‘Friendly racism’ and white guilt: midwifery students’ engagement with Aboriginal content in their program

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Abstract

Since 2011, all first year students in a health sciences faculty at a university in Western Australia complete a compulsory (half) Unit titled Indigenous Cultures and Health. The Unit introduces students to Aboriginal and Torres Strait Islander history, diversity, cultural protocols, social structures, patterns of communication, contemporary policies and their implications for health professionals. It also invites students to reflect on the own social and cultural backgrounds and consider factors that shape their worldviews. The broader intent of the Unit is for students to commence the journey towards ‘Indigenous cultural competency’. This paper focuses upon findings from 12 weeks (24 hours) of classroom observations conducted in July-October 2012 with midwifery students enrolled in this Unit. It also explores data from comprehensive pre-and post-Unit questionnaires, together with findings from student and staff interviews. Observations, survey and interview data form part of a larger, mixed method study investigating culturally secure practice in midwifery education and ultimately service provision for Aboriginal women. Findings draw attention to strategies employed by teaching staff and students to create a safe learning environment, emotional responses and indicators of receptivity and resistance by students to Aboriginal content, the development of sophisticated critical thinking, and the uneasy, unnamed tension that hovered in the classroom and remained unresolved throughout the semester.

Introduction

On February 13th 2008 the Prime Minister of Australia, Kevin Rudd apologised to Aboriginal and Torres Strait Islander peoples for the damage inflicted by past policies and practices, in particular, the forced removal of children from their families, a practice that continued until the early 1970’s (Australian Parliament 2008). ‘The Apology’ as it is now known, acknowledged the impact of history on Aboriginal people’s health but also recognised the potential for healing that is inherent in a public display of remorse. Ewen and McCoy (2011, 213) note that the word ‘sorry’ has particular resonance for Aboriginal people and the rituals of sorry, known as ‘sorry business’ when translated to English, serve to “…gather people together to mourn, to make their grief public and to be healed”. The notion of sorry seeks to “… acknowledge those forces that have caused hurt, sickness, and death in the past and also express individual and group commitments to support the life and wellbeing of people into the future” (Ewen and McCoy 2011, 213)

One important initiative that arose from this symbolic gesture was a government policy called ‘Closing the Gap’ (Australian Government 2009). The *gap* refers to the enormous disparities that exist between Aboriginal and non-Aboriginal Australians in health, education and

employment. The difference in life expectancy between Aboriginal and non-Aboriginal Australians is more than 10 years, mortality rates for Aboriginal infants and young children are twice those of their non-Aboriginal counterparts, school retention rates are much lower for Aboriginal students, and unemployment is considerably higher than in the wider community (Department of Families, Housing, Community Services and Indigenous Affairs 2013; Saggers, Walter and Gray 2011). It has been suggested that the 'Closing the Gap' policy framework acknowledges, perhaps for the first time, that the social determinants of poor Aboriginal health outcomes must be tackled if significant improvements are to be achieved (Saggers et al. 2011). It is also widely recognised that enhancing access to health services is fundamental to improving health outcomes and that health professionals play a pivotal role in this process by creating culturally safe and secure environments for Aboriginal patients. Cultural safety had its origins in New Zealand in the late 1980s and is defined as:

> The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice compromises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual (Te Kaunihera Tapuhi o Aotearoe: Nursing Council of New Zealand 2011, 7).

In the Australian context, the concept of cultural safety is used widely in nursing and midwifery literature together with the closely connected concept of cultural security where the focus is upon maintaining the integrity of Aboriginal cultural values in clinical settings. The application of cultural safety and security is associated with cultural competence strategies that also include the concepts of cultural awareness, humility and literacy (Ewen 2011; Thompson 2006).

Since the mid-1990s, the curricula of many health science programs in Australian universities have reflected the importance of preparing health professionals to work in diverse cultural settings. Developments in cultural competence in the United States had some bearing on curriculum initiatives in Australia but of equal importance was the recognition that cultural background was related to service accessibility and health outcomes among Australia's culturally diverse populations. The term 'cultural competence' was defined by Cross et al (1989, iv) as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross–cultural situations". In light of the enormous health disparities between Aboriginal and non-Aboriginal Australians, a particular focus on Australia's *First Peoples* gained momentum.

