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Intergenerational Aspects of Trauma for Australian Aboriginal People

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Australian Aboriginal peoples constitute a multitude of tribal and cultural groups. Their presence on the Australian continental land mass can be established as going back as far as 60,000 years, and they represent the oldest continuous, identified culture of people in the world today. They were generally a nomadic people, although with different communities and family occupying relatively defined areas of land, their tribal lands. These lands were identified through knowledge passed down in oral traditions. Particular understandings and “Law” were held by tribal elders, but the rich cultural heritage was for the most part understood and valued by all peoples. There were over 600 languages and groups.

In 1788, the first white settlement was established formally in Australia, the Colony of New South Wales, at Sydney. The Australian continent had been claimed by Captain James Cook for the British in 1770, although there had been other non-Aboriginal explorers, including Dutch and Portuguese. A core understanding that must be incorporated into any consideration of intergenerational aspects of trauma is that in claiming this land for the British and in colonizing it, it was seen as “Terra Nullius” (i.e., a land of no peoples). This meant that from the very beginning, there was a denial by the white colonizers of the reality of Aboriginal peoples as human beings, and of their rights to the land they had inhabited for millennia. This loss of land is a potent background to understanding trauma and its intergenerational effects for Aboriginal people, for it impacted on their well-being and has continued to do so in many ways.

This was the more so because of the close relationships between the tribal groups and their land, their own places of being, in terms of spiritual meanings as well as physical survival. Indeed, Aboriginal peoples’ understanding and management of the ecology of their land was

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complex and sophisticated. Similarly, their interpersonal relationships, kinship, and communities were complex and governed by requirements for behavior, relating, and understandings that were sophisticated and balanced, and showed among other things, gender equity.

In considering Aboriginal people as of little consequences, the white invaders set the pattern for the next 200 years. Aboriginal people were not given the right to vote until 1967, and it was only in June 1992 that the High Court in the *Mabo* decision acknowledged the land rights of Aboriginal peoples.

Thus, the first pervasive and ongoing level of trauma experienced by Aboriginal peoples in Australia was dispossession and denial of their rights. O'Shane (1995), speaking of the psychological impact of white colonization on Aboriginal people, emphasises how pervasive this impact was and is. "Dispossession, defined in terms of land, is however, too narrow a view of the experience of dispossession that has been ours. In the process of expropriation of the land the colonisers also destroyed our communities" (p. 150). She goes on to recount how families were driven or taken from their homelands, and how this continued until the most recent times.

A second component of this pervasive and ongoing traumatization related to a complete denial of the human rights of Aboriginal people, who were seen by the early colonists as "sub-human." This was associated also with a failure to recognize the family and kinship structure of Aboriginal life. Not surprisingly, there is also a history of repeated attempts to "wipe out" Aboriginal groups with massacres, poisoning of food and water supplies, and virtual annihilation in some states, such as Tasmania. Subjugation of surviving Aboriginal peoples and enforcement of non-Aboriginal language and culture led to a breakdown of traditional family life, which was essential to the passing on of Aboriginal ways of life, language, and cultural practice. Thus, active discrimination, denigration, the breaking down of culture, racism, and denial of the most basic rights added a second level of ongoing traumatic experience to the background of distress impacting on Aboriginal peoples. As O'Shane states, "The psychological impact of these experiences of dispossession, racism, exclusion, extermination, denigration and degradation are beyond description" (p. 157) and "they strike at the very core of our sense of being and identity" (p. 151).

Many specific policies introduced by the colonizers, allegedly for their good and protection, also had traumatic effects. One such group of policies focusing on Aboriginal children and families demands particular attention (Kendall, 1994). Describing the history of removal of Aboriginal children in Australia Kendall stated that this had been a constant theme from the time of colonization, later formalized in specific legislation and regulation. The six states and the Commonwealth Government had each introduced "policies which contributed to large numbers of Aboriginal children being removed from their families, communities and culture" (p. 18). Such policies arose, she suggests, to blend Aboriginal people with the white population, to assimilate and civilize them, and to train them for the "lower orders of white society." These specific aims were formally spelled out in many of the policies; for instance, "dissociating the children from camp life must eventually solve the Aboriginal problem." Particular emphasis was placed on children who were "half-caste" or had other levels of Aboriginal/white mix. It was expected that the race would gradually fade out, as the circumstances of living of those left behind would lead to their extermination, and their offspring, reared among the whites, would gradually become more "white." It is not surprising that Aboriginal people interpreted this as genocide. Every aspect of the lives of Aboriginal peoples was controlled, including where they could go and who they could marry throughout much of this period, unless they lived in such remote places as not to have interacted with the colonizing groups, whose influence spread rapidly through pastoral holdings and later mining. Those children taken away were reared for domestic work (girls) or farm labor (boys), or for adoption by white families.

