

## Part 3 Consequences of Removal

### Chapter 11 The Effects

*Why me; why was I taken? It's like a hole in your heart that can never heal.*

X

*Actually what you see in a lot of us is the shell, and I believe as an Aboriginal person that everything is inside of me to heal me if I know how to use it, if I know how to maintain it, if I know how to bring out and use it. But sometimes the past is just too hard to look at.*

There were many common features of the removal and separation practices. Children could be taken at any age. Many were taken within days of their birth (especially for adoption) and many others in early infancy. In other cases, the limited resources available dictated that the authorities wait until children were closer to school age and less demanding of staff time and skill. Most children were institutionalised more typically with other Indigenous children and with primarily non-Indigenous staff. Where fostering or adoption took place, the family was non-Indigenous in the great majority of cases.

Because the objective was to absorb the children into white society, Aboriginality was not positively affirmed. Many children experienced contempt and denigration of their Aboriginality and that of their parents or denial of their Aboriginality. In line with the common objective, many children were told either that their families had rejected them or that their families were dead. Most often family members were unable to keep in touch with the child. This cut the child off from his or her roots and meant the child was at the mercy of institution staff or foster parents. Many were exploited and abused. Few who gave evidence to the Inquiry had been happy and secure. Those few had become closely attached to institution staff or found loving and supportive adoptive families.

The effects damage the children who were forcibly removed, their parents and siblings and their communities. Subsequent generations continue to suffer the effects of parents and grandparents having been forcibly removed, institutionalised, denied contact with their Aboriginality and in some cases traumatised and abused.

It is difficult to capture the complexity of the effects for each individual. Each individual will react differently, even to similar traumas. For the majority of witnesses to the Inquiry, the effects have been multiple and profoundly disabling. An evaluation of the following material should take into account the ongoing impacts and their compounding effects causing a cycle of damage from which it is difficult to escape unaided. Psychological and emotional damage renders many people less able to learn social skills and survival skills. Their ability to operate successfully in the world is impaired causing low educational achievement, unemployment and consequent poverty. These in turn cause their own emotional distress leading some to perpetrate violence, self-harm, substance abuse or anti-social behaviour.

*I've often thought, as old as I am, that it would have been lovely to have known a father and a mother, to know parents even for a little while, just to have had the opportunity of having a mother tuck you into bed and give you a good-night kiss – but it was never to be.*

[child fostered at 2 months in 1936]

*It never goes away. Just 'cause we're not walking around on crutches or with bandages or plasters on our legs and arms, doesn't mean we're not hurting. Just 'cause you can't see it doesn't mean ... I suspect I'll carry these sorts of wounds 'til the day I die. I'd just like it to be not quite as intense, that's all.*

## **Eric**

Eric's story is told by his psychiatrist.

Eric was removed from parental care in 1957 when he was aged one.

[All of his mother's children were eventually removed: one younger sister went to live with her grandmother; the other sister and a brother were fostered and later adopted. Eric and his older brother Kevin were placed in an orphanage in South Australia.]

Eric recalls being in an institution from the age of two and a half to six before he and Kevin were placed in the care of foster parents who Eric stayed with until the age of 11. Apparently he was then transferred to the care of an uncle and aunt. Kevin in the meantime had become 'out of control', and Eric and Kevin had been separated, with Kevin being sent to a boys' home while Eric remained in the care of his foster mother.

When Eric was sent to his uncle and aunt he stayed with them until about the age of 13 or 15 when he recalls running away because 'there was too much alcohol and violence'. He ran back to Adelaide and refused to return to the care of his uncle and aunt. He was then placed

in a further foster placement which he remembers as being slightly better for the next 3-4 years, but left there at the age of 17.

At 17, Eric became a street kid and once again he met up with his brother Kevin. Not surprisingly, Eric felt very attached to his brother Kevin because it was the only family contact available to him at that time. He tells me that Kevin was mixing with criminals in Adelaide and that in 1972 Kevin just disappeared. Eric never saw him again, but Eric then returned to stay with his foster parents for a while at the age of 18 or 19. He then recalls becoming an itinerant for a few years ... When he returned to South Australia, he was told that Kevin had died in the custody of police in Castlemaine whilst an inmate of the prison there.

Eric is brought easily to tears as he recalls the events in his life. In his own words, the most significant pain for him has been the loss of family and the separation from his own kin and his culture. When speaking of members of his family he feels a great emotional pain, that in fact he doesn't believe that there is anyone left close to him, he feels as if he has been deprived of contact with his mother and his siblings by the separation at a young age, and he feels acutely the pain of his brother's death in custody. The cumulative effects of these events for him are that he feels a great difficulty trusting anyone. He finds that when he turns to his own people their contact is unreliable. Whilst at some levels supportive, he doesn't feel able to trust the ongoing contact. His brothers have no long term training to be part of a family so that from time to time, out of their own aching, they will contact Eric, but they do not maintain contact. Eric finds these renewed contacts and separations from time to time painful because in a sense they give him a window of what was available to him in the form of family support and what has been taken from him. In some ways he yearns to be closer to his family and in other ways he feels that whatever contact he has, always ends up being painful for him. He tells me that he feels constantly afraid with a sense of fear residing in his chest, that he is usually anxious and very jumpy and uptight. He feels angry with his own race, at the hurt that they have done to him, he feels that particularly the members of his own tribe exposed him to a life of alcohol, drugs and violence which has quickly turned against him.

