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## **Perspectives on childhood resilience among the Aboriginal community: An interview study**

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### Abstract

**Objective:** To describe Aboriginal community members' perspectives on the outcomes and origins of resilience among Aboriginal children.

**Methods:** Face-to-face interviews were conducted with 36 Aboriginal adults (15 health service professionals, 8 youth workers and 13 community members) at two urban and one regional Aboriginal Community Controlled Health Service in New South Wales. Interviews were transcribed and analysed thematically.

**Results:** We identified six themes: withstanding risk (displaying normative development, possessing inner fortitude); adapting to adversity (necessary endurance, masking inner vulnerabilities); positive social influences (secure family environments, role modelling healthy behaviours and relationships); instilling cultural identity (investing in Aboriginal knowledge, building a strong cultural self-concept); community safeguards (offering strategic sustainable services, holistic support, shared responsibility, providing enriching opportunities); and personal empowerment (awareness of positive pathways, developing self-respect, fostering positive decision making).

**Conclusions:** Community members believed that resilient Aboriginal children possessed knowledge and self-belief that encouraged positive decision making despite challenging circumstances. A strong sense of cultural identity and safe, stable and supportive family environments were thought to promote resilient behaviours.

**Implications for public health:** Many Aboriginal children continue to face significant adversity. More sustainable, Aboriginal-led programs are needed to augment positive family dynamics, identify at-risk children and provide safeguards during periods of familial adversity.

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# Perspectives on childhood resilience among the Aboriginal community: an interview study

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Australian Aboriginal children are exposed to a number of adversities that have been attributed to the downstream effects of European colonisation.<sup>1-3</sup> Childhood adversities increase the risk of negative health and social outcomes that can contribute to longstanding mental and physical health 'gaps' between Aboriginal and non-Aboriginal people.<sup>4</sup> In particular, urgent attention is required to develop strategies to reduce the high rates of suicidal ideation and completion currently seen in Aboriginal youths.<sup>5</sup>

Despite these challenges, many Aboriginal children are resilient and show remarkable adaptation during difficult circumstances.<sup>6</sup> Both seminal and current resilience literature describe resilience in terms of a contextual and dynamic process that leads to positive adaptation in the presence of significant adversity.<sup>7,8</sup> In Australia, research has identified risk and protective factors that influence Aboriginal children's health,<sup>9-11</sup> however, few studies specifically investigate resilience. Two recent quantitative studies associate resilience with higher self-esteem, prosocial friendships, self-regulation, low community socioeconomic status and the good physical health of children.<sup>6,12</sup> Qualitative research investigating Australian Aboriginal children's resilience indicates the importance of empowerment and cultural pride in building resilience.<sup>13,14</sup> A number of unique contributions to the study of resilience within Aboriginal communities have been provided by qualitative research.

## Abstract

**Objective:** To describe Aboriginal community members' perspectives on the outcomes and origins of resilience among Aboriginal children.

**Methods:** Face-to-face interviews were conducted with 36 Aboriginal adults (15 health service professionals, 8 youth workers and 13 community members) at two urban and one regional Aboriginal Community Controlled Health Service in New South Wales. Interviews were transcribed and analysed thematically.

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**Key words:** Indigenous, resilience, children, qualitative

These include, empowering the voices of marginalised groups, avoiding a limited selection of risk and outcome variables, and gaining a deeper understanding of the processes that contribute to resilience within appropriate sociocultural settings.<sup>15</sup>

Given the adversity Aboriginal communities are known to face, a better understanding of what helps Aboriginal children do well

can help to provide an evidence base for initiatives that enhance childhood resilience and reduce negative mental health outcomes. Currently, our understanding of how Aboriginal communities view childhood resilience is limited. This study aimed to describe the perspectives on childhood resilience of members of urban and regional Aboriginal communities. The results may be

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used to inform programs with the potential to improve mental health outcomes for Aboriginal children.

