



# Evaluation of the preventing lateral violence workshop in Adelaide, South Australia: Phase one questionnaire responses

Volume 2 | Issue 3

Article 4, December 2017

Yvonne Clark  
*University of Adelaide*

Martha Augoustinos  
*University of Adelaide*

Merridy Malin  
*Retired, Adelaide*

## Abstract

Education and awareness workshops are important resources to the Indigenous community in Australia to tackle difficult issues and situations within communities. It is equally important that such workshops are appropriately evaluated to ensure that they are relevant, refined and continued within communities. This paper focuses on an evaluation of the one-day Preventing Lateral Violence workshop. A sample of six workshops were conducted predominately in Adelaide in 2014 using pre, post and three months post workshop measures to determine the impact on participants. Phase one measured participant changes in four areas which were awareness, understanding, knowledge as well as prevention strategies of lateral violence.

Analysis of the quantitative data revealed the workshops' success as an intervention tool both at completion and three months after the workshops. The results indicated that participants understood and resonated with the terminology and the impact on self and others, recognized their experiences of lateral violence, and had an awareness of and developed strategies to combat lateral violence. The qualitative response to open-ended questions suggested that various strategies of education and the challenging of behaviours were in place even after three months. The implications of these findings are discussed

**Keywords:** Aboriginal, Indigenous, lateral violence, evaluation, workshop

**Acknowledgements:** This research was supported by the National Health and Medical Research Council (NHMRC) for a grant for, "Building capacity in Aboriginal and Torres Strait Islander health research" which was awarded to the first author as a stipend. The second author was also one of the members named on the grant.

## Introduction

### Lateral Violence and Related Concepts

Lateral violence (LV) is believed to exist within many countries and communities throughout the world. The term is especially linked to oppressed and powerless groups who covertly and overtly direct their dissatisfaction internally, towards themselves and others within the same community (NCSA, 2008). For example, the nursing industry as an oppressed profession within the medical and health care systems, has used the concept of lateral or horizontal violence for the past three decades to describe the infighting behaviours of nurses (Roberts, Demarco & Griffin, 2009). Indigenous people have recently applied the term to describe infighting within their communities (Bombay, 2014; Derrick, 2006; Gorringe, Ross, & Fforde, 2011; NWAC, 2015; Wingard, 2010).

Behaviours associated with LV within colonised Indigenous communities include, gossip, jealousy, shaming others, verbal and physical attacks, sabotage, bullying (Derrick, 2006; Equay-Wuk, 2012; NWAC, 2015), and the stripping away of each other's identity (Clark, Augoustinos and Malin, 2016). Lateral violence can be triggered by disparities within communities. Such differences include: level of access and distribution of money and resources; one's social status and education within communities; cultural affiliations; and one's blood quantum (aligned with physical characteristics such as skin, eye and hair colour). The effects of LV include feelings of shame, a blaming mentality and a lack of trust in others within communities, to name just a few (Derrick, 2006). These can also be associated with physiological symptoms such as sleep disorders, weight loss or gain, and depression (NWAC, 2015).

Lateral violence as a concept was influenced by early theorists such as Franz Fanon (1963; 1967) and Paulo Freire (1970) who emphasised infighting as one of the oppressive consequences of colonialism on Indigenous peoples in various countries. Within the Australian story of colonialism, various racist policies and practices disrupted and fragmented Aboriginal peoples and their cultures. Colonialism acted to divide, deny, control and oppress Aboriginal people and consequently caused considerable trauma

(Atkinson, Nelson & Atkinson, 2010). Racism, oppression and the effects of intergenerational trauma continues to have repercussions for Aboriginal people to this day (AHRC, 2011; Gorringe et al., 2011). There is a growing body of evidence linking mental health and wellbeing of Aboriginal people in Australia with various forms of racism (Awofeso, 2011; Paradies, 2006; Paradies & Cunningham, 2012); collective or intergenerational trauma (Atkinson, Nelson & Atkinson, 2010; Krieg, 2009; Ratnavale, 2007) and violence (Snowball & Weatherburn, 2008) including LV (Clark et al., 2016).

With detrimental wellbeing effects 2015 on Aboriginal and Torres Strait Islander people's lives (Australian Institute of Health and Welfare [AIHW]), the need for healing, restitution, education and training resources becomes apparent. Many initiatives for wellbeing and particularly those related to curbing violence, have been specifically developed for and by Aboriginal and Torres Strait Islander people throughout Australia. Some examples of healing and educational initiatives include: The *Seven Phases to Healing* in South Australia which aims to heal loss and grief, anger, rage and general violence (Wanganeen, 2014); the *Red Dust* healing initiative (Powell et al., 2014), and the *Mibbinbah Spirit* healing program (Bulman & Hayes, 2011) to assist Aboriginal and Torres Strait Islander men with violence. Women's healing initiatives include the Aboriginal family violence programs that aim to safeguard, empower and to heal such as the *Nunga Mi:Minar* service in SA (Snell & Small, 2009). Workshops that specifically focus on the prevention of LV include the *Preventing Lateral Violence* workshops (PLV) (Clark, Glover & Butler, 2014) in Adelaide. This workshop constitutes the specific focus of the present evaluation which is expanded upon in a subsequent section.

