

# Indigenous Social Work Practice

*In this issue we are presenting perspectives from social workers who work from a framework of social work practice that gives great importance to the values and perspectives of Australia's first nation, its indigenous peoples.*

## Introduction

In 1987 Western Australia's first Aboriginal social worker graduated from Curtin University. The next year three more Aboriginal people graduated as social workers. Now in 1998 we have about 30 Aboriginal social workers in WA. Additionally we have Aboriginal social work students attending Curtin University and the University of Western Australia.

Over the years various members of the Indigenous Social Workers Group started to meet socially to support each other professionally. The last two years has seen more of a focus in relation to influencing the introduction of an indigenous perspective to the schools of social work in WA and to the introduction of indigenous units to both Curtin and UWA. Both universities have been aware that they needed to develop more appropriate education programmes for social work students in working with indigenous people and communities.

The appointment of an Aboriginal lecturer by the School of Social Work at the University of Western Australia in 1997 has gone a long way to ensuring that social work students will increase their knowledge and skills in working with Aboriginal people by the introduction of specific indigenous units. At Curtin University the School of Social Work worked in conjunction with the Centre for Aboriginal Studies to introduce an indigenous social work unit into their course in 1997.

There have been numerous meetings and one weekend workshop to discuss what needs to be addressed at both universities pertaining to indigenous information to social work students. The group have a commitment to this process. The groups is also becoming known and therefore are a resource base for other professionals.

All the above is essential to the group, but at the same time, the group have formed a special bond and it is this they want to maintain, as well as being change agents for social work education. The culture, the spirituality, the identification of Aboriginality, the historical knowledge and personal experience, bond the group together.

All group members have specific knowledge, experience and skills and all work in a variety of agencies, government departments, universities and non-Aboriginal and Aboriginal organisations. In this edition of *The West Australian Social Worker*, two members of the group share their knowledge, information about their work place and personal profiles. Each group member is different and highlights the richness of our diversity.

## VIOLET BACON

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# Indigenous Social Work Practice

## Drug Education and Training

Is drug education and training an important component of the overall strategy to reduce the harmful effects of substance misuse in Aboriginal communities? Many researchers in the complex field of addictions say yes! I also firmly believe education and training must be included when addressing the whole drug picture. Bob Ginbey's report *Substance abuse in Aboriginal communities in WA*, conducted for the Western Australia Alcohol and Drug Authority in 1985, outlines a long-term three way strategy that highlights the need for drug education and training, under the broad area of prevention and training.

Many Aboriginal people can tell you about the various problems associated with drug use in society. They have seen the effects in their communities and sometimes in their own families or in their own personal experience. Because we live in the reality of a drug-taking society, the same effects can also be seen in non-Aboriginal communities. However, to obtain lasting benefits we must adapt the strategy to suit the particular society. For example, when working towards harm reduction in Aboriginal communities, we work not only with individuals who use, but also with their families, extended families and communities.

Researchers, professional people, the general public and many community people have developed a long list of reasons for drug problems among Aboriginal people. Many of the reasons may explain why people use drugs, *but* this is of little value unless we have a comprehensive strategy to address the complex causes and the problem itself. Different strategies are developed to deal with drug problems according to the specific problem and to take into account the rich diversity of Aboriginal people. One core aspect that should be common across all strategies is the inclusion of drug education and training.

Ginbey's three-way strategy has been helpful in the community development session of my addiction training workshops. The three way strategy is:

- prevention and training which includes drug education and training;
- improvement of Aboriginal status within the community from the cultural and socio-economic aspect; and
- looking at the whole issue of drugs in our society.

Drug education and training is only one component of the overall drug strategy but it is essential and should be seen as a preventative measure. The benefits of including drug education and training in any strategy aimed at reducing drug misuse is important because we need to address not only the current problems, but also the need to work towards preventing the onset of any problems before they become major.

Drug education should also be seen as more than drug information. Drug information imparts factual knowledge, which is necessary but is a limited process when compared with drug education which provides a teaching/learning situation. A teaching/learning experience will benefit people in their personal development and then flow into other areas of their lives, like a ripple effect.

Aboriginal people who have completed addiction training have increased their self-esteem and confidence and some have continued with further education. The development of Aboriginal addiction models which link the historical and current perspective of oppression has been another major achievement. Workshop models and theories have been further adapted by participants to include Aboriginal ways of working, based on their strong spiritual links.

Drug education and training workshops should complement the priorities set by Aboriginal communities. Drug training events give Aboriginal people a chance to participate in community initiatives on drug issues, thereby increasing the number of Aboriginal voices heard. Community involvement means community support, which leads to individual and community achievements.

There is a strong awareness that within any overall alcohol, tobacco and other drugs strategy, there is a role both for drug information (health promotion pamphlets etc) and for drug education.

However the long-term benefits gained by Aboriginal people from attending and participating in addiction training cannot be understated. Therefore it is essential that drug strategies for Aboriginal communities include drug education and training as one of the key approaches. An approach I firmly believe in.

