**Exploration and understandings of trauma and coping strategies among the Aboriginal**

**community in Adelaide**

School of Psychology

University of Adelaide

*This thesis is submitted in partial fulfilment of the Honours degree of Bachelor of Psychology*

**Word Count: 8246**

**Table of Contents**

**Abstract**

In the past conceptualizations of trauma (specifically as presented in the Diagnostic Statistical Manual) have not accounted for the unique circumstances Aboriginal communities face particularly in relation to colonisation. In this case Intergenerational trauma is often applied to describe the continuous trauma and vulnerability that Aboriginal communities are exposed. Although it is understood that Aboriginal people experience trauma and intergenerational trauma there is limited knowledge on how trauma is understood, coped with, serviced and treated within the community, this is specifically the case in Adelaide, South Australia. To explore this further ten qualitative semi-structured interviews were conducted. Thematic analysis identified seven major themes and two sub themes. In relation to understandings of trauma, the theme: Trauma is Intergenerational (sub themes: Transmission and, Intergenerational trauma can be difficult to recognise) was identified. Themes on coping styles included, Talking about trauma, Giving back to family and community and Addictions and substance abuse. Services and strategies needed to help the Aboriginal community deal with trauma included: Cultural interventions, Aboriginal autonomy and involvement in services and Social change. It is thought this study will contribute to the paucity of research on trauma amongst Aboriginal communities as well as provide insight on both individual and community coping abilities and their access to appropriate services.

## Declaration

This thesis contains no materials that has been accepted for the award of any other degree or diploma in any University, and to the best of my knowledge, this thesis contains no materials previously published except where due reference is made. I give consent to this copy of my thesis, when deposited in the University Library, being available for loan and photocopying.

*Signature*

█████████

13 November 2018

## Acknowledgements

Thank you to my supervisor Dr. Yvonne Clark. Thank you for sharing your knowledge and providing continuous guidance and support throughout the year. It has been a wonderful experience to work with you.

A sincere thank you to all those who participated in this research and for sharing your stories and experiences with me.

Lastly, thank you to my family and friends for all of your support and for putting up with me throughout the year.

**Preface**

**A note on terminology**

The terms Indigenous and Aboriginal are used throughout this document. The term Indigenous refers to global populations of First Nations and Aboriginal groups (including Australia) whereas, Aboriginal refers to Aboriginal people in Australia. It should be noted that although the population in Australia includes both Aboriginal and Torres Strait Islander people, this research focuses on the Aboriginal population rather than Torres Strait Islanders who differ in culture, identity and history (Brown, 2017; Queensland Government, 2014).

**Chapter 1**

## 1. Introduction

### 1.1 Background

Aboriginal people have occupied Australia for over 50,000 years and have one of the oldest continuous living cultures in the world (Clarkson et al., 2017; Littlefield & Dudgeon, 2010). Furthermore, the Australian Bureau of Statistics (ABS, 2018) estimates that Indigenous people (Aboriginals and Torres Strait Islanders) comprise 3.3% of the Australian population and 5.3% of the South Australian population (ABS, 2016). Despite this, Aboriginal people experience some of the highest reported levels of psychological distress (ABS, 2016). In 2012-2013 Aboriginal people were 2.7 times as likely as non-Indigenous people to report feeling high or very high levels of psychological distress (ABS, 2013). Distress is often associated with a number of factors including living conditions, level of education, socio economic status, health status, appropriate health care and political and systemic structures (McNamara et al., 2018). These issues are interrelated to the continuing traumatic effects of colonisation. These effects are associated with various oppressive policies and practices such as the separation of Aboriginal people onto missions and reserves and children from their families and culture. The legacy of colonisation attributes to ongoing traumas related to current child removals, social exclusion and experiences of racism and discrimination *(*Zubrick et al., 2014).

### 1.2 Conceptualisations of trauma

#### *Definitions of trauma*

Trauma has been at the centre of debates in the discipline of Psychology. This debate considers whether trauma refers to the experience of an extreme stressor (which is usually the occurrence of an event) (Briere & Scott, 2006), a series of distressing events, the experience of the event or environment, or the psychological impacts of that experience (Atkinson, Nelson,

Brooks, Atkinson & Ryan, 2014). Earlier versions of the Diagnostic Statistical Manual (DSM) such as the DSM III (American Psychiatric Association [APA], 1987) and DSM IV (APA, 1994) categorise trauma under Post Traumatic Stress Disorder (PTSD). To be diagnosed with a trauma related disorder such as PTSD, an individual must develop symptoms of anxiety after experiencing a distressing event. Literature suggests (Atkinson et al., 2014) that determining the presentation of anxious symptoms through criteria listed in the DSM III & IV is problematic as the diversity of experiences across individuals and groups are not recognised.

The DSM-V now includes a chapter on trauma and trauma related disorders which briefly outlines the importance of cultural, historical, genetic, physiological and environmental factors in determining diagnoses. Diagnosis of PTSD now falls under this new chapter (APA, 2013). Although these changes and the broader focus on PTSD are supported (Briere & Scott, 2013), conceptualisations of trauma and trauma related disorders can be more convoluted than PTSD and therefore labelled Complex trauma. Complex trauma has been described as the persistent effects that exposure to repeated cumulative or chronic trauma has over a period of time and within specific relationships and contexts (Van der Kolk, 2005). Complex trauma appears to be consistent with labels such as Intergenerational trauma (Atkinson, 2002) or Collective trauma (Krieg, 2009) and is pertinent for some populations, such as Aboriginal people, where trauma is based on the experience of many events over time rather than one or a few events.

### Complex Post-Traumatic Stress Disorder
A recent definition of such chronic patterns of trauma that is consistent with individual Aboriginal experiences of trauma is Complex Post-Traumatic Stress Disorder (CPTSD). CTPSD could develop after exposure to an event or series of events that are threatening or abhorrent in nature. Events are often prolonged or repetitive and may include experiences such as slavery,

2

genocide, domestic and family violence, sexual and physical abuse (Clark et al., 2018; Karatzias et al., 2017). The disorder is characterized by the core symptoms of PTSD; that is, all diagnostic requirements for PTSD have been met at some point during the course of the disorder. This has been outlined in the International Classification of Diseases (ICD-11) which is categorised by three of the four core symptoms of PTSD that have been met at some point during the progression of the disorder. These include re-experiencing the trauma in the present, avoidance of traumatic reminders, and a persistent sense of current threat (Clark et al., 2018; Karatzias et al., 2017). The ICD-11 definition also recognises that there are 1) disturbances in self-organisation; 2) problems in affect regulation; 3) persistent beliefs about oneself as worthless which is accompanied by feelings of shame and/or failure related to the traumatic experience; and 4) persistent difficulties in maintaining relationships and a sense of closeness to others (Clark et al., 2018; Karatzias et al., 2017). These disturbances can cause issues in personal, family, social, educational, occupational or other areas of functioning. This can then result in accumulative stress and problems with emotions, relationships and self-esteem (Clark et al., 2018).

### Intergenerational Trauma

Aboriginal expert on trauma, Judy Atkinson defines trauma as "the reaction of normal people to abnormal experiences which cause great distress or destruction, and overwhelms the individual, family or community and the ability to cope in mind, body, soul and spirit" (2002, p. 52). Atkinson's (2002) work takes into account Aboriginal experiences individually and collectively over many generations. In her research, Atkinson (2002) traces trauma experiences across six generations in Aboriginal communities dating back to colonisation. Trauma passed on generationally is labelled Intergenerational trauma (IGT). IGT is akin to CPTSD, presenting with similar symptoms at the individual level, but as discussed is transferred across generations.

Research (Atkinson, 2002) suggests symptoms of IGT are transferred via parenting, attachment, and education (lack of as a result of colonisation impacting Aboriginal parenting methodology and pedagogy). Further studies show a genetic impact in the transference of trauma as well as oral stories culminating from colonisation (for example, stories on the removal from culture and identity) which are passed down through families and communities (Healing Foundation, 2017; O'Neil, Fraser, Kitchenham & McDonald, 2016).

The trauma associated with colonialism has remained largely unresolved (Dudgeon & Walker, 2015), manifesting as IGT which can mean that it will continue to future generations of Aboriginal people unless healing or proactive ways of dealing or coping with it is enacted. It is important to note that IGT has also been described by Holocaust survivors (Brooks & Alexander, 2003) and other world Indigenous populations who have referred to it as historical trauma such as Native Americans (Grayshield, Rutherford, Salazar, Mihecoby & Luna, 2015), First Nations groups in Canada (Bombay, Matheson & Anisman, 2014), and Maori people of New Zealand (Pihama et al., 2014). Colonisation practices and the associated IGT have also been referred to as acts of genocide to the populations (Pihama et al., 2014) and/or cultural genocide (Truth and Reconciliation Commission of Canada, 2015).

### *Aboriginal understandings of trauma*
Some attempts have been made to better understand Complex and Intergenerational trauma in Aboriginal contexts in Australia. Atkinson (2002) and her associates have provided continuous leadership on research and practice to ensure there is adequate trauma informed care for Aboriginal people in Australia (Atkinson, 2011). Much of their research is translated into educare programs delivered by We-Al-Li in New South Wales (Atkinson, 2011).

Recent research (Brown, 2017) on Transgenerational trauma (TGT) (IGT and TGT are often used interchangeably (Walters, et al., 2011)) was conducted with Aboriginal people in Western Australia (WA). This research aimed to explore how Aboriginal groups understood TGT. Results reported four themes: "Transference, Internalization, Unsure and Relational" (Brown, 2017, p.72). Transference represented the transmission of behavioural patterns resultant from previous trauma being passed through generations (specifically through parenting which in-turn effected offspring). Internalization indicated suppression of emotions or negative feelings towards experiencing or witnessing traumatic circumstances involving those who participants held close relationships. The theme 'Unsure' represented individuals who did not know how to define TGT. The final theme; Relational, was reflective of participants thoughts on trauma changing individual ideas and perceptions of the world which would then transfer onto their children (Brown, 2017). Although an insightful study, this research was exclusive to Aboriginal people in Western Australia therefore, results may not be completely transferable to Aboriginal communities in South Australia. This is because Aboriginal people have a diverse set of experiences and cultural customs nationwide. Although similarities exist between experiences of trauma related to colonisation, each state and territory were often responsible for implementing their own harmful policies which means Aboriginal peoples experiences may differ via location (Kelly, Dudgeon, Gee & Glaskin, 2009).

