

SECTION 3.7

RESILIENCE AND INDIGENOUS YOUNG PEOPLE

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SHANE HEARN

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community

(National Aboriginal and Islander Health Organisations definition reproduced in NSW Aboriginal Health Plan 2013-2023)

Most young Australians are healthy and in recent decades we have seen great improvements in their health and wellbeing. However, these health gains have not been shared equally amongst young people. It is widely accepted that the health of young people is influenced by a range of factors including the social and economic determinants of health, health behaviours and risk. The prevalence of risk is higher among socially and economically disadvantaged individuals and adolescents, including Indigenous young people.

This country is home to its first people - the Indigenous people of Australia. The history of Indigenous Australians and their experiences in the generations following white settlement have had a dramatic effect on the health of Indigenous people today. The relatively poor health outcomes for Indigenous young people are a direct result of an exposure to high levels of risk including ongoing social and systemic discrimination which influences risk-taking behaviours; high levels of socio-economic disadvantage; and the intergenerational impacts of assimilation, and dispossession. From 1909 to 1969 it was Australian Government policy to remove Indigenous children from their families in order to assimilate them into white Australian culture, a policy which resulted in the “Stolen Generation”.

The significant disparities in health status between Indigenous people and other Australians are evident across the life cycle and include:

- **Lower birth weight**
- **Earlier onset of some chronic diseases**
- **Much higher occurrence of a wide range of illnesses**

- **Higher prevalence of many stressors impacting on social and emotional wellbeing**
- **Higher death rates**
- **Lower life expectancy (Department of Health and Ageing 2012).**

For health professionals, understanding the principles of risk, protective factors, and resilience are central to understanding and improving the conceptual and methodological rigour of prevention and treatment programs for Indigenous young people.

Compared to the broader population, the Indigenous population is relatively young. The Indigenous population has a median age of 21 years compared to 36 years for the non-Indigenous population (AIHW 2011). Aboriginal young people represent 3.6 per cent of all 15–19 year-olds and 2.8 per cent of all young people 20–24 years (Office for Youth 2009). In contrast, more than one-third (38 per cent) of NSW’s Indigenous population are aged under 14, twice the proportion for non-Indigenous children (19 per cent).

Alarmingly, young Indigenous people die at a rate 2.5 times higher than non-Indigenous young people. They are also more likely than other young Australians to experience risk factors such as obesity, physical inactivity, smoking, imprisonment, and lower education attainment (AIHW 2011). Indeed, almost half of young people in juvenile detention in 2009 identified as Aboriginal (Indig et al. 2011).

Indigenous children and young people are 6.6 times more likely to be victims of a sexual assault than non-Indigenous children, despite them being a minority of the total population of children (NSW Ombudsman 2012).

The impacts of sexual abuse can be seen in the over representation of Indigenous children and young people in self-harm and suicide statistics (Georgatos 2013). A recent report compiled by the Northern Territory Select Committee on Youth Suicides reveals that the self-harm and suicide rate for Indigenous youth is now amongst the highest in the world (Legislative Assembly of the Northern Territory 2012). Indigenous children and young people are also over-represented in child protection and Out-of-Home Care populations (AIFS 2013).

Indigenous young people are more likely than non-Indigenous young people to experience homelessness, with 8 per cent of Indigenous children receiving a service from a supported accommodation service provider compared to 1.2 per cent of non-Indigenous children (AIHW 2012). The vulnerability of Indigenous young people is also evident in the higher proportion of Indigenous children and young people who are the subject of

a substantiated child protection notification (3.5 per cent for Indigenous children compared to 0.5 per cent for non-Indigenous children and young people) (AIHW 2012).

The prevalence of risk-taking behaviours among Indigenous young people remains a concern. Smoking remains one of the main factors influencing the lower life expectancy of Indigenous people. Indigenous young people aged 15 years and over are more than twice as likely as non-Indigenous people to be current smokers (ABS 2008). In a sample of students in NSW schools from similar socio-economic backgrounds, Indigenous young people were more likely to be everyday smokers than non-Indigenous young people. Even when adjusted for socio-economic status, smoking is more common among Indigenous than non-Indigenous adolescent students (White, Mason and Briggs 2009).

FINDING OUT MORE...