### Evaluations of Interventions for Lateral Violence

When utilising the key words identified for this journal, there appears to be no current published evaluations of LV interventions pertaining to Indigenous people world-wide. However, evaluations of LV workshops have been conducted in the nursing field in the United States. For example, Dahlby & Henrick (2014)

conducted pre- and post-test evaluation utilising a modified version of the LV in nursing survey (LVNS) (Stanley, et al., 2007). They found a decrease in the frequency of LV, a better understanding of the causes and effects of LV, and the development of healthier relationships within participating work units. Their findings support previous evaluation literature in the nursing field (Dahlby & Henrick, 2014)

### **The Challenge of Evaluating Aboriginal Educational/Awareness Programs and Workshops in Australia**

Evaluation research for healing and education interventions targeted toward Aboriginal and Torres Strait Islander people is limited and not well-documented in Australia; these include interventions for social and emotional wellbeing (Healing Foundation, 2012) and government policy which often drives such programs (Malezer, 2012). Many evaluations are also being conducted with empirical frameworks which may not be the best option in Aboriginal contexts. Rather collaborative, participatory and transformative evaluations appear to be best suited to Aboriginal and Torres Strait Islander communities (Katz, Newton, Bates & Raven, 2016) in which self-determination lies at the core (Malezer, 2012). A further challenge is that non-Indigenous academics with an *outsiders'* evaluation framework can limit the *insider* experience and knowledge (Price, McCoy & Mafi, 2012).

To further understand why there is a lack of Aboriginal program evaluations, Day and Francisco (2013) undertook a systematic review of promising interventions that had the potential to improve social and emotional wellbeing in Australia. However, only a small number of evaluations had been published that involved Aboriginal and Torres Strait Islander participants and/or communities. A sample of these were identified for screening for quality by the Maryland Scientific Methods Scale – a ranking system for research designs according to strength of internal validity. Scores on this scale generally reflect the level of confidence that can be placed in the conclusions about cause and effect, or certainty that any observed change is caused by a particular program or service. The evaluations with primarily quantitative methods scored a satisfactory rating on scientific rigour, whereas

those using primarily qualitative methods were viewed low to very low on scientific rigour. Day and Francisco (2013) acknowledge legitimate concerns about defining evidence in terms of criteria that are linked directly to quantitative evaluation methodologies as they may not capture the holistic nature of Indigenous healing. A dilemma is that if evaluations are not conducted in a way, they are unlikely to be published, funding may be limited for the intervention, and this does not allow for real change to happen within communities (Healing Foundation 2012).

### **Development of the Preventing Lateral Violence Workshops in SA**

An interest in the topic of LV by the first author, stemmed from the Healing Our Spirit Worldwide (HOSW) conference in Alberta, Canada in 2006 where discussions about LV were led by many Canadian Indigenous leaders. Resources from the HOSW conference were shared in South Australia via information work forums in 2007. Following these forums, workshops on LV were developed and refined. Delivery of the workshops has always been conducted by two Aboriginal facilitators.

The material and format of the current PLV workshops include powerpoint and video presentations, handouts, small and large group exercises, including a simulation (on history, assumptions, values and strategies), reflections and debriefing. The one-day PLV workshop is the most requested of its type and aims for attendees to understand: LV in various settings (i.e. family, community and workplace); where LV comes from, the forms it takes; and the effects on the community. Further aims are to enhance connections between people, and to work towards strategies to deal with and prevent LV.

### **The Current Evaluation**

Prior to this evaluation previous feedback for the PLV workshops in South Australia, held between 2007 and 2014, had been positive and indicated high satisfaction from participants in the workshop. The previous feedback assisted to refine the workshops and provided confidence to continue the delivery of these workshops and indeed inspired the current research and a formal evaluation.

Overall the aim of this evaluation study is to formally measure whether the PLV workshops have been effective. This is to ensure that the Aboriginal and Torres Strait Islander community in Adelaide has access to good quality, timely, relevant, engaging and culturally safe workshops. A final aim is to expand the knowledge in the current literature on LV and evaluations on Aboriginal and Torres Strait Islander programs in the Australian context.

Thus, it is hypothesised that the workshops will provide participants in this evaluation study with an increase in knowledge, understanding and awareness of LV which is maintained over time. It is also anticipated that the workshops will resonate with the experiences of participants, and empower them to build and develop strategies to curb LV in their own everyday lives.

