

Title

Working towards changing the negative image of Aboriginal and Torres Strait Islander males.

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Introduction

The portrayal of Aboriginal and Torres Strait Islander males have often been negative because of their association with family violence, sexual abuse, excessive misuse of alcohol and illicit drugs, incarceration, suicidal levels and other unacceptable social behaviour.

While the reality of the issue is true for a small percentage of males the comments are inclusive of all Aboriginal and Torres Strait islander males.

Most Aboriginal and Torres Strait Islander males find the violence towards women and children in our communities shameful and unacceptable. Those men who use “cultural practice” as an excuse for child abuse but are not practicing within the bounds of our traditional principals. This is not Aboriginal culture, but clearly, a dysfunctional social problem, that has its roots in dispossession, cultural dislocation and often alcohol and other substance misuse.

There are many men in our communities who are “culturally” strong and true to their traditional male heritage of respect and dignity, often in the face of extreme adversity. For years these Aboriginal and Torres Strait Islander males have been trying to overturn this stereotype by taking a lead role to reconstruct the role of Aboriginal and Torres Strait Islander males in the context of their positions’ within the family and community surroundings as leaders, providers, educators, partners and positive family and community members.

The journey for these men has been hard, long, frustrating with limited support and financial resources. But the struggle goes on and must continue in everyway possible.

Historical Factors

The process of colonisation completely demoralised Aboriginal and Torres Strait Islander people through the introduction of diseases and eradication of many Aboriginal and Torres Strait Islander groups (Hunter cited in Kalwalski 1994). The spread of contact disease and violence had shattered social and kinship networks, and that most Aboriginal and Torres Strait Islander people were forced to move from zones of danger. Those involved in reconciliatory adaptation had either moved to already settled stations and missions or moved beyond the limits of white civilisation (Hunter cited in Kowalski, 1994:35).

Men’s roles, in particular, have suffered as the result of changes to traditional lifestyle and the disruption of family structures. Aboriginal and Torres Strait Islander men have been disempowered through the reduction of their authority and status, and also because of restrictions on their cultural activities and values (Bellar 1995).

Aboriginal and Torres Strait Islander men who were members of the 'Lost Generation' have become dysfunctional due to stress and have not been able to fulfil their traditional role.

The excessive use of alcohol and the associated abuse and self-destruction has often led Aboriginal and Torres Strait Islander men to imprisonment and other forms of institutionalisation. More importantly, it has left them in a poor state of spiritual, physical and mental health (Adams 1997).

Colonial genocidal practices have left a legacy, which has contributed to the poor health and wellbeing of Indigenous men. The policies for the health of Aboriginal and Torres Strait Islander people have often ignored the role of settlers and government in oppressing Aboriginal and Torres Strait Islander people placed in managed institutions and being separated from their home lands and families. These past policies have directly impacted on the current health status of Indigenous people, particularly the men.

Much of Australian history has been a one-sided affair that misrepresents the position of Aboriginal and Torres Strait Islander societies, cultures and land tenure. It does not highlight the policies and legislation that have destroyed the Aboriginal and Torres Strait Islander societies and cultures, nor does it inform about the massacres and the adverse action of government, settlers, station managers and the Native Police (Dodson. M 1994, Dodson, P 1991, Pearson 1994, Arbon 1992, Belleair 1995, Huggins 1990 and Nakata 1997).

Historians (Rowley 1974, Reynolds 1972, Broome 1986) suggest that the introduction of the segregation and assimilation policies and the institutionalisation of Aboriginal and Torres Strait Islander peoples that forbid them to practice or participate in their traditional rituals and customs has imposed long-term physical and psychological effects on Aboriginal and Torres Strait Islander people. The pain and bitterness of these memories are passed on from generation to generation and results in feelings of hate, anger, frustration, grief, depression and alienation (Miller cited in the Burdekin Report, 1993).