### 1.3 Social and Emotional Wellbeing

#### *The Social and emotional wellbeing model*
The concept of Social and Emotional Wellbeing (SEWB) is recommend to treat trauma and trauma related disorders within Aboriginal communities. The SEWB model is a holistic approach to wellbeing that consists of seven domains that connect the self to culture, community, family, spirituality, country, body, mind and emotions. Aboriginal people's connections to these

domains are informed by historical effects of colonisation and social determinants of health (i.e. socio economic status, housing, living conditions and access to services) (Gee, Dudgeon, Schultz, Hart & Kelly, 2014). Programs using the SEWB model take into consideration modern social issues such as racism, discrimination and social exclusion (Calma, Dudgeon & Bray, 2017; Dudgeon, Bray, D'Costa & Walker, 2017). It is important to acknowledge that even though there has been widespread consultation about the SEWB model (Gee et al, 2014) it doesn't account for the vast diversity and difference within Aboriginal groups and communities across Australia (Kelly et al., 2009). As such, the application of the SEWB model may not benefit all individuals, as does all approaches, yet it is a beneficial starting point.

Calma et al., (2017) states that the effectiveness of SEWB programs are considerably limited. This is due to many SEWB services being implemented under policies shaped by western understandings of mental health and a lack of understanding about cultural safety and competency at the individual and organisational levels by mainstream services (Calma, et al., 2017). This includes inadequate training for clinicians and psychologists surrounding cultural understanding of Aboriginal people, and shortage of Aboriginal people in clinical positions (Dudgeon, Rickwood, Garvey & Gridley, 2014). Additionally, it is argued that improved SEWB programs need to be designed, controlled and implemented by Aboriginal people. It is important that the design of SEWB programs utilise a process of self-determination and empowerment that can be achieved by community consultation and involvement (Sherwood & Edwards, 2006; Walker, Schultz & Sonn, 2014).

Many mental health theories, concepts, services and policies are often developed through western understandings of mental health (Cunneen & Libesman, 2000; Healing Foundation, 2017; Zubrick, Holland, Kelly, Calma & Walker 2014). This means that recovery and treatment

is not well suited for Aboriginal people as they are based on individualistic notions of health rather than with a holistic lense. A holistic framework considers the social, environmental and historical causes of wellbeing and trauma (Zubrick et al., 2014). It has been argued that when the individual treatment perspective is applied to Aboriginal populations it contributes to maintaining colonial oppression (King, Smith & Gracey, 2009) and can lead to inadequate diagnosis and treatment (Healing Foundation, 2017; Sherwood, 2013).  For trauma, Aboriginal people were often diagnosed as having PTSD without considering the holistic causes of trauma (Cunneen & Libesman, 2000). Perhaps the recent understandings of CPTSD will enable clinicians to understand the holistic and intergenerational nature of trauma and diagnose appropriately (Clark et al., 2018).

### 1.4 Self-determination

Self-determination underpins a holistic approach to SEWB. Self-determination is defined as a collective right of peoples to control their own destiny and to exercise autonomy in their own affairs (Bringing Them Home, 1997). Furthermore, the right to self-determination is acknowledged in the United Nations Declaration on the Rights of Indigenous People (United Nations Human Rights Commission, 2008). Many studies pertaining to Aboriginal issues and initiatives outline the importance of self-determination including community governance and connection in beginning to heal trauma in Aboriginal communities (Milroy et al, 2014). Moreover, autonomy over one's life and decisions can lead to better health and wellbeing outcomes (Dockery, 2010; Milroy et al. 2014). The most recent step for healing and self-determination for Aboriginal communities nationwide is asserted by the Referendum Council (2017). In their report, the council seeks the implementation of the Uluru Statement from the Heart. This document advises on implementing an Indigenous advisory council to Federal

Parliament and establishing a Makarrata Commission to supervise negotiations of treaty and processes of 'truth telling' in relation to Australia's history (a treaty is also conferred as one of the means to engage in the truth telling of history). The report and Uluru statement are considered an important step in empowering Aboriginal communities nationwide (Referendum Council, 2017).

### 1.5 Coping styles

Coping is defined as the thoughts and behaviours individuals use to manage situations that are psychologically stressful (Folkman & Moskowitz, 2004). Research on coping began in the1970's where various coping frameworks were emerging. Hofstedt (1980) indicated that coping can be both at individual and collective levels and developed the individualism-collectivism dimension. Furthermore, he indicated that individualistic cultures value independence and autonomy where the target of control is situated outside of the person. This means that individuals aim to change or control the external environment to cope. In collectivist cultures there is emphasis on group cohesion, interdependence and interpersonal connection where a desire for maintaining harmony and conforming to group norms is pursued. Thus, individuals in a collectivist society aim to change themselves (their minds, emotions or behaviours) to fit the environment and to protect it (Chun, Moos & Cronkite, 2006).

Coping strategies have predominantly been researched among individualist societies where four coping styles are generally accepted (Kuo, 2011; Kuo, 2013). These are Active or Problem focused, Denial-disengagement, Social support seeking, and Positive reinterpretation (Carver, Weintraub & Scheier, 1989). Active or Problem focused coping encompasses direct action which aims to reduce the issue or solve the problem. Denial-disengagement involves suppressing or avoiding the problem both emotionally and behaviourally (Held, Anderson & Owens, 2015).

Social support seeking involves seeking help or advice from friends, family, acquaintances or services often for emotional reasons such as gaining sympathy or understanding (Carver et al., 1989). Positive reinterpretation involves a focus on managing distress and emotions by changing negative thoughts into positive thoughts instead of actively finding and applying a solution to the problem. As discussed the four coping styles emerged from western individualistic perspectives of research thus, the nature and application of these four strategies may be less applicable to Aboriginal people as Aboriginal culture is generally considered more collective (Clark, Augoustinos & Malin, 2017; Milroy et al., 2014).

Research conducted with collective cultures suggests cultural and social mechanisms underlie coping styles (Kuo, 2013).  Specifically, coping styles underpinned by collectivity are suggested to be value-driven, interpersonal, culturally conditioned, relational, respecting authority figures and, religious and spiritually grounded (Fischer, Aydin, & Frey, 2010). Further research suggests individuals, whether from individualist or collectivist backgrounds, use a range of both collective and individualistic coping strategies in their lives (Yeh, Arora, Wu, Wong & Wong, 2006).

### *Coping styles in Aboriginal communities*
Coping styles among Aboriginal populations are under researched (Clark et al., 2017). This is problematic as Aboriginal communities continue to experience high incidences of psychological distress (ABS, 2016) which potentially increases vulnerability to trauma and vice versa. Dudgeon, Milroy & Walker (2014) suggest some Aboriginal people may cope with trauma through risky behaviour such as substance abuse and self-harm. Coping mechanisms through substance abuse and self-harm can further impact behaviour, relationships and family and community functioning (Milroy, et al., 2014; Skerrett et al, 2017).

Mellor (2004) conducted research on coping styles employed by the Australian Aboriginal community in response to racism. Here, 34 in depth interviews were conducted among the Aboriginal community situated in urban Victoria. Thematic analysis was used to identify patterns in the data. The results suggest three overarching themes; Protecting the self, Self-control and Confronting racism. 'Protecting the self' consisted of six sub themes including: displaying acceptance, reinterpretation, utilising social support, denial of Aboriginality, achievement focus, and attempting to make offspring stronger. Mellor (2004) suggests strategies captured under 'Protecting the self' were utilised to defend and protect the self against racism however, had no direct impact upon racism. Theme two, 'Self-control' consisted of 3 sub themes: ignoring racism, contained responses and, imagined responses. This theme reflected those participants who chose to ignore racism, contain their responses or imagine their response towards the perpetrator, post occurrence. The third theme 'Confronting racism' reflected participant's responses who directly contested racist behaviour. Confronting racism consisted of 7 sub themes including; attempting to educate the perpetrator, "contesting racism, asserting one's rights, asserting identity, taking control, using external support, and seeking revenge" (Mellor, 2004, p.61). According to Mellor (2004) confronting racism involves the victim attempting to change the environment or perpetrator by taking action, a more effective response of actively dealing with the issue than the previous two themes.

Another study by Clark, Augoustinos and Malin (2017) conducted research on coping strategies in the Aboriginal community in South Australia. This research identified coping styles for dealing with and preventing Lateral violence (LV). The research involved 30 Aboriginal participants who took part in interviews. Thematic analysis was conducted and themes identified. The first theme highlighted the importance of education on LV, which included training for

professionals and spreading awareness among the Aboriginal community. The second theme discussed seeking support from family and friends, and the importance of having support structures being readily available in the community (such as workplace, legal and counselling support). The third theme discussed community role models which were considered essential in setting a positive example by challenging and naming and speaking out against LV. Other themes indicated participants coped with LV by avoiding Aboriginal spaces, positively reinterpreting LV transgressions, and working towards drawing on their ancestral and cultural strengths to become strong in their identity. It is important to note that the themes in this study aligned with themes in Mellor's (2004) studies on racism and coping (as discussed above). This was the case specifically with education, protecting the self and modelling and building cultural strength in younger generations to help them cope (Clark, Augoustinos & Malin, 2017). Like racism, lateral violence can contribute to poorer wellbeing (Clark, Augoustinos & Malin, 2017) and high psychological distress which may increase vulnerability to trauma.

Brown's (2017) studies on understanding TGT among the Aboriginal community in WA identified strategies to help the Aboriginal community cope with TGT. Although not explicitly researching coping styles, the strategies described by participants were thought to help the community deal with TGT and prevent transmission of trauma to future generations. Phenomenological thematic analysis identified three broad themes which included; Reconnect with cultural heritage (which involved three sub themes; connection, circle of life and creativity), Community give back and Education. Reconnect with cultural heritage through connection represented embracing and learning about culture. Circle of life reflected holistic understandings of Aboriginal wellbeing and culture which encompasses connections with family, community, country, the physical body and spirituality. The sub theme creativity, represented reconnecting

with cultural forms of art, dance and music. The theme Community give back was identified

through participants who expressed that helping the community would provide oneself with a

sense of achievement which in turn would take away one's focus on their own personal trauma.

