



# The Australian Journal of **INDIGENOUS EDUCATION**

This article was originally published in printed form. The journal began in 1973 and was titled *The Aboriginal Child at School*. In 1996 the journal was transformed to an internationally peer-reviewed publication and renamed *The Australian Journal of Indigenous Education*.

In 2022 *The Australian Journal of Indigenous Education* transitioned to fully Open Access and this article is available for use under the license conditions below.



This work is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

# The NEED to EXTEND BEYOND the KNOWLEDGE GAINED in CROSS-CULTURAL AWARENESS TRAINING

## BRONWYN FREDERICKS

School of Public Health Sciences and Preventive Medicine, Monash University, Victoria, 3800; Centre for Clinical Research Excellence (CCRE), Queensland Aboriginal and Islander Health Council (QAIHC), PO Box 698, Fortitude Valley, Queensland, 4006, Australia; and the Indigenous Studies Research Network, Queensland University of Technology, Queensland, 4059, Australia

### ■ Abstract

In the Health sector, Cross-Cultural Awareness Training has been seen as a way to improve knowledge and understanding of Aboriginal and Torres Strait Islander people to therefore improve service delivery and therapeutic care to Aboriginal and Torres Strait Islander people. Health personnel may have undertaken this type of training in their workplace or as part of their education in an undergraduate degree program. Other sectors additionally undertake Cross-Cultural Awareness Training for similar reasons and in similar educational settings. This paper includes the views of a selection of Aboriginal women and highlights the need to extend beyond knowledge gained through Cross-Cultural Awareness Training to Anti-Racism Training. Furthermore, that Anti-Racism Training and addressing white race privilege is required in order to address the inequities within the health system, the marginalisation and disempowerment of Aboriginal and Torres Strait Islander peoples.

### ■ Introduction

In the Health sector as in other sectors like education, policing, housing, social and human services, Cross-Cultural Awareness Training is seen as a way to improve knowledge and understanding of Aboriginal and Torres Strait Islander people. Personnel may have undertaken this type of training as an in-service professional development workshop in their workplace or as part of their education in vocational training or in an undergraduate degree program. Some degree programs may offer it as a lecture within a module on diversity or multiculturalism or over the course of a semester. This paper will explore the nature of Cross-Cultural Awareness Training and build on the literature with the views of a selection of Aboriginal women to highlight the need to extend the knowledge gained through Cross-Cultural Awareness Training to knowledge and skills gained in Anti-Racism Training. Furthermore, that Anti-Racism Training and programs designed to raise awareness of and address white race privilege is required. I call upon knowledge to be more than awareness and that knowledge should encourage and instil the will for change and action.

### ■ Cross-cultural awareness training

The past decade has seen substantial growth and emphasis on Cross-Cultural Awareness Training programs. The training programs can be known by a range of titles, including Cross-Cultural Awareness Training, Cross-Cultural Training or Working with Aboriginal People. Whatever the title, Indigenous and non-Indigenous people may have mixed views about such training. Some Indigenous people may look on such courses as a positive move towards non-Indigenous peoples coming to understand how to work more effectively with Aboriginal and Torres Strait Islander people. Others are not so sure and can be cynical of some of the programs on offer. For example, Puggy Hunter referred to cross-cultural training courses as "hug a blackie" courses (Hunter, 2001, p. 12).

Generally, the training has been employed as a strategy by workplaces in an attempt to create work environments which are more appropriate to the Aboriginal and Torres Strait Islander people that may be found within those workplaces. This may include

Indigenous co-workers or the Indigenous clients that those workplaces serve, for example via programs or direct service delivery. Young (1999) undertook one of the first in-depth interpretative analysis of Cross-Cultural Awareness Training programs and the role they play in Australia. She explains an expectation underpinning Cross-Cultural Training programs is that if workers know more, they will be more tolerant of people from other cultures and make the appropriate adjustments to their behaviour at work (Young, 1999, p. 205). It is not noted or therefore known if the expectations of the participants or their employers that Young refers to were met.

Jane McKendrick (1998, p. 737) who has worked in the field of mental health states, that if health professionals and students are to,

Learn how to work with Aboriginal people; to treat Aboriginal people, they must be able to listen to what they have to say. If we are serious about improving the teaching of Aboriginal health we must listen to what Aboriginal experts say.

I argue that basic respect needs to be a platform from which the listening can take place. Within many Indigenous communities, there are Indigenous people who are recognised by other Indigenous people as the “speakers” on health matters, in the same way, there are the speakers on housing, education, law matters, native title and housing and other areas. There are Indigenous people via community nomination, representation and election processes who are also “speakers” at regional, State, territory and national levels. Speakers are not just the Aboriginal and Torres Strait Islander people who are appointed via their paid positions.