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## References

- B. Ginbey Substance Abuse in Aboriginal Communities 1985  
V. Bacon Presentation Paper 1993

### VIOLET BACON

*This contribution is by Violet Bacon. She is currently employed as an Aboriginal lecturer at the University of Western Australia and is the first indigenous lecturer to be appointed in a school of social work in Western Australia.*

*Before Violet's appointment at UWA she was employed by the Western Australia Alcohol and Drug Authority. Violet worked there for nine years first as a counsellor and then moved into education and training. Violet has had extensive experience in designing, planning and implementing programmes in the addiction area with a specific focus on the Aboriginal area.*

*Violet was born in Geraldton, her family name is Ryan and she is a Yamagee.*



*Aboriginal Community Support Service. The partnership between the Perth Aboriginal Medical Service and Ruah Inreach*

## Background

In the mid 1990s the De Paul Community Support Service (now known as Ruah Inreach), was developing and establishing a unique community based inreach service to clients involved with the mental health system, when it was felt that a similar service could be piloted in the Aboriginal community. In July 1995, as an initiative identified by mental health providers in this field, the West Australian Health Department contracted the Perth Aboriginal Medical Service (PAMS) and Ruah Inreach to provide a community based mental health service for Aboriginal people with a serious mental health disorder.

The Aboriginal Community Support Service (ACSS) initially commenced its operations by receiving its first referrals from PAMS. Since then ACSS has grown from two field staff to its present situation of four field staff consisting three Aboriginal and one non-Aboriginal, and an Aboriginal manager. The partnership model between PAMS and Ruah involves the overall development of a community based mental health service for the Aboriginal community.

For the partnership to be successful it has required that Ruah demonstrate to the Aboriginal and non-Aboriginal communities

their commitment to the delivery of a service which reflects integrity, equity and long term commitment. Commitment to the process is particularly important to the Aboriginal community because they remain marginalised and stigmatised because of their ethnicity.

## The working model for ACSS

The inreach model focuses on developing long term contact with clients. The model presents opportunities (between client and support worker) that allows for deeper exploration of a range of issues either directly or indirectly related to their illness. This allows for the client to be more proactive about the service, particularly its nature, direction and relevance. Indeed, this process allows clients to be more involved in the overall management of their mental illness, and their lives.

ACSS have developed a working arrangement that consists of an inreach model which reflects 'good work practices'. The focus of the work involves being client centred and client directed. This fits with Aboriginal concepts of respect and shared ownership. The model encourages the philosophy of working *with* people and not *for* people. Since its inception Ruah has been a key participant in the professional development of ACSS workers and the overall growth of the agency. This partnership has allowed for a professional, social and spiritual interaction between a non-Aboriginal and Aboriginal agency, enabling the learning to be a two way process.

The Perth Aboriginal Medical Service was the initial source of all referrals to ACSS. This was in the early stages of the project where the GPs at PAMS and the support workers at ACSS were involved in the initial development stages of the agency. Indeed the links established between PAMS clinic and ACSS is a major reason for the early success of the project. The development of ACSS has resulted in the expansion of the service as it has grown to meet the demands of the Aboriginal community. ACSS has established itself as an agency with its own identity with firm links with other community psychiatric clinics throughout the metropolitan area now being developed and consolidated.

As well as the community psychiatric clinics, ACSS has established links with the Ministry of Justice, as this agency becomes responsive to the needs of clients with special mental health needs. ACSS has received a number of requests from the Ministry of Justice to provide support to Aboriginal prisoners due to be released. This is a new area of work for ACSS and it has required that the agency adapt its intervention process to suit the unique situation of these clients.

## Cultural support

The distinct and unique quality of the ACSS service is its Aboriginal identity. This has increased the agency's authenticity and acceptance within the Aboriginal community. One of the primary roles for ACSS is to provide support that reduces the sense of isolation and alienation that can often accompany mental illness. Therefore ACSS has incorporated social activities that are culturally based into its program. Some of the cultural activities that have been part of ACSS have included visits to Aboriginal

significant areas accompanied by Aboriginal elders who discuss the historical, spiritual and social importance of these sites.

Recently some of the clients have been involved in an Aboriginal art group located at an Aboriginal cultural agency working with and alongside established Aboriginal artists. This has proven to be an enormous success providing opportunities for raising self-esteem and promoting positive and successful Aboriginal role models. Aboriginal people with a mental illness are often isolated and disempowered, and the inclusion of cultural activities within our support program provides the clients with an opportunity to experience events with a mainstream focus.

### Conclusion

The partnership between ACSS and Ruah has been established and grounded by mutual trust, respect and maturity. These qualities include:

- program support and continuing professional development;
- maturity and commitment to the process by all parties;
- the non-Aboriginal agency to model an attitude of mutual respect, a desire to learn, a non-judgmental attitude and an ethos that reflects social justice values;
- provision of sufficient time for the consolidation of the agency and its processes; and
- able to hold and work toward a shared vision.

ACSS will leave Ruah at the end of June 1998, and will take up residence in the new PAMS building next to the Health Department. The partnership between PAMS and Ruah has proven to be very successful. Importantly, it has been part of the beginnings of building culturally appropriate community based mental health services for the Aboriginal community.