## Methodology

### Indigenous Evaluation and Methodological Approaches

There are many overlapping features and processes amongst an Indigenous evaluation methodology and ethical guidelines for research (Price et al., 2012) as well as Indigenous research methodologies (Wilson, 2008). These processes recommend consideration of: *Respect* for diversity, culture and ways of knowing and being; *Relevance* to inform social policy and good practice; *Responsibility* to ensure that there is a sensitive and well-informed cultural process; and *Reciprocity* for appropriate communication with Aboriginal and Torres Strait Islander people and dissemination of information (Hurworth & Harvey, 2012; Markiewicz, 2012) and *Relationality* which indicates that all things are interconnected (i.e. the evaluator, the participants, the environment and the cosmos) (Wilson, 2008).

Price et al. (2012) indicate that Aboriginal and Torres Strait Islander community ownership and empowerment for evaluations should be ideally done by Indigenous people, as they are the ones who are closely aligned to the information and context and have the communities' interest at heart. Yet in the absence of this ideal, a non-Aboriginal evaluator should engage an Aboriginal and or Torres Strait Islander mediator to provide community knowledge, insight, trust and communication with the community (Price et al.,

2012). Without these considerations, such research and evaluation will continue to be the "Other" with outsider interpretations through a different lens or perspectives (Smith, 1999, p 2).

An Indigenous research approach also emphasises the importance of Indigenous processes, knowledge and voices to drive the research, such as the voices of Aboriginal and Torres Strait Islander participants, researchers and workshop facilitators. Interpretation will predominately be an insider or subjective approach rather than an outsider or other approach. This will be complemented by more 'objective' data from the questionnaire results.

### Questionnaires

Demographic information on gender, Indigenous status, age and educational background was recorded as part of the evaluation. A quasi-experimental design with pre, post and second post-test with a three-month interval via a questionnaire to elicit information was conducted which is a popular design for evaluation research of a community intervention (Biglan, Ary & Wagenaar, 2000).

As there were no standardized questionnaires or surveys about LV in Indigenous communities, the previously used feedback questionnaire for the LV workshops in Adelaide was improved and adapted for use in the current evaluation. In the current evaluation, a 5-point Likert scale measured the extent to which participants agreed or disagreed with statements about LV. Whilst there were many difference items across the three-time series questionnaires there were 15 core quantitative items consistent across the three questionnaires and time frames and these were used in the final analysis to determine changes over time. An exploratory factor analysis was conducted but this method was not able to identify factors into relatable categories. Thus, these 15 individual items were instead arranged into four meaningful and functional categories. These included sections for *terminology*, *experience*, *impact*, and *strategies*. Questions and items posed within the *terminology* section aimed to determine the usefulness and appropriateness of the LV term, as it is relatively new and has been applied to Aboriginal and Torres Strait Islander people within the Australian context with relatively little consultation (see Clark & Augoustinos, 2015). In

the *experience* section, the questions focused on whether participants' experiences resonated with the terminology and their own contexts. The *impact* questions aimed to understand participants' knowledge and awareness of the effects of LV on individuals, the community and the workplace. The *strategies* section enquired about the awareness and knowledge of strategies and whether there was further strategy development or action because of the workshop. Open-ended questions were included in the post and three months post questionnaires to understand participant's views about LV, the workshops and workshop content in more detail.

### Procedure and Recruitment

Prior to 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 primary researcher contacted the CEO/Aboriginal Manager/Senior person of nine Aboriginal Organisations or services in late 2013 and early 2014 about the possibility of delivering a PLV workshop for staff within their organisation and that the workshops be evaluated as part of research. Five Organisations accepted the invitation. One of the accepting organisations requested the delivery of two workshops to ensure that most staff could receive the training. Of the five accepting organisations, two were Aboriginal community controlled organisations, two were Aboriginal service delivery sections within the state government and one was a Non-Government Organisation (NGO). Six workshops were delivered from March 2014 to June 2014. Of these five workshops were presented in Adelaide with one delivered in a semi-rural location.

Recruitment of the participants was an in-house organizational process. Some organizations recruited Aboriginal and Torres Strait Islander staff only, whilst others recruited Aboriginal and Torres Strait Islander as well as non-Aboriginal staff from various levels, who worked within Aboriginal services. For example, one of the services recruited both Aboriginal and non-Aboriginal staff in leadership roles.

For data collection from the six separate PLV workshops, participants were asked to complete the evaluation questionnaire three times. This was once immediately before commencing the program, the *pre-evaluation* (time 1); once immediately after completing the workshop *post evaluation* (time 2) and once three months after the workshop, *3 months post evaluation* (time 3). The latter questionnaire was mailed by post or could be completed online via an email Survey Monkey link.

### Administration and Analysis

To assist with the administration of the data, workshops, communication processes and to provide ethical distance between the primary researcher (who was also one of the facilitators) and the evaluation method, a Research Assistant (RA) (an Aboriginal senior psychology female student) was employed. The RA attended part of the workshops, informed participants of the aims, background, method and voluntary status of the evaluation, and distributed and collected pre- and post-workshop questionnaires, informed the participants of the three months post-workshop evaluation questionnaire and the three-month follow-up voluntary interviews.