He says looking within himself that he's a kind-hearted person, that it's not him to be angry or violent, but he certainly recalls a period of time in his life when it was the only behaviour that he felt able to use to protect himself ... He feels that throughout his life he has had no anchor, no resting place, no relationship he could rely on or trust, and consequently he has shut people out of his life for the bigger proportion of his life. He tells me that the level of rejection he has experienced hurts immensely. In fact, he says, 'it tears me apart'. He tries very hard not to think about too much from the past because it hurts too much, but he finds all the anger and the hurt, the humiliation, the beatings, the rejection of the past, from time to time boil up in him and overflow, expressing itself in verbal abuse of [de facto] and in violent outbursts.

Eric often relates feelings of fear. He remembers from his

childhood, feelings of intense fear. He has related to me incidents from his foster mother who he was with from the age of 6-11. He specifies particular details of physical cruelty and physical assault as well as emotional deprivation and punishment that would, in this age, be perceived as cruel in the extreme. Eric describes to me that, throughout his childhood, he would wet himself and that he had a problem with bed wetting, but he also would receive punishment for these problems. He lived in fear of his foster mother. When he was taken away from her and brought again before the welfare authorities he was too afraid to tell them what had happened to him. At that stage, he and his brother Kevin were separated and Eric found that separation extremely painful because he was too frightened to be left alone with that foster mother.

One of the effects that Eric identifies in himself is that, because of the violence in his past, when he himself becomes angry or confused, he feels the anger, the rage and the violence welling up within him. He tells me 'I could have done myself in years ago, but something kept me going'.

In the light of the research findings, Eric's experiences of separation were both highly traumatic for him and also occurred at an age when he would have been most vulnerable to serious disturbance. For Eric too the separation involved a disruption to his cultural and racial identity.

It is apparent to me that a fundamental diagnosis of Post-Traumatic Stress Disorder is fitting. Eric's symptomatology is obviously severe and chronic. In addition, it is clear that he deals with many deep emotional wounds that do not clearly fit [this] diagnostic classification. His deep sense of loss and abandonment, his sense of alienation, and his gross sense of betrayal and mistrust are normal responses to a tragic life cycle. Having said this, it is also apparent that he deals from time to time with Major Depressive Episodes.

## **The effects of separation from the primary carer**

It has been argued that early loss of a mother or prolonged separation from her before age 11 is conducive to subsequent depression, choice of an inappropriate partner, and difficulties in parenting the next generation. Anti-social activity, violence, depression and suicide have also been suggested as likely results of the severe disruption of affectional bonds (Australian Association of Infant Mental Health).

## **Attachment**

The quality of an individual's future social relationships is profoundly affected by a baby's first experiences. As early as 1951, John Bowlby identified infant separation from the primary carer and institutionalisation as causally connected to a variety of psychiatric disorders in adulthood ranging from anxiety and depression to psychopathic personality (Bowlby 1951,

Wolkind and Rutter 1984 page 34). The reason for this seems to be that the primary carer was not replaced by a person with whom the child could form a loving attachment. (This is not to deny that sometimes the infant's primary care-giver poses risks to the child and must be replaced.)

*... there is a substantial body of evidence to show that discordant or disruptive family relationships in early life, and a marked lack of parental affection, are both associated with a substantially increased likelihood of both emotional disturbance and personality disorders in adult life (Wolkind and Rutter 1984 page 38).*

*The biological 'purpose' of an infant's instinct to form an attachment is 'to provide emotional security and social autonomy'. The relationship between an infant and his or her primary carer has been described as 'a secure base (a) from which to explore and learn about the world and (b) to which the infant can retreat when "danger" in the form of novelty, fatigue, illness or other distress threatens (Australian Association of Infant Mental Health).*

The strong and healthy bond that a child develops towards family in early years is the foundation for future relationships with others, and for physical, social and psychological development. When a child has a strong and healthy attachment to family, both trust in others and reliance on self can develop.

Most families provide growing children with stories of their past that help children gain a sense of self, belonging and a sense of history. Attachment helps the child to:

- achieve full intellectual potential
- attain cultural identity
- sort out perceptions
- know the importance of family
- think logically
- develop a conscience
- become self reliant
- cope with stress and frustration
- handle fear and worry
- develop future relationships

The evidence establishes that attachment occurs in infancy and that disruption to the process of attachment at this stage of development is most damaging. Between one-half and two-thirds of children forcibly removed were removed in infancy (before the age of five years). The following table summarises the available information on age of removal among clients surveyed by the Aboriginal Legal Service of WA and among witnesses to the Inquiry.

		Age at removal			
Age at removal		ALSWA clients*		Inquiry witnesses	
<	1 year	na		83	22.4%
1 – <	2 years			28	7.5%
0 – <	2 years	57	11.8%		
2 –	5 years	137	28.4%	97	26.1%
6 –	10 years	147	30.4%	86	23.2%
11 –	15 years	33	6.8%	34	9.2%
Not recorded		109	22.6%	43	11.6%
Total		483		100%	371 100%

## Skills and learning

Separation can affect a range of skills. Some developmental stages regress only temporarily while others can be permanently depressed. Dr Nick Kowalenko, Director of Child and Adolescent Psychiatry at Sydney's Royal North Shore Hospital, summarised some of the research in evidence to the Inquiry.

