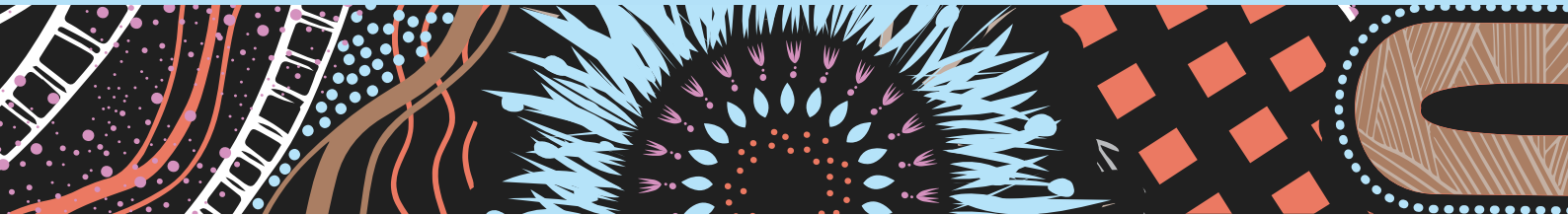




Intergenerational trauma and mental health

Summary paper



This paper is a summary of the *Intergenerational trauma and mental health* publication by Leilani Darwin, Stacey Vervoort, Emma Vollert and Shol Blustein. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>.

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

Key findings

- Australia's colonisation saw the dispossession of Aboriginal and Torres Strait Islander land and the forcible removal of children from their families from the 1800s to the 1970s (the Stolen Generations). The resulting unresolved trauma has been transmitted and reproduced across successive generations of Aboriginal and Torres Strait Islander communities.
- This intergenerational trauma and compromised mental health can cause further traumatising events such as family violence, substance misuse and self-harm.
- It is estimated that, at a minimum, one-third of the total Aboriginal and Torres Strait Islander population may be affected by intergenerational trauma as descendants of the Stolen Generations.
- Survivors of the Stolen Generations and their descendants have demonstrably poorer health and wellbeing outcomes, compared with those who were not removed and their descendants – resulting in poorer mental health, suicidal ideation, suicide attempts and/or death.
- The presence and promotion of SEWB protective factors – including strong connections to families, culture and Country – are essential to building resilience and mitigating the impact of trauma for survivors of Stolen Generations and their descendants.
- Foundational features for SEWB-related initiatives include that they must assist in Indigenous capacity building, prioritise Indigenous knowledge and experience, foster genuine partnerships and promote healing (CBPATISIP 2018).

- Trauma-informed and healing-aware models are needed that promote Indigenous Australians to undertake their own individual healing journeys and to recognise the impact of intergenerational trauma in their own lives. These should be locally developed, involving community governance and self-determination.

What we know

The colonisation of Aboriginal and Torres Strait Islander land and the (ongoing) oppressive practices that followed have resulted in a legacy of unresolved intergenerational trauma for Indigenous Australians.

The impact of intergenerational trauma on Aboriginal and Torres Strait Islander people's social and emotional wellbeing (SEWB) is multilayered. It can manifest at the family level where parents are unable to provide suitable care due to their own trauma, at the community level due to dislocation from culture and kin, through vicarious traumatisation from witnessing the re-traumatisation of others and prolonged exposure to stressful life events such as bereavement, family violence and incarceration (Menzies 2019). This layering of multiple stressors over a prolonged period is why intergenerational trauma places Indigenous Australians at significant risk of mental ill health and poor SEWB.

This paper explores the impact of intergenerational trauma on Indigenous Australians' SEWB and considers best practice in programs and services that address unresolved trauma.

SEWB – risk and protective factors

SEWB is a holistic framework that is central to Indigenous Australians' mental health and wellbeing and suicide prevention. It identifies 7 key domains unique to Indigenous Australians' health which support and shape their wellbeing: connection to Country; culture; community; family; spirituality and ancestry; body; and mind (Commonwealth of Australia 2017).