Once all the data was collected, the RA de-identified the questionnaires by placing the information into tables within their prospective organizational groups. The material was also matched (pre to post to three months post) via the participants month and year of birth and other demographic information where possible. The quantitative data was then entered in SPSS version 22, analyzed and computed by the researcher. The open-ended responses were analysed using a thematic analysis (Braun & Clarke, 2013) to elicit themes.

## Results

### Questionnaire Results (Quantitative)

**Sample.** Overall, 72 people attended the six PLV workshops and consented to participate. Of these there were 58 participants who completed both the pre- and post-evaluation questionnaires (response rate 81%) and of these, 23 participants also completed the three months post workshop evaluation (response rate 32%). Most of the research participants were females (76%). Although there was a spread of people across

different age categories, almost half of the sample (47%) was between the ages of 31-45 years. Almost two thirds of the participants were Aboriginal (71%), just over half (55%) had attended university, and 25% had at least attended secondary school.

**Pre and post questionnaire results.** A non-parametric measure, the Friedman test for paired samples, was used to compare the means of pre and post evaluations (time 1 and 2). The negatively keyed items (items 2, 3, 4, 6 &7) were reverse scored. The results are shown in Table 1.

**Table 1. Comparison of means for pre and post evaluation of PLV workshops (n=58)**

| Questions          |  | Pre evaluation<br>M (SEM)* | Post evaluation<br>M (SEM)* | P value |
|--------------------|--|----------------------------|-----------------------------|---------|
| <b>Terminology</b> |  |                            |                             |         |
| 1                  | LV is a useful term in understanding violence in the Aboriginal community              | 3.63±0.12                  | 4.23±0.12                   | **0.000 |
| 2                  | LV does not adequately describe violence experienced by Aboriginal people              | 2.96±0.12                  | 3.76±0.17                   | **0.000 |
| 3                  | LV is a confusing term   | 2.98±0.11                  | 3.23±0.17                   | *0.017  |
| 4                  | There are better ways of understanding Aboriginal violence than the concept of LV      | 3.11±0.11                  | 2.77±0.17                   | 0.071   |
| <b>Experience</b>  |  |                            |                             |         |
| 5                  | LV describes my experiences of violence as an Aboriginal person/ non-Aboriginal person | 3.23±0.14                  | 3.79±0.17                   | **0.000 |
| 6                  | I have not seen LV when it occurs in the workplace                                     | 3.45±0.15                  | 4.15±0.14                   | 0.174   |
| 7                  | I have not seen LV when it occurs in the community                                     | 3.24±0.16                  | 4.00±0.17                   | **0.005 |
| 8                  | I realise that I have been a victim of LV at least once (it happened to me)            | 3.67±0.18                  | 4.29±0.14                   | **0.001 |
| 9                  | I realise that I have been a perpetrator of LV at least once (I have committed LV)     | 2.87±0.16                  | 3.71±0.18                   | **0.000 |
| <b>Impact</b>      |  |                            |                             |         |
| 10                 | I understand the impact of LV on individuals   | 3.64±0.14                  | 4.49±0.09                   | **0.005 |
| 11                 | I understand the impact of LV in the workplace   | 3.67±0.14                  | 4.54±0.08                   | *0.043  |
| 12                 | I understand the impact of LV in the community   | 3.63±0.16                  | 4.53±0.08                   | *0.015  |

| Strategies |   |           |           |         |
|------------|---|-----------|-----------|---------|
| 13         | I recognise the importance of preventing LV from re-occurring in various contexts | 4.00±0.16 | 4.61±0.10 | **0.001 |
| 14         | I am aware of a range of strategies to address LV                                 | 2.88±0.16 | 4.32±0.09 | **0.009 |
| 15         | I currently have some skills and strategies to address LV                         | 3.06±0.17 | 4.31±0.09 | **0.003 |

Friedman test, 0.05 Confidence interval \*\*P< .01, \*P<.05

The results indicate that in general there were significant changes in awareness, knowledge and understanding of LV for participants by the end of the workshop. However, question 4 is an anomaly and this may be because the question is awkwardly worded and unclear as to whether it's a positive or negative question. Question 6 was also an anomaly and surprising, given that the workplace is often a place where LV occurs (Clark & Augoustinos, 2015). Responses to questions 7 to 9 suggest community insight and or experiences of LV and these may have been as a victim and/or perpetrator of LV. At the end of the workshop participants appeared to have an appreciation of the impact and effect that LV has on individuals, the workplace and the community. Lastly, participants recognised the

importance of prevention of LV, and were now aware of strategies to address LV post workshops.

The results generally supported the hypothesis of an increase in awareness, knowledge and understanding of LV at the end of the workshop, as there was a significant increase in agreement on most items at the completion of the workshop.