According to McKendrick (1998), listening is the first step and from the listening comes the dialogue. Once there is dialogue, learning can occur around what is important to Indigenous people in terms of health and wellbeing, making it possible, for Western trained health professionals to work out the best way to work with Indigenous peoples. This is easier said than done. Indigenous people have been saying for a long time what is health and wellbeing, what could happen, what needs to happen and some of the best ways to make that happen. Despite this many non-Indigenous health professionals, academics, researchers, government officials and policy makers continue to seek answers from within their own worldviews and their own knowledge bases. There seems to be always some new response, some new words and some new approach to “fixing” the Indigenous health “problem”. We are continually seen as the “problem” and little about us, or our lives is seen as positive. It is of great concern that we are made problematic in this way and that the strengths found within the community are not utilised as a basis from which to start programs. Furthermore,

it is also a concern that sometimes the people who are trying to do the “fixing” are people who have a history of working in the Pacific or Papua New Guinea or some other place with vulnerable peoples and try and overlay what they did in these contexts in the context of Indigenous Australian lives. Worse still, is when you are told by a worker that they did cross-cultural training and you find out it was a four hour or a two day or a one semester course and before that they had never met or known any thing about Aboriginal and Torres Strait Islander peoples and now they are here to help “fix” you or the “problem”. Is it any wonder Aboriginal and Torres Strait Islander people have such diverse views about the nature of this knowledge and training?

#### ■ Aboriginal women’s voices

The following Aboriginal women’s voices are drawn from a research project undertaken in Rockhampton, Central Queensland which attempted to answer the question “how the relationship between health services and Aboriginal women can be more empowering from the viewpoints of Aboriginal women?” (see Fredericks, 2003). The assumption underpinning this study was that empowering and re-empowering practices for Aboriginal women can lead to improved health outcomes. The focus of the study arose from discussions with Aboriginal women in Rockhampton as to what they wanted me, another Aboriginal woman, to investigate as part of a formal research project. The terms empowering and re-empowering were raised through these early exploratory discussions. They were later discussed during interviews. Re-empowerment was discussed from the viewpoint that Aboriginal women were once empowered as sovereign women who had control over all aspects of their lives. Aboriginal women became disempowered as a result of colonisation and thus the term re-empowering was discussed.

The ethics process included presentations before the Rockhampton Indigenous inter-agency meeting of over 50 representatives from community organisations and Indigenous work areas, an Aboriginal women’s meeting and the Aboriginal and Islander Community Resource Agency (AIRCA). AIRCA is an organisation that was recognised at that time for having responsibility for women’s issues. This was in addition to a university ethics process. A panel of supervisors oversaw the research project, including Priscilla Iles, an Aboriginal woman who was recognised for her long-term involvement in Aboriginal women’s activism. She was nominated by other Aboriginal women in the community as the most appropriate person to be a cultural supervisor and to assist in any cultural ethical dilemmas. She worked with the other two supervisors, Daniela Stehlik and Ronald Labonte, who also provided specific supervision roles.

Twenty Aboriginal women participated in in-depth interviews in a participatory-action research process, which incorporated the principles of Indigenist methodologies as described by Rigney (1997, 2001) and decolonising concepts asserted by Smith (1999). In addition, the process drew heavily from the field of ethnography (Bowling, 1997; Creswell, 1998). Ethnographic data collection as understood from the writings of Creswell (1998) can include documents, observations and interviewing. These were all tasks that were undertaken in this project. The benefits of ethnography allow for interviewees to provide "rich and quotable material" (Bowling, 1997, p. 231), and "enable them to give their opinions in full on more complex topics" (Bowling, 1997, p. 231). Moreover, it allows for concepts of reciprocity and reactivity to be enacted within the research process and for the researcher to be immersed in the day-to-day lives of the people with members of the research group (Creswell, 1998, p. 58). As a member of the Rockhampton Aboriginal and Torres Strait Islander community, I saw this as imperative. There was no way to split myself from the community as a researcher and still survive within the community as a community member with the responsibilities and obligations I carried. Nor did I wish to or feel I needed to split myself away.

It is important to note that this research process was developed in consultation with Aboriginal women in the community and through discussion with other Indigenous researchers. Women's voices were seen as pivotal to women's understandings of Cross-Cultural Awareness Training (Ramazanoglu, 2002; Reinhartz, 1992). Research processes were sought and discussed that would not only be academically rigorous but that would not perpetuate further disempowerment and marginalisation for Aboriginal women. The interviews drew on the women's experiences (Burt & Code, 1995; Oakley, 2000) and present a powerful insight into the lives of Aboriginal women and their views on issues such as Cross-Cultural Awareness Training. Pseudonyms are used in the section which follows to protect the identities of the Aboriginal women interviewed.

