

Evaluation of the preventing lateral violence workshop in Adelaide, South Australia: Phase two qualitative aspect

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Abstract

Lateral violence describes how members of oppressed groups direct their dissatisfaction toward each other. This inward deflection has been associated with Indigenous communities around the world and has shown to be destructive. The focus of this research concerns Aboriginal Strait Islander 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 article reports on qualitative data, from interviews with seven Aboriginal participants, post workshop. These interviews, examined their ways of dealing with and strategizing to prevent lateral violence in various contexts as well as suggestions for improvements to the workshops. There were several interpretive themes that emerged from these interviews. This paper reports on the three main themes: improvements to workshops; participant support needs and their strategies to prevent lateral violence in their contexts. The information complemented and provided a deeper understanding of the Phase one evaluation. It is hoped that such evaluation provides robust evidence for workshops to improve and be maintained as a useful resource for the Aboriginal and Torres Strait Islander communities to prevent lateral violence.

Keywords: Lateral violence, Indigenous, Aboriginal, workshop, evaluation, preventing.

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Introduction

Overview of The Prevention of Lateral Violence Workshops and Results From Phase one

The Preventing Lateral Violence (PLV) training is a one-day educational and awareness workshop generally targeting Aboriginal people for awareness and understanding of lateral violence (LV) in various settings (i.e. family, community

and workplace). More specifically it is designed to uncover the historical aspects of LV, the forms it takes, the effects on the community, and to work towards prevention strategies. Expected outcomes are to enhance the connections between participants and to equip them with strategies to deal with LV. The workshops were delivered via multi formats such as: PowerPoint presentation; a DVD on LV; handouts of articles on LV; interactive sessions; large and small group exercises and discussions; scenario exercises; and a debriefing circle and reflections.

Phase one of the evaluation, utilised a quantitative time series approach which aimed to capture the before, after and long-term effects of participants' understandings, experiences, attitudes, and abilities to prevent LV. Overall, the that workshops evaluation found intervention were successful in changing participants' knowledge, awareness behaviours to prevent LV, particularly in the short term. Although, participant changes were largely maintained three to four months after workshops the earlier positive effects of the workshop had slightly decreased.

This second phase of the evaluation which consisted of follow-up interviews with workshop participants in order to examine in more detail the impact and effectiveness of the LV workshop over time.

Overview of the Concept of Lateral Violence

Lateral violence is a concept which describes how oppressed and powerless people covertly and overtly direct their dissatisfaction internally, towards themselves and others within the same community (NCSA, 2008). Recently the term has been applied to infighting behaviours within international and Australian Indigenous communities (AHRC, 2011; Bombay, 2014; Derrick, 2006; Native Women's Association Canada (NWAC) 2015); Wingard, 2010). Within the Australian context, research with Aboriginal people in Adelaide, have indicated that LV is primarily seen as covert, including behaviours such as gossip, shaming, jealousy, bullying and in some situations to undermine Aboriginal identity (Clark & Augoustinos, 2015). Such negative behaviours have been shown to be detrimental to Aboriginal health and wellbeing (Clark et al., 2016; Gorringe et al., 2011)

Racism, Trauma and Lateral Violence

Oppression is a continuing phenomenon around the world (Prilleltensky & Gonick, 1996). Racism has been the primary form of oppression toward Aboriginal and Torres Strait Islander people in Australia since colonisation and continues today. The types of everyday racism occurring are, personal, institutional (or systemic), and internalised racism which can occur simultaneously (Jones, 2000). Many past colonial policies were influenced by Social Darwinism from 1859 which applied quasi-scientific theory to justify racist policies to segregate mainland Aboriginal people from the broader population. These policies not only controlled Aboriginal people, but also divided them. Such colonial practices disrupted Aboriginal life and resulted in trauma that continues today as intergenerational trauma (Atkinson, 2002) and/or collective trauma (Krieg, 2009). Such trauma has been described as prolonged and chronic, Racism, is occurring on a regular basis rendering Aboriginal people vulnerable to repeating cycles of trauma (Ratnavale, 2007). In a study of 153 Aboriginal people living in Adelaide research related to urban health experiences. The majority (64%) of participants indicated they experienced informal and formal racism on a regular basis which affected their health (65%) (Gallaher et al., 2009).

Oppression and trauma can occur in various settings and as a consequence so too can LV. There is evidence to suggest that the workplace is a significant setting in which LV occurs amongst oppressed groups. For example, in the health sector the plight amongst nurses in the workplace, particularly in the United States, has been discussed extensively in the literature as an oppressed group (see Roberts, Demarco & Griffin, 2009). In Australia, LV has also been identified in the health system amongst Aboriginal health workers (Winsor, 2001). Further evidence of LV in the workplace has found that within Aboriginal corporations and organisations internal disputes constitute the third most prevalent class of Indigenous corporate failure (ORIC, 2010). This conflict and division is within or between corporations, directors, officers and members which restricts the corporation from carrying out its objectives.