**Pre, post, and three months post comparisons.** A non-parametric test, the Friedman ANOVA was applied to compare the three-time frames. The negatively keyed items were (2, 3, 4, 6 and 7).

**Table 2. Comparisons of means for pre, post and 3-month post evaluation of PLV workshops (n=23)**

| Questions          | Pre eval'n<br>M (SEM)   | Post<br>eval'n<br>M (SEM) | 3-month<br>post<br>eval'n<br>M (SEM) | P Value   |         |
|--------------------|---|---------------------------|--------------------------------------|-----------|---------|
| <b>Terminology</b> |   |                           |                                      |           |         |
| 1                  | LV is a useful term in understanding violence in the Aboriginal community         | 3.71±0.21                 | 4.38±0.18                            | 4.00±0.26 | **0.003 |
| 2                  | LV does not adequately describe violence experienced by Aboriginal people         | 3.00±0.22                 | 3.79±0.30                            | 3.79±0.25 | **0.008 |
| 3                  | LV is a confusing term  | 3.26±0.24                 | 3.79±0.24                            | 3.47±0.23 | 0.070   |
| 4                  | There are better ways of understanding Aboriginal violence than the concept of LV | 2.79±0.18                 | 3.21±0.33                            | 3.11±0.20 | 0.088   |

| <b>Experience</b> |   |           |           |           |         |
|-------------------|---|-----------|-----------|-----------|---------|
| 5                 | LV describes my experiences of violence as an Aboriginal /non-Aboriginal person               | 3.58±0.21 | 3.68±0.32 | 3.74±0.26 | 0.704   |
| 6                 | I have not seen LV when it occurs in the workplace  | 3.50+0.24 | 4.45+0.17 | 4.00+0.18 | **0.002 |
| 7                 | I have not seen LV when it occurs in the community  | 3.19+0.27 | 4.05+0.29 | 3.71+0.22 | **0.005 |
| 8                 | I realise that I have been a victim of LV at least once                                       | 3.71+0.28 | 4.29+0.25 | 4.14+0.20 | **0.007 |
| 9                 | I realise that I have been a perpetrator of LV at least once                                  | 2.86+0.27 | 3.67+0.29 | 3.95+0.22 | **0.003 |
| <b>Impact</b>     |   |           |           |           |         |
| 10                | I understand the impact of LV on individuals  | 3.76+0.23 | 4.62+0.11 | 4.38+0.11 | **0.000 |
| 11                | I understand the impact of LV in the workplace  | 3.81+0.22 | 4.57+0.11 | 4.43+0.11 | **0.000 |
| 12                | I understand the impact of LV in the community  | 3.81+0.25 | 4.62+0.11 | 3.38+0.11 | **0.002 |
| <b>Strategies</b> |   |           |           |           |         |
| 13                | I recognise the importance of preventing LV from re-occurring in various contexts             | 4.19+0.22 | 4.90+0.07 | 4.57+0.13 | **0.002 |
| 14                | I am aware/now aware of a range of strategies to address LV                                   | 2.95+0.28 | 4.48+0.11 | 4.05+0.18 | **0.000 |
| 15                | I currently have/have developed (after the workshop) some skills and strategies to address LV | 3.33+0.28 | 4.57+0.11 | 3.86+0.20 | **0.000 |

Friedman \*\*P<.01, \*P<.05

The results when comparing the means of time 1 directly with time 3 indicates an overall increase. Such an increase is assumed to be as a direct result of participation in the LV workshop. When comparing the means of the three time frames, the pattern of change indicate that awareness, knowledge and understanding have been maintained after three months. It appears that in the long term, participants resonate with the terminology, can relate to the experiences, and continue to understand the impact on the individuals, the workplace and the Aboriginal community. There is also recognition of prevention of LV as well as the development of further skills to prevent LV. This supports the general hypothesis that much of the information,

awareness and skills development will either continue to increase over time and/or be maintained by participants.

The previous inconsistency identified in question 6 no longer appears relevant. Perhaps over time recognition of LV in the workplace became evident by the participants. The major anomaly in the results of Table 2 relates to question 5. Further investigation of the raw data revealed a typing error in the replication of the three months post evaluation on Survey Monkey. The question only asked experiences of violence as an Aboriginal person. This appeared to exclude and skew the answers from non-Aboriginal



participants who skipped the question or answered neutrally.

Other analyses were conducted to examine participant responses in the evaluation. For example, participant responses were analysed over the three-time periods by the demographic information (i.e. age, gender, ethnicity, education etc). For this there were very few significant results over the three periods. Another analysis compared the post (time 2) and three-month post (time 3) means to examine whether participant changes were primarily due to the workshops or other factors. These results didn't yield extra information and therefore were not reported in detail in this paper. For more information on these test results- see Clark (2017).

