ARTICLE

PEER REVIEWED

Intergenerational trauma isn't just another determinant of Indigenous Peoples' health

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ABSTRACT

Indigenous peoples worldwide know from their histories and the stories of their Elders that the trauma their peoples have experienced has not been from one single event. It has instead been a culmination of cascading trials, burdens, and sufferings that were invoked through a hunger for land from our invaders. This hunger for territory, which included not only resources such as gold or oil or diamonds, but the people themselves, resulted in gross atrocities being committed against Indigenous peoples across the world over many centuries and generations.

The legacy of traumatic experiences and oppression sustained through ongoing colonisation has ensured that the injury experienced has not been given an opportunity or space to heal. Grief and loss have been felt deeply and in ways people were not able to effectively deal with; instead, they had to fight just to survive. The legacy of this unacknowledged trauma and unresolved grief has resulted in its internalisation and festering of wounds which have been labelled as dysfunctional behaviours of the individual and collective sufferers.

These labels have further injured those who are in agony and require support in that they become terms used to punish individuals and their families by dominant mainstream agencies. Using a mental health lens these behaviours necessitate supportive measures, and not incarceration or child removal.

Key Words: Indigenous Peoples, historic trauma, colonisation, racism, Intergenerational trauma

Story outline

This paper explores how trauma resulting from Australia's specific colonial government policies targeting Aboriginal Australians has resulted in intergenerational trauma. It firstly establishes what is trauma. Australia is the setting for this story and specifically the colonial policy of child removal. This policy has resulted in what is widely recognised as the "Stolen generations". This is the central theme of the paper which demonstrates that the stolen generations continue. The historical context of this policy is provided, as is the long term social emotional implications of the policy on children and their families over generations. GMAR (Grandmother Against Removals), a powerful resistance story to the ongoing child removal policy, is described.

The context for inter-generational trauma is argued to have been created through the account of the ongoing high rates of child removal within Aboriginal communities across Australia. The argument suggests that trauma, especially ongoing and unresolved trauma, should be considered a significant determinant of Aboriginal people's health and social and emotional wellbeing.

Introduction

Trauma and stressors are events that cause psychological distress and can vary for each person depending on their cultures and gender (American Psychiatric Association, 2013, p. 265). There are different types of experiences that elicit trauma such as: warfare, ethnic cleansing, genocide, natural disasters, car accidents, childhood abuse, sexual assault, domestic violence, marginalisation, and terrorism. The strain of these traumas can cause physical and/or psychological injury which affects the individual and their community in ways that can challenge their coping mechanisms, personal well-being, and identity (Wilson, 2007, p. 3).

Importantly, all cultures experience trauma; it is part of living and is 'universal in manifestation and occurrence' (Wilson, 2007, p. 3) but not in the way it is exhibited. Traumas demand an act of response from the culture that the individual or group affected comes from for the measure to be therapeutic. Indigenous peoples worldwide managed their traumas effectively utilising their own ways of knowing, being, and doing. With the advent of colonial tenure these ways of dealing with trauma have been largely prohibited and prevented, causing further injury that has been cumulative and cascading (Ranzijn et al., 2009). The consequences have been ongoing and have caused sustained psychological and physical distress.

I would like to argue similarly that intergenerational trauma has become a substantial consequence of western colonial capitalist

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policy which orchestrated theft and larceny on a momentous scale. This colonial practice was a universal endeavour, carried out by both the West and the East. Consequently Indigenous populations across the planet who were once the healthiest peoples today universally share the worst health status in their own lands when compared to their prosperous First world invaders.

The Australian Story

Colonisation has been a causal pathway to ill health for Australian Indigenous Peoples since European occupation of their nations and countries (Sherwood & Geia, 2014). Colonial policy over the last two hundred and thirty years has initiated and crafted a continuing dangerous and insecure environment physically, emotionally, economically, socially, and spiritually for Indigenous Australians (Dudgeon, Wright, Paradies, Garvey, & Walker, 2014). Colonization, thus, has had a multi –dimensional and spatial effect with a reverberating impact on the lives of all (Kessler, 1997), undermining the health and well-being of Indigenous Australians.

Two of the nine principals emanating from the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004 -2009 are relevant to this paper, and they are:

> Principal 4: It must be recognised that the experiences of trauma and loss present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects (Dudgeon, Milroy, and, & Walker, 2014: xxiv).

> Principal 6: Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing (Dudgeon, Milroy, et al., 2014: xxiv).

