

Caring for Aboriginal and Torres Strait Islander People

Accepting and Celebrating Diversity

- **Dr Sally Goold**

We live in a culturally diverse country with many different cultures making up the Australian population. I will be speaking about accepting and celebrating the diversity of one group, the first nations people of this country, the Aboriginal and Torres Strait Islander people. This is a huge area and of course I won't be able to cover all areas in the allotted time so I will do the best I can to cover areas that I consider important.

I would like to allow time at the end of my presentation for discussion.

As we are all aware, people who belong to the same culture have a system of shared understanding of words, actions, beliefs and values.

These shared understandings are acquired in the process of growing and become so internalised that people are not conscious of them.

A person's culture therefore consists of more than external characteristics.

Those values, beliefs and attitudes however may be continually modified as new situations arise and resultant new challenges are confronted.

Health workers need to consider those cultural factors in order to appropriately assess and provide appropriate care.

Whatever their cultural background, individuals need to have credibility, order and balance in their world.

Aboriginal and Torres Strait Islander people suffer the same health problems as others, they just seem to occur earlier, with greater severity, however, causal factors differ and culture will influence presentation. But those causal factors are 'reality factors' that have been brought about by the experiences of Aboriginal and Torres Strait Islander people as a result of historical factors.

These historical 'reality' factors need to be considered before we can deal with the major health issues of Aboriginal and Torres Strait Islander people.

There is an overall paucity of Aboriginal and Torres Strait Islander history, cultural aspects and health issues in nursing and I would hazard a guess in other

health care curricula, but without the background knowledge of the history of any nation and its people, it is impossible to understand the present, as this is true for Aboriginal and Torres Strait Islander people, so too is this relevant for nurses.

Nurses need to gain knowledge of the historical background of Aboriginal and Torres Strait Islander people in order to develop some understanding of how that history influences the present and people's lives.

This knowledge should be gained before they are confronted with and have to deal with the issues that lack of knowledge will present.

As Socrates said: 'Awareness of one's ignorance is the foundation of knowledge'.

Aboriginal and Torres Strait Islander people had forms of social control that involved the administration of laws and education on which a structure of spirituality and wellbeing existed, these structures determined cultural and social responsibilities that had to be adhered to under risk of penalties being imposed.

They have a unique affinity with the land, this relationship is not based on the western concept of ownership, it is a spirituality, in that, they belong to the land rather than the land belonging to them, the land is their mother and the importance of this to sustaining social and cultural development cannot be underestimated, this affinity with the land is very relevant if an understanding of the history and the distress experienced by the separation from their land is to be gained.

While it is beyond the scope of this paper to give a full account of Aboriginal and Torres Strait history, however, in order to gain some understanding of the historical background it is necessary to approach the area with an open mind and cast aside any prejudices that you may have, as, although many people feel that the past is the past, it must be realised that the legacy of past policies live on in present day Aboriginal and Torres Strait Islander communities, in people's experiences, attitudes, values and ways of perceiving.

According to John Eddy:

'History is the memory of an individual or community, the story of its identity or how it became what it is and can hope to be, without history there can be no understanding of the present and the future, no vision and no judgment. (Reconciling Our Differences, 1992 p5)

You may be aware that many policies were developed to 'deal' with the Aboriginal problem, people were removed from their land to reserves or

missions sometimes many kilometres from their country, where they were mostly forbidden to speak their language or practice their ceremonies.

Then of course came the assimilation policy, this particular policy gave 'protectors' of Aboriginal people the power to remove so called 'neglected' children from their parents, mothers mainly. These children were the 'so called half-caste' children of mixed parentage (Casting terminology is very offensive to Aboriginal people)

These stolen children were placed in institutions or fostered by white families.

Station managers and police were given the power to take them if they considered that they were at risk of moral or spiritual danger, unfortunately, some nurses colluded with this practice either wittingly or unwittingly.

The decisions to take them were made according to their own value judgments.