### MICHAEL WRIGHT

*Michael Wright is the Aboriginal manager with the Aboriginal Community Support Service. He is a Nyoongar, his mother's people come from the Victoria Plains area which extends between Moore River and New Norcia. Michael was born in Meekatharra and his family moved to Perth when he was three years old.*

*Michael completed his social work degree at the University of Western Australia in 1994. His first social work position was at Royal Perth Hospital where he worked as the Aboriginal social worker for 11 months. He then took up a position with the Centre for Aboriginal Programmes at UWA as the Aboriginal student counsellor/lecturer. Since May 1997 he has been employed as manager with the Aboriginal Community Support Service.*

# Quality Practice Quality Practice Options

## Quality Practice Options

### A branch information forum

Wednesday, 13<sup>th</sup> May 1998, 5.30 – 7.00 pm

4<sup>th</sup> Floor Conference Room, Lotteries House,  
79 Stirling Street, Perth

Members are invited to attend a special Information Forum to review the Quality Practice Options Discussion Paper which was recently circulated to all members with the last issue of the National Bulletin. These sessions will give you an opportunity to discuss the issues, before completing your Questionnaire. Please remember to bring your copy of the document with you.

### Country specials

If people in country areas wish to talk it over, we may be able to respond. We hope to be able to arrange some meetings in regional centers including:

- Albany
- Broome
- Bunbury
- Karratha.

Further details will be provided.

A tentative meeting has been arranged in Bunbury for 22 May 1998.

Contact Mary Joyce for further information on (08) 9346 4666 or by email on [Mary.Joyce@health.wa.gov.au](mailto:Mary.Joyce@health.wa.gov.au)

## New Members

Welcome to new members:

- Elizabeth Blayney (Family & Children's Services)
- Helen Cattalini (Helen Cattalini Consultancy Services)
- Margaret Cowan-Guthrie (Student Associate)
- Eva Las (Student Associate)

# Net Watch

## Aboriginal and Torres Strait Islander Commission (ATSIC) Homepage

### The Aboriginal flag



The Aboriginal flag is divided horizontally into two equal halves of black (top) and red (bottom), with a yellow circle in the centre. The black symbolises Aboriginal people and the yellow represents the sun, the constant renewer of life. Red depicts the earth and also represents ochre, which is used by Aboriginal People in ceremonies. The flag - designed by Harold Thomas - was first flown at Victoria Square, Adelaide, on National Aborigines' Day on 12 July 1971. It was used later at the Tent Embassy in Canberra in 1972. Today the flag has been adopted by all Aboriginal groups and is flown or displayed permanently at Aboriginal centres throughout Australia.

### The Torres Strait Islander flag



The Torres Strait Islander flag - designed by the late Bernard Namok - stands for the unity and identity of all Torres Strait Islanders. It features three horizontal coloured stripes, with green at the top and bottom and blue in between - divided by thin black lines. A white dhari (headdress) sits in the centre, with a five-pointed white star underneath it. The colour green is for the land, and the dhari is a symbol of all Torres Strait Islanders. The black represents the people and the blue is for the sea. The five-pointed star represents the island groups. Used in navigation, the star is also an important symbol for the seafaring Torres Strait Islander people. The colour white of the star represents peace.

URL: <http://www.atsic.gov.au>

*This issue refers to sites which contain a broad range of materials pertinent to Australia's indigenous peoples. One site worth having a look at is Oz Kidz's Indigenous Kids [<http://www.gil.com.au/ozkids/Indigenous/>] which includes a link to Yothu Yindi's web page, virtual library resources, etc. The article by Phillip Adams is accessible through their web page.*

*You should of course not overlook ATSIC's home page [<http://www.atsic.gov.au/>] as it contains helpful discussion papers, statements on key issues etc.*

## Beware, the aliens are already among us

by Phillip Adams

Oscillating and iridescent, improbable and emphatically uninvited, the vast UFO hovered above Canberra like a vast buttock hovering over a toilet seat. It finally settled, crushing both Treasury and Foreign Affairs beneath its intergalactic bulk.

Emerging from a luminous sphincter, the new arrivals were reassuringly humanoid, but differently pigmented (pick a colour, any colour - green, purple or blue). Observing the ancient protocols of colonists, they planted a flag bearing an enigmatic cipher on some singed lawn and shot a few passers-by (pollies and public servants) with weapons not contemplated by the Howard gun laws. In the days and months that followed, acts of sporadic carnage, climaxing with a few halfhearted attempts at out and out genocide, made it clear that they meant business. And meant to stay.

While similar craft landed in other capitals, we greatly outnumbered the Blues (let's settle on blue) in the initial stages of the invasion. But we had no defence against their weaponry.

And no immunity from the diseases they brought with them.

The most brutal of them - we called them purple-necks - mixed toxins in our water and food supplies. The onslaught of their bureaucrats was more subtle - they announced that we were an inferior form of life and, therefore, unworthy of citizenship. Our electoral, educational and judicial systems were dismantled, and it was announced that we would not be included in any future census. Within a few years, those of us not killed or poisoned or wiped out in epidemics were driven from home, hearth and suburb. Only one group among the newcomers showed the

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slightest interest in us or in our culture - and that a condescending One. Members of the Blues' priestly caste set about ridiculing and destroying our religions, forcing us to profess a belief in a Blue person who had, it seemed, risen from the dead on a remote solar system quite a few light years back.

While despising us, the bureaucrats held out some hope for our children. So they began systematically kidnapping them. Thousands upon thousands of terrified kids were torn from the arms of sobbing parents. Over a period of decades, a third of our children were stolen.

We were tyrannised, demoralised, dispossessed, marginalised.