Although it is 2015, Indigenous Australians continue to deal with a colonial policy of Aboriginal child removal. The effects are again multi-dimensional. Firstly; because a lie was fashioned concerning Aboriginal parenting, occasioning the construction and defamation of Aboriginal parenting as naive and neglectful (Conor, 2006). This was contrary to the evidence from western authorities of that era; such as Anthropologist Daisy Bates who rebuked Aboriginal mothers for their over-indulgence of love and attention to their children (Conor, 2006; McElhinny, 2005). Still a neglectful construction was ideologically developed to lure professionals to remove Aboriginal children from their mothers. It was effective and continues to inform current policy and practice by many professionals today (GMAR & Nigro, 2014).

Aboriginal Children have been taken from their mothers since 1788 (Ella, Smith, Kellaher, Bord, & Hill, 1998). However, the targeted cultural genocide commenced under the authority of the Aboriginal Protectors whose role was to 'protect' the Aboriginal child population under their care (Reynolds, 2001). The aim of their policy was to remove the children from the protection and guidance of their parents and have them absorbed through assimilation and acculturation into the Anglo-Australian population (Reynolds, 2001).However, it resulted in child enslavement and significant mortality within institutions, farming stations, and homes. The treatment of not belonging in the Anglo-Australian world ensured they were lost to both worlds (Ulrik, Foster, & Davis, 2011). Testimonies of survivors of this era reported in the Bringing them home report established and confirmed that there were high levels of abuse sexually, physically, and emotionally after 'protective removal' (HREOC, 1997; McGlade, 2012).

A national Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families was undertaken by the Human Rights and Equal Opportunity Commission HEROC and reported in1997. The inquiry uncovered the continuous, widespread, and far-reaching modes of operation across the Country and its protracted time frame of policy and practice. The sustained implications of this negative government intervention sold to the masses through the media as 'for their own good' were damaging and destructive. The policy unequivocally resulted in the disruption of parenting and therefore created an insecure space that was the demise of the child's social and emotional well-being (Fairbank, Putnam, & Harris, 2010; HREOC, 1997; Libesman, 2014; Van de Kolk, 2007).

The enforced child separation and injury within institutions ensured that these children suffered and continued to agonise through their adulthood from what is considered to be 'traumatic grief' (Heath et al., 2011, p. 302) or 'post- traumatic stress disorder' (Bombay, Matheson, & Anisman, 2009, p. 6).

> The implications of such trauma apart from significant disruption from family, identity, and country can be both 'cognitive and emotional' consequences, such as (numbness, disbelief, distrust, anger, and a sense of futility about the future (Heath et al., 2011, p. 302).

HREOC argued that the legacy of generations of stolen children, particularly from 1910 through to 1970, had a trans-generational impact (McGlade, 2012). Ranzijn et al. (2009) conveyed that the legacies of this trauma were minimal education; instability and homelessness; post-traumatic stress disorder; chronic depression, anger, rage and frustration; trouble forming stable relationships; constant police surveillance; five times more likely to be imprisoned; poor self-esteem and limited cultural identity; substance overuse; greater probability of suffering high levels of emotional disorder and health issues; and a likelihood of being unemployed, poor, and suicidal (Ranzijn, McConnochie, & Nolan, 2009, p. 105-106).

It is well understood that many families bore generations of removals (Atkinson, 2002) ensuring that vital mentoring of positive and loving parenting did not occur. The impacts of disrupted attachment, traumatic grief, abuse, and pervasive racism upon the ability to parent are many and varied (Heath et al., 2011, p. 303). This successive separation, policy and praxis contributed directly to a 'loss of trans-generational modelling of parenting' (Heath, 2011). Generations of successive separations aimed at loss of culture also guaranteed that the complex traumas experienced were ignored, negated, and silenced (Atkinson, 2002). This resulted in surviving without healing. Deep fissures of emotional scars remained, stemming from the universal lack of recuperative support. Mal-adaptive recovery is the result of decades of state sanctioned abuse and trauma.

A history of disruption

Stanley argues that "consequences of forced removal of so many at such a young age has exacerbated intergenerational trauma" (Stanley, 2013, p. 9). The magnitude of such a long term government practice ensured that generation after generation would be touched by this inhumane experiment. The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families: Bringing them home (HEROC, 1997) provided a process and a report to document the crippling impact of being taken from their families. This process required many brave people to share their traumatic experiences (HEROC, 1997)

The Aboriginal Healing Foundation states:

> 'When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as "normal", when we are children, we pass on to our own children. Children who learn that physical and sexual abuse is "normal", and who have never dealt with the feelings that come from this, may inflict physical abuse and sexual abuse on their own children. The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so' (Aboriginal Healing Foundation 1999, p. 5A cited in Wesley-Esquimaux & Smolewski, 2004, p. 2)

It is vital to acknowledge that there has been minimal investment in the area of therapeutic support for Indigenous parenting. Instead, Indigenous child welfare has continued under the oppressive theoretical domain of western welfare systems ignoring previous historic trauma caused by its own agency (Libesman, 2014). Maintaining a colonial stance it has also failed to recognise and respect Aboriginal family practices. This has ensured that measures instigated by this agency often do more harm, in their perceived endeavour to 'protect the child'.