## Methods

We used the Consolidated Criteria for Reporting Qualitative Studies (COREQ) to inform the study's design and reporting.<sup>16</sup>

### Participants

Participants were recruited from two urban and one regional Aboriginal Community Controlled Health Service (ACCHS) in New South Wales. We used purposive sampling to include Aboriginal people from a wide range of ages who were key informants (i.e. people with experience working with, or who were caregivers of, Aboriginal children). Members of the research team first met with ACCHS staff who were known to each other through their participation in the Study of Environment on Aboriginal Resilience and Child Health (SEARCH).<sup>17</sup> Using the knowledge the ACCHS staff members have of their community, they compiled a list of potential participants they felt could offer useful insights into childhood resilience based on their experience working with or raising children, or from their own experiences of resilience. These included ACCHS staff members and members of the local Aboriginal community. Participants were recruited via telephone or asked in person by the ACCHS staff. Ethics approval for this study was provided by the Aboriginal Health and Medical Research Council (1065/15).

### Data collection

We developed an interview guide based on the resilience literature and discussion with the research team (see Supplementary File 1). Semi-structured interviews were conducted face-to-face at the ACCHS between October and December 2015. Interviews took place within quiet, private meeting or office rooms at each ACCHS to encourage open discussion. One participant was interviewed by phone. Author CY conducted all the interviews with an Aboriginal researcher (JN or PF) who was present to ensure the accurate interpretation of participant responses and to guide the line of questioning where necessary. Participants were told that the study was being conducted to gather Aboriginal people's perspectives on childhood resilience. Resilience was broadly defined as 'doing well despite problems children may face'. Questions focused on the

participant's description of children's positive adaptation and common adversities, factors that had helped the participant to be resilient during childhood, factors they believed helped children in their community to be resilient, and ideas for initiatives that could build resilience. Participation was voluntary and all participants provided written, informed consent. Recruitment ceased when data saturation was reached. Interviews were audio-recorded and transcribed verbatim. One interview was recorded using field notes only (at the request of the participant).

### Data analysis

We used thematic analysis to analyse the data. Four researchers (CY, JN, SS and DK), who are trained in qualitative research methods, independently read the transcripts and coded the data to inductively identify emerging themes. The researchers met regularly to discuss their coding choices, develop a coding structure and produce preliminary themes. The first author (CY) imported the themes into HyperRESEARCH (version 3.5.2; Research-ware Inc.) and coded all the transcripts. CY also identified conceptual links among themes and developed the thematic schema. The authors reviewed the coding choices and provided

feedback on the draft themes and schema until an agreement regarding the final version of each was reached. We sent a summary of the preliminary findings to participants (by email or post) to obtain feedback over a two-week timeframe; one participant responded and their feedback was incorporated into the final analysis.

## Results

Of the 43 people invited to take part, 36 (84%) participated: 15 health service professionals, 8 youth workers and 13 community members (Table 1). Those who declined did so due to conflicting appointments. Six participants were known to the researchers through previous participation in SEARCH sub-studies. The average duration of interviews was 24 minutes (range: 8 to 48 minutes).

We identified six themes: withstanding risk, adapting to adversity, positive social influences, instilling cultural identity, community safeguards and personal empowerment. Themes and subthemes are described below.

### Withstanding risk

#### *Displaying normative development*

Participants believed that childhood adversities threatened normal development; they felt resilient children were more likely to resist these threats and meet positive social and educational milestones. As such, children who experienced adversity, but who were able to show empathy, take pride in their appearance, show respect for themselves and others, maintain prosocial relationships, regularly attend school and value education were believed to be resilient. Participants acknowledged the challenges Aboriginal communities face regarding youth substance use, consequently they believed that being drug and alcohol free was an important indicator of resilience in older children.