The final theme, Education represented the need for education to effectively address and educate

the Aboriginal community on TGT which would help the community heal.

### 1.6 Aims of the current study

Even though research specifically in relation to trauma is limited, it is on the increase. Current

research also takes into considerations on the interrelated and holistic notions of trauma and its

links to mental health, racism, lateral violence and wellbeing. Studies on how to cope with

trauma and related concepts is also limited as well as the programs to deal with trauma. This is

very concerning and leaves many Aboriginal people in a state of helplessness. Research that is

conducted by, for and with Aboriginal people will have particular significance to self-

determination, the ability to cope and heal from intergenerational trauma.

Brown's (2017) studies on understandings of TGT utilised phenomenological thematic

analysis to provide insight into TGT and strategies to assist the Aboriginal community in

Western Australia to effectively deal with and prevent TGT. Further, studies on coping strategies

such as Mellor's (2004) studies on coping with racism and Clark, Augoustinos & Malin's (2017)

studies on preventing and coping with Lateral violence utilised thematic analysis. Findings in

Clark et al's (2017) studies found similar coping strategies to that of Mellor's (2004) studies.

Coping styles were not necessarily aligned with strategies presented through the generally

accepted four styles of coping; active-problem focused, emotion focused, denial-disengagement

and seeking social support. This presents further need for research on coping styles in Aboriginal

communities, which in turn can assist with identifying appropriate services which may help the

community with coping and dealing with trauma. Services and strategies to assist the community must be designed and implemented with community engagement and participation throughout the entire process thus, providing a stronger sense of autonomy and self-determination.

The current study aims to add to the literature on trauma among the Aboriginal community in Adelaide. Qualitative semi-structured interviews will be utilised to explore; how trauma is understood in the local community, strategies community members have used or will use to cope, services or strategies that would help the community cope and deal with trauma and any other related issues participants wish to speak on.

**Chapter 2**

## 2. Methodology

### 2.1 Theoretical Framework

This project utilised an overarching Indigenous research framework. This approach values an Indigenous ontology, epistemology and axiology by acknowledging the importance of relationality and relational accountability in the research process. An Indigenous ontology postulates that there are multiple truths or realities, where importance is placed on one's relationship with these truths or realities (Smith, 2012; Wilson, 2008). This ontology intertwines with an Indigenous epistemology where knowledge is based on one's relationship/s with all entities including; culture, land, language, spirit and community (Wilson, 2008). Relational accountability underpins an Indigenous axiology and methodology (Wilson, 2008). An Indigenous axiology acknowledges that the researcher cannot be separated from the research (Roy, 2014; Wilson, 2008). An Indigenous methodology is guided under the principles of Respect, Responsibility and Reciprocity (Wilson, 2008). This is implemented throughout the entire research process where the researcher is responsible for ensuring the purpose and methods of research are appropriate and respectful towards Aboriginal people both individually and collectively. This includes respecting the relationships being built and knowledge shared throughout and after the course of the research. The principle of reciprocity suggests the research must be meaningful and have the potential to be beneficial to the community (Martin, 2003; Roy, 2014; Wilson, 2008).

**2.2 Participants**

Eligibility to participate in this study included identifying as Aboriginal, being over 18 years of age, fluent in English (so that a translator would not be needed) and currently living in South Australia (primarily Adelaide and surrounding areas). A total of ten interviews were conducted with six females and four males, aged between 18 and 60 (M= 36.8, SD =16.9). The sample included a good mix of older and younger participants (40% in the older age bracket of 40+ and 40% within the younger age bracket of under 30) with a diverse range of knowledge and experience within the Aboriginal community (please see Table 1 below). All participants were living in Adelaide however, were from diverse Aboriginal language groups. All participants were given pseudonyms to protect privacy and confidentiality.

Table 1.

*Participant Demographics*

| Name | Age Group | Gender | Location |
|------|-----------|--------|----------|
| ██████ | Under 20 | Male | Adelaide |
| ████ | 41-50 | Female | Adelaide |
| █████ | 51-60 | Female | Adelaide |
| █████ | 31-40 | Female | Adelaide |
| ███ | 21-30 | Female | Adelaide |
| ████ | Under 20 | Male | Adelaide |
| █████ | 21-30 | Female | Adelaide |
| ██████ | 31-40 | Male | Adelaide |
| ███ | 51-60 | Female | Adelaide |
| █████ | 51-60 | Male | Adelaide |

**2.3 Procedure**

Ethical approval was sought through the University of Adelaide's Human Research Ethics Committee to conduct semi-structured interviews with Aboriginal people living in Adelaide. Qualitative interviews are considered ideal for exploratory research, sensitive topics and under-researched phenomenon (Braun & Clarke, 2013). This method is also aligned with an Indigenous Research paradigm, given that Indigenous ways of knowing are valued and acknowledged (Martin, 2003; Wilson, 2008).

The initial recruitment phase involved an email invitation sent to the researchers' formal networks. These networks were encouraged to pass on the research information to those they thought may be interested in the study thus, passive snowballing. The invitation email included eligibility information (Appendix A), a recruitment flier (Appendix B) and participant information sheet (Appendix C) which listed a link to an online Survey Monkey where participants could express their interest in participating in an interview for the study. The research flier could be printed and supplied the researchers' contact details to enable greater access for those without computers or emails to participate in the research. No participants were directly approached to participate in the research. The online survey received 16 responses and 13 interviews were scheduled. Three participants cancelled their interviews and therefore the researcher conducted face to face interviews with ten participants. Nine interviews were conducted on campus at the University of Adelaide and one at a School. Interview lengths ranged between 6:45 minutes to 2.5 hours. Interviews involved a series of semi-structured, open ended questions relating to trauma, coping strategies and ideas on services and strategies to help the local Aboriginal community deal with trauma (for a list of questions please see Appendix D).

A consent form was signed by participants prior to the interviews and they were provided with information on its voluntary nature and their rights to withdraw from the study at any time.

The research supervisor (an endorsed clinical psychologist) was present during the first three interviews. This was to safeguard the process due to nature of the research topic on trauma which has the potential for participant and researcher distress and the triggering of trauma. The supervisor remained in close proximity of the interview location for the remaining seven interviews. The nature of the semi-structured interviews and the questions were steered towards participant's understandings of trauma rather than their own personal experiences. This was to minimize potential triggers and distress to participants.

Interview questions were piloted during the first two interviews to seek participant feedback on the appropriateness of the questions. The first participant suggested the researcher list trauma services available in the community to assist participants with discussing their experiences. Participant two recommended reducing the number of interview questions and instead using self-reflective methods to guide participants to explore their own trauma. Both suggestions were helpful but were not used as they could potentially steer participants to discuss their own personal trauma. Further the first response was considered as leading which could take away from the authenticity of the participants' answers (Mellish, Morris & Do, n.d). As no questions were changed from the feedback, both interviews were included in the overall analysis.

All participants were provided with a counselling information sheet which listed services available to assist Aboriginal people with trauma, counselling and Social and emotional wellbeing (Appendix E). To ensure emotional safety participants were offered a follow up phone call or email after a two-day interval to check on wellbeing. After the interview a gift of appreciation in the form of a $50 Coles/Myer gift card was offered to all those who participated

in the research. Participants were also offered the opportunity to be sent transcripts to view and provide feedback before the analysis was conducted (two participants wished to view and provide feedback on transcripts).

To promote researcher reflexivity and emotional safety, an audit trail was kept and debriefing sessions between the student researcher and supervisor were held after each interview. Reflexivity requires the researcher to continuously reflect upon their personal positioning in the research and how their thoughts, values and emotions may influence them as well as the research process (Bowtell, Sawyer, Aroni, Green & Duncan, 2013).

### 2.4 Analysis

Data were analysed using the method of Thematic Analysis (TA). TA identifies, analyses and reports themes (patterns) within the data set (Braun & Clarke, 2006; 2013). Themes provide rich detail and capture meaningful information relating to the research question(s) and/or exploratory research (Braun & Clarke, 2006). An inductive, semantic approach was taken to identify themes. In this case, themes are considered data driven and identified without looking beyond the surface meaning of what the participant has said (Braun & Clarke, 2006).

Thematic Analysis involves six stages of consideration. The first stage involves familiarisation of the data and transcription. Here, the researcher immerses themselves in in the data (listening to audio, reading and re-reading transcripts) to identify points of interest. During the second stage initial codes are generated, this is where data extracts are grouped under labels relevant to the research question. The third step involves the researcher searching for themes, which includes refining and reorganising codes into main themes and sub themes. During the fourth stage the researcher reviews, defines and names themes. It is important to note that themes are not determined by the prevalence of specific information in the data set, but reflect something

important in relation to the research question. The fifth stage involves cross-checking identified

themes with another researcher to enhance rigour and trustworthiness. The sixth stage and final

step is where the researcher produces the report (Braun & Clarke, 2006). Thematic Analysis is a

recursive process where the analysis coincides with data collection. This means that the

researcher moves back and forth between each stage to identify initial points of interest in the

research process and to determine data saturation where there are no new themes emerging

(Braun & Clarke, 2013).

**Chapter 3**

## 3. Results and Discussion

Questions posed to participants were in three sections that related to their understanding of trauma, their individual coping strategies and what social action would look like. Analysis of the qualitative data resulted in the identification of seven major themes and two sub themes. In relation to Aboriginal understandings of Trauma, the theme Trauma is intergenerational (with two sub themes; Transmission and, Intergenerational trauma can be difficult to recognise) was identified. Themes on coping styles included Talking about trauma, Giving back to family and community and Addictions and substance abuse. The themes Cultural interventions, Aboriginal autonomy and involvement in services and Social change were identified in relation to community needs for dealing with trauma. Each theme is discussed below.

### 3.1 Trauma is Intergenerational

In response to the interview question; how do you understand trauma? The majority of participants suggested trauma was intergenerational (IGT), linking trauma to their own, parents and families' experiences initially stemming from colonisation. Further, many participants discussed how they thought trauma had been passed down generationally therefore, the sub theme transmission was identified. IGT was described as being both difficult to understand and recognise when experiencing it. Thus a second sub theme, IGT is difficult to recognise was identified.

