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## Truth, Trauma and Healing: Stories of Aboriginal Survivors of Child Sexual Abuse in Out-of-Home Care

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### Introduction

This chapter highlights the importance of the voices and expertise of Aboriginal survivors of institutional child sexual abuse and explores their insights into healing including their healing needs, opportunities for healing and barriers and enablers for healing. The chapter presents themes developed from a phenomenological thematic analysis of 51

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narratives provided via private sessions at the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, conducted between 2012 and 2017. The narratives were provided by adult Aboriginal survivors who were abused in out-of-home care between the 1940s and the 1990s. Findings from the analysis of the narratives highlight that institutional child sexual abuse occurred in the context of cultural abuse and collective trauma. Avenues accessed for healing by Aboriginal survivors included mainstream services, Aboriginal-specific programmes as well as support and healing from engagement in art and creative pursuits, culture and relationships. Survivors' experiences of abuse and trauma and the lifelong and intergenerational impacts of abuse are presented as are their hopes for themselves and their insights for policy and practice needed for a responsive and effective healing response.

The Royal Commission private sessions highlight the importance of this truth-telling approach to counter the silencing of the voices of marginalised and discriminated communities. Whether it be Indigenous populations, people of colour or minority communities more broadly, these are voices research needs to seek out to ensure policy and practice is informed by lived experience evidence and is meaningful to those it seeks to benefit.

## **Colonisation and the Beginning of Institutional Sexual Abuse for Aboriginal Children**

Institutional child sexual abuse in Australia dates back to the invasion and colonisation of Australia. The British invaded in 1788 and declared Australia part of the British colony. The land was stolen through the lie of terra *nullius*, meaning empty land, denying the sovereignty of Aboriginal peoples (Blackstock et al. 2020). This invasion marked the beginning of the violence, dispossession, genocide, colonisation and attempted eradication of Aboriginal people. The Frontier Wars, the massacres, wars and resistance, began in 1788 and continued until the 1930s.<sup>1</sup> Sexual abuse of Aboriginal women and children was a part of these wars (Libesman

and McGlade 2019). The first church missions were established in the 1820s. From the 1850s onwards, Aboriginal people were forcibly removed from their lands and placed on reserves and stations, where government ‘protectors’ controlled all aspects of Aboriginal peoples’ lives (Human Rights and Equal Opportunity Commission 1997). The Stolen Generations period began from the mid-1800s. Between 1910 and the 1970s, between one in ten and one in three Aboriginal children were forcibly removed from their families (HREOC 1997). Initially, the Stolen Generations occurred under ‘protectionism’ policy and was based on the assumption Aboriginal people were a dying race (HREOC 1997). Later, forced removal happened under assimilation policy, with its stated intent being assimilation into white society (HREOC 1997). Assimilation became formal government policy in the 1930s but was already influential well before then. Both policies reflected the ideology of white superiority.

In Australia, both historical and contemporary child welfare legislation is the domain of the colonies, later states and territories. In 1869, Victoria became the first colony to pass laws authorising Aboriginal children’s removal from their parents, with the passing of the *Aborigines Protection Act 1869* (Parliament of Victoria 1869). The Act legislated that government regulated the lives of Aboriginal people, including the power to make arrangements ‘for the care custody and education of the children of aborigines’ (Parliament of Victoria 1869: 2). This Act established the Board for the Protection of Aborigines, and imbued the board with the power to order the removal of any Aboriginal child from their family (Broome 2005). The legislation was amended with the introduction of the *Aborigines Protection Act 1886*, which changed the definition of Aboriginal to exclude those who were ‘half-caste’ (the offensive term used when one parent was Aboriginal). This commenced the policy of forcibly removing ‘half-caste’ Aboriginal people from missions and reserves and continued the removal of Aboriginal children from their families (Broome 2005; HREOC 1997).

The racist legislation no longer exists. By 1969, all states had repealed Aboriginal child removal legislation. Policy, including the Aboriginal Child Placement Principle, has been introduced to prioritise keeping children with families as the first priority and when removal is deemed

necessary, that placement with Aboriginal family or carers is prioritised (SNAICC—National Voice for our Children 2016). However, contemporary child welfare practice has not abated Aboriginal children being removed from their parents. The over-representation of Aboriginal children in out-of-home care occurs throughout Australia and is most pronounced in Victoria (Australian Institute of Health and Welfare 2022). Current figures reveal Aboriginal children in Victoria are 22 times more likely to be in out-of-home care than non-Aboriginal children. Other Australian jurisdictions range from Aboriginal children being 5–19 times more likely to be in out-of-home care, while the national figure is Aboriginal children are 12 times more likely to be in out-of-home care (AIHW 2022).

## **Importance of Aboriginal Survivor Voices and Expertise in Understanding Trauma and Healing**

The Stolen Generations occurred because of the racist beliefs upon which the relevant policies and legislation were created and enacted. The continued legacy of the Stolen Generations is ongoing trauma impacting Aboriginal peoples (Atkinson 2002, 2019), continuing systemic racism and discrimination and current systems continuing to perpetuate harms on Aboriginal children, families and communities (Anderson et al. 2017). In recognition of this history and the continuing contemporary failures, a national inquiry into the removal of Aboriginal children was conducted from 1995 to 1997. For the first time mainstream Australia learnt of the horror of the Stolen Generations; the extent of forced removal of children, the genocide and the ongoing trauma (HREOC 1997). The process of truth-telling is ongoing and in many instances is in its infancy.

