about...Whenever there’s dramas in the community or a funeral, he’ll be organising and he’s always just there for people, he’s the first person they’ll call, even if he’s got to fork out money for people out of his own pocket, there’s no dramas with that, he’s always been for the community and that and he’s just a really well respected bloke around here...”

Participant 8

One participant spoke of the leadership trait in people viewed as successful or strong, implying a natural sense of leadership for the community may be a motivating factor that drives some people forward.

“it’s a hunger to do something else, something better, in the end it’s all there to better our community and that’s the special trait that they have is knowing
that ownership of their community because they’re leaders and we all work together...”

Participant 6

Another participant spoke of a natural sense of leadership in some Indigenous Australians, and of the inspiration this provides to others.

“I think a lot of Aboriginals, especially some of the elders, they’re just born leaders and they won’t follow, they’re just leaders and a lot of Aboriginal people want to follow them people because they are leaders, and they might not have the words or the know-how to say ok this is what we’re going to do but they say well if you follow me then we’ll get through these things and that’s how a lot of them have worked in different parts of the country...when you get those people that are the leaders they’re inspirational and you do see them make some yardage.”

Participant 7

3.4 Affection and Sharing

In many discussions participants spoke of the sharing nature of the Yaegl members, and many spoke of the affection and shared responsibilities that are common during times of grief. Both sharing and affection were seen as assisting and supporting members of the community during times of hardship or grief.

The need to be affectionate and spend time together was spoken of as an element of the community’s strength.

“the Aboriginal community is very very strong where they all want to come together and they cuddle and kiss and talk about the old times and the good times and what not”

Participant 7
Participants repeatedly spoke of the significant sharing and giving that occurs in the community. This was said to happen particularly when a family suffers a loss or hardship. The grief is shared in the community, along with chores and responsibilities, such as cooking and offering support financially or emotionally.

“if there’s a death in the community well we all feel for that family as one. We just go around and do some cooking and we share a lot of our grief together...”

Participant 1

And:

“Well it’s a very tight community when it comes to it and we’ve got a funeral tomorrow actually, people just pull together and everyone’s got their own little job to do, some people look after food and others take care of the funeral arrangements and everyone just gets in there and does their share that’s just the way it always is...”

Participant 8

Also:

“We go to the family that’s in trouble or that’s lost someone and we cook things and make things and take them there for the family to help them and see if we can do anything, like go around and some of the men will help with the yard and some will help clean up and just things to help lighten that burden sort of thing...”

Participant 11

And:

“one of the big things we actually do is to cook for the family if they’ve lost someone like we cook a big pot of soup because we know they’re going to have a mob coming and going all the time, it could be even five bucks toward a loaf of bread or whatever...”
Two of the elders interviewed (participants 1 and 2) spoke of their childhoods and the sharing within their families and community that occurred through the pooling of income and resources. They recalled picking flowers as children and selling them door-to-door in the wider community, and the money was given to their mother and her sisters’ families. Likewise, resources such as fish, tinned food and flour were also said to have been shared amongst the community, along with items given to those who were employed at local shops, including the bakery and fruit-shop.

Another participant (participant 9) talked about the “loving, caring and sharing” in the Yaegl culture, and described the once common practice of sharing bags of pippis (type of seafood) collected on the beaches with the whole community. She described the caring and sharing nature of the Yaegl community:

“there is still some that do all this caring and sharing...that's how it used to be years ago that everyone used to share.”

Participant 9

Also:

“it was all about caring and sharing, it still is today.”

Participant 11

Another participant spoke of the continued sharing in the community and summarised the positive affect this has had on the community’s ability to overcome hardship:

“There’s a lot of hard times but we care and share and we’ve done good”

Participant 2

Furthermore, this participant discussed her need to keep sharing as something that helps her “keep going” in life. She went on to describe her wish to continue living a life that involves sharing and generosity:
“I just want to keep living my normal life, be happy, sharing, giving, and that’s me, that’s me, if anyone comes along that needs a feed or hasn’t got a bed we make ‘em a bed in the garage and get ‘em a feed and make a cup of tea.”

Participant 2

One participant told the story of sharing a child with her aunty who was not able to bear children:

“I gave him away when he was born, before I had him I gave him away see my aunty had no kids and said well, see I had [names of three children] and she said to me ‘come you have another baby and give it to me’...and that’s how [son] got reared up...”

Participant 9

3.5 Friendship

Most participants mentioned friends or ‘mates’ as being a strong source of support and a positive influence on their ability to cope with hardship.

Many participants summarised the importance of friends and family in their lives.

“and that’s the best part of life, keeps you happy, is your family and your friends”

Participant 2

And:

“just having family and friends around to help me through, to have people to talk to and give me support...family and friends encouraging me and being there for me when I need them.”

Participant 10
Participants spoke of the importance of friendship and staying connected with their friends for support:

“I’ve got plenty of mates and I’ll give them a call and we might go for a beer and sit there and just talk...My mates are good, [name of friend] is a really good mate of mine, and we sort of lean on each other’s shoulders I suppose.”

Participant 8

And:

“it’s the friendships you make along the way, whether it’s in work or in sport or away outside the area...just having that supportive group really helped. Yeah there’d be a crew of about 20 of us who were really close and we’re still close today because of school and sport and that and we still keep in touch...”

Participant 15

Participants commented on the Yaegl community being a ‘friendly’ community:

“us coasties, I believe we’re a very friendly mob, you know we say “how’s it going sis?”.“

Participant 1

And:

“We’re a lot more friendly than some of the other communities around.”

Participant 6

Another spoke of the grief experienced when a friend or someone outside the immediate family dies, indicating the important role of friendships:

“If an aunty or an uncle or a family friend dies it’s the same as loosing someone in your immediate family and we all feel it, and Aboriginal people we tend to feel a connectiveness to people that even aren’t in our family but that have been with our family for a period time.”
3.6 Yaegl Culture and Spirituality

Some participants used the terms ‘culture’ and ‘spirituality’ interchangeably when referring to beliefs, traditions and practices of the Yaegl tribe. Cultural practices discussed included storytelling, searching for bush-tucker, community gatherings, and smoking ceremonies. Many participants spoke of their own spiritual beliefs, or their knowledge of traditional spirituality and the spiritual beliefs of others in the community. Culture and spirituality can be viewed as significantly connected to, if not inextricable from, the concepts of identity, wellbeing and strength.

3.6.1 Cultural Practices

Participants discussed many cultural and community practices, such as art and craft, dance, storytelling, and community gatherings. There was great importance placed on continuing these cultural practices, and passing this traditional knowledge on to the younger people of the community.

“we do art and craft and painting and that, and we do bush food to teach the kids about the bush food and we also have dances, we still try and keep the dancing going, so yeah the art and the bush food and the dancing, and sometimes we teach them the language...and also about the animals and the signs, we tell them about the signs like what to do if they hear this sound...and with the trees and the flowers we teach them when a certain flower is out that’s the time an animal is fat and ready, like the goanna or the turtles and mullets, river mullets and sea mullets, and the porcupine and it’s good to eat them at that time because the fat is so rich and it’s good for the kids and even us adults, it’s sort of like a medicine.”

Participant 11

And:
“I get bush tucker for our kids when I can and where I can, take ‘em out and show ‘em you know...I pass all that on to our kids, like I get them to do their paintings and I tell them about the wild flowers and the ways we’ve survived and hopefully they’ll pass it all on to their children so they know.”

Participant 9

Similarly, the following participant spoke of his activities with his sons that incorporate these cultural practices and teachings.

“I like a lot of the cultural stuff with my immediate family, my two boys I take out to the beach and take them worming or getting cobras and those cultural things, and letting them know about some of the sights in the area and how things came about.”

Participant 5

Likewise, one of the participants spoke of the continued cultural practices within the community and the need to increase the frequency of these teachings for the younger members of the community.

“there’s still things we do and we take the kids out there and we take them around the sites and show them the women’s places and the men’s places and tell them where not to go and I think we need to do more of that, more than what we’ve been doing”

Participant 8

Similarly:

“at the end of the day we don’t want our kids to lose their culture so we keep passing things on and encouraging them, and helping them to develop their identities...”

Participant 15

Many participants spoke of the regular community gatherings, particularly at times of funerals or memorials for lost loved ones, held by the Yaegl community.
“every year they hold memorials for some of the elders that have passed away, so yeah they keep on that tradition of still remembering that person.”

Participant 3

These gatherings were also said to occur at celebratory times, and involved the coming together of community members and sometimes the inclusion of traditional activities.

“NAIDOC week is a big one and we celebrate our culture, and we have lots of activities around the place at the schools and everything. And there’s heaps of community days with information from the services and we have BBQs and that, it’s just a get-together and we spend time together and have dancing, yeah they do the traditional dances...”

Participant 15

And:

“They have BBQs or whenever there’s something going on, like for the state land council elections, or if there’s an AGM...they’ll have a BBQ and the community will come, but we always get together and you got to have that in the community.”

Participant 1

Yaegl history was seen as important for pride and the continuing of cultural knowledge. One young participant expressed her interest in learning more about her history and culture from her elders.

“All of sudden she would start this story and it was like fuck this is a good one and sit down and listen to it because she was actually passing on some knowledge.”

Participant 4
The artistic talent was discussed by one participant who referred to the traditional Indigenous art-work that had been completed for presentation in the community hall.

“there’s a lot of talent out there, lot of jewellery makers, lot of painting things and they could do a lot and it makes you real proud to see the work they do, like the painting in the hall...”

Participant 2

Another spoke of the potential to get more of the Yaegl artists presenting and selling their art works at local markets.

“we could put our own stall up there and get the artists from our mob to display their work there.”

Participant 17

Belief in one’s culture was discussed as being a strengthening factor when dealing with grief or hardship.

“the one’s I’ve spoken to the things that kept them going and kept their heads above the water was the belief in their culture”

Participant 7

One participant observed a cultural difference between the Yaegl and Non-Indigenous ways of dealing with and expressing grief. She saw the openness of emotion in her fellow community members as a positive attribute.

“I’ve noticed that in our culture it’s ok for a man to cry, whereas when I’ve been in Sydney even at sad occasions the men wouldn’t cry whereas up here they don’t give a fuck...It’s a good thing.”

Participant 4
3.6.2  Spirituality

Many participants in both the interviews and focus groups told of their experiences with ancestral spirits, in their home, at work or when out on the land. One participant (participant 19) told of a sense of spirits whenever she was near one of the local rivers. Another (participant 5) told of the recurring sense of spirits in his house, and of his son’s fear after waking to the feeling of someone scratching his torso. He told of how they chose to have a smoking ceremony performed as “it chases out the bad spirits”. He stated often bad spirits can follow artefacts, such as a stone tool artefact he had collected from a local midden, resulting in his need to return the item to avoid the bad spirits.

This belief in the following of bad spirits with artefacts was also shared and explained by another participant (participant 9), who had originally believed her son’s mental illness might have been the result of his collecting stones in a foreign tribal area.

One of the participants explained the presence of some spirits can also have a protective effect on the community:

“after one flood a lady brought in some artefacts that had been exposed after the flood, and for the next three months we couldn’t go wrong here, everything went great and we got all the grants and yeah it works the other way too.”

Participant 5

One of the elders spoke about the feelings many experience when going near sacred places.

“when you go to cultural or sacred places and you get that shiver, you know there’s a spirit there…We know who they are, they’re the old people, they’re there watching and keeping an eye on things.”

Participant 2
And:

“I was telling one of the kids the other day, when you get that feeling well there’s spirits there.”

Participant 16

Another participant told of her sense of spirits being present at her workplace after hours, and her sense of protection after calling on her deceased grandparents to look after her.

“Now last Wednesday I was here until 6 o’clock and [Manager] always warned me that as soon as it gets dark to lock-up and leave, don’t be in this office after dark by yourself. Anyway, It was getting on 5 o’clock and I was thinking I have to go so I just said to my grandparents [deceased] I just said “look just look after me, I’ll be here for another hour, as soon as I finish this I’m out of here” and I didn’t have any vibes whatsoever, like bad vibes…”

Participant 4

Similarly:

“with my worries I just think about those that have passed on and having that feeling that they’re there to look after me and all you have to do is just say look help me through this and then next minute then you just feel this big relief because you’ve asked for it.”

Participant 20

Likewise, another participant told of her sense of protection because of the spirits around her.

“you know that there are spirits around still and they’re just going to keep an eye on you…”

Participant 19
One participant told of a fellow community member who often spoke of his experiences with sensing spirits.

“he swears he’s like a magnet to the spirits and he reckons he was passed that by his dad, because he had that gift, and he says that wherever he goes he can feel them.”

Participant 16

The benefit of sharing these spiritual experiences was emphasised.

“we need to get people to talk about their experiences with the spirits, because some of them have really been changed by that.”

Participant 17

A participant spoke of her strong connection to her deceased grandparents and her opportunities to look to them for guidance and support.

“I’ve grown up thinking how can you believe in a god, do you know that he existed? Whereas the people that I have known that have passed on, they’re my gods and I talk to them, it helps.”

Participant 4

Outside of the traditional Indigenous spirituality, religious belief and connection to God was reported by one participant as boosting her strength after the death of a loved one.

“Yeah, that’s kept me strong and I realised all the drink in the world wasn’t going to bring my son back so I just gave my heart to the lord and turned over a new leaf and stayed that way since, so that’s how I’ve been, I look to him for strength now”

Participant 9
3.6.3 Cultural Lands

Within spirituality is the strong connection held between the Yaegl community and their traditional lands. The interconnected nature of family, community and land was evident in participants’ inclusion of Ulugundahi Island in their discussions. Ulugundahi Island, in the Clarence River, is considered an important and historical area of land for the Yaegl people.

“Community is a place where we all live together, and they moved out there off [Ulugundahi] island, well that community is a part of our family, it’s a part of our family”

Participant 2

And:

“I found that when we had our reconciliation day over at Ulugundahi Island, that was a really great sense of pride because a lot of people came from all over the Clarence [Valley] to our Island and it was really nice you know.”

Participant 19

And:

“When we did live on Ulugundahi Island we didn’t have much but we were happy...”

Participant 24

One participant spoke of the sense of ‘place’ and relief she felt when she returned home from living in Sydney.

“It’s being back home and having that place and that feeling that you know where you are and its fine to go wherever.”

Participant 4
There appeared to be a common connection between a sense of spirits and being in certain traditional lands.

“Well that canoe there, up at pippi beach, no-one would go there in it after dark because they’d all get a cold shiver like, and when you go to cultural or sacred places and you get that shiver, you know there’s a spirit there.”