SEWB and mental health are not the same; instead, mental health should be seen as a component of the larger framework of SEWB (Gupta et al. 2020). Social, historical and political determinants of health can also impact SEWB. These include social factors such as employment, housing, education and the broader intergenerational legacies of colonisation: violence, trauma, abuse and social disadvantage. Implicit in this is the notion that determinants of SEWB can occur simultaneously and layer over time (Dudgeon et al. 2014).

Good SEWB relies on promoting unique protective factors within Indigenous Australian cultures that foster and promote wellbeing (Commonwealth of Australia 2017). These factors serve as sources of strength and resilience for Indigenous Australians, such as cultural participation; connection to land, spirituality and ancestry; and strong ties to family and community (AIHW 2022; Kelly et al. 2009). Such factors work to reduce the risk of, or exposure to, stressors at the individual, family, and community level (Dudgeon et al. 2014).

Risk factors can be stressors, brought about through negative social determinants of health (for example, poverty, limited education or unemployment) or through specific factors identified by Indigenous Australians as affecting their SEWB (McCallum 2022). These can include such things as unresolved grief and loss; trauma; abuse; forcible removal of children; cultural dislocation; family breakdown; and discrimination (Kelly et al. 2009).

The presence of risk factors alone is not indicative of poor SEWB. An imbalance between stressors, the capacity to cope and protective factors may result in 'psychological distress'. With 'psychological distress' proposed as a better measure of SEWB than 'mental illness', as it captures 'the Indigenous-identified determinants of SEWB and, in turn, its flow-on effect on health and wellbeing' (Kelly et al. 2009:8).

Intergenerational trauma and SEWB

Intergenerational trauma is rooted in colonisation of and dispossession from Aboriginal and Torres Strait Islander lands and in subsequent (and continued) oppressive colonising policies and practices (Atkinson 2002). The taking of land and the subsequent loss of family and kinship systems and dislocation of cultural knowledge and practices has been termed 'cultural trauma' (Holloran 2004:4).

This fracturing of the key cultural determinants of health makes it difficult for communities to protect themselves from the infliction of further trauma. Where protective factors are not present, prolonged exposure to traumatic events can result, along with serious psychological distress. Connections to family and community serve as vital protective factors that can help mitigate the impact of exposure to trauma on SEWB (Gibson et al. 2021).

Stolen Generations

The removal of Aboriginal and Torres Strait Islander children from their families from the late 1800s to 1969, known as 'the Stolen Generations', is the practice that has left the greatest legacy of trauma (and which is compounded by the over-representation of Aboriginal and Torres Strait Islander child removals at the present time) (McCallum 2022).

Many of these children were taken away at a young age and grew up without any connection to their Aboriginal heritage, community, or family (Raphael et al. 1998).

An Australian Institute of Health and Welfare (AIHW) (2018) study examined outcomes of older Indigenous Australians who had been removed from their families, compared to other Indigenous Australians. They were:

- 1.7 times as likely to have poor self-assessed health
- 1.7 times as likely to have experienced violence in the previous 12 months
- 1.6 times as likely to have experienced homelessness in the last 10 years
- 1.5 times as likely to have poor mental health
- 1.5 times as likely to have used substances in the last 12 months.

Another study analysing the Western Australian Aboriginal Child Health Survey (WAACHS) found that those who had been removed were more likely to have experienced stressors in the previous 12 months (Silburn et al. 2006). For example, they were:

- 1.95 times more likely to have been arrested or charged with an offence
- 1.61 times more likely to report the overuse of alcohol caused problems in the household
- 2.10 times more likely to report that betting or gambling caused problems in the household
- 1.50 times more likely to have had contact with Western Australian Mental Health Services
- less than half as likely to have social support in the form of someone they can 'yarn' to about problems.

Strong family ties and continuing connection to community and culture are key protective factors in building resilience against trauma. These cultural ties were severed by the impact of the Stolen Generations (Raphael et al. 1998). The absence of protective factors places survivors and their descendants at a higher risk of mental ill health and self-harm (Raphael et al. 1998).