Hearing the voices of Aboriginal survivors is critical if the ramifications of previous racist policies are to be eradicated. Their lived experience provides insight into the actions that are required at policy and practice levels. The silencing and ignoring of Aboriginal expertise

including lived experience expertise is part of an ongoing failure to listen to Aboriginal communities, particularly women and children (Libesman and McGlade 2019). This silencing can be understood from an intersectional approach. Bamblett and colleagues reflect: ‘The system includes different actors with varying degrees of power as well as resources. In this matrix the Indigenous community have the least control, power and resourcing’ (Bamblett et al. 2018: 97). White, Western perspectives determine mental health practice and policy development. This is detrimental to Aboriginal people and other marginalised communities (State of Victoria 2021). Aboriginal knowledge and world views are also too often absent in research, with Western research models excluding Aboriginal voice and knowledge (Ryder et al. 2020). Without an intersectional focus, the distinct experiences and healing needs of Aboriginal survivors of institutional child sexual abuse can be overlooked.

Aboriginal survivors of institutional child sexual abuse in Australia represent the multiple traumas of complex childhood trauma in the context of cultural abuse and collective trauma. The extent of harm and wide-ranging impact of cultural abuse is highlighted in the following statement, developed by Stolen Generations survivors who were sexually abused in out-of-home care and were supported by an Aboriginal support service to explain cultural abuse in this context:

The loss of cultural identity and sense of belonging in one’s community; the loss of connection to family and kin; the loss of connection to spirituality and land; the denial of one’s sovereign rights; the loss of connection to one’s Elders and all of the knowledge and cultural systems of learning that are passed on through them; and the loss of parenting skills, cultural beliefs and values that could have been passed on to survivors’ descendants if not for the cultural abuse.

(Victorian Aboriginal Child Care Agency 2018: 9)

Collective trauma involves the shared and ongoing wounding across generations derived from mass group trauma experiences (Atkinson 2002; Menzies; 2019; Royal Commission into Institutional Responses to Child Sexual Abuse 2017). As Aboriginal researcher Emeritus Professor

Atkinson explains: 'it needs to be understood that, for Aboriginal peoples, trauma is both individual and collective wounding at multiple levels' (Atkinson 2019: 137).

## About the Australian Royal Commission into Institutional Responses to Child Sexual Abuse

Australia's Royal Commission into Institutional Responses to Child Sexual Abuse was conducted between 2012 and 2017. The Commission followed numerous state inquiries and significant survivor advocacy over decades (Parliament of Victoria 2013). There were three aspects to the Royal Commission; public hearings, research and policy; and private sessions. The private sessions were a unique aspect to an Australian Royal Commission and represented a truth-telling exercise, hearing directly from survivors. Survivors told their story to one of the six Commissioners and Royal Commission support staff and were welcome to bring a support person with them. Fifteen per cent of survivors who shared their story in a private session were Aboriginal (Royal Commission into Institutional Responses to Child Sexual Abuse 2017). This is in the context of Aboriginal adults making up 3% of the Australian population (Australian Bureau of Statistics 2021). This representation would not have been achieved without the advocacy and culturally safe support from the Aboriginal community controlled sector (Black et al. 2019). Forty-one per cent of survivors who told their story were sexually abused in out-of-home care, making it by far the largest institution type represented (Royal Commission into Institutional Responses to Child Sexual Abuse 2017).

## Method and Approach to Analysis

As part of the process of telling their story at a private session, survivors were asked if they agreed to their stories being made publicly available. Royal Commission staff developed narratives based on the survivors' stories, relying heavily on direct quotes from survivors. In 2017, at the conclusion of the Royal Commission, the narratives were made available on the Commission website,<sup>2</sup> with survivors' names changed to maintain confidentiality. The authors analysed these publicly available narratives, rather than seeking to re-interview survivors, as retelling their stories would risk increasing survivors' trauma (Black et al. 2019). This approach allows the rich data of the narratives to progress research without the risk of re-traumatisation of survivors and thus is a trauma-aware approach. This is particularly pertinent in Australia, where Aboriginal people have been an over-researched population (Bainbridge et al. 2015; Ryder et al. 2020). This research was often unethical and immoral, as highlighted by Bamblett et al. (2012) and Raeburn et al. (2021).

Using the inclusion criteria of narratives of Aboriginal survivors who experienced sexual abuse in out-of-home care (residential care, foster care and adoption) and within the state of Victoria, resulted in 51 narratives being included (see Table 11.1 for demographics of survivors). A phenomenological approach to thematic analysis (Braun and Clarke 2022; Creswell and Poth 2018; Sundler et al. 2019) of the narratives of survivors was undertaken. This approach also involved descriptive interpretation and placing the narratives in context, both historical and current. The foundation of this approach is respecting and honouring Aboriginal knowledge and lived experience of Aboriginal survivors in order to amplify the voices of Aboriginal survivors of institutional child sexual abuse. The rationale for a phenomenological approach is to generate knowledge about Aboriginal survivors' experience and their views on action required by describing and understanding survivors' healing journeys. Having this understanding allows survivors' healing needs to be contextualised and amplified and to inform practice and policy.