### *3.1.1 Transmission*

Tina who is a member of the stolen generation, discussed her thoughts on trauma filtering through generationally and widely affecting Aboriginal communities:

*Well my personal trauma as in stolen generation, I think that has filtered through generational-generationally and I think it's affected every generation and every family and I personally, not that I know every family in Australia, Aboriginal family in Australia but um just about every community it's affected. So there's trauma there. (*████

The narratives below are from participants who spoke explicitly of trauma being transmitted generationally by genetics, ancestry, spirituality, and stories. ████████ a member of the stolen generation, described that trauma was transgenerational and was transferred to children through genes and spirituality:

*I mean its transgenerational, so I believe its genetically transferred, spiritually transferred I mean it's all about energy at the end of the day and that energy has to go somewhere so my mother's trauma when she was pregnant yeah, it would've transferred to the children. (*████

Michael similarly spoke of the genetic transmission of trauma to children but also described trauma as a shock to the system which impacts on psychological and neurological functioning of the brain. ████████ identified that trauma effects people differently justifying different needs of care, and has life-long impacts:

*Um I guess from my um, trauma is an event. Um, that alters you psychologically. Like. For me it actually alters your chemical structure cos you go through that much, it's like shock, you physically go into a state which is altered by your neurons and your neuroreceptors and then ya-ya, it's like a computer overloading in one sense where it just gets fried and ya tried to restart and kick on depending on how good your hard-drive is, is how good you reboot. Um, sometimes people don't. Um. Some people do, some people*

*need a bit more care. Um and then that can transcend through um into how you act for*

*the rest of your life and how your children can act through your genetics and things like*

*that. (*███████

The stories from his mother helped Luke to understand about trauma. He was then able to see the relevance of her stories for himself and within his current network of friends who have experienced trauma:

*Mums the one who told-told me all these stories and let-let me tell you, like I would*

*describe myself as a very oblivious naive person a lot of the time so. Pause. I walk*

*through the world with rose coloured glasses alright so when I get told these things it hits*

*me like a train, like I think oh my god are you serious? Like the world is crap? Like so*

*many of my like the-the women I know, like so many that have been like sexually abused*

*at some point in their life or who have been like-like raped or ya know things like that*

*and I think to myself, I would literally go into bed literally like this [puts self in fetal*

*position] like god this is crap ya know, it-it sucks when you realize it happens to the*

*people who are close to you. (*██████

These narratives discuss the intergenerational nature of trauma and how the trauma is transferred across generations such as via genes, spirituality, stories and ancestry, and the potential impact on them or others in the community today. This theme provides support to the literature on IGT and collective trauma within Indigenous communities (Atkinson, 2002). The narratives pick up on trauma as aspects of spirituality, that it is communal or collective and transmitted over generations. Given that the descriptions of trauma were from participants own contexts rather than generalisations, this could potentially increase their own vulnerability to trauma which has also been highlighted in the literature (██████ 2009).

### 3.1.2 Intergenerational trauma can be difficult to recognise

Participants were able to discuss IGT as an entity and describe how it is transmitted through genes, stories, ancestry and spirituality. Despite this, it seemed difficult to describe what it was and how they would recognise it when experiencing it. Difficulty of recognising trauma was linked to a lack of education.

Megan discussed the trauma experienced through both Aboriginal and non-Aboriginal sides of her family and how it had affected their behaviour which eventually transferred to herself. Earlier in her life, ▆▆▆▆ found it difficult to identify her own experiences of IGT:

> *I think it's intergenerational, something that it is kind-of hidden, we subconsciously take on roles that we don't realize and we cannot tell that they're affecting us. I feel like for myself on either side of my family, my (parent 1) is Aboriginal but my (parent 2) is not. I can see as I've grown up certain behaviours that I guess are linked to both of my families own traumas and just understanding how that has affected how I react to certain things.*
>
> (▆▆▆▆

▆▆▆▆ discussed IGT as 'a cycle that needs to be broken'. She believes this cannot be done until the Aboriginal community begins to understand intergenerational trauma and recognise its effects. ▆▆▆▆ associates understanding trauma with education:

> *It's just, yeah it just happens unfortunately for us it's a cycle that needs to be broken and we don't even understand our trauma so that needs to be understood before ya can change it so, because a lot of people too, a lot of old fellas ya know aunties and cousins and ya know sisters and brothers and things like that who haven't had the education who have dropped out of school for whatever reason they don't even realize that what they're*

*experiencing is Intergenerational trauma ya know like that's yeah and it's just good to sit*

*down and have a yarn with them and just realize  that they don't even know how or why*

*they've ended up in that circumstance and they are a victim of trauma.* (█████

As mentioned, participants associated the difficulty in identifying IGT with a lack of awareness

due to poor education. Previous research suggests limited knowledge on IGT through lack of

education attributes to the ongoing impacts of colonisation (Atkinson, 2002; McNamara et al,

2018; Zubrick et al, 2014). Previous research has also highlighted normalisation of phenomenon

such as violence, lateral violence and racism which means that intergenerational cycles are

repeated outside of one's consciousness (Clark & Augoustinos, 2015). Given that these

phenomenon are interrelated to trauma, bringing awareness and education to IGT may assist with

coping and healing as well as tackling the transmission of trauma in the Aboriginal community

in Adelaide and further South Australia. Education as a method for tackling the transmission of

trauma is also consistent with research among Aboriginal communities in Western Australia

(Brown, 2017). It should be noted that both Katrina and Megan were recruited through tertiary

institutions, thus they appeared relatively confident to talk about IGT, yet despite their high

levels of education they were still uncertain about the nature of trauma.

### 3.2 Talking about trauma

Talking about trauma was deemed an important way to understand and cope with trauma. This

involved participants sharing accounts of trauma and their experiences with professional

counsellors and/or family and friends. In some instances, participants discussed the significance

of Aboriginal community members who spoke about their experiences publicly or through

written documentation such as books.

████ indicated that self-blame for trauma was common and therefore talking and being heard about trauma helped one's understanding and feelings associated with traumatic experiences which may be considered important for healing:

*I think talking about it and reaffirming it and being like a lot of people blame themselves and then having someone talk about it and go you're justified in feeling that is so important. I remember maybe when I was like (age) I went to a breakfast with my (parent) and there was a, I'm terrible with names but there was a woman and she was talking about her book that she wrote and her experience being from the stolen generation in front of ya know a hundred or so people and I just think back on that and I think that would be so important for her to be talking to all these people and having a space where people actually listen to her. (████*

████ spoke of his experiences of counselling and the strategies he learned to help deal with his trauma:

*Ya know and it takes um counselling um and its ya know for me I went through counselling through (service provider) and uh ya know a couple of years ago, I mean I suppose, I'm still in therapy but I haven't seen my therapist for about three years, but ya know, it's some good strategies there. (████*

████ received counselling through talking to family and friends:

*Well it's my children's father and um other people that was close around me at the time ya know talking sense to me saying you know if you go out and do something stupid cos this person only got 18 months but um. Pause. Ya know you're just going to end up in jail and ya know where does that leave your kids? So ya know he's virtually taken your*

*nephew and your kids you know. So, I virtually yeah, it was. Pause. From um the*

*realization of them talking to me and counselling just not professional counselling but um*

*close family and friends (*███████

Participants identified that talking about trauma with others (counsellors, family and friends, or the broader community) was a coping strategy that they relied on to provide an avenue to assist with healing. Talking about trauma supports the social support coping style identified by Clark et al's (2017) research on coping with and preventing lateral violence. It also aligns with seeking counselling or healing interventions such as educaring by We-Al-Li that provide strength and healing through yarning (talking), deep listening and counselling conducted in a safe environment (Atkinson, 2011). Sharing experiences of trauma, whether publicly or privately could contribute to both individual and collective healing for the Aboriginal community as well as spreading awareness on the effects of IGT. Spreading awareness links with previous research (Brown, 2017) and participant's earlier discussion on the need for education on trauma within the Aboriginal community.

### 3.3 Giving back to family and community

In this theme participants explained how their own coping strategies involved helping or supporting family, friends and community. Helping others included fighting for the cause and supporting family members who had a more difficult life:

███████ spoke of how she kept busy through activism which linked with helping others:

> *I find if I stay busy doing the activism and going out and screaming in the streets and*
>
> *fighting for my brother or sister who doesn't have the strength to do it for themselves I'm*
>
> *keeping busy. Um well that's my strategy I love to help people, so when I help other*

*people whether it's like immediately or like ya know, going to bat for em, that keeps me*

*busy and it empowers me cos I know I'm helping my brother and my sister.* (████████

████ talked about his mother's survival and struggling against the odds. Hearing the stories of

his mothers and family's trauma helped him to want to give back as those before him had it

harder:

> *It really hits me and so my way of coping with that is giving back, realizing holy crap it's*
>
> *happening to everyone I know, so I go out and help them and support them in any way I*
>
> *can. I feel like I've had a really good life thanks to mum and everyone else so it's like*
>
> *well I've gotta give back I'm not just gonna sit here and be lazy and do nothing while*
>
> *everyone else is kind of suffering ya know, so yeah.* (████

These narratives describe helping others (through activism and providing support) as a coping

strategy for dealing with trauma. Helping others through activism aligns with coping strategies

identified in Mellor's (2004) research, including asserting one's rights, educating the perpetrator

and taking control. Helping others by being readily available to offer support is also consistent

with the family and social support coping strategy identified through Clark, Augoustinos and

Malin's (2017) research. Furthermore, this strategy also aligns with findings from Brown's

(2017) studies where participants discussed giving back to community as an approach to cope

with and heal from trauma.

### 3.4 Addictions and substance abuse

Various addictions were discussed as a form of coping seen in the community by participants.

Addiction was described as something community members did to help bottle up or block out the

feelings associated with trauma. Substance use was considered as a helpful short term coping strategy but ineffective in the long term as it does not allow people to deal with their trauma.

