



# Consultation paper:

## Development of a whole-of-government Trauma Strategy for Queensland

### Prevalence and Impacts of Trauma in First Nations Communities in Queensland

**Warning:** This paper contains writing, images or concepts that may be distressing to some people.

On 18 September 1987 just after 11 am, the writer was approached by a senior female Custodian-Elder in a Cape York community. *“Can you help us. A little girl was raped here last week and nobody will do anything.”* The place, date and time is specific because the request, including the specific words, changed the writer’s life.

Consequently, the writer approached the 27 Aboriginal men and one woman comprising the Aboriginal Coordinating Council (ACC) of which she was the coordinator. What was the responsibility of the ACC? They immediately gave instructions to the writer to focus on this concern as a priority.

In approaching the public servants of the 1987 Queensland Government Department of Community Services, at that time legally responsible for this community, we found their response problematic: *“What can we do - It’s their culture ... just stop them from breeding”.* (Judy Atkinson 1987)

#### Abstract

This paper invites discussion by Aboriginal communities about the need for Aboriginal community-based responses to specific distressed behaviours of Aboriginal and Torres Strait Islander children, families and communities in Queensland. In the introduction, it asserts that many of the behaviours that are claimed as cultural by outsiders are generational expressions of traumatic distress that document the history of this country.

The paper asserts that the prevalence and impacts of trauma in First Nations communities in Queensland, is embodied in history-of-place and the impacts of colonial attitudes and behaviours across that history. It acknowledges that the combined effects of colonisation, the actions it legitimised, and more recent government policies and practices, of child removals and child-youth incarceration, have contributed substantially to the dire circumstances, and the generational trauma experiences of many First Nations children, youth, women and men, families and communities today.

Trauma can be experienced by individuals and in social groups. It can be generational as people enact their distressed physical, emotional and mental experiences within their families and communities, and across generations. This trauma may be similar to men and women returning from war or combat zones today, in behaviourally distressed circumstances. Similarly, survivors of the *Queensland Frontier Killing Times* (Bottoms 2013) exhibit clear traumatic distress symptoms across generations, which are now often named as Aboriginal ‘cultural behaviours’ today.

**Culture** defines the values, principles, beliefs, and traditions that inform societies as collectives, as human groups build and influence their social systems. Aboriginal peoples have always had clear social systems as networks of relationships across their designated lands and communal boundaries interacting with each other in their responsibility for healthy communities including ceremonial law practices, and social wellbeing activities.

**Trauma** is defined as the shock, suffering, pain, and distress resulting from individual and collective experiences, specifically for this paper, the violence perpetrated within colonising incursions onto Aboriginal lands, and into Aboriginal lives. It is embodied, and can negatively impact both individual and collective values, norms, roles and functions of social groups across generations.

## Introduction

### Section one:

This paper will discuss the prevalence and impacts of trauma in First Nations communities in Queensland. It will show that trauma can be both personal and communal. It proposes that within social groups impacted by historic massacres and removals, with the physical, mental, emotional, social and spiritual distress, trauma compounds and becomes complex. It suggests there is substantial evidence that trauma-related behaviours and attitudes are prevalent in some of Australia's most disadvantaged Aboriginal communities. Hence discussion will centre on how trauma-informed care and practice can be delivered from a deep cultural basis and informed evidence for healing recovery. It aims to illustrate how this research can be used in policy and practice, which would include approaches to prevention, early intervention, and sustainable implementation pathways in Queensland and elsewhere, specifically in working with families, in schools, across communities and relevant health and social service systems.

### 1. The prevalence and impacts of trauma in First Nations Queensland communities

Trauma has been given many names: collective, social, historic, cultural, complex, inter- or transgenerational, and for children, developmental. In each First Nations community relevant to this paper, all these names would apply to the intrusive violence of colonisation and give particular relevance to the context within which the words are used.

Trauma is the shock from experiences that cause suffering to the individual and collective body-mind-emotions-spirit of humans as persons within groups and can be understood in the embodied stories of lived experiences. Individuals, within a collective, may also experience specific intrusions into their physical, emotional and mental health which may have long-lasting consequences on their cultural and social wellbeing across generations.

Collective, social trauma describes the psychological blow resulting from traumatic events shared by a group of people, including whole social groups. It may involve collective or shared traumatic experience and memory. Closely related to the concept of colonisation as historic trauma, collective-social trauma comes from war zone effects and natural disasters.

There is well-documented evidence of the impacts and outcomes of colonial violence across history, resulting in individual, communal, and collective social trauma. It may be the shock to the body-mind-emotions of individuals, families or social-communal groups across generations. In trauma, the suffering may become subsumed under the shame of what has been experienced, more particularly when physical violence also includes sexual violations. Such occurrences may become embodied in social groups, but unspeakable.