Participant 2

And:

“It’s about respecting the land, and I take my boys bushwalking and I will announce who I am, Yaegl-Birrigan before I walk into that bush and that’s just a respect thing...”

Participant 19

Others spoke of the importance of passing on the historical and spiritual knowledge of the Yaegl lands:

“We have to pass that on and try to get that passed on to all our kids and that happens from some of us who are into our culture and our spirituality.”

Participant 15

And:

“We gotta tell these stories to the kids, because I believe a lot of our kids don’t know where to walk around here and it’s still quite sacred around here... just being in this place because it’s so special, so special you know.”

Participant 19

4. Wider Sources of Protection

There were several sources of support and protection alluded to in the interviews and focus groups that sit somewhat outside of the control of the Yaegl community itself.
These were seen as additional resources to those already discussed that exist in the families and community of the Yaegl people.

4.1 The Local Aboriginal Land Council

Whilst the Yaegl Land Council is largely run by members of the Yaegl community, it has been discussed here because of the ways to which it was referred by participants, and due to its partial reliance on governmental funding to support community projects and resources.

The Yaegl Land Council was seen as providing much needed financial and in-kind assistance to families in times of need, as well as to community projects and initiatives.

“with the Land Council we can actually approach the State Land Council for assistance, financial assistance or whatever needs to be done, like if people need to go away to be with their family or there’s some sick person there’s always that assistance so we’ve got the community backing as well as financial backing.”

Participant 16

And:

“the kids are in this youth program through the school and the Land Council, see all these certificates here [certificates for school attendance, wearing uniform, leadership, team participation etc], and it’s all about encouraging them to be at school and do the right thing, yeah it’s great.”

Participant 9

A worker at the Yaegl Land Council commented on the important partnership they have with the Aboriginal Medical Service (AMS).
“we have problems here in health and we don’t always have the resources, so there’s a lot of emphasis on us working with the AMS here to share resources and services.”

Participant 15

4.2 The Non-Indigenous Local Community

Some participants acknowledged the support of the local non-Indigenous community, whilst others spoke of the ways in which the relationship between the Yaegl community and non-Indigenous community appears to be improving.

During a time of adversity for a Yaegl family, involving the injury of a young child, the wider community was said to show their support.

“there was just that general support and I’m not just talking about our mob, you know I’d walk down the street and people would ask me how he was and even the bank tellers they asked and it was just so nice and I passed that on...there is that community spirit and not just with the blackfellas, but all of the community.”

Participant 16

Similarly, this participant spoke of the friendships between the Indigenous and non-Indigenous people of the area and their support offered during times of grief.

“even white people who are friends with the Goories and that, well they will come out and bring a big pot of stew and wine and that for the family...”

Participant 17

Others discussed the importance of having the respect, understanding and praise of the non-Indigenous wider community.

“I think that the wider community is finally understanding and respecting us as a race.”

Participant 19
Also:

“we get praise from our own mob but when it comes from non-Aboriginal people it just boosts you up a little bit more for some reason I don’t know why, I think it’s because they’re acknowledging that we are valuable and they’re finally showing us some respect for what we’ve got to offer. Yeah that makes me feel good…”

Participant 12

Another spoke of an annual event that raises awareness and helps to integrate the Indigenous and non-Indigenous communities.

“We have reconciliation day and NAIDOC day celebrations to get the white community involved and raise awareness and you get new faces each time and that’s good.”

Participant 8

4.3 Formal Education

Many spoke of the important role of education in providing community members with positive role models (see section 3.3.2 – Role Modelling), improved opportunities and support.

Participants spoke of the supportive role of the schools:

“I think it’s what goes on in the schools that helps the community, and the other services help too…”

Participant 12

And:

“the kids are in this youth program through the school…it’s all about encouraging them to be at school and do the right thing, yeah it’s great.”
Also:

“education is another issue, if you don’t have that base and that support there well it’s really hard.”

Participant 15

Education was clearly seen as important in assisting community members to better themselves and achieve employment goals.

“I just enjoyed school, and I had a good circle of friends and I wanted to go to school and that commitment...I didn’t want to end up on the CDEP program like my [family members], and I just wanted to have a go at doing something better.”

Participant 15

And:

“I think schooling at least if you’re at school you’re staying out of trouble and because I’ve had an education I’ve gone out and got a good job and it just makes life a lot easier.”

Participant 10

And:

“I suppose it was having good teachers that believed in us...they were big influences.”

Participant 8

Likewise, others spoke of the role of education in the success of some of the community’s role models.
“I think the biggest quality they have, or the main quality, because they went through school they’re not shy...that’s probably the main thing is the confidence they have within themselves and being educated too they’re not silly in anyway, they’re level headed.”

Participant 6

And:

“he went right the way through school too, see education’s important too...”

Participant 9

4.4 Employment and Financial Supports

Employment was seen as an important activity in one’s identity and sense of work ethic, and in providing financial support.

“I always feel good about myself because I’ve got a good job...and I’ve achieved at different areas of sort...”

Participant 7

When questioned about the activities that one does to assist their wellbeing, participants indicated employment is a key activity.

“Getting out, coming to school every day to do my work, not sitting in the house looking at four walls...”

Participant 13

And:

“working helps because I think if I was just sitting at home all day I wouldn’t be happy, it wouldn’t help me at all.”

Participant 10
Also:

“I reckon work, definitely work, I can take all my frustrations out at work, just to keep it out of my mind.”

Participant 14

One participant spoke of helping his own people as one of his motivations to work.

“I used to work with the public service and was up and down to Canberra and all over the place on the east coast and I just felt it was right for me to come home and use my skills I’d picked up to help our people, my mob.”

Participant 5

The financial reward of employment was discussed as having an important role in assisting families.

“I’m on the CDEP programme here and I just do 2 days and that’s a bit of extra money too for me, and my husband works as well, so there a little bit extra money and that makes life a little bit easier for us as well which is good, and we can provide and give a little bit to our kids.”

Participant 3

The elders spoke at length about the strong work ethic in the older generations, and the ways in which they earned money when they were younger, in order to financially assist their parents or to occasionally attend the cinema.

“A lot of our people would say we worked our guts off for little of nothing...”

Participant 1

And:

“we used to go and earn our bit of money to go to the pictures, shilling and bobs in those days, we had to pick flowers, the old bush flowers like flannel
flowers, we use to make the bunches into two bob or three bob a bunch and we used to take them up to the hotels and sell 'em...” 

Participant 2

Another participant spoke of the strong work ethic and focus on education and employment within his family.

“she [aunty] got a bachelors degree in nursing, and [uncle] did a teaching degree and my mum worked as an AEA at the High School and [aunty] works for the CMA and her sister works at the nursing department at [university], and that’s the work ethic that Nan and Pop passed down through the family.” 

Participant 8

5. Strategies for Strengthening Protective Factors for the Yaegl Community

Throughout the interviews and focus groups various ideas and strategies to improve the resources and utilisation of funding within the community were explored.

Improved health and wellbeing initiatives were discussed by one participant who believed community members should be getting more medical information and treatment.

“community health should be coming out to the oldies out here and doing home visits and checking on blood pressure...and check their blood sugar... and the health workers would be out here teaching our kids that you must have a pap smear and other things medical wise...” 

Participant 1

Many spoke of the need to bring the community together on a more regular basis, to improve community cohesion and assist the younger people to understand their cultural heritage and kinship ties.
“we need to get community back...I think that’s the main thing that we need to focus on is getting the community together again, because if we don’t do anything then it won’t happen again.”

Participant 3

Also:

“its building that support and network between all of us, bring that family back together and get everyone close again...”

Participant 22

And:

“get the barbeques again, and I think we should get a family tree cause the young kids don’t know how connected we all are, they just know whether they’re from Maclean or from Yamba, but they don’t know.”

Participant 18

Similarly:

“we should have one of these picnics...and all the elders and the younger ones that do know who their mob is they can introduce themselves to their cousins and they can show the others who their mob are and the kids can start to know who their cousins are.”

Participant 16

Parenting, youth participation and respect were mentioned as areas that also need strengthening.

“Yes parenting skills, this is what they need.”

Participant 1
And:

“I think we need to get the youth more involved, and parents, in some of the activities they do for youth...”

Participant 3

Also:

“We want to bring back that respect that we were raised with...”

Participant 12

Some spoke of the need to improve the sense of identity and pride in the community.

“Having that identity is really really important I think, knowing who you are and what your beliefs and values are from the community...be it respect for the elders or whatever, we have to pass that on and trying to get that passed on to all our kids...”

Participant 15

And:

“We sit together and talk about what’s going on in the community and it’s something we got to start doing off our own backs now, probably more knowledge for the kids and pass on what we’ve been taught, help them to be proud of who you are and where you’re from...”

Participant 8

Two participants spoke of the problems of financial management in the community, and the need to have assistance with budgeting techniques.

“Money’s no good to our people you know some of them it’s just like water to them.”

Participant 9
And:

“We need someone in the community to say look here is a budget, this is how much you can spend. They need to know how to make the money go further.”

Participant 1

5.1Existing Programs and Initiatives

Many existing programs and initiatives were mentioned in the interviews and focus group discussions, in place to assist the community’s strength and response to the adversities and challenges detailed in section one.

In relation to health and wellbeing, one participant spoke of the ‘Biggest Loser’ club she was attending to assist her to lose weight and improve her diabetes.

“me and my daughter are in the biggest looser thing up there, we had to pay fifty dollars up there at the show ground, we gotta achieve something and I’m doing it for my sugar, and the dietician told me that all the aboriginals have got sugar, and the doctor said you gotta loose a few more kilos and you won’t have to worry about your insulin, and that will be a big lift for me. I don’t want to have to take insulin like my sister she lost toes and fingers and things.”

Participant 2

Two Yaegl health workers (Aboriginal Medical Service and Community Health) were interviewed and spoke of their organisations’ projects and approaches to improving the health and wellbeing of the Yaegl people.

“I work in the Aboriginal Medical Service, we offer doctor services like outreach clinics, and the doctor comes down and sees the patients and they can get their medication, and we also have medication on hand in case they need anything like antibiotics but they can’t afford it, so we’ll have it there for them if they need it. The other thing we have is the fruit and vegetable program, where people who need it in the community are put on this program
and every week they pay five dollars and they get a box of fruit and vegies that’s worth like forty dollars and they only have to pay five, so it’s really good.”

Participant 10

And, from the local community health service:

“I look at houses, education and health and the cultural and spiritual side of things as well. I think if all those things are in order, and very rarely they are, they’re the things we look at as health issues out in the community...we try to promote that healthy lifestyle and if you’ve got really good role models and good organisations in the community that gives people a bit of guidance I suppose.”

Participant 15

Many participants spoke about projects underway that aim to improve cultural knowledge and educational outcomes for young people.

“the kids are in this youth program through the school and the Land Council, see all these certificates here [certificates for school attendance, wearing uniform, leadership, team participation etc], and it’s all about encouraging them to be at school and do the right thing, yeah it’s great.”

Participant 9

And:

“a project here in the school called the ‘now and then’ project, where we want to build up that respect and also involves the replacing of Grandfather’s street name, which is meant to be up on pacific parade, not down near the mission, because it wasn’t ever about the mission it was put there because they wanted to honour and respect an Aboriginal legend...”

Participant 12
Likewise:

“it’s the Aboriginal mentor project, and we’re trying to improve the attendance of the Aboriginal kids because it’s really really low attendance rate and we’re doing workshops with the parents and we try and get them to see the benefits of them being at school...”

Participant 7

One participant spoke about a planned program for young expectant mothers from the Yaegl community, which had unfortunately been postponed.

“we tried to get lifestyle skills training happening in the community for our young women in the community that were having kids, and that was to teach them to cook and do all that stuff...and it could’ve been so good, teaching them sewing and cooking and changing nappies and teaching them about their bodies and basic life skills and we had all these organisations that were going to come in and give information...”

Participant 19

Existing community cohesion initiatives were also discussed, involving the strengthening of bonds between the Yaegl community and the non-Indigenous community, and with other Indigenous communities in the region.

“We have reconciliation day and NAIDOC day celebrations to get the white community involved and raise awareness and you get new faces each time and that’s good.”

Participant 8

And:

“now that the council has this Clarence Valley Aboriginal Consultative Committee and its made up of community representatives from each Aboriginal community throughout the Clarence Valley and there is a change there, it’s a slow change but it is changing.”

Participant 19
Chapter Summary

In closing this chapter, the findings demonstrate the experience of hardship itself, and the ability to recruit a variety of coping strategies and protective resources are key to the development of resilience in the Yaegl community. There is a clear link between the need for family and community support and protection in the wellbeing and ‘strength’ of community members. There are many existing resources present in the Yaegl community that can and do serve to offer protection, support and strength. As discussed, these protective factors are present at the individual, family, community and wider community levels, and each appears interdependent in the development of resilience. Additionally, the study demonstrates the importance of these protective processes in the resilience of family units and the community as a whole. Evidently, the findings indicate there are various opportunities for capacity building, at each of the levels of functioning, which may enhance resilience in the face of adversity. The meaning and implications of these findings will now be discussed in Chapter Five, *Discussion.*
Chapter Five

Discussion

“Indigenous children and their families and communities are amazingly resilient, and many Indigenous young people are now working their way through the education system and emerging as leaders in the trades, the professions and in politics.” (Homel, 2006, p. 4).

Chapter Overview

The findings of the research conducted in the Yaegl community (see chapter four, Findings) were interpreted against the theoretical propositions of the literature reviewed (see chapter two, Literature Review). This analysis was conducted from a phenomenological position to ensure objectivity was applied to all that emerged from the interviews, an approach that assisted a greater understanding of the Indigenous experience. The aim in merging these and discussing their relationship is to demonstrate how the researcher’s findings support, extend and/or contrast with the existing knowledge and theories in the area of Indigenous health and resilience. Structurally, the chapter will initially discuss each of the categories of data presented in chapter four, Findings, with their subsequent analysis and interplay with the existing literature. Summary of the major findings and substantive theories, and implications of the study, will then be presented in the proceeding and final chapter, Conclusions and Recommendations.