Is it surprising that we despaired? Any confidence in our past, in our future, ourselves, evaporated. Huddled in shanty-towns on the outskirts of what had previously been comfortable, coherent communities, we became dependent on a narcotic provided by the Blues, a powder that, if taken in sufficient quantities, dulled our pain. Unfortunately, it also dulled our perceptions and destroyed what was left of our health. Consequently, the Blues treated us with greater contempt and indifference. The best we could expect from them was pity and pity's economic expression, charity.

As the years passed, some of the invaders graduated from pity to an emotion resembling guilt. Others, belatedly, deemed us a subject worthy of anthropological study. We were photographed, prodded, measured and a few Blue scholars attempted to speak our language which, by then, we had all but forgotten. Oh, some of us tried to maintain the old traditions, attempting to pass on to those kids we'd be allowed to keep a glimmering of our beliefs, practices and history. But even the kids who weren't kidnapped were lost to us. They were so seduced by the rabid technology of the Blues that many of them began to share the invaders' contempt for their parents.

After some generations had passed, a few of the brighter Blues showed interest in our arts and crafts. While they couldn't be compared for a moment with their own creative expressions, they could be sold as souvenirs to the Green, Red and polka-dotted people who visited from their galaxies. But while immense prices were paid to the Blue gallery owners, our artists received next to nothing.

Meanwhile our men were used as cheap labour in the vast Pastoral enterprises established by the Blues - raising the strange quadrupeds imported from their ancestral planet.

These animals were, incidentally, wholly inappropriate to the landscape; their massive bulk splintering the fragile earth and causing unimaginable erosion.

Across the continent there were many accounts of our women being raped and sad, confused, hybrid children began to appear. The Blues invariably denied parentage but, fortunately, the kid, were accepted by the white fringe-dwellers.

When we were not being brutalised or treated with brutal indifference, we were patronised, every decision made for us by the Blue bureaucrats. The decisions were not wise. Two hundred

years after the first UFO had arrived in Canberra, our infant mortality rate was, five, 10 times higher than that of the Blues. And we had half the life expectancy. Treated as outsiders, we died from diseases that had long since disappeared in the Blues' communities. Our young men, embittered and angry, hanged themselves in the Blues' prisons. Prisons, the only places built by the Blues where whites were always welcome. Almost miraculously, leaders began to emerge from among us, men and women of dignity and defiance who tried to lift us up, to negotiate with the culture that had overwhelmed us. The tasks seemed insurmountable and, again and again, our best and brightest abandoned the fight. Embittered, burned out.

This science fiction is, of course, analogous to historic fact.

Replace the iridescent metal of the UFO with the white sails of Cook's Endeavour and the outcomes are identical. The inhabitants of that well-known continent, terra nullius, were crushed by a people who combined advanced technology with limited perceptions. They were robbed of birthright, health and hope. They paid the price of the invader's greed and political ineptitude. They endured endless degradations and humiliations. And it seems that little had been learned since our Unidentified Floating Objects arrived in the 18th century - that we're determined to enter the 21st with our prejudices more or less intact. We remain determined to treat our Indigenous neighbours as a national nuisance, a blight on our landscape. Our landscape, not theirs. We continue the ongoing process of denigration and denial, bigotry and hostility. We blame these decent, remarkably forgiving people for what we've done to them.

You've seen the photographs - Aborigines chained together, iron rings around necks and ankles.

Scores of white communities across Australia keep their dark secrets - the massacre sites where Aboriginal families were rounded up and slaughtered. Others know where Aborigines were herded off the cliffs.

The only place where Aborigines were valued - cash-valued - was on the cattle properties. Black labour employed on terms barely distinguishable from slavery, was as crucial to northern pastoralists as it was to plantation owners in the Deep South of the United States. History records that when West Australian graziers offered a property for sale, they would list the acreage, the miles of fencing, the size of the herd and "the number of niggers" on the bill of sale.

In 1996, after the great step forward of Mabo, we see some of the most powerful vested interests in the country wanting to take two steps back, to further dispossess the dispossessed. To push them from the leftover lands that have proved too hard for crops or cattle but that turn out to be rich in minerals.

These savageries are, of course, not exclusive to Australia. We've witnessed the same ruthlessness in North, Central and South America as white communities debauched the indigenous peoples they had not managed to destroy. Indonesians are behaving just as brutally in Irian Jaya, while native peoples in South Asia are being driven from their chainsawed jungles. What

Australia has done may be no worse, but it's certainly little better. This despite our collective delusions that the words "a fair go" are emblazoned on the shield between our heraldic 'roo and emu'. Sadly our coat of arms looks increasingly like your typical rural roadsign, peppered with the bullets of bigotry.

A system of government that breaks the spirit of a Noel Pearson stands condemned. With Mabo under frenzied attack by conservative governments, with the Cape York agreement trashed by Rob Borbidge, Pearson has walked away. The vacuum his absence creates may well be filled by the opportunists and crazies of black politics - a gift to white bigotry. Australian public life has been well served by the likes of Pearson, Lois O'Donoghue, Pat Dodson and Marcia Langton. To crush their attempts at conciliation and reconciliation is an act of political madness. Worst of all, there's talk of John Howard using Aboriginal issues as the trigger for a double dissolution which, in turn, will open the floodgates of racism and resentment, so that the most sensitive of all policy issues will be dictated by talkback radio.