Trauma can also be described as the loss of the sense of self as safe, healthy and whole. Just as a doctor needs the stories that bring the person to their surgery to make a relevant diagnosis, so do individuals, families and communities need to name the embodied collective stories that are the legacy of colonial violence across generations, so a diagnosis can be made, and remedial action taken.

**Recommendation for response:** First Nations Queenslanders should be supported to create a documentary that places their felt experience into context, with suggestions from them for remedial action within each region and community. This may include what they consider to be the long-term outcomes of trauma within First Nations communities, including ill-health, substance misuse, antisocial behaviour and ongoing and increasing incarceration. Importantly, it would also include what they consider to be cultural healing responses to the emotional mental spiritual health expressed as distressed trauma behaviours. Such a documentary could be used as teaching materials as communities unpack the generational layers of colonisation – trauma and the critical need for reconciliation and recovery from the legacy of such trauma, as well as for use in institutions of higher learning.

### 2. Sharing understanding and evidence surrounding trauma

In First Nations communities not only is trauma generational, it becomes socially and communally embedded in history of place. Generational trauma names the thoughts, feelings and behaviours of individuals and groups who carry the wounds, the physical, emotional, mental, spiritual and communal injuries and distress of the wounding that

result in beliefs that 'we are bad, damaged, injured'. It may also be embedded in the attitudes and behaviours, a 'conspiracy of silence' (Bottoms T, 2013) of those who chose to deny the documented history of Queensland.

Hence working together to name and know history – the stories of place, are important. In one Aboriginal community in which the author lived, people began to research their history which included accessing information of extreme violence on their ancestors, in a massacre. One person put their hand over the documents, saying '*It's not our fault then*', referring to a felt sense of inadequacy in the application of services ON her community, and challenging expectations of how they should behave in those circumstances. Then, later in the discussion, the same person forcefully affirmed: '*Well ... we gotta do something about it*' ... as she took ownership of community responsibility for the need for healing change.

**Recommendation for response:** Each region is different, with different histories and different long-term outcomes. However, in being supported by timeline renewal and regeneration of deep culture and community, as embodied in the Laura Dance Festival, for example, a sense of culture and community in action is created which is the collective. The collective comes to know that anger, rage, sadness, fear, and guilt are products that can be transformed into healing responses as people access the internal resources within themselves for the work they must do for the change they can make. The critical factor however is that the government at federal, state and local levels *must* support and endorse that change as they share and understand the evidence of the trauma that is fundamental to Queensland's colonial history. This change may be supported by community-based activities that map the past and present in truth-telling, providing movement into an evolving healing future.

### 3. What would trauma-informed care and practice look like, and how could it be delivered?

Trauma-informed care and practice would have many layers within governments (federal state and local), interlinking across non-government services and community-based initiatives. Trauma-informed care and practice would look like a truth-telling, followed by intentional remedial, healing action, with community and agencies working together.

While this should be an initiative of the Queensland State Government there is a need for critical partnerships between the commonwealth, state and local governments. This would then become evident in local government service delivery, more particularly health, education, social services, law and justice, linking to the needs within families, the community generally and diverse social groups specifically. Second, there is a need for skills development opportunities across all areas which must respond to the documented information from within communities. A trauma-responsive approach in service delivery is critical.

As communities are invited to develop a response to their named concerns and needs, responding to the trauma of their lives, they become more willing to discuss painful truths, and seek out, create, and endorse specific programs for community change and healing action. The critical question needs to be asked: '*What do we want as community values and behaviours today?*' as groups meet to discuss trauma as a product of historic and contemporary incursions. For example, in naming contemporary incursions, drugs are coming into Cape York for transportation further south, but some remain for consumption in Cape York. This is a contemporary incursion into the lives of the people living in those impacted communities.

What can we do to change where we are going? Youth, in particular, need communal activities that are safe, yet also allow expression of energy in safety to self and others. Youth also need healthy sexually and drug education information, which they should be encouraged to help construct. Children need to be safe at all times. Much of children's behaviour named as 'bad', is, in fact, trauma behaviours. Trauma-informed care and practice information reminds us all that a child who is sexually harmed has a greater likelihood to contract a sexually transmitted infection, use drugs, offend, enter unsafe relationships, and possibly juvenile detention and adult prison. These are well-documented pathways. Trauma-informed care and practice would be delivered across all services, and the first priority is to map critical needs. For example, when a hospital refused to discuss the return of children to a community, because, at that time they had twelve children in care with sexually transmitted diseases, this information should have demanded action. In fact, it was covered up.

**Recommendation for response:** In a Cape York community young mothers engaged with each other while their children came together in play groups. The play, supported by skilled workers gave the children an opportunity to express emotions in a safe way. At the same time, the young mothers started to talk together about how they felt inadequate, questioning how they could parent better and support each other when stressed. Many years ago, while

working with the Aboriginal Coordinating Council (ACC) on my visits to Cape York, I often took the time to visit such play groups. It was these conversations, among many others, that triggered my interest to seek information on trauma for young mums.