1. Engagement with Risk and Adversity

As discussed in chapter two, Literature Review, there are numerous research findings in the Indigenous health arena that indicate continuing health and social adversity in Indigenous communities. This is most often attributed to the historical maltreatment
of Indigenous peoples in Australia, particularly in relation to acculturation and assimilation policies, and their ongoing trans-generational effects. This trans-generational trauma, as termed by Atkinson (1997; 2002), and associated ‘acculturation stress behaviours’ (Bartlett, 2003; Berry, 1990), refer to the broad ranging ill-health and social disadvantages faced by many Indigenous communities, such as mental ill-health, substance abuse, suicide and crime. These adversities represent very real challenges for Indigenous peoples and their communities, often requiring the recruitment of diverse resources and services, that may or may not be accessible and culturally appropriate.

Despite intentions to predominantly focus the interviews and focus groups on the existing strengths and resources available in times of hardship or crisis, adversity and challenges to resilience featured strongly throughout the data collection. This is not surprising when one looks at the literature surrounding Indigenous health, also discussed above, which indicates continuing and alarming disadvantage and ill-health among Indigenous communities. Furthermore, the predominant picture of Indigenous Australia currently portrayed in the media is one of severe adversity, welfare dependence and social dislocation. The participants in this study spoke of varied adversities, with most connected to a central theme of loss, including loss of loved ones, loss or breakdown of relationships, loss of health and loss of traditional ways. Similarly, a cross-cultural study by Hunter (2001a) also indicated a major correlation between adversity and ‘loss’, with developmental responses to these adversities varying widely. The study showed adolescents of a largely individualistic society fared worse than their counterparts from a close community, suggesting social support and community cohesion are key factors in the amelioration of risk and the development of resilience. In more recent studies, social support has continued to be considered a key predictor of resilience following trauma (Bonanno, Galea, Bucciarelli, & Vlahov, 2007; McClure, Chavez, Agars, Peacock, & Matosian, 2008; Williams, Alexander, Bolsover, & Bakke, 2008). The findings of the current study support and extend our understanding in this area, as will be discussed further in this chapter, by indicating the often strong family and community bonds and support that exist in Indigenous communities is of central importance in mediating risk.
Participants reflected upon adversities in diverse ways, including extended storytelling as well as brief disclosures of sorrow relating to traumatic events. The researcher was surprised to witness the many ways in which participants analysed these difficult times of their lives with humour, optimism and a sense of enhanced learning and strength. Many clearly stated these hardships experienced had made them stronger people and better able to cope with life’s trials. Included in this personal development following adversity was a sense of enhanced pride in oneself for withstanding and moving forward from hardship. This was particularly prevalent when participants spoke proudly of the leaders and role models of the community, whose strengths were often attributed to the hardships they had endured. Accordingly, those who had experienced and moved forward from hardship were looked up to as role models and leaders of the community, perceived as strong and knowledgeable, having characteristics to model and respect.

The research findings support previous findings showing a close connection between adversity itself with the development of personal strength and coping capacity that contributes to one’s resilience. This understanding of the role of adversity in resilience has been presented previously in the resilience discourse. In early literature in this area, Frankl (1963) deduced one’s survival and adaptation under extreme adversity was closely linked to perception of the situation and an ‘inner decision’, involving mental and spiritual processing of one’s desired outcome or goals. Rutter (1979; 1985; 1987) was the first to propose that resilience is indeed the result of engagement with risk or stress, rather than avoidance of it. This engagement with risk is said to entail both environmental and individual differences that can either help (protective factors) or hinder (risk factors) an individual’s development during times of adversity. Rutter’s studies showed children in high-risk environments were more likely to have successful personal development when they had productive social and coping skills, and close family and kinship relationships. This is of particular relevance to this study; in which engagement with risk, individual protective factors and family and community based protective systems were found to be of central importance.

Also within the theme of adversity identified in the findings of this research was the sub-theme of change, specifically negative change, which has reportedly occurred
within the Yaegl community and is viewed as having negative implications for the functioning and cohesion of the community. Changes in both family structure and community life have impacted upon the coping mechanisms of Yaegl people, with some traditional support structures (including protocols of respect, and traditional gatherings) being eroded whilst others are introduced (such as increased use of alcohol and other drugs). Community elders, who are the custodians of the community and responsible for its cohesion to date, were once seen as requiring the highest level of respect and holding important information, which was passed to community members and assisted cultural safety and pride. Whereas, the younger generation is now seen as rejecting traditional protocols of authority and respect and are using different coping mechanisms and becoming more apart of the mainstream culture or wider community than the older generations have been.

This change in respect was also witnessed among other age groups, and with newcomers to the community seen as disrespectful to the traditional community members. Concern was also discussed in relation to the disrespect being shown between community members, with some also speaking of increased nepotism, and lack of self-respect some community members demonstrate for their own wellbeing. These negative changes were viewed as affecting the quality of leadership and role models in the community. Participants spoke of these changes as something to challenge or counteract through increased activities aimed at improving community cohesion, such as BBQs and picnics, meetings and increased awareness amongst the youth for their history, family and kinship connections. Many community members believe that repair and harmony of the Indigenous community must start within the community before harmony and reconciliation can properly begin or be effective with the non-Indigenous wider community.

Another area of major concern for the community members was the ill-health and reduced life expectancy of their people. One participant disclosed the fear associated with this due to heightened awareness of both the frequency of people dying, and recognition of one’s own increased likelihood of serious illness. Participants spoke of the difficult times that follow the loss of community members, involving significant grief and hardship. However, most participants also spoke at length of the healing process and supportive structures recruited during these times of loss. The
community was viewed as particularly responsive to times of grief, holding community get-togethers and providing direct support for the bereaved family. There appeared to be entrenched expectations and responsibilities, with some organising funeral arrangements and others providing cooking and help around the home. Indeed, one participant mentioned the immense support and community cohesion present during these difficult times, and described the community as often at its best during these times of loss.

In support of Rutter (1979; 1985; 1987) discussed above, Dyer and McGuinness (1996) also discuss adversity as an antecedent to the development of resilience, meaning one must first experience adversity in order to recruit necessary protective factors and further develop coping skills and resilience. They also describe the presence of social support during times of adversity as a major protective factor that serves to both prevent and moderate adversity. This is again seen in the findings of the current study, where participants speak of specific adversities, and the positive outcomes that can result. The findings here go further than just personal development previously discussed in the literature, and suggest that a community’s resilience can also be strengthened through the collective experience of adversity, such as grief and loss, and the resulting cohesive support that strengthens bonds and mutual reciprocity. This end-product of adversity and positive adaptation identified in the current study, in which the community experiences enhanced internal support and cohesion, is closely aligned to that termed in the social capital research as ‘bonding’ capital (Putnam, 2000). This involves strong relationships, particularly within and between families of a specific community (usually based on ethnic/cultural grounds), that serve as protective mechanisms for members of that community during times of need. The findings of this study denote strong ‘bonding’ capital exists in the Yaegl community, while the ‘bridging’ form (inter-group) of social capital is weakened due to factors including cultural differences, racism and unemployment. Unfortunately, without strong bridging capital, Cullen and Whiteford (2001) advise a minority community is often disadvantaged through a process of exclusion, impacting social/civic participation, access to health and education services, and access to employment and training opportunities. This process can in turn lead to the clustering of problems for communities, whereby social pathologies and health inequalities are
experienced, such as those consistently highlighted in the Indigenous health literature and those discussed by participants in this study.

Further to the discussion of adversity, racism featured as another key area of risk for Yaegl people, having many negative implications for the wellbeing of individuals and the community as a whole. It was viewed as particularly affecting self-esteem and pride, and potentially contributing to other areas of concern such as disrespect and unemployment. Despite these negative effects of racism, participants were also able to describe positive ways in which racism had indirectly resulted in their own positive personal growth. Many spoke of racism and restriction in the wider community as contributing to and strengthening their character, values and convictions, and leading to certain positive life decisions. An example of this was the participant who disclosed significant racism during her schooling, and who decided to become a teacher to ensure that her own experience of racism would not be repeated. Others spoke of racism as a factor behind their determination to succeed, and elders were admired for their courage and strength in coping with the direct racism targeted at them throughout history.

This relationship between risk and positive adaptational outcome is also presented by Waller (2001). Waller describes risk and protective factors as non-dichotomous, whereby a risk factor can lead to positive adaptational outcomes through the development of new coping skills. This is clearly seen in the findings of the current study, where participants spoke of the many positive outcomes resulting from adversities such as grief and racism. The findings further support our understanding of the role of risk factors in prompting both the recruitment of protective factors, such as social support, and the development of new coping skills and ways of viewing the world.

In summarising this section, these findings support the literature that proposes individual engagement with adversity and risk, such as grief, ill-health and racism to name just a few mentioned by participants in this study, can lead to the recruitment of protective resources (examples of which will be discussed further in the proceeding sections) and the development of positive coping strategies. Furthermore, the findings indicate the same process can be seen at the community level, where
community cohesion may be strengthened by the collective experience of hardship and the supportive bonding this ensues. Based on the literature and the findings of this study, one can theorise it is both the defensive/preventative nature of protective factors, and the positive adaptational outcomes that can result from engagement with adversity, that combine in the dynamic and ongoing development of resilience.

2. Individual Adaptive and Protective Factors

There were several individual factors in the findings that were shown to assist one’s personal coping and management of adversity. These can be viewed as both individual in source, as well as being influenced by environmental factors such as parenting and schooling. Nonetheless, they are dealt with here as individual protective factors as they are elements of one’s experience, character and personal coping styles that contribute to one’s individual capacity to navigate risks. While the researcher aimed to capture a more holistic view of resilience within the Yaegl community, it was often difficult to obtain broader family and community perspectives from the individuals who participated in the research. Understandably, participants were hesitant to generalise their experiences and the ways in which adversity is dealt with amongst community members. These individual perspectives, however, provide important information regarding the role of individual wellbeing, identity, self-esteem, coping styles, motivation, optimism, and responsibility in overall community resilience. After all, a community may hold a strong and binding cultural and historical base, but is also made up of individuals with diverse ways of interpreting and interacting with their environment.

The findings indicate the significance community members place on their health and wellbeing, particularly with regard to their ability to meet responsibilities and commitments to family and community. Wellbeing was also viewed as vital in one’s sense of happiness and capacity to achieve goals. This can be seen as an interdependent cycle in which wellbeing ensures one’s capacity to meet responsibilities and achieve goals, and cope with stress, which in turn leads to the promotion of positive emotional wellbeing, identity and self esteem (represented in Figure 3 below). The concepts of wellness and wellbeing are inextricably linked with
resilience both in the current findings and the discourse provided by Cowen (1991; 1994), in which it is proposed that one’s physical and psychosocial ‘wellness’ is both predictive of, and interdependent with, one’s resilience.

Figure 4: Health, Wellbeing and Resilience.

Within the cycle discussed above is the crucial element of identity. The findings reveal that having a strong sense of identity, including knowledge of one’s own cultural heritage and kinship ties, is interdependent with one’s wellbeing, pride and self-esteem (see section 2.2 in Findings). These latter concepts, pride and self-esteem, were interrelated with achievements in sport, education and in the ongoing cultural vitality and community cohesion of the Yaegl people. Self confidence was said to be a key characteristic of the community leaders and role models, and of significant importance when mixing with the wider (non-Indigenous) community where one can often feel excluded or discriminated against. While the relationship between wellbeing, identity and self-esteem has been discussed elsewhere (McLennan, 2003a; McLennan & Khavarpour, 2004), the current findings contribute an additional element, that of the importance of ‘responsibility’ and meeting commitments in one’s sense of self and wellbeing (to be discussed below). Indeed, the importance of positive self esteem in the development of resilience has been documented (Chichetti & Rogosch, 1997; Goldstein, 2006; Grotberg, 1996, 2005),
suggesting a link between the development of confidence and positive self-esteem with emotional coping and resilient functioning.

A major finding in the area of individual protective factors was the importance of motivation and determination to continue and better one’s situation despite hardship. This was viewed as a ‘stubbornness’ for survival and betterment, with one participant recalling his father’s acceptance of his life as a test and something to persevere through regardless of how tough it may have been. These findings resonate with those of other theorists (Frankl, 1963; Masten, 2001) who propose intrinsic motivation is a basic human adaptational system that can aid one’s capacity for resilience.

Connected to the theme of determination, and an important element in the cycle of wellbeing, was a sense of responsibility to family and the community. This was described as helping people to feel motivated and ‘keep going’ during difficult times. Some spoke of their children as motivating them to cope and move on from grief and loss, while others spoke of a determination to improve things for their community. For instance, one participant was adamant he would ensure the maltreatment he had witnessed and experienced as a child would not occur in his community again and this was a major driving force behind his ongoing community-based work as well as his sense of personal strength. This sense of responsibility to family and community provides a key insight into one of the major motivations that drives peoples’ capacity for coping and endurance despite adversity. The role of responsibility has to date been largely neglected in the resilience discourse. A loosely related contribution has been that of Higgins (1994), who proposes the primary factor in one’s resilience is the capacity to ‘love well’, which includes the ability to engage in meaningful work (including parenting).

This sense of responsibility and the motivation to better oneself and one’s community, as well as optimism for the future, featured significantly in the individual protective factors recorded. This optimism and betterment was linked to both individual and community achievement, with the researcher interpreting a sense that those who are optimistic about their own future as well as that of their community appear to have a stronger sense of resilience and determination during
adversity. This can be seen as an interdependent relationship, with participants indicating a profound love and respect for their community, which aids their determination for both self-improvement and community betterment. These two ambitions were not viewed as mutually exclusive, as participants saw improving themselves through education and work as directly resulting in their own greater capacity to assist their community through leadership and program implementation. This process is closely tied to hope and optimism for the future wellbeing of the community, and an ability to imagine a better quality of life for community members and to go about making these changes. Optimism was included in discussions by early resilience theorists as a personality trait needed for resilience (Anthony, 1974; Garmezy, 1974, 1985; Werner & Smith, 1982), and was largely forgotten about with the later recognition of resilience as a developmental process involving many protective factors (Grotberg, 1996). However more recent discourse has again included optimism and positive affect as assisting adaptation to change and the ability to challenge negative self-talk (Goldstein, 2006; Luthar & Cicchetti, 2000; Waller, 2001). The findings of the current study clearly indicate that optimism influences one’s meaning-making and course of action in the face of difficult circumstances. However it may be a range of protective factors that promote the development of optimism, including social support, role modelling and encouragement, and lead to one’s enhanced capacity to negotiate challenges and adversity. A similar effect is presented by Waller (2001), who suggests a ‘ripple effect’ can occur in which an individual has a tendency for continued optimism following an earlier period of encouragement and support from a caring adult.