The traumatic ways in which these separations took place, and their impact on both parents and children, are conveyed in the following examples taken from the recent report "Learning from the Past" (1994).

One of the most common memories is of a government car driving up the road to the mission: "They just took them. . . . Parents were never asked for consent. . . . That's why when a car came with officials the children would run away and hide" (Edwards, 1982). One man interviewed for this report said he would have "defied anyone to find me and my sister in the little hideout mum and dad made in the bush for us," and remembered how he hid in a cave. "As soon as the police used to come up the hill, mum used to scream, and we used to run and hide, even too frightened to breathe. . . . If we heard mum outside we wouldn't even speak until mum came and got us." A woman again reports: "After we were stolen . . . mum had another child, a boy, and he was also taken. How could they do that? How could they pick on us? No one to this day has told us why we were taken away and why we were told that our mother was dead. How horrible it has been; why do they do these things?"

Justification for taking children in these ways often came from the appalling conditions in which Aborigines and their families were living. But poor conditions arose because of the ways in which Aboriginal people had been treated. Their rich cultural and community life, which placed such a strong emphasis on kinship, family, and the care of children, was denied, and the physical circumstances of their existence in fringe camps or on white properties invalidated their competence and capacities.

Children were also taken as infants and when very young, and frequently were reared as "white," so that many grew up knowing nothing of their Aboriginal heritage. In some instances, brothers and sisters were kept together; in others, they were separated and could not comfort, or did not know the fate of one another. One woman, taken with other Aboriginal girls, remembers "screaming like mad because I wanted to go back to my mother." She and her sisters, when in the Half-Caste Home "used to try to run away," but couldn't escape, "so we just cried all the time to go back to our country."

These and innumerable other accounts attest to the intense, traumatic, and painful separation and loss experienced by Aboriginal children and families in these horrific circumstances. While policies eventually changed, after Aboriginal people attained equity in terms of citizenship (1967), they persisted to a degree beyond that time. And formal policies, no longer politically correct, were replaced by more subtle and institutionalized forms of separation that continue to the present. Kendall (1994) reports from the point of view of her organization, Link-Up, which was developed to help Aboriginal people find their families: "we who were being removed until very recently and in some areas are still being removed from our families." "The oldest client in our organisation is 107 years old and the youngest is still being born" (Kendall, 1994, p. 18). The current basis of such separations resides in welfare and community service actions, and in the high levels of incarceration of Aboriginal young people in welfare and juvenile justice institutions. Many sources document the ongoing extent of separations. For instance, Aboriginal youth in 1990 were overrepresented in detention in juvenile justice systems by a factor of 12 in Queensland, 16 in New South Wales, and 62 in Western Australia (Hunter, 1994). Hunter suggests that this reflects a social construction of Aboriginal children as problems.

The children who experienced these systematic processes of separation from family and homeland became known as the "Stolen Generations" (Read, 1981). In examining the stressors they experienced, and their impact, a number of different elements can be identified. These then provide a framework from which to examine trans- or intergenerational effects. But such effects must, of course, be seen in the context of other ongoing stressor experiences for Aboriginal

people, including separation, loss, and trauma. Overall, it is estimated that over 100,000 people have been so affected, with direct effects for, at the very least, 1 in 10 families.

Stressors experienced by these children included intense separation distress; searching behaviors; multiple grief, which was chronic and often unresolvable; emotional and behavioral disturbances in childhood, which arose naturally upon their distress; dislocation stressors from loss of home and place; denial and stigmatization of their Aboriginality and cultural heritage; and loss of identity. Swan (1988) vividly describes the impact of these experiences in her report, "200 Years of Unfinished Business."

The devastating experiences of Aboriginal parents and families brought on by the removal of their children, the loss of control over their lives, powerlessness, prejudice, and hopelessness, have left many problems for us to deal with today. The theft of Aboriginal children . . . has produced the background for many years of horrific memories, distress, and mental health problems that still need to be addressed.

In addition to these direct effects and consequences of separation and removal, other problems arose. Many Aboriginal children were emotionally, physically, and sexually abused in the institutions or foster homes in which they were placed. Hunter (1994) suggests that the pain caused by all those experiences is "enduring and unquantifiable." He reports that in one area he worked, in an urban Aboriginal population, one-half of his patients had been separated as children, and, among the women, about a half of the population had been sexually abused in a foster home.

IMPACT OF THESE STRESSOR EXPERIENCES

In studies of non-Aboriginal communities, the extent of such traumatic separation, loss, abuse, dislocation, and dehumanization can only be found in populations subjected to systematic torture, genocide, concentration camps, or urban or family violence. Data from such populations provide a basis for considering how these experiences may have impacted on Aboriginal people themselves, and also how such effects may influence subsequent generations. Comparisons of this kind are necessary, as there is as yet only the most rudimentary information from which inferences may be drawn.

