

Working with the Stolen Generations: understanding trauma

Providing effective aged care services to Stolen Generations survivors

This fact sheet provides information for aged care staff to improve services for **Stolen Generations survivors**.

It will help providers comply with the Aged Care Quality Standards, particularly **Standard 1. Consumer dignity and choice**, and meet their obligations to care recipients who are Stolen Generations survivors.

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There is enormous diversity among Stolen Generations survivors, and this fact sheet should be viewed as a starting point only.

History

Between 1910 and the 1970s approximately one in ten Aboriginal children were stolen from their families, communities and cultures and placed in institutions or adopted by non-Indigenous families. The removals were racially motivated, designed to assimilate Aboriginal people. They occurred under government policies of the day. The 1997 *Bringing them Home* report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families documents the stories of many survivors.

On top of the grief and suffering caused by their removal, stolen children were often subjected to harsh and degrading treatment including abuse, exploitation and racism. Many were also denied education.

The trauma of these experiences continues to affect Stolen Generations survivors, their descendants and communities today.

11%

of Aboriginal and Torres Strait Islander people born before 1972 were removed from their families

Western Australia 24%
South Australia 16%
Other jurisdictions 11-13%





Current reality

There are more than 17,000 Stolen Generations survivors in Australia today. By 2023 all Stolen Generations survivors will be aged 50 and over.

Many Aboriginal people have experienced lifelong physical, mental and economic disadvantage as a result of the Stolen Generations policies. This trauma has often been unintentionally passed on to children and grandchildren, affecting multiple generations.

For trauma survivors things that happen in their daily lives can trigger distressing memories or reactions. Triggers are very personal, can occur at any time and even trauma survivors often don't know what will trigger them.

Common triggers for Stolen Generations survivors include anything that reminds them of childhood trauma, including:

- clinical settings resembling a dormitory or institution they were placed in as a child
- a tone of voice, such as a person projecting authority
- a look on someone's face or a gesture
- any situation that brings back feelings of the lack of control they experienced when they were taken from their families.

When interacting with Stolen Generations survivors and their families, it's helpful to recognise the trauma many people carry, and how behaviour can be a symptom of distress. For example someone may become angry, breathless, or scared; start to cry; or feel sick after experiencing a trauma trigger.

Dementia

Survivors who develop dementia may experience terrifying flashbacks to their childhood, which they are unable to distinguish from reality. Aboriginal and Torres Strait Islander people are three to five times more likely to develop dementia than non-Indigenous Australians¹, and Stolen Generations survivors are even more likely to develop dementia as a result of the trauma they experienced².

At a residential care facility, a Stolen Generations survivor with dementia started refusing to have a bath. Mary would get angry and become difficult for staff to manage. When her daughter became involved, it emerged that as a child (in an institution) Mary's skin had been scrubbed regularly in the bath to try and 'make it white'. Her childhood was now coming back to her and she was afraid she would be treated the same way.

For some it is the singing of particular Christian songs [learned while in an institution], for others it is hearing a sound and acting on it e.g. panicking when they hear something similar to a bucket being kicked as this reminds them of the warning signal given by other children when their minders were coming.



¹ NeuRA's Koori Growing Old Well Study: https://www.dementia.org.au/dementia-news/issue-05/growing-old-study

² Childhood Stress and Adversity is Associated with Late-Life Dementia in Aboriginal Australians: https://www.ncbi.nlm.nih.gov/pubmed/28689644

Communication

Stolen Generations survivors often find it difficult to talk about being a stolen child. When survivors do share their stories this may be in stages, depending on the circumstances and how comfortable they feel.

It can be particularly distressing for Stolen Generations survivors to be asked to retell their stories, for example to different staff members.

Stolen Generations organisations and other advocates³ may act as custodians of people's stories, reducing the number of times survivors need to retell them.

If Stolen Generations survivors feel stressed, including as a result of being triggered, they may not be able to provide even basic information. This can lead to people backing away from triggering situations.

Dealing with large bureaucracies like the aged care system can remind survivors of the lack of control they felt as children when they were taken from their families.

It can be difficult for Stolen Generations survivors to speak up because as children they were often punished for this, or only told what to do and never learned this important skill.

Misdiagnosis

Trauma, grief and loss are commonly misdiagnosed as mental health issues.

For example people suffering flashbacks and presenting with symptoms of disorganisation can be misdiagnosed with schizophrenia. People may also be misdiagnosed with OCD if they are obsessive about cleaning. This behaviour may be the result of a Stolen Generations survivor being beaten as a child if things weren't spotless, or being afraid their own children would be taken away if their house wasn't perfect.

Next of kin

Many Stolen Generations survivors may never have reconnected with their biological families. Instead, other survivors may be their families.

