

Volume Two

**The Social and Emotional Wellbeing
of Aboriginal Children
and Young People**

CITATION

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PROJECT STEERING COMMITTEE

The Western Australian Aboriginal Child Health Survey has been carried out under the direction of the project's Aboriginal Steering Committee. Present and past members of the Committee comprise Ted Wilkes (Chair), Ken Wyatt, Pat Kopusar, Danny Ford, Shane Houston, Henry Councillor, Gregg Stubbs, Shirley Bennell, Lester Coyne, Irene Stainton, Heather D'Antoine and Daniel McAullay.

As the Aboriginal custodians of the survey data, the Steering Committee is responsible for the cultural integrity of the survey content, field methodology, analysis and interpretation of findings. This committee also has oversight of the survey's community feedback and dissemination strategy to ensure the appropriate utilisation of the data for the benefit of Aboriginal people.

PROJECT FUNDERS

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FOREWORD

Aboriginal people are a deeply spiritual people, and the breaking down of this spirituality is manifest in trauma to skin, heart, muscle, mind and body.

Speaking from an Aboriginal perspective, there are many words for being unwell and many reasons for being 'sick'. Understanding this requires a proper recognition of the extent of the destruction of life as we knew it and our happiness.

The taking away of our children and our rights is where it began. So, when 'Citizenship Rights' were offered, some Aboriginal people did not apply for these rights because, by not 'being black' or by being excluded from the 'Act', there were many freedoms that our parents, uncles, aunts and grandparents found they could exercise. These included privileges such as having guardianship of your 'kids', holding and keeping your children with love, having your name for your child held up and kept with pride.

Prior to European contact, when an Aboriginal 'state' was maintained, families with their multiple roles practised the age-old Indigenous practices of bringing up children. Work, safety, shelter and food, culture, pride in being in black and Aboriginal, truthfulness and honour were all vital parts of growing up. It also included sharing responsibility for the caring of each precious child which was cherished as a significant experience.

So, we must ask the question: What is normal for Aboriginal children and what is an Aboriginal family? One picture would look like this: A child is born into a group; they would immediately be part of a tribe; there would be many carers with differing roles and many responsibilities. There would also be one, two or three mothers and fathers; there would always be someone to look after and care for the child in a special way, and others who would have responsibility to provide different necessities.

Our traditional child rearing passed on the knowledge of how to live together in good relationships; knowing who would teach children to find food; how food would be shared; and understanding what sharing meant. These practices maintained a proper understanding of who each child was, honouring their names and their place in society. Children always knew there was a space for them and had good reasons to be proud of who they were. The system of having more than one mother also meant the child would always be close to the breast, on the hip, never to be left by themselves until it was time to grow up and take their own places in society.

Colonisation brought many changes to the Indigenous peoples of Australia and this issue is addressed within this volume. Writers have described the 'psychological impact of racism, expulsion, extermination, denigration and degradation being beyond repair'. But it is repairable because, as parents, we can provide the essentials of spirituality to our own children and to the children of others. What we adult Indigenous people must provide to our children is 'cultural vitality'.



In his book, *Return of the Indian: Conquest and Revival in the Americas*, Phillip Wearne has described the need to move beyond ‘Western’ indices of poverty, illiteracy and mortality for understanding of Indigenous health and wellbeing:

‘There are no equivalents to measure cultural vitality, spiritual wellbeing and ethnic consciousness. After five hundred years of supposed domination, the weakness and dependence of most nation states in the Americas contrasts starkly with the strength and self-sufficiency of indigenous culture. Five hundred years after Europeans set out to conquer, assimilate and convert the continent, Indigenous peoples remain distinct. They speak their own languages, follow their own traditions, farm and hunt as much as their ancestors did. Moreover, they are increasing in number and becoming steadily vociferous in demanding their rights.’¹

Today, Australian Indigenous parents may well live in a world where they feel that there is no sunlight at the end of the tunnel. But we can raise our cultural vitality by expanding and increasing our teaching of our children. We should also seek to measure our cultural vitality in the way the Americas Indigenous Nations are doing. In my opinion, restoring cultural vitality is as important as equity in our access to resources to combat ill-health, poverty, education, homelessness, shelter and safety for our children.

The survey findings on our children’s social and emotional wellbeing described in this volume can be used as a tool to bring forward other dimensions of wellbeing for consideration. For me, this means confronting the stark cold statistics that reveal a picture which cannot be denied by scientists, by governments, and by other power-brokers and decision makers. It is important that readers of this publication understand that this is the first population-level, scientific description of the extent of the long-term inter-generational impacts on the child of forced separation – one of the most devastating features of colonisation for Indigenous families.

While there has been a great deal of previous research into the health and other needs of Aboriginal people, there are few examples where this has produced tangible benefits and improvements ‘on the ground’. It is my hope that the scale and scientific rigour of this study based on an holistic view of Aboriginal health will mean we can move beyond emotional arguments when we discuss allocation and resource issues with ‘mainstream’ professionals, agencies and other service providers.

We, the Indigenous people, have in our hands a tool which must be used to bring about more equitable health outcomes and improved life chances for our children. I would also like to see the findings being used to mobilise action to restore the cultural vitality of our peoples.

Pat Kopusar

Aboriginal Elder

Chair, WA Aboriginal Health Information and Ethics Committee

Member, Steering Committee for the WA Aboriginal Child Health Survey

Member, WA Women’s Advisory Council

Member, Southwest Land and Sea Council

ENDNOTE

1. Wearne P. *Return of the Indian. Conquest and Revival in the Americas*. Cambridge: Cambridge University Press; 1996. p. 28.