Resilience and Support

Aboriginal people are socially resilient and celebrated as one of the oldest continuous living cultures. Yet Aboriginal people's survival is rarely recognised in the literature as a significant source of resilience (Merritt, 2007), particularly in response to oppression. Furthermore, studies on risk and protective factors has found that protective factors are a source of resilience, enabling Aboriginal people to survive in today's environment (Kelly, Dudgeon, Gee & Glaskin, 2009). Thus, the way Aboriginal people cope with stress, racism and LV is vital for survival and wellbeing.

The psychological literature on social support identifies both formal and informal relationships within an individual's social network as important resources for health and wellbeing (Gottlieb & Bergen, 2010). Social support is classified as bonded and bridging support. Bonded relationships are those that occur between intimate associates who are homogenous backgrounds; bridging relationships are between less intimate associates and are usually from heterogeneous backgrounds. A well-developed social network (Gottlieb & Bergen, 2010) or social capital (Brough et al., 2006) needs to include both bonded and bridging relationships in order to ensure adequate support for health and wellbeing.

A qualitative study in metropolitan Perth, WA has reaffirmed the importance of bonded relationships within Indigenous communities (Waterworth et al., 2014). Such bonded relationships as a form of social support promotes connectedness, identity and a sense of belonging as well as providing many resources and protective factors for wellbeing and positive outcomes (Brough et al., Waterworth et al., 2014). Kinship connections are also important to share the physical and psychological burden of being part of a large group (Brough et al., 2006). Although bonded relationships are extremely important and maintained by family obligation they can also be psychologically stressful. As a result, some Aboriginal people can withdraw from bonded connections to protect themselves and their immediate family, as the influences of such extended family members can cause them physical or emotional harm (i.e. domestic violence). This withdrawal can contribute to fragmented kinship affiliations, isolation, a lack of social support, and reduced opportunities to develop new bonded relationships. There are also positive effects associated with engagement with non-Indigenous people (i.e. bridging relationships), however these are often deemed as less important within the Aboriginal community and are rarely incorporated outside of the Aboriginal community, unless it is organisational support (Waterworth et al., 2014). Further bridging support can be hindered by discrimination and perceptions of negative stereotypes (Brough et al., 2006).

Bystander/Silence

Bystander behaviour appears to be related to support or more specifically, lack of support. Firstly, the bystander effect is understood as an individual's intervention or lack thereof in emergency situations. An individual is less likely to respond to someone in crisis when large numbers of people are present, or if an individual responds they may have a delayed response. Yet, individuals may intervene if there is only one person as the audience or when it's an especially dangerous situation (Fischer et al., 2011). The reasons for this effect have been explained by several factors including diffusion of responsibility, pluralistic ignorance and/or audience inhibition (Machackova et al., 2015). An Australian study of bystanders in response to racist behaviours toward Aboriginal people (Neto and Pedersen, 2013) indicated that the intention engage in bystander anti-racism was significantly associated with: age (i.e. older people are more likely to intervene); political preference (people with right wing views are and less likely to intervene); and gender (women are more likely to intervene). Furthermore, people with higher levels of national (Australian) identity, prejudice, and fear are less likely to intervene on behalf of outgroup members including Aboriginal people, while people with higher levels of collective guilt, empathetic concern and anger are more likely to intervene. Neto and Pedersen (2013) suggest that educational interventions on how to effectively communicate with others about surrounding racism and other cultures may instil confidence in responding to bystander antiracism.

Types of Coping

Mellor (2004) looked at the different ways of coping by Australian Aboriginal people in dealing with racism and the stress it causes which may have relevance to the way Aboriginal people cope with LV. In Mellor's qualitative study of 34 Aboriginal people from metropolitan Melbourne, a range of coping strategies (or taxonomies) were categorised into three broad areas: defensive coping, controlled and counter attacking. The defensive responses included ways of protecting oneself against racism by having a defeatist attitude or resignation; by avoiding it or reinterpreting a racist event so that it loses its power and effect; using social support to lessen the load of racism and make light of their experiences; and denial. The controlled category of responses to racism involved maintaining self-control. That is, individuals actively make choices not to be affected or expend psychological energy by processing racism any further. The third category is counter attacking in order to change the source of racism through confrontation of some kind. For example, educating the perpetrator, dispelling myths, calling authority figures, such as supervisors and/or the police to help sort it out.

Aboriginal cultures, are viewed predominantly as collectivist with strong kinships relationships (Milroy et al., 2014). Collective coping responses include: interpersonal based strategies such as family support; value-driven strategies such as fatalism, a belief that control may lie in contextual or external forces; forbearance where harmony is prioritised over the desire for personal gain; culturally conditioned emotional/ cognitive strategies such as acceptance and avoidance; as well as religion and spiritually grounded strategies (Fischer et al., 2010); intra-cultural coping which refers to the use of supportive networks comprised of racially similar individuals (Waterworth et al., 2014, 2015); respect for authority figures, such as elders, and even Indigenous healers; and relational universality and inter-dependence where the individual relies on the community for support, belonging, reciprocal sharing and a sense of identity (Yeh et al., 2006). Thus, collective coping is conceptually broader than social support (Kuo, 2013).