Individual coping and healing styles were recorded throughout the participant discussions, and these included diverse strategies and behaviours that assist individuals to cope with adversity. While grieving the loss of a loved one significantly involves family and community support (to be discussed in the next section), diverse personal strategies for recovery were also evident. These included personal remembrance and reflection, talking and expressing oneself with friends and family, thinking of other living loved ones such as children, religious prayer, and attending the cemetery of the deceased person. Of particular significance in this area was the use of sport and recreation as a coping and strengthening mechanism in times of hardship, including activities such as fishing, cooking, and playing sport.
While the inclusion of cultural activities will be presented in the family and community section to follow, it is appropriate to note that the findings here correlate with those of Iwasaki and Bartlett (2006a; 2006b). They present the vital role of culturally meaningful leisure in assisting the coping with stressors of a socio-political nature, and other forms of leisure (i.e physical activities) in managing health stressors.

Also noteworthy in the findings was the role of humour and joking in one’s emotional wellbeing. It seemed humour works in several major ways in coping and healing processes. Firstly, humour involves a preventative and supportive element, reducing stress and assisting one to feel accepted, supported and connected with others in a social setting. The second being a tool in ensuring situations or events are viewed or reflected upon with new or more positive perspective and meaning-making. Additionally, humour was interpreted from the findings as involving a confidence building facet, in part due to the bonding it ensues, but also because it helps one to better cope with frustration or judgement with a sense of humour and positive emotional affect. In the researcher’s review of resilience literature, humour was not featured as a protective or strengthening mechanism in resilience, and this finding is considered a notable contribution to the field and our understanding of coping and resilience processes in Indigenous communities.

Another individually-based protective factor discovered in the findings of the research was the capacity for acceptance and forgiveness. Interestingly, some participants spoke of past trauma and injustices with acceptance and demonstrated forgiveness that had helped them to reconstruct their situations and view their future with hopefulness. This was found to be an effective strategy, and indeed aptitude, in helping one to deal with and move on from difficult experiences. The findings suggest acceptance can be viewed as a process, often leading to forgiveness, which involves strength and allows one to carry on without bitterness or hatred. To date, no previous research has documented the role of acceptance and forgiveness in recovery and resilience. This finding of the current research is considered a significant contribution to our understanding of resilience in Indigenous communities, where there has often been much adversity for community members to endure. It suggests acceptance, which in these findings involves the ability to challenge negative
constructs and self-talk regarding past or present hardship, enables one to better cope with adversity and change.

The theme of acceptance and forgiveness was also linked with an ability to feel appreciation and gratitude despite sometimes severe adversity. Participants indicated varied appreciation for what they had experienced and what had been available to them, regardless of what they didn’t have or what was taken away, with an astonishing level of gratitude and sense of fortune. This appreciation was linked to one’s sense of personal growth following adversity, as well as gratitude for the hard work endured by elders and ancestors and the current leaders of the community. As previously discussed, Waller (2001) explains risk factors can often later become protective depending on an individual’s ability to adapt positively and develop new coping capacities.

The findings indicate a broad cross-section of coping styles, strategies and capacities that contribute to personal strength and resilience when experiencing adversity. While individuals may require much broader recruitment of support and protection (to be discussed next), there are clearly several internal and highly individual coping mechanisms that operate within this complex system. These individual protective factors can be viewed as one of several defence lines in both sheltering one from risk and helping to avoid succumbing to adversity or hardship. In this research, individuals are shown to be much more than just recipients of protective and risk-buffering factors. They are certainly interactive components in a larger process of resilience, and while they may not ‘overcome’ adversity, as is the term often used in the resilience literature, they can develop effective internal strategies to cope with, manage, and move forward from adversities such as grief, poverty, and discrimination.

3. Family and Community Protective Processes

Due to the interdependent nature of family and community in the Indigenous worldview, and the ways in which these concepts were used interchangeably in the data collected, family and community will largely be discussed in this section together.
Where appropriate based on the findings, they will be separated out to facilitate more specific and detailed discussion.

As was presented in chapter four, *Findings*, the terms ‘family’ and ‘community’ were used interchangeably in the interviews and focus groups, and clearly there is broad recognition of strong kinship ties between all members of the Yaegl community. It became increasingly obvious from the data that the interconnection between family and community is significant, and both form the fabric of society for the Yaegl people. This involves sharing and giving, passing of knowledge, cultural identity and community cohesion. Participants disclosed the benefits of being able to express one self, having someone or several people to talk with and laugh with, and the safety of being part of a close community seen as “one mob”. Families in particular are viewed as responsible for many coping mechanisms and imparting to children a sense of responsibility to self and the community. Overall, there were broad ranging and interdependent protective factors indicated at the levels of family and community, including supportive processes, community cohesion, love and support, parenting, role-modelling and leadership, affection and sharing, friendship, and culture. These findings will be analysed and discussed in relation to existing literature and theory in this area, and their implications for our understanding of Indigenous resilience.

### 3.1 Supportive Processes

There are well established support structures within the Yaegl community that assist individuals, families and the community to cope with hardship. This support, which includes emotional, fiscal and in-kind support, was found to be habitual and unconditional, with a common understanding of shared resources and responsibilities in times of difficulty. This was particularly evident in discussions of grief, with participants describing an entrenched and communal system of assistance, support and care. Support is offered without request or delay, with many describing the ease with which community members ‘drop-in’ to provide their support as needed. People expressed strong connection to their fellow community members, describing the love and support that exists between them, and the reassurance, cohesion and sense of togetherness this engenders. These findings support and extend those of other authors.
in the field, including Cowen’s (1991) emphasis of the importance of the person-environment interaction in predicting resilience; Higgins’ (1994) belief in one’s ability to engage in, develop and maintain caring and supportive relationships as a primary factor in resilience; the identification of social support as a central protective or ‘buffering’ factor in circumstances of adversity and trauma (Bonanno, Galea, Bucciarelli, & Vlahov, 2007; Hunter, 2001a; Williams, Alexander, Bolsover, & Bakke, 2008); and the findings of others (Vanderbilt-Adriance & Shaw, 2008; Waller, 2001; Wolkow & Ferguson, 2001) who stress the crucially influential role of caring and supportive adults (not solely parents) in the development of resilience in vulnerable children.

The findings indicate clearly that the wellbeing of individuals, families and the community can be seen as interdependent, and this interdependency is also proposed by Waller (2001) to be key in the analysis of adaptation and resilience. It is clear in the findings of the current study that processes at the community level influence and support the development of resilience in individuals, families and the community as a whole. Participants in the current study described the importance of the wellness of others and the community generally in their own sense of health and wellbeing, and vice-versa, the importance of individual community member wellbeing was seen as crucial to the vigour of the community as a whole. Intertwined in this relationship is the importance of community participation, involving community gatherings such as barbecues, picnics and parties, arranged in addition to the collective participation following the loss of a community member. This community cohesion was repeatedly discussed as vital to a sense of togetherness and strength, as ‘one mob’, and linked to community and cultural pride. While these findings are aligned with the theories of social capital, the central role of community is also discussed in the resilience discourse. These include findings in relation to the strengthening effect of social support, participation and cohesion on a community’s response to adversity (Vinson, 2004); the view that social support structures help a community’s capacity for problem solving and resilience (Rolfe, 2006); acknowledgement of the vital role of social cohesion and a strong sense of place in a community’s capacity to cope with challenges (External Advisory Committee on Cities and Communities, 2006); and the influential role of the community environment in developmental pathways leading to crime and violence (Homel, Lincoln, & Herd, 1999).
3.1.1 Family Love and Support

Despite the interlinked nature of community and family and the protective resources within these structures, participants also emphasised the importance of immediate family and the love and support offered within the family unit. Family love and support was explained as central to wellbeing, and vital in helping recovery from adversity. Within these findings it is implied that family acts to both protect or shelter against risk, and aids in healing from the effects of adversity, for individuals and the family unit as a whole. Participants disclosed the close bond between immediate family members, involving respect, unconditional love and the sharing of grief and hardship. These relationships were viewed as essential for support and strength, and a key driving force behind effective functioning, achievement and success.

It is important to note here that the findings of the current study suggest protective processes at the family level not only serve individuals, but also operate holistically to strengthen the family unit’s response to stress and hardship. The literature in the area of resilience has largely separated these two effects, with the majority of authors contributing to our understanding of individual resilience as a result of family processes. These findings in familial protective factors that encourage the development of individual resilience include warmth, cohesion and stability (Garmezy, 1993; Wyman et al., 1992); supportive and cohesive belief systems, organisation and communication (McCubbin, Thompson, Thompson, Elver, & McCubbin, 1994; Walsh, 1998); strong and nurturing parent-child relationships (Masten & Reed, 2002; Rutter, 1979, 1985; Vanderbilt-Adriance & Shaw, 2008; Werner & Smith, 1982); and the education of spiritual and cultural belief systems (HeavyRunner & Morris, 1997; McCubbin, McCubbin, Thompson, & Thompson, 1995). Conversely, families have also been shown to be a source of risk factors for individuals, including severe marital discord, conflict in the home, overcrowded housing and limited parenting skills (Barnard, 1994; Cummings, Goeke-Morey, & Papp, 2004; Kolvin, Miller, Fleeting, & Kolvin, 1988), further adding to our understanding of the crucial role of families in influencing the development of resilience.
On the other hand, authors have emphasised the family unit resilience that results from processes and resources within the family (Hawley & DeHaan, 1996; Kalil, 2003; McCubbin & McCubbin, 1988; Silliman, 1994; Walsh, 1996, 1998, 2002), that aids a family’s collective negotiation of challenges and hardships. Incorporating both perspectives, Kalil (2003) proposes families can be resilient in two ways, in terms of how the family as a unit responds to stress, and in terms of how the family functions as an important protective environment for children’s development. The current study, in which the interdependent nature of individual and family functioning and adaptiveness is clearly indicated, supports our understanding within both ideologies and highlights the complex nature of family resilience and risk within an Indigenous context.

### 3.1.2 Parenting and Care-giving

As has also been presented by other contributors (Masten & Reed, 2002; Rutter, 1979, 1985; Vanderbilt-Adriance & Shaw, 2008; Werner & Smith, 1982; Wyman et al., 1992), the findings show parenting, in this case including grandparent carers, is significant in the development of resilience. Parental figures can be seen as instilling important values, passing knowledge, providing discipline and setting boundaries, and providing support and protection. There was also an element of pride in one’s parental figures, and a strong sense that their teachings and values, such as respect, work ethic and discipline, should be carried on to the next generation. The findings advocate positive parental role modelling and discipline is critical to identity formation, and the positive development of values, strength and coping capacity.

### 3.2 Role Modelling and Leadership

Role modelling, mentoring and leadership can be seen as significant protective factors, inspiring motivation and positive identity and offering shelter or safety from some of the hardships to which children would otherwise be subjected. Role models and leaders within the community were often described as having been through significant hardship themselves. It was as if one’s capacity to manage crisis or adversity was seen as an important strength and somewhat of a pre-requisite to earning respect and having one’s leadership skills acknowledged and modelled.
Role modelling, which included close relatives, and leadership, from elders and people in high positions within the community, were portrayed as having a key cyclical role in the wellbeing of the Yaegl people. This involves modelling of positive behaviour, including motivation, pride, work ethic and leadership skills, which is in turn passed on to each new generation. Participants spoke of the inspiration imparted by their role models, and of the appreciation and respect they felt in return. In regards to leadership, community respect plays an essential role. Those who become leaders show prominent strength, commitment to the community, and inspiration to community members.

While similar findings have not specifically been emphasised in previous research, authors have discussed the influential role of socialisation practices within the family and within the community that can influence the development of resilience (Blackstock & Trocmé, 2005; Luthar & Cicchetti, 2000; Masten, 2001; Waller, 2001; Walsh, 1998), including the attitudes, behaviours and leadership of community members and organisations (Brown & Kulig, 1996; Colussi, 2000).

### 3.3 Affection and Sharing

Perhaps a specific cultural protective factor is that of affection and shared responsibilities amongst the Yaegl people, described as a “loving, caring and sharing” nature. The closeness of community members was indicated as a fundamental factor in the community’s strength during hardship. Affection and the sharing nature of community members was viewed as vital during times of need, with people assuming responsibilities in varied ways. This includes spending time together, sharing chores such as cleaning and cooking, and providing emotional and financial support. Elders in particular spoke of the sharing that occurred within and between families, including the pooling together of income and resources, during earlier times. This close and sharing nature was indicated to be continuing, and something that contributes greatly to the community’s capacity to cope with, and move on from adversity. The findings in this area are considered a specific cultural protective factor of the Yaegl tribe, and while they are significant and may assist our
understanding of Indigenous resilience, they cannot accurately be generalised across all Indigenous communities.

3.4 Friendship

Closely connected to the theme of family and community support was that of friendship. Friendship, from within the community and within the wider community, was shown to be a contributing factor in wellbeing and resilience. It was depicted as assisting happiness, encouragement, support, a sense of connectedness, and providing opportunity for self-expression. These can all be viewed as factors that assist individuals, families and the community to cope with crisis or difficulty. The important role of friendship has not been emphasised in prior research, and it is most appropriately aligned with the social support component of the individual resilience discourse. The current study suggests friendship can be viewed as an additional and important factor in social support and resilience in the context of Indigenous communities.

3.5 Culture

The cultural history and ongoing cultural practices and traditions of the Yaegl people form an important part of their identity, strength and wellbeing. The terms ‘culture’ and ‘spirituality’ were used interchangeably when referring to practices such as art, dance, storytelling, searching for bush-tucker, smoking ceremonies and community gatherings. These varied cultural practices discussed by participants can be viewed as examples of the ongoing and dynamic Yaegl culture. There is significant importance placed on this culture and traditional knowledge and its need to be continued with each new generation of the community.

Understanding Yaegl history and cultural practices is viewed as particularly important in the development of identity, with children being taught traditional bush-tucker collection techniques and shown sacred sites for the Yaegl community. There was also a strong sense of connectedness generated from the community gatherings and continued cultural awareness and practice, helping community members to feel as ‘one mob’ and proud of their heritage. The role of cultural adherence in building
and maintaining individual resilience has been noted previously (Chandler & Lalone, 1998; Clauss-Ehlers & Levi, 2002; Grotberg, 1996, 2005; The International Resilience Project, 2006). In these prior studies of resilience in youth and adults following experience of major risk factors, findings similarly indicated the importance of culture in influencing one’s identity and appraisal of adverse situations. As did the work of Hunter (2001a), which demonstrates community and cultural cohesion can play a key role in buffering risk factors for adolescents, compared with societies of a more individualistic nature.

