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I wish to make the following comments regarding the draft Stolen Generation Compensation Bill, 2008. I am a Clinical Psychologist with 25 years experience and have mostly worked with clients who have suffered injuries, including head injuries or trauma and are involved in making a claim for one form of compensation or another (i.e. Work cover, Victims of Crime, Third Party Compensation).

I have also worked with victims of war trauma, torture and members of the Stolen Generation. In my opinion there is often no difference between the symptoms present in each of these groups. I have observed at close quarters the capacity of traumatized people to recover when a range of treatment modalities are provided and the goal becomes alleviating and desensitising symptoms and teaching emotional regulation skills, not just teaching people how to adapt to life with the symptoms present.

I have also observed the manner in which the various compensation schemes impact the client's capacity to heal from trauma and the client's general satisfaction with the compensation process.

I am also of Aboriginal descent and one of only a few Doctors of Clinical Psychology of Indigenous descent in the Country. I am a member of the Australian Psychologist Societies' Indigenous Interest Group and a founding member of the newly formed Australian Indigenous Psychologists Association. I am also a Trustee of the Australian Psychological Society's Bendi Lango Foundation which raises bursaries to provide support for Indigenous psychologists to undertake a Master's degree in Clinical Psychology.

I base my comments about the Stolen Generation Compensation Bill on clinical experience, research findings, and state of the art trauma therapies in the Western tradition and experience treating the trauma and grief reactions of Indigenous survivors of forced removal policies. The views expressed are my own.

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‘*Acculturation Stress’* is the Western diagnostic category used to describe psycho cultural stress due to cultural differences found between a host culture and other cultures. Those with *Acculturation Stress* may have a reduction in physical and mental health status and adjustment reactions involving a profound loss of faith and trust in the government institutions and the culture of a society. This condition is found in many and possibly most members of the Stolen Generation.

Providing monetary compensation is essential but not the only requirement to bring healing. Being seen to follow the correct processes, consulting and turning away from methods of enacting law that do not include safety mechanisms against erosion of future rights and safety of Indigenous people, can also help survivors of removal policies to restore their faith in the institutions and common decency of the country in which they live. After years of widespread denial of their experience, they may also begin to feel part of the wider society, possibly for the first time in their lives.

In addition, the completed Stolen Generation’s Compensation Act is likely to be a highly significant document to some members of the Stolen Generation. Like copies of The Apology, it is likely that many will want their own copy to keep as an important document which validates their past.

For these reasons, and at the risk of looking a little naive, I suggest that in addition to the obviously required legal conventions for an Act of Parliament, steps are also taken to ensure:

1. The language in the Act makes it readable by a person without any legal knowledge.

2. The Act is very transparent in terms of specifying any rights that might be extinguished by applying for compensation under this scheme. By ensuring that claimants are fully informed by the Act itself regarding the status of future rights to claim from other schemes, applicants will not be left with the feeling they have been ‘hood winked’ if later they discover another scheme they want to use but now can not. If future rights to make other claims are not extinguished, this should be stated plainly in the Act.

3. Terms such as ‘*ex gratia’* are given a more detailed and commonly understood definition. The legal ramifications of ‘*ex gratia’* are not clear to the common person.

4. There is recognition that there are hundreds of cases in preparation to come before the courts across Australia at this time seeking common law compensation for being an Indigenous victim of enforced separation from their family. As these cases are heard many new grounds for common law cases attracting larger payouts may become clear. It is unreasonable for recipients of this fund, many of whom are financially disadvantaged, to give up rights to make future claims using grounds of which they are currently unaware.

5. The claimants have clearly stated right to choose from a range of high quality support and treatment options provided in a culturally appropriate framework from services with working conditions that meet modern standards for

occupational health and safety and ongoing professional supervision, education and support in the western clinical and traditional healing domains. All services should include base line assessments, client feedback about satisfaction with services provided and incorporate outcome measures for clients.