Cultural Competence and Safety

As a response to cultural diversity in many countries, various models of cultural competency have been developed. One such model the cultural development model (CDM) (Wells, 2000) was applied to foster change at both individual and institutional levels along a six-stage continuum (cultural incompetence; knowledge; awareness, cultural sensitivity; competence and proficiency). This model has been utilised within the Australian Indigenous Psychologists Association (AIPA) cultural competency training.

Cultural safety is a broader framework in which cultural competency may lie. It extends beyond awareness and sensitivity as it empowers individuals and enables them to contribute to positive outcomes (Bin-Sallik, 2003). Many organisations have embedded cultural safety (or alternatively cultural respect) frameworks into their systems. One example is the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) which has embedded a cultural safety framework which also includes cultural competency training. What this means is that everyone has the right to feel good about themselves, their identities and their access to culture as Aboriginal people. Finally, one of the key foundational issues for VACCHO with cultural safety, from the perspective of the local Aboriginal community, is tackling LV (Frankland et al., 2010).

The Current Evaluation Study

There is a paucity of resources on LV for Indigenous communities. Thus, the PLV workshop is a rare resource and this type of formal education is timely. Hence an evaluation of its aims and outcomes is also opportune, given there do not appear to be many published evaluations of Indigenous programs within Australia. Phase two aims to evaluate whether the South Australian PLV workshops have been effective as a significant intervention program via a qualitative method. This has five broad aims (some of which are in combination with Phase one). These include: listening to participants' views about LV; describe the experiences of Aboriginal participants' successful strategies in curbing and coping with LV and building positive relationships; gain a richer understanding of participants' experience of the PLV workshop; listen to recommendations for change to the workshops; and expand the knowledge in the literature on LV in the Australian context. It has already been determined in Phase one that the

workshops were successful in increasing knowledge, understanding and awareness of LV. Phase two aims to further explore ideas about the workshops and to uncover what strategies participants put in place to curb LV and whether they have been helpful or successful in preventing LV.

Research approach

Indigenous Methodology

As with Phase one an Indigenist methodology frames Phase two of this evaluation of the PLV workshops. The centrality of an Indigenous framework for the research assists in curbing the process of reproducing dominant western forms of knowledge (Martin, 2003). An Indigenous framework has a number of recommended components including: cultural safety and respect (Rigney,1999); an acknowledgement and an embracing of Indigenous people's ontology, axiology and diversity (Smith, 2012); positioning and understanding of relationality of information, participation of Indigenous researchers and using an insider approach (Wilson, 2008). Some western approaches/methods are considered more open, flexible and contextual can complement Aboriginal perspectives and purposes (Weber-Pillwax, 2001) such as the one chosen in this study. Thus, a thematic and qualitative methodological approach was undertaken to seek understand and convey Indigenous participants' worldviews, meaning, and diversity as well as ensuring the voices of Aboriginal people are prominent in the conduct of the research.

Participants

Seven Aboriginal participants volunteered to be interviewed approximately three months after the workshops were conducted. Of the participants, 4 were female and 3 were male with an age range from 29-56 years.

Procedure and analysis

Prior to the commencement of this study, ethical approval was obtained from both the South Australian Aboriginal Health Research Ethics Committee (AHREC) in December 2012 and from the University of Adelaide Human Research Ethics Committee in May 2013. The voluntary participants had previously attended one of the six PLV workshops conducted from March to

June 2014. An Aboriginal research assistant (RA) provided information, recruited and attended to enquiries about participating in the follow-up interviews at the end of each workshop (in person) and approximately three months after the workshops (via email).

During the interviews, the volunteers were asked broad questions by the primary researcher, such as "What did you get out of the training?", "Did it enable you to put strategies in place (big or small) for your workplace, family, personal life, community?", and "If you were able to put strategies in place, were they successful or unsuccessful?" Participants were also encouraged to freely mention whatever they wanted about LV in general and about the PLV workshops. Interviews ranged from 40 minutes to an hour, were tape-recorded and transcribed verbatim. Interview transcripts were offered and sent to most interviewees to endorse and check for accuracy, before analysis. The transcripts were thematically analysed which involved a rich description of the recurring and unique patterns in the data set across all interviews. This is via a six-phase process which included familiarisation of the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report (Braun & Clarke, 2013). To assist with coding of the themes the NVivo10 software package for qualitative data was utilized. This was achieved by searching for similar words or phrases across transcripts and categorising into nodes to create initial themes for reviewing.

Results and discussion

Themes from Interviews

Overview of themes. Although many themes were drawn from participant's interviews the three main themes that were drawn for further discussion include: recommendations for improvements to the workshops; experiences of LV including support needs; and their strategy building. Many of these themes were consistent with information received in the qualitative responses in questionnaires from Phase one of the evaluation. The themes are as follows:

The preventing lateral violence workshops need to encapsulate a broad audience and be longer in duration. Participants highlighted that the PLV workshops should be delivered to everyone, including non-Aboriginal people, and to a range of organisations such as schools, universities and government departments. Participants also recommended that the workshops should be longer than the current one-day duration. These points are reflected in the following extracts.

Ralph (age category 35-40): Yeah, I believe it should be done in schools, workplaces, universities, everywhere, yeah so, everyone, every workplace in the whole of Australia should understand it....

