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

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## Background

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 and the high rates of youth suicide observed.<sup>4,5</sup> Despite these challenges most Aboriginal children are resilient and show remarkable adaption during difficult circumstances.<sup>6</sup>

Current literature describes resilience as 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 find resilience to be associated with higher self-esteem, prosocial friendships, self-regulation, low community socio-economic status, and better physical health of children and their parents.<sup>6,12</sup> Qualitative research on Australian Aboriginal children's resilience indicates the importance of empowerment and cultural pride in building resilience.<sup>13,14</sup> The relatively few studies of resilience appears disproportionate to the frequency with which resilience is mentioned in conjunction with Aboriginal people,<sup>15-18</sup> and the potential benefits research could offer by providing an evidence base for initiatives designed to enhance childhood resilience.

Qualitative research provides a number of unique contributions within resilience research paradigms. 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>19</sup>

The aim of this study was to describe the perspectives of members of urban and regional Aboriginal communities on childhood resilience, including how resilience can be enhanced. The results may be used to inform programs with the potential to reduce negative outcomes in at-risk Aboriginal children.

## Methods

We used the Consolidated Criteria for Reporting Qualitative Studies (COREQ) to inform the design and reporting of this study.<sup>20</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>21</sup> Using the knowledge the ACCHS have of their community, staff compiled a list of potential participants who 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 (Supplementary File 1, attached). Semi-structured interviews were conducted face-to-face at the ACCHS between October and December 2015, with one participant interviewed by phone. 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 in order to gather Aboriginal people's perspectives on childhood resilience. Resilience was broadly defined as 'doing well despite problems children may face'. Questions focused on participants' description of children's positive adaptation and common adversities, factors that helped themselves to be resilient during childhood, factors that 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), 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. CY imported the themes into HyperRESEARCH (version 3.5.2; Research-ware Inc.), a software program used to code the qualitative data and refine the final themes and subthemes. We sent a summary of the preliminary findings to participants (*via* 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, eight youth workers and 13 community members (Table 1). Those who declined to participate 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).

Table 1. Participant characteristics

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

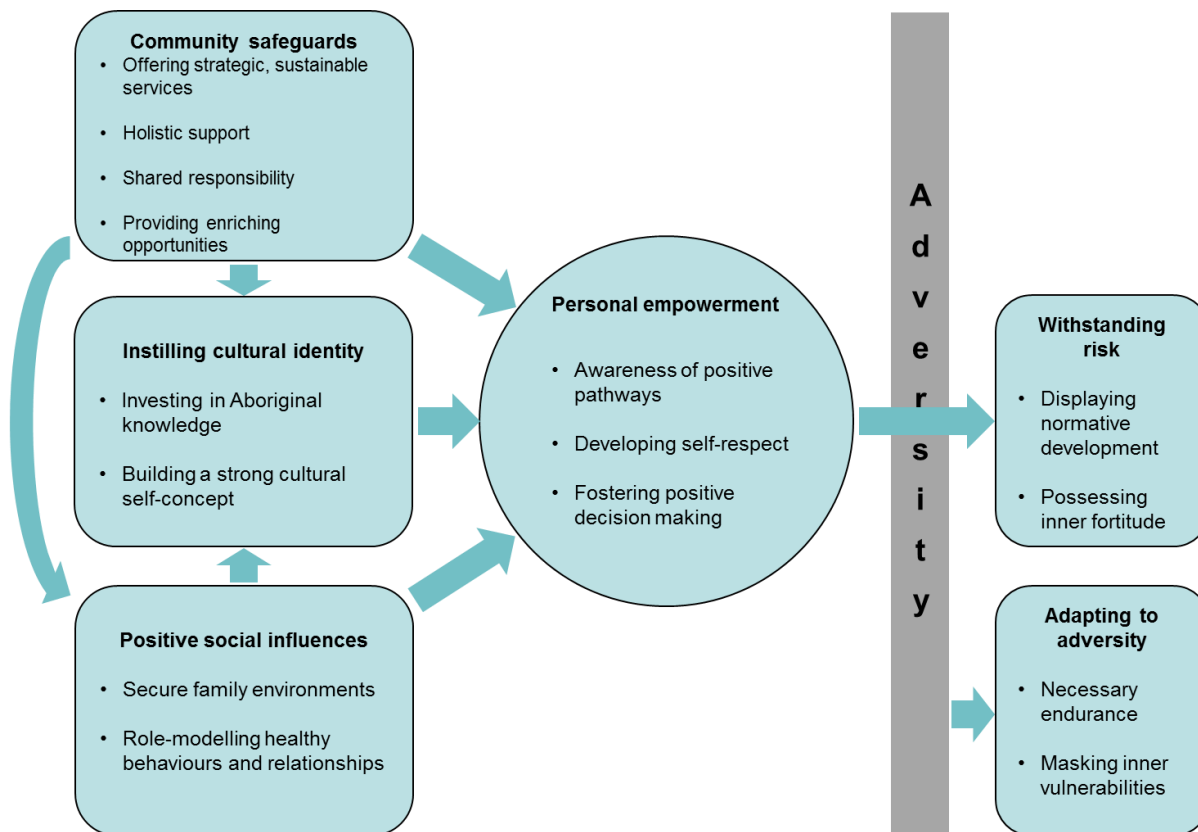
<sup>1</sup>Aboriginal health, mental health and aged care workers; health service managers