There were mixed responses from the Aboriginal women who were interviewed to the question of Cross-Cultural Awareness Training. Some women were apprehensive about the outcomes while others had thought about Cross-Cultural Awareness Training for some time and had experience in the area. For example, some of the women had co-facilitated training or been guest speakers on Aboriginal culture in organisational settings and in university environments. Others in contrast had little knowledge of the training and different health settings. Most of the women demonstrated that they had an understanding of some of the complex issues around Cross-Cultural Awareness Training even if they had little involvement. As a group the women repeated many of the findings

from Young (1999). Linda, a participant in the study, provides an example of the apprehension:

Sometimes I wonder about those programs. I mean it's good that people do training first of all that they have an open mind to want to go and learn something different, but I think a lot of that stuff happens if you are committed and you make a resolution to practice those things everyday of your life and not just go off for a two day course and have a piece of paper to say I know everything there is to know about Murri (Aboriginal) stuff now ... it's more how you operate on a day to day basis ... what you do know about Aboriginal lifestyles ... comes down to the individual perspective, putting yourself out as an individual ... sometimes people don't want to get that close, it's still keeping Murri people at an arm's length.

The point raised by Linda is that some people seem happy to do the training, provided they do not have to change their practice or adopt the training or reflect on their ideas within their normal modes of operation. This can be seen as non-Indigenous people coming to know Indigenous people provided their personal level of comfort is not challenged. Moreover, this means they must have a willingness to let go of stereotypes and to accept what Indigenous people's lives actually do encompass. If there is no long-term commitment from individuals to make some real changes then such changes are unlikely to happen. In addition, past participants might be aware but not act on knowledge gained from the training programs.

The majority of Aboriginal women I interviewed had concerns around the length of time the training was offered and made comment about how long it may take to change some people's ideas. For example, Julie explained that "in the long run the person has to change the attitude ... [they] could go to 10 classes and still not change ...". Grace stated it "should be [a] core component of their training before they get out into the services, [it] should be done continuously, one day or three days, [is] not enough" and Sarah asserted that "I don't agree with two days, [it] needs to be done on a reasonable time frame ... it's gotta be treated pretty serious ... putting ideas into action is another thing".

Julie added a very important point to discussion of the time frame of the training that it "might be fixing up what's there but it might not be catering to our people". She is expressing a real concern that while action might be taking place in an attempt to "fix up" what is happening in terms of communication or interaction, that this might not be the only issue or the most important issue. It could be that the service model or the type of service may be inappropriate. Undertaking Cross-Cultural Awareness Training and then trying to apply the training with inappropriate



services will still have minimal impact. There is a problem if the workers do not additionally look at the service model but instead think “well I did the training and tried it out and it didn’t work” or “Indigenous people didn’t respond”. In this, blame may be placed on Indigenous people, for example, that it was Indigenous people that “rejected their efforts” or that it was “Indigenous people who didn’t want the particular health or human service program”. There were no specific comments made as to whether the women had noticed a change in the service delivery models as a result of people undertaking Cross-Cultural Awareness Training. A question may need to be asked whether a connection is made in the various training programs between the content and health service models by participants or facilitators or lecturers.

The content of Cross-Cultural Awareness Training differs depending on who delivers the training. Sometimes the training can be geared to a specific work place or a particular profession. The Cross-Cultural Awareness Training delivered within one health organisation in the community of study was written specifically for the broader health workforce. Alice (pseudonym) stated that she knew that this particular training course had problems with some health personnel not prepared to do the course:

To be really honest I, if, while it’s a good program, I think, I have heard it has its ups and downs ... nursing staff and doctors and that not willing to participate in the program ... generally I think it’s a good idea ... In time I reckon it would you know break down that, that wall there.

Alice identified that she knew that some doctors, nursing staff, and others were not willing to do the course. There are many reasons workers may choose to do the training and many reasons why they feel they should not. For example, do they have large numbers of Indigenous patients or clients, is their supervisor willing to find a replacement for them while they are at training, is it seen as necessary in their worksite, are nurses given the opportunity or seen as a priority to receive the training? Are nurses asked to make choices between which training they do in any year, so that Cross-Cultural Training is put up against other training? These reasons and many others impact on how people participate within the training. Mary identified that there was a difference in attitude between those people undertaking the training because they “want to improve” and those people who do it because “it was a directive”. Indigenous people have a general awareness that in some workplaces people are directed to do the training. This could be because they work specifically with Indigenous peoples or because there have been some issues identified with that worker’s behaviour in relation to Indigenous people. In choosing the words “In time I reckon” it would you know break down that,

that wall there”, Alice expresses that she believes that the training has a benefit in addressing the barrier between cultures.