In other words, the wording of the Act should also send a message that there will be no trickery, contain no ambiguous clauses that may appear retrospectively unfair and have a different meaning once interpreted in light of case law and demonstrates an uncompromising new concern for Aboriginal rights and good health that can not be lost during the politicking and compromises' at implementation.

3. Additional support

The draft bill suggests that funding be allocated for healing centres and related services. These are to be set up in consultation with Indigenous and Torres Strait Islander persons in a variety of locations across Australia. I recommend that the Australian Psychological Societies' Australian Indigenous Psychologist Association be included in that consultation process. This group has only been formed in the past few weeks and contains practitioners and academics with a wealth of clinical experience and evaluation skill. This is the only group in Australia made up of Indigenous mental health practitioners, and as such could make an invaluable contribution to this discussion.

There can be little doubt that the consequences of enforced separation of Indigenous children from their families, country and culture included severe persistent psychological injuries. However, it should be noted that the terms of reference of the original inquiry resulting in "B*ring them home: National inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*" (Human Rights and Equal Opportunity Commission, 1997) did not request a comprehensive analysis of the psychological and trauma related illness resulting from enforced removal practices. It should also be noted that there have been no systematic studies of the psychological impact of removal policies on survivors since that time. This is a serious omission which prevents the delivery of evidence based care.

In addition there was a clear recognition that:

1. Indigenous people had been disadvantaged and suffered racial discrimination in the mental health system;

2. Mental health workers had assisted with removal of children;

3. The Mental Health Model and the existing model of psychological trauma were too narrow and inadequate to conceptualize the impact and aftermath of the prolonged complex traumatisation process that Indigenous people were subject to as part of forced removal; and

4. Most mainstream mental health practitioners were ignorant of the policies of removal and were neither culturally safe nor culturally competent to assist those individuals who sought help to deal with their distress. Many were

misdiagnosed or left to flounder without any form of support: this has compounded the harm caused to survivors.

5. The Diagnostic and Statistical Manual Version IV (DSM IV) criteria where somewhat shallow for measuring the depth of trauma suffered and did not include variables unique to Indigenous clients. (This deficit is likely to be addressed to some degree in the next edition of this manual, which is likely to include a new diagnostic category for disorders arising from prolonged and complex traumatic experiences, similar to those that many survivors of removal policies were subject to)

In other words it was found that mental health models and services, at the time, were clearly unsafe and unacceptable for Indigenous people. An alternative model of understanding was recommended by the enquiry which was essentially human rights and genocide recovery focused rather than a mental health approach, though the need for counselling was noted.

However, in the ten years since the enquiry much has been done to develop a framework to improve the capacity of psychologists to work with Indigenous clients in a culturally safe manner. For example, commencing in 2009 cultural competence training will become available to psychologists in Australia. These programs have been developed at Adelaide University. There are also a growing number of Indigenous psychologists.

In addition, major advances in understanding the neuropsychological consequences of trauma and disrupted childhood bonding have occurred in the last 10 years. In main stream research, damage to the mother-child bonding process during important developmental periods is recognised as priming lifelong deficits in the brains regulatory capacity for emotional control. The rejection of the trauma/mental health model in the indigenous sector, while necessary at the time, has had the unforseen consequence of resulting in a failure to document the presence of disrupted mother-child bonding induced cognitive regulation deficits in the Australians most affected by enforced disruptions to mother- child bonding- the Stolen Generation, at a time when increased understanding in this area over the past 10 years (see: Schore, 2003) has been described as so monumental as to warrant comparison with the importance of Einstein's theory of relativity and "a clarion call for a paradigm shift, both in psychiatry and in biology and in psychoanalytic psychotherapies." (Issroff, 2003, p.681 & 685).

The importance of this research for those providing compensation is to recognize that when tested one might expect to find in members of the stolen generation previously undocumented, subtle, discrete deficits comparable to executive dysfunction found in head injury claimants which result from enforced removal and could constitute a new category of maim or injury for this group of claimants.