<sup>2</sup>HSC: Higher School Certificate

We identified six themes: withstanding risk, adapting to adversity, positive social influences, instilling cultural identity, community safeguards, and personal empowerment. The thematic

schema in Figure 1 shows conceptual links between the themes. Themes and subthemes accompanied by illustrative quotes are described below.

Figure 1. Thematic schema



*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.*

## 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. Being drug and alcohol free was seen to be an important indicator of resilience in older children.

I can see the change in these kids now because: One, they’re stable; two, they’ve got attention. They are meeting their milestones, whereas before, they weren’t. [Female, 50s]

Education is a huge thing. Are they going to school? Are they enjoying it?  
How are they interacting with other people, connecting to their family?  
[Female, 18-29 years]

### **Possessing inner fortitude**

Participants described resilience as an often 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 also thought to 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.

I was the middle child, only daughter of an alcoholic father, a lot of domestic violence, lot of incarcerations, a lot of struggles that I see with kids here. I left home at sixteen, pregnant by eighteen, did the whole drug fest and all that. And I think I drew on the strength that I wanted – didn't want my children to go through what I went through, so that was my drive. I didn't have to be rich, but I just didn't want them to feel the feelings that I felt. [Female, 40s]

For a lot of people, it does have to be learned (resilience). But for myself; I know that I just have it. [Female, 20s]

### **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 that Aboriginal children were very resilient, and often more so than non-Aboriginal people were aware of. They felt that many Aboriginal children were fighting hard just to lead normal lives and, consequentially, children's ability to achieve their full potential was likely to be compromised.

I think that sometimes Aboriginal children are probably resilient in all the wrong ways. They skip that part of being a kid and they go right from being a young person and having to deal with certain things. [Female, 20s]

It made me think how much energy and brain power it takes to be resilient. How many more of our mob could of been superstars, instead we are becoming the experts in trauma" [Female, 40s]

#### **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 that some Aboriginal children were adept at hiding developmental issues (such as illiteracy) behind stoic facades; they were concerned that this would lead to poorer outcomes if not identified early.

When I look back on my life and what people said to me, they always saw me as strong or doing well, yet internally I didn't feel that way. [Female, 40s]



I think people don't realise how bad things can be for some people. That people can hide it. They can hide a lot. To think that someone their age has gone through school and everything has slipped; he can't read, he can't write. [Female, 40s]

## 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 safe place. However, substance abuse, domestic violence, financial difficulties and caregivers who were less engaged in their children's lives were seen as common threats to most Aboriginal children's ability to develop resilience.

I felt safe (at home), and I think that's why I probably didn't go out of line. If I didn't have a safe home and then there were issues – I'd easily go the other way. [Female 40s]

When I went and spent time with my dad I came back to the house and [we noticed that] every time [participant's sister] leaves, she's very well-behaved; she's very respectful to both of us, and whenever she comes back it's like those rules in that structure is completely gone. And so that was really important for both my parents and instilling that structure, not being to overbearing, like, believe me, we had trouble, but it was definitely just that having that guidance as a family. If children have learned the structures that they can have in their lives, even though their family may be under great stress they got that support that builds resilience. [Female, 50s]

### Role-modelling healthy behaviour and relationships

Participants believed that exposure to positive role models raised children's awareness of their own potential to lead positive lives and the strategies that could help them despite the challenges they might face. Conversely, they thought that Aboriginal children who had experienced severe adversity would be less aware of positive ways of living, and how healthy relationships function. Caregivers and older sibling's values, morals and ethics were thought to heavily influence children's ability to develop resilient attitudes and behaviours. However, children's parents 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.