#### *Possessing inner fortitude*

Some participants described resilience as an inexplicable 'inner strength' that allowed children to endure incredible adversity and still show positive outcomes. While some felt this ability could be fostered through social support, cultural knowledge and self-belief, others believed this ability was "just in them". Children with inner fortitude demonstrated a strong work ethic and determination to achieve their goals. They were thought to

**Table 1. Participant characteristics (N=36)**

Characteristic	n (%)
<b>Gender</b>	
Male	12 (33)
Female	24 (67)
<b>Age (years)</b>	
18-24	8 (22)
25-34	5 (14)
35-44	8 (22)
45-54	9 (25)
55-64	3 (8)
65+	3 (8)
<b>Occupation</b>	
Health services professional <sup>a</sup>	15 (42)
Aboriginal youth worker	8 (22)
Administration	3 (8)
Early childcare	2 (6)
Pensioner	5 (14)
Unemployed	1 (3)
Other	2 (6)
<b>Highest level of education</b>	
Primary School	1 (3)
High School	6 (17)
HSC <sup>b</sup> (or equivalent)	8 (22)
Diploma	13 (36)
University degree	7 (19)
Not reported	1 (3)

a: Aboriginal health, mental health and aged care workers; health service managers

b: Higher School Certificate

cope better with stress, adapt to difficult situations, and have effective strategies for managing their emotions. The experience of being raised in dysfunctional family environments was sometimes thought to serve as a catalyst for these children to eschew negative behaviours and lead more resilient lives.

### **Adapting to adversity**

#### *Necessary endurance*

Aboriginal children were believed to face significant levels of adversity that could increase the chances of risky behaviours and derail positive outcomes. Because of this elevated threat, some participants viewed Aboriginal children's resilience as more of a "necessity, rather than a strength". Participants felt non-Aboriginal people were often less aware of the amount of resilience Aboriginal children possessed. They thought that many Aboriginal children were fighting hard just to lead normal lives and, inevitably, children's ability to achieve their full potential was likely to be compromised.

#### *Masking inner vulnerabilities*

Some participants felt that for Aboriginal children to 'fit in', they would often portray outwardly resilient behaviours that hid inner feelings of instability and the need for greater support from their family and community. Participants also felt some Aboriginal children were adept at hiding developmental issues (such as illiteracy) behind stoic facades; they were concerned this would lead to poorer outcomes if not identified early.

### **Positive social influences**

#### *Secure family environments*

Growing up in a safe, structured, supportive and stable family environment was believed to provide the necessary foundation on which resilience could be fostered in Aboriginal children. Participants felt resilience was cultivated through consistent parenting practices, firm but fair discipline, well-defined boundaries, active monitoring of children's whereabouts, and children's perception of their home as a safe place. Substance abuse, domestic violence, financial difficulties and caregivers who were less engaged in their children's lives were seen as threats to Aboriginal children's ability to develop resilience.

#### *Role modelling healthy behaviour and relationships*

Participants believed that exposure to positive role models raised children's awareness of their potential to lead positive lives and the strategies that could help them, despite the challenges they might face. Conversely, they thought Aboriginal children who lacked these role models would be less aware of positive ways of living and how healthy relationships function. Caregivers and older siblings' values, morals and ethics were thought to heavily influence children's ability to develop resilient attitudes and behaviours. Caregivers could also model negative behaviours that may be passed down. In this way participants described resilience, or the lack of resilience, as a cycle that propagates through generations.

### **Instilling cultural identity**

#### *Investing in Aboriginal knowledge*

Participants believed children who were more aware of their Aboriginal heritage and cultural practices were more likely to be resilient. They believed it was important that children were aware of the history of European colonisation, the impact this has had, and the strength of the Aboriginal people to withstand enormous adversity. Children's connection to Aboriginal culture was believed to foster a sense of belonging and pride in their ancestry that could serve as a source of strength during challenging times.

#### *Building a strong cultural self-concept*

Participants emphasised the importance of children being 'grounded' in their family, their community and their country. They felt children who had a clear, strong and positive concept of themselves as an Aboriginal person living in a predominantly White culture were more resilient to experiences of discrimination and negative stereotyping.