The women I interviewed all suggested ideas on how to improve the curriculum of Cross-Cultural Awareness Training packages. Helen stated that she “would like to choose and pick the people delivering that service ... may be I’m too critical, when I see people up there saying what they shouldn’t be saying”. Helen explained that she would like to be involved in such training, for example helping or assisting for change if she was asked, that it is “hard to be diplomatic with people who use ignorance as an excuse for not wanting to know”. Here Helen was referring to the participants in training.

Sally discussed that people who undertake training should gain an idea of the lives behind the statistics and not just the statistics. She wanted them to have “more an idea of what Aboriginal people go through or more appreciation”. Sharon and Denise both suggested training that would complement the more formalised workplace-training course in a room and education undertaken in a room or lecture setting within a university. Sharon believed that all the new medical interns at the local State Hospital needed to do the Cross-Cultural Awareness Training. In referring to them and other people within the health arena she said, “Those people in other places they need to come and work with us (Aboriginal people) and see how it operates and how to service our people ... they’ll get an understanding of our culture and what it’s all about it’ll make their service a lot better too”. Denise looked to the community-controlled health service as a place where nurses could gain training to work along side Indigenous people and within an Indigenous environment.

Denise additionally thought through some of the processes and suggested that it “can’t be that hard for that mob to go from their work place to some other work place” within the organisation that they worked for. She explained that when she was at the local public hospital she saw a nurse in the Maternity area and some months later, she saw her working in another area of the hospital. Denise suggested that training and professional development opportunities should go beyond the hospital site. Opportunities could be created for work place exchanges, placements in other work environments or organisations or situations where workers work along side other workers, including Indigenous workers.

Charlotte considered that Cross-Cultural Awareness Training was a useful option to a workplace that did not have any Aboriginal workers. “I think it would be really good at least if they can’t get Aboriginal workers at least they have some knowledge and understanding of someone with an Aboriginal culture ...”. Sometimes however, having an Indigenous worker provides an excuse for non-Indigenous workers not to serve

Indigenous clients or not to learn about Indigenous cultures within the service model in which they work.

### ■ Educating for cross-cultural interactions

Public health policy has attempted to direct other forms of training and education in an attempt to include Cross-Cultural Awareness Training in health curricula. For example, the House of Representatives Standing Committee on Family and Community Affairs' report, *Health is Life: Report on the Inquiry into Indigenous Health* (2000, p. 107), contains the following recommendation:

Within two years, all undergraduate and post-graduate health science courses should include an effective cross-cultural awareness component, as well as dealing in detail with the current health status of Indigenous Australians and the factors which have contributed to their ongoing social and cultural disadvantage.

All continuing medical education courses should also expand on these matters and continue to expose health professionals to cross-cultural learning. (Recommendation No. 29)

Some six years after the recommendations were made, it needs to be asked, what has changed? Are there now a few hours of Indigenous content designated as core content in an entire nursing undergraduate degree? Is there a semester long module of teaching focused on Indigenous culture and Indigenous health issues? Is this knowledge subjugated within the main curriculum? Is the Indigenous content governed by the content choices of lecturers? How is this monitored? When does this monitoring happen? Who does the monitoring? What preparation did the Dean, Head of Department or lecturers undertake in order to best make these decisions? Is the content taught by a non-Indigenous person or people because they have undertaken more studies with Indigenous content than anyone else in the School or Faculty or because they were more interested than anyone else in the School of Faculty? For example, was it a non-Indigenous staff member who had worked as a nurse in Birdsville for two years or a teacher who taught in Alice Springs for six months? Are there any Indigenous people employed as lecturers? Who are the Indigenous people employed? Are they a "token" Aboriginal person? That is someone who is to teach the already agreed on or set content and who will "fit in" within the predominately white faculty or section. Are they an Aboriginal person who prefers to play it "safe" or who is seen as "safe" and who gets hired in that work environment over other Aboriginal people who are seen as too political? Are they employed on a short contract basis or are they in tenured positions?