The role models in my life, I think that's taught me to be resilient. I had faced racism when I was growing up but it didn't really worry me because I knew otherwise. [Female, 20s]

I'm a good role model for my daughter. She sees me working. She's only four, but she always talks about work and, "When I get older, I want to work at your work, mum". So I think I'm setting a good example for her. I think I've stopped the cycle at me, hopefully. [Female 50s]

But we just take them out for the day and just try and introduce them to some positive role models to show kids that there are positive role models living in our community. But for those kids that are on the fringe and aren't

as resilient as others I was just trying to try to - just to let them know I think it's about they're aren't alone in what they're feeling, in what they're going through. And it's trying to get that point across to them, that - and if you need help, there is help there if you needed. [Male 30s]

### Instilling cultural identity

#### **Investing in Aboriginal knowledge**

Participants believed that children who were more aware of their Aboriginal heritage and cultural practices were more likely to be resilient. They believed that 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.

I find that those kids that are very strongly connected and can identify strong in their Aboriginality and their heritage, they're the ones that are far more resilient. [Male, 30's]

Those stories and that knowledge, passed down from generation to generation, highlight those strengths that children will grow up strong and connected. [Female, 40s]

#### **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.

Kids that show resilience, you can feel that they're really connected to their identity. Some of the kids take strength in knowing that that's a practise we've had for many years, and that's the strength that we rely on as well. [Male, 30s]

It's something that's probably most certainly helped me in terms of knowing – strength from my identity, knowing who my family are, the extended family, and knowing the grassroots of my family, knowing my heritage and the link to a country that I've got now as well, but the loyalty that I have to my family, understanding the social structures, and understanding the needs of my family and my people as well is very strong. [Male, 60s]

When we talk about say, the stolen generation, where they grew up with that separation and then therefore, they have very limited knowledge of self, their identity, how they fit in, how they belong and I think we can sort of help them deal with the traumas of the past, of that separation by instilling the knowledge of the culture of say, for example, when I was working with kids in out of home care, we would identify as part of their cultural plan, we'd help them identify where their mob come from, where their mother came from, and then we just start building that for them so it's like putting a jigsaw puzzle together. [Male, 40s]

## Community safeguards

### Providing 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 if they felt unsafe at home were potential strategies to promote resilience. They believed that children would feel more comfortable attending community programs led by Aboriginal people and that these should be sustainable 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.

Having an Aboriginal case worker helped because he understood where I was coming from. He was supportive and was always pushing me to do the right thing in life. It's a pretty big help, if I didn't have them, I'll probably be in a lot more trouble than I was in. [Female, 20s]

Look, when they start those programs, they only go for so long and then they cut them off. [Male, 50s]

### Holistic services

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 programs that could address parental mental health issues, as well teaching nurturing parenting techniques.

You can remove that young person but we're still putting him back into an unfixed home, a broken home. Our biggest struggle is looking at the holistic approach. You can fix one but we need to fix the whole unit. [Female, 40s]

To work with that young child, to address whatever the issues are, we make sure that the parents are also supported, because if they're not supported, we're sort of just beating a dead horse, really. [Male, 40s]

### 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 that this had helped them to lead more resilient lives as adults.

One thing I'd like to see is that re-engagement of not just youth, but our men in our community to know that they have a responsibility to contribute something back to young people, to make them strong young men. [Male, 30s]

I think it's a collective approach. It's a community approach, that's how we operated traditionally. Just because we're the AMS (Aboriginal Medical

Service), we're not the ones that should be responsible for this (building resilience). It's got to be a whole of community approach. [Male, 40s]

So I think education is also about - that resilient stuff is also about giving knowledge to people, so that they actually use it in their own families. If I teach one person in the family and they get it. I know that that person will go and teach others. [Male, 60s]

### **Providing enriching opportunities**

Providing greater access to activities in which children could foster natural talents and interests, as well as channelling negative emotions, was seen as a potential method of building resilience. These activities were also believed to provide opportunities that may be less available to some Aboriginal children, including experiences of leadership, goal-setting and achievement that helped 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.

So they put me in art class with this Scottish art teacher. He actually helped channel that anger into something. So I was able to express myself through art. [Female, 40s]

Children should be given the opportunities to be leaders so that they can be resilient, and you'd be surprised that if quiet little Joe in the corner is given an opportunity to step up, all of a sudden, he's up and shining. [Female, 50s]

### **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 lead to more resilient behaviour by showing children that 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 positive paths children could follow.