Self-destruction

The erosion of the male power-base accelerated through the periods of assimilation and self-determination when the process of social change and adaptation left men emasculated and powerless (Hunter, 1993).

Past policies and practices over many generations have been instrumental in shaping Aboriginal and Torres Strait Islander men's lifestyle. Forced removal from traditional lands and forced removal of children from families has had a devastating impact on all Aboriginal and Torres Strait Islander peoples. As a result the role of Aboriginal and Torres Strait Islander men within their community and family structures changed dramatically as they were forced to adopt a lifestyle completely alien to their own. Substance misuse and despair was often the result of unresolved frustration and grief further perpetuated by high imprisonment of Aboriginal men and contributing to the separation and breakdown of family structures (Adams 2001).

For example (National Framework 2002):

- Aboriginal and Torres Strait islander males misuse alcohol and other substances at alarming rates,
- Our health is deplorable,
- With an average life expectancy of about 57 years, Aboriginal and Torres Strait islander males die 15-20 years earlier than other mainstream Australian counterparts.
- Violence is rife in some of our communities and Aboriginal and Torres Strait islander males are more likely than women to be the perpetrators,
- Aboriginal and Torres Strait islander males suffer high rates of anxiety, depression and suicide,
- Aboriginal and Torres Strait islander males are much more likely to be imprisoned,
- Aboriginal and Torres Strait islander males are less likely to be employed or to have post-school qualifications, and
- Aboriginal and Torres Strait islander males have lower personal and household incomes.

There is ample evidence to show that the social and economic conditions in which Aboriginal and Torres Strait Islander men live have contributed to a wide range of health problems and disabilities. For example the over-representation of Aboriginal and Torres Strait Islander men in jails and institutions for violence and mental health are believed to be related to excessive alcohol and illicit drug use (Belleair 1996, Cummings and Katona 1995).

The high rates of life-style morbidity are strongly associated with identifiable risk factors, such as environmental influences which extend to smoking and excessive drinking, hypertension, insulin resistance, diabetes and renal disease (Hoy et al, 1997). The failure of the current system and problems with food supply and price fixing, poor food choices and diversion of money to cigarettes, beer and gambling have all contributed to the destruction of the family unit (Hoy et al, 1997).

The availability of alcohol contributes to the major illness conditions and high mortality rate of Aboriginal people. The life expectancy and mortality, illness and disease, and risk factors such as high blood pressure, obesity, dietary behaviour, cholesterol, cardiovascular disease, respiratory disease, diabetes, motor vehicle accidents, cirrhosis, alcohol, smoking tobacco and marijuana abuse and AIDS are identified as some of the symptoms that contribute to the death rates, violent behaviour and the ill health of Aboriginal males (D'Abbs 1996, Bedford 1996, Fletcher 1993).

Family Violence

Aboriginal family violence and aggressive behaviour can be determined as being a result of colonialism and its legacy (Blagg 1998). Family violence represents an historical narrative about the collective suffering of a people, rather than simply a term demarcating a discrete social problem or one specific set of power relationships (Blagg 1998).

As an example (Loos 1982) the bitter and bloody conflict, carried out by the invasion of white settlement, was not only used to damage the Aboriginal way of life, but also, to cause great personal stress and produce a fierce resentment against those inflicting the suffering. Should it be such a surprise, that Aboriginal people now view violence as a part of, or condition of existing in this society?

Some commentators have observed violence in Aboriginal and Torres Strait Islander families as ‘founded violence’: a violence that has a devastating impact on Aboriginal and Torres Strait Islander societies, cultures and lifestyles. Violence that with a traumatic impact that sends shock waves through Aboriginal and Torres Strait Islander families and their communities (Robertson 1999, Adams 1997, Blagg 1998).

Men are often recognised as the perpetrators or main offenders of violence committed against women and children’. Men who act in this manner as a form of control or authority due to a variety of factors: unemployment, poverty, cultural disorientation, the decline of traditional law and/or have experienced or seen violence as a child (Blagg 1998).