The narratives were mined for themes of healing, hopes for self, and the survivors' insights for policy and practice. Four broad categories

**Table 11.1** Demographics of Aboriginal survivors abused in OOHC in Victoria, Australia

Survivors (N = 51) %		
Female	(25)	49%
Male	(26)	51%
Abuse in OOHC		
Foster care & adoption	(12)	24% <sup>a</sup>
Residential care	(36)	71% <sup>a</sup>
Both	(3)	6% <sup>a</sup>
Decade abuse began		
1940s	(1)	2%
1950s	(8)	16%
1960s	(17)	33%
1970s	(9)	18%
1980s	(9)	18%
1990s	(4)	8%
unknown	(3)	6%
OOHC management		
Government	(26)	51%
Non-government	(24)	47%
unknown	(1)	2%

Stolen  
Generations  
period

<sup>a</sup>Equals more than 100% due to rounding up

were developed from the narratives; removal from parents, institutional child sexual abuse, range of institutional abuses and impacts. The coding of data was focused on categorising the different types of institutional abuses, impacts, hopes and healing accessed and healing needs. Quotes from survivors are included throughout the Discussion and Analysis section to illustrate common and shared experiences and to amplify the voices of survivors directly.



## Discussion and Analysis

### Narrative Categories

#### Removal from Parents

All 51 survivors were placed in out-of-home care between the 1940s and the 1990s. The majority of the survivors were part of the Stolen Generations (see Table 11.1). Being placed in out-of-home care represented not only removal from parents, siblings and other family, but also removal from culture. All survivors had either been adopted by white families, fostered with white families or placed in mainstream residential facilities. The age the children were removed ranged from at birth to early teenage years. A recurring theme was the deception involved in being removed from their parents and a lack of information and understanding of why they were being removed. A common experience shared was of being removed with siblings but not placed with siblings. Rosemarie, Gordo, Robina and Jarrod share their experiences of removal:

Rosemarie was taken from her teenage Aboriginal mother as a newborn baby. 'She [Rosemarie's mother] didn't sign any papers and she was actually breastfeeding me. And she went up there one night to feed me and I was gone'.

Gordo was two years old when he was removed from his parents, along with his brother. 'I got taken out of the pram... They just grabbed us... I remember a black car with balloons hanging out and they said we was going to a party. That was welfare in the car'.

Robina was four years old when she and her siblings were taken. 'We didn't know what was going on. We were just shoved in the police car and off we went... I remember Nan's house getting smaller and smaller'.

Jarrod, removed at aged 10, shared: 'I remember it [life pre-removal] fondly. I also remember not so fondly being taken from that', as he described it, of being 'kidnapped'.

Survivors' descriptions of their removal from parents highlight the extreme vulnerability of these children as they entered out-of-home care. They felt, and they were, completely isolated from family and culture.

This removal, this kidnapping, as Jarrod described it, represents the beginning of the institutional abuse and institutional trauma for the children. Descriptions from survivors highlight the racism embedded within the removal and placement in out-of-home care:

*Jan:* My mum was white and Dad was black and they said “that man couldn’t look after his kids”.

*Marjorie Denise:* ‘We had a grandmother that just so much wanted us, but they [child welfare] just wouldn’t give us to her, and she wanted to bring some of our culture ... I believe she died of a broken heart. That’s the stories we get from our people’.

## **Institutional Child Sexual Abuse**

The majority of survivors reported sexual abuse over a period of several years, by several perpetrators and for some at more than one out-of-home care setting, as well as in a school setting or youth detention. Being sexually abused on one occasion, by one perpetrator at a single institution was the exception. Perpetrators were most often male carers, but also included female carers either directly or complicit in the abuse. There were also narratives of children being sexually abused by young people with whom they were placed in out-of-home care. There were examples of non-penetrative abuse but most commonly the sexual abuse was penetrative. Several survivors shared that at the time of the abuse, they did not understand it as sexual abuse. Bec shared: ‘I didn’t know what it was. I didn’t know it was rape... I’d never heard of rape in my life’.

## **Range of Institutional Abuses**

Survivors’ narratives reflected a childhood of abuse and trauma while in out-of-home care. The range of institutional abuses included neglect, emotional abuse, cultural abuse and racism, forced labour, physical punishment and physical abuse and witnessing other children being abused. The neglect included children’s basic physical needs being denied and frequent emotional neglect. Anabel shared: ‘For punishment then

I'd be starved. I wasn't getting fed meals'. Shauna Beth shared: 'I would rather have been living with a poor family that actually gave a shit about me and still be loved and belonged somewhere'. Much of the cultural abuse was related to carers' denigrating the child's family and denying and dismissing their culture. Table 11.2 provides examples of the sexual abuse, cultural abuse and racism being inextricably linked.