In the last 30 or 40 years there has been a lot of work in the psychological and psychiatric spheres particularly in looking at what we call attachment theory. The issues of bonding between parents and their children have been a lot more closely examined originally from observing the separation of infants and younger children from their parents when they were hospitalised. Observations were made about how deleterious even those kind of quite minor infringements on the day-to-day ongoing contact that sustained children's capacity for security and which also allowed them to feel safe enough to explore the world.

What was observed just in the hospital setting was that children would start off yearning very much for their parents. They would protest and they would demand to have the nurses contact their parents or whatever. Eventually they would reach a state where they would just be bereft and not move and become very still and not explore their environment. So one of the responses of kids who may not talk about it is that they cease their exploration of their environment. It greatly impacts on their new learning, their psychological development, their sense of trust ... They learn that the world from an emotional point of view may be quite unreliable ... They will often be disrupted in terms of their previous level of skills. So if they had been toilet trained they might lose that skill for a while. Those kinds of impacts is a sort of

snapshot compared to the kind of film that Aboriginal dispossession probably represents.

Psychotherapist Sue Wasterval and her colleagues from the Victorian Koori Kids Mental Health Network told the Inquiry that learning difficulties experienced by many Indigenous children at school may be attributable to resistance to being taught (i.e. to authority figures) and/or to developmental delays of cognition and language.

When a severe disturbance occurs in the organization of attachment behaviour, it is likely to lead to learning difficulties, poor ego integration and serious control battles with the care giving adults.

When the infant's attachment must be transferred to a large number of ever-changing adults on the staff of an institution or because of multiple foster placements, the objective of attachment behaviour is defeated. 'It is not the separation as such that causes persistent psychiatric disturbance. Rather, the poor outcomes arise because the separation leads to poorer quality child care, because it sets in motion a train of other adverse experiences, or because the separation itself stems from a pattern of chronic psychosocial adversity'.

While this may explain, in part, the diversity of 'outcomes' or long-term effects reported to the Inquiry by people who had experienced separation, the act of separation and its immediate aftermath were frequently traumatic for Indigenous children. Subsequent 'carers' rarely responded appropriately to trauma reactions and grief felt for the loss of family.

Unresolved trauma and grief has its own severe consequences. There is an association between bereavement in childhood and later psychiatric disorder (Wolkind and Rutter 1984 page 47). The circumstances and consequences of bereavement render the child vulnerable to stresses, perhaps damaging the child's self-esteem and self-efficacy and often resulting in depression in adolescence and adulthood. The bereavement experienced by many forcibly removed Indigenous children was traumatic and later they were often told they had been rejected or that family members were dead (typically neither was true). They could be punished for expressions of attachment or grief.

*I remember when my sister come down and visited me and I was reaching out. There was no-one there. I was just reaching out and I could see her standing there and I couldn't tell her that I'd been raped. And I never told anyone for years and years. And I've had this all inside me for years and years and years. I've been sexually abused, harassed, and then finally raped, y'know, and I've never had anyone to talk to about it ... nobody, no father, no mother, no-one. We had no-one to guide us. I felt so isolated, alienated. And I just had no-one. That's why I hit the booze. None of that family bonding, nurturing – nothing. We had nothing.*

[South Australia: woman removed as a baby in the 1940s to Colebrook; raped at 15 years in a work placement organised by Colebrook.]

Disrupted parenting in infancy or early childhood renders the person less secure and more vulnerable to adolescent and adult psychological and emotional disturbances. International expert on trauma, Professor Beverley Raphael, advised the Inquiry that due to the trauma they had experienced many separated children would be likely to have difficulties in relationships because their feelings would be numbed. A number of witnesses spoke of this effect on them and of their inability to trust others.

There's still a lot of unresolved issues within me. One of the biggest ones is I cannot really love anyone no more. I'm sick of being hurt. Every time I used to get close to anyone they were just taken away from me. The other fact is, if I did meet someone, I don't want to have children, 'cos I'm frightened the welfare system would come back and take my children.

[New South Wales: man removed at 8 years in the 1970s; suffered sexual abuse in both the orphanage and foster homes organised by the church.]

*It's wrecking our relationship and the thing is that I just don't trust anybody half the time in my life because I don't know whether they're going to be there one minute or gone the next.*

[South Australia: woman fostered at 9 years in the 1970s.]

*I've always been sorta on the outside of things. I've always had my guard up, always been suspicious and things like that, I guess.*

[South Australia: man removed to a boys' home at 6 years in the 1950s.]

The consequences can be extremely severe. Bowlby concluded that 'childhood loss of mother is likely to lead a person to become excessively prone to develop psychiatric symptoms and to do so especially when current personal relationships go wrong' (1988 page 174).

*The youngest member of our family, Jill, was perhaps more traumatised through all this process because she grew up from the age of 9 months being institutionalised the whole time. She actually had some major trauma illnesses and trauma manifestations of institutional life evident in her life and yet nobody knew the root of it, or the cause of it, let alone knew the remedy to it. [The cottage mother] used a lot of mental cruelty on Jill – I mean, through cutting all of her hair off at one time to exert authority and to bring submission and fear into you ... making the kids look ugly and dress like boys. She did that to the younger children – well Jill in particular because she was younger and more impressionable. Jill died because of those policies in law. She committed suicide. She was 34 and death was the better thing.*

*I remember all we children being herded up,  
like a mob of cattle, and feeling the humiliation  
of being graded by the colour of our skins  
for the government records.*

[Queensland: woman removed in the 1950s to Cootamundra Girls' Home.]