Such studies have described the impact on a shortened life span, with illnesses occurring in the survivors lives (Eitinger & Strom, 1973). Although more recent studies, such as that of Tennant, Goulston, and Dent (1993), suggest that mortality rates are no different. Eitinger and Strom (1973) found from their own work and in reviewing other studies that death rates from tuberculosis and infectious diseases, lung cancer, coronary heart disease, chronic bronchitis, diseases of the liver, and violent death were all higher, especially in the first decade after these experiences.

Suicide and accidents were high throughout. These results were seen to be general rather than specific. Similarly, clinical symptoms of depression and anxiety are prevalent in populations surviving prisoner-of-war camps (Tennant *et al.*, 1993).

Posttraumatic stress syndromes, particularly posttraumatic stress disorder (PTSD), are the most prevalent and specific forms of morbidity likely to follow such experience, both with effects in childhood and subsequent adult life. Judith Herman (1992) described complex PTSD, a syndrome that reflected the outcome of such chronic experiences of traumatization. These symptom constellations include a wide range of general psychological and somatic symptoms (and somatization patterns), impact on personality and identity, and vulnerability to self-harm, suicide, revictimization, and further abuse. Substance abuse is also prevalent.

Unfortunately, no broad systematic data are available on relationships between such trauma and health, but examination of health data available currently from Aboriginal populations shows patterns that are not dissimilar.

TRANSGENERATIONAL ASPECTS

Harkness (1993) has reviewed intergenerational aspects of transmission of PTSD, particularly war-related trauma. As she indicates, psychological reverberations of traumatic events can affect other family members, particularly the next generation, the children. Effects may be direct, linked to genetic vulnerability, experienced by both parent and child, or the result of psychological or social factors associated with the traumatic morbidity, for instance, family breakdown, impaired parenting and relating skills, violence, or antisocial behaviors. Danieli (1985, 1989) has described the intergenerational effects for children of Holocaust survivors and shown how burdens of guilt, reactions to overprotectiveness, unspeakable family secrets, and many other factors can be transmitted to the next generation. McFarlane, Blumbergs, Policansky, and Irwin (1985) demonstrated that ongoing parental PTSD contributed to a significant level of disaster-related morbidity in their children. Another aspect may be vicarious traumatization of the child who identifies closely with the traumatized parent and may reflect similar symptoms or traumatic patterns. Of concern may also be those circumstances in which intergenerational effects lead the child to become the nurturer, not only of the impaired parent, but perhaps pathologically so of others. This is what Bowlby (1979) described as care of the vicarious object, where, through the mechanism of projective identification, the individual cares for the wounds of others as he or she would wish to be cared for. Harkness's (1993) own study of the behavioral problems of children of Vietnam veterans found that lower levels of family functioning, the father's past combat experience, and the father's current violent behavior were the strongest predictors of problems in children. Girls with violent fathers were more withdrawn and delinquent, and demonstrated both externalizing aggressive and internalizing anxious/depressive patterns. Boys who were younger showed high externalizing scores, and those in the adolescent age group revealed violent and aggressive patterns resembling those of their fathers. These effects were seen as arising from many sources, ranging from intergenerational transmission of violence, to trauma in the family and social factors.

TRANSGENERATIONAL IMPACTS AFFECTING ABORIGINAL CHILDREN AND ADULTS

Studies carried out with Aboriginal people are limited and, in the past, were often poorly informed, or took little account of Aboriginal perceptions and views. The earlier workers who contributed an understanding of mental health problems in Aboriginal communities usually did so using either ethnographic models or applying Western models of psychiatric diagnosis. Few took into account the extent of trauma, loss, and separation experienced by Aboriginal people, or used conceptualization that would provide understanding of intergenerational effects. Some have been identified in the most recent work in the mental health field (e.g., Brady, 1995; Hunter, 1994; McKendrick, 1993; McKendrick & Thorpe, 1992, 1994), or through inquiries related to attempts to identify the source of particular problems (e.g., Royal Commission into Aboriginal Deaths in Custody, 1991). More potently, however, the extent, nature, and severity of effects have been presented by Aboriginal people themselves in reports,

discussions, and a range of other responses. It must be emphasized here, however, as earlier, that it may often be difficult to distinguish particular intergenerational transmission when considerable vulnerability must be related to the extensive and pervasive ongoing effects of dislocation, dispossession, deprivation, and discrimination.

History of childhood separation from parents is strongly correlated with a wide range of problems found in many of the studies reported earlier. This may have had a direct effect in leading to morbidity, or indirect effects in that problems of the parental generation, or experienced by them, impacted on the child. Kamien's study (1978) in Bourke found that among the 320 adults interviewed, one-third had been separated for more than 5 years between the ages of 5 and 14. Separation in the family history was found to be very frequent in populations in McKendrick's study and correlated with the very high levels of depression found in these Aboriginal people seeking primary health services.