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ABOUT THIS PUBLICATION

This publication was produced by the Telethon Institute for Child Health Research (ICHR) through its Kulunga Research and Training Network, a formal partnership between the Institute and the Western Australian Aboriginal Community Controlled Health Organisations (WAACCHO), with the assistance of the Australian Bureau of Statistics (ABS).

ATTRIBUTABLE COMMENTS

The views expressed in the numbered chapters of this publication relating to the implications of the Western Australian Aboriginal Child Health Survey (WAACHS) findings and for future directions in Aboriginal health are those of the Institute. Views expressed in the Foreword and in the Preface are those of the authors.

RELATED PUBLICATIONS

This publication is the second of five volumes planned for release from the results of the Western Australian Aboriginal Child Health Survey. The focus of this volume is Social and Emotional Wellbeing. The first volume, released in June 2004, focussed on Physical Health. Forthcoming volumes will focus on: Education; Family and Community; and Justice issues.

CUSTODY OF THE DATA

An Aboriginal Steering Committee directed all phases of the Survey. This Committee remains the custodian of all data collected and is responsible for the cultural integrity of the survey methods, analysis and dissemination processes.

UNDERSTANDING THE DATA

The tables and text included in this volume are derived either directly from the Western Australian Aboriginal Child Health Survey, or through linkage of WAACHS data and administrative data. Survey reports were provided by carers of Aboriginal children and by Aboriginal young people aged 12–17 years and were accepted as given. Interviewers were not in a position to verify responses either at time of interview or afterwards. Medical practitioners were not involved to either diagnose conditions or to validate the reports from carers and young people of given conditions.

ACCURACY OF THE ESTIMATES

All data presented in this volume have been subject to rigorous statistical analysis. Estimates from the survey have been calculated at a 95% level of confidence. The confidence intervals are displayed on graphs by means of vertical confidence interval bars ($\bar{\pm}$). There is a 95% chance that the true value for a data item lies between the upper and lower limits indicated by the confidence bars for that item. Figures have been rounded to three significant digits. Therefore discrepancies may occur between the sums of the component items and totals.



COMMUNITY FEEDBACK

The Kulunga Research Network has designed a communication strategy which will maximise information available to Aboriginal communities. The results and findings are being reported and profiled for each of the ATSI regions throughout the state.

CONTACT FOR INQUIRIES

If you would like more information about any topics covered in this volume or about the survey in general, please email us at:

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OBTAINING COPIES OF THIS PUBLICATION

This publication is available electronically as a PDF file on the Institute's website:

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A summary booklet for this volume is available in hard copy as well as electronically on the Institute's web site.





RESTORING LIFE AND SPIRIT: RECOVERY FROM TRAUMA

Our country and people have suffered many traumas since colonisation, the magnitude of which is beyond words. Looking through trauma is like being trapped in the back of a mirror, there is no reflection of self. It is like being trapped in darkness, unable to see where to go or what is there, surrounded by 'not knowing', paralysed by fear.

When we are wounded, our story is disrupted and life becomes fragmented. We may not be able to find our way forward and may start to see life through warped mirrors. We have to understand that trauma is only a part of our story and our story is part of a much greater story that has a different beginning, is enduring and will continue well beyond our lifetime.

To have integrity of existence we need to have an integrated experience throughout so that we do not isolate pockets of our life, disconnected from present reality, and so that we do not live in two worlds but can maintain an essence of continuity throughout our existence on this earth. We cannot play parts without understanding the whole story of Australia.

Part of the problem in healing is being able to put all the parts together again as there are still too many of us missing. To survive as peoples distinct in culture, we have to restore the collective. The individual may not be able to carry the survival of the culture into eternity but the collective can.

We can return to the dreaming to heal, to rest for a while and have our spirit restored, to find our place on the serpent and recover our purpose in this life. We have to trust that we will be cared for until we can walk again, taking sustenance from the tree of life that has sustained us over generations. Our ancestors watch and wait patiently for our return. They are like the clouds that roll through the sky coming to greet us and shed tears for our wounds, holding us within a teardrop, soothed and bathed in this healing water.

Then a new day will dawn and our ancestral guides will once again set us on our journey through life. To recover, we have to allow the sun to shed light and warmth on dark places and assist our wounds to heal. We have to shatter these warped mirrors and find our true reflection of self, spirit and country. We have to stand together, united and proud.

We may not always have control over what happens to us in life, but we do have control over truth. The ultimate control we have is the coherence and continuity of our own story.

To live without spirit is to sleep without dreams and wake to oblivion.



PREFACE

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Director of the Centre for Aboriginal Medical and Dental Health
University of Western Australia

I would like to acknowledge the significant contribution of my sister and colleague, Jill Milroy, Director of the School of Indigenous Studies, University of Western Australia, for her wisdom, knowledge and expertise in preparing this material.



RESTORING LIFE AND SPIRIT: RECOVERY FROM TRAUMA



INTRODUCTION

This second volume of findings from the Western Australian Aboriginal Child Health Survey explores some of the key issues surrounding the social and emotional wellbeing of Aboriginal children and young people. It focuses particularly on the protective and risk factors shaping childhood development and mental health. In doing so, it builds on the survey results on physical health already reported in Volume One of the survey findings.¹ Reading both of these volumes in conjunction with one another will assist the reader to gain a more complete view of the health and wellbeing of Aboriginal children. It should also be kept in mind that a further three volumes are to follow. These volumes will report education, community health and justice outcomes. Each volume thus builds a progressively more layered and holistic perspective on the many factors which influence Aboriginal children's outcomes and opportunities.