Physical abuse and torture were described in detail. Bridgit Ann shared that her carer would make her 'lie spread-eagle naked on the floor tied to the bed and she would stand over me with a belt'. Then the carer would put her 'on display outside the bedroom... I would put my hand over my breasts and vagina – she would smack my hands away and make me stand like a soldier'. Sometimes the carer would 'whip the dog into a frenzy so he would be attacking and biting me'. For some, the abuse was so severe as to cause lifelong damage, including not being able to have children. The trauma also included witnessing abuse, violence and suicide. Doug Warren, shared that his roommate 'hung himself in front of me. He was too heavy for me to lift down'.

**Table 11.2** Connections between racism, cultural abuse and sexual abuse

Survivor	Quote
Gordo	'Get over there, you little black bastard... go and hide in the bush till these white people go' [said by Gordo's foster carer on the rare occasions welfare visited]
Hilda	'You're probably a whore like the rest of them' [stated by a male worker at the children's home following a medical examination that revealed Hilda had internal injuries and a sexually transmitted infection from the sexual abuse]
Anabel	'She [adoptive mother] wrote me a letter, said "You'll be a slut like the rest of the blacks... You'll just be in the gutter like the rest, you'll never move on"'
Meggie	'They [carers] blamed me [for multiple sexual assaults] because I was Aboriginal and I was "looking for it"'
Heidi	'They [foster family] didn't want anything to do with me because I was black'
Harvey Martin	'I'd cop it badder than other kids being the colour I are... They mentally abuse you by doing stuff like that... They try and take the black out of you to make you white'
Euan Frank	'I became a bit of a pet for older kids [who regularly sexually abused Euan Frank] because they always wanted to see the colour of my funk'

The trauma went beyond institutional child abuse and neglect. Also shared were examples of systems abuse and institutional betrayal. Annabel shared: 'No-one believed us. I mean who would've believed us, you know, being Aboriginal... And they [foster carers] were so well known in the society'. Phrases such as 'I was called a liar' and 'I was scared to tell' were common, as were 'I hardly seen the welfare' and 'no one come and visited me'. The abuse went beyond the out-of-home care setting and included child welfare, school and police, who did not believe, did not protect, did not listen, did not visit the children. Venessa tried to tell welfare workers about the abuse but 'nothing was done... I gave up on welfare because I felt like I was just talking to brick walls'. Ken Peter shared: 'You couldn't say anything to the cops because they used to take us Aboriginal children'. The systems abuse continued in adulthood and included frequent accounts of the distress of not being allowed to access their records and for those who tried to gain redress, receiving no compensation or grossly inadequate compensation. The systems abuse included the lack of leaving care support provided. Shauna Beth shared: 'It took years when I got dumped out of the home to actually try to even find a space in this world to belong'.

### **Impacts of Multiple Abuse**

The impacts of the multiple abuse and traumas were evident in all aspects of life. These included education disruption, homelessness, reliance on alcohol and drugs, exposure to further abuse, trauma and violence in adulthood, prison sentences, strained relationships, abusive relationships, disconnection from family, struggling with parenting and mental health challenges. Survivors spoke of the pathway of childhood sexual abuse leading to drug and alcohol abuse, leading to contact with the criminal justice system. Hilda's story highlights the far-ranging impacts of the institutional abuse:

Hilda's teenage mother was raped by a white man. Because Hilda was the only one of her siblings who was light-skinned she was the only one removed as part of the Stolen Generations. This happened when she was

five, the day before she was to start school. Up until then she remembered a happy family life. She was sent to a boarding house and into forced labour: 'I used to have to chop the wood, make the bread and dig the vegetables. I didn't get to go to school'. Then the emotional abuse began: 'your mother didn't want you'. Then the sexual abuse, by multiple perpetrators. In her 40s her mother found her and asked for forgiveness. Hilda rejected her mother, still believing the lies she was told in out-of-home care. By the time Hilda learnt the truth (of her forced removal) her mother had died. 'It's too late to say I know it's not her fault. She was left powerless. She wasn't an alcoholic, she wasn't a drug addict - she was black'.

Survivors shared a range of mental health impacts, including: anger, shame, guilt, lack of trust, isolating self, sexual identity confusion, depression, anxiety, fears, phobias, flashbacks, intrusive memories, sleep difficulties, suicidal ideation, suicide attempts and mental health diagnoses. Prior research has also demonstrated the negative mental health impacts of out-of-home care for Aboriginal children (HREOC 1997; Jackson et al. 2013; Mendes et al. 2020) and for Aboriginal children who have suffered institutional child sexual abuse (Royal Commission into Institutional Responses to Child Sexual Abuse 2017). Almost all survivors experienced alcohol or drug issues in adulthood, and for some this started while in out-of-home care. Survivors explicitly explained their use of drugs and/or alcohol as a way of coping with mental health symptoms of childhood abuse and trauma and of this being an attempt at psychological pain relief. Lauren shared: 'I was drinking and smoking back then [as an adolescent living between the streets and out-of-home care] just to like, to block out all the bad things that had happened. And then – I think I was 17 – I started using heroin because the alcohol wasn't helping and that blocked it out. But then once I'd come down the memories would come back so it was like an on-going process'. The insights shared of mental health challenges and reliance on alcohol and other drugs to self-medicate highlight the lack of accessibility of appropriate mental health services for Aboriginal clients.