## **The effects of institutionalisation**

*We had been brought up on the surrogate mother of the institution and that whole lifestyle, which did not prepare us at all for any type of family life or life whereby in the future we would be surviving or fending for ourselves; and then the survival skills that we needed in order to survive in the mainstream community, because those survival skills are certainly not skills that you learn in a major institution. And the whole family value system wasn't there and then the practice that comes with that wasn't there and put in place.*

[Victoria: four Victorian sisters who were taken into care from their father and grandmother in a brief period of parental marriage difficulties during the early 1960s.]

The use of institutions for Indigenous children varied somewhat across Australia. Yet even where foster care was preferred, Indigenous children often spent time in institutions before being fostered. In Western Australia 85% of the 438 clients surveyed by the Aboriginal Legal Service had spent at least part of their childhood in a mission following removal. Seventy-five (15.5%) had spent time in a government institution. Only 2.8% had been in foster care and only 3.5% had been adopted (submission 127 pages 46-49). The following table details the placement experiences of witnesses to the Inquiry for whom the information could be retrieved.

### **Institutional and other placements – Inquiry witnesses**

Placement types	Number	%
Indigenous children's institution(s)	94	25.5
Mixed children's institution(s)	71	19.2
Indigenous & mixed children's institutions	30	8.1
Foster care	28	7.6
Adoption	27	7.3
Institution followed by foster/adoption	89	24.1
Foster/adoption followed by institution	15	4.1
Other, not recorded	15	4.1
Total	369	100.0

Child and adolescent psychiatrist, Dr Brent Waters, has interviewed a number of Koori adults who were removed and institutionalised as children in New South Wales in the 1940s.

There was an active discouragement of any kind of personal attachments between the children themselves to some extent, and particularly between the children and carers, and of course there was a turnover of staff as well. There was no positive affirmation of Aboriginal identity nor indeed personal identity.

The 1940s were 'the days of the hygiene movement' when the focus was on 'discipline and hygiene': 'whether you were clean, whether you had clean habits and whether you adhered to the program'. There was no interest in 'noticing individuality, individual feelings and individual needs among children'. If an infant's expressions of his or her feelings are not responded to by carers, the child will not experience validation of those feelings as they develop. The result will be suppression of feelings and the child loses 'the desire to feel and to communicate feelings and expressions to other people' (Dr Brent Waters).

The effects of institutionalisation can be noticed immediately.

Studies of infants who have been institutionalised ... have shown them to be different in many ways from babies reared in a family environment. General impairment in their relationships to others and weakness of emotional attachment have been identified as major abnormalities in their development and behaviour ... The children's behaviour did not indicate the normal development of a sense of self (Australian Association of Infant Mental Health).

Akhurst reviewed the English literature on the effects of 'long stay' care in 1972. Major findings included,

- in almost every aspect – health, physique, educational progress and a wide range of social conditions – these children as a group were at a disadvantage compared with the general child population,
- a very high level of emotional disorder was present, especially 'conduct disorders',
- the level of maladjustment was three times that of a comparable group not in care and affected at least 15-20% of the children in institutional care,
- the group in institutional care was more likely to suffer severe reading disability and 'retardation' of other language skills, and
- failure to learn the art of living with other people, making fewer new friends on leaving care.

The effects of institutionalisation have been found to persist into adolescence.

Early studies of children who experienced institutional care in the first 3 years of their life displayed 'profound deficits in intellectual and social development'. Follow up studies of these children during adolescence revealed serious cognitive, affective, and social deficits, including disturbances in ability to form relationships, lack of anxiety or guilt over anti-social behaviour, poor impulse control, and delinquency.

Dr Ian Anderson of the Victorian Aboriginal Health Service pointed out that all adolescents indulge in risk-taking but that institutionalised children will do so 'to a much greater extent ... because they have not been able to develop a sense of self-worth'. The truth of this, he suggested, is borne out in the death rates of young Aboriginal men.

The effects of forcible removal and institutionalisation persist into adulthood, appearing indeed to be life long.

... the individuals I have seen lack a sense of personal identity, personal worth and trust in others. Many have formed multiple unstable relationships, are extremely susceptible to depression, and use drugs and alcohol as a way of masking their personal pain. They see themselves as so worthless that they are easily exploited, laying themselves open to be recruited into prostitution and other forms of victimisation (Dr Brent Waters).

*My feelings throughout life, of hurt, pain and neglect began as far back as I can remember ... I was taken from my family ... along with my biological brother, he also was with me through everything, if it wasn't for him, I probably would not be alive today to be able to write about my past.*

[NSW man taken to a babies' home in Melbourne at about 12 months in 1971]

Rutter and his colleagues researched the adult experiences of girls who had been institutionalised in childhood in London and found that,

[They] were much more likely than other women to experience serious difficulties in rearing their own children. An appreciable minority could not cope for one reason or another and had to give up the care of their children to other people. At the same time, the outcome proved to be quite heterogeneous, with some women functioning very well.