### Qualitative Information from the Questionnaires (Post and Three Months Post)

#### Post questionnaires – responses and themes.

There were 69 respondents who provided open-ended responses to 2 questions in the post-workshop questionnaires across the six workshops.

(1). How do you hope to make any changes in your life or your practice as a result of this training? For this question, the response rate was 57%. Common themes and exemplars indicated that *reflection and monitoring* was useful to stop or minimise LV and alleviate the effects of LV on others. There also appeared to be a deeper understanding about why and how LV becomes prominent. For example, “acknowledge that some staff behaviour may be a result of their experience of LV”.

Further the *naming and challenging of lateral violence was deemed important*. For example, “name LV when witnessed”. The importance of *further training and education* enabled the self and for others to understand the rationale and impetus of LV behaviours. For example, “understand others better, have a perspective that allows me to take hurtful behaviours less personally, and hopefully respond in a more creative and non-laterally violent manner”.

(2). Any additional comments? For this question, the response rate was 33%. Participants were very positive about the training workshop and the skills of the facilitators. They indicated that the

workshops were well conducted, beneficial to the community and they were thankful for the training opportunity.

**Three months post questionnaire responses and themes.** Overall, 25 responses were received for the three months post evaluation questionnaires, which consisted of 4 questions, across the six workshops.

(1). What are the three main behaviours that you see as lateral violence? For this question 96% of participants responded and portrayed LV behaviours broadly as *covert*. Examples include exclusion, undermining identity and community connections and credibility, putting each other down, bullying, gossiping and rumour mongering.

(2). What changes (if any) have you made in your life or your practice as a result of the lateral violence training? For this question 76% of participants responded. *Self-awareness, education and challenging of LV behaviours* were common responses to this question. This suggests some actioning of intentions to stop and prevent LV. Once participants engaged in self-awareness and monitoring of their own behaviours, it enabled them to stop perpetrating laterally violent behaviours such as gossiping and being negative to others and take action. Examples include, “[I made] a conscious decision to not gossip or criticize colleagues and family members” and, “I have informed others about LV”.

(3). What additional training would you like to have or see developed in the future about lateral violence? For this question, 68% of participants responded. The main theme of a *refresher workshop* to brush up on skills, to further develop strategies and not fall back into old ways of perpetrating LV was mentioned. For example, “I would like a half-day session following the first, to discuss strategies on how or ways to challenge laterally violent situations”. Other responses included that there be more *frequent* workshops and providing training to a *broader* audience. It was suggested that more training be provided to workplaces and that non-Aboriginal people be included, particularly those that work in the Aboriginal sector.

(4). Any additional comments? For this question, 44% of participants made varied comments such

as “thank you”, “the facilitators helped create a pretty comfortable and safe environment which was so important when its covering a topic like LV”. This is consistent with the post-questionnaire that found that 99% (mean 4.8, SD 0.4) of participants agreed or strongly agreed that the “facilitators ensured the participants felt comfortable and safe”.

Overall participants’ comments were helpful and positive about the workshops’ delivery and content and it appeared to cater to the needs of the participants. Participants felt safe in the workshops to talk openly and honestly. Most importantly, participant intentions were followed up with actions after three months. This suggests that participants are thinking and engaging in behaviours to prevent LV in their personal lives, work and the community which is one of the main aims of the workshop.

## Discussion and Conclusions

### Overview

This evaluation study has been important for several reasons. It provides information about a successful resource within the Aboriginal and Torres Strait Islander community, in Adelaide. The PLV workshops have assisted many Aboriginal people to understand the complexities associated with LV and its effects over time. Most importantly, it has steered people to take some action to prevent LV in their various contexts. Given that it is rare for Aboriginal and Torres Strait healing programs and workshops to be formally evaluated let alone published, this is a means to ensure Aboriginal and Torres Strait Islander people, the mainstream population and funding bodies will have resources that could potentially be supported for further development.

The six PLV workshops utilised a time series method to explore changes to awareness, knowledge and understanding of LV. In the quantitative component of the questionnaire, participants: resonated with the terminology and the experiences of LV; gained an understanding of the effects of LV on the self, family and community; and developed skills to prevent LV in various contexts, in the short term and this was generally maintained in the long term. The qualitative information highlighted strategy

changes such as self-reflection and monitoring of their own laterally violent behaviours and those of others; informally and formally educating others about LV; and challenging and naming LV when it occurs. Furthermore, the labelling and naming process has supported the acceptance of LV as a legitimate concept, but also to address it once it becomes tangible. These findings are consistent with previous findings (Clark & Augoustinos, 2015) where the importance of labelling LV has been comprehensively discussed.

The aims and hypothesis of the evaluation have been fulfilled with demonstration that the effectiveness of the workshops. Furthermore, the information provided here will add substantially to the literature on both LV and on evaluation outcomes within Aboriginal and Torres Strait Islander communities. In addition, the utilisation of many Aboriginal resources and voices to guide and further develop the workshops is a notable strength. This means that Aboriginal and Torres Strait Islander people have the means to make changes and prevent LV, but perhaps need further awareness and support to do so through educational programs such as the present one.