It was less than a decade ago, in 2004 that an Indigenous Health Curriculum Framework was designed for implementation in medical schools at Australian universities (Phillips 2004). The framework was a response to consistent recommendations to strengthen Indigenous

content in medical curricula with the ultimate aim of improving health outcomes. Guiding principles for the development and delivery of Indigenous health in medical curricula made reference to cultural and geographical diversity, Indigenous perspectives on health, historical and social determinants of health, partnerships and Aboriginal Community Controlled Health Services (Phillips 2004). Other health professional programs soon followed suit and in the 'Guiding Principles for Developing Indigenous Cultural Competency in Australian Universities' published in 2011 by the peak body representing all national universities, Indigenous cultural competence was seen as a desirable attribute of *all* graduates (Universities Australia 2011, 3)

The momentum provided by 'The Apology' and the 'Closing the Gap' policy framework ensured that disparities in health between Aboriginal and non-Aboriginal Australians were firmly on the agenda and no longer able to be ignored. This is especially apparent in the academy where health professional programs incorporate content on Aboriginal cultures and history with the aim of developing cultural competence as a strategy to reduce health inequities. It needs to be noted that given the geographical distribution of Aboriginal people in areas of lower socioeconomic status, including outer urban, rural and remote areas, most students who enter Australian universities have limited knowledge of Aboriginal communities and cultures and the ongoing consequences of colonial settlement. This also reflects failings in the delivery of Australian history and social studies within Australia's primary and secondary education systems.

Apart from some studies in medicine, little is known about how students respond to Aboriginal-related content and whether changes in attitudes and improved levels of knowledge and skills acquired in university programs translate to behaviour change in clinical settings. Furthermore, there is limited evidence to suggest that cultural competence in the workplace reduces health disparities in the community, although the few studies conducted indicate that where there is an association, it is in a positive direction (Lie et al. 2010). This paper which presents findings on midwifery students' responses to Aboriginal content in their program addresses the existing knowledge gap in this area and is a necessary first step to determine whether sustained attitude and behaviour change is possible in the health care system. Entry into the undergraduate midwifery program in Western Australia that is the focus of this study is highly competitive and there are many applicants for the 20 places available each year. An additional two places are quarantined for Aboriginal students in addition to those accepted in the standard round of applications, however rarely are these filled. Only one Aboriginal student has graduated from the program since it began in 2008 and another is currently enrolled.

The study population and methodology

Midwifery students enrolled in the Unit 'Indigenous Cultures and Health' were chosen as the study population for reasons which included research findings that show poorer maternal and child health outcomes in Aboriginal communities compared with the non-Aboriginal population (Australian Bureau of Statistics and Australian Institute of Health and Welfare 2008) and the relatively recent requirement that midwifery practice is culturally safe

(Australian Nursing and Midwifery Council 2006). Also, Aboriginal women are more than twice as likely to give birth to babies below the optimal birth weight (<2500 grams) and are much younger than non-Aboriginal women at the birth of their first child (D'Antoine and Bessarab 2011). Many Aboriginal women have compromised health prior to pregnancy and are less likely to utilise antenatal care for a range of reasons including distrust of service providers (Bar-Zeev et al. 2013; Kildea et al. 2012; Panaretto et al. 2011; Reibel and Walker 2010). Permission to conduct the study was obtained from the relevant teaching staff, the students and the appropriate ethics committees, including the Western Australian Aboriginal Health Ethics Committee.

Fifteen midwifery students (the total number of new students) were observed in two hour tutorials across the twelve teaching weeks of a semester from July to October 2012, producing 24 hours of data. The mixed methods research design required students to complete a 'before' and 'after' questionnaire, and five students were purposively selected together with the tutor, to participate in an in-depth interview at the completion of the unit. Student selection for interviews was based on classroom observations which suggested receptivity or resistance to the content. Only one student approached declined to be interviewed. Within the tutorials the lead researcher utilised the 'complete observer' approach (Whitehead and Annells 2007, 131) where no interaction occurred between the observer and the classroom participants. This approach facilitated a longitudinal record of the teaching and learning processes and an analysis of student engagement across the semester.