Hunter (1994) comments particularly on effects on males, where these histories are powerfully influenced by the loss of fathers, both through such separations and through the criminal justice system, and where the models for and initiation into mature manhood are often sorely lacking. He sees this in contrast to women's ongoing primacy in domestic and child-rearing settings, and their greater financial security with welfare payments. He also shows how this occurs, particularly in remote communities, where "paternal roles are further compromised in the confusion of changes which included dislocation, entry into the cash economy, unemployment and the consequences of heavy drinking which became widespread after the repeal of prohibition" (the prohibition in Australia applied only to Aboriginal people) (p. 17). Hunter goes on to point out that "early mortality and excess morbidity from alcohol-related causes, enormous rates of arrest and detention, absence from communities and families in pursuit of alcohol, and the dysfunctionality of intoxication, all disproportionately impact the availability of males as parents" (p. 17).

Clayer (1991) assessed 530 Aboriginal people in South Australia. This group explored suicidal ideation and behaviors, and mental health and behavioral problems. A high proportion of those assessed (31%) had been separated from parents before age 14. Absence of the father, and absence of traditional Aboriginal teachings, were found to correlate significantly with attempted suicide and mental disorder (likelihood of having a disorder, as indicated by score on a screening measure, the General Health Questionnaire 12). Suicidal behavior was not infrequent, with 16% of males and 15% of females having attempted suicide in their lifetime. Demoralization, or anomie, as measured by an eight-question factor from the BSI (Brief Symptom Inventory) also related very significantly to attempted suicide and alcohol and drug use. While suicidal behaviors were at a much higher level than in non-Aboriginal populations, mental ill health was at much the same level, at least in this study. Anomie may thus contribute in an important way to this suicidal behavior, and may reflect the effects of intergenerational transmission of the types of stressors described here.

Brady (1995), considering vulnerability to drug and alcohol abuse among Aboriginal people, describes the negative way in which state welfare authorities are viewed because of the traumatic and powerful memories that they evoke by their actions in the past. Particular problems relate to failure to understand the nature of Aboriginal family life and seeing it as pathological, for instance, shifting households and raising of children by other Aboriginal people. Similar to others reporting on trauma and separation, she comments on the high level of parental separation experienced by Aboriginal people who died in police custody (43 of 99) and who had been separated as children from their natural families "by intervention by the state, mission organisations or other institutions" (p. 11). She also quotes figures from the Australian Bureau of Statistics (1995), which indicate that 10% of Aboriginal people over age 25

years had been taken away from their natural parents. While Brady acknowledges that it is impossible to define exact connections to alcohol- and drug-use problems, there is much to suggest that this is highly likely to contribute to vulnerability.

Swan (1988) suggests that the major impact of these traumata and losses on the next generations occurs through the effects on child-rearing practices, the passing on of culture, and the lack of role models. The transmission of culture, normally from parents to children, is particularly disrupted. Where culture is not transmitted because of such separations, it is likely that a sense of uncertainty and strain will be engendered. Aboriginal people so separated may seek their origins consciously and be assisted through organizations such as Link-Up or reunions. This is a painful and uncertain process, as they may not know from whence they have come, or their names, in a culture where identity is defined by name and place of origin. Many who were reared in non-Aboriginal families and not told of their origins may only discover this in later life, by accident or foster parents telling them subsequently, and may then have the struggle to accept their status as well as coping with their need to search for their roots. Tragic stories abound of people who found all their family members to be deceased, or whose families had been told they were dead or had been shown a false certificate of death, or who found a parent or sibling, only to lose that person shortly after. Thus, the search is for both family and identity. Swan describes how the loss of vital attachments may prevent these children from achieving their full potential, attaining cultural identity, developing a conscience, becoming self-reliant, coping with stress and frustration, and knowing the importance of family and relationships. All these factors may adversely impact on their mental health and well-being.

Aboriginal people, in their National Mental Health Conference (1993), identified important areas of need. It was recommended that "family links should be encouraged, especially with the extended family by: breaking the cycles of kids being placed in care from mothers who were in homes" and that "putting people back in touch with their families is a priority in achieving Aboriginal well-being and mental health" and that "the importance of grieving the loss of family caused by forced removal of children be acknowledged" (p. 29).

Kendall (1994) comments on the special problems of identity that may result for Aboriginal people who have experienced these traumata, and also the stresses involved in moving into Aboriginal society when reared as non-Aboriginal. This may be the more so for those who are fair-skinned and had "passed as white." She sees education, support, and counseling as necessary to provide "a positive pathway for our children."