Writing from the perspective of an Aboriginal medical practitioner and psychiatrist, I have used the term Aboriginal recognising that some of the issues and experiences discussed in this preface may apply to both Aboriginal and Torres Strait Islander peoples. Whatever terms are used to describe Aboriginal and Torres Strait Islander peoples, they should be used with respect and instil a sense of pride, bearing in mind these 'labels' are applied to identify our children on the basis of their unique cultural heritage.

HEALTH AND WELLBEING AS A HUMAN RIGHT

Wellbeing is traditionally understood to refer to the notion of being in a good, healthy or stable state.² It is as much about being well as it is about being free of illness. This desirable state of existence and how it is defined obviously varies with individual, cultural, societal and political circumstances. It can also mean different things at stages through the life-course. In this volume, the term *social and emotional wellbeing* is therefore used to refer to the emotional and psychological aspects of child and adult development as well as the importance and nature of social and community relationships supporting good health.

Two recent national policy documents that define these concepts are the *National Mental Health Plan 2003–2008* and the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004–2009*. According to the *National Mental Health Plan*, mental health may be defined as:

*'A state of emotional and social wellbeing in which the individual can cope with the normal stress of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of the individuals and groups to interact inclusively and equitably with one another and with their environment in ways that promote subjective wellbeing and optimise opportunities for development and the use of mental abilities. Mental health is not simply the absence of mental illness. Its measurement is complex and there is no widely accepted measurement approach to date.'*³

The *National Mental Health Plan* further defines mental health problems and mental illness as:

*'... the range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people.'*³



These definitions suggest that *health* and *wellbeing* together constitute a broader holistic concept and that *mental health problems* and *specific disorders* are two sub-components that require separate or more specialised consideration. This contrasts with Aboriginal perspectives, where health and mental health are not seen as separate but as intimately connected through the inter-related nature of mind, body and spirit. The need for a holistic approach was argued by the 1989 National Aboriginal Health Strategy (NAHS) Working Party, which stated:

‘In Aboriginal society there was no word, term or expression for “health” as it is understood in Western society. It would be difficult from the Aboriginal perception to conceptualise “health” as one aspect of life. The word as it is used in Western society almost defies translation but the nearest translation in an Aboriginal context would probably be a term such as “life is health is life”.’⁴

In 1986 the World Health Organisation (WHO) published its Ottawa Charter outlining the fundamental prerequisites for health and wellbeing. These include: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.⁵ In 1997, the WHO’s Jakarta Declaration asserted that health must be considered a basic human right given that its establishment and maintenance is essential for the social and economic growth of communities and nations. The Jakarta Declaration also concluded that:

‘... above all, poverty is the greatest threat to health’⁶

Tackling poverty and all of its associations with equity and access to resources remains a fundamental issue for many Aboriginal communities and critical in the establishment of wellbeing. To improve the state of social and emotional wellbeing and mental health, the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004–2009* recognised the importance of building on the recommendations from the NAHS (1989) and *Ways Forward, National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health (1995)* as well as the many successful programs currently in operation. As a result, several priorities for action were identified including access and cultural appropriateness of services, effective agreements and partnerships, optimal resourcing, workforce development, and coordination and collaboration across sectors and organisations.⁷

RISK FACTORS IN ABORIGINAL CHILD DEVELOPMENT

The 2000 National Health and Medical Research Council (NHMRC) discussion paper *Promoting the Mental Health and Wellbeing of Children and Young People*⁸ identified some of the main risk factors for the development of mental health problems in the general population. These include exposure to the death of a parent; violence in the family, parental separation and family breakdown; parents who have serious health problems, including mental illness and/or drug and alcohol problems that disrupt effective parenting; psychological trauma; physical illness or disability; lack of peer support; and poverty to name but a few. Despite many of these risks being more common in Aboriginal communities, there has been surprisingly little policy consideration of the effects of chronic and acute stressors on Aboriginal child development.

For many Aboriginal and Torres Strait Islander communities, the occurrence of risks such as early mortality and chronic disease is almost universal. In such communities the consequent increased risk for mental health problems is more or less pervasive.⁹



When the general level of risk in a community is already high, there are far fewer opportunities for children – for example in high-risk families – to be buffered by other protective influences within the community. It is very difficult to hold the infant in mind when the whole community is suffering. The compounding of family and community risks frequently underlies the vicious cycle of deteriorating conditions affecting children, families and communities. Given the levels of grief, loss and trauma suffered within many communities, it is not surprising that some Aboriginal people feel a sense of isolation and disregard by broader society, and struggle to find a sense of pride in the face of the negative images and stereotypes commonly portrayed in media and encountered in everyday life.