Relationship difficulties with children, partners and parents were common among survivors. There were also stories shared of relationship absences, of not having children or partners due to the fear of

intimacy and inability to trust others. Intergenerational impacts were prevalent demonstrating the transmission of intergenerational trauma (Dudgeon 2020; Gee et al. 2014; Krakouer et al. 2018). Survivors' narratives evidenced intergenerational trauma, with many survivors sharing that their own children had been removed from them and placed in out-of-home care, with examples of these children also being sexually abused in out-of-home care. For some, their grandchildren were also in out-of-home care. Some survivors spoke of their own parents being in out-of-home care. Sabrina May shared: 'My children are now put in the system. So it's ... my mother, myself and now my kids are in the [out-of-home care] system'. The negative impacts on cultural connection, identity and belonging were shared and included survivors sharing that they did not discover they were Aboriginal until adulthood (see Table 11.3).

### **Access to Healing**

The narratives revealed an absence of therapeutic support being provided during childhood. Exceptions were five survivors who spoke of having access to counselling in childhood. These survivors were in out-of-home care in relatively more recent decades; one in the 1990s, two in the 1980s and two in the 1970s. Of these five survivors, only Frances was able to speak of the abuse during counselling. Frances shared that while in out-of-home care, she was taught how to speak about the abuse and went to groups where children from other children's homes were encouraged to talk about their sexual abuse. Frances believes that it is because she addressed the sexual abuse when she was young, by talking about it to others, that she does not need counselling now, as an adult. For the other four, they never disclosed the sexual abuse:

Michael John saw several youth workers but never disclosed because 'it was personal and a shame job'. Caleb was concerned about saying too much: 'I used to tell him [youth worker] a little bit, but not the extent of it. I was always worried because I had nowhere else to go... I was always worried that obviously it [sexual abuse] would get worse and I'd get hurt more'.

**Table 11.3** Cultural impacts of abuses

Survivor	Quote
Evelyn Grace	'From 23 to 30, 35, I think were my pretty vicious years. I call them vicious years because I was not only turning Aboriginal but my parents were old. I was starting to lose them'. [Evelyn Grace did not learn that she was Aboriginal until leaving out-of-home care.]
Hilda	'I never got to learn the stories of my culture. I never got to learn about my people. I didn't get any of that... I can remember slashing my arms and peeling bits off my skin because I thought I was black underneath. They took everything from me, that welfare'
Robina	'They'd look at me funny or someone would comment, "Wow, who's the little white girl?"... It wasn't my fault that I was taken away. It wasn't my fault that I speak the way I speak'
Harvey Martin	'When I got out... I didn't know any blackfellas, I didn't even know my own sister... Because you never lived there it's like you're not part of their family thing... Us people who have been taken and try and get back, then getting door shut in your face by your own mob'
Digby Williams	'Yes, I can speak some of my language, but not fluent. I speak in English, it's an embarrassment – I'll say this to the young ones – that I can't speak my language... I didn't know who I was, where I was, who I belonged to, and to this day now I still don't know who I am properly'
Ken Peter	'They took my culture off of me... I reckon I'm still shutdown with me brothers'

Bec and Dallas also spoke of not being able to disclose abuse yet still reflected on clinicians that 'stuck by' as Bec described. Dallas shared: 'Even though I was getting moved he [youth worker at an Aboriginal Community Controlled Organisation] made sure I was still seeing him [for over seven years as Dallas moved between foster carers, group homes and homelessness].' Dallas was grateful for the commitment but acknowledged 'I wouldn't talk, I wouldn't say nothing. I didn't know how.'

The powerlessness of children to disclose abuse in therapy was evident. This was due to the common experience of misplaced shame of child sexual abuse survivors. Shame is a particular issue in Aboriginal communities where the shame of experiencing child sexual abuse, reinforced by

the silencing and secrecy strategies of perpetrators, can be intertwined with the shame of being Aboriginal, created through racism, cultural abuse and the process of colonisation (Anderson et al. 2017; Child Wise and the Victorian Aboriginal Child Care Agency 2015). A related theme is the limitations of therapy prior to safety being established (Frederico et al. 2019). An additional theme was the value of continuity in the therapeutic relationship, in disrupted childhoods, which was the reality for these children.

In adulthood, many survivors had no access to psychological support. For some counselling only occurred while they were in prison; a positive experience for some, and not for others. Kane shared that he was having ongoing counselling in prison, which he found beneficial, but there was no support when he was to be released. Caleb had accessed counselling in prison but felt as if he is 'just another number in here... They don't really seem very helpful'. For Michael John, he was upset that access to prison mental health support was limited to people with serious mental illness: 'I want my time to serve me... so I'm screaming at these people now that I want to do programs. I want to become a better person. I don't want to be the same person 'cause when I get out I'm going to be angrier and then it escalates to the next level'.