Sophia (age category 25-30): ... I think that your course should be for non- Indigenous people as well as Indigenous

Beverley (age category 55-60): I think it's another [day], the introduction training is one making you aware of it, recognising the subtleties of it. Even if it's the next day or half a day...

Both Ralph and Sophia suggested a broad target audience for the LV workshops to provide education and awareness. The workshops were targeted primarily for Aboriginal participants. Some non-Aboriginal people were also invited to attend and this was at the discretion of the host organisation. According to the pre, post and three months post questionnaires, non-Aboriginal participants also benefited from the workshops (see Phase one).

Beverley indicated that the workshops need to be longer or incorporate some extra follow-up training to recognise some of the subtleties of LV. These qualitative responses, which were also identified in Phase one, suggest that various workshops and components need to be developed and delivered as follow-up to the first workshop, interchangeable and adapted to various groups. For example, an educational component for the broader population could discuss broad theories of oppression and provide examples of various oppressed groups, including nurses, to understand the diversity and complexity of LV. Furthermore, specific sections that relate and are particularly sensitive to Aboriginal people could be incorporated into a second day of training exclusively for Aboriginal people. Such interchangeable components could also be in collaboration with other training such as cultural competency training for non-Aboriginal people.

Support is vital. This theme highlights the lack of general support in the workplace from managers when one is experiencing LV. The extracts below are from two Aboriginal people: a victim of ongoing LV in the workplace and a manager who tries to manage LV.

Beverley (age category 55-60): Whether it's an Aboriginal thing or not they [non-Aboriginal managers] still have a responsibility and that was something that wasn't happening They weren't managing their senior Aboriginal staff in that behaviour where if it was a non-Aboriginal person doing that sort of stuff or a similar thing, they would have pulled them up...They don't want to be seen as racist...I am just saying you gotta see this for what it is, it's bullying and the behaviour is disrespectful behaviour that is being allowed to happen because they are vocal people in those positions.

Beverley (age category 55-60): ... [Tackling LV] needs a group of people... to stand together and say that's inappropriate. Behind the scenes we would talk about it... Collectively...we would know that it was LV but we weren't in a position to be confident to stand up and know that somebody else would stand up with us and say yes that's enough...In times where I had raised something, not another person raised anything. Nobody came up to me or stood up to say "I Beverley this", in that was inappropriate...They just want to stay neutral. We gotta have something in place that supports them to be able to do it..., hearing how some others had similar things happening in there [on the PLV training session], you know it's not until you realise how many other people have been caught up in the same situation [dealing with LV] and not really knowing what to do. That's why I think we need to expand the knowledge of the experiences that people have.

Jeremy (age category 35-50): ...It's [lateral violence] about putting each other down, the work that people do, not saying anything good about another person, you know they doing their best in their own ability to work, live, so like there that old term that Aboriginal people are like crabs in a bucket where we pull each other down. Where I work, I like to build these guys up, not to a point where they know everything but in an encouraging work environment. I don't want them going to other Departments and saying we cop shit so listen to us.

Beverley revealed the "hands off" approach undertaken by non-Indigenous managers and leaders and that "they don't want to be seen as racist". Moreover, it is common for non-Aboriginal people to be in these leadership positions, and there are no guarantees that these managers are culturally competent to work with and manage Aboriginal people and understand specific issues. Thus, if LV is not understood or recognised, normalised, ignored or not managed well, there are potential implications for the wellbeing of Aboriginal staff. Accountability of senior staff, policy, appropriate support and management are essential in combating LV within workplaces to ensure a positive organisational culture.

Many of the workshop participants (in the current qualitative interviews and from Phase one) recommended that non-Aboriginal people attend workshops about LV in order to better understand and support Aboriginal staff. Currently this is underway for future workshops.

A lack of collegial support also appeared to be an issue. For Beverley, LV was a topic talked about behind the scenes amongst many Aboriginal colleagues, but the support for each other may not be forthcoming particularly in formal settings (meetings). The workshop did help Beverley to recognise that many others are also experiencing LV but were silent. This provided her with a sense of relief and empowerment and assisted her to take some action to help prevent LV.

Silencing or bystander behaviour is a feature with oppressed people (Freire, 1970) and can sustained because of various fears of retribution and scrutiny (Gorringe et al., 2011). Thus, silencing is not only about being quiet but it is also about inaction. The lack of formal collegial support may also be explained via a bystander effect that stipulates that when there are a number of colleagues witnessing LV there is less help or support. Such behaviours are believed to be due to diffused responsibility, ignorance or inhibition (shyness) (Machackova et al., 2015). In these situations, it could also be that LV has become so normalised (Clark & Augoustinos, 2015) it is less noticeable to confront, or that many people continue to be uncertain about what LV is or that it even exists. The silenced nature could also be as a result of a defensive coping mechanism (see Mellor, 2004).