█████ explained that community members' bottle up their feelings because they are not aware they are experiencing trauma. She suggests this contributes to people becoming vulnerable to substance abuse and gambling:

> *Oh heaps, they bottle it up but I think the reason that they bottle it up, cos they actually don't know they're experiencing trauma, and this is where the substance abuse comes in, this is where ya see drugs, is where ya see alcohol, this is where ya see gambling, all of these things are coping mechanisms.* (█████

█████ described substance use and smoking as a method for blocking out trauma which numbs the feelings and emotions associated with trauma and disables working through trauma. Thus, alcohol and smoking were considered ineffective long term coping strategies:

> *I think some unhealthy experiences are definitely blocking it out because then it's later on that it's gonna come back. You know I think drinking and smoking can be helpful at the time but when it doesn't allow you to go through it and be like this is something that has ultimately changed.* (█████

Additionally, participants discussed other addictions such as work and sex addiction:

> *I always think that you know substance abuse is, there's drug addiction, alcohol addiction, sex addiction, work addiction, people become work-a-holics.* (█████

Addictions, alcohol and drugs are issues within the Aboriginal and Torres Strait Islander communities (Australian Indigenous Health Info Net, 2016). Many authors have made these

links to coping with trauma (Dudgeon et al., 2014; Kelly et al., 2016; Skerrett et al, 2017) as have many of the participants in this study. The participants describe the taking of substances and gambling in the third person which could mean that it is not an issue for them or they were unable to discuss it as a personal issue.

### 3.5 Cultural Interventions

This theme discusses the importance and need for interventions and services to provide a holistic approach to treatment that is grounded in culture. This includes working with individuals, families and communities. Participants identified that like both trauma and coping styles, culture and empowerment could be passed on generationally.

████ described cultural revival as an important factor for empowering community and future generations. ████ suggested education settings could contribute to this by teaching Aboriginal languages in schools (education is also discussed further in the social change theme):

> *um we've got a lot going against us ya know our health and wellbeing and um and it makes it-makes it really hard and um. Pause. And um. And a lot of times people don't know who to reach out to and um I think there's um without practicing our culture the men's business and women's business and everything that should be strongly brought back and practiced and passed on to the kids and like the language and it should be part of curriculum in schools and everything, so we are brought back as a full peoples that we were before. So-so that's just what I believe because um yeah brings our spirits back (████*

████ spoke of the need for family and community-based approaches to healing which involve cultural and community consultation:

29

*Ya know ya have to deal with the environment, ya have to deal with the family and there's-there's people that wanna change as well so ya know you're not only empowering the individual you are empowering the family so yeah a family based, community based um very much grounded in grass roots level. Yeah we need to have more family focused, whatever family decides, I mean I don't care ya know I-I'm not talking about um ya know the western model of families ya know, yeah whatever you decide to define as your family or that's family for you, that's family.* (████████

Participants have identified that services for treating trauma should be holistic and grounded in culture to empower communities. Dealing with trauma at the individual, family, community and cultural level is consistent with themes identified in Brown's (2017) research (such as reconnect with cultural heritage) and SEWB approaches to trauma where connection to culture and other domains is important (Healing Foundation, n.d). Participants also identified that services providing SEWB treatment and programs should involve community consultation and input, this is important for tailoring culturally appropriate programs and acknowledging that Aboriginal people have the knowledge to heal their communities, which is also consistent with the previous literature (Gee et al., 2014).

### 3.6 Aboriginal autonomy and involvement in services

This theme highlights that Aboriginal autonomy and involvement in fundamental services was due to a lack of Aboriginal people working in trauma services as well as government funding issues. Participants suggested that funding dictates the programs implemented through Aboriginal organisations. Consequently this means that a lack of autonomy for Aboriginal people and organisations in decision making can lead to a lack of relevant and culturally inappropriate programs being delivered to community.

██████ discusses the lack of autonomy in relation to her involvement in a yarning circle (talking circle) to talk about domestic violence.

> *The community needs to be aware of that … the funding comes from governmental organisations, totally understand that but there should be autonomy for Aboriginal organisations to run the programs the way that they want to run them and that was the biggest thing I had cos I went to that yarning circle … I wanted to have a look at it to see how it was run and it was like, it was literally sitting behind a desk and these women couldn't care less, they … were like oh what do you think um controlling behaviour is? … and then they were told what controlling behaviour is. And I'm like hang-on a second this isn't right and ya know there was more conversation around domestic violence, what people can do, what services they can get hooked up with when we were having the cheese and the kababana and like the nibbles and having juice, and I thought this is where you should be dropping the knowledge.* (██████

██████ voiced concern on the lack of Aboriginal allied health professionals working in services for dealing with trauma in the community:

> *So I think … I keep trying to go back to the counselling service and so on, I just don't think they're gonna make much of a difference until … our services have more Aboriginal people in them. There has to be a change in the number of Psychologists and allied health professionals as far as Aboriginal people doing those positions.* (██████

These narratives discuss a lack of Aboriginal autonomy and involvement in trauma related services which may be associated with poor service delivery and outcomes with potential for further traumatising Aboriginal people. An absent but implicit message in the narratives is that

by increasing Aboriginal participation in services via the workforce and decision making mechanisms there is potential for better outcomes. Much of the literature regarding initiatives for Aboriginal SEWB is grounded in recommendations for self-determination, empowerment and autonomy and broader social and systemic change (i.e. Milroy, Dudgeon and Walker, 2014).

### 3.7 Social change

In following on from the last theme this theme captures the need for broader changes in society on a political level and in education settings to help the Aboriginal community deal with trauma. A top down approach is recommended where societal structures are challenged and Australia's history is recognised in its entirety.

██████ explained the issue in education settings is that teachers do not know the true history of Australia, nor do they believe it. When Aboriginal history is taught by teachers, it is 'watered down' to cater for children's emotional development. Thus a belief that children aren't ready limits an understanding of the true historical narrative of Australia. ██████ discusses how these ideas of emotional unreadiness reinforce the watering down of history. She appears to see this as ironic because children are desensitized through other platforms such as understanding and practicing violence through video games. ██████ uses this example to suggest that children can handle the truth:

> *The lack of accountability that our school systems have on … education is blowing my*
> *mind. … Ya know like that kids aren't taught in years 3, 4 and 5 the true history of*
> *Australia … they don't tell the brutal honest history right because they don't know or*
> *they don't believe it. …But they believe the kids aren't actually mature enough to actually*
> *be able to emotionally process that right, because there's violence and war and so on in*

*the history. ... So they're saying ... a child can't emotionally process this whole thing*

*while they can sit on (video game) and watch the violence ... and adapt to that.* (███████

In the narrative below ████████ indicates that colonisation and historical trauma is not recognised as being part of the continued and ongoing experiences of colonisation which is reflected in high incarceration rates and child removals. He alludes that general society is in denial and perhaps changes in general society and media views may contribute to Aboriginal community healing and in dealing with trauma:

*Everything is happening again just differently with the grandmothers and um the kids in*

*jail and the tension and all that um. It's just another whole I guess stolen generation, but*

*I guess stolen generation doesn't acknowledge the. They were raped, they were pillaged*

*they were. Families were separated. It was. Stolen is white washing what happened. So,*

*um we're not acknowledging the trauma of it because a. general society doesn't want to*

*talk about it or doesn't have the facility to be able to make it digest in our media or to*

*provide a forum for it.* (████████

Social change appears to be inclusive of community empowerment. ██████ suggested empowerment should begin with the implementation of the *Uluru statement from the heart* and the appointment of a community voice in federal government, elected by the Aboriginal community:

*I think that there's so many facets to it ya know about empowerment. Ya know like to*

*take the Uluru statement from the heart and the principles that were in that and to for*

*the, we are talking about unlimited funding now? Yeah to tick off those um is a massive*

*sense would be massively empowering. It's about a voice, It's about a top voice um, ...*

*I'm being a bit historical now but previously our federal governments have appointed ya know our black advisors and stuff like this.* (▮▮▮▮▮

Participants have discussed the importance of broader social change in politics, media and education. Recent key Aboriginal initiatives and discussions advocate for the implementation of the Uluru statement (2017) to assist in recognising the historical and ongoing trauma in Aboriginal communities. As discussed earlier, the Uluru statement asserts that the principle of 'truth telling' be adopted nationwide. This could be on a political level (through treaty and the implementation of an Indigenous advisory committee), in the media and in the education system through curriculum. Participants have identified that social change is an important determinant in coping and dealing with IGT. There have been past political statements that have generally been endorsed by Aboriginal people that may have helped lessen the burden of IGT. These include: the Redfern Statement by the then prime minister Paul Keating in 1992 who acknowledged the traumatic past and ongoing legacy of invasion and colonisation for Aboriginal people (Common Grace, 2018) ; and the Apology to the stolen generation by the then Prime minister Kevin Rudd in February 2008 (Australian Government, 2018). Although both of these were ground breaking events, they have been superseded with new calls for social action that is reflected in the Uluru statement (2017). A holistic approach to healing and dealing with IGT includes systemic and social action processes. This is consistent with the SEWB model and demonstrates the importance of both proximal and distal determinants of health (Gee, et al., 2014).

Many of the themes are interrelated and contribute to the holistic framework discussed in the previous theme: It seems that Aboriginal people's ability to cope and deal with IGT is at many levels- the individual, family, community and systemic level. It appears at the centre of dealing

with IGT are the notions of decision making, autonomy and empowerment for Aboriginal

people.

**Chapter 4**

## 4. Conclusions

### 4.1 Brief Summary and Conclusions

The overarching aim of the study was to explore trauma among the Aboriginal community in Adelaide. Specifically, the project aimed to identify how trauma is understood, coped with and needs to assist the community with coping and dealing with trauma in the future. Thematic Analysis of the interview data identified seven major themes and two sub themes. In relation to community understandings of trauma, it was identified that Trauma is intergenerational (with sub themes, Transmission & Intergenerational trauma is difficult to recognise). Coping styles identified were Talking about trauma, Giving back to family and community and Addictions and substance abuse. Services and strategies considered important in dealing with trauma included the themes of Cultural Interventions, Aboriginal autonomy and involvement in services and Social change.