Survivors discussed barriers to accessing and benefiting from psychological support. Experiences shared by survivors in childhood were shared by others in adulthood; of going to counselling but not disclosing the sexual abuse. As Anabel shared: 'To a lot of us, particularly Indigenous, it can be shameful to be talking about'. Robina shared that she never discussed her childhood abuse as she was scared she may not be able to cope with revisiting her traumatic past. Ann Meredith believes there needs to be lifetime counselling offered to survivors of childhood sexual abuse, reflecting that healing is a journey and survivors may need access to therapy at different life stages (Black et al. 2019). Having to re-tell their story and re-engage was experienced as a barrier. Doug Warren shared: 'Those counsellors aren't there forever. They're only there for three or four months... then you've got to repeat and tell your story again... It re-traumatises'. Survivors spoke of current services being fractured and insufficient: 'When one door opens, another door shuts, another one opens, another one shuts. It's a constant thing. And then



one day, you get trapped in the middle. Both doors are shut and you're trapped. The next thing is, you go back into old habits'. Some survivors spoke about healing in the context of it being something they could never attain. Hilda and Gordo shared, respectively, 'I'll die with that hurt' and 'I'll never heal'. Both were not believed when they disclosed the abuses and did not receive any access to healing when they were children.

Survivors shared helpful elements to accessing psychological support. Anabel shared: 'It helps to just talk about things and not bottle it up. Because if I bottle it up I'll get stressed and then I'll have a panic attack and I'll end up back in hospital'. Giles David shared that counselling had helped with his lack of confidence, for Ryan, it helped with his anger. Motivation for accessing psychological support was shared by survivors. The motivation for Amelia was experiencing crippling flashbacks in adulthood. For Bridget Ann, it was becoming a mother and experiencing positive feelings and affection for the first time and being confused: 'I couldn't understand the feelings that I was getting, because I had no positive feelings in the past... I hadn't received any love, hugs or whatever'. Of those who had not accessed psychological care, some spoke of wanting to access support in the future.

## **Linking Survivors Hopes with Policy and Practice Recommendations for Healing**

The legacy of the Stolen Generations looms large and the impact of systemic racism and discrimination is evident in the growing overrepresentation of Aboriginal children in out-of-home care, abuse in care and the lack of accessible and culturally safe healing. For the first time, and in response to recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, data has been made public about the abuse of children in out-of-home care. In 2020–2021, almost half of the children abused in out-of-home care were Aboriginal (AIHW 2021). Several recent inquiries provide evidence of the damage of out-of-home care for Aboriginal children (Victorian Commission for Children and Young People 2019, 2020). Learning from the lived experience expertise shared in the survivor narratives can assist in designing

and developing trauma-informed and culturally safe healing models that target the entirety of social and emotional well-being (SEWB). An Aboriginal perspective of SEWB is a much broader concept than the Western conceptualisation of mental health. Dr. Graham Gee, Aboriginal clinical psychologist and researcher, has led the development of a much utilised and highly regarded model of Aboriginal SEWB. Importantly, the model has also been refined and endorsed by community involvement (Gee et al. 2014). Table 11.4 presents the seven interconnected elements of the model, including a conceptualisation of connection to culture.

The hopes and aspirations of survivors can be categorised into the different domains of Gee's model of Aboriginal SEWB, as illustrated in Table 11.5. Survivors' hopes for themselves were overwhelmingly

**Table 11.4** An Aboriginal model of Social and Emotional Well-being (SEWB)<sup>a</sup>

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Element of SEWB

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**Connection to Body, Mind and Emotions**

Connection to body is about physical health

Connection to mind and emotions refers to experiences of mental well-being, safety and security, a sense of belonging, control or mastery, self-esteem, meaning-making, values and motivation and the need for secure relationships

**Connection to Family, Kinship and Community**

Connection to family and kinship systems maintains interconnectedness through relationships of caring, sharing, obligation and reciprocity

Connection to Community refers to a collective space where building a sense of identity and participating in family and kinship networks occurs, and where personal connections and sociocultural norms are maintained

**Connection to Spirituality, Country and Culture**

Connection to Spirituality includes traditional systems of knowledge left by the ancestral beings that typically include all the stories, rituals, ceremonies and cultural practices that connect person, land and place

Connection to Land or Country—an area to which people have a traditional or spiritual association, and the sense of connection as a deep experience, belief or feeling of belonging to Country

Connection to Culture—capacity and opportunity to sustain and (re)create a healthy, strong relationship to Aboriginal heritage. This includes systems of knowledge, law and practices; a secure sense of cultural identity and cultural values, and to participate in cultural practices that allow Aboriginal people to exercise their cultural rights and responsibilities

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<sup>a</sup>Gee et al. (2014)

about family and kinship relationships. Many talked of aspirations they had for their children which included that their children should not experience the abuse and disconnection from culture that they experienced. Survivors wanted to connect to their culture both for themselves and their children. Many spoke of the importance of being able to contribute to community. Utilising Gee's model of Aboriginal SEWB helps design healing responses that are holistic and meaningful for Aboriginal survivors. It also helps to understand why it may be that mainstream therapeutic approaches are incomplete and inappropriate; they do not address the entirety of Aboriginal SEWB. Black and colleagues (2019) identified that not feeling culturally safe is an additional reason why Aboriginal survivors do not benefit from mainstream therapy. Cultural safety is more than the absence of racism and discrimination and more than cultural awareness, cultural sensitivity (Commonwealth of Australia 2021) and cultural competency. It includes the positive recognition and celebration of culture, it empowers, it ensures cultural respect, it enables feelings of safety (Commonwealth of Australia 2021) and thus leads to the experience of culturally safe care. If Aboriginal survivors cannot access culturally safe services, they are being disadvantaged and harmed (Black et al. 2019) and this represents profound social injustice.