Are Indigenous "guest speakers" brought into the School or Faculty or Department to share their knowledge during the "Indigenous" segment? Are the Indigenous "guest speakers" Indigenous people with knowledge and expertise in health? Are they a person from the community or from the Aboriginal and Torres Strait Islander support unit who doesn't have specific knowledge of Indigenous health and therefore both the person and the University or Department minimises the knowledge held by other Aboriginal and Torres Strait Islander people and ignores the fact that Indigenous health is a specific area of expertise? Is there Indigenous imagery within the School or Faculty via paintings, pictures or posters without Indigenous people really being physically present or included throughout the curriculum? Are Indigenous people therefore just part of the "pretty business" or the "exotic" of the interior decor? Are we not then just there to help ease the minds of people within that environment that they are doing something and that, is better than doing nothing? All the while the physical and social spaces maintain and embody the presumption of one-way assimilation and we as Aboriginal people are left feeling racially polarised. The present inequity privileges the Western white knowledge systems of health and marginalises Indigenous people's health concerns and us as people despite the appalling situation of Indigenous health in Australia. The same could be said for other areas such as protective children's services, housing, education, and community correctional services.

There may be unresolved questions as to where in the curriculum Indigenous content might be included within broader training and education agendas, when they are already stretched. The questions that still remain include: how important is such training and education and how important is it to address Indigenous issues in Australia? If Indigenous issues were of major concern and Indigenous people were considered worthy, training, and education would be provided and curricula would be changed to reflect content that is seriously attempting to address Indigenous issues. Indigenous people would be included in curriculum development and education in ways in which Indigenous people could participate fully and be valued. I have been asked in the past to be involved in curriculum reviews where I could not think anything else other than that the Indigenous involvement was like an afterthought. I have been left feeling highly stressed, thinking I have to be involved because if I do not, we'll (Aboriginal people) be left out of the curricula again. If I say I can't because of my workload priorities or because I was invited late in the review process and I don't, the school or faculty might say that they asked an Indigenous person or people, and the Indigenous person or people didn't take up the offer to participate. It will be said as I have heard before, "Indigenous people didn't participate" rather

than “the terms of the review and the timeframe that the school set made it difficult for Indigenous people to participate”.

I wish to add a recent experience here that also involves Dr Pamela Croft, a Kooma woman who lives in the Central Queensland area. We were both asked to be part of an Aboriginal and Torres Strait Islander curriculum review team for an Australian university. We were asked to critically read the learning materials and to participate in a two-day workshop. We estimated that it would take two – three days to critically read all of the materials if we were going to do our jobs with integrity and honour and not be the token external Aboriginal people on the review team. That is, physically present, but not really contributing in a meaningful way. At the time I was unemployed and Pamela was self-employed and seeking work. We individually asked if any monies were available to pay us for our time and to assist with travelling to and from the institution. We were told that there were no monies. It was very clear that Pamela and I were expected to give our knowledge, skills and abilities for “our people”. Several non-Indigenous people that co-ordinate the Aboriginal and Torres Strait Islander content, and who research and write about Indigenous issues from within the university were also going to participate in the review. As they were employed within the university, they would be paid for their four – five days of work. There was also a non-Indigenous person from nursing and an Aboriginal person who worked within the institution who would both be paid their wages while taking part in the review. The result would have been if we agreed to do the work, that we as the two external Aboriginal people, who were asked to be involved because of our Aboriginality and our doctoral qualifications, would have given our time, skills, abilities, and specific Aboriginal and Torres Strait Islander knowledge for free and the non-Indigenous people would have been paid for their time, skills, abilities and specific Aboriginal and Torres Strait Islander knowledge. The situation clearly favoured the non-Indigenous people who taught, researched and wrote about Aboriginal and Torres Strait Islander peoples. After talking with each other and seeking counsel with several elders we decided not to participate in the review. We had both served on Indigenous committees and we both know what it means to give freely to the community. We were not prepared to give freely in this instance. We kind of figured that there would be some retaliation for speaking up and standing our ground. In this case, it came from negative things being said about us from several sources over the months that followed. It also became very clear that the non-Indigenous and Aboriginal people who were doing the gossiping did not know all the facts. It made us also think that may be they were happy reinforcing the power structure that subsumes us as Indigenous peoples and that the university in question just wants non-threatening

Indigenous people who would tell it what it wanted to hear and do what it wants them to do. I have held on to the thought that I didn’t allow myself to be a “token black”, “window dressing” or to be used to give a stamp of legitimacy to the way in which Aboriginal and Torres Strait Islander Studies is offered within that university. Moreover, that I did not have to explain to Centrelink (Social Security) why I spent time participating in the review instead of job searching when I had not had work at that institution for years. That is, no lecturing, tutoring or marking or curriculum development despite having met with university staff from that institution to discuss curriculum issues, to be interviewed for research projects, to speak at a women’s research luncheon and to be been quoted. Pamela had never been offered work from that institution so in not participating in the review it didn’t change anything for her. We have not had any offers from them since and I suppose we are not likely to either.

