



HealingFoundation

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Working with the Stolen Generations: understanding trauma

Providing effective GP services to Stolen Generations survivors

This fact sheet provides information for **GPs to improve services for Stolen Generations survivors.**

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 forcibly removed from their families, communities and culture and placed in institutions or adopted by non-Indigenous families, under government policies of the day. Many of their stories were documented in the *Bringing them Home* report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families in 1997.

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 and 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.

By 2023 all Stolen Generations survivors will be aged 50 and over.

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.

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.

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.

A basic level of trauma awareness training is recommended for all staff dealing with Aboriginal and Torres Strait Islander people, especially Stolen Generations survivors.

Poverty

The impact of lifelong disadvantage means many Stolen Generations survivors rely on the aged pension or other forms of income support. This can affect where and how often they visit the doctor and their health and treatment options.

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. It is important to be guided by the patient on whether they want to talk about their past, and how much they want to reveal. 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, for example avoiding trips to the doctor.

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

To prevent or address this, ensure that where possible the environment doesn't resemble an institution, and try to make people as comfortable as possible.

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.

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. Be mindful of the language used and be prepared to show people what you have written about them and make changes/additions at their request.

Next of kin

Many Stolen Generations survivors may never have reconnected with their biological families. Instead, other survivors may be their families. It is advisable to check who the decision maker might be for a Stolen Generations survivor or who they might want their information shared with.

Being asked about family history may be difficult for many survivors. Consider using a 'sometimes' phrase to let people know it's ok if they don't have this information. For example: 'Sometimes people don't know about their family's history of illnesses so can't tell us about this. That's okay. We ask because if you do know we can check you for particular illnesses that might run in a family.'

Identification of Aboriginal and Torres Strait Islander status

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.

Best practice is to ask the identification question 'are you of Aboriginal and/or Torres Strait Islander origin?' and record the response.

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. GPs are encouraged to ensure policies and procedures are in place to prevent racism and discrimination, Aboriginal and Torres Strait Islander cultural awareness/safety training is undertaken (by all practice staff who interact with patients if possible) and clinical practice facilities and services are welcoming and appropriate for Aboriginal and Torres Strait Islander patients.

³ Advocates may include a trusted relative or friend, or a counsellor or other staff member from an organisation that has previously supported the survivor

Stolen Generations and medical care

Many practices may provide services to Aboriginal patients and not be aware they are Aboriginal.

Visiting the doctor can be a stressful experience and may act as a trigger for Stolen Generations survivors, particularly if a physical examination is involved.

Some survivors may be so anxious in situations with a perceived authority figure, such as a doctor, that they are unable to sit through a consultation.

Touch

As a result of childhood trauma, Stolen Generations survivors may not be comfortable being touched and especially with intimate examinations and procedures.

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

Ensure you ask Stolen Generations survivors for permission before doing anything that involves touch.

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.

Trauma informed professionals are best placed to assess the impact of grief and trauma and make an accurate diagnosis.

Advance care plans/palliative care protocols

Advance care planning must take into account the cultural and spiritual needs of Stolen Generations survivors. For example this may include respecting their wishes about next of kin, and who makes decisions about care.

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' as part of palliative care or advance care plans.

Existing palliative care protocols and practices may need to be adjusted to take into account the unique needs of Stolen Generations survivors.



How you can help

- Ensure all staff dealing with Aboriginal and Torres Strait Islander patients receive basic education about trauma and its impacts.
- Talk to Stolen Generations survivors about their individual needs which may vary significantly from person to person.
- Respect people's choices, particularly regarding touch, and consider alternative arrangements if someone is uncomfortable.
- 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.
- Explain the process and actions involved in an assessment or treatment beforehand, during and afterwards.
- Frame directions as suggestions wherever possible, such as 'If you're happy to take a seat we can work out what's going on'.
- Where possible, allow additional time for consultations with Stolen Generations survivors.
- Consider whether someone may need support during an appointment and be flexible to make the process as simple and straightforward as possible. Ensure your practice procedures allow for Stolen Generations organisations and other advocates to take on this role if preferred by the survivor.
- Use discretion when asking people about traumatic experiences and be guided by the person.
- If people do share their stories, consider how this can be included in their file with the permission of the Stolen Generations survivor (for example practice consent forms that allow for the story to be shared with other staff), to prevent them having to retell it.
- Be mindful of the language used and be prepared to include survivors in the preparation of any written documentation – this may include showing people what you have written about them and making changes/additions at their request.
- Consider adding a tick box to new patient 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.
- Ensure 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.
- Let people know that their privacy will be protected; this is part of building trust.
- 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.
- Build partnerships with trusted third parties such as local Stolen Generations/Link-Up organisations and Social and Emotional Wellbeing Counsellors⁴ to better support Stolen Generations patients⁵.
- 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.
- Ensure facilities and services are culturally friendly. For example, incorporate cultural awareness/safety requirements into policy and training materials.
- Encourage all staff dealing with Aboriginal and Torres Strait Islander patients 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.



4 Counsellors funded to support Stolen Generations survivors

5 For contact details visit <https://healingfoundation.org.au/stolen-generations/support/>

Things to avoid

- 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 information shared with.
- Using medical jargon or acronyms – in general this can be alienating, and many Stolen Generations survivors were denied an education.
- Shining torches in people's eyes/faces.
- Making negative statements that dismiss people's trauma and grief e.g. 'move on'.
- Shouting, purposefully talking slowly or right in a person's face based on assumptions about their ability to understand.



Further information

To view these documents visit <https://healingfoundation.org.au/working-stolen-generations/>

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For more information about trauma and its impacts, view our resource on Coping with the Impacts of Trauma.

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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.

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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.

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For information about the ongoing impact of Intergenerational Trauma view the Australian Institute of Health and Welfare Children's report.

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Find out more about trauma and healing terms for Aboriginal and Torres Strait Islander people in our Glossary of Healing Terms.

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To learn more about trauma informed care, check out the Blue Knot Foundation's resources for GPs and practice guidelines.

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To read up on best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts, view Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts.

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To learn more about excellence in Aboriginal and Torres Strait Islander healthcare more broadly, view Five steps towards excellent Aboriginal and Torres Strait Islander healthcare: For GPs and members of the practice team.