It appears that when LV is occurring in the workplace non-responsiveness may warrant feelings of helplessness or burnout for Aboriginal staff and this could be concealed for a considerable amount of time, that is, until something shifts within the victim or the service which demands a reaction. This reaction could include any number of possibilities among vulnerable Aboriginal staff such as taking extended leave, resignation, or becoming ill. Although burnout was not explicitly discussed by participants, it may be relevant as burnout is related to high levels of stress (Roche, Duraisingam, Trifonoff & Tovell, 2013). Research has linked in-group gossip to burnout (Georganta, Panagopoulou & Montgomery, 2014) in which gossip is a feature of LV and may have consequences for Aboriginal staff. A local example of Aboriginal staff burnout by Roche et al. (2013) found that many (approximately 1 in 10) Indigenous alcohol and other drug (AOD) workers experienced emotional exhaustion in South Australia which was comparable to the national figures. Burnout is generally characterised as chronic exhaustion, cynicism and a lack of personal accomplishment (Bakker & Costa, 2014). Thus, individuals who experience burnout simultaneously experience high levels of and distance themselves chronic fatigue emotionally and cognitively from their work activities. This could be another reason for not supporting each other when LV is occurring.

All of these workshops were conducted through organisational environments which presumably had various policies and practices, conventions, and legislation accessed internally or externally to guide worker conduct and protect staff within their organisation, such as bullying policies, codes of conduct, and legislation on discrimination and diversity. It is uncertain whether there are specific practices, conventions or strategies that deal with LV within the participants' workplaces. It is well understood that many workplaces also have access to counselling and support services often through their contracted Employer Assistance Program (EAP) which may be utilised by Aboriginal staff. However, it is difficult to determine the level of cultural competency of these counselling and support programs and

whether they are familiar with LV. Nevertheless, organisations can nurture a positive environment with increased levels of support and competency. According to Roche et al. (2013) such change requires both personal management and organisational system level attention and recourse.

The current one-day workshop discusses issues of support, particularly in relation to counselling support; but issues of managerial and collegial support are minimally discussed and limited to the scenario building exercises by the participants. Unless raised workshops do not cover topics such as bystander effect, silencing or burnout. The workshops do not encourage formal sharing of experiences because it is difficult to manage cultural safety. However, it appears that some participants can and do share their experiences informally. Thus, an in-depth two-day workshop or follow-up session will allow time for participants to discuss and continue to conduct exercises that empower and steer them toward their own solutions.

Strategies to prevent lateral violence: "I have made some changes". All of the participants indicated that they had engaged in change and implemented strategies to deal with or prevent LV as a result of attending the PLV workshops. Some of these changes have been personal, reflective, educational and/or as a process of validation. The four extracts below highlight participant strategies.

Melissa (age category 51-55) I got a lot out of the workshop and have been more aware. Yeah, I had discussions with others about it and try and challenge others in a relaxed way...I want to start talking more to my young nieces and nephews about it. I have started collecting information on LV and might try and develop a project for them...because the DVD and reading stuff is too sophisticated for kids.

Ralph (age category 35-40):Since doing that course I have made, like, when I talk I just watch what I say because then, yeah, because you don't realise you can do it 100, a dozen times a day, just the way you talk or body language... If its [lateral violence] around me and someone's harassing someone I will say something to em I've always wanted to bat...if someone is timid.

Jeremy (age category 45-50): Well that role play [exercise] stuck with me for a long time. I come

back to work ... I looked at myself [and] I internalised it. I said ok, you do encourage a lot of people, I do that, I looked into the workplace and I realised I need to do it more...I need to do it more for me to my workers and you know there's a lot of leave [taken by workers] and all that sort of stuff. Really making sure I was compassionate, making sure I wasn't caught in the system, where the system makes people accountable for too much leave, for too much, you know...think about some of the stuff they're going through as Aboriginal people ... Yeah, it's so easy for a black fella to be caught up, if you come into a management position, to get put up in the system and forget these are my brothers and sisters here. They've still got these issues and I sort of got to get away. I found myself even distancing myself toward the workers when I have to discipline [in the past].

Sophia (age category 25-30): It made me realise bullying is a big thing and made me stop doing it at work... Most of the time I did it as a joke but I guess I hurt some people's feelings and I knew how to stop...

Interviewer: Has anyone noticed?

Sophia: Yep, everyone thinks I am quieter now and not fun no more 'cos I don't tease or bully.

Interviewer: So, the teasing part was that harmless or...

Sophia: A little bit, sometimes I was racist to people.

These narratives demonstrate the various changes participants made in response to the LV workshops. Melissa started collecting material on LV and started discussing it with others, especially the young ones. Ralph realised the need to be more cautious when talking to others as LV can become normalised. Jeremy, from his self-reflection, was able to re-engage with his values, passion and empathise with other Aboriginal staff to support them adequately and remain grounded.

Sophia also embodied self-refection, personal change and accountability. She understood that she was displaying some bullying and "racist" behaviour to colleagues and disguised it by "joking" and humour. After the workshop, she said she decided to stop this behaviour at work. As a result, Sophia may no longer be seen as funny by her peers. Whilst Sophia chose to cease

her humorous behaviour because she felt it had racist overtones, humour can play a positive role for many in the community and the workplace. The importance of humour for Aboriginal people is recognised in many ways for survival and as a stress release for Aboriginal people (Schultz et al., 2014). Thus, humour in the right context can be effective.

