

Lateral violence: an Evidence Check rapid review brokered by the Sax Institute for the NSW Ministry of Health, April 2019

Short title: Evidence check lateral violence: report

NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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This report was prepared by: Peter Lewis and Richard Frankland

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Enquiries regarding this report may be directed to the:

Manager, Knowledge Exchange Program, Sax Institute
www.saxinstitute.org.au
knowledge.exchange@saxinstitute.org.au
Phone: +61 2 91889500

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Executive summary

01

NSW Ministry of Health Aboriginal Workforce Unit commissioned this review in response to issues in the workforce concerning lateral violence. The three review questions that were posed were:

- What is lateral violence?
- How does lateral violence affect the NSW Aboriginal health workforce?
- How can lateral violence be addressed by NSW Health.

Methods

To answer the review question, systematic searches were conducted of both the peer reviewed and grey literature (see Methodology, page 5). We identified a total of 123 peer reviewed publications and a combined total of 230 articles, reports and publications that addressed the review questions in various ways.

Overall, the literature is very limited when considering the prevalence and impact of lateral violence specifically on NSW Aboriginal health professionals but there is a significant and developing literature on lateral violence in First Peoples workplaces and communities.

Findings

Question 1 – What is lateral violence?

Our findings point to the origins of the concept of “*lateral violence*” and related terms in the work of socio-critical theorists such as Frantz Fanon and Paulo Freire in the 1960s and 1970s. While defined in various ways,

The term “*lateral violence*” is commonly used in the literature to describe the negative behaviours of oppressed groups towards each other as a result of internalising oppression. In recent years, the term is particularly used in the context of nursing and Indigenous peoples and their reaction to historical and present-day oppression.

“*Lateral violence*” in the literature concerning the First Peoples of Australia is identified with the colonial processes of disconnection from land, law/lore, culture and community which is viewed as an ongoing, intergenerational reality in the lives of First Peoples. It is seen as **a product of trauma, racism and disempowerment and the most commonly described features are bullying, gossip and exclusion**. The literature suggests that **lateral violence impacts negatively on health and wellbeing and organisational harmony**.

Question 2 – How does lateral violence affect the NSW Aboriginal health workforce?

The literature is very limited when considering the prevalence and impact of lateral violence specifically on NSW Aboriginal health professionals but there is a significant and developing literature on lateral violence in First Peoples workplaces and communities.

There is an emerging developing literature on the prevalence of lateral violence in Aboriginal workplaces and communities in general.

Lateral violence has a fundamental impact in terms of identity confusion and disassociation, present day trauma, exclusion and internalised racism. Overall wellbeing and physical health are negatively impacted on by lateral violence.

The commonly reported effects of lateral violence are: stress, anxiety and tension, feelings of social isolation at work, loss of confidence and self-esteem, loss or deterioration of personal relationships, headaches, backaches, stomach cramps, depression and deterioration of work performance. Lateral violence becomes visible through drugs and alcohol abuse, other addictive behaviours, violence, family violence and community disputes.

Question 3 – How can lateral violence be addressed by NSW Health?

According to the literature, dealing with lateral violence involves:

- Raising awareness of the issues within both the Aboriginal workforce and the departmental workforce as a whole
- The creation of policies and processes which promote these understandings
- The employment of healing and training programs to address lateral violence, and its impacts, directly.

The key area for policy and practice for workplaces and communities is through the promotion and implementation of cultural competence and cultural safety which in turn creates a framework for addressing lateral violence.

Implications and recommendations for NSW Health

Lateral violence is an insidious phenomenon that occurs in communities and workplaces where hierarchies create systems of domination that disempower people. In Aboriginal communities and workplaces those systems of domination are intergenerational, oppressive and traumatic creating a negative culture where disempowered people seek release amongst themselves. Its impacts lead to people seeing themselves as victims or mere survivors and create a loss of agency, frustration, stress, poor mental health, and in the workplace, dysfunctional dysfunctional relationships and a lack of motivation.

1. Changes to policy and practice

The key area for policy and practice is through the promotion and implementation of cultural competence and cultural safety which in turn creates a framework for addressing lateral violence.

We advise that current policies, such as *Respecting the Difference*, are reviewed and upgraded to involve greater understanding of lateral violence and cultural safety.

From the perspective of NSW Health, to address, lateral violence in the workplace, NSW Health should consider the following preventative measures:

- Raising awareness of the issues within both the Aboriginal workforce and the departmental workforce as a whole
- The creation of policies and processes which promote these understandings
- The employment of healing and training programs to address lateral violence, and its impacts, directly.

2. Implementation of healing workshops and human resources supports for First Peoples

We recommend that NSW Health seek the utilisation of educational, trauma-informed, healing-based training workshops for its workforce where the approach to dealing with lateral violence is holistic and focused on cultural and community resilience and strength.

In general, the fundamental approach of lateral violence workshops is to

- a. Identify cultural safety,
- b. Provide space for participants to recognise what lateral violence is and understand its causes, and
- c. Provide some tools to deal with the underlying issues that enable lateral violence in community and in workplaces.

3. Implementation of cross-cultural/safety workshops for mainstream workforce

To ensure culturally safe environments, in most cases we would see that lateral violence specific workshops would be for First Peoples only and **the mainstream workforce be involved in cross-cultural safety/competence workshops which create a greater understanding of the issues for the Aboriginal workforce.**

Background and introduction

02

Lateral violence refers to a range of behaviours that can include bullying, shaming, silencing, social exclusion, organisational conflict, and physical conflict. Lateral violence results from the interplay of social, historical and cultural factors and occurs within oppressed groups to destructive effect. Indigenous communities in many countries have been affected by lateral violence, and it has also been identified in other groups, for example the nursing profession. The broad social, historical and cultural factors driving lateral violence suggest that whole of population/system approaches are the appropriate framework for addressing the problem.

Lateral violence has been identified and raised as a concern for Aboriginal staff at all levels of the NSW health system for some time. The impact on individuals and teams has caused disruption, anxiety, disputes and lack of trust. Lateral violence is also seen as a barrier for Aboriginal people seeking employment opportunities or being retained in the health system. Lateral violence has more than one level of impact, as it affects individual Aboriginal health workers, workplace relationships (Aboriginal and non-Aboriginal), and relationships with Aboriginal communities.

The issue of lateral violence has been discussed in various forums and meetings as a problem that needs to be addressed either through the development of a policy, guidelines or other tools that will provide solutions to reducing or preventing the impact on staff. There are no specific current policies, guidelines or procedural documents to address this issue. NSW Health have in place the following documents that could be related or aligned to this issue, including:

1. NSW Health Code of Conduct
2. Respecting the Difference: Aboriginal Cultural Training
3. Unacceptable Workplace Behaviour
4. Managing Misconduct in the Workplace
5. Prevention and Management of Workplace bullying.

Methodology

03

We have critically searched and critically analysed the black and grey literature. The black literature is that published in peer-reviewed academic journals and publications. The grey literature includes reports, research reports, unpublished data, dissertations, policy documents, conference papers and other material found on the internet. We identified a total of 123 peer reviewed publications and a combined total of 230 articles, reports and publications that addressed the review questions in various ways.

In terms of the black literature there are limitations due to the minimum amount of lateral violence material that is specific to the context of the First Peoples of Australia, although there is a much larger selection of black literature material concerning lateral violence in the nursing profession. Most of the Indigenous Australian research activity in this field is from reports and policy-based publications, particularly from First Peoples organisations.

We searched the black and grey literature pertaining to:

- Lateral/horizontal violence
- First Peoples/Aboriginal/Indigenous health and community workers
- Aboriginal community-controlled health services
- Cultural safety and competence.

Flow chart of article selection process

Electronic databases

Google scholar, MEDNAR, Cochrane, Medline, PsycInfo, CINAHL, Wiley Online Library, ResearchOnline@JCU, Informit, General Google search, ProQuest, Jstor, Project Muse, Sage Journals, Taylor and Francis online, PubMed, EBSCO.

Aboriginal policy and research websites such as - Lowitja Institute, NACCHO, SNAICC, state and federal government websites pertaining to Aboriginal people.

Key search words

- Lateral/horizontal violence, Internalised racism, Internalised oppression
- Interpersonal violence
- First Peoples/Aboriginal/Indigenous health and community workers
- Aboriginal community-controlled health services
- Cultural safety and competence
- Healing programs
- +Workplace bullying
- +Aboriginal communities
- + Aboriginal
- +ACCHS
- +Indigenous
- +Historical trauma
- +Intergenerational trauma
- +Microaggressions

Unpublished material - particularly theses

Search results (number of papers/reports: 230)

A bibliography is provided in Appendix 1.

Analysis of evidence

04

a) What is lateral violence?