No one pretends that Aboriginal issues aren't agonisingly difficult. With the best will in the world, the problems can seem intractable. I remember standing with John Gorton on the steps of the old Parliament House, looking down at a group of Aborigines involved in a somewhat feeble demonstration, and hearing that decent man mumble: "Inoperable cancer, inoperable cancer." That's often how it looked, how it seemed. After 40,000 years of being separated by vast distances and 500 languages, Aboriginal society was anything but monolithic.

In more recent times, there has been deepening divisions between traditional and urban communities.

I have long been astonished by the willingness of Aborigines to forgive white Australia its sins of commission and omission. Was there ever a less embittered, better humoured people? They've taken the worst that we could throw at them and survived. Which is where the analogies of my piece of science fiction break down. Despite the genocidal onslaught, Aborigines and their communities have not only refused to succumb but, miraculously, have refused to hate. Moreover communities separated by clan, language and distance have forged links that have effectively produced a sense of Aboriginal nationhood. In a country where many whites have never met an Aborigine, where the Aboriginal population amounts to a tiny percentage of the total, the world's oldest continuing culture is increasingly well informed and their political nous admired by indigenous people around the world.

In the 1960s, Aboriginal politics involved mimicry of African-American idioms and methodologies - but in the past 20 years indigenous politics have been truly indigenous. Lacking a sophisticated middle-class, Australia's Aborigines can still only field a few dozen highly sophisticated activists - and they have to contend with hostility from within their communities well as from the outside world. And again and again the side has been let down by opportunists within Aboriginal organisations who have little compunction about ripping of the system, at the cost of their own people.

Yet an Aboriginal leadership has evolved that is focused, honourable and eminently reasonable. And it is these people the conservative governments of Australia are actively undermining. They know that recent election results demonstrate a political bonus to proclamations of bigotry, that a little bit of racism can add considerably to an electoral swing. Thus the spirit of reconciliation is being replaced by cynicism and opportunism, leading to a dangerously combustible situation that not only turns back the clock but rips out the mechanism.

In recent years there have been signs of improvement.

Reconciliation had seemed more than a political piety. In destroying the fiction of terra nullius and in picking up on the major themes of the land rights movement, Mabo was, by any measure, an immensely significant milestone.

Now a nincompoop of a federal minister joins forces with reckless, rapacious premiers to vandalise what has been achieved in race relations in our country. And make no mistake - finally it isn't the issue of the republic that will define Australia's place in the world, let alone our balance of payments. It is our treatment of Aboriginal Australians that the world, and history, will judge us by. And at the moment, the verdict can only be guilty. Very guilty indeed.

*Originally published in the Australian 13 July 1996*

## **RECENT GRADUATES SUBCOMMITTEE**

The Recent Graduates Subcommittee will be meeting next on Wednesday 15<sup>th</sup> April 1998. The meeting will be held at 7.30 pm at the Northbridge Hotel.

At the last meeting it was decided that some time should be put aside at each future meeting for discussion of ethical and practice issues being encountered by new graduates. If you would like to bring any particular issue up for discussion, please come along to the meeting.

All recent graduates are welcome to attend. For further information contact Diane Smith on 9321 7033 (Work) or 9295 4453 (Home).

## 50 years of social work at Royal Prince Alfred Hospital, Sydney

The Social Work Department at Royal Prince Alfred Hospital will be celebrating 50 years of social work in 1998 and is planning to hold a celebratory event on June 12. It is hoped that many who have worked at RPA will be able to attend.

Please send or fax your name and address if you want to receive information. The Department hopes to have some history on display, so please also send or fax your memories, stories or photos to:

Ande Szendroe, A/Assistant Director, Social Work Department, Royal Prince Alfred Hospital, Missenden Road, Camperdown NSW 2050.

Phone: (02) 9515 8131, Fax: (02) 9515 6585

## CPE EVENTS

### WOMEN AND SUBSTANCE ABUSE

**TUESDAY 26 MAY, 2.00 - 5.00 PM**

A participative workshop presented by Paddy Glasgow, Senior Counsellor, Perth Women's Centre.

In this experiential workshop Paddy will give information regarding the special needs of women seeking treatment for substance abuse. She will further illustrate how the recognition and meeting of these needs encourages them to battle their habits/addictions and to adopt a healthier lifestyle. She will also outline and demonstrate her methods of treatment, with special emphasis on their relevance to women. The style of the workshop is very much learning by doing.

Further details and registration form will be circulated with the May edition of *The West Australian Social Worker*.

### PARENTING ISSUES AND MENTAL ILLNESS

**TUESDAY 30 JUNE, 1 DAY WORKSHOP**

This workshop is being organised by the Mental Health Sub Committee. The guest speaker is Vicki Cowling. The format will include a panel presentation made up of consumers, and representatives from NGO and government sector, case studies and details of local initiatives.

A flier with further details and registration will be circulated with the May 1998 edition of the newsletter.