The tutorial program was carefully designed to ensure that Aboriginal voices were heard in the classroom. Pre-recorded vodcasts that featured interviews with a diverse group of Aboriginal people formed a focal point for discussion and reflection. Topics covered included Aboriginal and Torres Strait Islander history, diversity, cultural protocols, social structures, patterns of communication, contemporary policies and their implications for health professionals. Reflective practice exercises required students to consider their own experiences, attitudes and behaviours with respect to Aboriginal people and acknowledge any impediments to the provision of culturally secure health care. Assessments included a group presentation, a series of short e-tests and a reflective journal.

Forty per cent of students in this cohort had a tertiary qualification prior to their enrolment in midwifery which is considerably higher than for other health science students in the Faculty where the figure was 15 per cent (Office of Strategy and Planning, Curtin University 2013). All students were female, with four students aged between 17-20 years and the remaining twelve students were evenly divided in the 21-30 and 31-50 age categories (one student subsequently withdrew after the first week of classes). Two thirds of the students were Australian-born, other birthplaces were England (3 students) and Papua New Guinea and South Africa (one student each). No students acknowledged descent or identified as an Aboriginal or Torres Strait Islander in the pre-Unit questionnaire, although one acknowledged descent in the post-Unit questionnaire, noting that they did not identify. The tutor was a non-Aboriginal Australian, although almost 50% of the tutors teaching in the unit were Aboriginal Australians.

As part of a broader investigation into culturally secure practice in midwifery education, in-depth interviews were also undertake with two Aboriginal women – one a practicing midwife who was the first Aboriginal graduate from the program and the second with a currently enrolled student in her second year of training. The aim of these interviews was to obtain Aboriginal perspectives on the education of midwifery students and gain insights into their experiences of being the only Aboriginal student in the class.

Findings

'Friendly racism'

If a safe learning environment exists, students can speak honestly about complex and potentially divisive topics without fear or favour. Pre-conditions for the creation of a safe learning environment were negotiated between the tutor and students at the beginning of the semester. Honesty, respect and open-mindedness were prioritised by the students and endorsed by the tutor. Strong emphasis was placed upon being non-judgemental and listening to others, and students were asked to consider the context of attitudes expressed and experiences encountered. The importance of discussing uncomfortable material was reflected in the use of the term 'courageous conversations' to describe the nature of classroom discussions. In the post-Unit survey some students commented on the relaxed atmosphere in the class and the encouragement given to speak honestly about contentious issues. One student noted *'xx is great, I think it's really good to have a non-Indigenous person teaching the class to give people the comfortability (sic) to be open and honest'.* The non-Aboriginal tutor had a very positive impact on the students with all stating in an online evaluation that they were satisfied with their learning experience in this unit.

There were students however, who disclosed in interviews that they did not feel that the environment was safe due to the classroom dynamics. *'I didn't think it was a safe environment to say what you think because some strong personalities dominated the discussion. There was definitely something there, pervading the whole atmosphere, just beneath the surface … no-one wanted to put up their hand and say "I believe this" in case someone shot them down.'* This student explained how she was shocked by the '*little racist judgements'* that were made and not contested by others, including herself, because, for her part, the emotional energy invested would be wasted.

The presence of racism in Australian society and hence potentially in oneself, was the most complex and divisive topic than recurred throughout the semester. In the first class, a student described herself as a 'friendly racist'. *'I cross the road if I see an Aboriginal person. I often do this with people from other cultures too. This is how I was raised and now I'll have to deal with it'.* The use of the descriptor 'friendly' has the effect of neutralising the power and offensive nature of racism and highlights how normalised this behaviour had become due to socialisation. Another student noted that her first reflective journal entry was titled *'Am I a racist?'* which arose from the unsettling experience of questioning her own attitudes in the first class. Honesty about beliefs and practices was common as the semester progressed, although overall the use of the terms 'racist' or 'racism' was rare. Instead the complexities around such labels remained as a tension which was unnamed but evident in the post-Unit

questionnaires and interviews, and perhaps in student discussions outside the classroom to which the researcher did not have access. When students had an opportunity to reflect on the Unit in the post-Unit questionnaire, it became clear that some were shocked by the attitudes of others.