Most notably in the area of cultural protective factors, Iwasaki and Bartlett (2006a; 2006b) point to culturally based activities, including arts, dance, music and land visits, as being significant in assisting coping, relaxation, social cohesion and cultural and spiritual identity. Similarly, researchers in Australia have emphasised the critical role of culture in the physical and mental health of Indigenous Australians (Bear-Wingfield, 1996; Brown, Nicholson, Stephenson, Bennett, & Smith, 2001; McDermott, O'Dea, Rowley, Knight, & Burgess, 1998). Waller (2001) promotes culture/ethnic identity as a key protective factor, ideally involving strong positive ethnic identity, socialisation and participation in traditional practices, providing a buffer between individuals and threats to their positive adaptation and wellbeing. The findings of the current study suggest cultural vitality not only boosts resilience for individuals, but also assists the community’s combined ability to respond to stressors through the strengthening of community identity, cohesion and ‘togetherness’. The possibility for beliefs and values to support a community’s strength is touched upon by Colussi (2000) and in the social capital literature discussed. However, these have not specifically included the role of cultural and spiritual beliefs and practices among Indigenous Australian communities, and this is an important area of contribution of the findings of the current study.

3.5.1  **Spirituality**

The varied discussions of spirituality and experiences with spirits recorded in the interviews and focus groups indicate spiritual belief and traditions play an important role in the lived experience and wellbeing of the Yaegl people. Many participants told of their experiences with spirits, and of a sense of spiritual sacredness or
presence when visiting sites in the Yaegl tribal area. The majority of spirits spoken of were said to have positive or protective effect on individuals and the community. This included a sense of protection by deceased family members, whereby one is watched over or guided by their spirits. External to traditional Indigenous spiritual belief, a participant disclosed the immense benefit of her religious belief and connection to God in her strength and ability to cope with loss.

Also within the current study’s findings of spirituality was indication of the significant role of sacred land for the Yaegl people. This was particularly evident in participants’ discussion of Ulugundahi Island, an important historical landmark for the Yaegl people, and their feelings of spiritual presence when visiting certain sites within the community’s tribal area. There was evidence of a strong sense of respect for traditional lands, and hope that the sacredness of these sites would be understood and passed on by the younger generations.

Likewise in previous research, cultural beliefs (in particular those of American Indigenous peoples), including spirituality, traditional values, and respect for land and nature, have been presented as involving innate resilience-promoting benefits by connecting individuals with a common heritage (HeavyRunner & Morris, 1997). From a family resilience perspective, several authors have presented culturally and spiritually based protective and recovery factors that assist family unit resilience. These findings have been diverse, including a family’s spirituality (McCubbin, McCubbin, Thompson, Han, & Allen, 1997); their ‘ethos’ or world-view (Hawley & DeHaan, 1996); a combined connection to a larger belief system (Walsh, 1998); the integration of grandparents in the family system (Kalil, 2003); and a common focus on spirituality and the land (McCubbin, McCubbin, Thompson, & Thompson, 1995). These findings suggest that families with a common ethos or spirituality are more likely to share values, attitudes and goals in common, which can ensure a family unit’s stronger response to stressors and hardship.

These prior findings discussed, combined with those of the current study, reinforce the important role of culture in identity and wellbeing (individual, family and community), and suggest cultural and/or spiritual adherence may be a central factor in coping and resilience for Indigenous Australians.
4. **External Protective Factors**

There are several protective factors, operating outside of the community itself, that assist in the resilience of the Yaegl people. These include organisations, agencies and the wider community that directly and indirectly provide support and protection to the Yaegl community. Perhaps the major source of support here was that of the Yaegl Land Council, considered somewhat external to the Yaegl families and community itself due to its partial reliance on external (i.e. non-Yaegl) staffing and governmental funding. The Land Council provides much in the way of financial assistance and resources to families, and significantly assists community cohesion by providing a meeting place for the community and helping in the organisation of community gatherings and activities. The Land Council also assists in the community’s connection to other external groups, such as the Aboriginal Medical Service and local schools. Also found to be of importance was that of the community’s relationship with the wider (non-Indigenous) community of the Lower Clarence Valley. This relationship was discussed as involving support and friendships but also as a source of pride for the Yaegl community. Participants spoke of their pride when they are included, respected and praised by the wider community. Wider community acknowledgement and awareness of the Yaegl culture was also viewed as important for integration of the two communities.

Education was found to be an important external source of protection for the Yaegl community. The main ways in which this occurs, according to the findings, is through the provision of opportunities, role models and support for Yaegl children and adolescents. This was discussed in varied ways, including acknowledgements of the schools’ roles in supporting the community, providing programs for child development, providing and creating positive role models, and generating opportunities for self improvement and vocational achievement. Additionally, employment was a significant factor in identity and wellbeing for the Yaegl people. Having employment helps people to feel happy by providing not only meaningful activity and financial reward, but also a sense of achievement and work ethic which influences one’s sense of self and identity. Being involved in work that directly or indirectly assists the Yaegl community was also viewed as important, as was the ability to provide for and better support one’s family by accessing employment. The
work ethic and motivation for self-betterment through work, was seen as being passed down from earlier generations who were seen as particularly hard working despite a significant lack of opportunities and very limited financial reward.

The findings of the current study indicate specific external factors that assist the resilience of the Yaegl people. In the existing literature, there is indeed discussion of the external influences for individuals; however these are most often factors present at the family and community level rather than external to these units. For instance, external (to the individual) supports in the family and community have been noted as reinforcing individual self-esteem and self-efficacy (Goldstein, 2006; Luthar & Cicchetti, 2000; Waller, 2001); the interaction of a child with his/her family, peers and community is suggested as predictive of resilience (Cowen, 1994; Waller, 2001); and community resources are said to be vital to a community’s response to hardship (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Rolfe, 2006). Some have included discussion of the role of factors outside of a community, such as the importance of the eco-systemic context (including the influences found in wider society and social systems) (Waller, 2001); the significance of external factors such as social policies for individuals and families (Homel, Lincoln, & Herd, 1999); and the pervasive risk and protective factors found in the context of schools (Bernard & Marshall, 2001). Indeed, the role of external supports is also acknowledged in the social capital literature where within-community factors are predominantly the central focus. McKnight and Kretzmann (1997) argue that a community’s capacity building will require the inclusion of externally governed institutions (i.e hospitals, universities) as well as those completely separate entities (i.e welfare expenditure, policy makers) if regeneration progress is to be effective. This is supported in the discourse surrounding the importance of the ‘bridging’ (inter-group) form of social capital (in addition to the ‘bonding’ intra-group form), whereby it is firmly acknowledged that bridging social capital ensures opportunities for participation and exchange (Cullen & Whiteford, 2001); equal and inclusive service delivery in health care (Kritsotakis & Gamarnikow, 2004); and the balancing of power relations and preventing ethnocentrism (Bourdieu, 1986; Pesut, 2002; Portes & Landolt, 1996). The combined picture of the role of external factors, taken from the existing literature and the findings of the current study, suggest individuals, families and communities have an array of external risk and protective variables in the
development of resilience, and these should be considered significant in any initiatives aimed at building capacity.

5. Strategies for Enhancing Resilience

As if in reflection of the adversities disclosed (and discussed in section one), participants contributed various ideas regarding the strengthening of protective factors for the Yaegl people. These included the following ideas and suggested strategies:

- Improve health and wellbeing, by increasing access to medical information and services;
- Enhance community cohesion, by encouraging closeness and increasing community gatherings and participation;
- Increase youth participation, respect and their knowledge of cultural heritage and kinship ties, through community activities and education;
- Assist parenting and financial management skills, through support and education;
- Improve identity and pride within the community, through the activities mentioned above along with the passing on of specific cultural knowledge from older community members and elders.

Additional to these ideas proposed, participants told of the existing programs aimed at responding to the risks and adversities present in the Yaegl community. These include programs developed by the Yaegl community itself, and those implemented by external organisations (including the Aboriginal Medical Service (AMS), Community Health, Local Aboriginal Land Council (LALC), Local Shire Council, and Schools). These existing programs were seen as particularly positive in meeting various needs of the community, assisting wellbeing and resilience through the following initiatives:

- Healthy lifestyle and weight-loss programs (Community Health);
- Doctor outreach services and fruit/vegetable deliveries (AMS);
- Cultural awareness and integration programs (Yaegl community, Council and local schools);
• Improved school attendance, participation and retention (local schools, LALC and Yaegl community), and;
• Skill development and lifestyle education (Yaegl community and Community Health).

Prior to the current study there have been several strategies and programs of intervention proposed or implemented with the aim of building resilience. There is indeed emphasis among authors in the field for a redirection in approaches to health promotion, in which a positive or strengths-based model is now being recommended. The majority of the programs detailed in the literature have family resilience and capacity building as a central aim, engaging individuals and family units in counselling and therapeutic education to increase positive coping and adaptational skills (Beardslee, 1989; Beardslee & Podorefsky, 1988; Cardemai, Kim, Pinedo, & Miller, 2005; Cicchetti, Toth, & Rogosch, 1999; Luthar & Suchman, 2000; Tsey & Every, 2000; Tsey, Whiteside, Deemal, & Gibson, 2003; Williams, 2005). Other authors have emphasised the importance of targeting health and wellbeing at the community level, incorporating community-based development, support, cultural strengthening and health promotion activities (Blackstock & Trocmé, 2005; Doron, 2005; Judd, Frankish, & Moulton, 2001; Smye & Browne, 2002). These programs have much to offer researchers and program developers in the way of ideas for resilience building initiatives. However, the effectiveness of these will be limited in Australian Indigenous communities without extensive community consultation, and the incorporation of a community’s existing protective resources and their specific aims for resilience and capacity building.

6. Bringing the Findings Together

Based on the findings of the current study and the existing theories and knowledge within the resilience and social capital fields, it is important to note the separate yet interdependent levels of resilience and protective factors. As already discussed, individual, family and community resilience are interconnected and each level can be viewed as made up of its own protective processes, which assist in building resilience for itself and influencing that of the two subsequent levels. For instance,
community resilience is developed out of various supportive and cohesive processes, which both relies upon, and influences, protective factors and the development of resilience in individuals and family units. It is worth noting here that external processes (i.e those beyond the community) are understood to directly and indirectly influence individuals, families and communities in a one-way direction. The best way to demonstrate this relationship is through diagrammatic representation (see Figure 5 below).

![Resilience Framework](image)

**Figure 5: Resilience Framework**

The figure aims to clarify the interdependent nature of individual, family and community resilience, while also providing a summary of the major findings.
obtained from the current study. As demonstrated here, there are extensive protective resources and processes at the community, family and individual levels that act to buffer risk, and assist the development of resilience, in the face of adversity.

Chapter Summary

All participants contributed to the researcher’s conceptualisation of resilience and its meaning and role in the wellbeing of Indigenous peoples. Participants discussed many factors that were interpreted as ‘protective factors’, as discussed in the literature, that assist in the development of one’s resilience and ability to cope with hardship and strive for wellbeing and better quality of life. These protective factors exist at the individual, family and community level, and include self esteem and pride, positive parenting and role modelling, family and community cohesion and support, cultural knowledge and participation, and spirituality. These factors assist not only the coping of individuals, but also the management of adversity by family units and the community as a whole.

The analysis of the findings has been presented here in synthesis with the existing resilience and social capital discourse. In some instances, the findings of the current study have further supported the existing research, and in other cases the findings have extended our understanding in the field by providing new insight into the complex process of resilience at the individual, family and community levels. A summary of the major findings (and substantive theories) from the analysis will be presented in the next chapter, Conclusion and Recommendations, as will the answering of the research questions and the arising recommendations for health practice.
Chapter Six

Conclusion and Recommendations

“Resilience has been an important aspect of the ability by Aboriginal and Torres Strait Islander people to survive more than 200 years of colonialism, and remains an important factor in determining good health and social and emotional wellbeing.”
(Henderson et al., 2007, p. 149).

Chapter Overview

This chapter will summarise the major findings and substantive theories arising from the research study. The data will also be reviewed in relation to its application in answering the original research questions. Additionally, the specific limitations of the study will be addressed. In closing, there will be discussion of the implications of the research, specifically the recommendations for future research, health practice and program implementation, resulting from this research.

1. The Major Findings and Substantive Theories

There were several key findings of the study that have significance for our understanding within the resilience paradigm, particularly with regard to resilience in Indigenous communities. These have been categorised and summarised below, including discussion of the substantive theory/ies developed in each area.

1.1 Engagement with Risk and Adversity

The findings of this study support those of other researchers where the experience of adversity has been shown to be a key factor in the development of resilience. In this study, the central themes featured in the area of risk and adversity for Yaegl people
were ‘loss’ (including loss of loved ones, loss of relationships, loss of culture/traditions), ‘negative change’ (including ill-health, and changes in respect and community life) and ‘racism’ (including real and perceived racism and restriction imposed by the wider community). These adversities can be viewed as having a close connection with the development of personal strength and coping capacity that contributes to one’s resilience. Racism, for example, is not only a risk factor for Yaegl people, but was indicated to influence positive adaptational outcomes by strengthening one’s sense of self, their convictions, and their motivation for certain life decisions with regard to education and employment.

Adversity itself is indicated to precipitate improved personal strength, learning and self-pride, and is often attributed to the leadership and role model qualities in certain community members. Indeed, the findings confirm there is a definite relationship between engagement with risk and the experience of adversity, with the development of resilience. This results from both the recruitment of protective factors, such as family and community support, and the development of adaptational coping skills with the experience of hardship. Importantly, the findings in this area go further than just individual/personal development previously discussed in the literature, and suggest collective resilience (such as family and community resilience) can also be strengthened through the experience of adversity, such as grief and loss, due to the resulting cohesive support that strengthens bonds and mutual reciprocity.

Overall, the major substantive theory arising from the research in this particular area is that it is engagement with risk and adversity that precipitates or triggers both the recruitment of protective factors and the development of adaptational coping skills, each of which is an essential component in the development of resilience.

1.2 Individual Adaptive and Protective Factors

The findings indicate there are diverse individual strategies for coping with and moving-on from adversity. These strategies are often influenced by familial and community factors, but are considered a separate ‘line of defence’ because they serve the individual’s own management of risk and adversity. Significantly, a major contributing factor in one’s adaptive and resilient functioning is health and
wellbeing. This has also been presented previously, and discussed in the Literature Review and Discussion chapters. Wellbeing for Yaegl people is viewed as interdependent with one’s capacity to meet responsibilities and commitments, achieve goals, and cope with stress, which in turn leads to the promotion of positive emotional wellbeing, identity and self-esteem. Looking alternatively at this relationship, the findings reveal that a strong sense of identity, including knowledge of one’s own cultural heritage and kinship ties, is inextricably linked to wellbeing, pride and self-esteem. Positive identity can also be viewed as contributing to one’s achievements in education and sport, and assists cultural vitality and community cohesion for the Yaegl people.