Legacy of the Stolen Generations

There is a transgenerational impact of the Stolen Generations through the transmission of trauma. Professor Helen Milroy (2005:11) describes how this manifests in later generations both directly in family breakdown and exposure to harmful behaviours.

International studies have shown childhood abuse and familial breakdown to be an independent risk factor for mental ill health, substance misuse and psychological distress (Goldman et al. 2016; Grasso et al. 2013; Saunders and Adams 2014). In a study of Aboriginal youth in South Australia, Clayer (1991) found that the absence of a parent and lack of involvement in Aboriginal cultural practices correlated significantly with mental ill health and risk of suicide. While work by Swan (1988) highlights the effect of family breakdown on children's connection to culture, ultimately limiting their capacity to manage further stressors (Swan 1988).

An AIHW (2018) study found that descendants of the Stolen Generations were more likely to have adverse outcomes than other Indigenous Australians. Descendants were:

- 1.9 times as likely to have experienced violence in the last 12 months
- 1.6 times as likely not to have 'good' health
- 1.5 times as likely to have been arrested in the last 5 years
- 1.4 times as likely to have poor self-assessed health
- 1.3 times as likely to have poor mental health (AIHW 2018).

Studies by Silburn et al. (2006) and De Maio et al. (2005) found that children who had a carer who had been forcibly removed were more than twice as likely to be at high risk of clinically significant emotional or behavioural difficulties, compared with those living in households where the carer had not been removed. Other stressors mentioned in these studies included the witnessing and experiencing of violence, which are also associated with an increased risk of mental ill health and suicidal ideation (De Leo et al. 2011).

Relevant policies, programs and initiatives

Policies

The overarching agreements that support key programs and initiatives to address intergenerational trauma and Aboriginal and Torres Strait Islander peoples' SEWB are well documented elsewhere in Clearinghouse publications (Dudgeon et al. 2022a, 2022b; AIHW 2021, 2022). Some newer policy and strategy developments in SEWB and suicide protection are noted below, along with strategies and frameworks developed to respond to the impacts of intergenerational trauma.

More detail on the Australian Government, state and territory frameworks and strategies is available in Chapter 5 and Appendix A of the full [Intergenerational trauma and mental health](#) publication.

Newly established policies, strategies and frameworks

National Agreement on Closing the Gap – Commonwealth Implementation Plan, Target 14

Target 14, within the Implementation Plan of the National Agreement, is of particular relevance to the issue of SEWB, suicide prevention and intergenerational trauma. It has as its outcome that: 'Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing' (Commonwealth of Australia 2020a). To achieve this outcome, the National Agreement identifies a target of 'significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero' (Commonwealth of Australia 2020a).

National Aboriginal and Torres Strait Islander Health Plan 2021–31

Grounded in a holistic understanding of health and wellbeing, this Plan encompasses both physical health and social and emotional wellbeing, in addition to supporting trauma-aware healing informed approaches.

National Mental Health and Suicide Prevention Agreement

This agreement:

... commits to work in partnership with Aboriginal and Torres Strait Islander people, their communities, organisations and businesses to improve Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and access to, and experience with, mental health and wellbeing services (Commonwealth of Australia 2020b).

While not explicitly focused on the intersection of intergenerational trauma, SEWB and suicide prevention, the Agreement does identify a commitment to enhance SEWB and suicide prevention among Aboriginal and Torres Strait Islander peoples.

The Uluru Statement from the Heart

The Uluru Statement from the Heart outlines ‘aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination’ (Uluru Statement 2017). It places a strong emphasis on addressing many of the risk factors that have been identified earlier in this paper that have contributed to intergenerational trauma and poor mental health outcomes for Aboriginal and Torres Strait Islander people.