Many Aboriginal and Torres Strait Islander men are in a state of astonishment with a sense of worthlessness, deeply influenced by historical processes. Family Violence and abuse is not only targeted at women and children, but men as well. Aboriginal and Torres Strait Islander men have been displaced and are still subjected to abuse, marginalisation and racism within the wider Australian society.

As there are few opportunities for personal achievement and recognition for Aboriginal and Torres Strait Islander men: high unemployment, discrimination, family disruption and breakdown and profound social disadvantage have contributed to the poor mental health status of Aboriginal men. Aboriginal men have often been the victims of rape, both in the community and within correctional institutions, and this has caused great trauma and shame. Men are unlikely to come forward to seek help for their destructive behaviours (NSW Draft Men’s Policy 2001).

A current study (being conducted by Adams et al) found that Aboriginal and Torres Strait Islander males were ten times more likely to be raped than male in the wider Australian population. For example during 2005 and early 2006 we interviewed 300 Aboriginal and Torres Strait Islander males living in communities in northern Australia (in cities and rural and remote locations) aged from 18 to 74 years.

Many stated that child sexual abuse was a common experience for them. Compared to some Australian data from adult males, a higher proportion of these men reported that they were an unwilling partner when they first had intercourse (1.1% versus 6.4%). Some recalled experiences of unwanted touching and unwanted oral sex before age of 16 years with over fifteen percent saying that someone had tried unsuccessfully to rape them anally, and nearly one in ten reported forced anal penetration.

The great majority of sexual abused males (80.4%) said they had never told anyone about this prior to the interview. This confirms with what the NSW Draft Men’s Policy (2001) had stated, that men are not willing to talk about their experiences of sexual violence and abuse.

Male Voices

Dr Mick Dodson Chairman Australian Indigenous Leadership Centre (AILC) (2002) in his address at a men's conference said:

I believe these appalling statistics are symptoms of the devastating blow dealt to our identity and self-esteem over the past 200 years. In that time, we have seen a serious breakdown in our traditional roles. As a consequence of historical factors including racism, dispossession and the removal of Indigenous people from their families, many Indigenous men are demoralised and confused about their roles as fathers, grandfathers, brothers, sons and grandsons. We have gone from warriors to victims. This has to change. The blow dealt to us has been crushing but it need not be fatal. We must acknowledge our problems and do something about them.

The fact that forums such as this conference are being held shows that steps that is being taken in the right direction. It is an indication that we recognise that this dire situation calls for action, and fast. Even a decade ago, many of our men would have been too proud or embarrassed to admit any of this. The work of men's groups around the country too is hugely important".

Recent reports reveal that alcohol abuse and alcohol-related violence and other offences are central to much of the problems in the communities'.

Noel Pearson, Director Cape York Health Council confirmed that:

The standard of living, poverty, low self-esteem and welfare mentality also contributes alcohol abuse and alcohol-related violence and other offences, which, becomes central to the problems in the communities.

Numerous reports on family violence state the fact that 97% of the perpetrators and offenders of family violence and alcohol-related violence in their communities are Aboriginal and Torres Strait Island males.

Anthony Franks Male Health Consultant, Lismore NSW (AIHWJ 2000) stated that:

If men are said to be part of the domestic violence problem, they also need to be part of the solution. Part of the healing process must involve each man acknowledging his actions, and the effects they have within the family and on the community

David Patterson Male Mental Health Coordinator, Yarrabah Aboriginal Community (AIHWJ 2000) stated that:

Men deny their true feelings and the macho man image has prevailed ...
Men who express their feelings are seen as being less than a man.

Coordinated Approach

The Framework for Improving the Health and Well Being of Aboriginal and Torres Strait Islander Males (2002) (otherwise known as The Framework) reports that the process for improving the position and status of Aboriginal and Torres Strait Islander males is to facilitate improvements in the commitment, knowledge, interventions and practises of Aboriginal and Torres Strait Islander males.