It can be theorised that the cycle of wellbeing, identity and self-esteem is an important component of one’s capacity to manage risk and adversity, and can be viewed as both predictive of, and interdependent with, one’s resilience. Connected to this cycle are a number of other individual protective factors that serve to strengthen the response to adversity and hardship. While these are individual protective factors, they are likely to be influenced by family and community factors such as parenting, leadership and culture. For instance, motivation and determination to continue-on and better one’s situation despite hardship was a major finding. This also pervades a strong sense of responsibility, to family and community, as a major motivation that drives Yaegl peoples’ coping and endurance to ‘keep going’ during hardship. Also connected to motivation and responsibility is a sense of optimism for the future, another driving protective factor for Yaegl people that assists resilience through a desire for betterment of self and the community. It is believed this optimism is promoted through other protective factors, including self-esteem, identity and role modelling, and leads to enhanced capacity to negotiate challenges and move forward from adversity.

Additionally, there were various personal coping strategies discovered in the research that assist individuals to make meaning of difficult situations and develop resilience, particularly during times of grief and loss. These included remembrance, reflection and visiting memorials; self-expression; focusing on current responsibilities to loved ones (i.e children); religious prayer; sport and recreation; cultural participation; and the use of humour. Of these strategies, sport and recreation activities, as well as
humour and joking, were found to be significant personal protective strategies for Yaegl people during times of hardship. It seems these strategies act in preventing the full effects of adversity by influencing one’s perception of life events, connecting oneself to others for social support, and in assisting the healing process during grief or hardship.

Another significant protective factor identified in the research was the capacity for acceptance and forgiveness indicated in the Yaegl community. The research suggests acceptance can be viewed as a process, often leading to forgiveness, which helps one to deal with and move on from difficult experiences, without bitterness or hatred. This was also closely tied to a demonstrated ability to feel appreciation and gratitude for one’s situation despite sometimes severe adversity. This involves significant gratitude for the hard work endured by ancestors, elders and current community leaders, as well as appreciation for one’s experiences, resources and supports. This appreciation and gratitude can be understood as influencing the meaning-making or perception of life events, and assisting one’s sense of strength and personal growth following adversity.

In conclusion of the findings surrounding individual protection and resilience, there is clear indication that the individual-level of defence in relation to risk and adversity is a significant component of the overall process of resilience. Individuals of the Yaegl community hold some common protective mechanisms, such as health and wellbeing, identity, pride and self-esteem, while other factors are more diverse and unique, such as the specific coping strategies utilised for dealing with grief and loss. Substantively, the research suggests individuals play an active and developmental role in recruiting resources and utilising personal strategies in the management of adversity, and are not merely recipients of protective factors available at the family and community levels. While they may not ‘overcome’ adversity, as is the term often used in the resilience literature, individuals clearly show capacity to cope with, manage, and move forward from adversities (such as grief, poverty, and discrimination) through the recruitment of protective resources and the development of effective coping strategies. Of course, the quality and availability of many of these protective factors for individuals remains reliant on the resilient functioning of families and communities, and this will be discussed next.
1.3 Family and Community Protection and Resilience

For the Yaegl people, family and community are interconnected, with community considered family or ‘one mob’ through kinship and cultural ties. This forms the basis of society for Yaegl people, with significant benefits discussed by participants in the sense of togetherness and pride engendered by the close-knit community. At the level of family and community, there is both collective resilience (of families and the community) and an interdependent system of protective factors that serve the resilience of individuals, families and the community.

As discussed previously, family resilience, community resilience, and individual resilience are separate constructs; however each is closely connected and dependent on the protective factors that exist within each level of functioning. For instance, an individual’s development of resilience is reliant on his/her wellbeing, the care-giving provided in the family home and the support and cohesion of the community. Likewise, the community’s collective resilience is reliant on the wellbeing and resilience of individuals and families within that community. Substantively, the health and wellbeing of individuals, families and the community is interdependent in this process of resilience, with each level influencing the wellbeing of each other. Wellbeing ensures community participation and contributes to the collective strength against risk and adversity.

This research demonstrates there are well-established support structures in the Yaegl community that assist the management of adversity by individuals, families and the community. One such structure is based on the love and support between community members, involving unconditional support (emotional, fiscal and in-kind) during times of hardship, which generates an overall sense of love, reassurance and togetherness within the community. This support and cohesion is vital to the community’s collective resilience, as well as assisting the strength of individuals and families in the face of adversity.

Positive family functioning was described as involving the close bond of immediate family members, respect, love and sharing. This immediate family love and support can be viewed as a central factor in wellbeing, as well as protection from risk and
recovery from adversity. In other words, the research indicates the family unit acts in both protecting and sheltering against risk, and by assisting recovery and healing from the effects of adversity, and this operates for both individuals and the family unit as a whole. The findings support previous research contributions that acknowledge protective and supportive processes at the family level not only serve individuals, but also operate holistically to strengthen the family unit’s response to stress and hardship.

Within the family unit, parenting/care-giving is indicated as a significant factor in this system of resilience, with positive care-giving seen as important for protection, support, education of values, and the provision of discipline and setting of boundaries. Parents/carers play an important role in identity formation, and the development of values and coping skills crucial to the development of resilience in individuals.

Role modelling, mentoring and leadership from within the family and within the community, can be seen as yet another significant protective factor for Yaegl people. Role models and leaders play an important role in assisting wellbeing and resilience through the modelling of positive behaviours such as motivation, pride, work ethic, leadership and commitment to the community.

As previously discussed, the closeness of the Yaegl community was repeatedly indicated in this research. Connected to this community closeness is what the researcher considers a specific cultural protective factor of the Yaegl tribe, that of the long-standing nature of affection and sharing between community members. This involves the giving and receiving of affection, and the sharing of responsibilities, finances and resources. This affectionate and sharing nature was indicated to contribute greatly to the community’s capacity to cope with, and move on from hardship.

Friendship was shown to be a contributing factor in wellbeing and resilience by assisting happiness, encouragement, support, a sense of connectedness and providing opportunity for self-expression. Friendship, sourced from the community and wider
community, was shown to be an important protective factor for Yaegl people, enhancing coping capacity in the face of crisis or hardship.

Culture and spirituality form a vital and central component of the wellbeing and resilience of Yaegl people, their families and the community. Cultural vitality, involving the continuation of traditional practices, spirituality and access to sacred lands, enhances the identity, cohesion and pride of the community, contributing to the strength and capacity of individuals, families and the community to respond effectively to risk and adversity. It is indeed a substantive theory of this research that cultural and/or spiritual adherence is a fundamental component of the resilience of Indigenous Australians.

In summary, the research clearly indicates that the wellbeing and resilience of individuals, families and the community are interdependent, involving protective and supportive factors at each level. This section has summarised the major findings and theories arising from the research within the area of family and community based resilience and protective factors. Additional to these factors are those that exist outside of the community, and these will be discussed in the proceeding section.

1.4 External Factors

Looking beyond the extensive protective factors available at the individual, family and community levels, there are several external protective factors that assist the resilience of the Yaegl people. Included in these external sources are organisations, agencies and the wider community, which directly and indirectly provide support and protection to the Yaegl community. These specific sources are discussed in greater detail in the Discussion chapter, and can be understood as holding a one-way relationship with the Yaegl community through the provision of financial assistance, resources, support, facilities, education and employment. It should be acknowledged that risk factors are also present at the external level, with racism and restriction in the wider community indicated in this research as an externally based risk factor. It is therefore proposed that individuals, families and communities are influenced by external factors, involving both risk and protective variables, which impact the development of resilience.
2. Answering the Research Questions

The current study set out to investigate the meaning and role of resilience in the wellbeing of Indigenous Australians, specifically the Yaegl people of north-eastern New South Wales. The aim of the study was to examine resilience within an Indigenous context, its potential role in strengthening the Indigenous response to adversity, and the prospective ways in which it may be used in initiatives aimed at boosting health and wellbeing in Indigenous communities. Specifically, the study was based on the following original research questions:

1. What are the models of resiliency in Australian Indigenous communities?

2. What part, if any, does resilience have in strengthening the Indigenous response to adversity, such as ill-health and disability?

3. How can models of Indigenous resiliency be utilised to strengthen/enhance the capacity of the individual, family and community to cope with adversity?

While the research findings and substantive theories have been summarised in the preceding section, the research questions will be addressed here as an additional tool in summarising and concluding the study.

2.1 Models of Resiliency in Australian Indigenous Communities

The study indicates the model of resilience in the Yaegl Indigenous community involves individual, family and community level resilience, and is reliant on an interdependent system of protective factors and support structures.

For individuals, the experience of hardship itself, and the ability to employ positive adaptational and coping skills and recruit a variety of protective resources are key to the development of resilience throughout the life continuum.
Families and the community develop resilience by providing crucial protective resources to individuals, and through collective support and protection that serves family units and the community’s shared response to adversity.

In this model, each level of resilience is interdependent and equally important in the community’s overall capacity to cope with, and move forward from crisis and hardship. It is fundamentally an ecosystemic model of resilience, recognising the development of resilience is influenced by the interactions of people, their environment, experiences and resources. In the Yaegl community, it is predominantly the relationships between community members, their culture, wellbeing and identity, and life experiences, which influence the development of both collective resilience and the resilience of community members throughout the life continuum, including childhood, adulthood, parenthood, and aging.

2.2 The Role of Resilience in Strengthening the Indigenous Response to Adversity

This research demonstrates resilience may have an important role in strengthening the Indigenous response to adversity, including ill-health and social disadvantage. Resilience is dependent on the presence of protective and supportive resources and can assist in the wellbeing and coping of individuals, families and the community. Through better understanding of Indigenous resilience as an ecosystemic construct, and involving physical resilience (i.e. health and wellbeing), psychological resilience (i.e. emotional strength and positive identity), and cultural resilience (i.e. community cohesion and cultural adherence), resilience can be viewed as having a crucial role in a community’s capacity to address issues such as ill-health, mental illness, and social and economic marginalisation. While communities will inevitably have a range of existing protective factors and resources, there may be opportunities to harness these strengths, and indeed enhance strengths in areas where they may be lacking, to reinforce a community’s response to adversities such as trauma, ill-health and disadvantage.

By utilising the resilience model, the focus will be on enhancing protective factors, rather than focusing on the deficits of a community, so as to ensure individuals,
families and the community are better equipped and supported to address existing adversities, and to strengthen protection against future risk.

2.3 Utilising Models of Indigenous Resiliency in Strengthening Individual, Family and Community Capacity to Cope with Adversity

As suggested above, the resilience model provides an opportunity to enhance the strengths of a community, its families and individuals in dealing with adversity. Exactly how the model may be utilised will depend on the community’s expressed needs, as well as its available resources (both internal and external). Health practitioners may benefit from utilisation of the resilience model in both preventing and treating ill-health, incorporating an understanding of the interconnection between individual, family and community wellbeing and resilience. Programs aimed at boosting protective factors, for instance through youth mentoring, family/parenting support, and community participation initiatives, have potential to aid the quality and availability of protective resources. This will not only assist in the buffering of risk factors, but also aid the development of resilience and the capacity to manage existing and future adversity. Ideas for utilising resilience are discussed further in the section ‘Implications of the Research’, to follow.

3. Limitations of the Research

There are a number of limitations that require recognition and discussion here. These limitations pertain to the research methodology and consequently the findings of the research, the generalisability of the study, and limitations specific to the theme of resilience.

Dealing with the latter issue firstly, the researcher believes there are limitations, and certainly difficulties, with the term ‘resilience’ itself. The construct of resilience, and particularly the term ‘resiliency’, is often misinterpreted as a personal attribute, disposition or trait, suggesting that without which one is unlikely to withstand adversities. This takes away from the importance of socio-cultural influences in
communities and families, and in turn devalues the supportive and protective mechanisms essential to the development and process of resilience throughout one’s lifespan. Even personal attributes such as optimism, discussed in the literature as a predictor of resilience, are influenced by one’s environment. Viewing resilience as a personal trait is misleading as it fails to invoke the pervasiveness of social influences, life-long learning and the human capacity to adapt to change. Furthermore, continuing to view resilience in this simplistic way is fundamentally contrary to activities aimed at improving resilience in disadvantaged communities as it suggests people either have resilience or not, thus implying interventions to build resilience in these communities will be futile. The research suggests this is simply not the case, with many interventions having achieved positive outcomes that aid resilience for individuals, families and communities, including empowerment, capacity building and improved health (see chapter two, Literature Review). It is therefore fundamental that resilience be understood as a dynamic developmental process, changeable and capable of betterment over time, or else the potential for it to be a valued and sustainable factor in strengths-based approaches to health and mental health will be limited.

Another important limitation specific to studying resilience is the potential for normative judgements to be made when assessing risk and protective factors, and the outcomes of resilience. In other words, what might be considered a protective factor or good outcome in one culture may not necessarily be considered desirable in another. It is indeed biased and incorrect for researchers to impose their beliefs of socio-cultural norms on a community outside of their own, which is often the case with Europeans researching Indigenous communities, whereby whole communities have been pathologised. The researcher was careful to uphold cultural sensitivity and respect, as well as to bracket personal perceptions and experiences regarding adversity and resilience, ensuring an open-mind was applied to data collection and analysis. However, it is acknowledged that the ability to completely separate oneself in the analysis and interpretation of data is unrealistic and thus should be considered a limitation to the reliability of the research findings.

The limitation of the research findings due to interpretation, a common criticism of qualitative research, extends to the cultural divide between the researcher and
research participants. As a non-Indigenous researcher, investigating non-Indigenous concepts (resilience, health, mental health) within an Indigenous context, there are undoubtedly implications to data collection, data interpretation (discussed above), and the framing of recommendations resulting from the findings. The researcher acknowledges that the responses of participants, in both the interviews and focus groups, may have been influenced by this cultural disparity. It is possible participants were reluctant to fully describe their experiences and express their opinions out of concern this would not be understood or accepted by the researcher due to cultural difference. Conversely, there is also possibility that participants were more open in their exchange because they felt safe to speak to someone from an objective position, from outside the close-knit community. Nonetheless, this cultural divide is considered a limitation in research because the researcher cannot be expected to wholly access, comprehend and explain the phenomena being researched in a culture outside of their own, as was the case in the current study.