The women who functioned well in spite of their disadvantageous upbringing were most likely those who enjoyed the 'emotional support of a nondeviant spouse with whom [they] had a close, confiding, harmonious relationship'. Unfortunately, however, few of the women reared in institutions were able to find such a relationship. The women who functioned worst were those who had experienced 'marked disruptions in parenting during the first 2 years of life' and 'the outcome was particularly bad for girls who spent almost all of their childhood years in an institution'.

Michael Constable noted the experiences of Victorian Koori women who had been institutionalised as girls.

[Some have] stayed in abusive relationships simply because of this sort of learned helplessness: you learn that you've got no control over your life because big authorities have said, 'You're going to this institution and you're going to live this very regimented life'. You're not able to use your own judgment or initiative. You can't protest. You can't move the authorities. So in a sense some people are trapped in problems that they should be able to solve if they had confidence and belief in themselves.

For boys in particular a common response is delinquency. Dr Elizabeth Sommerlad surveyed Aboriginal Legal Services during the 1970s.

Officers attached to the services in Sydney, Melbourne and Darwin maintained that a large majority of clients seeking legal aid for criminal offences have a history of institutionalisation, repeated fosterings or adoption by white families ... their assertion is a reflection of the perception aboriginal officers have of the deleterious effects of removal from the support of the aboriginal community.

She concluded that feelings of alienation from 'white' culture and lack of identity with Aboriginal culture underlie the high incidence of criminal offending among this group.

*It did lead to a career in crime in which, to me, well, it wasn't the crime that turned me on, even though I was successful at it. It was getting back at society. It was kicking 'em, y'know? It wasn't the crime, it was the fact that, well, I'm going to pay back now for 20 odd years. Now, I served something like 5 years in the prisons, not because I wanted to be a criminal, but because I didn't know where I was, I didn't know who I belonged to.*

Confidential evidence 354, South Australia: man fostered at 2 years in the 1950s; placed in a reformatory at 14.

The Australian Law Reform Commission drew on Dr Sommerlad's work in a 1982 research paper for its Aboriginal customary law reference.

It is not possible to state with certainty that the very high rates of Aboriginal juveniles in corrective institutions and of Aborigines in prisons is a direct result of their having been placed in substitute care as children, but that there is a link between them has often been asserted and seems undeniable. In Victoria, analysis of the clients seeking assistance from the Aboriginal Legal Service for criminal charges has shown that 90% of this group have been in placement – whether fostered, institutionalised or adopted. In New South Wales, the comparable figure is 90-95% with most placements having been in white families.

Three years earlier another researcher noted that,

*There are between 50 – 60 Aboriginal male and female juveniles entering our detention centres every year. That rate has been*

*steady over the past four years. One in every three Aboriginal youth who enters detention as a result of delinquent behaviour is a white family adoption or foster-care breakdown. A further third of the Aboriginal juvenile offending population has a significant history of rearing in Children's Institutions (Palamara 1979).*

A number of witnesses to the Inquiry had experienced periods of detention throughout their lives.

*And every time you come back in it doesn't bother you because you're used to it and you see the same faces. It's like you never left, you know, in the end.*

[Victoria: prisoner telling of a life spent in institutions since his removal at 5 years to a children's home.]

*I reckon all my troubles started when I was living in them homes. That's when I first started stealing because you wasn't allowed to have anything and if I wanted something the only way I could get it is get it off someone else, get me brother or sister to buy it or just take it. We were sort of denied everything we wanted, just got what we was given and just be satisfied with that. I felt second-rate. I didn't feel like I got the love I was supposed to get; like a kid's supposed to get at that age, because they're more vulnerable at that age. They just follow people that seem to look more after them. That's why I got in with the wrong crowd, I suppose. They seemed to care more.*

[Victoria: a young father relating how he began stealing when he and his three siblings were in a family group home where all the other children were non-Koori and where he and his Koori brother and sisters received markedly less favourable treatment.]

*They grew up to mix up with other troubled children in Tardon and didn't know how to mix with us their mother and family, they only knew how to mix with other boys that they grew up with and these boys were into stealing, so my sons went with them, they couldn't do without the crowd that they grew up with. I couldn't tell them anything at this stage cause they felt that coloured people were nothing and that is when they went on the wrong road.*

*One of my sons was put into jail for four years and the other one died before he could reach the age of 21 years. It hasn't done my sons any good, the Welfare making them wards of the State and taking them away from me, they would have been better off with me their mother.*

[Victoria: Western Australian mother speaking of two sons taken in the 1950s.]

Helen Siggers, a former nursing sister who is now Director of the Aboriginal education centre at Monash University in Victoria, was in a position to compare Aboriginal bridging course students who had been removed with those who had not. She had dealt with 80 students, ten of whom had been removed as children. She observed that those not removed were 'together as people', 'knew about their culture', had 'strong self-esteem' and 'positive [intimate] relationships [of some duration]'. On the other hand, those who had been removed had experienced 'years of self-destructive behaviour', an 'intensity of addictions', 'cardiac problems, diabetes and psychological problems', 'gaol sentences' and a tendency to move 'from one partner to another'. With respect to their progress in the bridging program, those not removed 'accelerated in their learning' whereas those removed 'were held back because they were still dealing with all the emotional stuff'. Those who were not removed were more likely to complete their planned university degrees.