## REPRODUCTIVE TECHNOLOGY UNDER THE SPOTLIGHT

*Members may be aware that a Select Committee is presently inquiring into the State's Human Reproductive Technology Act. A recent series of American articles (reprinted below) gives a framework that outlines the importance of social and historical factors that have shaped our understanding about having children.*

### The Fertility Race by Stephen Smith

#### Childlessness

Colonial Americans took seriously the biblical mandate to increase and multiply. With good reason - many children died at birth or infancy and new hands were always needed to work the farm and keep the house

#### Colonial period

From their pulpits, Puritan preachers such as Cotton Mather cautioned their flocks that being "barren" meant God had cast a dark judgment upon them. In one sermon, Mather wrote: "Without your faith in Christ . . . No Good Fruit is to be expected from you, nor do I expect any good fruit [unless] you come to a Union with your Lord Redeemer."

In "Barren in the Promised Land," a book on infertility in American culture, University of Minnesota historian Elaine Tyler May, explains that Colonists often feared that the actions of one could bring God's wrath upon the many. "*Childlessness brought an air of suspicion on someone in the Colonial period,*" May said in a recent interview. "*If a couple was childless, generally the woman was considered to blame. It's interesting to note that those people who were accused of witchcraft were much more likely to be childless.*"

Other clergymen took a less punitive view. According to social historian Margaret Marsh, these Puritan clergymen considered infertility God's test of faith. Marsh, who teaches History at Temple University and is co-author of "The Empty Cradle, Infertility in America," notes that many colonists saw heavenly designs in infertility. "*For some of them, they said the Lord may choose not to give you children because he has a different purpose in mind for you,*" Marsh says.

One way to prove your virtue was by taking in children from widows or poor families who could not feed all their youngsters. This practice was commonplace, even in the most celebrated families. After his father died, John Hancock - that flamboyant signatory to the Declaration of Independence - was raised by a wealthy, uncle and aunt as their own son.

#### Placing blame

Early American society usually faulted the woman, when a couple failed to produce children. Even the first president of the United States openly expressed such a prejudice. At George Washington's verdant Virginia plantation, Mount Vernon, the children who capered about his house and gardens were actually Martha Washington's children by a previous marriage. General Washington treated his stepkids like blood kin, but he and Martha never produced children of their own.

Historians at Mount Vernon say that before marrying Martha, George Washington battled smallpox and fevers that may have left him infertile. But in a letter to his nephew, the aging president made clear he thought Martha the barren one - even though she had conceived four previous

times “If Mrs Washington should survive me there is a moral certainty of my dying without issue,” Washington wrote, (meaning he wasn’t the type to fool around). “And should I be the longest lived, the matter in my opinion is almost as certain. For whilst I retain the reasoning faculties I shall never marry a girl, and it is not probable that I should have children by a woman of an age suitable to my own.”

In believing his wife the “barren” one, Washington simply reflected the thinking of his times: If a man was not impotent, he was considered fertile. Physicians and common folk assumed that infertility was a woman’s problem. In the 1800s, doctors linked surgery to solve infertility to menstrual disorders. They prescribed elixirs and dietary schemes to balance the female constitution. By the Civil War, doctors specializing in the emerging field of gynecology began focusing on surgical treatments. J. Marion Sims, a prominent New York city doctor, operated on scores of women to enlarge their cervical openings. Sims believed that a wider passageway to the uterus would expedite the flow of sperm to egg. In 1992, historian Margaret Marsh pored over Sims’ treatment records and found no evidence that any of the painful experiments produced an actual pregnancy.

### The fragile woman

In the 19th century, the social ideal of the middle-class American family changed dramatically. Families were smaller (about five kids) and more insular than the extended, utilitarian families of the Colonial era. Marsh says a new philosophy arose about what the family meant. Where as Colonial women were central to economic production on the farm, 19th-century women found their social sphere increasingly limited to the home. “*The family became more privatized, women became more responsible for what went on in the family,*” Marsh says. “*Children became the purpose of family life - especially middle and upper-middle-class family life - in a way that they hadn’t been before.*”

A woman who could not meet these expectations because of infertility became the object of pity, if not scorn. In 1861, a prominent Southern aristocrat named Mary Chesnut agonized in her diary over the disdain she felt from her domineering in-laws. Chesnut had been married for two decades but still had no children. At age 38, she was despondent: “Women have such a contempt for a childless wife,” Chesnut wrote in her diary. “Mrs. Chesnut (her mother-in-law) was bragging to me one day, with exquisite taste - to me, a childless wretch - of her 27 grandchildren; and Colonel Chesnut, a man who rarely wounds me, said to her, “You have not been a useless woman in this world.”

After the Civil War, birthrates plunged. Historians say the drop was largely voluntary - in tough economic times, couples had fewer children and more women passed their lives unmarried. By then, doctors knew that men could be infertile, but women still bore most of the blame. Infertile women were suspected of ignoring their proper domestic roles.

Nineteenth-century physicians considered the female body a delicate vessel, easily damaged by unchecked social exertion or stress. In 1873, Harvard physician Edward H. Clarke wrote a widely acclaimed book, “Sex in Education, or a Fair Chance for Our Girls,” which charged that education was the culprit for female sterility (as the condition was then called) by manufacturing women with “monstrous brains and puny bodies.” Clarke wrote: “The reproductive machinery, to be well made ... must be carefully managed. Force must be allowed to flow thither in an ample stream ... and not diverted to the brain by the school.”