In a highly developed country that is steeped in wealth and has first class health, welfare and education systems, it is a source of international shame that Australia appears to tolerate Aboriginal and Torres Strait Islander peoples living in conditions normally associated with third world or developing countries. As a signatory to the United Nations *Millennium Development Goals (2000)*¹⁰, the Australian Government has committed itself to assist in halving the rate of extreme poverty worldwide by 2015. Australia also contributes money and resources to humanitarian aid on an international level as required. Despite assisting with these worthy aims globally, at home Australia fails to recognise and meet the basic needs of Aboriginal peoples. Recent public debate has suggested that Aboriginal people should take greater responsibility for finding solutions to their own problems yet this approach fails to recognise that Aboriginal control over life, health, services and resources is at best tenuous. It also fails to consider the cumulative impact over generations of the denial of Aboriginal history and its effective invalidation of the lived experience of Aboriginal peoples. In the minds of many Aboriginal people, the violent frontier has never ended and continues in the form of experience of being over-governed and in the continuing high levels of welfare dependency and chronic ill-health. Until the full extent of the effects of this traumatic past is understood and properly acknowledged, there is little hope for meaningful reconciliation, true equality or the full expression of self-determination to assist in recovery. In view of this, where does responsibility for outcomes really reside?

THE HISTORICAL IMPACT OF COLONISATION

Prior to the invasion of Aboriginal lands and the establishment of the Swan River Colony in 1829, Aboriginal peoples throughout Western Australia lived full and productive lives, in harmony with the environment and supported by extensive kinship systems that linked people through mutual obligations and responsibilities, not only to each other, but to all living things. The 'Dreaming' as it has come to be called, provides the basis for Aboriginal law, culture and society, belief and knowledge systems incorporating past, present and future as one. Aboriginal peoples enjoyed relatively good health and wellbeing with few major threats to life or country, and life, land and culture were sacred. Western Australia's colonial history has left a path of devastation that has had profound consequences still being felt today and likely to reverberate through generations to come. The preface to Volume One of the WAACHS findings described how some of these historical issues impacted on the physical health of Aboriginal peoples. Many of the same issues have also had a profound effect on social and emotional wellbeing – particularly through the multiple losses and traumas experienced as a result of separation from land, family and cultural identity.



When viewing Aboriginal history from a psychological or mental health perspective, three critical themes emerge:

- ◆ The denial of humanity
- ◆ The denial of existence
- ◆ The denial of identity.

Although somewhat sequential yet continuous in their manifestation, they are inextricably linked and arguably still underlie the basis of the relationships between Aboriginal and non-Aboriginal society today. The denial of Aboriginal people's humanity, existence and identity can be seen in racial classification, denigration and criminalisation; incarceration, exclusion and removal; assimilation, welfare and 'mutual obligation' with the vehicle for action being within policy and legislative control.

Humanity and human rights

In order to understand the full impact on mental health and wellbeing, a brief consideration of the views that existed about Aboriginal peoples at the time of colonisation is critical. The beliefs, values and underlying assumptions about Aboriginal peoples shaped attitudes, determined treatment and formed the basis of subsequent policy and legislation that controlled all aspects of Aboriginal peoples lives. It must always be remembered when considering these events, that a greater impact is likely to occur in the life and development of children.¹¹⁻¹³

Western Australia has a history of racially based policies and legislation entrenched in a denial of the fundamental humanity and the human rights of Aboriginal peoples. From the beginnings of 'European settlement', ideas regarding the classification of Aboriginal peoples as some form of primitive man or inferior being are prevalent. As one of Western Australia's foremost historians describes it:

*'Europeans perceived the ideal man in their own image, both physically and culturally, and because Aborigines were so different they seriously debated whether or not they were human.'*¹⁴

Racially based beliefs under-pinning the denigration of Aboriginal peoples included the 'criminalising' of Aboriginal behaviours seen as threatening or not conforming to European expectations and these continued into the twentieth century. From the 1906 edition of a popular local journal *The Golden West* comes this description of Aboriginal peoples:

*'The West Australian aborigine stands right at the bottom of the class to which we belong ... The native black has no intelligence, though his powers of imitation carry him up to the border line. He is as a general rule, to which there are few exceptions, brutish, faithless, vicious, the animal being given the fullest loose, a natural born liar and thief, and only approached by his next of kin, the monkey, for mischief.'*¹⁵

This denial of the humanity and rights of Aboriginal peoples was at times used to rationalise attitudes and behaviour towards them which in any other circumstance would only be considered applicable in relation to animals e.g. notions of protection and ownership of livestock were at times extended to the Aboriginal population, including being counted along with the livestock on pastoral properties. This also



applied to the handling of children as commodities, whereby they could be forcibly removed, given new names, put out to work as labourers or domestics and denied their cultural heritage.¹⁶

The racist assumptions underlying such a relationship between a supposedly superior and inferior race, or worse still, between man and beast, have thus precluded any serious consideration of equality or reconciliation. Echoes of such racially based thinking remain evident in the ongoing debates about the identity and rights of Aboriginal peoples today, including rights of sovereignty.

Exclusion from the State and society

Aboriginal peoples' exclusion from, or categorisation as a lower form of, humanity enabled them to be excluded from the State and society, as well as often being denied access to the system of justice under which they operated:

*'Events from the nineteenth century showed that white men who murdered Aborigines were rarely tried; if tried rarely convicted; and if convicted, rarely punished. In other words, Aborigines were regarded as legal nonentities, denied the legal rights which white society otherwise thought belonged to all humans.'*¹²

In the face of Aboriginal resistance to colonial rule and dispossession, the most extreme form of control that could be exercised was eradication but, failing this, incarceration in prisons, removal to institutions, confinement on missions and reserves, and segregation from mainstream society operated from an 'out of sight, out of mind' mentality that effectively excluded Aboriginal peoples from 'existence'.