An incident that occurred part way through the semester and was raised by the tutor and a number of students in interviews, revealed just how fractured the group had become. All students in the cohort corresponded via a closed Facebook page. Communications related to assessments, readings and other issues concerning the Unit. It was considered a useful forum until there were postings about a young, handsome Aboriginal man who visited the class which were considered to be disrespectful by some in the group. In the online forum some students expressed surprise that he was so handsome and talented (he played the didgeridoo) but *also Aboriginal* as if these characteristics were in opposition to one another. Another noted that she didn't think he was Aboriginal because he was "*so nice"*. Other more explicit comments led a group of mature-aged students to withdraw from the Facebook site altogether, angry about the attitudes expressed and not wanting any further association with the site. In an interview, one of these students suggested that the comments on the site indicated that students were uncomfortable with dismantling their pre-conceived ideas of Aboriginality, so deflected the conversation to sex. Certainly the dismantling of stereotypes was an unsettling experience for many and was evident in the classroom in the week following the visit. One mature-aged student reflected *'I wonder if he was more acceptable to me because he talks like me, dresses well, does he represent the values that I hold dear too? … he displays white, middle class values … he dispelled the stereotype of an Aboriginal man that we often hold'.*

Aboriginal students' classroom experiences also were explored as part of this study, although, as noted earlier this cohort comprised only non-Aboriginal students. In interviews, Aboriginal women who had been through this program in the past were asked if they had ever encountered racism in a classroom setting. One responded,

> 'No, I think it is because if you put an Aboriginal person like me, I look Aboriginal, in a classroom, you are not going to get it. If they can't see an Aboriginal face, then they feel safe to say stuff. It restricts people's tongues when they see you are Aboriginal. Of course there was that first week, and I could have hit him in the head, but no, I can honestly say a lot of stereotypical statements were made but I would challenge them and say, well that's not right. In a smaller setting, it was a discussion, everyone was entitled to express their opinion, and it was safe. Some awful things were said though about people from other cultures, which surprised me.

The incident below occurred in this student's first week at university and refers to an offensive comment written by a student in a lecture.

> When the lecturer mentioned Aboriginal health, a young lad sitting in front of me wrote 'Koon health' and I couldn't believe it. It really upset me. He looked bored, perhaps it is me projecting a little bit because it is important to me, but that was a shock. I went and saw the tutor, and she said this is going to happen but hopefully by the end of semester their attitudes will turn around. He was very young, but why do health if that's your attitude?

It is interesting to note that while this student was not subjected to racism in the small classroom setting, she was surprised by the comments made about those from other cultures. Furthermore, large lecture theatres usually give students a certain amount of anonymity although in this case the comments did not go unobserved.

The second Aboriginal woman interviewed did not encounter racism in the classroom and provided similar explanations for its absence. '*When they knew I was in the class, that stopped it, and I'm not someone to let it go. I've been fighting for my Aboriginality for many years so I'm quite happy to jump down people's throats if I need to and people know that about me'*. Given this, it is not surprising that when Aboriginal students are in the classroom, non-Aboriginal students are more guarded in their comments, perhaps in the same way that they would be with an Aboriginal tutor.

White guilt

As the semester progressed, students were introduced to a number of past policies and practices that continue to impact on Aboriginal families and communities today. These included the breaking up of families by the removal of children, the loss of land and cultural identity, employment with minimal or no wages, segregation from the wider society through the imposition of permits and passes, limited voting rights and exclusion from the national census until a referendum in 1967. As students became familiar with the policies and practices and their impact on contemporary Aboriginal health status, some were moved to tears and expressed a sense of shame about our shared history. Aboriginal voices telling these stories were powerful, and few were unmoved by the visual representation in vodcasts. In particular, stories about the removal of children from families resonated with these students, many of whom had children of their own. '*Researching the 'stolen generation' presentation upset me greatly – the stories I read were so sad. I also felt angry that Australia has perpetrated such horrific acts against Aboriginal people'.* A sense of outrage was frequently aired in the classroom however, there were some students who considered this counterproductive.

> During certain conversations I withdrew because it was boring … the constant outrage was repetitive and the conversation, even when the tutor tried to nudge it in a different direction, would get back to the cycle of outrage … the meat was there but we kept chewing the same bit of fat and we didn't explore the issues to the extent that we could have'.