### Race suicide

At the start of the 20th century, infertility became an obsession for the eugenics movement. The growing scientific field of genetics led some political leaders to embrace the notion of middle-class controlled breeding to favor “advanced” white American races. President Theodore Roosevelt warned in 1903 that as immigrants and minorities were too

fertile, Anglo and that Anglo-Saxons risked committing “race suicide” by using birth control and failing to keep up baby-for-baby. In one speech, Roosevelt said: “The chief of blessings for any nation is that it shall leave its seed to inherit the land. The greatest of all curses is sterility, and the severest of all condemnations should be that visited upon willful sterility.” The notion of breeding as an act of national service would reappear during World War II.

### Infertility ‘medicalized’

In the 1920s, medical science began making big advances in understanding infertility. Researchers discovered the hormones that regulate reproduction - estrogen, progesterone and testosterone. Doctors also accepted a theory they had long resisted, that poor sperm counts in men could be a significant cause of infertility. In 1944, Harvard researcher John Rock reported one of the biggest breakthroughs in fertility medicine: Rock’s team fertilized four human eggs in a laboratory dish. While the fertilized eggs, called embryos, were never returned to the womb, this experiment was the first in vitro (Latin for “outside the body”) fertilization in U.S. history.

Publicity over in vitro fertilization and other technological developments sparked a surge in demand for infertility services. In 1953, Good Housekeeping magazine described infertility as a scourge that science would soon vanquish. “Until recently a barren woman, or a woman who had been unable to conceive, could only hide her heartache,” the article reported. “Today she has a right to hope for children. In the past few years medical science has made great strides in treating infertility. Relatively few couples are hopelessly sterile.”

Childless women flooded Rock and other practitioners with letters desperate for help. But science had promised more than it could deliver - Ovarian stimulation drugs such as Clomid and Pergonal would not be widely available until the 1960s. The first American in vitro baby would not be born until 1981.

### Making babies for America

During and after World War II, American magazines and films described making babies in patriotic terms. Presumably, these children of democracy would help offset the growth of enemy nations such as Nazi Germany and the communist Soviet Union. One 1946 newsreel bragged: “Among the wartime production feats of which the United States is pardonably proud, not least are those which have led to a spectacular rise in the nation’s birth rate.”

With men just back from war and the nation recovering from the Great Depression, Americans began a baby boom. Birthrates rose for virtually every racial and income group in the country. While the Baby Boom certainly reflected a new sense of economic prosperity, historian Elaine Tyler May says there was also a sense of “patriotic parenthood” at work. Babies had become a badge of citizenship for white, middle-class Americans. “*The Baby Boom era was a time of extreme pronatalism, or a strong cultural sense that everyone ought to have children and ought to want children,*” May says. “*You find headlines in the 1950s like one that I found, a picture of Elizabeth Taylor holding a baby that said, “A Woman at Last!”*”

Couples whose infertility eluded diagnosis were sometimes screened for psychological problems. May says that the 1950s “witnessed a romance with all forms of psychology.” Women were scrutinized to determine whether they were too neurotic to become pregnant - some were suspected of being emotionally cold and unmotherly. Psychologists theorized that infertile men subconsciously resisted their masculinity or just didn’t want children.

## 'Child free'

Historians say that the 1960s and '70s marked a lull in social pressure to reproduce. Pop culture heroes such as Mary Tyler Moore and James Bond were unburdened by having children. News magazines published profiles of busy, contented, child-free couples. Kids were "a drag." In 1971, feminist writer Ellen Peck published an influential book, "The Baby Trap," arguing against the restrictive maternal role assigned to women. Peck wrote that for many women, childbearing "marks the end of adventure, of growth, of sexuality, of life itself." A year later, the National Association of Non-Parents formed to promote the benefits of childlessness (the group faded in the 1980s).

Also in the '60s and '70s, a number of events and ideologies combined to give men - and especially women - a new sense of control over their reproductive "careers." The highly effective birth-control pill meant couples could marry and establish careers with less risk of an unexpected pregnancy. For some Americans, the sexual revolution and feminist movement rewrote social textbooks on how to be a family.

For those with fertility troubles, doctors prescribed the ovarian stimulation drugs Clomid and Pergonal. In addition, new surgical techniques helped some men raise their sperm counts. University of Minnesota Historian Sara Evans says that for middle-class white Americans, the twin liberations promised by birth control and assisted reproduction created an illusion of human mastery over biology. After all, the movement once called birth control was now "planned parenthood." "The notion that you could decide when to have a child and that you could fit that into all sorts of other plans about your life is deeply ingrained in the American middle class," Evans says. "To plan it and then not have it happen is a bit of an affront."

## Baby craze redux

Many social scientists say that 1990s America is in the grip of a national preoccupation with babies. Making babies is cool. Evidence is everywhere, from hipsters dressing their tots at Baby Gap stores to themovies being churned out by baby-besotted Hollywood.

"Everyone is having babies," May says. "Married, not-married, man, woman, gay, not-gay, it doesn't matter. I mean, Arnold Schwarzenegger had a baby in a recent movie (*Junior*)." Couples struggling with infertility today face a strong cultural imperative to make a family. Alex, a 36-year-old telecommunications entrepreneur from Philadelphia, says the pressure comes from society and from within.

