Psychosocial resilience and vulnerability in Western Australian aboriginal youth

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ABSTRACT

Resilience is defined as a dynamic and contextually embedded process of positive development despite exposure to significant adversity. The Australian Aboriginal and Torres Strait Islander population experience significant disadvantage and adversity relative to the non-Aboriginal population, with disproportionate and increasing rates of Aboriginal children in out-of-home care and substantiated child maltreatment seven times the rates for non-Aboriginal children. Despite decades of resilience research there remains a gap in our understanding of the extent to which specific mechanisms and processes support resilient outcomes. This discussion paper synthesizes findings from our four previously published studies which together illustrate the application of a person-based resilience framework of analysis in the context of Western Australian Aboriginal youth. We discuss the implications of this approach for better understanding processes differentially impacting psychosocial functioning of youth depending on level of family-risk exposure.

Data for these studies were available for 1021 Aboriginal youth, 12–17 years, drawn from the 2000–2002 Western Australian Aboriginal Child Health Survey (WAACHS), a population representative survey of 5289 Aboriginal children (0–17 years) living in 1999 families. Multivariate logistic regression analyses were used to model the differential influence of individual, family, cultural and community factors on psychosocial outcomes depending on family-risk context. Key findings revealed 56% of high-risk youth as psychosocially resilient; prosocial friendship and living in low SES neighborhoods uniquely protected psychosocial functioning; and exposure to racism was an additional risk factor for low-risk exposed youth.

We conclude that a resilience perspective holds potential for exploring diversity within disadvantaged populations, identifying processes uniquely beneficial for those at greatest risk, and provides crucial insights for communities, practitioners and policy-makers.

1. Introduction

In this discussion paper we apply findings from our studies of resilience among Australian Aboriginal youth to the critical public health issue of child maltreatment. Following a brief introduction and description of the Australian Aboriginal circumstance and our source data, we discuss our findings and implications within the following four themes: (1) the differential influence of socio-ecological risks on developmental outcomes; (2) profiles of protective, promotive and vulnerability factors among Aboriginal youth depend on risk context; (3) potential for child maltreatment to contribute to health inequities between Aboriginal and non-Aboriginal populations; and (4) implications for policy and program development to support at-risk Aboriginal children and families.

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Child maltreatment is common in developed countries, with an estimated 4–16% of children experiencing physical abuse by their parents or caregivers each year (Gilbert et al., 2009). Children's exposure to maltreatment, including family and domestic violence, is a recognised risk to child development (Cicchetti, 2013; Gilbert et al., 2009; Maclean, Taylor, & O'Donnell, 2016). Where children are exposed to physical, emotional or sexual abuse or neglect, or living in contexts of chronic stress in which caregivers are unable to provide protection or care, they are more likely to experience a range of problems into adolescence and adulthood such as poor mental and physical health (Juster et al., 2011; Margolin & Gordis, 2000; Norman et al., 2012; Varese et al., 2012). Maltreatment can prompt the loss of human potential with consequent social and economic costs, as well as increase the risk of child maltreatment through intergenerational transfer of poor parenting practices (Cicchetti & Valentino, 2006). Indeed the adolescent years may present the earliest point of intervention to protect the development and build parenting capacities and resilience in young people nearing child-bearing age in order to prevent maltreatment of future generations (Broadhurst et al., 2015; Sidebotham & Heron, 2006).

The reported rates of child maltreatment in Australia are increasing. In 2015–16, nearly 162,200 Australian children aged 0–17 years, or 30.2 per 1000, received child protection services, an increase of 20% since 2011–12 (Australian Institute of Health and Welfare, 2017). Notwithstanding this, there are significant barriers to reporting family violence and child abuse, and the reported prevalence is acknowledged to be underestimated (Anderson & Wild, 2007; SNAICC National Voice for Children et al., 2017; Willis, 2011).

Where Australian children are in contact with child protection services, Aboriginal children were 7 times as likely as non-Aboriginal children to be the subject of substantiated allegations, receiving care-and-protection orders, or to be in out-of-home care. Aboriginal children's disproportionate contact with child protection services is seen to be a national crisis with the reduction of increasing rates and prevention of child maltreatment receiving the highest priority in government policy. The contemporary Australian Aboriginal context, however, poses significant challenges in implementing strategies for prevalence reduction and primary prevention.

1.1. The Australian Aboriginal context

The Australian Aboriginal population, like many similarly colonised Indigenous populations, experiences disadvantage across multiple dimensions (Steering Committee for the Review of Government Services Provision, 2016). Relative to the mainstream population, disproportionate increases in the family and domestic violence are perhaps of greatest concern posing serious and widespread risk for Aboriginal women and children. One-quarter of Aboriginal women with dependents under-15 years reported being a victim of family and domestic violence in the previous 12 months (Cripps, Bennett, Gurrin, & Studdert, 2009) and Aboriginal female hospitalisation rates for violence-related assaults were 32 times the rate for non-Aboriginal females (Steering Committee for the Review of Government Services Provision, 2016).

Understanding child maltreatment begins with understanding the impact of colonisation, and the profound sense of loss, trauma and grief that continues to be felt by Aboriginal peoples. With colonisation came the substantial loss of Aboriginal peoples' culture, languages and traditions, their social structures, roles and identity. Over time, and along with societal alienation, negative stereotyping and powerlessness, Aboriginal people may turn their anger or fear inward or towards others less powerful than themselves, often women and children (Australian Human Rights Commission, 2011; Cripps, 2010; Day, Nakata, & Howells, 2008). Thus the "historic trauma", or clustering of historic traumatic events passed down across generations, has been seen to result in maladaptive social and behavioural patterns including intra-racial or lateral violence, particularly towards women and children (Archibald, 2006; Australian Human Rights Commission, 2011; Day et al., 2008).

Child maltreatment often co-occurs with dimensions of disadvantage such as domestic violence, parental substance abuse and parental mental health problems (Doidge, Higgins, Delfabbro, & Segal, 2017; Dube, Anda, Felitti, Edwards, & Williamson, 2002). These may be further compounded by household overcrowding, unemployment, low educational levels, young parenthood and for Aboriginal families, the trans-generational impact of historical trauma associated with policies of forced removals of children from families (De Maio et al., 2005; Human Rights and Equal Opportunity Commission, 1997; Stanley, Tomison, & Pocock, 2003; Steering Committee for the Review of Government Services Provision, 2016).

Amid these historical circumstances, and despite the magnitude of contemporary widespread disadvantage, some Aboriginal young people are nonetheless able to maintain or achieve positive psychosocial outcomes. In recent times attention has turned to understanding more about how some Aboriginal young people sustain positive outcomes in the face of maltreatment and adversity and resilience methods have been applied to identify the bases of this adaptation.

1.2. Resilience

At a broad level studies of resilience emphasize the achievement of relatively positive developmental outcomes despite exposure to significant adversity. This has been accompanied by studies that seek to identify those protective mechanisms *uniquely* beneficial for high risk exposed individuals: That is, that differentiate those competent high risk exposed individuals from those doing well in otherwise low risk contexts (Luthar, Cicchetti, & Becker, 2000; Masten, 2011). For the purposes of our current research we adopt the above definition of protective mechanisms and distinguish them from a) promotive factors which are defined as those generally promoting competence for all children; and b) vulnerability factors which confer additional risk to competence in both high and low risk contexts. Identifying protective factors or markers of underlying processes or mechanisms is arguably the most important feature of resilience research (Rutter, 2007), in that these uniquely protective factors, if readily amenable to intervention, provide opportunities for mitigating the detrimental impact of adversity on children.