A Community member has stated that:

> DOCS are built to break you down mentally. There's a lot of young mothers and fathers that turn to heavy drugs, violence, gaol, or commit suicide because of what DOCS have done to them. They are committing suicide, all these young mothers there, because of DOCS. They murderers. They thieves. They everything. You name it, they are it. I'm saying it never stopped, still happening just come in different forms (GMAR & Nigro, 2014, p. 8).

What we have been observing over the last two generations in relation to parental support has been the further punishing of the family through enforced removal of children (Bamblett & Lewis, 2007). This reaction simply compounds the parenting PUNISHMENT CYCLE. This has been the model of common intervention by government services to further punish families through the removal and separation of children from parents. Such an approach results in a pandemic of grief and loss across multiple generations acknowledged as transgenerational trauma (TGT) (Atkinson, Nelson, Brooks, Atkinson, & Ryan, 2014). This is important as the level of trauma experienced by children is affected by the type of parenting received (Brave Heart, 2003, p.9). This is after healing programmes for intergenerational trauma have been regularly identified and requested (Libesman, 2014, p. 13). Critically, there continues to be an enormous gap in service providers who can actually assist those suffering from TGT in a culturally relevant manner to interrupt the cycle from progressing (Atkinson et al., 2014, p. 292).

This is the time that our reports and recommendations need to be re-read and honored so as to interrupt the ongoing triggers that exacerbate historical trauma.

GMAR

Grandmothers Against Removals NSW (GMAR) formed January 2014 in Gunnedah NSW in order to respond to the growing numbers of Aboriginal children being forcibly taken from their families. The numbers have escalated since the Bringing them home report was launched which made numerous recommendations to reduce welfare agency inappropriate Intervention (Bamblett & Lewis, 2007). NSW has the greatest numbers with over 6200 Aboriginal children currently residing in the out-of-home care system. This number represents ten percent of the NSW Aboriginal child population (GMAR & Nigro, 2014, p. 3). Unfortunately, NSW is not alone as the governments of each state and territories' policy and praxis has increased the number of children being taken from their families. This has resulted because of the agencies' inability to work effectively with Aboriginal communities and families, disregarding requests to build trust with Aboriginal communities, ignoring the Bringing them home report recommendations, and failing to distinguish the difference between poverty and negligence (Libesman, 2014). This has ensured that this government agency has failed to deliver positive and proactive culturally relevant intervention.

Families and researchers have noted that there is a 'dynamic of hyper-surveillance, intrusion and intimidation' used by this agency (GMAR & Nigro, 2014, p. 8).

A case that occurred in Moree in January 2014 clearly illustrates this argument.

Police and Child welfare workers set up and actioned a dawn raid on a family of six children and their mother and father. The family had only recently buried their seventh child who had died from SIDS. The raid occurred at 6am; it was still dark and police in riot gear armed with weapons broke into the house where all were still asleep. Parents awoke to their children screaming as they were being dragged away under gun point. Meanwhile the parents were handcuffed, forced to sit on their bed naked, watching their children being taken away.

The family were told after the violent removal of their children by DOCs that they had been closely observed for sixteen years. This was the result of a complaint made sixteen years ago that had not been confirmed in any way or followed up. However, on this day sixteen years later, a family who was distressed after losing a child through SIDs (GMAR & Nigro, 2014) were woken traumatically and were injured.

The family won their children back only to have them stolen again whilst they were at school. The theft of the children is still being fought by this family, who is unable to sleep at night because of their worry for their children, as they have been placed in care out of the area (GMAR & Nigro, 2014).

The family has witnessed removals over generations, without support. This paper has attempted to highlight just one Australian experience that re-ignites the intergenerational trauma cycle.