Origins of the concept – definitions

Lateral violence, sometimes referred to as horizontal violence, is a term that originated in the 1960s and 1970s in the work of socio-critical theorists such as Frantz Fanon and Paulo Freire to describe the negative behaviours of oppressed groups towards each other. They saw it as a result of internalising oppression.

*Internalised oppression has been defined as the incorporation and acceptance by individuals within an oppressed group of the prejudices against them within the dominant society. Internalisation of their devalued status and feelings of oppression can lead to the adoption of denigrating views and judgments both about themselves and about others in their racial or ethnic group. This process is actively encouraged and reinforced by the dominant group's own process of internalised domination. This tendency of oppressed groups to take out their frustration and rage on each other is termed lateral violence.*¹

In particular, Fanon saw this internalisation in the context of an ongoing colonial process in Africa. Fanon believed that, as a result of being dominated by the coloniser, colonised groups mimicked and took on the attitudes behaviours of the coloniser leading to acts of lateral violence within the oppressed group.

*“Every colonised people—in other words, every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality—finds itself face to face with the language of the civilising nation; that is, with the culture of the mother country. The colonised is elevated above his jungle status in proportion to his adoption of the mother country's cultural standards.”*²

The phrase lateral violence has also been used in the context of nursing due to the prevalence of incidents where nurses take out their feelings of powerlessness on each other.³ Duffy (1995) applied the concept of lateral violence, referred to as horizontal violence, to issues within the nursing profession using Fanon's ideas. Duffy contended that nurses see themselves as

an oppressed group due to their lower status within the health profession which is exacerbated by patriarchy.⁴ Other studies have built on this conceptualisation to describe and explain the prevalence of infighting, bullying, negativity and its impact on nurses in terms of psychological stress and decreases in morale and retention with clear implications for patient care and safety.⁵⁻¹⁰

In terms of Indigenous peoples there has been much research particularly in Canada on lateral violence and its ramifications. According to Derrick there are three key characteristics of lateral violence amongst Indigenous people of Canada: firstly, that Indigenous people repeat the original oppression they experience by oppressing those around them; secondly, those practicing lateral violence focus on the negative in another Indigenous person or group; and lastly, lateral violence practitioners collaborate with others to attack or undermine another person or group.¹¹ It is seen as a response by powerless people and how they covertly or overtly express and direct their dissatisfaction towards each other, themselves and others in positions of powerlessness.¹² There have been specific studies concerning Canadian Indigenous people who were removed from family and forced to be placed in residential schools and how lateral violence—in the case of the studies student to student abuse—was a particular factor in their lives due to the disconnection from family and culture.¹³

The findings of the Canadian residential school lateral violence study of relevance to this paper are provided below.

“Prevalence and characteristics of student-to-student abuse

- Incidence of emotional and physical violence among students in residential school appears to have been pervasive, often occurring on a daily basis within the context of bullying.

Factors contributing to student-to-student abuse

- Traumatic reactions to abuse, modelling of abusive behaviours, and the normalization of abuse among students are important contributors to peer abuse.
- The lack of protective factors within residential schools, in addition to widespread exposure to trauma, appears to have contributed to peer abuse.

- *The widespread physical neglect at residential schools put students in situations where they were forced to fend for themselves in order to acquire basic needs (such as adequate food) and this contributed to transgressive behaviours, including violence among students.*
- *Residential school students were purposefully made to feel powerless at school by staff that resulted in intense feelings of anger and frustration, and this drove some students to abuse others as a reaction or an attempt to gain some kind of feeling of control over their lives.*

Implications of student-to-student abuse on Aboriginal communities

- *Student-to-student abuse compounded the effects of staff-perpetrated abuse and the general residential school experience, and when the abuse continued after returning to their home communities, the compounded effects contributed to high rates of violence (including family feuding, bullying, and gossiping) and child abuse that exist in those communities. In many cases, continued transgressions are often linked with victims and perpetrators living in close proximity.*
- *Leadership roles within communities are sometimes sought after by former Survivors who were bullies at school and/or who perpetrated sexually against others.*

Inadequate government and community responses

- *The apparent pervasiveness of the student-to-student abuse and the complex issues involved points to an important need for resources to address the individual and collective effects of residential schools in Aboriginal communities. Since 2008, funding and support for residential school healing programs have been substantially reduced by the federal government.*
- *Residential schools have influenced community well-being in general. Their effects are associated with the significant proportion of community members still dealing with either the direct or intergenerational consequences of their own or their family members' residential school experiences. The continuation of collective trauma that exists appears to contribute to pervasive health and social concerns, the negative impacts of which are reinforced by inadequate responses and the long-term effects of student-to-student abuse."¹³*

The use of the term lateral violence in relation to First Peoples in Australia is often attributed to discussions at the international, Indigenous-focused Healing Our Spirit Worldwide conference in Alberta, Canada, in 2006.³ Since then, various workshops, articles and panels have been held in Australia to discuss the concept and deal with the issues raised. Lateral violence was identified as a significant issue by the Australian Human Rights Commission in 2011 and one of the areas discussed in Aboriginal Social Justice Commissioner Mick Gooda's Social Justice Report 2011.¹⁴ That report built on the Victorian Aboriginal Child Care Agency's (VACCA) This is 'Forever Business': A framework for restoring cultural safety in Aboriginal Victoria (2010) identification of lateral violence as a significant block to cultural safety for Victorian Aboriginal communities.¹⁵ According to former Commissioner Mick Gooda, lateral violence

"manifests in individual acts of violence (situational violence), it is based on and breeds internalised racism (cumulative trauma) and has resulted from the historical processes of colonisation, dispossession and forcible removal of children (inter-generational trauma) ... It is very difficult for a community in crisis to function effectively as many people are tied up in conflict or disempowered by the effects of trauma."¹⁴

In the context of the First Peoples of Australia, Cripps and Adams suggest:

"Lateral violence occurs particularly amongst Aboriginal peoples where its roots lie in colonisation, oppression, intergenerational trauma and ongoing experiences of racism and discrimination. It is the expression of rage and anger, fear and terror that can only be safely vented upon those closest to us when we are being oppressed. Behaviours included under the spectrum of lateral violence range from gossiping, jealousy, bullying, shaming of others, backstabbing, family feuding, organisational conflict, attempts at socially isolating others and extreme situations such as physical violence."¹⁶

Lateral violence is believed to be pervasive in most Aboriginal communities and workplaces. In her PhD thesis completed in 2017, Yvonne Clarke comments:

“Lateral violence has been identified in places that include: Facebook, which has become a tool of scrutiny and surveillance in which both lateral violence and racial vilification are prevalent (Montgomery 2014); the native title process where Aboriginal people can turn against each other for valuable land resources and access to traditional lands (AHRC 2011b; Gooda 2011a, 2011b); Aboriginal community corporations where internal disputes constituted the third most prevalent class of Indigenous corporate failure (Office of the Registrar of Indigenous Corporations (ORIC) 2010); the arts industry where lateral violence has potentially been perpetrated in three areas including (a) among individual art practitioners and managers (b) within the organisational governance structure, and (c) Indigenous funding bodies (Cook 2012); and Australia’s university sector, between Indigenous academic, professional and general staff (National Indigenous Unit of NTEU 2011). The pervasive nature of lateral violence means that lateral violence is inescapable, intense and chronic within Indigenous communities and industries and can thus become normalised.”³

While there is growing familiarity with the concept of lateral violence within Australia, particularly by Aboriginal and Torres Strait Islander professionals, Clark has pointed out that amongst community members in Adelaide there is still a general unawareness of the concept and ambivalence towards the term itself due to the stigma that ‘lateral violence’ has as a descriptor of Aboriginal behaviour.³ Hence it is critical to see lateral violence in terms of its origins in colonisation and ongoing reality due to dispossession, disconnection and disadvantage.

Lateral violence as an outcome of colonisation

For First Peoples in Australia *“invasion is a structure not an event”*.¹⁷ In other words the disconnection from land, law/lore, culture and community, which the British invasion of the lands and waters we now call Australia caused, is an ongoing, intergenerational reality in the lives of First Peoples. To treat lateral violence, we therefore need to understand and address the systemic

nature of colonisation and how it is manifest in political and social relations between First Peoples and non-Indigenous Australians today. As Fanon suggests above, the internalisation of colonisation can lead to lateral violence. In the Australian context Pat Dudgeon notes that *“violence turned inwards”*¹⁸ can manifest as alcohol and drug abuse, depression, suicide and lateral violence.