Michael Constable, a community health nurse in Ballarat, also observed a 'higher relationship turnover'. He told the Inquiry that he observed the stolen generations, on reaching adulthood, to be 'chronically depressed'.

### **The effects of abuses and denigration**

In institutions and in foster care and adoptive families, the forcibly removed children's Aboriginality was typically either hidden and denied or denigrated. Their labour was often exploited. They were exposed to substandard living conditions and a poor and truncated education. They were vulnerable to brutality and abuse. Many experienced repeated sexual abuse.

The social environment for all Indigenous Australians and the physical environment for many remain unacceptable. It is pervaded by racial intolerance and a failure to deliver adequate or appropriate basic services from housing and infrastructure to education and hospital care. Ill-health, poverty and unemployment are worse than third world levels. The 1991 NSW Aboriginal Mental Health Report (Swan and Fagan 1991) identified the factors increasing the vulnerability of the Aboriginal community to mental ill-health.

- [I]nstitutional and public racism and discrimination
- the continuing lack of opportunities in education and employment
- poverty and its consequences including stress and environments of normative heavy drinking
- inter-cultural differences in norms and expectations
- problems associated with long family separations and the issues associated with family reunion
- poor physical environments
- high levels of chronic illness and high rates of premature

This makes it almost impossible to pinpoint family separations as the sole cause of some of the emotional issues by which Indigenous people are now troubled. However, childhood removal is a very significant cause both in its distinctive horror and in its capacity to break down resilience and render its victims perpetually vulnerable. Evidence to the Inquiry establishes clearly that

the childhood experience of forcible removal and institutionalisation or multiple fostering makes those people much more likely to suffer emotional distress than others in the Indigenous community.

The psychiatric report concerning one witness to the Inquiry illustrates the persistence of vulnerability.

*She told me of her mother's death very shortly after she was born, and how when her father came to collect her from the hospital a few days later, she had already been removed as per the Indigenous Family Separation Policy. She was brought up in Colebrook Children's Home away from her father and siblings. She remembers him coming to visit her on occasions and being devastated when he had to leave. She also remembers being sexually abused by the wife of the Superintendent at Colebrook, on several occasions, giving rise to a distrust of so-called caregivers, especially females ... While she was still at school, she worked as a housekeeper for a local Minister and alleges that during this time, he regularly and deliberately exposed himself to her. Not having anyone to turn to, this was a confusing and frightening experience. Following leaving school, she was placed in domestic service with a lay minister also associated with the Children's Home. This man raped her but she did not feel able to tell anyone, as she felt profoundly ashamed and frightened. She was fifteen years old at the time. After this she was placed at Resthaven Nursing Home, which she believes was a strategy to get rid of her.*

*Ms S developed problems with depression and alcohol abuse following the death of her father in 1971. Her difficulties were also compounded by her unhappy marital situation, which was characterised by her alcoholic husband's physical and sexual assault of her on a regular basis. [Diagnosed with manic-depressive disorder 1979. Hospitalised for the first time 1985.]*

*Unfortunately, the effects of ongoing alcohol and substance abuse contributed to frequent short-lived depressive episodes with suicidal ideation. Her substance abuse was the result of the difficulty she experienced coming to terms with the diagnosis of manic-depressive disorder, her significant family problems and the effects of a childhood where she was dislocated from her family of origin, thus leaving her vulnerable to the events which followed .*

## **Sexual Abuse**

Many children experienced brutality and abuse in children's homes and foster placements. In the WA Aboriginal Legal Service sample of 483 people who had been forcibly removed, almost two-thirds (62.1%) reported having been physically abused. Children were more likely to have been physically

abused on missions (62.8% of those placed on missions) than in foster care (33.8%) or government institutions (30.7%).

Stories of sexual exploitation and abuse were common in evidence to the Inquiry. Nationally at least one in every six (17.5%) witnesses to the Inquiry reported such victimisation. A similar proportion (13.3%) reported sexual abuse to the WA Aboriginal Legal Service: 14.5% of those fostered and 10.9% of those placed on missions.

These vulnerable children had no-one to turn to for protection or comfort. They were rarely believed if they disclosed the abuse.

There are many well recognised psychological impacts of childhood sexual abuse (Finkelhor and Brown 1986). They include confusion about sexual identity and sexual norms, confusion of sex with love and aversion to sex or intimacy. When the child is blamed or is not believed, others can be added including guilt, shame, lowered self-esteem and a sense of being different from others. Wolfe (1990) concluded that the impacts amount to a variant of Post-Traumatic Stress Disorder. They reported effects including sleep disturbance, irritability and concentration difficulties (associated with hyper arousal), fears, anxiety, depression and guilt. Repeated victimisation compounds these effects.

People subjected to prolonged, repeated trauma develop an insidious progressive form of post-traumatic stress disorder that invades and erodes the personality. While the victim of a single acute trauma may feel after the event that she is 'not herself,' the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all (Hermann 1992 page 86).

There is no doubt that children who have been traumatised become a lot more anxious and fearful of the world and one of the impacts is that they don't explore the world as much. Secondly, a certain amount of abuse over time certainly causes a phenomenon of what we call emotional numbing where, because of the lack of trust in the outside world, children learn to blunt their emotions and in that way restrict their spontaneity and responsiveness. That can become an ingrained pattern that becomes lifelong, really, and certainly when they then become parents it becomes far more difficult for them to be spontaneous and open and trusting and loving in terms of their own emotional availability and responsiveness to their children (Dr Nick Kowalenko).