Throughout Western Australia's history, little respect has been paid to understanding Aboriginal systems of law, culture and social organisation or cultural differences in the meaning and expression of behaviour. This failure of cultural understanding contributed to a growing burden of punitive and custodial legislation, policies and practices that Aboriginal people had to deal with. According to Rowley, this made Australia:

*'... almost unique in having long standing administrative practices of confining Aborigines in managed institutions, not for having committed offences ... but because they belonged to a particular racial minority. The progress of the Aboriginal from tribesman to inmate has been a special feature of colonial administration and of white settlement in Australia.'*¹⁷

This history is relevant to understanding the background to the present day over-representation of Aboriginal people – and young people in particular – in the Western Australian and Australian justice systems. For example, Dr Cyril Bryan, an influential figure in Aboriginal Affairs and Policy in Western Australia, gave extensive evidence to the 1934 Moseley Royal Commission into the Conditions and Treatment of Aborigines.¹⁸ Bryan's views were clear in stating:

*'There is only one state of society where the half-caste is received without question the world over ... the society of criminals.'*¹⁹

The removal of men through incarceration also removed fathers, grandfathers, brothers and uncles from families and this continues unabated. The shocking rate of Aboriginal women in prison today suggests we are now removing mothers, aunties and sisters from families. In much the same way, racially based beliefs and attitudes have resulted in Australian society having a negative view of the level of Aboriginal people's intelligence, their ability to understand, and to be responsible for themselves and care



for their children. Labelling a race as inferior, or even worse criminal, it is then an easy step to see them as incapable. Such assumptions are evident in many of the writings of that time, where Aboriginal people were described as being ‘child-like’, ‘ignorant’, ‘dumb’ and hence in need of being looked after, and for their children to become the property of the State. Unfortunately, some of the prevailing attitudes of the past continue to be expressed in the way Aboriginal people are treated presently.

Assimilation policies and Aboriginal identity

The data reported in this volume of findings provide some of the first objective evidence documenting the longer-term, population-level effects of the official removal of children from their natural parents and/or the relocation of entire communities from their traditional lands. The findings detail the extent to which contemporary Aboriginal families have been affected by these policies. They are unique in quantifying the extent of the inter-generational effects of these policies for the health and wellbeing of the children and grandchildren of those who were removed. The scale of the survey sample means that the population estimates of the health and well-being outcomes for these affected families can be reliably compared with other families who were not personally subject to removal or relocation. It is therefore appropriate at this point to briefly consider the historical background, context and extent to which forced separation and forced relocation occurred. The *National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families* (1997) found:

*‘Indigenous children have been forcibly removed from their families and communities since the very first days of European occupation of Australia. In that time, not one Indigenous family has escaped the effects. Most families have been affected in one or more generations by the removal of one or more children. Nationally, the Inquiry concludes that between one in three and one in ten Indigenous children were forcibly removed from their families and communities between 1910 and 1970.’*¹⁶

While the removal of children and the control of Aboriginal peoples under the *Aborigines Act 1905* was premised on the notion of ‘protection’, the emphasis from the late 1930’s is on ‘assimilation’. There is an intense focus on classifying and defining Aboriginal peoples in the *Native Administration Act 1936*, which extended the powers of the 1905 Act, imposing harsher controls and widening definitions of who was Aboriginal and therefore subject to the Act.

Assimilation was premised on popular theories of eugenics and pseudo scientific ideas regarding the ‘breeding out of colour’ among ‘half-castes’ and the widespread belief that the ‘full bloods’ would eventually die out. At the 1937 Initial Conference of Commonwealth and State Aboriginal Authorities, the resolution passed was quite explicit in its aims to adopt assimilation as the national policy. The Western Australian Chief Protector of Aborigines, A.O. Neville, a strong supporter of ‘biological absorption’ for Aboriginal children of mixed descent, was an influential contributor to the outcomes of the conference. Neville’s views were clear on a long-range solution to the ‘Aboriginal problem’, when he posed this question at the Conference:

*‘Are we going to have a population of 1,000,000 blacks in the Commonwealth, or are we going to merge them into our white community and eventually forget that there were any aborigines in Australia?’*²⁰

Although the nature and intent of assimilation changed over time, the forcible removal of Aboriginal children continued.



A unique identity

Another striking example of the impact of racially based legislation on Aboriginal people's sense of security and identity was the legislation concerning 'exemption certificates' or 'citizen's rights' which was in place in the first half of the twentieth century. Historically, Aboriginal people were denied the right to their own unique identity and place in Australia and made to feel aliens in their own country. In his biography, Jack McPhee makes some important observations about the nature of citizenship for Aboriginal people:

*'It had never occurred to me before that I might not be an Australian Citizen. I thought everyone born here was Australian. My mother had been here before any white people, so I'd never thought we might be considered strangers in our own country.'*²¹

To escape the harsh provisions of the various Aborigines Acts in force at the time (see *Aborigines Act 1905*, *Native Administration Act 1936*, *Native (Citizenship Rights) Act 1944*), Aboriginal people could in some cases apply for exemption certificates or citizenship rights. Applicants had to satisfy several requirements which included severing ties with Aboriginal people, including family members without exemption or citizenship certificates. Under the *Native (Citizenship Rights) Act 1944*, applicants who were successful in gaining their certificate of citizenship were 'deemed to be no longer a native or Aboriginal' and were required to carry their identification papers or 'passports' with them at all times. Exemption certificates and citizenship rights could easily be revoked. The harsh and sometimes arbitrary enforcement of the legislation caused Aboriginal families considerable suffering and insecurity, and was a further denial of the existence and identity of Aboriginal peoples. Consider the impact of having to deny your true self, severing and rejecting ties to generations of ancestry and culture, living a false and re-created identity at the hands of government officials, yet still failing to be considered equal by broader society. The attempts to remove all traces of Aboriginal identity through legislation, the destruction of Aboriginal knowledge, the reframing of perception and experience, and the invalidation of memory have had profound psychological consequences for families and are likely to be far reaching. The United Nations Convention on Genocide²² outlines a number of actions with the intent to destroy in whole or in part a racial group including the transfer of children and causing serious mental harm to members of the group. As stated in *Bringing Them Home*:

*'Indigenous families and communities have endured gross violations of their human rights. These violations continue to affect Indigenous people's daily lives. They were an act of genocide, aimed at wiping out Indigenous families, communities and cultures, vital to the precious and inalienable heritage of Australia.'*¹⁶

Genocide occurs across all levels of life and development, including the physical, psychological, social, cultural and spiritual dimensions. However, we may not fully understand how and when psychological annihilation occurs, its full ramifications and what is necessary for recovery. Given the profound and continuing consequences of the policies and legislation for the cultural and racial identity and psychological wellbeing of many Aboriginal people and families today, it can be argued that their intent and the manner of execution have in effect constituted the psychological genocide of a race.^{11,12,16,23}



TRANS-GENERATIONAL EFFECTS OF TRAUMA

Given that the traumas of separation, social control and exclusion have been sustained over several generations and that almost the entire Aboriginal population was affected, the ability of individuals to psychologically integrate and for families and communities to collectively resolve these experiences in the face of ongoing denial of history is extraordinarily difficult. Furthermore, with the forcible removal of Aboriginal children by the State continuing up until the 1970's, the acute effects of these genocidal acts are still being felt and it may well take many generations for these horrific experiences to become a distant memory.

The trans-generational effects of trauma occur via a variety of mechanisms including the impact on the attachment relationship with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatisation where children witness the on-going effects of the original trauma which a parent or other family member has experienced. Even where children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health, family dysfunction, community violence, psychological morbidity and early mortality.

When children hear the stories of the mistreatment of their mothers, grandmothers and ancestors, they may well despair at how the world stood by and watched the disintegration of their kin and the continuing denial of Aboriginal history. As Lorraine Peters points out:

*'I want to write about my children because people think the suffering stops with me. But I have passed these feelings, teachings, on to my children not realising what I was doing.'*²⁴

The effects of past traumas have also often been compounded by the ignorance of those whose treatment of Aboriginal peoples for distress and psychiatric illness was founded on a Western biomedical model that failed to understand or recognise the extent to which trauma, racism and continuing oppression contribute to mental health or behavioural problems. Medical assumptions regarding the meaning of a family history of mental illness also needs to be considered in this light given the likelihood of mislabelling or failure to consider the broader context for understanding symptom formation and behaviour. Although Hunter points out the danger in 'pathologising' culture in the cross-cultural context of psychiatric examination, he also makes the important observation that:

*'Denying or minimising disorder or disease in a cross-cultural context is disarmingly easy and dangerous. There is no simple solution, one strives for an openness to the cultural dimensions of human existence while retaining clinical vigilance.'*²⁵

Although some have argued against medicalising issues of social justice, racism and discrimination, the continued failure of the health and mental health professions to take account of the sustained and profound psychological impact of colonisation on Aboriginal peoples perpetuates the continuing high rates of mental health morbidity. This would appear to be an important factor explaining the lack of accessibility and accountability of mainstream services in providing culturally secure services for Aboriginal people to reduce secondary re-traumatisation through culturally inappropriate or inadequate care.



CONTEMPORARY ISSUES AFFECTING SOCIAL AND EMOTIONAL HEALTH

It is easy to understand the difficulties in establishing the building blocks for good psychological health in light of the historical legacy and the lived reality of many of our Aboriginal children today. The year 2001 marked the tenth anniversary of the final report of the *Royal Commission into Aboriginal Deaths in Custody* and it was in this context that Aboriginal and Torres Strait Islander Social Justice Commissioner Dr. William Jonas made the following poignant observation:

*'... while it is in people's nature to celebrate anniversaries, it must be said that this anniversary is a sad one. There is less to celebrate some ten and a half years after the Royal Commission's findings than we might have hoped for. ... the sense of urgency and commitment to addressing Indigenous over-representation in criminal justice processes has slowly dissipated. Indigenous people have continued to die in custody at high rates in the decade since the Royal Commission, and the average rate of Indigenous people in corrections has steadily increased on a national basis since the Royal Commission. Yet in 2001 this hardly raises a murmur of discontent yet alone outrage among the broader community. These facts either go unnoticed, or perhaps even worse in the age of reconciliation, are simply accepted and not challenged. As a consequence, Indigenous affairs seem to have become a series of anniversaries – operating as an annual reminder of the unfulfilled promises and commitments of governments.'*²⁶

With continuing high rates of incarceration of Aboriginal youth, the over-representation of Indigenous children in child removals and abuse cases, the poor school retention and literacy of Aboriginal children, the Northbridge curfew and the impact of mandatory sentencing on Aboriginal youth, one wonders what priority is given in policy, service provision or resources to addressing the needs of Aboriginal children and their families.