## Aboriginal-Specific Healing Approaches

Cultural connection contributes to positive social and emotional well-being for Aboriginal children, families and communities (Bourke et al. 2018; Dudgeon et al. 2021). This is understood when conceptualising social and emotional well-being from an Aboriginal perspective (see Table 11.4) where connection to community, spirituality, Country and culture is central (Gee et al. 2014). Survivors shared the value of cultural connection and cultural strengthening, specifically connecting or reconnecting with family, community and Elders and giving back to community. Survivors shared that they were provided with practical assistance, (such as food vouchers and cleaning), as well as mental health and other

**Table 11.5** Survivors' hopes for self, categorised using Gee's model of Aboriginal SEWB

Survivor	Quote
<b>Connection to Body, Mind and Emotions</b>	
Evelyn Grace	'get to the bottom of all this crap... I wanna give up the grog if I can'
Ann Meredith	'You don't want to live in the past... You've got to move on, somehow, you've got to find a way... You've got to have that spirit otherwise you just fall into a heap'
Marjorie Denise	'sort of go and get hypnotised and forget ... clean my whole mind out'
<b>Connection to Family, Kinship and Community</b>	
Venessa	'I just want my babies home with me. I want to protect them, you know. I don't want them going through what I had to go through, 'cause I had a fucked up life'
Meggie	'It's [childhood trauma] a pain in my heart that I carry all the time. I can only hope that sharing my story will stop this from happening to my grandchildren and future generations'
Sabrina May	'[To be] the person that breaks this cycle [of three generations of her family in out-of-home care]. I would love to be'
Robina	'I've protected all of my children from people like that. I saw that was my goal in life, to protect my children. Children should be safe, no matter where they are. Children are so vulnerable. And precious'
Harvey Martin	'That's one thing I wanted to do for my children... Show 'em the things what I didn't have, and just show them that you got a family, always stay together and be strong and respect each other, and don't abuse people... We [Harvey Martin and his wife] didn't want our kids to go through what we went through in our lives'
<b>Connection to Spirituality, Country and Culture</b>	
Venessa	'I want my kids to be proud of who they are and know who their clan is'

medical support, through Aboriginal Community Controlled Organisations (ACCO), demonstrating the benefit of the holistic approach of ACCOs. Sabrina May shared: 'I went and got myself into therapist counselling through [an Aboriginal organisation]. I undertake anger management courses, loss and grief courses, and drug and alcohol courses... I've worked like fucking hell to get these little babies back [her children were removed by Child Protection]'

Aboriginal culture has a collective outlook where both rights and responsibilities are critical (Gee et al. 2014). Multiple survivors shared that contributing to community is part of their healing. Survivors related that they had embraced their Aboriginal culture in adulthood and were proud of now being well regarded in community. Lewis Paul shared that he now works with Aboriginal young people as a mentor: ‘we try to give them healing from the inside’. Gordo shared that he has been able to help others by sharing his story: ‘When we go on healing camps with Link Up [Aboriginal support service for Stolen Generations], I’m the first one up to tell my story because I can see them [other survivors] hurting so much... I’ll get up straight away because I know it was never, ever my fault’.

### **Role of art in Healing for Aboriginal Survivors**

Engaging in art and creative pursuits, including visual art and the performing arts, were described as assisting in survivors’ healing journeys. Survivors described art as a way to connect to culture, including connection to ancestors. Survivors spoke of not being able to put their feelings into words, but being able to express their feelings in art and of gaining strength from the practice of art. Some survivors shared that engaging in the arts had changed their life for the better and helped them to cope.

### **Importance of Relationships in Healing**

Some survivors acknowledged their own strengths and these included their resilience, their spirit, their sense of humour and strength of relationships. A significant theme was of the power of relationships both in providing motivation and support in survivors’ healing journeys. The healing power of relationships was discussed in many contexts; support provided by partners, wanting to be a better version of themselves for their children and grandchildren, and reconnecting with parents, family, community and Elders. Importantly, relationships were also mentioned in enabling connection to culture. This reflects that connection to culture

is predicated on relationships (Gee 2014; Dudgeon et al. 2021; Krakouer et al. 2018). Connection to culture cannot happen in isolation, cannot be learnt from a book or Google, rather connecting to culture is all about immersion in relationships.