O'Shane, a magistrate and University Chancellor (President), speaks compellingly of the consequences of the forced assimilation practices described earlier. While acknowledging that there has not been a full description or analysis of these effects, she states:

From what we know of the effects generally of dislocation, dispossession and breakdown of social structures, we may infer that these assimilation practices . . . have had further [than high levels of mental illness], far-reaching ramifications on the behaviors of the individual family members, compounding the generational effects of the original dispossession of land, culture and children; and including not only the mental health and general health problems, but also child behavior problems, and violence. It is no exaggeration to say that many Aboriginal families and communities spend their entire lives in crisis (p. 197).

She concludes that there is a great need for specific programs and therapies to address these issues. Later, she describes her own experience in childhood and adult life with the brutality of the practices of dispossession, assimilation, and removal of children. She states that the psychological impact of these "strike at the very core of our sense of being and identity" (p. 151). "I recognised the thing that happened to the thousands of other Aboriginal families like our

family and I marvelled that we weren't all stark, raving mad" (p. 153). O'Shane herself had suffered such psychological impact and had been treated by psychiatric systems that had recommended that she have a lobotomy. Fortunately, she did not do so, but her grief and distress are still issues for her in terms of her own and her people's losses.

Lorraine Peters (1995) vividly describes the way in which she came to terms with her experience of being removed from her family and the loss of that family and her Aboriginal heritage for many years. She states: "I was only 4 years old when I was removed from my family and placed in a home for Aboriginal children." She remembers little of the removal but does remember some of her subsequent experiences. "I was told I was there because my family didn't want me and that they didn't care for or love me, and that all Aboriginal men (they called them dirty blacks) were dangerous. They also said that my culture was not important and that we had to forget about it and never talk about it" (p. 154). She goes on to speak of her life later, with all the girls being turned out of this home at 15 to find work and lives of their own. Deeply ingrained in her mind was the word *welfare*. She married, but states that progressively all she focused on was her children and trying to make sure "no one was going to take my children away." She did not tell her husband or anyone of these fears, but kept the children and house clean all the time in case "they would come." This same fearfulness and protectiveness extended to her grandchildren. While attending a reunion of her "stolen generation," she became able to face some of her grief and encompass her family of origin and work through these issues. Such experiences inevitably affected her sense of identity, her anxieties, and her parenting skills. She concludes: "I will not be free of pain, of my lost years, of a lost childhood they took from me. But at least my children and grandchildren will be free of having their lives and minds screwed up" (p. 157).

TRANSMISSION OF VIOLENCE AND ABUSE

There is considerable evidence that being abused as a child is associated with greater risk of becoming an abusive adult (i.e., transmitting the pattern of abuse to the next generation). Oliver (1993) has reviewed many of the studies addressing these issues, and has also carried out his own research. He found that approximately one-third of child victims of abuse grow up to have significant difficulties parenting, or they become abusive of their own children. One-third do not have these outcomes, but the other one-third remained vulnerable, and, in the face of social stress, there was an increased likelihood of their becoming abusive. The capacity of the child to grow up with the ability to face the reality of past and present relationships, to develop a strong personality and other supportive relationships, particularly a supportive adult partner, could protect against these negative outcomes.

There have been no studies to document these issues as they affect Aboriginal people, but it seems very likely that such patterns will contribute, particularly in view of the systematic abuse suffered by Aboriginal people in their own childhood, as outlined earlier. High levels of child abuse are reported by Aboriginal people as central to their concerns, as being related to breakdown of parenting skills, alcohol abuse, and violence (Swan & Raphael, 1995). Current Australian statistics show the rates of abuse and neglect for Aboriginal and Torres Strait Islander children (15.2 per 1,000 children ages 0–16 years) were much higher than for all children (5.7). Aboriginal and Torres Strait Islander children ages 0–4 years had the highest rate of abuse and neglect in the population, with a rate of 16.3 per 1,000 children (Angus & Woodward, 1995).

Hunter describes how the impact of profound social change on parents may be transmitted to the next generation, leading to social problems and other negative outcomes for these

offspring. He reports that in the remote Kimberley region in the 1980s, there has appeared "a spectrum of self-harmful behaviors in which alcohol plays a part, with the most serious (completed suicide) primarily involving males" (Hunter, 1990, p. 192). These increases in self-harmful behavior and violence in this region were also reflected in rising rates of convictions for murder and rape among Aboriginal males in this state. He believes that, until the previous generation, this region had to some degree been insulated against change, but changes did occur in the 1960s, with the "dramatic social transformations" that occurred during that time. These changes included the cash economy, changes in structure of Aboriginal communities and lives, and, most particularly, the sudden ready availability of alcohol. This led to many social changes and adverse impact on health, for instance, increases in deaths from external causes. Those who were young adults during this period of destabilization are the antecedents of the current group among whom the recent increases in self-harming behaviors is occurring. These changes are mixed with many of the other factors noted earlier. Furthermore, the separations experienced by the earlier generation (15–27% among those ages 30 and older who were children prior to the 1970s) continued but appeared to be related to heavy parental drinking. These effects may also be reinforced by the related antisocial spectrum of behaviors affecting the earlier generation and leading to incarceration and absence of parental figures, especially fathers. There is, Hunter suggests, transmission to the next generation of the violence and abusive and antisocial outcomes. This may be through lack of positive factors, so that the negative identifications and stressor effects predominate both at family level and in broader social groups. Hunter (1993, 1994) believes males are particularly vulnerable, with females perhaps protected to a degree by the relative power of their female role models in economic and family domains.