The rapid increase in Aboriginal suicide and suicidal behaviour over recent decades is further cause for concern. This phenomenon is one of the clearest indications of the present levels of stress, trauma and psychological morbidity. While the occurrence of these stressors appears to be at crippling levels, there is little systematic research to determine the exact nature, rates and responses required to address their underlying issues. McKendrick *et al* (1992)²⁷, in a study of 112 Aboriginal patients attending an urban general practice in Victoria, found 54 per cent were identified as having a psychiatric disorder of which the most common diagnosis was depressive disorder. This should have rung alarm bells years ago for the many children growing up in households where parents or extended family members were suffering such mental health problems.

ONGOING EFFECTS OF INSTITUTIONALISATION

Bringing Them Home cited evidence from a number of expert witnesses and outlined many of the issues related to the forced removal of children including the subsequent effect of institutionalisation on the ability of adults to develop a nurturing bond and parent their own children. The Australian Infant Mental Health Association in their submission to the Inquiry stated that:

*'It has been argued that early loss of a mother or prolonged separation from her before age 11 is conducive to subsequent depression, choice of an inappropriate partner, and difficulties in parenting the next generation. Anti-social activity, violence, depression and suicide have also been suggested as likely results of the severe disruption of affectional bonds.'*¹⁶



Given this understanding, there is a pressing need for appropriate and adequate resources and interventions to address these issues and to support families to reduce the trans-generational impacts of separation. It is no surprise that establishing trusting, confiding relationships; clear boundaries; respect and self-esteem within family systems may be difficult for those affected by forced separation. The importance of doing so is highlighted by the World Health Organisation's 2004 international review of the evidence concerning the importance of caregiver-child interactions for the survival and healthy development of children. This report directs the attention of governments and service providers to the substantial body of scientific evidence showing that:

*'Sensitive and responsive caregiving is a requirement for the healthy neurophysiological, physical and psychological development of a child ... and factors directly affecting the caregiver and child, as well as underlying social and economic issues, influence the quality of caregiver-child relationships.'*²⁸

This review most particularly highlights that:

*'Caring interactions promote the health and development of vulnerable children. They increase the resilience of young children to the potential damaging effects of poverty and deprivation.'*²⁸

Given the trauma of past separation, many parents today find that the thought of needing to seek help for children can provoke fear and anxiety. Children who themselves have not directly experienced separation are nevertheless highly sensitised to this issue. In such cases, simply talking about Aboriginal history can help to make sense of what has happened within an individual's own family and be an important means for recovery from trauma. New scientific understanding of the way in which traumatic and chronic levels of stress during the early years affects the development of the brain and the endocrine system has led to a greater appreciation of the role of environmental stressors in the origins of common health and mental health problems. Children who have experienced or witnessed very traumatic events can grow up in a state of semi-permanent hyper-vigilance and fear. The high levels of autonomic nervous system arousal associated with such stress responses can easily lead to a range of maladaptive coping behaviours. They are also now known to have long-lasting effects which account for a significant proportion of the known risks for serious adult health problems such as cardiovascular disease and depression.²⁹⁻³¹

THE EXTENT OF CONTINUING LOSS AND GRIEF

The degree and impact of loss and grief experienced by Aboriginal families due to chronic illnesses, accidents and other injuries is often under-estimated and its frequency has resulted in such losses becoming 'normalised' in some communities. Hence children raised by grandparents have a greater likelihood of losing their primary carer early in life and be at additional risk for later problems. Devitt and McMasters' 1998 study of end-stage renal disease among Aboriginal people noted the frequency and devastation of continued morbidity on families:

*'This level of illness and death represents Aboriginal family trauma and loss on a shocking scale, described without exaggeration as "sorrows nearly every year [because] the young and the old are dying".'*³²

The experience of such bereavements for children may then be further exacerbated by having to move away from their friends and familiar surroundings thus leaving the child more vulnerable to the impact of other future losses.



PSYCHOLOGICAL STRENGTHS AND RECOVERY FROM TRAUMA

The very fact that Aboriginal peoples are the oldest living culture and have survived the onslaught of colonisation is testimony to their resilience. The fact that elders have retained a sense of compassion despite the brutality they have experienced is almost beyond belief but reveals genuine wisdom and strength of spirit. The ability to retain cultural and spiritual integrity despite great adversity ensures survival for the next generation. From a clinical perspective as a child and adolescent psychiatrist, I observe many psychological strengths even in some of the most traumatised Aboriginal children. These include children's sense of autonomy early in life, their ability to consider and understand psychological issues, their capacity for humour, and their general creativity and playfulness evident in their love of drama, art and imagery. Most Aboriginal children show a strong sense of acceptance, concern and commitment to siblings and family. Aboriginal families respect for children's early autonomy has enabled many children to develop good adaptational and survival skills, to take on personal responsibilities and to act independently. This is often useful in treatment as such children are willing to take personal responsibility for their own recovery. Where a child has established a trusting relationship in therapy, the potential for recovery is facilitated through the intense nature of their kinship attachments. However, the issues of abandonment must always be considered very carefully and, in some cases, treatment and support should be continued for some years.