Oliver 'found that approximately one-third of child victims of abuse grow up to have significant difficulties parenting, or become abusive of their own children. One-third do not have these outcomes but the other third remain vulnerable, and, in the face of social stress there was an increased likelihood of them becoming abusive'.

## **Other trauma**

Separation and institutionalisation can amount to traumas. Almost invariably they were traumatically carried out with force, lies, regimentation

and an absence of comfort and affection. All too often they also involved brutality and abuse. Trauma compounded trauma. No counselling was ever provided. These traumas 'have impacted particularly in creating high levels of depression and complex PTSD [post-traumatic stress disorder]'. PTSD 'has a lot of somatic symptoms, impact on personality, on impulse control, and often leads to ongoing patterns of abuse' (Professor Beverley Raphael).

A representative from the Western Australian Health Department recognised the impacts of the removal policies.

The negative health impact of past laws and practices have resulted in a range of mental health problems associated with the trauma, including grief and severe depression and self-damaging behaviour, including self-mutilation, alcohol and substance abuse and suicide.

Trauma experienced in childhood becomes embedded in the personality and physical development of the child. Its effects, while diverse, may properly be described as 'chronic'. These children are more likely to 'choose' trauma-prone living situations in adulthood and are particularly vulnerable to the ill-effects of later stressors.

Dr Jane McKendrick and her colleagues in Victoria in the mid-1980s surveyed an Aboriginal general medical practice population by interviewing participants twice over a three-year period. One-third of the participants had been separated from their Aboriginal families and communities during childhood. Most of the separations had occurred before the child had reached 10 years of age and lasted until adulthood. Most of the separations were believed by the children to have been on 'welfare' grounds (and not because parents were deceased or had voluntarily relinquished them).

These separated people were twice as likely to suffer psychological distress in adulthood than the remainder of the participants: 90% of participants who had been separated were psychologically distressed for most of the three years of the study, compared with 45% of the participants who had been brought up within their Aboriginal families. Depression accounted for nearly 90% of diagnoses. Factors offering protection against the development of depression and other distress included a strong Aboriginal identity, frequent contact with ones Aboriginal extended family and knowledge of Aboriginal culture.

Overall, two-thirds of the Aboriginal participants were found to be significantly psychologically distressed throughout the three years of the study. The contrast with non-Indigenous general practice populations is telling. 'The rates of psychological distress in non Aboriginal general practice samples vary from 15 to 30 per cent.

However, in contrast to the situation in this Aboriginal group, most of these disorders amongst the general population are short lived, resolving within one to six months' (Dr Jane McKendrick, Victorian Aboriginal Mental Health Network).

*I still to this day go through stages of depression. Not that I've ever taken anything for it – except alcohol. I didn't drink for a long time. But when I drink a lot it comes back to me. I end up kind of cracking up.*

[New South Wales: woman fostered as a baby in the 1970s.]

Clayer and Dwakaran-Brown (1991) conducted a study of mental and behavioural problems in an urban Aboriginal population (n=530). They reported a 35% rate of psychiatric disorder. 31% of the total population studied had been separated from their parents by the age of 14 years. Absence of a father and traditional teachings in the first fourteen years correlated significantly with suicide attempts which were at much higher rates than the general population. Similar problem levels were found in Radford et al's (1991) study in Adelaide with many of those showing high levels of suicidal behaviours having been separated from families and brought up in institutions.

The Sydney Aboriginal Mental Health Unit advised the Inquiry of its experience with patients presenting with emotional distress.

This tragic experience, across several generations, has resulted in incalculable trauma, depression and major mental health problems for Aboriginal people. Careful history taking during the assessment of most individuals [i.e. clients] and families identifies separation by one means or another – initially the systematic forced removal of children and now the continuing removal by Community Services or the magistracy for detention of children ... This process has been tantamount to a continuing cultural and spiritual genocide both as an individual and a community experience and we believe that it has been the single most significant factor in emotional and mental health problems which in turn have impacted on physical health.

The Unit identified the risk of 'major depressive disorder and use of alcohol and other drugs to ease feelings of hopelessness, helplessness, marginalisation, discrimination and dispossession, leading to breakdown in relationships, domestic violence and abuse' among its clients. The forcible removal policies are seen as the principal cause of these 'presenting issues'.

*I now understand why I find it so very very hard to leave my home, to find a job, to be a part of what is out there. I have panic attacks when I have to go anywhere I don't know well and feel safe. Fear consumes me at times and I have to plan my life carefully so that I can lead as 'normal' an existence as possible. I blame welfare for this. What I needed to do was to be with my family and my mother, but that opportunity was denied me.*

[South Australia: woman fostered at 18 months in the 1960s.]

One consequence of chronic depression is very poor physical health. Dr Ian Anderson and Professor Beverley Raphael both expanded on this point in evidence.