## Effective Healing Elements

Survivors' stories need to be placed in the context of social justice and intersectionality. Social justice has been described as the objective of intersectionality (Levac et al. 2018). Addressing intersectionality in research aims to redress inequality by identifying inequalities associated with the intersection of people's multiple oppressions and privileges, and analysing what this means for individuals, the collective and for systems and structures (Levac et al. 2018; Manuel 2018). An intersectional approach considers the entirety of Aboriginal survivors' lived experience and recognises the complex intersection of structural and systemic forms of discrimination, inequality and disadvantage. An intersectional approach thus assists in amplifying the voices of this multiply marginalised group, and highlights the need for specifically designed therapeutic interventions to counter discrimination, support social and emotional well-being and advocate for system change.

Survivors' narratives highlighted practice and policy actions which are required to address Aboriginal survivors' healing needs. These include the need for healing services to address the entirety of the traumas and impacts experienced by Aboriginal survivors. Survivors' stories illustrate that complex childhood trauma, including but not limited to the institutional child sexual abuse, occurs in the context of collective trauma and cultural abuse (Table 11.2) and impacts on all aspects of survivors' lives, including cultural disconnection (Table 11.3). Across all areas analysed, racism was evident; from children's removal from parents, examples of differential abuse experienced, the ongoing impacts experienced and survivors' healing needs.

Historic and current racism needs to be understood when designing responsive mental health models, programmes and service systems, as does the unique culturally specific needs of Aboriginal survivors.

Systemic racism and the culturally specific unmet needs of Aboriginal survivors explain why Aboriginal healing solutions cannot simply replicate a mainstream approach. Aboriginal-specific healing needs to differ from mainstream therapeutic interventions in important ways. These include cultural safety, addressing shame, the importance of cultural connection and the centrality of relationships. Services need to be accessible, holistic, relationally based and address all domains of Aboriginal SEWB (Gee et al. 2014). These policy and practice insights are relevant to services in prevention and early intervention, out-of-home care, leaving care and child and adult mental health systems. It is likely that these policy and practice measures can benefit beyond Aboriginal survivors to include other Indigenous populations, people of colour or minority communities more broadly. Healing approaches designed and developed specifically for the survivor group, with the survivor group, incorporating art in healing and privileging the importance of relationships in therapeutic support are touchstones that can benefit many minority communities.

Intersectionality provides a framework to understand how systems and structures can undermine Aboriginal survivors' access to equitable therapeutic services. The cumulative disadvantages underpinning survivors' lived experience demonstrate the intersectional complexity. An intersectional focus also allows a space for Indigenous ways of knowing to be incorporated (Levac et al. 2018). Understanding the impact of ongoing processes of colonisation, the power of cultural connection and equally the devastation of cultural disconnection helps understand Aboriginal survivors' experience. Recommendations reflect elements of intersectionality including the importance of addressing all aspects of healing from the entirety of abuse and traumas.

## Conclusion

The multiple, intersecting traumas experienced by the survivors whose stories have been analysed in this chapter, highlight the wide-ranging, traumatic, lifelong and intergenerational impacts. Today, the harm continues. The escalating over-representation of Aboriginal children in

out-of-home care is one of the most shameful impacts of past and present racism and discrimination and is a key reason why truth-telling and recognition of history and ongoing colonisation must be a part of system reform. Providing meaningful healing is an issue of social justice. There needs to be Aboriginal informed and led healing responses for Aboriginal survivors, now adults, such as those who shared their stories at the Royal Commission. Survivors' stories showed the damage and devastation of disconnection from culture. Also shared was that healing came from being able to reconnect with culture, and draw on their experiences to contribute to community. Children today, also need to receive contemporaneous healing, something survivors, in the majority, did not receive.

Having a voice to share their experiences and knowledge was denied to survivors as children in out-of-home care, where the power differential was vast due to the intersection of vulnerabilities. 'I had no voice', Bridget Ann shared in her Royal Commission private session. Many survivors expressed a similar sentiment. These survivors, as children, had no voice, were not listened too and were not believed. No longer can it be considered legitimate or valid to research the experiences of Aboriginal people and communities without being informed by their voices, knowledge, lived experience and Aboriginal expertise centring and leading the research. Aboriginal survivors' voices and expertise are essential in developing policies and designing services that are holistic, anti-racist and accessible at all stages of the journey towards healing. Survivors have shown bravery in coming forward to tell their story. We must also find courage to listen deeply, to learn and to respond. We must respect the expertise of lived experience, and act on it.

**Summary Box: Implications of the Key Issues Discussed for Practice, Policy and Research**

- The impacts of invasion, colonisation and systematic racism and discrimination need to inform models of healing for Aboriginal survivors.
- The breadth of traumatic experiences and impacts must be accommodated in treatment models.



- Individual, collective and intergenerational trauma are interrelated and all need to be addressed in healing for Aboriginal survivors.
- Connection to culture, engaging in art and relationships are described as important to healing and positive SEWB and can be successfully incorporated in healing models.
- Listening to and learning from lived experience experts informs healing models that are culturally informed and culturally safe. This is critical to developing a culturally responsive service system.

## Notes

1. The University of Newcastle has an ongoing research project updating all massacre sites and the data is available at <https://c21ch.newcastle.edu.au/colonialmassacres/map.php>.
2. Source: <https://www.childabuseroyalcommission.gov.au/private-sessions>.

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