The majority of First People communities in Australia have been either forced off their land or had their land area shrunk and taken over by government administrators or missionaries. Many were killed in the process, either through disease or battle. Legislation was passed by colonies or by states post-Federation to restrict freedom of movement and empower reserve managers to limit or prohibit traditional spiritual, legal and cultural practices. For example:

- In Victoria the *Aborigines Act 1869*
- New South Wales established the Aboriginal Protection Board in 1883, granting legal power to the Board with the introduction of the *Aborigines Protection Act 1909*
- In South Australia the *1911 Aboriginal Protection Act*
- In Tasmania the *Cape Barren Island Act 1912*
- The Queensland *Aboriginals Protection and Restriction of the Sale of Opium Act 1897*
- The *Northern Territory Aboriginal Ordinance of 1911* and the *Welfare Ordinance 1953*.¹

The Stolen Generations policies, as documented in the *“Bringing Them Home Report” (1997)*¹⁹, further exacerbated the impact of colonisation. First Peoples were not counted as citizens in the census until the success of the 1967 referendum and most only received the right to vote in the 1960s. In most areas of life agency was denied and encountering racism a frequent occurrence. Anthropologist W.E.H. Stanner in his studies of Aboriginal communities in the Northern Territory spoke of four interrelated negative forces at work in Aboriginal communities — all due to colonisation and all contributing to collective trauma — homelessness, powerlessness, poverty and confusion.²⁰

Lateral violence and trauma

Internationally, the type of trauma which Indigenous peoples experience is referred to as intergenerational or collective or historical trauma; is attributed to the processes of colonisation; and is “*prolonged, cumulative and intergenerational*”. Clark suggests that,

*“some of the behavioural effects of collective trauma are: loss of connection to self, surroundings and other people; deep mistrust of self and others; and violence and abuse at many levels. Such violence and abuse can have significant trauma reactions and can become normalised in communities.”*³

In Australia, particularly through the work of Judy Atkinson and a growing number of Aboriginal theorists, there is a developing discourse on trauma which sees most presenting trauma in First People communities as essentially a product of invasion. Judy Atkinson notes in her ground-breaking “Trauma Trails, Recreating Song Lines (2002)” that the process of colonisation goes through various stages that then imbed collective trauma in Aboriginal communities. They include physical violence (invasion, disease, death and destruction), structural violence (enforced dependency, legislation, reserves and child removals) and psycho-social dominance (cultural and spiritual genocide). Most Aboriginal communities can trace their historical trauma according to the stages of colonisation they have undergone.²¹

The first step in understanding Aboriginal community trauma is to ask, as Gail Green does, “how do we take account of the ‘trauma load’ in the community?”²² and define trauma from the collective perspective of colonised peoples.

The trauma experienced by Indigenous people as a result of colonisation and subsequent policies, such as the forced removal of children, has had devastating consequences. The disruption of our culture and the negative impacts on the cultural identity of Aboriginal and Torres Strait Islander peoples has had lasting negative effects, passed from generation to generation. The cumulative effect of

*historical and intergenerational trauma severely reduces the capacity of Aboriginal and Torres Strait Islander peoples to fully and positively participate in their lives and communities, thereby leading to widespread disadvantage.*²³

Coffin, Larsen and Cross (2010) researched Aboriginal communities in Midwest Western Australia and found that the intergenerational effects of trauma passed down by parents manifested as lateral violence/bullying and, for some, become normalised.²⁴

In their article, Aboriginal and Torres Strait Islander Mental Health: An Overview, Robert Parker and Helen Milroy noted that the

*“phenomenon of ‘malignant grief’ is the result of persistent stress experienced in Aboriginal communities. Malignant grief is a process of irresolvable, collective and cumulative grief that affects Aboriginal individuals and communities. The grief causes individuals and communities to lose function and become progressively worse; ultimately it leads to death. This grief has invasive properties, spreading throughout the body, and many of Australia’s Aboriginal people die of this grief. The issue of malignant grief should also be viewed in the context of repeated generational trauma that affects some Aboriginal and Torres Strait Islander communities.”*²⁵

Milroy provides an explanation of how trauma is transmitted across generations and the role of community networks:

“The trans-generational effects of trauma occur via a variety of mechanisms including the impact on the attachment relationship with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatising where children witness the on-going effect of the original trauma, which a parent or other family member has experienced. Even where

children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health, family dysfunction, community violence, psychological morbidity and early mortality.”²⁶

Lateral violence and racism

Racism is a critical factor in lateral violence. Constant exposure to racism and social exclusion has a severe impact on marginalised communities.

Social exclusion can take many forms ranging from racism and vilification to bullying and more subtle experiences that entail refusals of friendship and non-recognition, all of which constrain wellbeing. These actions also span multiple settings and occur at home, at school, in the workplace, and in day-to-day social exchanges and transactions. Such experiences have the potential to establish reciprocal patterns of socialisation that weaken individual capacities, disrupt social cohesion and alienate groups. There is good evidence that racial discrimination is associated with a range of adverse health conditions including poor physical and mental health (especially depression and anxiety), as well as unhealthy behaviours such as smoking, alcohol and drug use.²⁷

In 2012 VicHealth released their report, **Mental health impacts of racial discrimination in Victorian Aboriginal communities** which provided clear evidence that racism was a constant in the lives of Aboriginal people. The figures from the report note that:

- Ninety-seven percent of Aboriginal people experience racism each year
- Seventy percent experience at least 8 racist incidents each year
- People who experienced the most racism also recorded the most severe psychological distress scores
- Two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress scores
- More than 70% worried at least a few times a month that their family and friends would be victims of racism.²⁸

Raphael, Swan and Martinek point to the levels of trauma suffered by Aboriginal people in relation to dispossession and denial of rights and the constant feeling of being seen as sub-human, particularly in terms of the failure to recognise Aboriginal family and kinship structures, and the policies of the past in relation to the removal of children.²⁹

There are various forms of lateral violence including bullying and cyberbullying.³⁰ Koorreen Enterprises lists the following in its training.

*Gossip, Jealousy, Revenge, Blaming and Judging, Shaming and Guilting, Humiliating, Taunting, Lecturing, Ridiculing, Shunning, Ignoring, Negative Labelling, Emphasising the negative, Financial disabling, Financial greediness, Firing or threatening of Firing Selective hiring/ nepotism.*³¹

Koorreen Enterprises also point to a vicious cycle of lateral violence which can emerge from personal slights to imposed and imagined negative motives by the recipient, eventually involving other family and community members.³¹

SUMMARY OF QUESTION A: What is lateral violence?

Our findings point to the origins of the concept of “*lateral violence*” and related terms in the work of socio-critical theorists such as Frantz Fanon and Paulo Freire in the 1960s and 1970s. While defined in various ways, the term “*lateral violence*” is used to describe the negative behaviours of oppressed groups towards each other as a result of internalising oppression.

In the literature, the term is particularly used in the context of nursing and Indigenous peoples and their reaction to historical and present-day oppression.

Lateral violence in Australia is identified with the colonial processes of disconnection from land, law/lore, culture and community which is an ongoing, intergenerational reality in the lives of First Peoples. It is seen as a product of trauma, racism and disempowerment and involves bullying, gossip and exclusion. It impacts negatively on health and wellbeing and organisational harmony.

b) How does lateral violence affect the NSW Aboriginal health workforce?

The literature is very limited when considering the prevalence and impact of lateral violence specifically on NSW Aboriginal health professionals. The Australian Indigenous Doctors’ Association (AIDA) reported on the issue of lateral violence (LV), as well as racism, in its 2016 members survey. Its key findings regarding lateral violence were:

More than 48% of Aboriginal and Torres Strait Islander respondents had experienced either a few incidents per month, or daily incidents of bullying, racism and lateral violence in their workplaces. Only 43% of those who experienced these incidents reported them. A further 14% of respondents preferred not to say.

About half of Aboriginal and Torres Strait Islander respondents reported that colleagues had a negative reaction to their cultural identity, with misconceptions about perceived privileges and easier pathways into and through medicine for Indigenous Australians being the most commonly cited reaction.

Less than one-in-ten respondents believed that existing workplace policies and procedures offered accessible and adequate support – both for victims and for perpetrators.

68% of Aboriginal and Torres Strait Islanders had witnessed LV few times a month to daily

56% Aboriginal and Torres Strait Islanders had witnessed racism

48% Aboriginal and Torres Strait Islanders had experienced LV few a month to daily –

52% Aboriginal and Torres Strait Islanders racism.

The report concluded:

“More work is needed to improve workplace cultural safety as one step towards a culturally safe health system.

Effective measures to redress racist behaviours and attitudes in the workplace are essential; so are those addressing systemic racism. Clear policies and guidelines will help to shift the focus away from reacting to individual incidents on the level of personal problems and behaviour, to preventing them from happening on a systemic level by addressing the context that allows those incidents to happen.