It was evident from student interviews that those who were frustrated with this response from members of the class were already familiar with the historical context of Australian colonial settlement and were keen for a more sophisticated analysis of the implications of disadvantage and lack of trust on health outcomes and the delivery of services. The majority of students,

however, had little awareness of Aboriginal history, so the shock of what they encountered was profound. Guilt about the past can be disabling, even paralysing to the extent that students can feel anxious about interacting with Aboriginal people and causing offence. This was a view expressed by one student who referred to '*being intimidated'* at the thought of working with Aboriginal women, in part because she now knew so much more and had a better understanding of an Aboriginal person's perspective. There was an element of 'guilt by association' in this reaction.

Discussion of the *Northern Territory Intervention*, the Australian government's response to a report on the protection of Aboriginal children from sexual abuse (Wild and Anderson 2007) drew some parallels with past policies and practices. Students recognised that contentious policies with respect to Aboriginal people did not only occur in the past and that the Intervention remained a source of much bitterness within communities in the Northern Territory. The Intervention (now termed by the Government the *Stronger Futures Policy)*, resulted in the temporary suspension of the Racial Discrimination Act and the compulsory acquisition of land, and was responsible for the dilution of individual and community rights (Brown and Brown 2007). While some students expressed outrage at the consequences of The Intervention, the reaction was tempered by a range of views expressed in Aboriginal communities and portrayed in the vodcasts about the benefits and limitations of the legislation. This framing of the discussion resulted in the emergence of critical thinking among students: '*What was portrayed in the media was very different. Were they telling lies? When you hear the facts, you realise how biased the media was. This would never have happened to white people'.* Another student noted *'well if sexual and physical abuse is occurring, then it's not on. A line must be drawn, whether you are Indigenous or non-Indigenous. If a child is at risk they need to be helped regardless'.* The researcher's classroom observational notes from this tutorial recorded:

> McDermott categorises students' responses to Aboriginal content and one of these is 'white guilt'. This was evident today, and with respect to the tutor as well as the students. This is interesting and probably quite common among non-Aboriginal tutors teaching Aboriginal content (myself included). As an observer though, you realise the importance of playing the 'devil's advocate' as a means to elicit and debate other perspectives. They can be dismantled where necessary but should be referred to as this ultimately adds strength to the position taken. Observational field notes, 14/08/2012.

It became clear by the end of the semester that students' receptivity and /or resistance to Aboriginal content in this Unit could not be accurately interpreted using only one means of data collection. Findings from classroom observations alone did not tell the full story, although there were glimpses of fracturing in the group based upon the content to which they were exposed. Survey data and in-depth interviews were required to tease out the complexity of many of the student responses observed.

Discussion

The facilitation of teaching and learning processes that include cross-cultural content places many demands on academic staff. Tutors are expected to be comfortable teaching this

content, knowledgeable about the subject matter and sufficiently experienced to deal with diverse student responses, some of which may be offensive to other students. In this study, the non-Aboriginal tutor was highly competent and brought a love of teaching and passion for the subject matter to the classroom. Despite these strengths, interviews with students suggested that the open and honest discussions that were encouraged resulted in some students 'shutting down' and withdrawing from conversations. Students who were most likely to withdraw from participating in classroom discussions were those who considered that the discussions had become repetitive and dominated by a few for who this content was very new. Consequently, teaching strategies aimed at creating a safe learning space resulted in some offensive attitudes not being challenged by other students, although they were by the tutor. It transpired in interviews that the students who made a decision during the semester not to debate contentious comments were more likely to have had prior knowledge of Aboriginal issues and positive interactions with Aboriginal people. These students were mindful of the need to remain a cohesive group but expressed dismay at comments made.

In a study investigating emotional responses of students to Aboriginal mental health issues, McDermott and Gabb (2010) identified a number of categories of responses. These included being *positive, supportive and open to new information; moved, sorrowful, ashamed of our nation but not feeling personally blamed; uncertain, distressed, resentful, betrayed; and angry, rejecting.* Thematic analysis of students' receptivity to content in this Unit based on classroom observations revealed a similar spectrum of reactions although none were overtly resistant to the content delivered and this was later confirmed in questionnaire responses. However, signs of subtle resistance were observed and centred on persistent comments by some students that many issues confronted by Aboriginal people were the 'same for all of us'. McDermott (2012, 15) notes how easy it is for the presence of racism to bypass consciousness.