### **Community safeguards**

#### *Offering strategic, sustainable services*

Community programs were believed to help foster resilience in children, and were thought to be crucial for children living in families where parental support was less consistent. Participants suggested that camps designed to teach cultural knowledge, homework centres, school mentors, greater availability of recreational facilities/activities, and places children could go to if they felt unsafe at home were potential strategies to promote

resilience. They believed children would feel more comfortable attending long-term community programs led by Aboriginal people and given in informal, outdoor settings (where possible). They felt this would provide the impetus for building trust that could lead to increased engagement with programs aimed at building resilience.

#### *Holistic support*

Given the strong influence participants believed caregivers had on their children's behaviour, community programs that could enhance both caregivers' and children's resilience were desired. They felt that working with a child "in isolation" would be less effective if problems at home were not treated as well. Participants wanted more programs that could address parental mental health issues, as well teaching nurturing parenting techniques.

#### *Shared responsibility*

Some participants felt it was the responsibility of the Aboriginal community to pass on their knowledge and experiences of overcoming adversity to the next generation of Aboriginal children. They felt many community members had shown remarkable resilience but were not aware of opportunities to give this knowledge back. Some also noted personal benefits they had experienced while helping young people and felt this had helped them to lead more resilient lives as adults.

#### *Providing enriching opportunities*

Providing greater access to activities in which children could foster natural talents and interests, as well as channel negative emotions, was seen as a potential method of building resilience. It was believed these activities would also provide opportunities that may be less available to some Aboriginal children, including experiences of leadership, goal-setting and achievement to help build self-esteem. Conversely, the absence of available activities was seen as a major contributor to the boredom that could subsequently lead to delinquent and less-resilient behaviour.

### **Personal empowerment**

#### *Awareness of positive pathways*

Participants felt that children who were aware of, and valued, positive outcomes in their future were more likely to resist maladaptive behaviours that could jeopardise these outcomes. These included hopes for

obtaining specific tertiary education and achieving employment goals once they had left school. When describing their own experiences, participants often spoke of epiphanies. These insights led to more resilient behaviour by showing children their “life didn’t have to be this way”. Participants also thought children’s scholastic education and knowledge passed on through family and community members was important for advancing an awareness of the positive paths children could follow.

*Developing self-respect*

Participants believed self-esteem and self-efficacy fostered resilience. They thought children who set goals and believed they could be fulfilled, and who felt pride in their achievements, would persevere in the face of adversity. They felt that children who valued their own worth and believed “everyone was equal” were more likely to resist the negative effects of discrimination than children with less self-respect, who were more likely to believe and internalise racial stereotyping. Resilient children were thought more likely to have regular access to at least one person who valued and believed in them, and this was thought to encourage self-respect. Participants felt the most important person to fulfil this role were the child’s immediate caregivers, and many believed that less-

resilient Aboriginal children lacked this type of support. In these instances, other family members, peers, teachers and trusted members of the Aboriginal community were potentially thought to fulfil this role.

*Fostering positive decision making*

Many participants felt the ability of Aboriginal children to lead a positive life despite adversity was a choice, and that resilience was the strength to choose positive over negative behaviours during difficult circumstances and while facing negative social pressures. Participants believed that building the strength to make these choices was crucial for ensuring resilient outcomes.

The thematic schema in Figure 1 shows conceptual links between the themes.