Overall this research supports previous research on trauma in Aboriginal communities (Atkinson, 2002; Atkinson, 2011; Brown, 2017). The main findings suggest that trauma in the Aboriginal community in Adelaide is thought of as intergenerational and many participants had outlined their experiences with this. Intergenerational trauma was discussed as being difficult to identify and thus participants expressed a need for further education on trauma in the community. Lack of education or poor understandings of ITG was associated with coping strategies such as addiction and substance abuse. Themes such as Talking about trauma, Giving Back to Family and community and Cultural interventions aligned with coping and support strategies identified by studies conducted among Aboriginal communities in Adelaide (Clark, et al,. 2017), Western Australia (Brown, 2017) and Victoria (Mellor, 2004). All themes identified in relation to services

to help the community deal with trauma were associated with distal and proximal determinants of wellbeing as affirmed by holistic approaches such as the SEWB model which is underpinned by self-determination (Gee et al., 2014).

**4.2 Strengths**

Engagement with the Aboriginal community is considered a strength of this research. Community engagement provides a stronger sense of autonomy and self-determination which is important given historical processes where research was conducted on Aboriginal communities rather than with community (Martin & Mirraboopa, 2003; Smith, 2012). Individual willingness and courage of the participants also added strength to this process. Participants were discouraged from talking about personal experiences of trauma but in providing information, often reflection was about their personal situations and this contributed to the depth and authenticity of the information. Further, this study contributes to the paucity of research on trauma among the Aboriginal community in South Australia.

**4.3 Limitations**

Researcher bias can be deemed a limitation in this study, both with interpretation of the themes and through social and cultural influences involved with qualitative interviews. To ensure accountability and safety the researcher utilised an audit trail and debriefed with the research supervisor after interviews to promote reflexivity, interviews are an interactive process where the beliefs, values and emotions of the interviewer may still be influential on the participant. Yet an Indigenous methodological framework accepts and endorses subjectivity in qualitative processes as it promotes a better understanding of the material (see Wilson, 2008) and thus whether it is a limitation is also subjective. Even though saturation of the themes was reached for the ten

interviews, a more exhaustive saturation level may have been needed for a larger and more diverse sample of Aboriginal people.

### 4.4 Implications

The intergenerational nature of trauma has been established by Indigenous people around the world and as discussed was confirmed by the sample of Aboriginal people involved in this study. This provides further evidence that diagnostic instruments such as the DSM V is not the only or most relevant way to understand trauma- especially within the Aboriginal community. Although the literature suggests that IGT is somewhat similar to the descriptions in the ICD-11 (Karatzias et al., 2017), the information in this study didn't detail personal symptoms or experiences of trauma and therefore it is difficult to establish the links with any certainty. The findings from the narrative and themes implicate the need for practitioner cultural competency training when working with Aboriginal clients. Such training could incorporate a better understanding of IGT and the appropriateness of diagnoses of trauma and related disorders as well as acknowledging the holistic and broader determinants of health and wellbeing factors affecting Aboriginal people.

Implications for leadership, self-determination and program design by Aboriginal people was implicit in the narratives and themes and potentially assist toward healing when Aboriginal people can take charge of their own lives. Therefore by drawing on the information contained in this thesis, it may service as a reminder and educational process to inform these services and broader population about the need for change. Information, strategies and ideas on coping and access to trauma related services may assist with an improved understanding of IGT among the Aboriginal community and assist with motivation for change and healing.

**4.5 Future research**

As this was an exploratory study there are many implications for future research. For example there is a prospective need to determine how social change could be implemented in wider society, this includes the principles outlined in the Uluru statement (Referendum Council, 2017), and delivery of educational programs on trauma. The expansion of the research topic of this project to other areas of South Australia and interstate can determine how trauma is understood, coped with and serviced to add credence to the findings in this research. Furthermore, research could enquire about strategies of building a stronger Aboriginal allied health workforce equipped with Aboriginal professionals in key roles. Exploring the links between substance use and addiction with trauma in the Aboriginal community could potentially add to awareness and a better understanding of trauma effects and coping. This could help to bring trauma and coping strategies (such as substance abuse and addiction) out in the open when people have normalized their behaviours and are unaware they are experiencing IGT.

# 5. References

Atkinson, C. (2011). Aboriginal Family Violence Prevention Legal Services: Culturally informed trauma integrated healing approach: A guide for action for trauma champions.

Atkinson, J. (2002). *Trauma Trails, recreating song lines. The transgenerational effects of trauma in Indigenous Australia.* Melbourne: Spinifex Press.

Atkinson, J., Nelson, J., Brooks, R., Atkinson, C., & Ryan, K. (2014). Addressing Individual and Community Transgenerational Trauma. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing principles and practice* (2nd ed.). Commonwealth of Australia.

Australian Bureau of Statistics (2017, June). 2071.0 *Aboriginal and Torres Strait Islander Population: 2016 Census Data Summary*, June 2016. Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20 Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Data% 20Summary~10

Australian Bureau of Statistics (2018, August). 3238.0.55.001 *Estimates of Aboriginal and Torres Strait Islander Australians*, June 2016. Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001

Australian Bureau of Statistics, (2013, November). 4727.0.55.001*Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13*, (2013, August). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4727.0.55.001Media%20Release12012- 13

Australian Government. (2018). Apology to Australia's Indigenous peoples. Retrieved from

    https://www.australia.gov.au/about-australia/our-country/our-people/apology-to-

    australias-indigenous-peoples

Australian Indigenous Health Info Net. (2016). Review of illicit drug use among Aboriginal and

    Torres Strait Islander people. Retrieved from http://healthbulletin.org.au/articles/review-

    of-illicit-drug-use-among-aboriginal-and-torres-strait-islander-people/

Bombay, A., Matheson, K., & Anisman, H. (2014). The Intergenerational Effects of Indian

    Residential Schools: Implications for the concept of Historical Trauma. *Transcultural*

    *Psychiatry, 51*(3), 320-338. doi: 10.1177/1363461513503380

Bowtell, E., Sawyer, S., Aroni, R., Green, J., & Duncan, R. (2013). "Should I Send a Condolence

    Card?" Promoting Emotional Safety in Qualitative Health Research through Reflexivity

    and Ethical Mindfulness. *Qualitative Inquiry, 19*(9), 652-663. doi:

    10.1177/1077800413500927

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in*

    *psychology*, *3*(2), 77-101.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.*

    London: Sage.

Briere, J. (2006). Dissociative symptoms and trauma exposure: Specificity, affect dysregulation,

    and post-traumatic stress. *The Journal of Nervous and Mental Disease, 194*(2), 78-82.

    doi: 10.1097/01.nmd.0000198139.47371.54

Briere, J., & Scott, Catherine. (2013). *Principles of trauma therapy: A guide to symptoms,*

    *evaluation, and treatment*, (2nd ed.). Los Angeles: Sage.

Brooks, J., & Alexander, J. (2003). Cultural Trauma and Collective Identity. In *The Meanings of Social Life*, (pp. 85-109). Oxford University Press.

Brown, K., Perez, P., Dudgeon, P., & Grace, E. (2017). *A Phenomenological Study To Explore Transgenerational Trauma: An Australian Aboriginal Perspective,* (Doctoral Thesis) The Chicago School of Professional Psychology. Retrieved from https://search-proquest-com.proxy.library.adelaide.edu.au/docview/1957428418/?pq-origsite=primo

Calma, T., Dudgeon, P & Bray, A. (2017). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health. *Australian Psychologist*, 52 (4), 255-260. doi.org/10.1111/ap.12299

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267-83. doi: 10.1037//0022-3514.56.2.267

Chun, C., Moos, R. H., & Cronkite, R. C. (2006). Culture: A fundamental context for the stress and coping paradigm. *Handbook on multicultural perspectives on stress and coping*. Dordrech: Springer.

Clark, Y., & Augoustinos, M. (2015). What's in a name? Lateral violence within the Aboriginal community in Adelaide, South Australia. *The Australian Community Psychologist,* 27(2), 27-42. Retrieved from https://groups.psychology.org.au/Assets/Files/ACP-27-2-2015-ClarkandAugoustinos.pdf

Clark, Y., Augoustinos, M., & Malin, M. (2017). Coping and Preventing Lateral violence within the Aboriginal community in Adelaide. *The Australian Community Psychologist,* 28(2), 43-52. Retrieved from https://www.psychology.org.au/APS/media/ACP/ACP-Vol28-Issue2-2017-Clark.pdf

Clark, Y., Gee, G., Ralph, N., Atkinson, C., Brown, S., Glover, K, … Chamberlain, C. (2018).

    *The Healing the past by nurturing the future: Cultural and emotional safety framework.*

    Manuscript in preparation.

Clarkson, C., Jacobs, Z., Marwick, B., Fullagar, R., Wallis, L., Smith, M, … Pardoe, C. (2017).

    Human Occupation of Northern Australia by 65,000 years ago. *Nature*, 54797663), doi:

    10.1038/nature22968

Common Grace. (2018). Keating's Redfern Park Speech 1992. Retrieved from

    https://www.commongrace.org.au/paul_keatings_redfern_park_speech

Cunneen, C., & Libesman, T. (2000). Post Colonial Trauma: The contemporary removal of

    Indigenous children and young people from their families in Australia. *Australian*

    *Journal of Social Issues, 35*(2), 99-115. doi: 10.1002/j.1839-4655.2000.tb01088.x

Dockery, A. M.  (2010). Culture and Wellbeing: The Case of Indigenous Australians. *Social*

    *Indicators Research, 99*(2), 315-332. doi: 10.1007/s11205-010-9582-y

Dudgeon, P & Walker, R. (2015). Decolonising Australian Psychology: Discourses, Strategies,

    and Practice. *Journal of Social and Political Psychology, 3*(1), 276-297. doi:

    10.5964/jspp.v3i1.126

Dudgeon, P., Bray, A., D' Costa, B., & Walker, R. (2017). Decolonising Psychology: Validating

    Social and Emotional Wellbeing. *Australian Psychologist, 52*(4), 316-325. doi:

    10.1111/ap.12294

Dudgeon, P., Bray, A., D'Costa, B & Walker, R. (2017). Decolonising Psychology: Validating

    Social and Emotional Wellbeing. *Australian Psychologist*, 54(4), 316-325. doi:

    doi.org/10.1111/ap.12294

Dudgeon, P., Rickwood, D., Garvey, D & Gridley, H. (2014). A History of Indigenous

    Psychology. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.). *Working Together:*

    *Aboriginal and Torres Strait Islander Mental Health and Wellbeing principles and*

    *practice* (2nd ed.). Commonwealth of Australia.