PARENTING AND THE IMPACT OF EARLIER LOSS AND TRAUMATIZATION

Aboriginal people themselves have identified the pattern of loss of parenting skills for the "stolen generations" (Swan & Raphael, 1995). As described earlier, children were taken from parents at many different ages, but mostly in younger childhood. The vast majority were then raised in institutional settings with few primary, caring parental figures. Both the traumatic effects of such separations and loss, and the loss of role models of parenting are likely to have had profound psychological effects, disrupting attachment and creating vulnerabilities to anxiety and depression. Most communities suggest the need for special programs to support young Aboriginal people and to redevelop parenting skills both in terms of child rearing generally and traditional practices. The inability of many women experiencing childhood separation to care for their own children has led to these children being passed on to other family members or institutions, with a cycle that continues to further generations if satisfactory parenting is not achieved.

Grandmothers, aunts, and women in traditional roles of support for childbirth and child rearing are frequently left to provide care. This has led in many instances to what is known as the "stressed-out granny," a grandmother caring for many grandchildren when her own children have been unable to respond through outcomes of illness, loss of parenting skills, alcohol abuse, or other problems. As pregnancies occur at a younger age than in the non-Aboriginal population, the giving status of womanhood, and fertility rates are higher, this is a substantial problem. Support may, however, be very effective in assisting these young women, especially with extended kinship groups. Young women in urban settings may be more vulnerable as they

lack access to some degree to such networks, or face greater stresses and vulnerabilities with violence and alcohol abuse.

The whole impact of the processes of colonization, dispossession, discrimination, deprivation, and removal of children has affected indigenous family life in multiple ways and thus impacted broadly as well on successive generations. Dodson (1994) has outlined how the extended family or kinship system had traditionally managed most areas of social, economic and cultural life, and governed relationships between people such as marriage and responsibility for children. The family, and child rearing, were the frameworks for transmission of knowledge, language and culture. Dodson contends that Aboriginal people have a right not to be prevented from transmitting their culture and, indeed, should be encouraged to do so. Many of the processes mentioned, as well as "direct intervention, but more indirect effects of the social environment and the dominant non-indigenous culture have severely interfered with the ability of indigenous cultures to transmit our cultures" (p. 36). He goes on to point out that the "dismantlement" of indigenous families has had profound effects for Aboriginal children. He sees these factors as contributing in ongoing ways to the disproportional levels of problems among these children, including the high levels of social problems, addictions such as petrol-sniffing, and extraordinarily disproportionate rates of incarceration. There is a need for "culturally relevant national legislation relating to Aboriginal and Islander child development" (Secretariat of National Aboriginal and Islander Child Care, 1992).

HEALTH CONSEQUENCES TRANSGENERATIONALLY

Aboriginal people have great inequities in health, as indicated by excess morbidity and mortality. For instance, there are high death rates among the young, particularly from external causes. Maternal and infant mortality rates are higher than those of the general population. Infant mortality is 2 to 3 times higher, and general Aboriginal mortality is 2 to 8 times higher than the nonindigenous population. The life span for an Aboriginal woman is 20 years less, and for an Aboriginal man, 18 years less than for whites. There are more frequent hospital admissions and disproportionate incidences of certain diseases including diabetes, circulatory disorders, respiratory illness, renal disease, ear and eye disorders, and infectious diseases including hepatitis B and other sexually transmitted diseases. In national surveys, more than one-third of Aboriginal people rate their health as poor or fair. Mental health problems are pervasive. Although it is likely that rates of major psychosis and related disorders are at much the same level as the general population, depression, anxiety, and trauma-related morbidity are likely to be much higher, though systematic studies are not currently available. McKendrick and colleagues (1992, 1994), whose work attempts to address these issues, found high rates of depression, and that separation histories were a significant risk factor for it.

Sibthorpe (1988) outlines how these premature deaths and illnesses also impact on family structure and children. She quotes Gray (1987), who stated that "parental death and preceding parental illness is a constant accompaniment to the process of growing up Aboriginal" (p. 16). Aboriginal children who lost their fathers were also much more likely to have lost their mothers. Thus, there is an immersion in death, dying, and loss. Sibthorpe's own work leads her to conclude that the psychosocial stressors experienced in this way by Aboriginal people have a *direct* effect on their health. It might be hypothesised that the stressors described here impact on parental generations in many ways, and that these effects are likely to contribute to their physical health problems and vulnerabilities through psychoimmune, neuroendocrine, and other mechanisms. Then, the illnesses and problems of those

parents, and their premature deaths, are likely to set a further substrate for health problems for subsequent generations.