Respondents' proposed strategies:

- *increase respect for and acceptance of Aboriginal and Torres Strait Islander patients and staff and their cultural values and beliefs*
- *adopt a zero-tolerance approach to bullying, racism and lateral violence with the appropriate complaints processes and follow up actions in place to enforce this*
- *provide more support increasing the number of Indigenous health staff at all levels, and*
- *mandatory and regular cultural safety training for all employees.*"³²

Winsor (2001) specifically identified lateral violence and bullying as occurring within the Aboriginal health workforce.³³ One unpublished thesis on the NSW Aboriginal health workforce by Winsor-Dahlstrom (2000) has a chapter on lateral/horizontal violence based on personal conversations with workers and a study of the literature at the time. The author notes that the commonly reported effects of lateral/horizontal violence are: stress, anxiety and tension, feelings of social isolation at work, loss of confidence and self-esteem, loss or deterioration of personal relationships, headaches, backaches, stomach cramps, depression and deterioration of work performance.

*"And, just as in nursing, the situation for Aboriginal Health Workers is that there are high levels of burnout, absenteeism, chronic illnesses related to stress and early resignations from their careers. These commonalities, the anecdotal evidence gathered at interview and my own experience confirms that Aboriginal Health Workers are suffering from horizontal violence."*³⁴

She points out that their issues were broader than those of nurses.

*"However, the unusual situation of the Aboriginal Health Worker is in that we work and live in the same community and the 'horizontal violence' is not only experienced within the workplace, but also in our personal lives, within our own communities."*³⁴

Similarly, Abbott, at the Third National Aboriginal and Torres Strait Islander Health Worker Conference (1999) stated:

*"There is a process of negotiation and consultation within communities, that can only be carried out by Aboriginal Health Workers. There is, however, still no formal recognition of the actual workload that Aboriginal Health Workers carry beyond the primary health care role. Community and family obligations go far beyond the service that hospital and clinic provide; yet the Health Workers as cultural broker, family member, community member and worker must meet them."*³⁵

Impact and the characteristics of lateral violence

In First Peoples' workforces and communities, lateral violence has a fundamental impact in terms of identity confusion and disassociation, present day trauma, exclusion and internalised racism.

In Canada, the Native Women's Association of Canada (NWAC) reported as follows:

"The Effects of Lateral Violence

On a personal level, depending on the severity of the lateral violence there are a lot of health problems that can manifest for the individual being targeted. They could experience:

- *Sleep disorders either not being able to sleep or not wanting to get out of bed in the morning;*
- *Changes in eating habits – either eating more or less or differently;*

- *Weight loss or gain;*
- *Moodiness – lack of sleep will usually mean that you won't be all that happy;*
- *Self-doubt –you question all your decisions and abilities;*
- *Decreased self confidence;*
- *Feelings of worthlessness;*
- *Forgetfulness;*
- *Chronic anxiety;*
- *Depression;*
- *Emotional and teary eyed;*
- *Higher absenteeism-not wanting to be at work; and*
- *Weakening immune system – resulting in greater susceptibility to colds, flu and other illness.*

The costs to the organization

Lateral violence not only affects the individual who is experiencing it. It also impacts other people in the organization and community. Spending time rumour- mongering and gossiping costs the organization money in terms of lack of productivity. Additionally, a toxic organization also creates an atmosphere in which there is:

- *High staff turnover*
- *Loss of corporate history*
- *Low morale*
- *Decreased customer service*
- *Increased financial costs*
- *Increased absenteeism*
- *Lack of teamwork*
- *Unhealthy competition.*³⁶

In her PhD thesis, Clark reports on a study centred on qualitative interviews with 30 Aboriginal people in Adelaide. Her findings were that,

“Overall, four major interpretative themes emerged from interviews: the predominantly covert and insidious nature of lateral violence; the relationship between racism and lateral violence; challenges to identity as acts of lateral violence; and the destructive effects of lateral violence on wellbeing. The wellbeing scales indicated overall that participants’ psychological distress was in the moderate range, with 29% scoring in the high/very high psychological distress range. Many of the participants with high distress levels relayed traumatic narratives of lateral violence and were exposed to a number of negative life events. It is hoped that by increasing awareness of lateral violence and its effects, this will assist in preventing the incidences of lateral violence incidences within Indigenous communities.”³

Identity confusion

Cultural identity is fundamental to First Peoples. It has been subject to negative governmental and general societal constructs as demonstrated by the Stolen Generations policies of the 1930s which categorised First Peoples on the basis of ‘blood quantum’, with those determined to not be ‘full blood’ to be removed from families and communities. For many, identity is multi-faceted due to dispossession from land, placement on missions and reserves and separation from families and communities. Identity is questioned to this day by elements of society due to skin colour and level of integration with mainstream society. Australian journalist, Andrew Bolt’s public questioning of the cultural authenticity of light-skinned Aboriginal people is an example of this. Fortunately, his perspective was challenged in court and found to be in breach of the *Commonwealth Racial Discrimination Act (1975)*.¹⁹ The negative impact of comments of Bolt and public figures of his ilk is that it reproduces mischaracterisations of what a ‘real’ Aboriginal person is³⁷ which in turn informs the attitudes of some First Peoples who use derogatory terms such as ‘coconut’ ‘uptown black’ and ‘textbook black’ to undermine someone’s cultural identity.³⁸ International literature refers to this as the ‘acting white syndrome’ where it is used as a form of abuse, particularly for high achieving students or tertiary-educated members of oppressed peoples.³⁹⁻⁴³

Clark points out that this view

“ignores and does not recognise the contemporary Aboriginal person, who may be cosmopolitan, tertiary educated, works with or is associated with government and has assets; yet they are not assimilated and have a comfortable Aboriginal identity (Moore, 2008). This corresponds with statistics that reveal many Indigenous Australians fail to conform to such an idealised view of Aboriginality. For example, about 90% of Aboriginal people do not speak an Aboriginal language as the main language spoken at home, yet over half (63%) identify with a particular clan, tribal or language group or mission.” (AIHW, 2015)³

Often the issue of identity impacts and is used by children who may bully or verbally abuse each other for being too light skinned and therefore not being ‘Aboriginal enough’.²⁴ In the case of both adults and children, calling into doubt one’s Aboriginality on the basis of skin colour—from both other Aboriginal people and non-Indigenous people—leads to feelings of self-doubt, confusion and hurt.⁴⁴ Two studies in particular have looked at the impact of identity questioning on social media as a tool of lateral violence. Radoll (2014) and Lumby (2010) noted the potentially destructive aspect of Facebook, particularly for Aboriginal youth as well as its potential for sharing culture and kin/community information.⁴⁵

Racism also impacts lateral violence. Denial of racism by society means that the experiences of racism are unvalidated and blame can be transferred from the perpetrator to the victim who internalises that racism.⁴⁶ Self-worth and pride in cultural identity are attacked and individuals within marginalised communities begin to believe, at least sub-consciously, in the ‘bad press’. For example, Frankland in his “*Malka*” workshops takes the Aboriginal participants through a process of observing the stereotypical negative labels that Aboriginal people are given to eventually conclude that they too, even if only subconsciously, use the same labelling for their own people.⁴⁷ Labelling is a key feature of racism and raises the added complexity that discussion of lateral violence may itself become just another negative label and form of victim blaming for First Peoples in the wrong hands.⁴⁸

Trauma

The impact of trauma can be seen in relation to how disputes turn into anger between families and individuals in Aboriginal communities and, to use a phrase used by Bloom, to a loss of ‘volume control’.

People who have been traumatized lose this capacity to ‘modulate arousal’. They tend to stay irritable, jumpy, and on-edge. Instead of being able to adjust their ‘volume control’, the person is reduced to only an ‘on-or-off’ switch, losing all control over the amount of arousal they experience to any stimulus, even one as unthreatening as a crying child.⁴⁹

This relates to what der Kolk and Greenburg refer to as an addiction to trauma.⁵⁰ Similarly Bloom contends that “people can become ‘addicted’ to their own internal endorphins and as a result only feel calm when they are under stress, while feeling fearful, irritable and hyperaroused when the stress is relieved, much like someone who is withdrawing from heroin.”

So, situations easily become inflamed when there is a mutual feeling of trauma and disempowerment. Richard Frankland contends:

“Family, community and tribal breakdowns result in key cultural matters, such as stories, dance, language, rituals and song not being passed on. Cultural suicide was born in the shape of lateral violence/intra cultural conflict; we have become an unparalleled danger to ourselves. Lateral Violence becomes visible through drugs and alcohol and other addictive behaviours, violence, family violence, community violence and so on. Its nature is to feed factions and create factional violence.”⁴⁷

As we can see, historical trauma translates to community trauma which can lead to acts of lateral violence, however, the trauma also has its present-day context of discrimination, inequality and racism.