There are many web-based resources providing useful information about the health needs and inequities faced by Indigenous Australians, including:

The Closing the Gap Clearinghouse provides evidence-based research on overcoming disadvantage for Indigenous Australians. Visit www.aihw.gov.au/closingthegap

Information and resources on federal government programs can be found at www.indigenous.gov.au

NACCHO is the national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. Learn more at www.naccho.org.au

The Aboriginal Health and Medical Research Council of NSW supports Aboriginal Community Controlled Health Services. See www.ahmrc.org.au

UNDERSTANDING RESILIENCE

The concept of resilience has much to offer public health strategies to improve the health of Indigenous young people. Resilience is not a rare quality found in a few, extraordinary people. Every person has some degree of resilience. It develops from our normal, everyday capabilities, relationships and resources. Resilience is often described as the ability to bend rather than break when under pressure or difficulty, or the ability to persevere and adapt when faced with challenges (Reivich and Shatté 2003). We can be naturally resilient in some situations or at some times in our lives and not resilient in others. Each person and each situation is different (Masten and Wright 2010).

Resilience relates to patterns of adaptation in the context of adversity (Masten and Obradovic 2006). Much of the published literature in this field describes resilient people as acquiring a set of traits or behaviour patterns. These traits include insight, independence, initiative, creativity, humour, morality and the ability to establish relationships (Bickart and Wolin 1997).

The presence of these traits helps explain how people bounce back to pre-crisis levels of functioning following an adverse event (Fredrickson 2009). The traits seem to act as protective positive attributes that may improve self-perception, literacy and social engagement, and might result in reduced discrimination (Boon 2008; Burack et al. 2007; Bradshaw et al. 2007).

The degree of health risk attached to a young person's behaviour depends in part on the balance of risk and protective factors in a young person's life.

AN INDIGENOUS PERSPECTIVE ON RESILIENCE

For Indigenous people, resilience is an expression of culture that is overtly linked to a support system consisting of family, friends and community (NAHO 2007).

For Indigenous young people, resilience is deeply linked to culture, kinship, family, history and the level of family conflict or cohesion experienced.

More specifically, when asked about the meaning of resilience in a NSW study (Hearn 2010), Indigenous respondents explained it as 'maintaining focus' and:

- Keeping something intact
- Keeping at a particular task
- Coming back, bouncing back
- Overcoming certain circumstances of life
- As a set of coping mechanisms.

In addition, respondents felt that resilience was enhanced by seeking family support or by obtaining help or guidance from others, such as friends or health professionals.

When asked to describe resilience, they used the following words: "toughness"; "intellect"; and "physical emotional spiritual aspects of life". Further, resilience was described as "a framework or some sort of structure" for life, or as being able "to be the people they really want to be and allowed to achieve their full potential".

Participants were adamant that "*the survival through extreme adversity by Indigenous people, and to be here in the 21st century today*" indicated a high level of resilience.

The presence of resilience in young people is linked to success in life and the prevention of substance abuse, violence, and suicide (Hampshire and Borer 2005). There is also growing interest in the concept of resilience as a factor in adjustment following trauma (Connor 1991). Health professionals can minimise the impact of risk factors and maximise a young person's health outcome following trauma by providing education and support to build resilience.

A recent NSW study (Hearn 2010) surveyed 996 young people, of whom 359 were of Indigenous descent.

The survey comprised 54 questions, including items from the Attitudes to School Scale (LSAY); Health Behaviour and Lifestyle Survey (HBLSS); and the Wagnil and Young Resilience Scale (RS).

The results provide an interesting snapshot of the link between resilience and health in young Indigenous and non-Indigenous young people.

RELATIONSHIP OF RESILIENCE TO HEALTH BEHAVIOURS

When asked about risk behaviour including use of tobacco, alcohol, and any illicit substances; levels of physical activity; and self-assessed mental health:

- Indigenous young people who reported using tobacco scored a significantly lower resilience measure than those who had never used tobacco.
- Daily smokers showed markedly lower resilience compared to those respondents that experimented and tried tobacco only once.
- Indigenous young people who reported having been drunk more than twice had lower resilience scores than those who had never been drunk or had only been drunk once in their lives.
- Similar results were evident for the use of illicit substances, with lower levels of resilience reported for those who used illicit substances.
- Indigenous young people who engaged in physical activity outside school had significantly higher resilience scores than their less active peers.
- Respondents who were members of a sporting club also had significantly higher resilience scores than those not in a sports club.
- Resilience was significantly related to all mental health variables: young people who described themselves as 'not very happy' reported significantly lower resilience, as did those who felt lonely, lacked confidence, or reported that they were depressed.

- Family support and peer support were associated with higher resilience: scores were lower for those respondents who did not have support from family or friends.
- Young people who felt strongly involved in their community reported substantially higher resilience than those that felt only a little involved.