**Discussion**

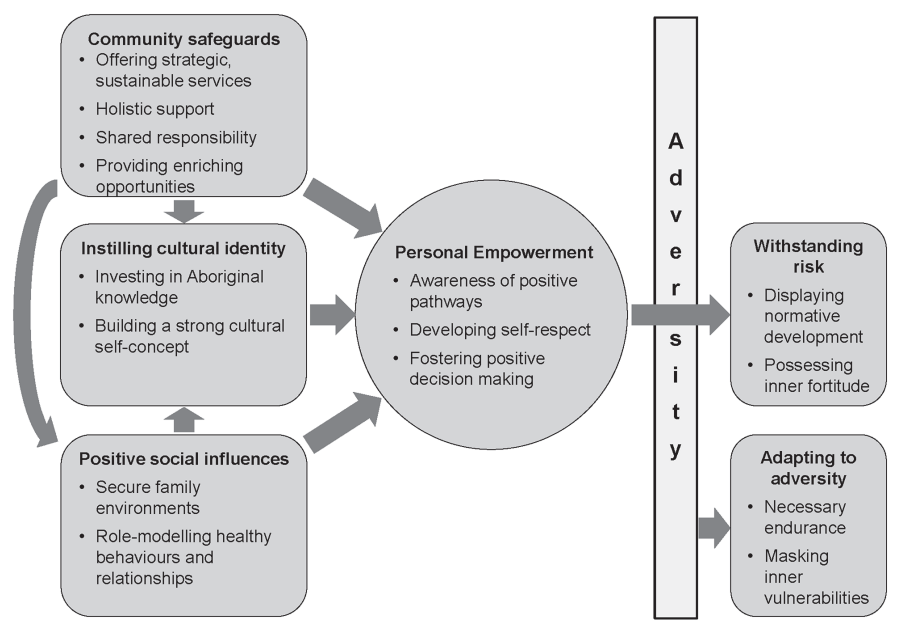
Aboriginal community members believe childhood resilience is the ability to endure adversity with minimal disruption to normal development and social functioning, and the strength to choose positive behaviours in the face of challenging circumstances. While some participants feel resilience is an innate quality, they also believe resilience could be learned, or nurtured through positive interactions with family and community. Resilience is thought to

be fostered by sociocultural factors that instil a strong self-concept, connection to Aboriginal culture, the knowledge of positive behaviours and outcomes, and the desire and self-belief required to achieve these outcomes. However, resilience is not always viewed positively. Some participants believe that many Aboriginal children are forced to develop resilience due to experiences of discrimination, inconsistent or disruptive parenting and poverty. Others feel that some children develop resilient facades that hide psychological trauma, which may go unnoticed and untreated. Community programs that can augment positive family dynamics, or act as a potential buffer against negative or impoverished family environments are desired.

Community members also emphasise the important role of individual choice in childhood resilience. This is not to suggest that participants believe Aboriginal children choose whether they do, or do not, experience trauma when exposed to adverse events. However, children living in at-risk circumstances are thought to be less likely to receive the necessary *tools* that enable the positive decision making that is indicative of many of the community’s own definitions of resilience.

The views presented in this study reflect observations obtained from previous quantitative research with Aboriginal and non-Aboriginal groups. Community members’ perspectives of ‘inner fortitude’ describe dispositional traits that have been associated with resilient children, including having an internal locus of control,<sup>18</sup> good coping skills<sup>19</sup> and ‘grit’ (perseverance for long-term goals).<sup>20</sup> Descriptions of outwardly resilient children who struggle with inner anxiety have been noted in an influential study of high-risk adolescents.<sup>21</sup> Cultural identity,<sup>22,23</sup> family and community support,<sup>24</sup> and individual traits such as optimism and self-esteem<sup>6,25</sup> are associated with resilience in the literature. Our study highlights beliefs regarding the potential impact that social challenges have on the decisions and behaviour of Aboriginal children. It is widely acknowledged that many Aboriginal children are routinely exposed to implicit and/or explicit racism and negative stereotyping.<sup>26,27</sup> Within this social context, children’s decision-making processes are likely to be influenced by pervasive and pernicious stereotypes that can shape children’s beliefs about who they are, and what they are expected to achieve.<sup>28,29</sup> Participants feel the

**Figure 1: Positive social influences and cultural identity were believed to promote personal empowerment and better decision making which, in turn, aided children’s ability to withstand risk. Community safeguards were thought to provide positive cultural and social influences in conjunction with children’s family or, more importantly, when family support was absent or inconsistent. Participants noted that for some children the necessity of being resilient resulted in a continuous struggle that could prevent them from achieving higher goals, or led to them to project resilient facades that hid inner trauma.**



availability of positive role models, education and cultural knowledge buffer against these negative stereotypes and raise children's awareness of their own potential to lead positive lives (e.g. potential career pathways; the possibility of living in safe, drug and alcohol free environments), as well providing opportunities to build the self-belief and self-esteem that empower children to act on this information. In this way, while resilience is sometimes described as an innate or unlearnable strength; participants' perspectives offer insights into an underlying process of Aboriginal children's resilience that is a product of their social environment, and could potentially be enhanced through targeted community programs.