These extracts exemplify a broad scope of benefits from the workshops, and how these may have been actioned through initiatives and strategies such as support, self-reflection, education, anti-bullying, humour, the sharing of ideas, positive talk and empowerment to tackle and prevent LV. Within an oppressed group that engages in LV, people can unknowingly be either or both victim and perpetrator. It seemed that before the workshop many people sided with victimhood with less insight into their role as perpetrators of LV (as evidenced from pre- and post-evaluations). After the workshop, participants appeared more comfortable in admitting they had perpetrated LV and were willing to reflect on this and make some necessary changes. Furthermore, in most of the extracts above, participants alluded to self-reflection which appears central for change. This is consistent with information from Phase one (qualitative themes in post and three months post questionnaire) where participants became selfaware of their behaviours and those of others. Although participants have made various changes in their lives, as a result of a one-day workshop, longer workshops or follow-up sessions can assist in strengthening action and continue to empower participants to address LV.

Discussion and conclusions

Overview

The aim of this study was to increase the literature on LV, evaluate the effectiveness of the PLV workshop, listen to participants' recommendations for improving the workshops and in particular, understand participant's implementation strategies for preventing LV. This qualitative aspect (phase two) of the research has been able to identify some of the issues faced by participants when dealing with LV on a daily basis. The interviews have shed light on many personal and procedural strategies to

prevent LV in their everyday lives and how to influence others. Those interviewed had experienced LV as either recipients or perpetrators, or both in various contexts, and were therefore qualified to tell their stories and provide valuable advice and direction for improvement of the workshops.

Much of the information provided participants was instrumental in suggesting directions and recommendations for of progression and improvement PLV workshops. These include: workshops need to be open to non-Aboriginal people; accessible and affordable for the Aboriginal community; incur a broader audience for LV training in particular non-Aboriginal work colleagues and supervisors, and that options should be made available for further training beyond a one-day workshop program. Given that Aboriginal people are considered vulnerable from intergenerational layers of trauma and racism, general and workplace support is vital. Participants in this study noted the lack of adequate support for Aboriginal people's experiences of LV from supervisors and colleagues in the workplace. Silencing or a bystander effect may account for the lack of Aboriginal collegial support when most needed and thus further support be provided for LV after the workshops.

In accordance with participants' central concerns about the sensitivity and vulnerability of the topic, support needs to be taken more seriously and cultural safety needs to be implemented to protect Aboriginal workers from LV and discrimination. It is difficult to assess beforehand the level of vulnerability of those who attend the workshops and how they will respond to, or be affected by, the material presented and ensuing discussions. Hence more care communication will need to take place to alleviate the potential stress and apprehension of participants. At present, careful consideration is given to participants' emotional safety during discussions and debriefing in the workshops. They are informed about trauma triggers throughout the day as well as information provided about counselling services and EAP. Sometimes a counsellor is present (if negotiated with the employer) and the facilitator is always prepared to debrief participants outside of the room.

It is also challenging to know how many Aboriginal people are deterred from attending due to their vulnerability or fear. As many workshops are conducted in a work setting, the contact person (usually a senior staff member) is usually responsible for disseminating the information and recruiting participants. Despite this initiative, new considerations are to increase the dialogue between the facilitators and the contact person for enquiries and to enhance reassurance to participants. To assist with this initiative a depository (website) participants can download information prior to the workshops could be made available. This may help to alleviate fears and to answer any initial questions.

Limitations of the study

Although one of the strengths of the evaluation of the PLV workshop is that it utilised a mixed methods approach, despite rigorous efforts to recruit participants; the limited number of participants for both the quantitative evaluation and qualitative interviews is a clear limitation of the current study. As the number of evaluations increases, the results will become more robust over time. Although seven participants were adequate for the qualitative interviews, more volunteers might have produced richer data. Furthermore, selection bias may have been at play, as those who volunteered appeared in support of the workshops and viewed it positively, whereas those who didn't benefit may have been deterred from volunteering. It would have been equally important to evaluate the information of those who potentially didn't benefit from the workshops.

Areas for further research

It is increasingly recognised that there is a significant lack of research in Australia for evaluating education and wellbeing interventions targeted toward Aboriginal people (Healing Foundation, 2012). Hence, it is important that programs and interventions are subject to continual robust evaluation for their effectiveness in order to build evidence based practices.

References

Atkinson, J. (2002). Trauma trails, recreating song lines. Chicago: Spinifex.

Australian Human Rights Commission (AHRC). (2011). *Social Justice Report 2011*. Canberra: Aboriginal and Torres Strait Islander Social Justice Commissioner.

Australian Indigenous Psychologists Association (AIPA) (2016, June 1) *Cultural competence workshops*. Retrieved from http://www.indigenouspsychology.com.au

Awofeso, N. (2011). Racism: a major impediment to optimal Indigenous health and health care in Australia. *Australian Indigenous Health Bulletin*, 11(3), 1-13.

Bakker, A., & Costa, P. (2014). Chronic job burnout and daily functioning: A theoretical analysis. *Burnout Research*, 1, 112-119. doi: 10.1016j.burn.2014.04.003

Bin-Sallik, M. (2003). Cultural safety: let's name it! *Australian Journal of Indigenous Education*; *32*, 21-28.