### Recommendations

Several recommendations were made for change to the program and other training needs. These were that the workshops should be offered to non-Aboriginal people working within organisations and who work intensively with Aboriginal and Torres Strait Islander people. That further training is offered to support staff in their development of strategies and as a follow up, or refresher, to ensure that information is maintained and retained given that skills can dwindle over time. At present, requests for these workshops occur via workplaces, so accessibility needs to extend to Aboriginal and Torres Strait Islander communities more broadly. Part of the reason for this is due to funding and it is hoped that funding requests will be made as an outcome of the research. Following this evaluation and once information has been fed back to community (participants and other interested people) there will hopefully be a hive of activity in making the much-needed changes.

### Limitations of the Study

Whilst the required number of workshops was conducted, there were fewer participants than anticipated. The average number per workshop was 12, well below the 15-25 mark. Although non-parametric tests showed good results, they are not as robust as parametric tests. Despite smaller groups, it is worth considering continuity of smaller groups of about 15 participants to ensure intimacy and comfort which may have facilitated learning.

### Areas for Further Research

The questionnaires used was not standardised, nor could the items be grouped statistically via factor analysis. A questionnaire with standardised and validated questions could be further developed to capture aspects of LV. This could be used as baseline measures over time and across organisations, and communities. Such questionnaires could potentially measure a decrease in frequency of LV and the effectiveness of strategies. A good starting point could be to use some of the items within the current questionnaire as well as explore other surveys or questionnaires, such as the LVNS (developed by Stanley et al., 2007), to develop a reliable and robust evaluation instrument to use within Aboriginal and Torres Strait Islander communities.

## References

Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In Purdie, Dudgeon and Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (first edition) (pp.135-144). Canberra: Commonwealth of Australia.

Australian Human Rights Commission (AHRC). (2011). Towards a reconciled Australia: An agenda of hope. *Social Justice Report 2010*. Canberra: Aboriginal and Torres Strait Islander Social Justice Commissioner.

Australian Institute of Health and Welfare (AIHW). (2015, Oct 01). *The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. Retrieved from <http://www.aihw.gov.au/publication-detail/?id=60129550168>

Awofeso, N. (2011). Racism: a major impediment to optimal Indigenous health and health care in Australia. *Australian Indigenous Health Bulletin*, 11(3). Retrieved from <http://healthbulletin.org.au/articles/racism-a-major-impediment-to-optimal-indigenous-health-and-health-care-in-australia>

Biglan, A., Ary, D., & Wagenaar, A. (2000). The value of interrupted time-series experiments for community intervention research. *Prevention Science*, 1(1), 31-49. doi: 10.1023/A:1010024016308

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.

Bulman, J., & Hayes, R. (2011). Mibbinbah and spirit healing: Fostering safe, friendly spaces for Indigenous males in Australia. *International Journal of Men's Health*, 10(1), 6-25. doi: 10.3149/jmh.1001.6

Clark, Y., Glover, K. and Butler, S. (2014). *Preventing Lateral Violence* [Workshop Flyer]. Adelaide.

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://journalindigenuswellbeing.com/category/volume/issue1/>

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.