These processes accord with social ecological theories of resilience,<sup>30</sup> including a community program that reported remarkable outcomes when opportunities were provided for unemployed adolescents to set and achieve their own goals within a supportive and autonomous environment,<sup>13</sup> and the results of a study involving a large sample of Western Australian Aboriginal children that showed a positive relationship between levels of self-esteem and likelihood of being resilient.<sup>12</sup> In keeping with these observations, community members indicated their desire for more programs that could educate and empower at-risk Aboriginal children, as well as programs that could identify risks within the family, providing support for caregivers to lead healthy lives and to raise healthy children.

In light of these findings, we offer several recommendations. Policy makers should consider the potential long-term benefits of developing and expanding community initiatives that provide at-risk children and their caregivers with skills and experiences that foster resilience. Our findings suggest that initiatives that allow children to interact with and learn from positive role models, instil pride in their Aboriginal heritage and to set and achieve goals within a supportive environment have the potential to build the self-belief that encourages resilient behaviour. Similarly, more programs that offer support to low socioeconomic families, enable parents to address any mental health challenges they may be facing and encourage nurturing and effective parenting techniques are needed. After-school programs, extra-curricular/sporting groups, mentorship programs and parenting groups were all suggested as opportunities to engage and

support Aboriginal families. Given that short-term, stop-start programs may be less effective and can be viewed negatively by the Aboriginal community, sustainable services implemented over the long term are likely to increase participation and have a greater chance of success.<sup>31</sup>

Program development should take into consideration the likelihood that children and families experiencing multiple adversities face greater barriers to accessing health services, such as lack of transport, wariness and lack of parental involvement.<sup>32</sup> Programs that can identify and provide services for at-risk children in school or offer transport to local services are likely to reduce these barriers. Participation is likely to be greatly enhanced if health initiatives are implemented with input and involvement of the local ACCHSs, who are trusted by the Aboriginal community and are likely to play an essential role in the identification of at-risk children.<sup>33</sup>

The following caveats should be considered in relation to this study. Firstly, we interviewed Aboriginal adults; this is a potential limitation as the perspectives reported may not represent those of Aboriginal children. However, a number of young adults (18–24 years) were included, and their perspectives were similar to the older participants. Secondly, the results from this study, collected in urban and regional areas in New South Wales, may not extrapolate to Aboriginal populations living in remote areas or other urban/regional areas of Australia.

Resilience is a contextual process and, as such, differences in the way resilience is conceptualised may vary across cultural groups.<sup>34</sup> Within the sociocultural context of this study, participants perceive Aboriginal children's resilience as the ability to achieve normative social and educational milestones and to make positive choices, despite enduring discrimination and/or family adversities. Aboriginal community members are clear in their belief that children who grow up in strong supportive family environments, who are exposed to positive role models, and who value their Aboriginal heritage are more likely to be resilient. Given the current health gap between Aboriginal and non-Aboriginal Australians, there is room for health communities to assist, especially in circumstances where adversity originates from within the family. While many Aboriginal children are raised in supportive environments, the impact of European

colonisation has resulted in downstream adversities that can prevent some families from providing this kind of care. It is therefore the responsibility of policy makers and health providers to make sustainable initiatives available that ensure Aboriginal children and families who are most at risk receive the support they need to have the best chance of leading healthy, resilient lives.

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## Supporting Information

Additional supporting information may be found in the online version of this article:

**Supplementary File 1:** Aboriginal perspectives on childhood resilience: Interview guide.

**Supplementary File 2:** Illustrative quotes.