One of the key strengths of Aboriginal families is their acceptance of children within an extended family system. As noted in the Australian Government's recent monograph on promotion, prevention and early intervention in mental health:

*'There is a special need for Aboriginal and Torres Strait Islander parents to recognise their vast collective and personal parenting resources, inherited from family and community across the generations. These resources are all-inclusive and non-discriminating in their practice, and these are particular strengths upon which to build.'*⁹

The commitment to family, to country, to culture and to life has existed for thousands and thousands of years. It is in the best interests of all Australians to ensure healthy psychological development for Aboriginal children. According to the *Declaration of Berlin, 2004*:

*'A failure to ensure healthy mental development detracts from the capacity of societies to be productive, to avoid conflicts, and to advance in the modern era.'*³³

TRUTH AND RECONCILIATION

Internationally, countries such as South Africa have embarked along the process of reconciliation by laying open the past to scrutiny in preparation for a better future. Without truth, honesty and sincerity, all we will have is an empty process, another attempt to deceive with the implicit message Aboriginal people are somehow at fault. Unless reconciliation is entered into from a position of equality and openness, it is unlikely to be embraced or understood. Attempts to water down the process by emphasising only practical considerations without an underlying moral or compassionate perspective are, at best, ineffectual and, at worst, insulting. From this view, it is worth considering the value of an apology.



From an Aboriginal perspective, to say or be ‘sorry’ is to understand and feel the pain of the other, joining with them in their sense of sorrow and entering into this process through their eyes. In this way, the sadness is shared, the support offered, the experience acknowledged and a pathway to healing is created. For this to occur at a national level would be remarkable. It is interesting to note the apologies that have been offered from State governments, public and private organizations, medical colleges and community groups. Following the release of *Bringing Them Home*, the Royal Australian and New Zealand College of Psychiatry prepared a position statement outlining the continuing impact of past policies and offering an apology on behalf of its members:

‘...The Royal Australian and New Zealand College of Psychiatrists wishes to apologise to the Aboriginal and Torres Strait Islander peoples for our failure as a group of doctors and psychiatrists to act early and effectively to try and prevent and reverse these disastrous practices. The College recognises that Australia, as a nation, needs to take the steps to put right what can be put right and to provide appropriate restitution or compensation to the communities and individuals who have been injured by these policies.’³⁴

It takes a politician to fear compensation and waste millions in legal battles, but it will take a statesman to act for the greater good and heal the nation.

Much has been said recently about capacity building, up-skilling, developing human and social capital in Aboriginal communities. These are not new ideas and if these individual and community resources had not been systematically destroyed in the first place, there would be no need for re-building. There is no doubt that it will take generations to restore the health and wellbeing of Aboriginal peoples, families and communities. We have to ‘grow up’ a healthy population. At the same time it must also be acknowledged that there has been significant progress made in recent years to address the social and emotional wellbeing and mental health issues for Aboriginal and Torres Strait Islander peoples. Some recent initiatives include:

- ◆ The development of link-up services to restore kinship and assist in family reunions
- ◆ Access to *Bringing Them Home* counsellors for the Stolen Generations
- ◆ The development of Social and Emotional Wellbeing centres throughout Australia
- ◆ Promotion of Social Health Teams within the Aboriginal community controlled health sector
- ◆ Development of the Aboriginal mental health workforce
- ◆ Promotion of research into resilience and a healthy early start to life for Aboriginal and Torres Strait Islander families
- ◆ Collaboration and partnerships between the mainstream mental health sector and Aboriginal communities and organizations
- ◆ Development of Indigenous therapies, culturally appropriate services with a greater acceptance and incorporation of traditional healing practices.



However, while the 'Aboriginal group' remains the add-on to policy, the afterthought or appendage, the disadvantaged or special needs group, there is a continuing sense that Aboriginal issues remain in the 'too hard basket' and are peripheral instead of being an integral part of 'core' business. This sort of approach is almost guaranteed to produce delay, piecemeal implementation, inadequate resourcing – or even being entirely excluded. It is all too easy to exclude Aboriginal families from consideration in the status quo of mainstream service provision; to be inclusive requires a considerable shift in attitude and determination that goes far beyond policy. As Stanner remind us:

*'We have been able for so long to disremember the Aborigines that we are now hard put to keep them in mind even when we most want to do so.'*³⁵

RESTORATION AND HEALING

It would seem that there are now two contrasting views of the experience of Aboriginal people in Australian society. For Aboriginal peoples who have struggled to survive, there is a need to understand how it is possible for a group of people to continue acting in this way against another. For many non-Aboriginal peoples who have grown up in a society where their views have been more highly valued, there is difficulty entertaining the possibility that these terrible events really happened or indeed things were that severe. Comprehending the unthinkable is a difficult task when the power of denial and repression provide an easier alternative. Hearing, understanding and incorporating Aboriginal history into the psyche of all Australians is a painful, emotionally provocative but necessary process if we are to prepare the way for future generations to live in a society of acceptance, understanding and harmony with one another.

From an Aboriginal perspective, it is important not only to have connection to kin but also to 'country'. To look at the landscape and feel welcome, to watch the birds and feel related, to bathe in the rock pool and feel nurtured, to sit on the land and know your place. It is essential for Australia's ongoing prosperity that future generations of Aboriginal children be assured of their right to fulfil their responsibilities and obligations as custodians of country. So many Aboriginal children and families are misunderstood or are viewed as 'a problem' and hence fail to 'measure up' to what broader Australian society deems to be normal. So many Aboriginal children not only have a wounded soul from the many layers of trauma they have endured but also a ragged soul from the layers of grief and loss that have torn away their connections in life. Little wonder it is hard for them to look past the warped images and negative stereotypes they so often see of themselves and their families to find their special purpose in life. Yet so many children can still experience the joy in life and warm our hearts.

All children need to feel loved and valued throughout life, not just by their family or community but also by society. Aboriginal children can and should be proud of their truly unique identity. As they grow and develop and struggle with a society full of contradictions and double messages, they will see themselves reflected in the responses of those around them. We must therefore ask ourselves as a nation, what do we really want them to see?



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