Fischer, P., Ai, A. L., Aydin, N., Frey, D., & Haslam, S. A. (2010). The relationship between

    religious identity and preferred coping strategies: An examination of the relative

    importance of interpersonal and intrapersonal coping in Muslim and Christian faiths.

    *Review of General Psychology*, 14, 365-381. doi: 10.1037/a0021624

Folkman, S., & Moskowitz, J.T. (2004). Coping: Pitfalls and promise. *Annual Review of*

    *Psychology, 55*(30) 745-773. doi: 10.1146/annurev.psych.55.090902.141456

Gee, G., Dudgeon, P., Schultz, C., Hart, A & Kelly, K. (2014). Aboriginal and Torres Strait

    Islander Social and Emotional Wellbeing. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.).

    *Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing*

    *principles and practice* (2nd ed.). Commonwealth of Australia

Grayshield, L., Rutherford, J., Salazar, S., Mihecoby, A., & Luna, L. (2015). Understanding and

    healing historical trauma: The perspectives of Native American elders. *Journal of Mental*

    *Health Counseling, 37*(4), 295-307. doi:10.17744/mehc.37.4.02

Healing Foundation. (2017). *Bringing them Home 20 years on: An Action Plan for Healing*.

    Retrieved from https://healingfoundation.org.au/app/uploads/2017/05/Bringing-Them-

    Home-20-years-on-FINAL-SCREEN-1.pdf

Healing Foundation. (n.d). *Breaking the Cycle of Trauma: Koori Parenting What Works For Us*.

    Retrieved from https://www.vahs.org.au/wp-

    content/uploads/2018/09/KooriParenting_BOOKLET.pdfhistory/aboriginal/

Healing Foundation (2017). *Training and Education: Journey to Healing*. Retrieved from

      https://healingfoundation.org.au//app/uploads/2017/02/Training-Education-Vol-2.pdf

Held, P., Owens, G., Anderson, S., & Bride, B.E. (2015). The Interrelationships Among Trauma-

      Related Guilt and Shame, Disengagement Coping, and PTSD in a Sample of Treatment-

      Seeking Substance Users. *Traumatology, 21*(4), 285-292. doi:10.1037/trm0000050

Hofstedt, G. (1980). *Culture's consequences: International differences in work related values*.

      London: Sage.

Human Rights and Equal Opportunity Commission (HREOC). (1997). *Bringing them Home:*

      *National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children*

      *from their Families.* Sydney: Commonwealth of Australia.

Karatzias, T., Cloitre, M., Maercker, A., Kazlauskas, E., Shevlin, M., Hyland, P., … Brewin, C.R.

      (2017). PTSD and Complex PTSD: ICD-11 updates on concept and measurement in the

      UK, USA, Germany and Lithuania. *European Journal of Psychotrauma*, 8(7). doi:

      10.1080/20008198.2017.1418103

King, M., Smith, A., & Gracey, M. (2009).Indigneoous Health part 2: The underlying causes of

      the health gap. *The Lancet,* 374(9683), 76-85. doi: 10.1016/S0140-6736(09)60827-8

Krieg, A. (2009). The experience of collective trauma in Australian Indigenous communities.

      *Australasian Psychiatry*, 17(1), 28-32. doi: 10.1080/10398560902948621

Kuo, B. C. (2011). Culture's consequences on coping: Theories, evidences and dimensionalities.

      *Journal of Cross-Cultural Psychology,* 42(6), 1084-1100. doi:

      10.1177/0022022110381126

Kuo, B. C. (2013). Collectivism and coping: Current theories, evidence and measurements of

    collective coping. *International Journal of Psychology*, 48(3), 374-388. doi:

    10.1080/00207594.2011.640681

Martin, K., & Mirraboopa, B. (2003). Ways of knowing, being and doing: A theoretical

    framework and methods for indigenous and indigenist re-search. *Journal of Australian*

    *Studies, 27*(76), 203-214. doi: 10.1080/14443050309387838

McNamara, B., Banks, E., Gubhaju, L., Joshy, G., Williamson, A., Raphael, B. & Eades, S.

    (2018). Factors relating to high psychological distress in Indigenous Australians and their

    contribution to Indigenous-non Indigenous disparities. *Australia and New Zealand*

    *Journal of Public Health*, 42(2), 145-152. doi: 10.1111/1753-6405.12766

Mellish, L., Morris, S & Do, M. (n.d). Interviewing Skills for Psychology Undergraduates.

    *Psychology Interviewing Skills.* New South Wales, University of New South Wales.

    Retrieved from

    https://groups.psychology.org.au/Assets/Files/InterviewingSkillGuideFinal.pdf

Mellor, D. (2004). Responses to racism: A taxonomy of coping styles used by Aboriginal

    Australians. *American Journal of Orthopsychiatry*, 74(1), 56-71. doi: 10.1037/0002-

    9432-74.1.56

Milroy, H., Dudgeon, P & Walker, H. (2014). Community Life and Development Programs -

    Pathways to Healing. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.). *Working Together:*

    *Aboriginal and Torres Strait Islander Mental Health and Wellbeing principles and*

    *practice* (2nd ed.). Commonwealth of Australia.

O'Neil, L., Fraser, T, Kitchenham, A., & McDonald, V. (2016). Hidden Burdens: a Review of

    Intergenerational, Historical and Complex Trauma, Implications for Indigenous Families.

    *Journal of Child and Adolescent Trauma*, 11(2) doi: 10.1007/s40653-016-0117-9

Pihama, L., Reynolds, P., Smith, C., Reid, J., Tuhiwai & Rihi Te, N. (2014). Positioning

    Historical Trauma Theory within Aotearoa New Zealand. *AlterNative: An International*

    *Journal of Indigenous Peoples*, 10(3), 248-262. doi: 10.1177/117718011401000304

Queensland Government. (2014). History of Aboriginal and Torres Strait /islander peoples.

    Retrieved from http://www.qld.gov.au/about/aboutqueensland/

Referendum Council. (2017). *The Final Report of the Referendum Council.* Australia:

    Commonwealth of Australia. Retrieved

    https://www.referendumcouncil.org.au/sites/default/files/report_attachments/Referendum

    _Council_Final_Report.pdf

Roy, A. (2014). Aboriginal worldviews and epidemiological survey methodology: Overcoming

    incongruence. *International Journal of Multiple Research Approaches, 8*(1), 117-128.

    doi: 10.5172/mra.2014.8.1.117

Sherwood, J., & Edwards, T. (2006). Decolonisation: A critical step for improving Aboriginal

    health. *Contemporary Nurse, 22*(2), 178-190. doi: 10.5172/conu.2006.22.2.178

Sherwood, J. (2013). Colonisation - It's bad for your health: The context of Aboriginal

    health. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 46*(1), 28-

    40. doi: 10.5172/conu.2013.46.1.28

Skerrett, D., Gibson, M., Darwin, L., Lewis, S., Rallah, R., & De Leo, D. (2018). Closing the

    Gap in Aboriginal and Torres Strait Islander Youth Suicide: A Social–Emotional

Wellbeing Service Innovation Project. *Australian Psychologist, 53*(1), 13-22. doi:
10.1111/ap.12277

Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples*. (2nd edn.).
London: Zed books.

Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Retrieved from

http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_3 1_web_o.pdf

United Nations. (2008). United Nations Declaration on the Rights of Indigenous Peoples. New York, NY: United Nations

Van der Kolk, B (2005). Developmental trauma disorder: Towards a national diagnosis for children with complex trauma histories. *Psychiatric Annals,* 35(5), 401-408.

Walker, R., Schultz., C. & Sonn, C. (2014). Cultural Competence: Transforming Policy, Services, Programs and Practice. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing principles and practice* (2nd ed.). Commonwealth of Australia.

Walters, K., Mohammed, S., Evans-Campbell, T., Beltrán, R., Chae, D. & Duran, B. (2011). Bodies don't just tell stories, they tell histories: Embodiment of Historical Trauma among American Indians and Alaska Natives. *Du Bois Review: Social Science Research on Race, 8*(1), 179-189. doi: 10.1017/S1742058X1100018X

Wilson, S. (2008). *Research is ceremony: Indigenous research methods.* Black Point, N.S. Fernwood Publishing.

Yeh, C. J., Arora, A. K., & Wu, K. A. (2006). A new theoretical model of collectivist coping. *Handbook on multicultural perspectives on stress and coping*. Dordrech: Springer.

Zubrick, S.R., Holland, C., Kelly, K., Calma, T. & Walker, R. (2014). The Evolving Policy Context in Mental Health and Wellbeing. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.). *Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing principles and practice* (2nd ed.). Commonwealth of Australia.

Zubrick, S.R., Shepherd, C.J., Dudgeon, P., Gee, G., Paradies, Y., Scrine., C. & Walker, R. (2014). Social Determinants of Social and Emotional Wellbeing. In P. Dudgeon, H. Milroy, & R. Walker, (Eds.). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing principles and practice* (2nd ed.). Commonwealth of Australia.

# 6. Appendices

**Appendix A: Email Invitation**

Dear,

My name is XXXX XXXX. I am an XXXX student currently studying Honours in Psychology at the University of Adelaide. I am writing to invite you to participate in my Honours research project which is being conducted under the supervision of Dr. Yvonne Clark. This project aims to explore how trauma is understood and coped with among the Aboriginal community in South Australia (primarily Adelaide).

I am looking for participants who:

- Identify as Aboriginal
- Are over 18
- Would like to meet with me to yarn about their ideas on trauma and coping amongst the Aboriginal community or within their own context
- Are Fluent in English

For further information please see the attached research flier and follow the link below

https://www.surveymonkey.com/r/trauma_and_coping

HREC Approval: █████████

Kind regards,

**Appendix B: Recruitment Flier**

# You are invited to participate in a research project

## Exploration and understandings of Trauma and coping strategies among the Aboriginal community in South Australia (primarily Adelaide).