Bombay, A. (2014). Origins of lateral violence in Aboriginal communities: A preliminary study of student-to-student abuse in residential schools. Canada: Aboriginal Healing Foundation.

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. London: Sage.

Brough, M., Bond, C., Shannon, C., & Schubert, L. (2006). Social capital meets identity: Aboriginality in an urban setting. *Journal of Sociology*, 42 (4), 396-411. doi: 10.1177/1440783306069996

Clark, Y., & Augoustinos, M. (2015). What's in a name? Lateral violence within the Aboriginal community in Adelaide, South Australia. *The Australian Community Psychologist*, 27(2), 27-42. Retrieved from https://groups.psychology.org.au/Assets/Files/ACP-27-2-2015-ClarkandAugoustinos.pdf

Clark, Y., Augoustinos, M., & Malin, M. (2016). Lateral violence within the Aboriginal community in Adelaide: It affects our identity and wellbeing. *Journal of Indigenous Wellbeing, Te Mauri-Pimatisiwin,* 1(1), 43-52. Retrieved from http://journalindigenouswellbeing.com/category/volume/issue1/

Clark, Y., Augoustinos, M., & Malin, M. (2017). Coping and prevention of lateral violence in the Aboriginal community in Adelaide. Australian Community Psychologist, 28(2).

Clark, Y. (2017). Lateral Violence in Aboriginal community in Adelaide, SA: From dilemmas to strategies. (Unpublished Doctoral dissertation). School of Psychology, University of Adelaide, SA.

Derrick, J. (2006). *Lateral violence* [handout]. Four Winds Wellness and Education Centre. British Columbia, Canada. Retrieved from http://www.4windswellness.ca/

Fischer, P., Ai, A. L., Aydin, N., Frey, D., & Haslam, S. A. (2010). The relationship between religious identity and preferred coping strategies: An examination of the relative importance of interpersonal and intrapersonal coping in Muslim and Christian faiths. *Review of General Psychology*, 14, 365-381. doi: 10.1037/a0021624

Fischer, P., Greitemeyer, T., Kastenmuller, A., Krueger, J., Vogrincic, C., & Frey, D. (2011). The Bystander-Effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin*, 137(4), 517-537. doi: 10.1037/a0023304

Frankland, R., Lewis, P., Trotter, R. (2010). This is forever business: A framework for maintaining and restoring cultural safety in Aboriginal Victoria. Victoria: Victorian Aboriginal Child Care Agency.

Freire, P. (1970). *Pedagogy of the oppressed*. New York: Herder and Herder

Gallaher, G., Ziersch, A., Baum, F., Bentley, M., Palmer, C., Edmonson, W., & Winslow, L. (2009). In our own backyard: Urban Health inequalities of Aboriginal experiences of neighbourhood life and social capital and racism. Adelaide: Flinders University.

Georganta, K., Panagopoulou, F., & Montgomery, A. (2014). Talking behind their backs: Negative gossip and burnout in hospitals. *Burnout* Research, (1), 76-81. doi:10.1016/j.burn.2014.07.003

Gorringe, S., Ross, J., & Fforde, C. (2011). Will the real Aborigine please stand up?: Strategies for breaking the stereotypes and changing the conversation. *ALATSIS Research Discussion Paper* 28. Canberra: AITSIS.

Gottlieb, B. H., & Bergen, A. E. (2010) Social support concepts and measures. *Journal of Psychosomatic Research*, 69, 511-520. doi: 10.1016/j.jpsycores.2009.10.001

Healing Foundation. (2012). Why Aboriginal and Torres Strait Islander healing services are a good investment for business and industry. Retrieved from http://healingfoundation.org.au/wordpress/wp

content/files_mf/1377573582compressedwhyh ealingservicesareagoodinvestment.pdf

Jones, C. (2000). Levels of racism: A theoretical framework and a gardener's tale. *American Journal of Public Health*, 90(8), 1212-1215. Retrieved from http://ajph.aphapublications.org.proxy.library.a delaide.edu.au/doi/pdf/10.2105/AJPH.90.8.121

Kelly, K., Dudgeon, P., Gee, G., & Glaskin, B. (2009). Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People. *Discussion Paper No. 10.* Darwin: Cooperative Research Centre for Aboriginal Health.

Krieg, A. (2009). The experience of collective trauma in Australian Indigenous communities. *Australasian Psychiatry*, 17(1), 28-32. doi: 10.1080/1039856092948621

Kuo, B. C. (2013). Collectivism and coping: Current theories, evidence and measurements of collective coping. *International Journal of Psychology*, 48(3), 374-388. doi: 10.1080/00207594.2011.640681

Machackova, H., Dedkova, L., & Mezulanikova, K. (2015). Brief report: The bystander effect in cyberbullying incidents. *Journal of Adolescence*, 43, 96-99. doi: doi.org/10.1016/j.adolescence.2015.05.010

Martin, K. L. (2003). Ways of knowing, being and doing: A theoretical framework and methods for Indigenous and Indigenist research. *Journal of Australian Studies*, 27(76), 203-214. doi: 10.1080/14443050309387838

Mellor, D. (2004). Responses to Racism: A taxonomy of coping styles used by Aboriginal Australians. *American Journal of Orthopsychiatry*, 74(1) 56-71. doi: 10.1037/0002-9432-74.1.56

Merritt, S. (2007). An Aboriginal perspective on resilience [online]. *Aboriginal and Islander Health Worker Journal, 31*(5), 10-12. Retrieved from http://search.informit.com.au.proxy.library.adel aide.edu.au/documentSummary;dn=956392555 488393;res=IELAPA>_ISSN: 1037-3403.