My mother's sister and my uncle were homeless... I took ownership and got an order to put my uncle into an aged care facility to avoid early death. It broke my heart as a young person doing it.

Confirmation of Aboriginality

It's not always easy for Stolen Generations survivors to prove their Aboriginality, partly due to inadequate/non-existent records kept about many stolen children.

This has been especially challenging for some Stolen Generations survivors with fair skin, whose identity may be questioned by people who don't understand the diversity among Aboriginal people.

Advance care plans/palliative care protocols

The higher rates of dementia and other forms of cognitive impairment among Aboriginal and Torres Strait Islander people underscores the importance of advance care planning.

Some survivors who have reconnected with their communities of birth want to 'go back to country' or incorporate other cultural or spiritual needs as part of palliative care or advance care plans.

Discrimination and racism

Racism and discrimination continue to affect many Aboriginal and Torres Strait Islander people on a daily basis and can have a devastating impact, increasing shame and distress, especially when compounded by previous trauma.

Stolen Generations in aged care

Many providers may have Aboriginal residents/clients and not be aware they are Aboriginal.

The majority of Stolen Generations survivors fear residential aged care⁴ and opt for home or community care where possible. However, many survivors don't know what services are available to them, let alone how to access them.

As their needs increase more Stolen Generations survivors are expected to enter residential care.

Stolen Generations survivors often access mainstream (non-Indigenous) services. Most of the Indigenous run services are located in remote areas while the majority of Stolen Generations survivors live in urban and regional locations, and the waiting list for Indigenous run facilities is often very long.

Touch/intimate care

As a result of childhood trauma, Stolen Generations survivors may not be comfortable being touched (or having their belongings touched) and especially with intimate care.

These things can remind people of the abuse or lack of control they experienced as children and may trigger trauma, particularly if they have been sexually abused.

Cleanliness and clothing

Stolen Generations survivors often have particularly high standards of cleanliness, stemming from the strict dormitory life many experienced in institutions, where extensive cleaning duties and inspections were commonplace. This can become even more important to people as they get older and increasingly re-experience their childhood.

Stolen Generations survivors may also closely associate cleanliness and appearance with dignity and respect, for example placing a great importance on being well dressed.

One Stolen Generations survivor, who was adopted out to a regional Victorian town where he and his two adopted sisters were the only Aboriginal children, said his adoptive parents were acutely aware that others would be watching the only Aboriginal kids in town. They ensured the three children always dressed well, and this has stayed with him throughout his life.

It can be very challenging for Stolen Generations survivors to spend time in an unclean environment, especially if attempts to speak up about this are met with unhelpful responses (for example cleaners in a dusty room saying they are only responsible for mopping the floor, or needing to ask multiple people about cleaning up a spilled drink because some staff 'are not allowed to do that').

Documentation/instructions

Many Stolen Generations survivors were denied education as children, while others have physical and/or cognitive disabilities or have difficulty processing and retaining information as a result of trauma. It may not always be easy for them to complete lengthy forms or read written information.

Due to the inadequate, inappropriate or false records often kept about them as children, Stolen Generations survivors may be apprehensive about what is written down about them in a contemporary context.

⁴ Residential care often reminds Stolen Generations survivors of being institutionalised as children, or they may worry about being abandoned or forgotten about. Stolen Generations survivors may be particularly reluctant to engage with church-affiliated providers that were responsible for the forcible removal of children. For those who have also spent a lot of time in prison or other institutions, by the time they reach aged care they may have been institutionalised for most of their lives. The thought of going into yet another institution can be extremely distressing.

How you can help

- Ensure all staff dealing with Aboriginal and Torres Strait Islander residents/clients receive basic education about trauma and its impacts.
- Try to make people as comfortable as possible.
 This may include building trust by developing a connection with the person and letting them know their privacy will be protected.
- Consider adding a tick box to new resident/client forms asking if the person is a Stolen Generations survivor. This provides an easy way for survivors to identify themselves without engaging in a potentially triggering conversation.
- Be guided by each person on whether they want to talk about their past and how much they want to reveal, and use discretion when asking people about traumatic experiences. If a resident is reluctant to speak about a particular topic consider noting this in their care plan/record to inform other staff.
- If people do share their stories, consider how this information can be included in their care plan/ record with their permission (for example consent forms that allow for the story to be shared with other staff), to prevent them having to retell it.
- Talk to Stolen Generations survivors about their individual needs which may vary significantly from person to person.
- Ask for permission before doing anything that involves touch (particularly intimate care), and consider alternative arrangements if someone is uncomfortable.