Further to the discussion of the role of culture in research, another limitation of the current study is the limited generalisability of findings due to the specificity of Yaegl culture and community life. The diversity of Australian Indigenous peoples, their culture and communities means that generalising the findings, particularly those related to protective factors arising from specific cultural and community practices, is inappropriate. However, there are many aspects of the findings which can serve to highlight the presence of resilience processes, strengths and resources in Indigenous communities generally, and provide impetus for further research and intervention in the area of resilience and capacity building.

A significant limitation identified by the researcher is that pertaining to the scope of the findings achieved in relation to the specific research title and questions, namely the role of family and community resilience. The researcher attempted to gain insight into family and community structures and processes that aid collective resilience, however the majority of findings achieved were in the area of individual resilience and the protective factors that support individual coping and adaptation. This is believed to be the result of a number of factors. Firstly, the researcher found guiding participants to positive discussion of the community’s strengths a difficult task, and this is likely to be the result of entrenched focus on the negatives within Indigenous
communities, by researchers and the media. Additionally, participants were understandably reluctant to generalise their experiences and perceptions to those of other members of the community, and to speak on behalf of other families, resulting in largely individual-level discussion of risk and protective factors. This was somewhat improved in the focus group discussion, the major reason for the addition of this research method, which achieved broader discussion of family and community processes. Nonetheless, the researcher acknowledges that the findings remain predominantly individual-centric, which was not the aim of the research from the outset due to knowledge of the interdependent nature of family and community in Indigenous wellbeing.

Finally, the researcher perceives the inability to implement a program as another limitation of the research. The implementation of a program aimed at identifying and harnessing resilience within the Yaegl community may have not only provided further information regarding Indigenous resilience, but provided greater benefit from the research project for the Yaegl community itself. It was not possible to develop or implement a program of resilience and capacity building due to financial and time constraints, and this is considered a limitation to the research findings and benefits. It is hoped that the community, if they see benefit in doing so, may utilise the findings of the research to implement their own strategies or programs to maintain and boost resilience for the community.

4. Implications of the Research

This study has implications for health and social practitioners looking to broaden their understanding of the Indigenous experience, beyond that projected in the media and statistical reporting, to one that acknowledges the many existing strengths and protective factors present in Indigenous communities. The holistic model of resilience presented throughout this research has much to offer health practitioners and program developers wishing to incorporate a strengths-based approach to prevention and treatment activities. Programs incorporating this understanding, in which each level of functioning (individual, family and community) is viewed as interdependent and integral to positive adaptation and resilience, are expected to be
more effective in both service delivery and outcomes where the aim is to both ameliorate risk and protect against the effects of adversity.

As a result of the research, and the review of the literature available in the areas of Indigenous health and wellbeing, social capital and resilience, there are a number of key recommendations the researcher wishes to propose. These include recommendations for:

a) Future directions in research, where research and understanding may be lacking or where supplementary research would assist our understanding from a new perspective;

b) Improved health practice, including development activities and service delivery;

c) Potential complementary programs that are likely to assist health and mental health service outcomes.

4.1 Recommendations for Further Research

There is clearly need for greater research into the cross section between Indigenous culture, wellbeing, disability, healing and resilience, in order to improve models of health care and rehabilitation for Indigenous peoples, rather than accepting a ‘one size fits all’ approach. More specifically, there is an obvious lack of research in the area of resilience and Indigenous peoples, particularly Australian Indigenous peoples, where the alarming prevalence and experience of risk and adversity warrants greater understanding of how protective factors and resources may be utilised in the strengthening of resilience in these communities. This research will need to respect the diverse culture and experience of Indigenous peoples, as well as attempt to define the role and meaning of resilience from each community’s own perspective rather than from a westernised view of resilience and adaptive functioning.

Furthermore, there are questions that remain unanswered regarding community resilience, as opposed to individual resilience that has been the major focus of literature to date. The questions requiring further investigation in this area include:
• The underlying factors/predictors of community resilience;
• How community resilience interacts with the resilience of families and individuals;
• The potential for community resilience factors/predictors to be strengthened through social capital and capacity building activities.

This is a particularly important area for further research to support work with communities that face multiple adversities, such as poor health, racism, and high unemployment, and particularly within the Indigenous context where multiple adversities are common and community resilience requires greater understanding and strengthening.

There are also questions that remain unanswered in the literature regarding social capital in the Indigenous context. If social capital is considered reliant on the social and environmental exclusion of a community (Coleman, 1988) and based on the interpersonal relationships within (and not between) communities (Woolcock, 1998), there will be significant implications for social capital in Indigenous communities where there is often social exclusion (from the wider community) but not always geographic isolation. This may raise problems for Indigenous communities where social relationships within, and not beyond, the community are often strong and yet relationships with the wider community for health and welfare services are essential. Indeed, authors have raised concerns that social capital may in fact be disabling Indigenous communities by preventing access to services and support from the wider community (Labonte, 1999), and fostering issues of social isolation, exclusivity and discrimination (Portes & Landolt, 1996). Certainly in the findings of the current study, there appears to be strong ‘bonding’ social capital within the Yaegl community, but low ‘bridging’ capital with the wider community, which may be leading to reduced opportunities for social engagement, employment and influencing ill-health and social disadvantage. Considering this, further research into social capital and Indigenous communities is recommended, so that attempts to boost social capital are not inadvertently further marginalising Indigenous peoples. It may be the case that policies and programs to build social capital will only be successful when unlike groups within communities are bridged through social integration activities,
and research will be needed to confirm this will be of benefit to Indigenous communities.

Indeed, as cultural diversity increases in Australia, further understanding is needed about how belonging to a disadvantaged or minority racial, ethnic or cultural group can harm or help the mental health of community members. Additionally, further research is needed to investigate which elements of communities contribute to positive or negative outcomes for children and adolescents.

Research into the cross section between mental health and resilience is likely to be beneficial in the development of programs to assist people with mental illness to improve coping strategies and maximise positive adjustment and functioning. While the majority of resilience initiatives are focused on improving outcomes for people by avoiding outcomes such as psychopathology, there may be important benefits within the resilience paradigm for assisting those with already diagnosed and even long term conditions to better manage activities of daily living and social independence. Accordingly, culturally informed and sensitive research is recommended into the diversity and role of protective factors and the potential for these to be utilised in both the prevention and treatment of mental illness.

Further research is needed into the role of relationships in resilience. There is a possibility that relationships form a central component of resilience, and this may have implications for our ability to influence the range and quality of protective factors. In this research, participants spoke of the importance of knowing your wider family (community) members, and having particularly close connections with your immediate family members. These relationships are expected to be particularly important to family resilience and functioning in the home, but also extend to the community and wider community. It may be that it is whom we are connected to and the closeness of these connections, that influences the ability to cope with hardship. Healing and repatriation in relationships may be a key to boosting resilience for individuals, families and communities.

Program developers and practitioners need to be able to harness the most effective protective factors and in the right ways, hence making further research in this area
imperative. By gaining improved understanding of empirically based protective factors, and how these may be augmented, interventions to assist resilience at various levels (individual, family and community) will be more effective in outcomes and provide funding bodies with better value for expenditure.

4.1.1 Recommendations for Future non-Indigenous Researchers
In reflection of the researcher’s role as a non-Indigenous member of the broader community surrounding the Yaegl community, there are some recommendations to be shared with future non-Indigenous researchers in the Indigenous health field. As a member of the broader community (namely the lower Clarence Valley community), I was in a somewhat privileged position for carrying out this research. My existing relationships with many community members meant that I already held a certain position of trust and rapport with some of the study participants, for which I feel very honoured. This perhaps placed a greater sense of duty on my shoulders, meaning I had strong hopes for the potential benefits of the research and hopes for the community generally. It was indeed difficult at times to separate my knowledge and personal experiences and perceptions of the community from the specific findings of the study. In a similar way, my experiences and perceptions from a non-Indigenous perspective were difficult, and perhaps impossible, to ignore in the development, interpretation and presentation of the research. It would indeed be wise for all non-Indigenous researchers to develop meaningful and respectful partnerships with Indigenous people from the community in which their research is planned. This would assist at each stage of the research process, particularly in the research design and interpretation, and ensure the research is more likely to be of benefit to the community itself. Setting up these partnerships and relationships may be time consuming initially, but they are invaluable in promoting mutual benefit and respect between researcher and participant.

4.2 Recommendations for Health Practice

As discussed in chapter two, Literature Review, there are several barriers in health
service provision for Indigenous peoples, particularly with regard to accessibility, effectiveness and cultural appropriateness of services. These barriers in health service provision need to be recognised and corrected, to ensure Indigenous peoples have equal access to primary care services, as well as longer-term rehabilitation and disability services. These services need to be accessible (even to those in remote areas), culturally informed and sensitive (so as to avoid threats to cultural safety), and effective in service and outcomes (which will depend on community determined goals for health and wellbeing). It appears a collaboration of ideas is required in order to ‘mobilise’ health services, to increase accessibility and effectiveness of these for Indigenous peoples.

Based on the findings of this research, and those of prior researchers, there appears to be an urgent need to review and re-orientate health and social programs. This will entail a move away from a deficit-focused to a strengths-based model, whereby a community’s capacity and resilience is enhanced by utilising, and building on, existing strengths and resources. The current study indicates individuals, families and the community possess many resources that can assist the development of resilience and thus improve responses to risk and adversity. These resources need to be recognised and valued in health and mental health service initiatives, otherwise their potential to be utilised as tools in preventing risk, strengthening recovery from ill-health or adversity, and indeed boosting wellbeing, will be wasted. For instance, an Indigenous mental health worker who fails to acknowledge the significant role of one’s family cohesion or their connection to community and culture will miss important opportunities to cease protective factors that could be used in recovery and healing.

4.3 Recommendations for Program Implementation

Viewing resilience as a developmental process, continuing throughout the life continuum, means that the restriction of resilience interventions to children and adolescents will result in missed opportunities to improve resilience and social functioning. Beyond adolescence, people are of course naturally susceptible to adversity and significant stressors that can place them at risk of psychopathology, social exclusion, difficulty meeting parenting responsibilities, job loss, and many
other social disadvantages. Interventions aimed at boosting resilience for men and women (at all life stages), their families and the communities in which they live, will be beneficial in improving social functioning for broader groups of people.

The current study has indicated there is much potential to assist resilience in individuals, families and communities by way of effective program development and implementation. There were various suggestions by participants regarding improvement of the range and quality of protective factors within the Yaegl community. Potential programs resulting from the research findings could include the following:

- **Health and wellbeing promotion** - Healthy lifestyle programs aimed at improving nutrition, exercise and weight management through informal education (including western and traditional knowledge and practices) provided by community members (with assistance of the Community Health Service and/or Aboriginal Medical Service) in community chosen locations (i.e. outdoor, traditional lands, community centre).

- **Community cohesion** - Increased community gatherings and cultural education activities aimed at improving community resilience through enhanced togetherness, identity and pride. This might include events such as community BBQs, mural painting days, and sacred site visits, and the passing on of cultural knowledge by community elders.

- **Parenting and family support** – A program involving the provision of practical skills and support to enhance family resilience, including financial management/budgeting education, employment and training advice, domestic assistance and parenting support.

- **Youth participation and support** – A mentoring program assisting the development of resilience in young people by involving community members in the provision of education, support and encouragement to adolescents in areas such as cultural knowledge, kinship, pride, identity, self-esteem, respect, sport/recreation, education/training, and employment.
It is also important to acknowledge the role of external sources of protective factors, those from schools, employment and government that can potentially be augmented to aid the development of resilience in disadvantaged communities. This will be an important acknowledgment for policy makers, whereby initiatives that directly or indirectly result in improved social support and cohesion for these groups will be beneficial in further supporting the internal protective factors and resources available to these communities.

If we are to take on a preventative and strengths-based approach to enhancing wellbeing and resilience in communities, rather than remaining reactive and dealing with deficits and pathologies as they arise, it may be necessary for initiatives to ensure protective factors are sustainable and/or strengthened regardless of how a community is seen to be performing on a health and sociology scale. For instance, it may be beneficial for local councils (regardless of the socio-economic status of the population) to have a checklist and set of aims around the concepts of wellbeing and resilience, ensuring the community is well resourced with protective factors to aid the development of resilience, and prepared for future adversities that can inevitably arise. The task for communities will be in ensuring protective factors and supportive processes are accessible at all levels – individual, family and community, to aid community cohesion, wellbeing and resilient functioning.

**Chapter Summary**

The current study has presented a holistic view of resilience in the context of an Indigenous Australian community, in which individual, family and community based protective factors play important roles in the prevention of risk and the development of resilience. This final chapter has served to summarise the major findings of the data analysis presented in chapter five, *Discussion*, with subsequent discussion of the substantive theories arising from the research. The research questions have been answered as thoroughly as the findings would permit, and the specific limitations relating to the research have been addressed. Finally, the implications of the research and the recommendations for research and health practice were discussed. It is hoped
that activity within the resilience paradigm, both in research and intervention, will continue to expand and yield positive outcomes in improving our understanding and in strengthening the resilience of individuals, families and communities. It is particularly the hope of the researcher that these activities will be prioritised and actioned in the context of Indigenous Australia.
References


National Health and Medical Research Council (NHMRC). (2004b). *The NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research*. Canberra: NHMRC.


Handbook of Multi-Generational Legacies of Trauma (pp. 327-340). New York: Plenum Press.


The Aboriginal and Torres Strait Islander Research Agenda Working Group of the NHMRC. (2002). *The NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health Though Research*: Commonwealth of Australia.


Williams, J. (2005). *Building Resilience and Sharing Journeys: A group therapy model for working with newly arrived refugee women*. Adelaide: Government of South Australia (Migrant Health Service; Women's Health Statewide)


Appendices

Appendix A: Yaegl Land Council Approval Letter. Page 229
Appendix B: USYD HREC Approval Letter. Page 230
Appendix C: Yaegl LALC Letter to AHMRC. Page 232
Appendix D: AHMRC Ethics Approval Letter. Page 233
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Vanette McLeman, student researcher at the University of Sydney, has consulted with me for advice and approval concerning the research project titled “family and community resilience in indigenous communities”.

I understand the project will involve a number of audio taped focus groups and interviews with consenting local Yaegl people. I believe this project will not cause harm to any participants and may have some indirect benefits for the community in the future. I am happy for the Yaegl community, of which I am a member to be the main subject of this project.