### Can training bring about change?

Cross-Cultural Awareness Training may only be awareness raising and showing people how to better communicate with Indigenous peoples. In some cases it may not have any impact at all on the individual participants. In other cases it may be influential in changing long held beliefs and attitudes about Indigenous peoples and assist in better communication with Indigenous peoples. What is on offer to most government employees, is training that is generally aimed at how they can understand Indigenous peoples better and how they can better service Indigenous peoples. This additionally operates within some professions and is why Indigenous studies is now taught within some curriculum at university undergraduate level. Pettman (1992, p. 36) put the position in discussing Aboriginal studies that such programs are:

Frequently taught within education, social work or health departments, which tend to encourage (with notable exceptions) a social problem, social welfare, and culturalist approach. A concentration on trying to understand “them” better so that “we” can do our job better both underlines their otherness, and detaches their decision making from wider highly political, structures and processes.

In this way, it could be said that the training does focus on “otherness”. It is difficult to think how training could extend beyond this paradigm given current education processes and Australian society. How can the training be used to challenge the societal inequities or structural constraints that maintain Indigenous disadvantage? The training may lead to some awareness of the inequities and constraints. I



am unsure whether the training and education gives an understanding to participants and students that Indigenous disadvantage also means that others are advantaged, or whether the participants and students see connections between themselves and Indigenous people and processes that may be required to assist in bringing about change. Does the training assist participants to make critical ethical judgements about racial and class hierarchies and inequities in the existing social order? Does it create an awareness within the participants of their own subjective identities? Young (1999, p. 212) asserts that:

CCT (Cross-Cultural Training) is an individual change strategy, which relies on learning interpersonal interaction processes which, at the very best, might start a collective conscientisation process leading to change at an organisational level for the betterment of the social position of people of different cultures and backgrounds.

Note that Young uses the words "at very best" and "might start"; she does not say "will start" or that it does or if the programs were at their very worst or average. She additionally states that it is about interpersonal interaction, and not necessarily about attitudes or beliefs unless the individual participants choose to follow this path. In terms of the short cross-cultural training programs Young comes to the conclusion that "cross-cultural training is never going to produce, of itself, structural change" (1999, p. 212). What needs to be explored is what type of education or training might support these changes or assist in making change.

The mere creation of awareness does not bring about the structural changes needed and the recognition of our inherent Indigenous rights, nor the reflection on the positioning of Indigenous people by non-Indigenous people. It does not mean that participants will look at their own subjective identity in relationship to the social order. It focuses the lens on Indigenous people, as being under-served, needy and problematic to non-Indigenous people to some degree in that their efforts to service us have failed. If more people become more cross-culturally aware, what will it bring for Indigenous peoples aside services and programs that we are entitled to and that fit within Australian society's bureaucratic structures? It does not mean that we as Indigenous peoples will be any healthier, as defined by Indigenous people. It does not mean that we will be exercising our rights, roles and responsibilities as Indigenous peoples or that non-Indigenous people will be exploring how they acquired their privileged positioning within Australia and move to re-dress their positioning. Cross-Cultural Awareness Training needs to be undertaken in more depth and begin to explore what has come to be termed "white race privilege" and incorporate anti-racism strategies. More focus is needed on the role of non-Indigenous

people in their societal positioning and our positioning as Indigenous peoples and structural change.

Anti-Racism Training incorporates more than Cross-Cultural Training. The models of Anti-Racism Training and workshops currently being conducted in the United States challenge, racism, sexism, class exploitation and oppression, homophobia, environmental degradation, and support multi-faceted struggles for social justice in the United States and internationally (Ashmore, 1999; The People's Institute for Survival and Beyond, 2002; The Anti-Racism Training Institute of the Southwest, 2002). They incorporate and challenge the notions of racism and unearned white race privilege, training identified as needed within cultural training programs in Australia. Ashmore states that "Racism is a systematic form of oppression by the dominant culture in power in which people are oppressed economically, socially and politically solely based on skin colour" (1999, p. 1).