This also had a multi-dimensional impact in terms of people's health ... including the development and progress towards diseases such as heart disease, hypertension and so on ... it has been argued for some time that there are many social factors implicated in the development of what we call physical illnesses such as heart disease. However, the association between what is often termed social stressors and the development of disease is difficult to prove using the traditional methods of health sciences or epidemiology ... However, there are some health analyses which are very suggestive on, for example, an association between things like how connected you are – what sort of social support you have, how socially connected you are to your own community – and the development of disease processes like high blood pressure [which is] closely linked to heart disease and diabetes (Dr Ian Anderson).

Holocaust studies suggested it [trauma] could impact on the functioning of the brain as well as the immune system. There have been recent studies of trauma such as Vietnam veterans' combat experience without damage [i.e. without physical injury being incurred] showing changes in brain structure and function as a result of the traumatic experience (Professor Beverley Raphael).

Victims of traumatic separation are less likely to follow a treatment regime properly.

It's very hard to get people with these sort of depression and anxieties and insecurities and uncertainties about themselves to actually care about being healthy (Michael Constable).

*The result of that sort of [separation] process was one which fragmented the identity of many people in quite a profound way. That has an impact on people's sense of who they are, how you fit into the world and where you're going – what in technical terms people call your sense of coherence. It also destroyed the sense of worth of being Aboriginal and fragmented people's sense of identity, and this is something which happened not just to the people who were taken away but it has also happened to the families who were left behind.*

Now this whole process in a psychological sense fundamentally impacts on how people look after themselves ... It makes it even more difficult for people who do have physical illness to take complicated treatments over a long period of time ... Individuals may not have the self-esteem or self-worth to actually come in for care in the first instance or for follow-up management (Dr Ian Anderson).

Alcohol is the 'treatment of choice' for many with acute depression.

If they hadn't used alcohol they probably would have committed suicide ... You can't be here to carry that sort of pain and depression. We're incapable of staying alive with that sort of feeling, and alcohol was a sort of first aid (Michael Constable).

The sorts of things that can happen with people who are having flashbacks of traumatic events is that it can cause such psychic pain that the person might start to drink heavily or use other psycho-active substances heavily (Dr Jane McKendrick).

Judith Hermann has pointed to evidence that a chemical reaction occurs in the brain at the time of a traumatic event. This helps the victim to survive the event psychologically intact by permitting a degree of dissociation from it. However 'traumatized people who cannot spontaneously dissociate may attempt to produce similar numbing effects by using alcohol or narcotics'. Thus 'traumatized people run a high risk of compounding their difficulties by developing dependence on alcohol or other drugs'.

*I drank a lot when I was younger, y'know. I still do I guess. I don't drink as much now, but I still do and there's never been anything ... any pleasure in it. I guess I don't know whether it's a hangover from seeing the old man do it ... whether it's because of that or whether it's because of other issues which I just wouldn't, couldn't confront ... I'd have nights where I'd sit down and think about things. There was no answers.*

[South Australia: man removed to a boys' home at 6 years in the 1950s.]

*I tried to look forward. As I say, every time I'd look back as in trying to find out exactly who I was and what my history was, I'd have real bad attacks of Vic. Bitter.*

[Victoria: man whose mother had also been removed as a child; he was taken from her at a very young age when she suffered a nervous breakdown and was raised in a children's home.]

The following table summarises the findings of the WA Aboriginal Legal Service survey of 483 clients who had been forcibly removed. Caution should be used in interpreting these findings because of the high proportion of participants who did not respond to these questions.

Effects	After-effects of forcible removal				Total				
	Yes	No	No answer	Total					
Physical ill-health	113	21.4%	177	36.6%	193	40.0%	483	100%	
Mental problems	68	14.1%	234	48.4%	181	37.5%	483	100%	
Substance abuse	79	16.4%	216	44.7%	188	38.9%	483	100%	
Imprisonment	122	25.3%	193	40.0%	168	34.7%	483	100%	

Source: Aboriginal Legal Service of WA submission.

## Racism

Institutionalised Indigenous children faced a hazard over and above that experienced by institutionalised non-Indigenous children. This was the continual denigration of their own Aboriginality and that of their families.

I didn't know any Aboriginal people at all – none at all. I was placed in a white family and I was just – I was white. I never knew, I never accepted myself to being a black person until – I don't know – I don't know if you ever really do accept yourself as being ... How can you be proud of being Aboriginal after all the humiliation and the anger and the hatred you have? It's unbelievable how much you can hold inside.

The assimilation policy seemed to demand that the children reject their families. The tactics used to ensure this ranged from continual denigration of Aboriginal people and values to lies about the attitudes of families to the children themselves. Many children were told their parents were dead. Dr Peter Read told the Royal Commission into Aboriginal Deaths in Custody that,

*The most profound effect of institutionalisation, which overrides other well-documented effects of institutionalisation generally, was the persistent attempt by authorities to force the boys to identify as European ... One was a positive reinforcement of the European model, the other was a negative portrayal of Aboriginality combined with a withholding from the boys of any particular knowledge of their immediate family or of Aborigines generally (quoted in National Report Volume 2 page 76).*

The complete separation of the children from any connection, communication or knowledge about their Indigenous heritage has had profound effects on their experience of Aboriginality and their participation in the Aboriginal community as adults.

*It was forbidden for us to talk in our own language. If we had been able we would have retained it ... we weren't allowed to talk about anything that belonged to our tribal life.*

[Pring 1990 page 18 quoting Muriel Olsson, removed to Colebrook, South Australia, at the age of 5.]