We are looking for participants who:
- Identify as Aboriginal
- Be available to participate in an interview (in Adelaide) that will take between 20 – 50 minutes
- Fluent in English
- Would like to yarn about your understanding of trauma and coping within the Aboriginal community.

This research is part of an honours project that will be conducted by an XXXX honours psychology student:
XXXX
Participants will be offered a $50 gift card as a gift of appreciation for their time.

If you would like more information or are interested in the research project please follow the link below for further information:

# PARTICIPANT INFORMATION SHEET

**You are invited to participate in an Honours research project: Exploration and understandings of Trauma and coping strategies among the Aboriginal community in South Australia.**

### Who is undertaking the project?

My name is XXXX XXXX, I am a XXXX woman from South Australia. This research will contribute to the completion of my honours thesis and will help to inform current research 'Healing the Past by Nurturing the Future'. This is a project to understand and prevent intergenerational trauma and eventually develop screening tools for Aboriginal mothers (in the perinatal period) who experience intergenerational trauma.

My research supervisor is Dr. Yvonne Clark, who is a Kokatha/Wirangu woman from South Australia and an endorsed clinical psychologist, academic and researcher.

### What is the project about?

This research study will explore trauma issues and initiatives in the Aboriginal community in South Australia (primarily Adelaide). The project aims to understand a broader perspective of trauma, how it is coped with and ideas on potential initiatives which may help the Aboriginal community cope with trauma.

### What are you being invited to do?

You are being invited to yarn to me about your ideas on trauma and coping amongst the Aboriginal community in Adelaide or within your own context. This yarn could take between 20-50 minutes depending on what you would like to say. The talk will be audio recorded and If you are interested we could meet to have a yarn at the University of Adelaide's North Terrace campus or in a central public space.

We understand that everyone's time is valuable and we would like to offer a gift of $50 Coles/Myer voucher for your time and effort. This is a gift of our appreciation for allowing me to talk to you to gain your valuable insight, thoughts and ideas about this sensitive topic of trauma within the Aboriginal community.

### What are the potential benefits of the research project?

While there may be no immediate and direct benefits to you as an individual participant, there may be benefits to the research project and the community, these benefits could include: adding to the gap in trauma research for the Aboriginal community, building knowledge for the 'Healing the Past by Nurturing the Future' project and having a better understanding of local individual and community perspectives and awareness on trauma to advise on appropriate local resources.

**Are there any risks associated with participating in this project?**
There are no potential risks associated with this study, however talking about trauma may bring some discomfort or distress. If you become distressed, we will respond to your needs immediately and refer you to appropriate services. Furthermore, the research supervisor will also be on stand-by to be called by the student researcher at the time of the interview. You will also be provided with some information on counselling services and will be offered a follow up call or email after the interview.

**Can you withdraw from the project?**
Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time.

**What will happen to your information?**
*Please be reassured that your personal information and all interview material will be kept strictly confidential and stored in a locked filing cabinet or in a file on a password protected computer. Your information will not be made available to anyone other than myself and my supervisor. If examples or themes from the interviews are used in my honours thesis, potential publications (journal article or conference paper), or to inform the 'Nurturing the future by healing the past' project all personal information will be changed or deleted. Care will be taken to protect your identity by changing your demographic details or relevant personal information that may identify you (i.e names, references to places, community gatherings, language groups, links to families and organisations) which will help to provide anonymity. Please note given the small number of participants in this research complete anonymity may not be guaranteed.* The only time confidentiality maybe breached is if you tell me about any illegal or abusive activities, in regard to children and young people, that you know of or have been part of. I will then be obligated to inform the relevant child protection authorities as a mandatory reporter. You need to also be aware that any information gathered from you could be obtained by court order.

**Who do you contact if you have questions about the project?**
If you have any questions about the project, please contact any of the following:

███████████████████████████████████████

███████████████████████████████████████
████████████████

**What if you have a complaint or any concerns?**
The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number XXXXX). If you have any complaints, ethical concerns about the project, or questions about your rights as a participant please contact the executive officer of the committee (details below)

Phone: +61 8 8313 6028
Email:  hrec@adelaide.edu.au

Post:   Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

**Appendix D: Interview Guide**

    **Trauma**

➢ Tell me about your understandings of trauma
- o What do you think it looks like?
- o Causes?

        If participant suggests trauma is intergenerational –

➢ What do you think contributes to intergenerational trauma?
- o (Loss and Grief, Lateral Violence, Attachment styles, Racism, etc)

➢ Dou you think there are symptoms that are associated with trauma? If so what?
➢ Do you think trauma can be prevented? If so how? If not, why not?

    **Coping**

➢ What is your understanding of coping?
➢ Are you aware of any coping strategies? What strategies?
o What do they look like?
➢ How have others around you coped with trauma? Do you think the strategies/ coping style were affective in helping? Why/why not?

    **Community**

➢ Do you think trauma affects the community? If so how? If not, why not?
➢ Did you know of many services available in the community to help with coping and dealing with trauma? – what services?
- o appropriate?
- o Helpful?
➢ Hypothetically – if there were unlimited funding available to assist the community with trauma what do you think would help the community?
- o What do you think would help yourself?
- o Services?

    Is there anything else you would like to say about trauma, coping or services?

Would you like to receive a copy of your transcript? – if yes, email or through a meeting?

# Counselling, Psychological Services and Resources for Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People in Adelaide

If you need support, please contact any of these services:

## GENERAL COUNSELLING

NADA counselling, consulting and training Ph: 83402240 Located at 1 Mary Street, Hindmarsh, 5007. A range of counsellors, from Psychologists and social workers, who provide a range of therapy, interventions and training. Many of the counsellors are experienced at working with Aboriginal clients.

Nunkurwarrin Yunti, Ph: 8406 1600. Nunkuwarrin Yunti provides a number of services. They provide a free and confidential service that assists Aboriginal people and their families to deal with many issues including grief & loss, depression, domestic & family violence, family and/or relationship matters and any other issues which impact on social and emotional wellbeing.

Community Health Services. The community health services provide a number of services. Many of them provide a counselling service. Information about local services can be located via the SA community connect website: http://sacommunity.org/az/13928-Health_Services

## LOSS AND GRIEF

Aboriginal grief and loss in SA (Murraylands). A series of brochures was produced by The Rainbow Project - Helping with Grief and Trauma.

View leaflet:  grief and loss in children:
http://www.adac.org.au/siteF/resources/l_children_gt.pdf

View leaflet: telling your story:
http://www.adac.org.au/siteF/resources/l_telling_story_gt.pdf

View leaflet: sorry business:
http://www.adac.org.au/siteF/resources/l_sorry_business_gt.pdf

**MENS SERVICES**

Mensline phone 1300 789 978 (24 hour counselling and referral)


**MENTAL HEALTH SERVICES**

Mental Health Services in South Australia are provided through the public hospital system, and are made up of:

- Emergency & crisis services
- Treatment services for people with mental illness
- Rehabilitation & recovery services
- Services for people with severe & persistent needs.

Non-government organisations also provide information and support for people to live independently in the community. Services are provided for people of all ages, for Indigenous people, and people form culturally and linguistically diverse backgrounds.

SA Health Mental Health Emergency Services: -13 14 65 **-** South Australia, 24-hour Mental Health Telephone, Emergency & Crisis Intervention Service

SANE Help line – 1800 187 263 - 10am to 10pm (AEST), Monday to Friday – Information and advice. SANE also provides a support service through online chat. To access this service please follow this link: https://www.sane.org/get-help

Internet and website services for mental health
For Depression and Anxiety: Beyond blue- www.beyondblue.org.au/

For schizophrenia, psychosis and other mental health disorders: www.sane.org


**PSYCHOLOGY SERVICES**

Indigenous Psychological services**:** Ph: 08 93622036. IPS provides a number of services from training in cultural competency and mental health to community intervention programs: http://www.indigenouspsychservices.com.au

The Australian Indigenous psychologists association:  http://www.indigenouspsychology.com.au/

Nunkurwarrin Yunti, Ph: 8406 1600. Nunkuwarrin Yunti provides free psychologist services to Indigenous People.

**RAPE AND SEXUAL ASSAULT/ DOMESTIC FAMILY VIOLENCE AND ABUSE**

Yarrow Place Rape and Sexual Assault Service - 8226 8777 or (toll free) 1800 817 421
Emergency medical and 24/7 counselling services for people who have been raped, sexually assaulted, experiencing/experienced abuse and/or domestic family violence. This is for individuals and families in any type of crisis.


**STOLEN GENERATION**

Link-Up services SA-  provides a national network of services supporting and assisting Indigenous people affected by past removal policies in tracing their genealogy and family history and potentially reuniting them with their families. Located at Nunkuwarrin Yunti of South Australia. Address: 182-190 Wakefield Street, Adelaide SA 5000. Phone: 8406 1600


**SUICIDE, AT RISK AND PREVENTION OF SUICIDE**

On the Line: Suicide Helpline Call Back Service - 1300 659 467 – Available 24 hours, 7 days per week. Provides support for people at risk of suicide, people caring for someone who is suicidal, people bereaved by suicide as well as general counselling and social health support. Web-chat and video counselling is also available. For this service please follow this link: https://www.suicidecallbackservice.org.au/about-us/about-on-the-line/


**TRAUMA COUNSELLING**

Lifeline -13 11 14 – The service offers a counselling service that respects everyone's right to be heard, understood and cared for.  They also provide information about other support services that are available in communities around Australia. From 8pm to midnight 7 days per week.

Beyond Blue -1300 22 4636 – This is a helpline for support and advice, available 24 hours a day, 7 days a week. Also offered is a support service through online chat available between 3pm-12am each day. To access this service please follow this link: https://www.beyondblue.org.au

Blue Knot -1300 657 380 – This is a helpline for a trauma informed counselling and support service.

Employee Assistance Program – This is a support, counselling and psychology service offered to support employee's. Please contact your employer to check is this is available in your workplace


**WOMEN'S SERVICES**

<u>Women's Health Service</u> is staffed by administrative workers, bi-cultural
and bi-lingual workers, community health nurses, a medical practitioner,
project workers and social workers. They strive to be informed and are
committed to listening to women and to taking their concerns seriously. For further information please
follow this link: http://www.whs.sa.gov.au/about.php