The abuse and exploitation of many of these children is well documented (see Bringing them Home, National Inquiry into the separation of Aboriginal and Torres Strait Islander Children from Their Families 1997)

Although this practice had been taking place for many years, (the number of children taken is unknown, but there were thousands taken) in most areas no records were kept and often if they were, only Christian names were used.

(The term Indigenous will now be used to include both Aboriginal and Torres Strait Islander people, Indigenous means Australian Indigenous people).

Many Indigenous people grew up not knowing who they were, who their families were and where they were from.

We need to be very mindful of this when caring for our Indigenous elderly who suffer from dementia, when the layers of their memory are peeled away and they relive through their long term memory and those terrible memories of those stolen children are awakened, particularly as longevity is increased and people reach 'old age' which certainly in Indigenous people does occur younger than in the wider community.

It is very difficult, almost impossible to obtain accurate data on the numbers of Indigenous elderly folk in aged care facilities, also data on young people with disabilities in residential aged care facilities however, many do not access those facilities and are cared for by families and on the communities.

The effects of the past has left a terrible legacy.

The taking of the children is seen by many as an attempt at cultural genocide, this has laid the foundation for many years of grief, distress and alienation from their own people.

As Kevin Gilbert said in 1977:

‘It is my thesis that Aboriginal and Torres Strait Islander Australia underwent a rape of the soul so profound that the blight continues in the minds of most blacks today.

It is the psychological blight more than anything else that causes the conditions that we see on reserves and missions and it is repeated down the generations’.

This is still relevant today.

It is important to realise and accept that Indigenous people are an oral society, that our history is passed down by story-telling, our old people are the keepers of our history, sadly dementia strips away this gift and any protection they may have had is gone.

According to Commissioner J H Wooten in his report (Royal Commission into Aboriginal Deaths in custody):

‘History is of critical importance. It is history that few Australians know, without that historical knowledge there will be a failure to appreciate how many Aboriginal and Torres Strait Islander men and women there are now in the community carrying deep scars from that history, scars that prejudice not only their own lives but those of their children and the very real risk that past mistakes will be repeated (Hunter 1991 p307).

As George Santayana pointed out:

‘those who ignore the mistakes of the past are often doomed to repeat them’.

This appears to be true now, as reports are indicating that Indigenous children are still being placed in non-Indigenous foster care.

The result of government policies has resulted in loss and bereavement caused by:

Loss of Land

Loss of freedom

Social fragmentation

Relocation onto missions and reserves

Loss of cultural and legal norms

Loss of citizenship

Forced removal of children

With this loss and fragmentation, came loss of country for hunting and gathering, with the subsequent change of lifestyle and diet, leading to many of the health issues seen today, Type 2 Diabetes and coronary artery disease.

Massive depopulation, with extinction of whole groups, loss of language and traditional knowledge, destruction of kinship bonds, absence of role models, lack of parenting skills, alienation and marginalisation.

Many Indigenous people living in an otherwise affluent Australia are still trapped in a vicious cycle of poverty and powerlessness from which they can never hope to escape.

This with a demoralising hopelessness are the cause of major problems, related to the cultural gap between many Indigenous and non-Indigenous people who cannot understand what it is like to be Indigenous and do not care (Franklin and White 1991, p33) and so the process of victim blaming continues.

The other long term effects have been characterise by the denial of access to public facilities, to adequate housing, to education employment opportunities, to economic power or resources for them to play a meaningful role or make a contribution.

The impact of these issues should be considered when caring for Indigenous people.

These issues are basic human rights that are the rights of all people regardless of which group they are from.

Knowledge and acceptance of the history of Indigenous people is not expected to engender feelings of guilt, but it is really about a healing process and acceptance of each other.

It is also about developing a commitment to social justice.