Generational traumas become current pressures which lead to lateral violence as reported by Richard Frankland in *This is Forever Business* (2010).

“We observed in our research and amongst our interviewees a weight amongst the communities. The expectations and needs of the community they are servicing was huge, the expectation of the non-Indigenous community larger. The communities we attended are all under pressure. All are living with an axe over them. From funding agencies, from communities and from broader society. The social pressures overwhelming. People spoke of going to twenty funerals a year, rather than this being an occasional statement, it was all too common a statement. Young and old people spoke of extreme physical, emotional and spiritual violence amongst the communities and how it horrified and exhausted them and at the same time occasionally dragged them in. A former prisoner spoke of being used as a thug in some family or community war and how he cried when he told of how he had beat his cousin at the orders of an Elder. A young grandmother told how she would not take her grandchildren shopping as she did not want them to see her beaten or abused in the street. Other people told us of Elders being beaten fortnightly for their pensions, elders ordering bashings of relatives and ‘enemies’ like pseudo Mafioso gangs. These are some of the countless incidents we were told of in just a few communities throughout Victoria. Daily there are more incidents happening or being played out as you read this document.”¹¹

Unequal power in communities

Most First Peoples’ communities in Australia have less resources than the rest of society creating power imbalances that then trigger internal community conflicts and tensions.³⁶ In terms of access to resources and agency Langton (2008) points out that Aboriginal people are often the “victims of vertical violence and are entrenched in unequal power relations” and will then use this rage and frustration against themselves as an oppressed group.⁵¹ Jealousy and bullying may occur due to the fight for resources leading to exclusion on one hand and a ‘tall black poppy’ syndrome on the other.²⁴

Impact of lateral violence on wellbeing

Overall wellbeing and physical health are negatively impacted on by lateral violence. Lateral violence impacts on by lateral violence. Lateral violence impacts on psychological equilibrium which in turn affects stress levels and physical health.⁵² The literature concerning the Canadian Indigenous experience notes an increase in feelings of a lack of trust and blaming others and a sense of self-shame¹¹ often leading to sleep disorders, weight problems, depression and anxiety.³⁶

SUMMARY OF QUESTION B:

How does lateral violence affect the NSW Aboriginal health workforce?

The literature is very limited when considering the prevalence and impact of lateral violence specifically on NSW Aboriginal health professionals but there is a significant and developing literature on lateral violence in First Peoples workplaces and communities.

There is an emerging developing literature on the prevalence of lateral violence in Aboriginal workplaces and communities in general. Lateral violence has a fundamental impact in terms of identity confusion and disassociation, present day trauma, exclusion and internalised racism. Overall wellbeing and physical health are negatively impacted on by lateral violence. The commonly reported effects of lateral violence are: stress, anxiety and tension, feelings of social isolation at work, loss of confidence and self-esteem, loss or deterioration of personal relationships, headaches, backaches, stomach cramps, depression and deterioration of work performance. Lateral violence becomes visible through drugs and alcohol abuse, other addictive behaviours, violence, family violence and community disputes.

c) How can lateral violence be addressed by NSW Health?

The first stage in overcoming the debilitating impact of lateral violence on Aboriginal people is awareness of its causes and constant presence in colonised settings and contexts.⁵³ A process of decolonisation is advised by many commentators so that policies, practices and, in the case of this study, workplaces, are empowering and culturally safe.⁵⁴ As Strelein and Tran (2013) suggest:

“the business of decolonisation involves engaging with former colonial laws, policies and practices in order to create a ‘space’ for Indigenous peoples to express their unique identities, cultures and ways of knowing” (p.19).

From the perspective of NSW Health—after raising awareness of the issues within both the Aboriginal workforce and the departmental workforce as a whole— lateral violence can be addressed by the creation of policies and processes which promote these understandings and by the employment of healing and training programs to address lateral violence, and its impacts, directly. At all stages these actions must be Aboriginal-led as the solutions have been identified by Aboriginal people, and governmental actions are often the causes of division due to a lack of cultural awareness and competence.^{51, 54-56} However, government departments, when they follow the direction of Aboriginal people, can play a supporting role due to their ability to provide resources and programs.⁵⁵

The key area for policy and practice is through the promotion and implementation of cultural competence and cultural safety which in turn creates a framework for addressing lateral violence. Internationally and nationally many cultural competence and cultural safety policies and practices have been developed. The Australian Indigenous Psychologists Association (AIPA) utilises the cultural development model (CDM) (Wells, 2000) which consists of six stages along a continuum. The first three stages incorporate learning and cultural knowledge acquisition, the latter three stages on affective processes of self-reflection, understanding and experience. Stage one is “*cultural incompetence*”; stage two is “*cultural knowledge*” which is learning about the fundamentals of culture;

stage three is “*cultural awareness*” which is about understanding the cultural implications of behaviour; stage four is “*cultural sensitivity*” which integrates cultural knowledge and awareness into behaviour; stage five is “*cultural competence*” which involves culturally relevant interventions and practices; and stage six is “*cultural proficiency*” which is the integration of all the components of the CDM model.⁵⁷ Most First Peoples organisations would contend that only they would have that final stage of competence.⁵⁸ The aim for Indigenous and non-Indigenous organisations and government departments is cultural safety.

The concept of cultural safety has its origins in Aotearoa New Zealand and was first utilised by Maori in relation to the inadequacies of mainstream nursing.

Cultural safety is:

An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.

Cultural safety in a service context is determined by the experience of the recipient. It requires non-Indigenous service providers to be aware of their personal and systemic practices.

A variety of frameworks have been developed to counteract lateral violence; all of them seeing cultural safety as the critical component. For example, Stephen R. Zubrick, Carrington CJ Shepherd, Pat Dudgeon, Graham Gee, Yin Paradies, Clair Scrine and Roz Walker have suggested the following factors which protect Aboriginal social and emotional wellbeing which relate to cultural identity.

“Connection to land, spirituality and ancestry, kinship networks, and cultural continuity are commonly identified by Aboriginal people as important health- protecting factors. These are said to serve as sources of resilience and as a

unique reservoir of strength and recovery when faced with adversity, and can compensate for, and mitigate against, the impact of stressful circumstances on the SEWB of individuals, families and communities.”²⁷

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Well Being 2004–2009 contains nine guiding principles that emphasise the holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander people. The Framework was endorsed by the Commonwealth and State/Territory governments and represented agreement among a wide range of stakeholders on the broad strategies that needed to be pursued.⁵⁹ The nine principles are:

“Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples’ health problems generally and mental health problems in particular.

It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.

The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.

Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples’ mental health and wellbeing.

The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.

It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment”.^{60, page 6}

In Victoria, the Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027 follows along similar lines:

The social and emotional wellbeing model

The Aboriginal social and emotional wellbeing model has informed the development of Balit Murrup. It is a therapeutic model that includes mental health and mental illness as elements of social and emotional wellbeing. The model is a strengths-based approach to working with mental health and wellbeing. The aim is to emphasise the importance of building strengths, resilience and connectedness in Aboriginal people and communities as pathways to positive mental health and wellbeing.⁶¹

The model can be applied across the continuum of mental health care including:

- Symptom reduction
- Recovery and ongoing support
- Health promotion
- Preventative and early intervention responses to protect and promote resilience and reduce psychological distress.

It can also be used in conjunction with other interventions. For example, in acute crises that require immediate mental health response many of the dimensions included in the model are not recognised in conventional approaches to working with mental health. Culturally-informed therapeutic practices that differ markedly from conventional western mental health approaches⁶² have been developed and are increasingly used in practice.

The foundational assumptions of the model are:

- Health is holistic
- Self-determination is a right
- Kinship is central
- Aboriginal cultures are diverse
- Human rights are respected
- Cultural understanding is essential
- Aboriginal strengths are acknowledged
- Historical trauma and loss and the experience of racism and stigma have and continue to negatively affect Aboriginal social and emotional wellbeing.

Figure 1 presents the dimensions of Aboriginal social and emotional wellbeing, which are:

- Connection to spirit, spirituality and ancestors
- Connection to land
- Connection to culture
- Connection to community
- Connection to family and kinship
- Connection to mind and emotions
- Connection to body.

The outer ring shows the determining influence of social, political, historical and cultural factors on social and emotional wellbeing.