Treaty for Victoria

Drawing on the key messages articulated in the Uluru Statement from the Heart, the Treaty for Victoria seeks to give effect to the 3 key features of the Uluru Statement – Voice, Treaty and Truth (Victorian Government 2022a). It seeks to recognise the protective factors for Aboriginal and Torres Strait Islander people’s SEWB and put in place a legal mechanism that will allow for healing of past and current trauma.

Schemes targeting intergenerational trauma

‘Redress schemes’ operate to provide support to Stolen Generations survivors who were removed from their families or communities. They respond to the impacts of intergenerational trauma by enhancing a person’s SEWB. However, the schemes do not provide support to the families and descendants of the Stolen Generations, and therefore are limited in their ability to adequately address the impact of intergenerational trauma on SEWB and suicide prevention.

At the time of writing, there are 3 redress schemes in operation in Australia:

- The National Redress Scheme (National Redress Scheme 2022)
- The Territories Stolen Generations Redress Scheme (NIAA 2022)
- The Victorian Stolen Generations Reparations Package (Victorian Government 2022b).

Programs and initiatives

The following 3 evaluated programs and initiatives are explicit in their attempts to address intergenerational trauma, suicide prevention and SEWB (Table 1).

There are many other programs and initiatives that seek to enhance a person's SEWB, prevent suicide and contribute to a person's healing that have been well documented elsewhere (Dudgeon et al. 2022a; Dudgeon et al. 2022b; AIHW 2022; AIHW 2021). These programs and initiatives are included in Appendix B of the *Intergenerational trauma and mental health* publication.

Aboriginal and Islander Independent School – Murri School

The Healing Foundation provides funding for programs to address intergenerational trauma among Aboriginal and Torres Strait Islander children (Healing Foundation 2013). The Murri School is one of the funded projects. It combines various interventions and activities (Deloitte Access Economics 2017), including:

- therapeutic intervention
- service coordination
- family case work, family camps
- cultural and group activities
- (re)connection with educational and sporting activities.

The Cultural, Social and Emotional Wellbeing (CSEWB) Program

The CSEWB Program was developed to promote the cultural, social and emotional wellbeing of Aboriginal participants incorporating empowerment, healing and leadership, building resilience and giving people strength (CBPATISIP 2022).

The CSEWB Program involves 12 culturally secure sessions, including a field trip, a graduation ceremony and an opportunity for participants to implement a community project. Participants explore concepts of self, including their personal understanding of how the legacy of colonisation has affected their understanding of Aboriginal social history; loss of culture; family and parenting concepts; leadership styles; personal development; and self-esteem and efficacy (Mia and Oxenham 2017).

A Community Reference Group (CRG) provides cultural governance for the program managers and facilitators. Membership of the CRG includes Elders, other Aboriginal community members and organisations providing health and social services to the local community (CBPATISIP 2022).

Red Dust Healing

Red Dust Healing was originally designed in response to issues of oppression within the contemporary juvenile justice system. It targets Aboriginal males in recognition of the disproportionately high suicide rate among this group due their heavy load of oppression and loss (CBPATISIP 2022). The program addresses this oppression by seeking to reverse the colonisation process as it affects an individual's self-image, roles and responsibilities and actions.

Participants examine their hurt and rejection and reflect on how this is manifested in their actions towards the people around them. Red Dust Healing promotes an individual's empowerment to find their own solutions. A tool has been developed called 'POUCH', which is a solution-based, problem-solving concept allowing participants to deal with issues in their own lives. Discussing this tool encourages participants to look at solving some of their concerns and gives them responsibility without blame (CBPATSISP 2022).

The name 'POUCH' is an acronym for identifying 'what Problems U have, what Options U have, what Choices U have and How U are going to deal with them'.