Improving the health, wellbeing and status of Aboriginal and Torres Strait Islander males should be based on the philosophy of taking a holistic approach as the process of improving the health, wellbeing and status of Aboriginal and Torres Strait Islander males.

Aboriginal and Torres Strait Islander male health and social wellbeing must be determined by Aboriginal and Torres Strait Islander males and their families and communities in line with local cultural traditions.

Improve Aboriginal and Torres Strait Islander male health through effective and sustainable strategies across the continuum of care emphasised by preventative and comprehensive primary health care.

Aboriginal and Torres Strait Islander male access to mainstream and Aboriginal and Torres Strait Islander specific health services must be improved across all settings and take into account the particular needs of those influenced by physical and/or psychological impairment or sexual orientation for example.

Aboriginal and Torres Strait Islander specific and mainstream health and related organisations must be encouraged to deliver culturally and gender appropriate services for Aboriginal and Torres Strait Islander males in a range of settings including correctional facilities and schools.

Encourage effective collaborative outcomes that improve Aboriginal and Torres Strait Islander male health through sustainable partnerships among Aboriginal and Torres Strait Islander males, their families/communities, government, non-government, community and private sector organisations in health and related fields.

Facilitate Aboriginal and Torres Strait Islander male involvement and consultation in planning, implementation and management of their health and community initiatives at the local, state and national levels.

Aboriginal and Torres Strait Islander male health initiatives are evidence based where possible, or designed to produce evidence, and should contribute to the body of knowledge around Aboriginal and Torres Strait Islander male health by evaluating performance and disseminating results subject to appropriate consent.

Positive outlook

The transgenerational cycle of domestic violence has been well documented (Blanchard 1993, Tomison 1996) and, given the extent of current violence in Aboriginal and Torres Strait Islander communities being perpetrated on young people

it would seem that without urgent intervention and prevention measures another generation may continue in the cycle of violence.

While stating that the level of Aboriginal male violence towards Aboriginal women reflects a break down in Aboriginal social order and that the degree of violence in Aboriginal and Torres Strait Islander communities cannot be adequately described or guaranteed by statistical recordings and that the level of violence in Indigenous communities is much higher than openly acknowledged or reported. Observing eyewitness accounts of horrific injuries, scarred bodies, stabbings, bashings, sexual assaults and mental traumatised victims resembled reports from war zones (Robertson et al 1999).

The Aboriginal and Torres Strait Island Women's Taskforce on Family Violence (in Queensland) highlighted that Aboriginal and Torres Strait Islander males wanted to restructure their positions within their communities and family context. Particularly mentioning that in many areas Aboriginal and Torres Strait Islander males are taking the initiative to take responsibility for themselves and their actions, and actions of others (Robertson et al 1999)

The vision of Indigenous men has been to take greater responsibility themselves to improve the status of men's health and play their rightful role as leaders, fathers, uncles, husbands and grandfathers. They see the empowerment of Indigenous males as crucial to the raising of self-esteem, quality of life, health status and spiritual wellbeing. They have advocated for a redirection of resources to enable culturally appropriate and accessible health services for men including greater recruitment and involvement of male health workers and nurses.

They also recognise the need for holistic strategies to address the multiple factors that determine men's health such as employment, education, high incarceration rates and disempowerment of men.

Many Aboriginal and Torres Islander males believe that the key to improving the status of Aboriginal and Torres Strait Islander men's health and wellbeing is to incorporate an holistic approach, which reflects diversity and difference in spiritualities, political beliefs, economic status, sexualities and lifestyles with a balance that recognises the need for health care and interventions across the continuum of care and life span. That is from prevention, health promotion and early intervention to clinical care, treatment and follow-up.

The most efficient way to generate a positive outlook in life is to demonstrate the will and commitment to address difficult issues, like health and wellbeing, violence and abuse, and try to improve their position within the family and community context as leaders, providers, teachers, protectors in order to provide a safe and secure environment for their women and children.