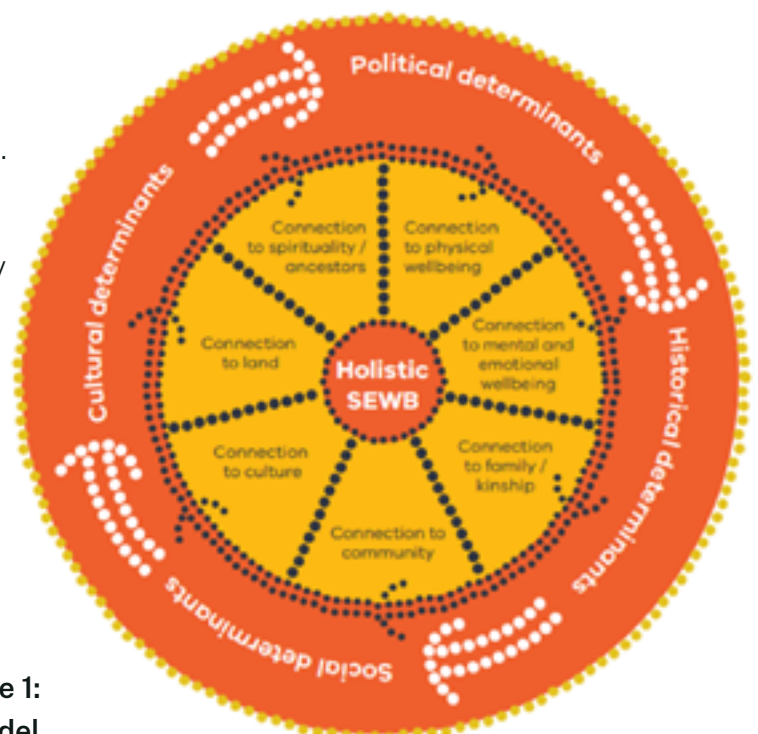


Figure 1:
The social and emotional wellbeing model

Dimension	Description	Examples of protective and enabling factors
Connection to body	Physical wellbeing that includes biological markers reflecting the physical health of a person such as age, weight, nutrition, illness, disability and mortality	A healthy diet and nutrition, access to effective health services Participating in sports, exercise and healthy lifestyles Non-use of drugs and alcohol, and a healthy lifestyle
Connection to mind and emotions	Mental wellbeing or mental ill-health, and emotional, psychological and cognitive wellbeing	Having access to internal and external resources that meet core human needs, such as personal and cultural safety, security, a sense of control, self-worth, values, purpose or meaning, and motivation Developing a positive mindset, managing difficult emotions, strong coping skills such as resilience, managing stress, adaptability and humour, positive mental health and wellbeing
Connection to family and kinship	Family and kinship systems that maintain interconnectedness through cultural ties and reciprocal relationships of sharing, caring, responsibilities and obligations	Understanding Aboriginal history and spending time with Elders Spending time with family and kinship relations, family cohesions Talking to friends, social support and not feeling lonely
Connection to community	Collective spaces and places that strengthen Aboriginal identity, belonging and culture. Family and kinship networks where personal connections and socio-cultural norms are developed and maintained	Using Aboriginal community-controlled organisations and other Aboriginal organisations Accessing Aboriginal Healing centres and Elders, men's, women's and children's groups Engaging in local, state and national cultural community events
Connection to culture	The capacity and opportunity to create and maintain a healthy, strong relationship to heritage, including the systems of knowledge, lore and practices that comprise a person's distinct heritage. A body of collectively shared values, practices, customs and traditions	Being able to maintain and develop a secure sense of cultural identity and cultural values. The opportunity to participate in cultural practices such as music, dance and art The opportunity to exercise cultural rights and responsibilities Experiencing pride in cultural identity
Connection to land	Connection to land or 'country' where there may be strong ancestral, spiritual or emotional connections and belonging	Land rights, access to traditional land, Native Title settlements, access to country and spaces for healing, ceremony and connection to land
Connection to spirituality	Systems of knowledge and beliefs that include the stories, rituals, ceremonies and cultural practices that connect people, land and place. May involve critical transitions from childhood to adulthood and other life stages	The retrieval and maintenance of traditional cultural knowledge The renewal, recreation and resourcing of cultural knowledge related to spirit Renewing contemporary Aboriginal healing practices, and holistic philosophies of care, and other forms of spirituality, meaning and purpose
Social determinants	Socioeconomic status, education, employment, housing, racism, social inclusion or exclusion	Opportunities to access education, training and skills development Access to community resources such as services related to housing and community infrastructure, welfare services, family and children's services Achievement in education and employment Receiving continuity in coordinated service support
Political determinants	Land rights, control of resources, cultural security, and the rights of self-determination and sovereignty	Political control and self-determination that allows a cultural group or community to maintain or build the capacity to retain language, traditions, cultural values and practices Building positive relationships with non-Aboriginal communities
Historical determinants	The impact of past government policies	Supporting communities to overcome cultural displacement and building capacity for self-governance, cultural continuity, and control and community infrastructure

There are many such frameworks which seek to promote cultural safety as the antidote to lateral violence.

In 2010 the Victorian Aboriginal Child Care Agency (VACCA) produced a major research report, **This is Forever Business: A Framework for Maintaining and Restoring Cultural Safety in Aboriginal Victoria** which involved 131 interviews with Aboriginal community members and an analysis of the issues raised with implications for addressing lateral violence. In the report VACCA stated that:

“The key challenge which needs to be addressed is that of the partial removal of traditional culturally-based forms of identity, belonging, stability and protection in Aboriginal communities and the processes which disempower Aboriginal peoples and disable their voice and ability to practice self-determination. ... we call these traditional culturally-based forms of identity, belonging, stability and protection which create meaning and connection for Aboriginal peoples, cultural safety. The diminishing of cultural safety occurs through a lack of respect and recognition of the positive aspects of Aboriginal culture and its centrality in creating a sense of meaning and purpose for Aboriginal peoples. For all peoples, culture is essential for spiritual, emotional and social growth and maintenance. For the Aboriginal peoples of Victoria, culture is their spear and shield; their resistance and their resilience.”¹⁵

VACCA's This is Forever Business Report identified two historically conditioned and countervailing social forces at work in First Peoples communities today; the positive, internally driven force of Aboriginal cultural resilience and resistance and the negative, externally driven traumatising force which is derived from colonisation.¹⁵ Fundamental to treating lateral violence in communities is the promotion of positive forces of resilience and resistance.

We also need to understand the fundamental impacts of the disruption of traditional social order that occurred and continue to occur due to invasion. Removal from land, separation of children from their families and communities and the lack of

recognition of the humanity of First Peoples have created the conditions which cause both inequality and lateral violence. The dislocation has attacked the worldview, or as some call it, spirituality of First Peoples communities.

“Aboriginal Spirituality derives from a philosophy that establishes the wholistic notion of the interconnectedness of the elements of the earth and the universe, animate and inanimate, whereby people, the plants and animals, landforms and celestial bodies are interrelated. These relations and the knowledge of how they are interconnected are expressed, and why it is important to keep all things in healthy interdependence is encoded, in sacred stories or myths. These creation stories describe the shaping and developing of the world as people know and experience it through the activities of powerful creator ancestors. These ancestors created order out of chaos, form out of formlessness, life out of lifelessness, and, as they did so, they established the ways in which all things should live in interconnectedness to maintain order and sustainability. The creation ancestors thus laid down not only the foundations of all life, but also what people had to do to maintain their part of this interdependence—the Law. The Law ensures that each person knows his or her connectedness and responsibilities for other people (their kin), for country (including watercourses, landforms, the species and the universe), and for their ongoing relationship with the ancestor spirits themselves.”⁶³

The traumatic event of invasion and its ongoing traumatising structure attacks the sense of belonging, meaning, a predictable social order, and an ability to navigate the social environment of the First Peoples. In terms of belonging, First Peoples have a sense that they are outsiders in their own country. In terms of meaning, they have had their traditional understandings of life and spirituality contested and disrupted. In terms of a predictable social order, most previous forms of cultural authority have been disconnected and drained of their power. In place of an ability to navigate the social environment, there is an alien

culture imposed on them. They are homeless, poor, powerless and disorientated. These aspects of the structure of invasion are constantly re-affirmed by the dominant culture and the lack of restitution for the losses suffered.

“The systematic and persistent attack on Indigenous social and kinship structures, cultural practices, language and spirituality is recognised as a key factor in the erosion of Aboriginal and Torres Strait Islander spiritual wellbeing, which is a significant contributor to the levels of violence ...

The destruction of the cultural systems and practices that established the norms for acceptable behaviour and empowered community leaders to respond to breaches of those norms has had a particularly harmful effect on community harmony. This point is emphasised in the work of Hovane who recognises how colonisation impacted traditional life, destroying ‘guidelines for everyday living’” (Hovane 2015).⁶⁴

Salzman and Halloran state that the severing of Aboriginal people’s connection to land and culture resulted in them losing their ability to manage normal human anxiety as they had been denied a cultural buffer.⁶⁵

“Cultural trauma occurs when cultural knowledge and practices have been so weakened that they are unable to imbue people with a sense of meaning and value of their life.”⁶⁶

It is clear from the data and the analysis VACCA presented in the This is Forever Business Report that trauma and lateral violence are fundamental hurdles to creating culturally safe places for children, families, organisations and communities. VACCA’s analysis of those hurdles builds on the work of anthropologist, W.E.H. Stanner. As mentioned above, Stanner suggested that there were four interrelated negative forces at work in Aboriginal communities—homelessness, powerlessness, poverty and confusion.⁶⁷ These negative forces are the products of the historical and contemporary disconnections Aboriginal peoples have suffered from land, agency, economic and a sense of clarity and direction about the world.