Hence all situations that provide opportunities for community members to come together are critical opportunities to introduce conversations around trauma or deliver formal information on trauma and its impact on babies, children and youth, as well as adults.

All services across all communities should be given the opportunity to learn more about the impacts and outcomes of generational trauma within all services, and community groups, with an emphasis that cultural safety, proficiency, fitness in services are essential for healthy families and communities. An essential need is to develop a skilled qualified workforce.

#### 4. Aims to illustrate how this research can be applied in policy and practice

Applied research on trauma is critical. The author's PhD fieldwork developed a series of nine workshops designed to respond to the needs of community participants in the Central Queensland region, who had experienced violence-trauma. This included men in prison, women and men in mental health units, and people in alcohol and other drug programs, as well as social engagement with communities, listening and learning together. The research, which was trauma-specific in its approach, provided the foundation of three years of developing and running nine units designed to address the trauma-informed *educaring* needs of the participants. The fieldwork resulted in the PhD thesis, *Lifting the Blankets: The Transgenerational Effects of Trauma In Indigenous Australia*, the book *Trauma Trails Recreating Song Lines*, and more importantly a series of educational packages at diploma, undergraduate and masters level which have now been reclaimed for the work of We Al-li. The outcomes of the research are now used in developing policies and practice in relationship to harm of children and youth at the commonwealth and state levels.

These educational packages are now delivered by the organisation We Al-li for community-based educational approaches, specific universities run educational programs using this material. Over 270 graduated students are now working in this field of work.

**Recommendation for response:** Issues of cultural safety, security, and fitness in trauma work are now fundamental to all such practices. This then should inform the work of government in their development of policies and supported service delivery. Not only should government be promoting recovery from violence-related trauma but they should be providing the educational (educaring) tools to support recovery. Hence a recommendation should be to support the development and/or delivery of tailored programs to support workers, practitioners and whole-of-community approaches, to embed trauma healing practices at all levels of government and community needs. A further recommendation is to support professional development training for service providers. These needs must be supported across all government service provision.

#### 5. Approaches to prevention, early intervention, and sustainable implementation methods

Sustainable prevention, early intervention and community-based implementation of trauma-responsive policy and practice must begin at the community level, supported by government policies and developing practices.

A proverb says it is easier to stop something happening in the first place than to repair the damage after it has happened. This then requires that within the context of history, we need to accept that many of our children (now adults) have been made unsafe from predators, and in some situations, this behaviour could now be considered to have become generational. There is important work that must be done to repair the harm perpetrated across history.

**Recommendation for response:** Primary prevention provides early education which helps children feel and be safe. This can be done in playgroups, with Mums and Bubs (or Dads and Bubs) in fun but serious activities. Such programs can also be run in primary schools, for children as they begin their educational journey.

Secondary prevention requires skilled workers at every level of community need. Experience shows a lack of skills at times of crisis e.g., a mental health meltdown, a critical disclosure. Hence applied educational approaches are vital, for both those who have been harmed and those, who have been harmed and may now be acting out on others. On

the other hand, experience has shown that some people, as predators, seek acceptance or engagement within our communities for easier access to vulnerable children and youth who may be trying to find their way in a world that no longer provides them with ethical direction. Drug dealers also target our communities. This requires lawful responses by those in authority with the support of community leaders.

Tertiary prevention acknowledges the need for intervention by skilled therapeutic workers to stop or slow unsafe behaviours. Across all government departments, programs should be developed/established that provide skills for growing healthy families and communities based on information about how trauma impacts children, youth, families, communities and social groups.

**Recommendation:** The voices of our youth must be encouraged and heard. An art or theatre competition for youth should be considered, with a focus on what they feel would be important in their communities for the change they would like to see happen. If theatre is chosen, they have to write the script, develop the play theatre, run it in their community for feedback, and then roadshow it to other communities. It could be supported by schools – e.g., the Department of Education or Local Shire Councils: e.g. write the script relevant to their community and region; present it in their community region, and then, if appropriate, roadshow to other communities, or present what they have done to government.

The box that opened this discussion paper shows that we have come a long way from the comment that was made to the writer on 18 September 1987.

First Nations voices are now strong in our desire to create a future that respects and is inclusive of all Queenslanders – all Australians. However, those voices say we must face our past to build our future. Our youth could be given the opportunity for their voices to be heard through the following recommendation. Following recommendation 1. support the development of a documentary (or documentary series) for educational use within Queensland, which would be of value across all of Australia. The above recommendation could be included, showing youth that they could create pathways into the future through theatre as education which opens pathways for discussion and action.

## References:

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