Milroy, H., Dudgeon, P., & Walker, R. (2014). Community life and development programs – pathways to healing. In P. Dudgeon, H. Milroy & R. Walker (Eds.), Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice (2nd ed.) (pp. 419-436). Canberra: Commonwealth of Australia.

Native Counselling Services of Alberta (NCSA). (2008, January 4). *Lateral violence*. Retrieved from http://www.ncsa.ca/

Native Women's Association of Canada (NWAC). (2015, January 4) *Aboriginal lateral violence*. Retrieved from www.nwac.ca

Neto, Y. F, & Pedersen, A. (2013). No time like the present: Determinants of intentions to engage in bystander anti-racism on behalf of Indigenous Australians. *Journal of Pacific Rim Psychology*, 7(1) 36-49. doi: 10.1017/prp.2013.4

Office of the Registrar of Indigenous Corporations (ORIC). (2010). Analysing key characteristics in Indigenous corporate failure: Research Paper. Australian Government: Author.

Prilleltensky, I. and Gonick, L. (1996). Polities change, oppression remain: on the psychology and politics of oppression. *Political Psychology*, *17*(1). doi:10.2307/3791946

Ratnavale, D. (2007). An understanding of Aboriginal experience in the context of collective trauma: A challenge for healing. Report to Aboriginal and Torres Strait Islander mental health services. Adelaide: Central Northern area health service.

Rigney, L. (1999). A first perspective of Indigenous Australian participation in science: Framing Indigenous research towards Indigenous Australian intellectual sovereignty. Paper presented at Chacmool Conference, University of Calgary, Alberta, Canada.

Roberts, S., Demarco, R. & Griffin, M. (2009). The effect of oppressed group behaviours on the culture of the nursing workplace: A review of

evidence and interventions for change. *Journal of Nursing Management*, 17, 288-293. doi: 10.1111/j.1365-2834.2008.00959.x

Roche, A., Duraisingam, V., Trifonoff, A., & Tovell, A. (2013). The health and wellbeing of Indigenous drug and alcohol workers: Results from a national Australian survey. *Journal of Substance Abuse Treatment*, 44, 17-26. .doi: 10.1016/j.jsat.2012.01.009

Schultz, C., Walker, R., Bessarab, D., McMillan, F., MacLeod, J. & Marriot, R. (2014). Interdisciplinary care to enhance mental health and social and emotional wellbeing. In P. Dudgeon, H. Milroy & R. Walker (Eds.), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (2nd edition) (221-242). Canberra: Commonwealth of Australia

Smith, L. T. (2012). Decolonizing methodologies: Research and Indigenous peoples. (2nd ed.). London: Zed books.

Waterworth, P., Rosenberg, M., Braham, R., Pescud, M., & Dimmock, J. (2014). The effect of social support on the health of Indigenous Australians in a metropolitan community. *Social Science and Medicine*, 119, 139-146. doi: 10.1016/j.socscimed.2014.08.035

Waterworth, P., Pescud, M., Braham, R., Dimmock, J., & Rosenberg, M. (2015). Factors influencing the health behaviour of Indigenous Australians: Perspectives from support people. *PLoS ONE*, *10*(11), e0142323.doi: 10.1371/journal.pone.0142323

Weber-Pillwax, C. (2001). What is Indigenous research? Canadian Journal of Native Education, 25(2), 166-174. Retrieved from http://proxy.library.adelaide.edu.au/login?url=http://search.proquest.com.proxy.library.adelaide.edu.au/docview/62286541?accountid=8203

Wells, M. (2000). Beyond cultural competence: A model for individual and institutional development. *Journal of Community Health Nursing*, 17(4), 189-199. doi: 10.1207/S15327655JCHN1704_1

Wilson, S. (2008). Research is ceremony: Indigenous research methods. Canada: Fernwood Publishing.

Wingard, B. (2010). A conversation with lateral violence. *International Journal of Narrative Therapy & Community Work*, 2010 (1), 13-17. Retrieved from

http://search.informit.com.au.proxy.library.adel aide.edu.au/documentSummary;dn=020944441 308237;res=IELHEA

Winsor, J. (2001). Workplace bullying: From health worker to health worker across Australia. *Aboriginal and Islander Health Worker Journal*, *25*(3), 4-8. Retrieved from http://search.informit.com.au.proxy.library.adel aide.edu.au/documentSummary;dn=192384835 454080;res=IELAPA

Yeh, C. J., Arora, A. K., & Wu, K. A. (2006). A new theoretical model of collectivist coping. *Handbook on multicultural perspectives on stress and coping*. Dordrech: Springer

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