Rather than just focus on the notion of cultural safety as a uniting principle for cross-cultural competence, VACCA focused on cultural safety ‘from the inside’; that is, cultural safety as encouraged by First Peoples organisations, services and communities. Cultural safety from this standpoint is concerned with processes and services that promote First Peoples children, families and communities to move from a ‘victim’ or merely a ‘survivor’ mentality to one of ‘achiever’.¹⁵

VACCA’s cultural safety (from the inside) articulates the concepts of re-membering, re-sourcing, empowering and re-creating as processes towards cultural safety within First People contexts. The concepts are often overlapping and integrated.

- **Re-membering**

There are two key ideas which underscore the notion of ‘re-membering’—the telling of stories and re-connecting to community; i.e. narrative truth and belonging/inclusion. ‘Re-membering’ is fundamental to identity as it tells us who we are (and in terms of, for Aboriginal people, the Creator Spirits, whose we are). For a First Peoples community, ‘re-membering’ can provide community members with a collective sense of identity and belonging and include restoring community protocols around cultural authority. The community’s narrative should involve not only traditional law/lore but also a sense of how the community has sought to resist invasion; thereby inculcating a deeper sense of community pride.

The trauma of homelessness is treated through communities privileging their stories and culture, thereby creating a sense of belonging.

- **Re-sourcing**

‘Re-sourcing’ is primarily concerned with finding the strengths, resilience and resources that exist within Aboriginal communities and is closely related to ‘re-membering’. ‘Re-sourcing’ is fundamental ensuring the basics of life are provided for individuals and that there is a sense of security and safety. For an Aboriginal community, ‘re-sourcing’ can help maintain and in some cases re-establish a sense of community wealth and security when it comes to social order. These sources of community strength can exist in terms of sacred areas, community Elders, mutuality of support and concern and

agencies. **The trauma of invasion induced poverty is treated through a reappraisal of the richness of relationships in community—to the people and the land—and can assist in creating a sense of fulfilment.**

- **Empowerment**

‘Empowerment’ is clearly related to the concept of self-determination and ‘agency’. For First Peoples communities, ‘empowerment’ is concerned with the collective advocacy of rights which builds on the resistance of the past, alongside processes which seek community members to relate to each other responsibly and enable community members to have a voice. **The trauma of powerlessness is thereby treated through processes which re-voice individuals, families and communities as authors of their own future.**

- **Re-creation**

‘Re-creation’ is primarily about forms of expression that enable people to navigate the dominant culture context. For Aboriginal communities, ‘re-creation’ is concerned with new collective forms of cultural expression that seek to make sense of the hybrid world around them of Aboriginal and Western cultures. The renaissance of Aboriginal culture that has been an encouraging phenomenon of the past five decades has demonstrated the power of First Peoples’ ability to live in both the Western and traditional worlds. Individually and collectively, ‘re-creation’ is concerned with enabling self-actualisation and self-esteem. **The trauma of confusion/disorientation is treated through processes that encourage expression and engagement with the traditional and contemporary worlds.**¹⁵

Policies as interventions

Policies that can affect workplace issues such as bullying—a form of lateral violence—either through legislation, workers compensation and occupational health and safety policies and practices. However, one study (Mellor 2004) has indicated that Aboriginal people are reluctant to use official complaint mechanisms and systems, seeing them as ineffectual.⁶⁸

Zero tolerance to lateral violence-based abuse—such as bullying, harassment and intimidation—has been advised.⁵⁵ Currently, NSW Health have four policies that can assist this process—NSW Health Code of Conduct (2015), Prevention and Management of Unacceptable Workplace Behaviours in NSW Health (2016), Prevention and Management of Workplace Bullying in NSW Health (2018) and Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health (2011).

In particular the NSW Code of Conduct, which has as one of its key aims—promotion of a “*positive workplace culture based on the core values of collaboration, openness, respect and empowerment*”, has a section on promoting a positive workplace environment. Point 4 concerning promoting a positive work environment tackles issues of bullying, harassing and discrimination and points to a dispute settlement process.

Education – workshops

Policies and processes are important, but more critical to addressing lateral violence is training. Educational community awareness presentations and workshops on issues such as lateral violence are advocated by many.²¹ Cross-cultural training which includes acknowledgement and understanding of lateral violence, and its opposite—cultural safety—could be related back to the code of conduct. Expansion of the curriculum requirements in the Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health (2011) to include a deeper understanding of lateral violence based on the cultural safety frameworks referred to above is recommended.

Healing circles are another community-based method and involve a holistic process that is cultural, physical and spiritual.⁶⁹ Dadirri means to listen deeply and connect and is seen as crucial to healing strategies.²¹ Healing needs to include processes of empowerment based on self-determination, resilience and cultural and community reconnection.⁷⁰ The key ingredient for healing is culture.⁷¹

Narrative therapy, where the issues are externalised for communities, has shown to be effective as it is similar to traditional story telling.⁷²

“The narrative concept of externalising conversations (White 2007), through the specific practice of one person interviewing another who is role-playing a problem (see Cronin-Lampe, Tuguga, TeKira, & Herbert 1998/1999; Slied & CARE Counsellors 1996/1998; Wingard 1996/2001a, 1996/2001b). This practice, which has come to be called ‘collective externalising conversations’ (Denborough 2008, p.207) to distinguish it from externalising conversations that might occur in other contexts such as individual and family therapy, has been powerfully effective in allowing groups and communities to talk about problems that affect them.”⁷³

Lateral violence and healing and training strategies

In the US there is lateral violence training targeting the nursing profession and involves empowerment and conflict resolution strategies.⁷⁴ For Indigenous communities, in Canada Chameleon Strategies (2016) provides lateral violence workshops; and Kweykway Consulting (2016) uses restorative approaches for community wellness to prevent lateral violence.⁷⁵

In her PhD thesis, Yvonne Clarke lists the following examples of workshops run in Australia which identify and seek to combat the effects of lateral violence.

- In New South Wales, Felicity Ryan’s Aboriginal cultural workshops which conduct lateral violence workshops called the black poppy syndrome
- In Victoria, Richard Frankland’s Koorreen Enterprises (2015) specialises in awareness and train-the-trainer workshops that counteract lateral violence called Lateral Healing
- In Adelaide there are three, Kornar Winmil Yunti (2016) which provides opportunities, engagement and training about lateral violence for Aboriginal men
- Lateral Love (2014) which provides information and regular newsletters and emails about lateral violence and lateral love

- Preventing Lateral Violence (PLV) workshops which is a one-day awareness and empowerment workshop delivered to various Aboriginal organisations in Adelaide.³

Also in Victoria, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) runs lateral violence workshops.

In general, the fundamental approach of these workshops is to

- Identify cultural safety
- Provide space for participants to recognise what lateral violence is and understand its causes and
- Provide some tools to deal with the underlying issues that enable lateral violence in community.

There is also commonality with various trauma healing programs. Clark lists the following:

The We-Al-Li program (Atkinson, Nelson & Atkinson 2010) to help heal trauma; The Seven Phases to Healing to work with loss and grief and heal, anger and violence (Wanganeen 2014); Aboriginal men’s healing such as the Red Dust healing initiative (Powell, Ross, Kickett & Donnelly 2014) and the Mibbinbah Spirit healing program (Bulman & Hayes 2011) to address issues of racism, trans-generational trauma, and loss of culture and identity, and endeavours to create safe spaces for men to heal. Women’s healing initiatives include the many Aboriginal family violence programs around Australia to safeguard and empower Aboriginal people such as the Nunga Mi:Minar service in South Australia (Snell & Small 2009). A comprehensive review of Aboriginal healing programs has also been undertaken by the Aboriginal Healing Foundation (McKendrick et al. 2013).³

Evaluations of programs and workshops for lateral violence

Evaluations of lateral violence programs in Australia are currently very limited. Clark has summarised the published evaluation literature.