Importantly being steadfast and actively involved to alleviate the negative labelling of Aboriginal and Torres Strait Islander males by taking control and the responsibility for their actions and behaviour.

If Aboriginal men are to improve their health and help bring about the well-being of their communities, they must once again be given the opportunity to become empowered to regain their dignity, determination and pre colonial state of well-being.

The re-empowerment of Aboriginal men within the family and community needs to be encouraged. Developing programs and strategies to help address the issues facing Aboriginal men requires a holistic approach: this means taking into account the social, environmental, emotional and spiritual factors which contribute to well-being.

Programs and projects, which seek to provide Aboriginal men with a greater sense of self-esteem and social relevance, need to be fostered and nurtured. Young Aboriginal men need positive role models within the community and programs and services need to be aware of the specific health needs of Aboriginal men.

In many of our communities men have taken on a leadership role to establish male support programs with the objective of enhancing the health wellbeing of the male population within their communities. For many the journey has imposed a lot of challenges because most of the men in their community have not had the opportunity or wanted to take the responsibilities to modify their behaviours, in order to bring about social change.

The male support programs are base on the community development philosophy that allows the men to develop skills and use their own experience to take control of their responsibilities and behaviours.

The aim is to assist the men to reconstruct his position within the family and community context in a positive manner by utilising a healing approach that encompasses a holistic paradigm to address the social, spiritual, emotional, physical and psychological characteristic of life. The restoration of the male's well-being could only be successful through leadership and individuals taking the responsibility for one's own action.

Cultural and traditional influences

The incorporation of cultural and traditional influences is the most appropriate and available process for community intervention to build a safe, secure and healthier community.

Many Aboriginal and Torres Strait Islander communities do not have the basic counselling, advocacy or support facilities available to them, not to say that these services are readily available to Aboriginal and Torres Strait Islander people living in urban communities. Therefore by incorporating cultural and traditional influences into a process to promote healthy lifestyle would eventually alleviate the rate anti-social behaviour in their communities.

One of the "strategy of hope" used by Aboriginal and Torres Strait Islander men in caring for their health was a return to country/culture. The men felt that to assist in caring for their health, they needed to go back to their roots and capture the culture they had lost (Adams 2001).

Cultural and traditional influences by returning to country reinforce the male role in the community. It is a way of exploring strong and positive male role models that encourages the younger males to take the opportunity to participate in decision-making activities.

Most Aboriginal and Torres Strait Islander men regard linking the land, tradition, culture and activities as a way of enhancing positive social, emotional, physical and mental health. It allows them to acknowledge and maintain cultural protocols (respecting each other and each other's lands) and recognise family networks and relationships systems and country, which is an important process of installing personal identity.

The incorporation of cultural and traditional influences associated with cultural holiday camps helps to (re)introduce law and culture to those older and younger generations who have not had the opportunity to do so (working together to bridge the gap of stolen generation) through participate in traditional dances, storytelling and songs.

More importantly the reintroduction of cultural and traditional influences reinforces the process of identifying, acknowledging and respecting and maintaining gender specific obligations, particularly respecting women and the aged.

Conclusion

I believe that in order to provide positive ways of working towards changing the negative image of Aboriginal and Torres Strait Islander males we must involve the men in the intervention process.

We must observe the views of Aboriginal and Torres Strait Islander men in relation to providing access and culturally appropriate methods of dealing with gender specific issues.

Work with them to incorporate appropriate measures in the interventions by paying particular attention of the factors that are weighing down the Aboriginal and Torres Strait Islander males.

Investigate all possible ways and means of assisting Aboriginal and Torres Strait Islander males to reconnect with their country and culture.

Identify appropriate and available funding resources to enable male specific programs to operate accordingly to address the needs of Aboriginal and Torres Strait Islander males, and establish strategies suitable to their communities to combat self-harm, violence and suicide tendencies.

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