I think those people who get through or managed to do well, there's been some light or some hope. Someone has shown them hope or a pathway. [Female, 40s]

I remember hearing Uncle Chicka Dixon (well-known Aboriginal activist), he said, 'Education is the way out for our people.' It was a little light bulb moment; my life didn't have to always be this way. [Female, 40s]

I think we all have that thing in ourselves that when you do get down, when something knocks you down, no matter what that is, there's always another option and I think there're multiple pathways. But I think being able to see [participant's family] being knocked down and come back has been really big to me, too, and what happens like, you know, all my family have, in a

way I don't know if "given up" is the right word but, just sort of, stayed on one certain path, if that makes sense. [Female, 20s]

### **Developing self-respect**

Participants believed self-esteem and self-efficacy fostered resilience. They thought that children, who set goals, 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 that "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 foster self-respect. Participants felt that the most important person to fulfil this role were the child's immediate caregivers, however 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 thought to potentially fulfil this important role in a child's development.

Ideally, those sorts of things are in place so the child will become very resilient, they have a sense of self, and self-worth: 'I can do this!' [Female, 50s]

Self-reliance that's makes a difference, it builds resilience and you learn to figure out what's right and what's wrong. [Male, 40s]

And getting your kids to actually be the ones to actually to take the - give them the ownership of it I think. That's the most important thing. I'd give them, the kid, the ownership of wanting to do that. Letting them be the ones to choose exactly what they wanna do and that builds up their confidence, self-esteem that sort of stuff. [Male, 60s]

### **Fostering positive decision making**

Many participants felt that 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. Participants believed that building the strength to make these choices was crucial for ensuring resilient outcomes.

I thought, "It stops here". I'm going to break this cycle here, and that's a choice that each person has to make. [Female, 50s]

My brother is someone who just takes it a day at a time, still does. He's very good at a lot of things. He was an excellent surfer. He could have went a long way in surfing, but he chose not to be because of the crowd he hung around with which involves a lot of drugs and alcohol from a very young age. Whereas me, I was able to determine whether or not that was the wrong group to be around, where my brother didn't question that. He just he just went with the flow. I took my sport a bit more seriously because I'd set myself goals because I sort of realised at an early age that what I could achieve if I focused a bit more on it where as my brother was. He'd never seen that as being a goal of his. He didn't really set himself goals. His goals were just to be around family and just to travel back and forth because that's what we grew up with. So my brother, even today he lives a very nomadic life. [Male, 40s]

## 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 felt resilience was an innate quality, they also believed resilience could be learned, or nurtured through positive interactions with family and community. Resilience was 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 was not always viewed positively. Some participants believed that many Aboriginal children were forced to develop resilience due to experiences of discrimination, inconsistent or disruptive parenting and poverty. Others felt that some children developed resilient facades that hid psychological trauma that may go unnoticed and untreated. Community programs that could augment positive family dynamics, or act as a potential buffer against negative or impoverished family environments were desired.

Community members also emphasized the important role of individual choice in childhood resilience. This is not to suggest that participants thought Aboriginal children choose whether they do, or do not, experience trauma when exposed to adverse events. However, children living in at-risk circumstances were thought less likely to receive the necessary tools that enable positive decision-making that was 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' describes dispositional traits that have been associated with resilient children, including having an internal locus of control,<sup>22</sup> good coping skills<sup>23</sup> and 'grit' (perseverance for long-term goals).<sup>24</sup> Descriptions of outwardly resilient children who struggle with inner anxiety has been noted in high-risk adolescents.<sup>25</sup> Cultural identity,<sup>26,27</sup> family and community support,<sup>28</sup> and individual traits such as optimism and self-esteem<sup>6,29</sup> are also associated with resilience in the extant 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>30,31</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>32,33</sup> Participants felt that positive role-models, education and cultural knowledge buffered against these negative stereotypes and raised 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 as providing opportunities to build the self-belief and self-esteem that empower children to act on this information. In this way, while resilience was sometimes described as an innate or un-learnable strength, participant's perspectives also 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>34</sup> including a recent 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 representative 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 wished 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.

Participants identified children's connection to their Aboriginal culture as an essential component of any program designed to build resilience and wished for more opportunities for Aboriginal elders and resilient community members to pass on the knowledge that could foster more resilience.

Program development should take into consideration the fact that children and families experiencing multiple adversities are also more likely to face greater barriers to accessing health services such as lack of transport, wariness and lack of parental involvement.<sup>35</sup> Programs that can identify and provide services for at-risk children at school or in out-of-home care comprise a potentially useful strategy for building resilience. Such health initiatives would benefit greatly from the input of the local ACCHSs, who have unique knowledge of their community, and who are likely to play an essential role in the identification of at-risk children.<sup>36</sup> The availability long-term, holistic and sustainable services was thought crucial to the success of programs designed to enhance resilience.