Table 1: Program descriptions and evaluation information

Name and brief description	Location / Indigenous-specific?	Evaluation
<p>Aboriginal and Islander Independent School Murri School The healing program creates collaborative, responsive services to meet the needs the children attending the school, their families and wider community.</p>	<p>Queensland Indigenous-specific – Yes</p>	<p>Deloitte Access Economics (2017)</p>
<p>The National Empowerment Project (NEP) and the NEP Cultural, Social and Emotional Wellbeing (CSEWB) This program promotes the positive cultural, social and emotional wellbeing and mental health of individuals, families and the community</p>	<p>Queensland and Western Australia Indigenous-specific – Yes</p>	<p>Mia (2017); Mia et al. (2017); Mia and Oxenham (2017)</p>
<p>Red Dust Healing This program focuses on changing ways of thinking and behaving, and making better choices that are in line with values and culture.</p>	<p>New South Wales and Queensland Indigenous-specific – Yes</p>	<p>Caritas (2015)</p>

Evaluation findings

All 3 programs improved the wellbeing of participants with their focus on healing intergenerational trauma. Increased confidence and self-esteem among participants were notable outcomes of the programs (Mia and Oxenham 2017; Caritas Australia 2018). Specific outcomes flagged by the evaluations included:

- improved educational attainment, improved mental health, and reduced contacts with the child protection and justice systems for students at the Murri school (Deloitte Access Economics 2017)
- increased confidence in CSEWB participants which supported employment; improved relationships with families and the community; fostered empowerment; and developed strategies to cope with their grief and loss around suicide, poverty, mental illness and deaths (Mia and Oxenham 2017)
- successful use of tools to overcome barriers associated with rejection, grief and loss and the impacts of colonialism and oppression for Red Dust Healing participants (Caritas Australia 2018).

All of the programs support participants' understanding of the impacts of intergenerational trauma.

Appendix A of the *Intergenerational trauma and mental health* publication contains information on these programs and their evaluations.

What works

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Solutions that work report (Dudgeon et al. 2016) is the most important work on SEWB, mental health and suicide prevention. Two evaluation frameworks have followed this work (ATSISPEP 2017; CBPATSISP 2018). Central to the frameworks is that they:

- are guided by expert Indigenous groups
- privilege Indigenous ways of doing, knowing and being, including program design, methodologies and delivery
- involve the National Aboriginal and Torres Strait Islander Mental Health Indigenous Leadership.

The Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Framework (CBPATSISP 2018) identifies the following as foundational features for any SEWB-related program or initiative. They must:

- assist in Indigenous capacity building
- prioritise Indigenous knowledge and experience
- respect cultural values
- recognise Indigenous rights and self-determination
- facilitate cultural strengthening
- facilitate and promote Indigenous leadership and governance
- foster genuine partnerships and community engagement
- promote healing (CBPATSISP 2018).

Conclusions

The ripple effects of colonisation are ever-present in the legacy of unresolved trauma that has been transmitted and reproduced in successive generations of Aboriginal and Torres Strait Islander communities. More (and urgent) action is required to provide effective responses to Indigenous Australians impacted by intergenerational trauma (Healing Foundation 2021). Such action must include:

- holistic approaches that recognise the impact of intergenerational trauma
- Stolen Generations-led and centred responses
- self-determination
- trauma-aware, healing-informed practice
- evidence-informed programs and services (Healing Foundation 2021).

Notwithstanding the important work of the Healing Foundation, trauma research is lacking:

- There have been no systematic examinations to determine the psychological effects of Stolen Generations policies across the lifespan, on families and communities and across generations.
- There is limited quantitative data charting the impact of intergenerational trauma on mental health and suicide.
- Research is needed to explore mental health practitioners' understanding of the impact of historical and intergenerational trauma on the mental health of Indigenous Australians, and to what extent practitioners implement trauma-informed principles.
- Work is needed to understand how trauma frameworks can be applied to other areas of practice such as child protection, social work and the legal sector.

Policies and programs must look to acknowledge and address intergenerational trauma within the context of suicide prevention and SEWB. Programs that centre on empowerment, healing and leadership have been shown to improve self-confidence, to strengthen community ties and to enhance key protective factors. These interventions seek to address the holistic needs of the individual in line with the SEWB framework.

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