

Cultural Justice, Ethics and Practice: Summary of presentation

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The following cases and remarks are based on my employment over six years in the Department of Social Welfare in Rotorua Specialist Services. I would like to discuss definitions that relate to the topic of cultural justice, ethics, and practice and our awareness and understanding of the issues; and to present three case studies from practitioner experience.

Mason Durie includes age, socio-economic status, gender, urban/rural, ethnicity and religion in the definition of culture. Justice may simply be defined as 'fairness'. Cultural justice must therefore be 'fairness in relation to cultural and demographic information'.

For psychologists' bound by the New Zealand Psychological Society's Code of Ethic, they have a responsibility to:

1. *...respect the cultural environment in which they work.*

In addition,

- 1.5 *Psychologists are sensitive to cultural and social diversity. They recognise that there are differences among people, such as those that may be related to age, sex, or socio-economic and ethnic backgrounds and, when necessary, they obtain training, experience or advice to ensure competent service or research relating to such persons.*

The important of understanding the articles and principles of the Treaty of Waitangi in acknowledging Maori as tangata whenua and the process of partnership and consultation is not explicitly mentioned in the Code of Ethics or practice. Psychologists should therefore be concerned that processes and training should establishes a fair and equitable relationship for Maori clients.

A summary of the processes which occur in a clinical consultation, and an assessment and/or a therapeutic intervention would include:

1. An understanding of the context of the client by the professional. For Maori, these issues may be socio-economic, and an understanding of colonisation, of tangata whenua and taurahere status, and tribal areas which provide the essential background to an assessment.
2. Agreement and understanding of the language used in the referral and in the description of the problem. An understanding of the socio-economic as well as ethnic differences which can contribute to problems in interpreting language correctly.
3. A fair process of assessment of the client and fairness in subsequent written report. Psychologists rely on presenting information and descriptions of behaviour. Minimising cultural differences should increase the rapport between client and professional.
4. A sense of the client having control and responsibility in the consultations and assessments. An understanding of the reasons for the referral and a sense of feeling genuinely assisted by the referral. Awareness of concepts of power

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and control in an assessment of therapeutic relationship should examine equity in a cultural sense - it may include issues around age, gender, dominant ethnicity versus non-dominant ethnicity. Within an institutional setting the power and control are clearly in favour of the professional.

5. Initial and subsequent compliance by the client is indicative of the commitment or otherwise of the client. In most government agencies clients are 'sent' rather than self-referred. Many clients will only present once or the minimum number of times.
6. An accommodation and understanding of whanau and institutional philosophies should include discussion and sharing information. Often whanau and institutional philosophies conflict. We have a responsibility to the institution and the employing agency and the family as the client.

I have selected three cases to illustrate cultural and social factors which test our knowledge of cultural fairness and skills in providing a service. The cases presented are labelled as: sexual abuse, an adoption and domestic violence.

Case Study: Sexual Abuse

In 1992, a four year old child in kohanga reo, brought up in a totally Maori speaking environment disclosed to his mother that sexual touching had occurred at the kohanga reo.

A video-taped evidential interview in te reo Maori was requested by the family. Under the Treaty, and with Maori having the status of an official language, the family are within their rights to request such an interview.

There is currently no facility to acknowledge or reward professionals who have such knowledge or skills, and very few professionals could respond. The Code of Ethics advises that we should "...obtain training, experience or advice" to provide a competent service in cultural situations.

Case Study: An Adoption

In 1991, a kuia requested an assessment of a mokopuna, born to her son and his Pakeha girlfriend when both were teenagers. The birth mother exercised her prerogative under the Adoptions Act of not naming the father, and she was within her legal rights in signing the adoption papers.

The grandmother had repeatedly experienced dreams of a blond grand-daughter and eventually the existence of this mokopuna was confirmed. A final adoption by a Pakeha mother and Maori father was about to go through the Court.

Issues for the grandmother included whakapapa and manawhenua. Evidence included Maori legal opinion on the above and evidence from Maori on whaangai and formal adoption experiences.

The psychological consultation included a discussion of opposing philosophies as well as statistics on adoptions and development of identity. There was recognition of whakapapa and manawhenua.

Case Study: Violence

In 1992, a social worker requested an assessment by a Maori psychologist of a woman who was 6 months pregnant with her 4th child. The woman was 31 years old. She had cared for her first child for 3 years, but had relinquished him for adoption because her future husband's Samoan family did not want him in the family because the birth was the result of a gang rape. After she married they had two more children.

Under severe financial, social and cultural stress, she was frequently seeking help from health and Social Welfare agencies. Over five years contact with welfare agencies, almost all the agencies workers were Pakeha and male - including a referral to a male psychologist who included her in group sessions. Transport difficulties (three bus changes across the city) meant that she could not attend regularly. Eventually she was diagnosed "personality disorder with anxiety" and was admitted to a psychiatric ward. Over the years, with increasing build up of problems, she battered the older child to death. The Samoan family gained custody of the younger child and subsequently, against the birth mother's wishes, he was sent to live in Australia with relatives. They failed to keep access arrangements while the woman completed a prison sentence. A year after her release she was pregnant again to her Samoan husband and the Department of Social Welfare requested an assessment of her suitability to keep the child.

Cultural adjustments included traditional rural upbringing with her grandparents, to urban Maori, to Samoan culture through her marriage.

During her assessment there was an incorrect assumption that this woman had only one tribal affiliation. She had at least one other significant affiliation. Being married to a Samoan, her children would be half Samoan. There were therefore, three factors. Two ethnic affiliations and the Pakeha culture in which they were living were additional factors. Inappropriate and inadequate responses from agencies in the past had contributed to the tragedy. the assessment focussed on the individual, but the contexts had contributed to events.

In the three cases described, the processes and decision-making lay within legal and institutional systems in which the client was effectively powerless. The institutions and workers are all governed by statutes. The institutional and 'cultural' philosophies are often in opposition and as professionals we may be unable to fully observe even the professional ethics of confidentiality, let alone the status of the client.

We are required to be "...sensitive to cultural and social diversity" but this is not yet reflected in the training programmes, the range of personnel, or in the systems in which we work.