We interviewed Aboriginal adults; this is a potential limitation as the perspectives reported may not represent that of Aboriginal children. However, a number of young adults (18-24 years) were included, and their perspectives were similar to the older participants. We caution that 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 concept with many definitions available to researchers and health communities. Within the sociocultural context of this study, participants perceived Aboriginal children's resilience as being the ability to endure discrimination and family adversities, and make positive choices despite these challenges. Aboriginal community members were clear in their belief that children who grow up in strong supportive family environments and who were aware of, and valued their Aboriginal heritage were more likely to be resilient. However, 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 available sustainable initiatives that ensure Aboriginal children who are most at risk receive the support they need to have the best chance of leading healthy, resilient lives.

## Conclusion

Aboriginal community members believe resilience manifests via a number of different processes. A promising finding from this study is that participants believed resilience to be an ability that can be learned through sociocultural influences. That is, children who receive family and community support and are influenced by positive role-models and cultural knowledge during developmentally crucial periods were thought more likely to develop resilient attitudes and behaviours.

Childhood and adolescence is a logical time to enhance resilience given the cognitive, social, and emotional development children undergo, and the relatively strong influence of family at this time. Additionally, it is during these years that children can be seen to 'hit' developmental milestones that may indicate the presence of resilience. Children who develop resilience in childhood are more likely to cope better with adversity, and make positive choices that lead to healthier behaviours. This study therefore highlights the potential of encouraging childhood resilience in order to potentially reduce future health disparities.

The results suggest strategies for enhancing resilience focus on building self-esteem and providing children with information that encourages better decision making. Instilling pride and knowledge of Aboriginal culture was seen as an important component of any strategy that seeks to build resilience. Initiatives that involve the communication and effective cooperation between local community groups, ACCHS, schools and specialist healthcare providers were thought necessary to achieve such a goal. Furthermore, ensuring non-Aboriginal people who interact regularly with Aboriginal children (e.g. teachers, health professionals) are aware of the extent that Aboriginal children are resilient, and the potential cost of this resilience, may increase greater understanding between the two cultures and help to identify children that require additional support.

Given the current gap between Aboriginal and non-Aboriginal health outcomes it is clear that more needs to be done to improve Aboriginal health outcomes. While strategies that aim to reduce the risks Aboriginal people face are crucial to achieving this goal, enhancing childhood resilience against long-standing adversities such as systemic racism and problems within the family is also likely to result in improved long-term mental and physical health outcomes. This research offers key areas to target in order to build childhood resilience, and could be used to develop initiatives in conjunction with the Aboriginal community and health professionals.



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# Supplementary File 1: Interview guide

## PREAMBLE

“Some children tend to do well despite problems they may face, that is, they appear to be ‘resilient’. We’re interested in any thoughts you may have about what helps these kids do well. We’d like you to think back on your experiences as a child, you may also like to think about your own children and/or children you know well.”

### Positive adaption/adversity

1. What are some important signs that Aboriginal kids in your community are doing okay? What, specifically would you look for?  
*Prompt: what attitudes or behaviours might you see/not see?*
2. a. What do you see as some of the challenges facing Aboriginal children or young people in your community?  
  
b. Do you think these are different to the challenges facing non-Aboriginal children or young people? In what ways are they different?

### Personal resilience

3. a. Thinking about your own childhood, what sorts of things helped you cope with challenges you may have experienced?  
  
b. How did this help you? Have these experiences influenced you as an adult? How?  
  
c. What things were most helpful when you were a younger? When you were a teenager?

### Resilience in the community

4. a. What do you think helps Aboriginal kids in your community do okay despite the challenges they face?  
*Prompt: what aspects of a child’s community/family/personality might help them do well?*  
  
b. Which of these do you think is the most important?  
  
c. Are there differences in the things that may help younger children compared to older children? What about for boys and girls?

### Potential programs/services

5. a. For Aboriginal children who are facing lots of challenges, what sort of programs or services do you think could be developed to help them to do well? What might these programs look like, what would be some important features?  
*Prompt: how might this program incorporate your previous thoughts about what makes Aboriginal kids do well?*

- b. Who would you like to see involved in running these types of programs?
- c. Have you seen something similar that has worked? What were the best/worst parts of this program?

Thank You!