NARRATIVES AND OUTCOMES CONCERNING THE INTERGENERATIONAL TRANSMISSION OF TRAUMA AND LOSS

A great many Aboriginal people tell individual stories that are compelling examples of the impact of ongoing factors of dispossession and discrimination, with superimposed patterns related to trauma, separation, and loss. The painful search for lost families, the joys and grief of reunion, are increasingly apparent as both social and political processes begin to recognize the extent and nature of the past and its ongoing effects for present generations. Many Aboriginal people have given testimony to these experiences in moving ways (e.g., Peters, 1995; O'Shane, 1995). A report on Aboriginal Mental Health in New South Wales identified the centrality of these issues for mental health and well-being. The Human Rights Commission Inquiry into Mental Health in Australia (Burdekin, 1993) also described the importance of these issues, as has every other major investigation concerning Aboriginal people's health and well-being.

A recent National Consultancy to develop a strategic plan for Aboriginal mental health (Swan & Raphael, 1995) found that Aboriginal people and communities across the country reported these problems as critical to their future. Particular emphasis was placed on the effects on children and young people, a much larger proportion of the indigenous population, in which 40% of the population is below 15 years of age. It is well recognized in communities that these children are profoundly impacted upon by transgenerational effects, and that these children are the future. Various counseling, prevention, and support programs are seen as essential and many have been developed through centers for Aboriginal health. A model of Narrative Family Therapy (Howson, Graham, Hall, & Jenkins, 1994) has been seen as particularly appropriate to address the needs of parents and children, and in light of the oral tradition and role of kinship in the Aboriginal culture. Other models such as holistic counseling frameworks, building on Aboriginal holistic views of mental health, incorporate an ongoing recognition of the past and history as well as mental, physical, emotional, spiritual, social, and environmental aspects of the present (Collard & Garvey, 1994).

It is a great tribute to the personal qualities and abilities of Aboriginal peoples that they have survived despite these assaults on their personhood, humanity, society, and psyche. Through their enduring strengths, they may have much to teach others of resilience and survival. It is their human right to have appropriate support and resources to overcome the effects of the present and the past, and to preserve an Aboriginal future for themselves and their children.

REFERENCES

- Angus, G., & Woodward, S. (1995). *Child abuse and neglect Australia 1993-94*. Canberra: AGPS Australian Institute of Health and Welfare, Child Welfare Series No. 13.
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock.
- Brady, M. (1995). *The prevention of drug and alcohol abuse among Aboriginal people: Resilience and vulnerability*. Research Discussion Paper No. 2, Australian Institute of Aboriginal and Torres Strait Islander Studies.
- Burdekin, B. (1993). *Human rights and mental illness*. Report of the National Enquiry into the Human Rights of People with Mental Illness. Canberra: Australian Government Printing Service.