> Although living in the same country, many non-Indigenous Australians would have difficulty recognising the world of corrosive attitudes that many Indigenous Australians report. If you're neither target, nor witness, you miss racist events. The more invisible the racism, the harder it is to comprehend its pervasiveness and potency as a social determinant of health. The Australian self-image of a tolerant, multicultural success story leaves little room for a counter-discourse of a more complex reality…

The challenge of overcoming deeply ingrained stereotypes of Indigenous people in Australia is illustrated by a recent incident in the Australian sporting world which revealed how easy it is for racist comments to be 'casually' inserted into conversations, and in this case, on live radio. In May 2013, a high profile broadcaster and an Australian Football League club president suggested that an Aboriginal footballer, whom he named, would be the perfect person to promote the new *King Kong* musical about to commence in Melbourne. Ironically, the broadcaster had been congratulated just days earlier for his swift response to a racist comment directed at the same footballer by a young female spectator. Called to account, contrite and emotional, the broadcaster could not explain his racist comment apart from saying it was 'a slip of the tongue', he was 'fatigued' and that he was profoundly sorry. He subsequently apologised unreservedly to the footballer. (The Australian, May 29, 2013). The

Australian Football League's Racial and Religious Vilification Policy required the broadcaster to undergo cross-cultural educational sessions and meet personally with the footballer to whom the comment was directed. There were calls for his resignation, but he retained his high profile positions. Public commentary around this incident varied, but of particular note was the argument proffered prior to the incident that the silent, pervasive racism in Australia is of greater concern that the occasional outbursts that receive media attention. As Waleed Ali, a (Muslim) broadcaster and academic noted "... our real problem is the subterranean racism that goes largely unremarked upon and that we seem unable even to detect … The most insidious racism is just so ingrained it's involuntary … self-examination is crucial" (The Age, April 5, 2013).

Reflexivity and self-examination were encouraged in this classroom setting. Students did confront uncomfortable truths about Australia's colonial history and about their own attitudes towards Aboriginal people. Members of the class, however, did not all enter the learning experience at the same point, and came with a range of attitudes towards Aboriginal people informed by a number of factors - including the media, personal exposure and for some, arts and literature. Those students with little or no knowledge of Aboriginal culture were more likely to experience outrage, or 'white guilt' when they learned about past policies and practices. Some of these students also commenced the process of 'transformative unlearning' of their own attitudes, values and behaviours. Ryder, Yarnold and Prideaux (2011, 781) described transformative unlearning as "…a process that requires time for students to become immersed in specific material such as to facilitate change at their own pace in a safe and informed environment". They suggested that the 'unlearning' of preconceptions, stereotypes and behaviours is as important as the learning of new knowledge and skills when preparing to work and communicate effectively with diverse cultural groups. In this study, classroom observations, interviews and survey findings (not reported here) revealed that most students in the cohort were receptive to Aboriginal content in the Unit and they expressed surprise that they had not learned about Aboriginal history and cultures in secondary school. Despite these positive findings, it was clear that some students were offended by the underlying racist comments and attitudes of others and felt constrained by the classroom dynamics to challenge these attitudes and responses, many of which were framed in a way that suggested these were normal within their family and social circle.

Conclusion

This study revealed some of the challenges that confronted staff and students when a compulsory unit on Aboriginal cultures and health was introduced into an undergraduate midwifery program. The importance of this content is undeniable given that many Aboriginal women have compromised health prior to pregnancy, are younger than non-Aboriginal women at the birth of their first child and are more likely to deliver a low birth weight baby. Midwives are uniquely placed to develop strong and trusting relationships with Aboriginal women that potentially enhance the utilisation of antenatal care and provide opportunities for on-going health care utilisation. This in-depth, small scale study revealed that while midwifery students were largely receptive to Aboriginal content in their program and

acknowledged its importance to clinical practice, a wide range of attitudes and experiences created tensions within a group classroom situation where historical and contemporary issues were explored. Unresolved issues surrounding race and racism hovered and were rarely challenged due to classroom dynamics.

The question remains as to whether Aboriginal content learned in this unit is retained and applied in clinical settings. Integration of content throughout the program and enhanced opportunities for clinical practice with Aboriginal women will assist this process. In workplace settings, as in the classroom, students will encounter a range of attitudes and behaviours towards Aboriginal people. One gauge of the success of this Unit will be how successfully students respond to the presence of racism in health care settings and the extent to which they can create culturally secure environments for pregnant and birthing Aboriginal women.

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