Inter-generational trauma and the 'cycle of abuse'

Indigenous perspectives on and of historical and or intergenerational trauma have unravelled and revealed a vital story that is congruent with the known stories of cultures who have experienced overwhelming and targeted destructive policies through colonisation (Brantlinger, 2003; Brave Heart, 2003; Brave Heart & De Bruyn, 1998; Brown-Rice, 2013; De Vinar, 2012; Duran & Duran, 1995; Fast & Collin-Vezina, 2010; Raphael, Delaney, & Bonner, 2007). Notable and internationally recognised have been the survivors of the holocaust, returning Vietnam veterans, and Cambodian refugees (Danieli, 2007). Their experiences have been documented and have informed the shifting paradigm of western mental health with the introduction of disorders such as post-traumatic stress disorder (PTSD) and its associated symptomology (Hoshmand, 2007).

Brave Heart and DeBruyn applied the research undertaken with holocaust victims of Nazi Germany and found that it supported the 'theoretical constructs underpinning the concept of Historical trauma" (Brave Heart, 2003, p. 8). The theory is that

> Historical trauma (HT) is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences; the historical trauma response (HTR) is the constellation of features in reaction to this trauma. The HTR often includes depression, self-destructive behaviour, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. Historical unresolved grief is the associated affect that accompanies HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised. (Brave Heart, 2003, p. 7)

Their main argument is that trauma is passed down to the next generations through 'biological, psychological, environmental, and social means' (Brown-Rice, 2013, p. 118). This has resulted in the ongoing traumatisation of the following generations due to the uptake of non-recuperative coping mechanisms a result of unresolved grief that has been both internalised and disenfranchised (SAMSA's GAINS Center Policy Research Associates, 2012). This has broad public health implications and requires greater capacity and appreciation of the complexity of these historical, political, and environmental issues by the broader health community.

The theory of historical trauma has been well accepted and utilised by mental health professionals working with Native American peoples (Brown-Rice, 2013, p. 117). It is a theory that has grown from clinical practice and observations over the last three decades. The theory illustrates the enormous cumulative impact of successive and ongoing trauma that is quite different to the western model of PTSD which Brave Heart argues is ineffective in capturing the signs and symptoms of Indigenous historic trauma (Brave Heart, 2003, p. 8).The intent of this theorising has been to provide a meaningful framework and explanation of the legacy for those who suffer, and for those who have not read their history books.

Determinants of health

Over the last decade, First Nations People's and non-Indigenous researchers have demonstrated that the social determinants of health have broadened significantly from those first explored at the Primary Health Care International Conference held at Alma Ata in 1978 (Parker & Milroy, 2014, p. 25). There has been extensive research that has demonstrated that colonisation and racism have become significant determinants in the health and well-being of First Nation people and, in particular to this paper, Aboriginal and Torres Strait Islander populations (Awofeso, 2011; Brown-Rice, 2013; Czyzewski, 2011; Durey, 2010; Durie, 2004; Kelaher, Ferdinand, & Paradies, 2014; Larson, Gillies, Howard, & Coffin, 2007; Priest, Paradies, Gunthorpe, Cairney, & and Sayers, 2011; Sander-Phillips, Settles-Reaves, Walker, & Brownlow, 2009; Sherwood, 2013; Wenitong, 2004; Wright, 1997)

Indigenous peoples from across the globe attended an International Symposium on the Social Determinants of Indigenous health in Adelaide, Australia in 2007. This event marked a paradigmatic shift in the world of public health in that Indigenous people drove the markers as to what they collectively agreed to recognise as determinants impacting on the health of their respective peoples (Commission on Social Determinants of Health, 2007) . These results are important because social determinants are the main causal agents of health disparities between different groups of peoples (Lovett, 2014). The Commission articulated clearly that: "The colonisation of Indigenous Peoples was seen as a fundamental underlying health determinant" (CSDH, 2007, p. 25) and the way forward to resolving this International health roadblock is to strive for and restore self-determination for Indigenous peoples throughout the world so that they may have control over their lives. In 2014, the World Health Organisation (WHO) documented that it is the context of people's lives that determines their health which is beyond the socio-economic, physical, and psyche-social environments (WHO, 2007; WHO, 2014, p. 1). This is an important paradigmatic shift acknowledging that the health of individuals is not always within their own control (WHO, 2014, p. 1).

The embodiment of historic trauma

Walters et al. (2011, p. 181) argue that the rise of current chronic health issues and disease, along with the associated health risk

behaviours, are often symptomatic of maladaptive recovery. Indigenous peoples' poor health status is the result of and the embodiment of cumulative colonial traumas that have occurred, known as historical trauma (HT).