- Clayer, J. (1991). *Mental health and behavioral problems in the urban Aboriginal population*. Adelaide: South Australian Health Commission.
- Collard, S., & Garvey, D. (1994). Counselling and Aboriginal people: Talking about mental health. *Aboriginal and Islander Health Worker Journal*, 18, 17–21.
- Cummings, B. (1990). *Take this child . . . from Kahlin Compound to the Retta Dixon Children's Home*. Canberra: Aboriginal Studies Press.
- Danieli, Y. (1985). The treatment and prevention of long-term effects and intergenerational transmission of victimisation: A lesson from Holocaust survivors and their children. In C. R. Figley (Ed.), *Trauma and its wake* (pp. 295–313). New York: Brunner/Mazel.
- Danieli, Y. (1989). Mourning in survivors and children of survivors of the Nazi Holocaust: The role of group and community modalities. In D. R. Dietrich & P. C. Shabab (Eds.), *The problem of loss and mourning: Psychoanalytic perspectives* (pp. 427–460). Madison, CT: International Universities Press.
- Dodson, M. (1994). The rights of indigenous people in the international year of the family. *Family Matters*, 37, 34–41.
- Edwards, C. (1982). Is the ward clean? In B. Gammage & A. Markus (Eds.), *All that dirt: Aborigines 1938: An Australia 1938 monograph*. Canberra: History Project, Inc.
- Eitinger, L., & Strom, A. (Eds.). (1973). *Mortality and morbidity after excessive stress: A follow-up investigation of Norwegian concentration camp survivors*. Oslo and New York: Humanities Press.
- Gray, A. (1987). *The "death bird": Aspects of adult Aboriginal mortality*. Aboriginal Family Demography Study, Working Paper No. 7. Department of Demography, Research School of Social Sciences, Australian National University.
- Gungil Jindibah Centre. (1994). *Learning from the past*. Aboriginal perspectives on the effects and implications of welfare policies and practices on Aboriginal families in New South Wales. Southern Cross University, Lismore, Australia.
- Harkness, L. L. (1993). Transgenerational transmission of war-related trauma. In J. P. Wilson & B. Raphael (Eds.), *The international handbook of traumatic stress syndromes* (pp. 635–643). New York: Plenum Press.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377–393.
- Howson, R., Graham, T., Hall, R., & Jenkins, A. (1994). *Certificate in narrative therapy for aboriginal people*. A project of the Social Health and Counselling Team of the Aboriginal Community Recreation and Health Services Centre of South Australia Inc.
- Hunter, E. (1990). Using a socio-historical frame to analyse Aboriginal self-destructive behavior. *Australian and New Zealand Journal of Psychiatry*, 24, 191–198.
- Hunter, E. M. (1993). *Aboriginal health and history: Power and prejudice in remote Australia*. Melbourne and New York: Cambridge University Press.
- Hunter, E. (1994, April 12). "Freedom's just another word": *Aboriginal youth and mental health*. The Bill Robinson Memorial Lecture, Perth, Australia.
- Kamien, M. (1978). *The dark people of Bourke: A study of planned social change*. Canberra: Australian Institute of Aboriginal Studies and Atlantic Highlands, NJ: Humanities Press.
- Kendall, C. (1994). The history: Present and future issues affecting Aboriginal adults who were removed as children. *Aboriginal and Islander Health Worker Journal*, 18, 18–19.
- McFarlane, A. C., Blumbergs, V., Policansky, S. K., & Irwin, C. (1985). *A longitudinal study of the psychological morbidity in children due to a natural disaster*. Department of Psychiatry, Flinders University of South Australia. Unpublished paper.
- McKendrick, J. H. (1993). *Patterns of psychological distress and implications for mental health service delivery in an urban Aboriginal general practice population*. Ph.D. thesis, University of Melbourne.
- McKendrick, J. H., Cutter, T., Mackenzie, A., & Chiu, E. (1992). The pattern of psychiatric morbidity in a Victorian urban Aboriginal general practice population. *Australian and New Zealand Journal of Psychiatry*, 26, 40–47.
- McKendrick, J. H., & Thorpe, M. (1994). *The mental health of Aboriginal communities*. Department of Psychiatry, University of Melbourne, The Victorian Aboriginal Health Service, Melbourne.
- National Aboriginal Mental Health Conference*. (1993, November 25–27). University of Sydney, New South Wales, Australia.
- Oliver, J. E. (1993). Intergenerational transmission of child abuse: Rates, research, and clinical implications. *American Journal of Psychiatry*, 150, 1315–1324.
- O'Shane, P. (1993). Assimilation or acculturation problems of Aboriginal families. Plenary address, Australian Family Therapy Conference, Canberra, July 7, 1993. *Australian and New Zealand Journal of Family Therapy*, 14, 196–198.
- O'Shane, P. (1995). The psychological impact of white colonialism on Aboriginal people. *Australasian Psychiatry*, 3, 148–153.

- Peters, L. (1995). The years that never were. *Australasian Psychiatry*, 3, 154–157.
- Read, P. (1981). *The stolen generations. The removal of Aboriginal children in NSW 1883 to 1969*. New South Wales Ministry of Aboriginal Affairs: Occasional Paper (No. 1). Canberra: Australian Government Printing Service, NSW L.O. 1102.
- Royal Commission into Aboriginal Deaths in Custody (RCIADC)*. (1991). Nation report (5 volumes). Canberra: Australian Government Printing Service.
- Sibthorpe, B. (1988). *“All our people are dying”: Diet and stress in an urban Aboriginal community*. Ph.D. thesis, Australian National University, Canberra.
- Secretariat of National Aboriginal and Islander Child Care Report*. (1992). Aims and Objectives. Melbourne: SNAICC.
- Swan, P. (1988, September). *200 Years of Unfinished Business*. Paper presented to the Australian National Association for Mental Health Conference. *Aboriginal Medical Service Newsletter*; pp. 12–17.
- Swan, P., & Raphael, B. (1995). *“Ways Forward”: National Aboriginal and Torres Strait Islander Mental Health Policy*. Report prepared for Office for Aboriginal and Torres Strait Islander Health Services, Commonwealth Department of Human Services and Health. Canberra: Australian Government Printing Service.
- Tennant, C. C., Goulston, K., & Dent, O. (1993). Medical and psychiatric consequences of being a prisoner of war of the Japanese. An Australian follow-up study. In J. P. Wilson & B. Raphael (Eds.), *The international handbook of traumatic stress syndromes* (pp. 231–239).