As Mick Dodson said: (HREOC 1993):

‘Social justice must always be considered from a perspective which is grounded in the lives of Indigenous Australians. Social justice is what faces you in the morning, it is waking in a house with an adequate water supply, cooking facilities and sanitation, it is the ability to nourish your children and to send them to school where their education not only equips

them for employment but reinforces their knowledge and appreciation of cultural inheritance.

It is a prospect for genuine employment and good health. A life of choices and opportunity free from discrimination.

This commitment to social justice indeed applies to all Australian people, we all have the same needs and desires for our own lives, it should be taken as a given.

However, as there may be differences, so too are there similarities, but, I believe that those differences should be valued and that we should celebrate our diversity.

Many statements or philosophies of nursing state in essence that we will care for people regardless of differences, that all people should be treated and cared for equally, but is this realistic? Should not those differences be valued and taken in to consideration when we provide care?

To provide safe care and a safe environment, physically, emotionally, mentally and culturally safe, is it not important in our endeavours to meet the needs of those entrusted to our care, that those differences be valued and seen as a priority consideration for their wellbeing.

All people, Indigenous and non-Indigenous have the right to be treated differently, as, by treating people the same can also be seen as discriminatory.

As there is diversity in the wider community, so too is there diversity among Indigenous people, groups and communities.

Indigenous people do not all have the same history, lifestyles, cultures and traditions, nor do they practice the same politics, these will differ from community to community and from generation to generation.

However, there are commonalities in culture and experiences.

The medical model of western health care expects specification in methods for action in given situations, the scientific and physical explanation of health and ill health is usual.

The challenge for health workers working with Indigenous people is how to care for people who view health and illness differently than the western medical view.

Health to Indigenous people encompasses every aspect of their life, control over their environment, their dignity, community self-esteem and justice. Because of this, to Indigenous people “life is health is life” there was no word in Indigenous language for ‘health’ as it is understood in western society.

It is considered that when the factors that influence social wellbeing and harmony within groups are maintained, people are healthy, but when harmony and social wellbeing are disrupted, ill health results. as health depends on social and spiritual wellbeing and the harmony that is a result of these.

The major concern for Indigenous people is quality of life with a social system based on inter-relationships between people, land and the creator beings (NAHS,1989,ix).

Having said that though, in health terms, Indigenous people are by far the most disadvantaged group in Australia, they suffer a higher burden of illness and die at a younger age than other Australians, this health disadvantage begins early and continues throughout life.

In most States and Territories Indigenous babies are 2-4 times more likely to be of low birth weight and 2-4 times more likely to die at birth than are non-Indigenous babies. Life expectancy for both men and women is 17 years below other Australians (Close the Gap, 2012).

Schweder's Hypothesis (1985) cited in Reser (1991, p256) suggests that those among traditionally orientated populations suffer 'soul loss' where severe economic, political and health constraints create feelings of hopelessness and helplessness, where demoralisation and despair are responses to real conditions of chronic deprivation and persistent loss, where powerlessness is not a cognitive distortion but an accurate mapping of ones place in an oppressive system.

As stated, cultural differences will influence the presentation of health problems and of people's attendance at health care facilities.

We need to consider what needs to be done to remove barriers to people accessing main stream health services, people will not go where they are not made feel welcome.

Racist attitudes are alive and well in the health care system with judgmental values and attitudes that are very obvious on the part of many health care professionals, Indigenous people are often treated as if they are invisible and/or as non-persons.

There are many good caring people working in health care facilities, but often their good work is undermined by the negative attitudes and behaviours of others.

The tyranny of distance, many times excludes an appropriate support system and the lack of interpreters is also a barrier to be overcome.

The need for improved education, all health care students and those working in health need to undertake a cultural respect program.

Increased recruitment and retention of Indigenous health care professionals in health care areas and recognition of the role they play.

A diverse workforce can only assist with caring for Indigenous people as well as non-Indigenous people, with the sharing of ideas and experiences. We all need to work together and accept and respect each other's views and the role we each play if we hope to provide appropriate care for Indigenous people with soul distress.