“Several published evaluations of lateral violence workshops have been conducted in the nursing field in the United States. One such example is by Dahlby and Henrick (2014), who conducted an evaluation of nurses from two nursing units before and after attending a one-and-half-hour training workshop on lateral violence. The instrument utilised was a modified version of the Lateral Violence in Nursing Survey (LVNS) (developed by Stanley, Martin, Michel, Welton & Nemeth 2007b). There were 29 pre- and 25 post-test responses with the results indicating that the workshops resulted in a decrease in the frequency of lateral violence in the nursing units, better understanding of the causes and effects of lateral violence and assisted in developing healthier relationships within work units. Dahlby and Henrick (2014) suggest that these findings support other evaluations in the literature which find that awareness raising and teaching methods to combat lateral violence can be effective in decreasing the frequency and intensity of behaviours which constitute lateral violence.”³

Clark’s unpublished thesis includes evaluations of the Preventing Lateral Violence workshops. The following are her findings.

“Evaluation of the preventing lateral violence workshop in Adelaide, South Australia: Phase 1 survey responses

The one-day Preventing Lateral Violence workshop has been delivered in Adelaide since 2007 and received positive feedback. This paper focuses on an evaluation of a sample of six workshops conducted with five Aboriginal service providers in 2014 using pre, post and three months post workshop measures to determine the impact on participants. Questionnaires were administered to workshop participants to measure changes in awareness, understanding and knowledge of lateral violence as well as strategy development to prevent lateral violence in the future.

Analysis of quantitative data utilising non-parametric tests revealed that the workshops were successful as an intervention tool at the completion of the workshop, and even three months after the workshop. The results indicated that participants understood and accepted the terminology, recognized and linked their experiences of lateral violence, understood the impact on self and others, and had an awareness of and developed strategies to combat lateral violence. The qualitative response to open-ended questions suggested that strategies were in place even after three months such as challenging lateral violence and educating others about lateral violence. Further comments indicated that the workshops were of great benefit to the community. The implications of these findings are discussed in relation to the long-term benefits of these workshops in preventing lateral violence.

Evaluation of the preventing lateral violence workshop in Adelaide, SA: Phase 2 qualitative aspects

The focus of this research concerns Aboriginal people in Adelaide, South Australia, as part of an evaluation of the preventing lateral violence workshops. The overall evaluation comprised both quantitative and qualitative components. This chapter reports on qualitative data, specifically, open-ended interviews with seven Aboriginal participants, post workshop. The interviews examined their ways of dealing with lateral violence and strategies to prevent lateral violence in various contexts as well as suggestions for improving the workshops. Overall five major interpretive themes emerged from these interviews. Regarding improvement to workshops, interviewees recommended that the presentation encapsulate a broader audience; offer alternatives to a one-day workshop; and account for the potential vulnerability of participants. The other themes indicated that support is vital, and that people have the right not to change. The final theme draws on strategies to prevent lateral violence. The information complemented and provided a deeper understanding of phase one evaluation

which was primarily quantitative. It is hoped that such evaluation provides robust evidence for workshops to improve and be maintained as a useful resource for the Aboriginal community to prevent lateral violence.”³

Koorreen Enterprises’ lateral violence train the trainer program was evaluated by Social Compass for the Aboriginal and Torres Strait Island Healing Foundation which said:

“The program helps people to heal from their own trauma and gives them the knowledge and confidence to challenge lateral violence in their own families and communities—having seen the impacts and being able to name it in their own lives. The naming and understanding of lateral violence, why it exists and acknowledgement of their own part as victim and perpetrator is the biggest impact the program is having at the individual level.”⁷⁶

SUMMARY OF QUESTION C: How can lateral violence be addressed by NSW Health?

According to the literature, dealing with lateral violence involves:

- raising awareness of the issues within both the Aboriginal workforce and the departmental workforce as a whole**
- the creation of policies and processes which promote these understandings and**
- the employment of healing and training programs to address lateral violence, and its impacts, directly.**

The key area for policy and practice is through the promotion and implementation of cultural competence and cultural safety which in turn creates a framework for addressing lateral violence.

Synthesis of the findings and discussion

05

Kenyan activist, novelist and intellectual Ngũgĩ wa Thiong'o describes the 'cultural bomb' as the greatest weapon unleashed by colonialism.

*"The effect of the cultural bomb is to annihilate a people's belief in their names, in their languages, in their environment, in their heritage of struggle, in their unity, in their capacities and ultimately in themselves. It makes them see their past as one wasteland of non-achievement and it makes them want to distance themselves from that wasteland. It makes them want to identify what that which is furthest removed from themselves; for instance, with other peoples' languages rather than their own. It makes them identify with that which is decadent and reactionary, all those forces that would stop their own springs of life. It even plants serious doubts about the moral righteousness of struggle. Possibilities of triumph or victory are seen as remote, ridiculous, dreams. The intended results are despair, despondency and a collective death-wish."*⁷⁷

It is clear from the literature that lateral violence for the First Peoples is a disempowered response to colonisation. Traditional forms of social order have been so disrupted by more than 200 years of colonial imposition that the normal forms of cultural authority and dispute resolution which provide for an articulation of community voice and a means for mediation of intra-family disagreement no longer exist in a clear and structured way. Without this sense of social order, some communities have become fractured, traumatised and prone to lateral violence.

Social order and the encouragement of individual and community self-determination or agency is critical so that all have their needs provided for and life is safe, predictable, stable and provided with behavioural boundaries. Social order is concerned with customs, interactions and stable institutions that are maintained overtime. Within it there is a sense of authority which is respected by the community—at least for most of the time and by most of the people. That authority is expressed according to the culture of the community. In representative democratic societies the authority is expressed through a sense of participation in the creation of processes and rules for social engagement. So, while the authority of political parties is questioned constantly and changed periodically—there is respect

for the system and the laws—if the laws are disagreed with they are changed through the political process. The cultural authority for these societies rests in respect for the rule of law, the belief that people have voice in the political system and the belief that people have freedom. Chaos occurs when the social order no longer satisfies the needs of the people or when it is externally attacked.

Social order is therefore concerned with the social structure of communities and requires solid foundations. Social order encourages resilience through its relational nature—creating coherent patterns of engagement between individuals and groups—and its narrative force, that is the cultural meaning it creates and sustains for the members of a society. Social order for Indigenous societies differs culturally from social order for contemporary developed societies and so there are different specific, culturally expressed forms of these foundations and practices.

Without cultural authority and traditional social order, First Peoples can find their social world in constant disorder—facing dissonance concerning their identity, dealing with inherited trauma (hopefully through inherited resilience), weekly if not daily incidents of racism and consequentially, a constant sense of disempowerment. These are the conditions which drive lateral violence and the conditions which must be changed—as much as possible.

Cultural safety and respect frameworks, and their implementation, are critical in addressing lateral violence. For the NSW Health workplace it requires that all workers are aware of cross-cultural issues, including the reality and violence of the process of colonisation, and that Aboriginal and Torres Strait Islander people are provided with programs that strengthen culture and address lateral violence. Therefore, educational programs and workshops are recommended as well as ongoing healing circles and processes which encourage agency by Aboriginal and Torres Strait Islander workers. Section c) on page 23 of this paper notes the programs that are currently available for education and healing.

The treatment of the problems created by colonisation, in this case lateral violence, requires responses at the personal, family and community levels. The approach to dealing with lateral violence must be holistic and focus on cultural and community resilience and strength.

Effective treatment of lateral violence also requires support from governments and the broader society as the traumatising effects of invasion must be dealt with so that First Peoples cultural safety is not continually threatened by the disempowering actions of governments and the disaffecting attitudes of non-Indigenous peoples.

Implications for NSW Health

From the perspective of NSW Health in addressing lateral violence in the workplace, NSW Health may consider as preventative measures:

- Raising awareness of the issues within both the Aboriginal workforce and the departmental workforce as a whole
- The creation of policies and processes which promote these understandings
- The employment of healing and training programs to address lateral violence, and its impacts, directly.

Action to address lateral violence in the workplace may focus on three key action areas.

Policy and practice

The key area for policy and practice is through the promotion and implementation of cultural competence and cultural safety which in turn creates a framework for addressing lateral violence. We would advise that current policies are reviewed and upgraded to involve greater understanding of lateral violence and cultural safety.

Health workshops and support for First Peoples

We recommend that NSW Health seeks the utilisation of educational, trauma-informed, healing-based training workshops for its workforce where the approach to dealing with lateral violence is holistic and focused on cultural and community resilience and strength. In general, the fundamental approach of lateral violence workshops is to:

- Identify cultural safety
- Provide space for participants to recognise what lateral violence is and understand its causes
- Provide some tools to deal with the underlying issues that enable lateral violence in community and in workplaces.

Cross cultural/safety workshops for mainstream workforce

To ensure culturally safe environments, in most cases we would see that lateral violence specific workshops would be for First Peoples only and the mainstream workforce be involved in cross-cultural safety/competence workshops which create a greater understanding of the issues for the Aboriginal workforce.

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