The authors explore historical trauma as an event or a number of occasions that specifically targeted a population group inclusive of their environment that signified 'genocidal or ethnocidal intent' (Walters et al., 2011, p. 181). The continuum of colonial rule has ensured that there have been numerous events that have delivered both direct and indirect assaults on the lives and their physical, emotional, spiritual wellbeing of Indigenous peoples. The trauma that results is acknowledged as collective in that it has been experienced by a majority of the population group and is compounding in that many traumatic events have been targeted and experienced over generations of this population group (Walters et al., 2011). Importantly, these historical and current episodes directly and profoundly affect the physical, spiritual and emotional wellbeing of individuals and collectives in both complex and divergent means.

Western mental health providers have articulated western trauma theory and post-traumatic stress disorder in relation to the surviving enlisted soldiers who fought in Vietnam. The DSM- IV had been the primary instrument used for identifying diagnostically mental health disorders such as PTSD within western cultural groups, This assessment tool requires cross cultural intercession to inform a model for indigenous peoples diagnosis (Overmars, 2010).

Research in the area of HT has been limited and this is in partly due to its variable use and the lack of government funding to support Indigenous health research (Sherwood, 2010) . Many scholars have used other terms such as "soul wound, collective unresolved grief, collective trauma, transgenerational trauma, intergenerational post-traumatic stress, and multigenerational trauma" (Walters et al., 2011, p. 182). The literature suggests that these terms are used differently, even though they appear to be describing the same cumulative and compounding impact of colonial induced trauma on the collective Indigenous populations across the world. Importantly, the research and theorising in this field has been influenced by the Western terminology, in particular post-traumatic stress disorder, to attempt to draw together symptomology and experiences for examination and further explication.

Importantly, the knowledge delivered by many Indigenous scholars has in fact shifted the Western dominant framework for exploring Indigenous mental health as the DSM-V has acknowledged the importance of culture divergence in the treatment and diagnosis of mental health issues (American Psychiatric Association, 2013). This represents a significant shift from the last edition of the DSM.

Conclusion

> It should be understood that this injury to Aboriginal people is not only relegated to what most reports describe as past injustices, but that there is a continuum of injury to Aboriginal people into the very present. There are instruments of injury to Aboriginal people, which continue compounding injury upon injury, exacerbating the injury amongst Aboriginal people (Hulcombe, 2006, p. 4)

Colonial institutions admonish those who they have injured through systemic policy and cruel interventions and punish those who do not cope, who are fraught with pain, are not managing life well. The modern state intrudes again sanctioning the removal of their children, the criminalisation of the First Nation people; and the further usurpation from country and rights to self-determination. Intergenerational trauma is the story that keeps on keeping on, it is the vicious colonial cycle.

Public Health has positioned itself and argued that it has an agenda in reducing health disparity resultant of inequity and or social processes. Utilising a social epidemiology approach, it has expanded its scope from pinpointing causal health influences to indicating pathways of and for disease. It has the power to shift the institutional gaze from that of colonial agent to collaborative ally (Sotero, 2006, p. 93).

Although historical trauma theory has only recently been acknowledged as a conceptual reality, Public Health recognizes that 'populations historically subjected to long-term, mass trauma – colonialism, slavery, war, genocide – exhibit a higher prevalence of disease even several generations after the original trauma occurred' (Sotero, 2006, p. 93). It does acknowledge its spectrum of prevalence amongst many diverse population groups has been captured through a broad and extensive interdisciplinary research corpus (Sotero, 2006, p. 94). Importantly, respecting that historical trauma has implications for ethnic and Indigenous disparities in health and provides a conceptual model for public health action rather than the common approach to such phenomena, victim blaming (Baum, 1998).

Final comments

The author of this paper is an Aboriginal Australian, who has worked in the area of Aboriginal and Torres Strait Islander health, education, ethics, and research in urban, rural, and remote health settings and academic institutions throughout Australia over the last 35 years. The story she has attempted to explore is one that is still unfolding. She has not assumed to tell a universal Indigenous peoples' story, and ethically she is unable to do so; most importantly, her Aboriginal law prevents her from speaking on the behalf of others.

Instead, she has told a story that she is part of and has been observing within the communities she has worked in and lived. The writings of our First Nation sisters and brothers across the world have assisted in providing important scope and material for exploring the social and emotional wellbeing issues that are experienced and often not supported within our Australian first nation communities.

It is important to acknowledge that not all Indigenous peoples accept the construct of mental health. In Aboriginal Australia we prefer the term social and emotional wellbeing to mental health.

I have valued the opportunity to be able to write briefly on what I believe is an ethical dimension in that this is a story that is often ignored by our mental health providers in Australia.

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