The People's Institute for Survival and Beyond (2002) is a multi-racial and anti-racist network of organisers and educators dedicated to building a movement for justice by ending racism and other forms of institutional oppression. It works from the premise that racism is a barrier to building effective conditions for change. Furthermore, that "racism has been consciously and systematically erected and can be undone only if people understand what it is, where it comes from, how it functions and why it is perpetuated" (The People's Institute, 2002). In Australia, as with the United States, white privilege acts as a major barrier to building the kind of social movements that could bring fundamental change. Social justice activists have a real stake in tearing down this barrier if they wish to bring about change. The People's Institute for Survival and Beyond (2002) explains that in the United States, institutions and cultures give preferential treatment to peoples whose ancestors came from Europe over peoples who came from elsewhere and that Euro-Americans are exempt from racial and national oppression inflicted upon peoples from elsewhere. We see parallels in Australia with preferential treatment being given to Anglo-Australians, or people from Europe and the United Kingdom over peoples who are Aboriginal Australians, or those people who originate from Asia, Africa, and the Pacific Islands.

The work of Ashmore (1999), The Anti-Racism Training Institute of the Southwest (2002), and The People's Institute for Survival and Beyond (2002) has connections with the writings of Moreton-Robinson (1999, 2000) and Tannoch-Bland (1997) centred on white race privilege and racism in Australia. Racism is embedded in Australia's colonial history, within Australia's institutions, policies and culture and within the psyches of Australian people. It commenced, with the arrival of the British, which began the theft of land, murder, massacres, poisoning, torture, dispossession, internment, enslavement and genocide (e.g., Evans et al., 1975; Kidd 1997; Manne 2001; Rintoul 1993).



The acts committed against Aboriginal and later Torres Strait Islander peoples were all based on race. Some documents of the early 20th century not only revealed overt racism but also the belief that Australian Aboriginal peoples would be either exterminated or assimilated as time went by (Kidd, 1997). Racism continues today often in more subtle and less overt forms. What racism does within the health system is to maintain the continual marginalisation and disempowerment of Indigenous people. Disapproving of racism and simply changing language is not enough to change the situation. Tannoeh-Bland (1997, p. 10) speaking as a non-Indigenous Australian suggests that:

Race privilege works to over empower us – conferring dominance – permission to control on the basis of race. It gives licence to one group of oppressors ... White Race Privilege still gives us a licence – we can be ignorant, oblivious, arrogant, destructive, insensitive, patronising, paternalistic ... Our arrogance is damaging us.

She adds that “it is through exposing our White Privilege that we can begin to unpack and unlearn racism” (Tannoeh-Bland, p. 10).

Anti-Racism Training in which participants develop an understanding of white race privilege needs to be part of all Cross-Cultural Training programs. This will cause some discomfort as racism in Australia has generally focused on those who are oppressed and on race hatred. Racism has primarily been seen as a problem for Indigenous peoples and not for white Australians. Racism needs to be seen as a problem owned by all Australians, if it is going to change current practices. If we really want to dismantle racism then we must be willing to recognise it in all its forms. Thus, the conversation needs to additionally include the reality that some Anglo-Australians who are non-ruling class are both oppressed and privileged. They are oppressed based on the basis of their class, gender and sexuality and maybe on the basis of religion, culture and ethnicity, age, disability, and politics, while being privileged based on the colour of their skin and their cultural connection, and affirmation, with white race privilege. The difficulty is when oppressed Anglo-Australians, Celtic-Australians or European Australians protest against their own oppressions, while remaining silent about racism and white privilege, they become oppressors of Aboriginal people and other groups. The silence of these Australians and other white Australians acts as a form of consent.

## ■ Conclusion

This paper has reflected on Aboriginal and Torres Strait Islander Cross-Cultural Awareness Training and education. In the past cross-cultural awareness training

and education has primarily been designed to enable non-Indigenous people to gain an understanding of Aboriginal and Torres Strait Islander peoples and cultures in order to provide services to Indigenous peoples and to work alongside Indigenous peoples. In asking about Cross-Cultural Training, I have attempted to highlight the need to extend beyond Cross-Cultural Awareness Training to Anti-Racism training and addressing white race privilege in order to address inequities and the marginalisation and disempowerment of Aboriginal and Torres Strait Islander people.

## ■ Acknowledgements

Thanks and acknowledgement is given to the Aboriginal women in Rockhampton who participated in and supported the research discussed in this paper. Acknowledgement is given to the School of Public Health Sciences and Preventive Medicine, Monash University; the Indigenous Studies Research Network, Queensland University of Technology (QUT); and the Queensland Aboriginal and Islander Health Council (QAIHC) for supporting my research work and the NHMRC for funding my Research Fellowship.