"I was programmed like everyone else societally that you want to have offspring," Alex says. "It's probably genetic. It's survival of our species somewhere deep inside of us. It's something we're all driven to attempt." When Alex and his wife, Patti, discovered they had an infertility problem in the early 1990s, Alex says he realized just how family-centered America is. Alex began to feel alienated by mundane encounters - making small talk with a stranger on an airplane inevitably turned to the subject of kids. That was painful.

"I mean, it's pretty all-consuming when you want to have and build a family and you can't. Because in our society that's what you do. It [is supposed to] happen when you want it to happen," he says. Surveys show that having children is a prime goal for most Americans. In a national opinion survey by the University of Chicago, 81 percent responded that having children was an important personal value.

Some Americans still feel ashamed by their inability to conceive - echoing the sensibilities of Colonial times. In her fight with cancer, Karmin, a 32-year-old property manager from Chicago, had her uterus removed and is infertile as a result. Her ovaries still produce eggs, so Karmin and her husband, Steve, are trying to have a baby using their sister-in-law as a "gestational carrier." Karmin says she sometimes feels

that she is being punished for something she did wrong. "I've been poked, prodded. I've had a couple operations. I just feel like somebody's out to get me," she says.

## Backlash

If there is a 1990s version of the moral blame that befell women in the 19th century, it's criticism for postponing a family. In the 1970s, an increasing number of American women put off getting pregnant until their late 20s or 30s. For some, that meant that as they waited so long that pregnancy became gestational biologically difficult - if not impossible. Historian Sara Evans complains that there's a popular perception now - partly encouraged by her fertilized political conservatives - that feminism has tricked women into focusing on careers. Evans says the message is: "See what three attempts at you did? You should have been having babies implantation. and you went off and got a Ph.D. instead, or you started a business, or whatever. And now you deserve what you get."

Public anxiety over infertility is fueled by countless magazine articles and television programs warning couples not to wait too long to start a family. A woman's fertility does, in fact, decline as she ages. About a third of women 35 or older will have fertility problems. The rate jumps to two-thirds at age 40. But the truth is, male infertility occurs in nearly half of couples who can't get pregnant. Philadelphia author and gynecologist Wanda Ronner says too many of her patients are "pre-infertile," assuming they'll have trouble conceiving before difficulties actually arise.

"A 35-year-old who has a baby will say, 'I have to have a baby next year again because if I wait two years, that'll be it and I won't have my chance again,'" Ronner explained. "And trying to convince them otherwise, even though they may not be able emotionally to handle having these two children right away is impossible. Because it's this generally held belief that it's either now or never." Ronner argues that American infertility rates have actually decreased overall since the 1960s. Infertility among married, middle-class couples appears to have remained at 10 percent to 13 percent for more than a century, she says.

A 1995 report by the National Center for Health Statistics shows that 2.1 million married couples were infertile in 1995, down from 2.4 million in 1982. While the number of Americans seeking infertility treatment is up, the percentage of infertile Americans is down. "There's a myth out there that infertility is a disease or epidemic among the affluent, the privileged, especially professional women who postpone childbearing and bring it on themselves," May says. "Absolutely not true. Infertility has always been and continues to be much, much more common among the poor, much more common among women of color and people of color. Because it has to do with health care."

According to a 1988 congressional study, the only group to suffer a rise in infertility rates since the 1960s is women under 24 years old. The cause: a spike in the rate of sexually transmitted diseases that can damage the reproductive system. Studies show that overall poor health can also lead to infertility. Meanwhile, less-affluent Americans are usually unable to pay for expensive infertility treatments, which can easily surpass \$10,000 and are generally not covered by health insurance plans. In the past 20 years, in vitro human oocyte fertilization, egg and sperm donation and other high-tech procedures have revolutionized reproductive medicine. Infertility, a condition that colonial Americans thought a moral weakness, suburban Americans see as a scientific problem. Yet stigmas live on.

In Columbus, Ohio, a 34-year-old pension manager named Carol says she can't comfortably talk about her infertility with other women in the office. It would be nice, she says, because the shots and other treatments can put strain on a career. But Carol says because infertility is linked to sex, the subject makes colleagues blush. "To say the word uterus is like, Oh! My Gosh!" Carol says, mocking their alarm. "So I

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# **SPECIAL MEETING**

Members are invited to attend a special meeting to be held on Wednesday 29<sup>th</sup> April 1998 at 5.30 pm, 4<sup>th</sup> Floor Conference Room, Lotteries House, 79 Stirling Street, Perth.

The meeting is being held to discuss professional social work practice and ethical issues in relation to working with clients wishing to terminate their pregnancy. If you work in this area or are interested in practice issues emerging from this, then you are urged to attend this meeting.

*would never be able to explain to them what I've gone through and how painful it was. They know I have doctors appointments, they know I take shots, but they absolutely do not want to hear the gory details."*

Others say they detect the same kind of suspicion of their character or virtue that childless puritans endured more than 300 years ago. Steve, a 31-year-old account manager in Chicago, remembers a time last

summer when a young niece came to visit. During her weekend stay, Steve says he and his wife felt the unexpected warmth of smiling strangers as they walked to the park holding her hands. *"Having a child is like a rite of passage," Steve says. "Now you are considered responsible, an adult, part of society and more concerned about the community."* In other words, to be a real American, it still helps to be somebody's parent. URL [http://www.msnbc.com/news/fertility\\_front.asp](http://www.msnbc.com/news/fertility_front.asp).