- If relevant, consider informing all prospective residents/clients that the organisation employs both male and female staff and check if they have a gender preference (where possible). This should be done pre admission/before services commence.
- Where possible, ensure the environment doesn't resemble an institution. For example always knock before entering a Stolen Generations survivor's room avoid setting dining tables in a long line.
- Explain the process and actions involved in an assessment or treatment beforehand, during and afterwards.
- Engage trauma informed professionals to assess the impact of grief and trauma and avoid misdiagnosing these as mental health issues.
- Frame directions as suggestions wherever possible, such as 'If you're happy to take a seat we can work out what's going on'.
- Use plain English and give clear explanations that are tailored to the person. For example consider demonstrating a medication dose or describing it using the number of teaspoons rather than providing written information.
- Be mindful of the language used and be prepared to include survivors in the preparation of any written documentation, such as care plans and reviews. This may include showing people what you have written about them and making changes/ additions at their request.
- Where possible, allow additional time for delivery of services to Stolen Generations survivors.
- Consider whether someone may need support
 e.g. at an appointment or to complete a lengthy
 form. Ensure your organisational procedures allow
 for Stolen Generations organisations and other
 advocates to take on this role if preferred by the
 survivor.
- Be flexible to reduce survivors' stress and enhance wellbeing. For example this may include adjusting palliative care protocols and practices to take into account the unique needs of Stolen Generations survivors.
- Ensure facilities and services are culturally friendly.
 For example, incorporate cultural awareness/safety requirements into policy and training materials.





- Consider providing additional services and healing opportunities for Stolen Generations survivors e.g. art therapy (specifics to be determined in consultation with survivors).
- Explore including cultural and kinship details in people's care plans – for example who visits a survivor regularly, key events/dates for them e.g. Sorry Day.
- Support Stolen Generations survivors in residential care to maintain contact with the community to prevent social isolation (for example by providing transport services that also accommodate family members or carers).
- Build partnerships with trusted third parties such as local Stolen Generations/Link-Up organisations and Social and Emotional Wellbeing Counsellors⁵ to better support Stolen Generations residents/ clients⁶.
- For survivors who do have family members around, be aware that relatives may also be dealing with the impacts of trauma and need additional support. Some survivors may also benefit from having a family member stay with them as a carer, for example in a nearby room at a residential facility.
- Ensure transparency of care e.g. that the person's next of kin is informed about any medication changes, clients are getting all the services they're being billed for etc.
- Check people know their rights, encourage them
 to speak up if these are not being respected, and
 support them to do so. For example, who to go
 to and what the process is if they need to make a
 complaint.
- Ensure policies and procedures are in place to prevent racism and discrimination, call out racist attitudes and discriminatory behaviours wherever they occur, and share your knowledge about trauma and its impact on Stolen Generations survivors.
- Encourage all staff to undertake Aboriginal and Torres Strait Islander cultural awareness/safety training specific to the local area. For example, it is important to understand the impact of Sorry Business on Aboriginal and Torres Strait Islander people and communities (including missing appointments).
- If possible, employ Aboriginal and Torres Strait Islander staff with an understanding of the trauma affecting Stolen Generations survivors. This includes those in management, executive and governance roles as well as direct service staff.
- Encourage all staff to undertake Aboriginal and

 Making assumptions. For example about people's needs, their level of literacy including health literacy, where they are at in their healing, who the decision maker might be for them, and who they would like their

Things to avoid

 Using medical jargon or acronyms – in general this can be alienating, and many Stolen Generations survivors were denied an education.

information shared with.

- Shouting, purposefully talking slowly or right in a person's face based on assumptions about their ability to understand.
- Shining torches in peoples eyes/faces.
- Requiring proof of Aboriginality (or at least providing exemptions for Stolen Generations survivors).
- Making negative statements that dismiss people's trauma and grief e.g. 'move on'.



- 5 Counsellors funded to support Stolen Generations survivors
- 6 For contact details visit https://healingfoundation.org.au/ stolen-generations/support/

Further information

To view these documents visit https:// healingfoundation.org.au/working-stolen-generations/ For more information about trauma and its impacts, view our resource on Coping with the Impacts of Trauma. To learn more about the specific needs of Stolen Generations survivors aged 50 and over, view our resource Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over. For further information about the health and social impacts of the Stolen Generations policies on survivors and their descendants, check out the Australian Institute of Health and Welfare's analysis. For information about the ongoing impact of Intergenerational Trauma view the Australian Institute of Health and Welfare Children's report. Find out more about trauma and healing terms for Aboriginal and Torres Strait Islander people in our Glossary of Healing Terms. _____ For further information about trauma informed care, check out Trauma Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia – A National Strategic Direction. To understand more about Aboriginal and Torres Strait Islander peoples' use of aged care services view the Australian Government Department of Health's Fact Sheet: Aboriginal and Torres Strait Islander peoples' use of aged care services.

This material has been developed in collaboration with





Stolen Generations survivors.