WORKING WITH INDIGENOUS YOUNG PEOPLE

Resilience operates as a protective factor against behavioural risk factors such as smoking, hazardous alcohol use, low physical activity, and poor mental health such as low self-confidence. The presence of these risk factors has direct links to poorer health outcomes. Resilience in young Indigenous people therefore has significant relevance to population health outcomes.

Sometimes young people may engage in risky behaviours in response to trauma. For example, a young person may use drugs or alcohol as a way to survive pain or to connect with others. Their risky behaviour may be a way to survive that can be seen as serving a purpose for the young person. Those working with young people can understand that some apparently risky behaviours may represent a way of coping or surviving.

Many young Indigenous people do not engage with mainstream health services because they can be perceived as racist or culturally unsafe. The priority for services that wish to work more effectively with young Indigenous people is to establish cultural safety. This involves incorporating Indigenous culture, healing and worldviews into programs and services that support children and young people. Building cultural safety requires meaningful, accountable and equitable long-term relationships with communities built on an understanding of their culture, worldviews, needs and strengths. This involves reaching out into the community to understand Indigenous viewpoints on family and culture and creating a culturally safe service. The notion of cultural safety extends the idea of cultural competence to include the capacity of service providers to engage in critical reflection about their service delivery (Herring et al. 2012; Funston 2013).

One way a service can begin this process is by informally "yarning" with communities in the lead-up to establishing a service. This provides an opportunity to listen to the experience of the local Indigenous peoples and to hear their concerns, hopes, challenges and strengths. It also allows you to gauge the resilience of the community itself – which is critical to helping young people establish their own resilience.

FINDING OUT MORE...

Learn more about working with Indigenous young people at:

<http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition/>

The Australian Indigenous HealthInfoNet provides comprehensive and up-to-date information on the health of Indigenous Australians. Visit www.healthinfonet.ecu.edu.au

PRACTICE POINTS

- Work to establish cultural safety by “yarning”.
- Spend time building rapport with young Indigenous people who have lower levels of resilience (those who are engaging in more risk-taking behaviours and harmful activities). Consider how you might work with the young person and their family to identify and build their strengths and resilience attributes.
- Risky or harmful behaviours should be understood within the context of the young person’s life. For many young Indigenous people, using drugs and alcohol is a way of surviving pain and adversity and connecting with others.
- Explore family functioning and think about how you might support the family to build life skills where needed and improve family functioning.
- As the relationship develops, ask the young person about their stories of ‘resistance’: an exploration of all of the day-to-day actions a young person took to survive interpersonal and political violence including racism, lack of meaningful opportunities, grief, and loss. For more about this idea, see www.vikkireynolds.ca/Writings.html
- Building resilience with young Indigenous people might include empowerment at the individual, family and community level.
- For Indigenous young people, building resilience may be community-driven but also focus on individual resilience attributes and strengths (see Aboriginal Healing Foundation Research Series: Mangham et al. 1995).
- Help to identify ways to bounce back and build emotional resilience by finding a way to frame the issue within a resilience-building framework which focuses on protective factors.

CHAPTER SUMMARY - WHAT TO REMEMBER

The changes of adolescence can be particularly challenging for some Indigenous young people. Historical factors including the forced removal of children from their families, discrimination, disadvantage and intergenerational trauma exert extreme pressure on young Indigenous people.

Indigenous young people may have specific health issues and needs, and their culture may affect their health and how they use health services (Cox 2001). It is critical, therefore, that service providers learn about and understand the cultural underpinnings of health for Aboriginal young people.

For Indigenous young people resilience is an expression of culture that is overtly linked to a support system of family, friends and community.

The concept of family in Indigenous culture differs from traditional Western concepts – it may be necessary to identify and involve important members of the young person's extended family system in the consultation process.

Health professionals can help young Indigenous people to build resilience and to make positive healthy choices. A key aspect of this is providing services that are culturally respectful, informed and safe.

In addition, the health professional plays an important role in initiating strategies that reinforce patterns of resilience or teach health behaviours that strengthen the young person's capacity to self-manage and cope with adversity.

Innovative multi-level programs and interventions to increase resilience (programs that address environmental/community, interpersonal and social, and individual factors that influence young people) are likely to improve adolescent health and mental health in Australian Indigenous and non-Indigenous young people alike.

There is enormous diversity among Aboriginal people – languages, beliefs and cultural meanings and practices are complex and vary widely across regions and communities. Where available and appropriate, consult with Aboriginal-specific health services – especially if you are unsure about whether particular cultural issues might be influencing the young person's health.

REFLECTION QUESTIONS

What are some of the risk and protective factors that influence resilience in young Indigenous people?

How does risk behaviour influence resilience levels in young people?

How is resilience described in an Indigenous context?

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