- Dahlby, M., & Henrich, L. (2014). Evaluating an educational intervention on lateral violence. *The Journal of Continuing Education in Nursing*, 45(8), 344-350. doi:10.3928/00220124-20140724-15
- Day, A., & Francisco, A. (2013). Social and emotional wellbeing in Indigenous Australians: Identifying promising interventions. *Australian and New Zealand Journal of Public Health*, 37(4). doi: 10.1111/1753-6405.12083
- Derrick, J. (2006). *Lateral violence* [handout]. Four Winds Wellness and Education Centre. British Columbia, Canada. Retrieved from <http://www.4windswellness.ca/>
- Equay-Wuk. (2012, January 5) *What is lateral violence?* [Online handout]. Retrieved from <http://www.equaywuk.ca/HFHNDVT/WhatIsLateralViolence.pdf>
- Fanon, F. (1963). *The wretched of the earth*. New York: Gove Press.
- Fanon, F. (1967). *Black skins white masks*. New York: Grove Press
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Herder and Herder
- Gorringer, S., Ross, J., & Fforde, C. (2011). Will the real Aborigine please stand up? Strategies for breaking the stereotypes and changing the conversation. AIATSIS Research Discussion Paper 28. Canberra: AITSIS.
- 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/1377573582compressedwhyhealingservicesareagoodinvestment.pdf](http://healingfoundation.org.au/wordpress/wp-content/files_mf/1377573582compressedwhyhealingservicesareagoodinvestment.pdf).
- Hurworth, R., & Harvey, G. (2012, August 07). Indigenous evaluation: An editorial review. *Evaluation Journal of Australasia*, 12(1), 2-5. Retrieved from <http://search.informit.com.au.proxy.library.adelaide.edu.au/documentSummary;dn=188586858119118;res=IELAPA>
- Katz, I., Newton, B., Bates, S., & Raven, M. (2016). *Evaluation theories and approaches: Relevance for Aboriginal contexts*. Sydney: Social Policy Research Centre, UNSW Australia.
- Krieg, A. (2009). The experience of collective trauma in Australian Indigenous communities. *Australasian Psychiatry*, 17(1), 28-32. doi: 10.1080/10398560902948621
- Malezer, L. (2012). Challenges in evaluating Indigenous policy. In Productivity Commission. *Better Indigenous policies: the role of evaluation-roundtable process* (pp. 69-79). Commonwealth of Australia. Retrieved from <http://www.pc.gov.au/research/supporting/better-indigenous-policies/better-indigenous-policies.pdf>
- Markiewicz, A. (2012). Close the gap through respect, relevancy, reciprocity and responsibility: Issues in the evaluation progress for Indigenous communities in Australia. *Evaluation Journal of Australasia*, 12(1), 19-25. Retrieved from <http://search.informit.com.au.proxy.library.adelaide.edu.au/documentSummary;dn=188624124061634;res=IELAPA>
- 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](http://www.nwac.ca)
- Paradies, Y. (2006). A systemic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35(4), 888-90. doi:10.1093/ije/dyl056
- Paradies, Y., & Cunningham, J. (2012). The DRUID study: Racism and self-assessed health status in an Indigenous population. *BMC Public Health*, 12(131), 1-12. doi: 10.1186/1471-2458-12-131
- Powell, T., Ross, R., Kickett, D., & Donnelly, J. (2014). Red Dust Healing: Acknowledging the past, changing the future. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2<sup>nd</sup> edition) (pp. 459-474). Canberra: Commonwealth of Australia.
- Price, M., McCoy, B. & Mafi, S. (2012). Progressing the dialogue about a framework for Aboriginal evaluations: Sharing methods and key learnings. *Evaluation Journal of Australia*. 12, 32-37. Retrieved from

<http://search.informit.com.au.proxy.library.adelaide.edu.au/documentSummary;dn=188661390004151;res=IELNZC>

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.

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

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. Dunedin, NZ: University of Otago Press.

Snell, R., & Small, C. (2009). Best practice family violence services for Aboriginal women: Nunga Mi:Minar incorporated. *Parity*, 22(10), 46-47. Retrieved from <http://search.informit.com.au.proxy.library.adelaide.edu.au/documentSummary;dn=590150133493865;res=IELFSC> ISSN: 1032-6170.

Snowball, L., & Weatherburn, D. (2008). Theories of Indigenous violence: A preliminary empirical assessment. *The Australian and New Zealand Journal of Criminology*, 4(2), 216-235. doi: 10.1375/acri.41.2.216

Stanley, K., Martin, M., Michel, Y., Welton, J., & Nemeth, L. (2007). Examining lateral violence in the nursing workforce. *Issues in Mental Health Nursing*, 28, 1247-1265. doi: 10.1080/01612840701651470.

Wanganeen, R. (2014). Seven phases to integrating loss and grief. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2<sup>nd</sup> edition) (pp. 475-492). Canberra: Commonwealth of Australia.

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.adelaide.edu.au/documentSummary;dn=020944441308237;res=IELHEA>

#### About the authors:

**Yvonne Clark** is a Kokatha and Wirangu woman from South Australia. She has been a registered Clinical psychologist for 20 years has experience in clinical, community and academic psychology. She is a member of the Australian Indigenous Psychological Association (AIPA) and the APS Interest group Aboriginal and Torres Strait Islander peoples and Psychology. Yvonne is a lecturer in Psychology at the University of Adelaide. Her research interests include topics on culture, health, social and emotional wellbeing, mental health, racism and lateral violence within the Aboriginal community.

[yvonne.clark@adelaide.edu.au](mailto:yvonne.clark@adelaide.edu.au)

**Martha Augoustinos** is Professor of Psychology at the University of Adelaide. Martha has published widely in the field of social psychology and discourse, in particular the nature of racial discourse in Australia. Her research interests are on political discourse, rhetoric and persuasion, racism, social categorisation, stereotyping and prejudice, identity and nationalism.

[Martha.augoustinos@adelaide.edu.au](mailto:Martha.augoustinos@adelaide.edu.au)

**Merridy Malin** has substantial experience supervising post graduate students and was a university academic and an experienced researcher for 20 years. She has worked in various Aboriginal organisations, such as the Aboriginal Health Council of SA and worked on various projects around Australia. She has recently retired from paid employment.

[Merridy.malin@internode.on.net](mailto:Merridy.malin@internode.on.net)