## ■ References

- Ashmore, K. (1999). Is your world too white? A primer for whites trying to deal with a racist society. *Career magazine: News and articles about career, jobs and employment*. Retrieved 30 March, 1999, from [http://www.careermag.com/articles\\_index/189.html](http://www.careermag.com/articles_index/189.html).
- Australian House of Representatives Standing Committee on Family and Youth Affairs. (2000). *Health is life: Report on the inquiry into Indigenous health*. Canberra, ACT: Australian Government Publishing Service.
- Bowling, A. (1997). *Research methods in health: Investigating health and health services*. Buckingham: Open University Press.
- Burt, S., & Code, L. (Eds.) (1995). *Changing methods: Feminists transforming practice*. Peterborough, ON: Broadview Press.
- Committee of Deans of Australian Medical Schools. (2004). *CDAMS Indigenous health curriculum framework*. Melbourne, VIC: VicHealth Koori Health Research and Community Development Unit.
- Creswell, J. W. (1998). *Qualitative inquiry and research design*. London: Sage Publications.
- Evans, R., Cronin, K., & Saunders, K. (Eds.) (1975). *Exclusion, exploitation and extermination: Race relations in colonial Queensland*. Sydney, NSW: Australia and New Zealand Book Company.
- Fredericks, B. (2003). *Us speaking about women's health: Aboriginal women's perceptions and experiences of health, wellbeing, identity, body and health services*. Unpublished PhD thesis, Central Queensland University, Rockhampton.
- Hunter, P. (2001). Puggy Hunter. *NACCHO News*, 2, 12.
- Kidd, R. (1997). *The way we civilise*. St Lucia, QLD: University of Queensland Press.
- Manne, R. (2001). In denial: The Stolen Generation and the right. *The Australian Quarterly Essay*, 1, 1-113.

- McKendrick, J. (1998). Indigenous health: A cultural awareness program for medical education. *Australian and New Zealand Journal of Public Health*, 22(6), 737.
- Moreton-Robinson, A. (1999). Unmasking whiteness: A Goori Jondal's look at some Duggai business. *Queensland Review*, 6(1), 1-7.
- Moreton-Robinson, A. (2000). *Talkin' up to the white woman: Indigenous women and feminism*. St. Lucia, QLD: University of Queensland Press.
- Oakley, A. (2000). *Experiments in knowing: Gender and method in social sciences*. New York, NY: The New Press.
- Pettman, J. (1992). *Living in the margins: Racism, sexism and feminism in Australia*. Sydney, NSW: Allen & Unwin.
- Ramanazoglu, C. (2002). *Feminist methodology: Challenges and choices*. London: Sage.
- Reinharz, S. (1992). *Feminist methods in social research*. New York, NY: Oxford University Press.
- Rigney, L-R. (1997). Internationalisation of an Indigenous anti-colonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Research and Development in Higher Education: Advancing International Perspectives (Higher Education Research and Development Society of Australasia HERDSA Annual Conference proceedings)*, 20, 629-636.
- Rigney, L-R. (2001). A first perspective of Indigenous Australian participation in science: Framing Indigenous research towards Indigenous Australian intellectual sovereignty. *Kaurua Higher Education Journal*, 7, 1-13.
- Rintoul, S. (1993). *The wailing: A national black oral history*. Port Melbourne, VIC: William Heinmann.
- Smith, L. T. (1999). *Decolonising methodologies: Research and Indigenous peoples*. London: Zed Books.
- Tannoch-Bland, J. (1997, October). *White race privilege: Nullifying native title*. Part One of a joint paper presented with Aileen Moreton-Robinson at Bringing Australia Together: National Anti-racism and Native Title Conference, Brisbane, Queensland, Australia.
- The Anti-Racism Training Institute of the Southwest. (2002). *Anti-racism training institute of the Southwest Albuquerque New Mexico*. Retrieved 10 December, 2005, from <http://www.racematters.org/antiracismtraininginstsw.htm>.
- The People's Institute for Survival and Beyond. (2002). *Anti-racism training: The people's institute for survival and beyond*. Retrieved 10 December, 2005, from <http://thepeoplesinstitute.org/>.
- Young, S. (1999). Not because it's a bloody black issue! Problematics of cross cultural training. In B. McKay (Ed.), *Unmasking whiteness: Race relations and reconciliation* (pp. 204-219). Brisbane, QLD: Queensland Studies Centre University of Queensland Press.

#### ■ About the author

Bronwyn Fredericks is a National Health and Medical Research Council (NHMRC) Research Fellow with the Department of Epidemiology and Preventive Medicine, Monash University and the Centre for Clinical Research Excellence (CCRE) at the Queensland Aboriginal and Islander Health Council (QAIHC – the peak agency for the Community Controlled Health Services Sector in Queensland). She is also a Visiting Fellow with the Indigenous Studies Research Network at the Queensland University of Technology (QUT). Bronwyn has been actively engaged with Aboriginal and Torres Strait Islander controlled, community based organisations for over 25 years.