Yours truly,

Michael Randall
CO-ORDINATOR
September 18, 2006
Appendix B

The University of Sydney

NSW 2006 Australia

Human Research Ethics Committee
www.usyd.edu.au/ethics/human
Senior Ethics Officer:
Gail Brody
Telephone: (02) 9351 4811
Facsimile: (02) 9351 6706
Email: gbrody@usyd.edu.au
Rooms L4 14 & L4 15 Main Quadrangle A14

Human Secretariat
Telephone: (02) 9365 9300
Facsimile: (02) 9365 9310
Email: bdateen@usyd.edu.au

7 December 2006

Dr Freidon Khavarpour
Yooroang Garang School of Indigenous Health Studies
Cumberland Campus – C42
The University of Sydney

Dear Dr Khavarpour

Thank you for your correspondence dated 15 November 2006 addressing comments made to you by the Human Research Ethics Committee (HREC). After considering the additional information, the Executive Committee at its meeting on 30 November 2006 approved your protocol entitled “The role of family and community resilience in Indigenous wellbeing”

Details of the approval are as follows:

Ref No.: 11-2006/9555
Approval Period: 30 November 2006 – 30 November 2007
Authorised Personnel:
Dr F Khavarpour
Dr K Clapham
Dr L Matthews
Ms V McLennan

The HREC is a fully constituted Ethics Committee in accordance with the National Statement on Ethical Conduct in Research Involving Humans-June 1999 under Section 2.6.

The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Research Involving Humans. We draw to your attention the requirement that a report on this research must be submitted every 12 months from the date of the approval or on completion of the project, whichever occurs first. Failure to submit reports will result in withdrawal of consent for the project to proceed.

Special Condition of Approval

Please provide Aboriginal Health and Medical Research Committee ethics approval when obtained.

Chief Investigator / Supervisor’s responsibilities to ensure that:

(1) All serious and unexpected adverse events are to be reported to the HREC as soon as possible.

(2) All unforeseen events that might affect continued ethical acceptability of the project are to be reported to the HREC as soon as possible.
(3) The HREC is to be notified as soon as possible of any changes to the protocol. All changes must be approved by the HREC before continuation of the research project. These include:-

- Notifying the HREC of any changes to the staff involved with the protocol.
- Notifying the HREC of any changes to the Participant Information Statement and/or Consent Form.

(4) All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The Participant Information Statement and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee and the following statement must appear on the bottom of the Participant Information Statement. Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, University of Sydney, on (02) 9351 4811 (Telephone); (02) 9351 6706 (Facsimile) or gbriody@usyd.edu.au (Email).

(5) The HREC approval is valid for four (4) years from the Approval Period stated in this letter. Investigators are requested to submit a progress report annually.

(6) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

[Signature]

John Watson
Associate Professor J D Watson
Chairman
Human Research Ethics Committee

cc: Ms Vanetta McLennan, Yooroong Garang School of Indigenous Health Studies, Cumberland Campus – C42, The University of Sydney

Enc:
Participant Information Statement (Interviews)
Participant Information Statement (Focus Groups)
Focus Group Questions
March 28, 2007

Dear AICMRC Ethics Committee,

Further to the Yaegl Land Council's approval of the project entitled "The Role of Family and Community Resilience in Indigenous Wellbeing" being conducted by Vanette McLennan, I wish to clarify the Yaegl tribal area is the Lower Clarence.

I understand interviews will be conducted at our facilities in both Maclean and Yambil.

It is also in the project's best interest to address both Yaegl and Birrigan Gargle Land Councils to ensure information is filtered.

Yours truly,

Michael Randall
Chief Executive Officer

Yaegl Local Aboriginal Land Council
Hillcrest Community Hall, Jubilee Street, Maclean
P.O. Box 216
Maclean NSW 2463
Ph: 02 6645 3676
Fax: 02 6645 3754
Email: yaegl@internode.on.net
Appendix D

Aboriginal Health and Medical Research Council of NSW

AH&MRC ETHICS COMMITTEE

3 May 2007

Dr. Freidoon A Khavarpour
Senior Lecturer
Yooroong Garang School of Indigenous Health Studies
Cumberland Campus, University of Sydney
LIDCOMBE NSW 2141

Dear Dr Khavapour

Family and community resilience in Indigenous wellbeing
(581/06)

At its meeting on 3 April 2007, the Aboriginal Health and Medical Research Council (AH&MRC) Ethics Committee considered your application for ethics approval for the above project.

The Committee agreed to approve the application, subject to the conditions below.

Standard Conditions of Approval
1. The approval is for the period from 3 April 2007 until 30 April 2008, with extension for an additional period on submission of a report on the research by 30 April 2008.
2. All research participants are to be provided with a relevant Participant Information Statement and Consent Form in the format provided with your application.
3. Copies of all signed consent forms must be retained and made available to the Ethics Committee on request.
4. Any changes to the staffing, methodology, timeframe, or any other aspect of the research relevant to continued ethical acceptability of the project must have the prior written approval of the Ethics Committee.
5. The research must continue throughout to comply with the National Statement on Ethical Conduct in Research Involving Humans (April 2007).

Funded by NSW Health

Level 3, 66 Wentworth Ave, Surry Hills, NSW, 2010. POBox 1565 Strawberry Hills 2012
Ph: 02 9212 4777 Fax: 02 9212 7211 Email: admin@ahmrc.org.au
ABN96 085 654 397 ACN 085 654 397
6. A final draft report must be provided to the AH&MRC Ethics Committee to be vetted for compliance with ethical and cultural criteria prior to:
   - any submission for publication; and/or
   - any dissemination of the report.
7. A copy of the final published version of any publication is to be provided to the AH&MRC Ethics Committee.

Special Conditions of Approval
NIL

Can you please acknowledge receipt of this letter and your acceptance of the above conditions within 14 days?

We would also appreciate your agreement that the AH&MRC may, on request, obtain access to the data obtained from the research in order to assist the future development of policy and programs in Aboriginal health.

We take this opportunity to wish you well in your research.

On behalf of the AH&MRC Ethics Committee,

Yours sincerely

[Signature]
Val Keed
Chairperson
Appendix E

The University of Sydney
Faculty of Health Sciences
YOOROANG GARANG
Yooroong Garang: School of Indigenous Health Studies

Are you interested in participating in an upcoming Yaegl community based project?

What? The research project will focus on the Yaegl community and is titled "The Role of Family and Community Resilience in Indigenous Wellbeing".

How? Interviews and focus groups to discuss resilience and wellbeing.

Where? The Land Council in Maclean, Multi-Purpose Centre in Yamba, or in your own home (if more convenient for you).

When? The project will be run throughout 2007.

Why? The Project is being conducted for a PhD degree at the University of Sydney and has the support of the Yaegl Land Council. Your participation will assist in clarifying the many strategies and supports used or required in the Yaegl community that help to boost health and wellbeing. The project aims to enhance strengths and capacities within communities and help community groups in applying for funding for projects/services related to wellbeing and capacity building.

For more information, including a detailed Participant Information Statement and Consent Form, please contact Graham Purcell (Ph: 6643 0200) or Vanette McLennan (Ph: 0402 312 363), or email vanette@student.usyd.edu.au

P.O. Box 170, Lidcombe, NSW 2141, Australia, Telephone. (02) 9351-9393, Fax (02) 9351-9400

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Appendix F

The University of Sydney
Faculty of Health Sciences

YOOROANG GARANG
Yoorroong Garang: School of Indigenous Health Studies

PARTICIPANT INFORMATION STATEMENT (Interviews)

Research Project
Title: The Role of Family and Community Resilience in Indigenous Wellbeing

(1) What is the study about?

The purpose of the study is to investigate the concept of resilience and its role in the well-being of the Yaegl community.

(2) Who is carrying out the study?

The study is being conducted by Vanette McLennan and will form the basis for the degree of PhD at The University of Sydney under the supervision of Dr Freidoon Khavarpour, Dr Kathleen Clapham and Dr Lynda Matthews, of the Faculty of Health Sciences at The University of Sydney.

(3) What does the study involve?

The study will involve an audiotaped interview and will consist of several questions and discussion time about wellbeing, resilience and the strategies you use to overcome hardships such as ill-health or disability. You are free to discontinue and withdraw from the interview at any stage. The interview will be arranged at a time most suitable to you at either the Yaegl Land Council (Maclean) or the Yaegl Multi-Purpose Centre (Yamba), whichever is the most convenient for you.

(4) How much time will the study take?

The interview will take approximately one hour.

(5) Can I withdraw from the study?

Being in this study is completely voluntary - you are not under any obligation to consent.

(6) Will anyone else know the results?

All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?

While there is not expected to be direct benefit, the study will give you a chance to openly discuss your wellbeing and may have indirect benefits for yourself and community by promoting better awareness of Indigenous resilience and the ways in which this may inform better and more culturally-appropriate health programmes.

(8) Can I tell other people about the study?

You are free to discuss the study openly with anyone you wish to.
(9) What if I require further information?

When you have read this information, Vanette McLennan and/or Graham Purcell will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Vanette McLennan (Ph: 0402 312 393) or Graham Purcell (Ph: 6643 0200).

(10) What if I have a complaint or concerns?

Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, Ethics Administration, University of Sydney on (02) 9351 4811 (Telephone); (02) 9351 6706 (Facsimile) or g briody@mail.usyd.edu.au (Email).

This information sheet is for you to keep.
PARTICIPANT INFORMATION STATEMENT (Focus Groups)

Research Project
Title: The Role of Family and Community Resilience in Indigenous Wellbeing

(1) What is the study about?
The purpose of the study is to investigate the concept of resilience and its role in the well being of the Yaegl community.

(2) Who is carrying out the study?
The study is being conducted by Vanette McLennan and will form the basis for the degree of PhD at The University of Sydney under the supervision of Dr Freidoon Kharvarpour, Dr Kathleen Clapham and Dr Lynda Matthews, of the Faculty of Health Sciences at The University of Sydney.

(3) What does the study involve?
The study will involve attendance at an audiotaped focus group. The focus group will be attended by 4-8 other local Yaegl people and will consist of discussion about wellbeing, resilience and the strategies used by the community to overcome hardships such as ill-health or disability. You are free to discontinue and withdraw from the focus group at any stage. The focus group will be arranged at a time most suitable to you at either the Yaegl Land Council (Macleay), or Yaegl Multi-Purpose Centre (Yamba).

(4) How much time will the study take?
The focus group will take approximately one and a half hours.

(5) Can I withdraw from the study?
Being in this study is completely voluntary - you are not under any obligation to consent.

(6) Will anyone else know the results?
All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?
While there is not expected to be direct benefit, the study will give you a chance to openly discuss community wellbeing and may have indirect benefits for yourself and community by promoting better awareness of Indigenous resilience and the ways in which this may inform better and more culturally appropriate health programmes.

(8) Can I tell other people about the study?
You are free to discuss the study openly with anyone you wish.
Appendix G (Cont.)

Research Project: The Role of Family and Community Resilience in Indigenous Wellbeing

(9) What if I require further information?

When you have read this information, Vanette McLennan and/or Graham Purcell will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Vanette McLennan (Ph: 0402 312 363) or Graham Purcell (Ph: 6643 0200).

(10) What if I have a complaint or concerns?

Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, Ethics Administration, University of Sydney on (02) 9351 4511 (Telephone); (02) 9351 6766 (Facsimile) or gbriody@mail.usyd.edu.au (Email).

This information sheet is for you to keep

Yurooang Garang: School of Indigenous Health Studies
P.O. Box 170, Lidcombe, NSW 2141, Australia,
Telephone. (02) 9351-9393, Fax (02) 9351-9400
PARTICIPANT CONSENT FORM

I, ..................................................., give consent to my participation in the research project,

Name (please print)

TITLE: The Role of Family and Community Resilience in Indigenous Wellbeing

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.

3. I am aware that the research is for a Doctoral (PhD) thesis and that the interview or focus group will be audiotaped.

4. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) now or in the future.

5. I understand that my involvement is strictly confidential and no information about me will be used in any way that reveals my identity.

Signed: ........................................................................................................................................................................

Name: ..........................................................................................................................................................................

Date: ..............................................................................................................................................................................

P.O. Box 170, Lidcombe, NSW 2141, Australia,
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Appendix I

The University of Sydney
Faculty of Health Sciences
YOOROANG GARANG
Yooroong Garang: School of Indigenous Health Studies

Interview Questions

1. What does being well mean to you?
   1.1. What helps you to be well?

2. Can you tell me about a time that you faced crisis or difficulty that threatened your wellbeing? (If not, give example i.e. family separation, loss of a loved one, alcoholism within the family)
   2.1. How did you cope at this time and what helped you through?
   2.2. Was there any particular support or protection provided by family or the community?

3. What helps to lift your confidence and mood when you’re facing or managing tough times?

4. What makes your life easier at times, or how do you feel your life could be made easier?

5. Are there things in the community that help you to be well, or help you to manage the tough times?
   5.1. If so, what makes you reach out for these supports in the community?
   5.2. Where and how do you access support?

6. How does your family and community band together to manage or overcome adversity?

7. Are there rituals or cultural activities you do with your family or the community that help you to be well or feel safe and supported?
   7.1. Is there anything else that helps you to be well, like spirituality or pride, or leadership in the community?

8. Think of a person that is strong or successful, and doing really well. What do you think makes that person strong? What is unique or different about that person that helps them to do well?

9. Think of a family that is strong and doing really well. What do you think makes that family strong? What is unique or different about that family that helps them to do well?

P.O. Box 170, Lidcombe, NSW 2141, Australia,
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Appendix J

The University of Sydney
Faculty of Health Sciences
YOOROANG GARANG
Yooroang Garang: School of Indigenous Health Studies

Focus Group Questions

1. What is the general understanding of wellness or wellbeing?

2. Can you tell me about a time when the community was well and feeling positive and worthwhile?
   2.1 What do you think were the reasons behind that?

3. Can you tell me about a time that the community faced crisis or difficulty that threatened its wellbeing and positivity?
   3.1 What were the reasons behind this?
   3.2 How did families and the community cope at this time?
   3.3 Was there any particular support or protection provided by the community?

4. What helps to lift the wellbeing of the community when facing tough times?

5. What makes life in the community easier at times?

6. What supports exist in the community that people can reach out for during difficult times?

7. How do families and the community band together to manage or overcome adversity?

8. Are there things already happening within the community that could be strengthened to help reduce adversity and improve community wellbeing?