The importance of this research for those providing treatment in lieu of compensation is that persons with deficits of this type require specialised forms of counseling provided by neuropsychologists, possibly occupational therapists and dyadic behavioral therapists. To date there has been no evaluation of how therapy style should be modified in light of possible specific cognitive problems to improve therapeutic success with stolen generation clients.

It is essential that those with organically based emotional regulation deficits, executive dysfunction resulting from drug and alcohol abuse and aging related cognitive changes receive interventions appropriately modified to their needs. Staff from head injury rehabilitation services should be consulted about methods of modifying therapy for this purpose, to improve therapy success and prevent poor use of resources.

The purpose would not be to label but to match specific need with methods that can work for each individual. I draw your attention to a conference to be held in Melbourne shortly which will attempt to review issues of assessment and cognitive functioning in Indigenous clients.

Time did not permit me to provide a full review of this area for your consideration. Preliminary research is considered in this submission but much more data supporting the concepts discussed can be provided on request. It is clear that the effect of removing a child from its parent and leaving it without a parent would result in the same inability to regulate overwhelming fear as abuse and produce the same long term effects in the child. These effects impact the types of therapy that can be successful.

There have also been major advances in the treatment of post traumatic stress disorder using desensitisation treatments and major advancements in interventions for people with poor emotional and anger regulation due to disruption in the attachment and bonding between mother and child (See: Schore,2003, Linehan,1993).

These treatments target anxiety, anger and other forms of deregulation. Unfortunately many of these treatments are not available in Aboriginal services and are not available to stolen generation members of the incarcerated population. However, in the mainstream services where they are being trailed these treatments are producing pleasing results.

However, the training for this style of treatment occurs during a master's degree. As workers become more qualified these approaches will start to appear. There are some examples of Aboriginal Centres and jails in the Kimberly, Townsville, and Perth using such approaches successfully with Indigenous clients, but this is not common.

The few services funded as an outcome of the Bringing Them Home report (Link up and Bringing Them Home counsellors) have horrific work loads and are exposed to occupational health and safety issues in the form of vicarious traumatisation and burnout. They are attempting to work with very difficult work loads and witness the trauma experienced by the close family and community members. A recent evaluation of these programs, showed many workers were isolated, unsupported and working without professional supervision. Allowing exposure to such personally relevant traumatic material in main stream services would be considered a failure of an employer's duty of care to the workers and a failure to respect the privacy of the client.

I feel is important that Stolen Generation victims are given the option to choose from a range of best quality services to assist with their problems. The types of services people are willing to use are likely to change over time as they have positive

experiences of therapy and are properly consulted during the program development stage. The range should include: emotional and well being counselling including support workers, return to country support and family reunion, traditional healing, ceremonies and cultural methods, family therapy, access to herbal treatments from the Indigenous Pharmacopeia, Aboriginal mental health workers, Grief and Emotional expression counselling, anxiety and anger desensitisation, Emotional Regulation training and neuropsychological counselling from therapists who are indigenous or have completed Cultural Safety Programs.

Access to some of these services is only likely to be available if provision is made in the Act for use of contractors or even remotely provided services, and a herbal prescription mechanism. In addition, healing centres will need to have outreach programs for incarcerated members of the Stolen Generation.

There has been no information in the Bill on how healing Centres will be funded.

To provide optimal services, funds need to be allocated for ongoing training of workers, support for post graduate study, supervision and anti-burnout programs will need to be provided and basic occupational health services developed. We must guard against the first generation of Aboriginal trained health workers that are needed in the field and to develop and mentor younger workers as they come through, being lost and personally damaged because they don't have access to the types of occupational health and support programs available in main stream services.

In addition, ongoing educations focused on ensuring therapist have adequate cultural knowledge and knowledge of traditional healing techniques is also needed. This is essential for clients attempting to recorrect with their culture and will also provide impetus for the recording and teaching of traditional healing methods which are being rapidly lost.

I would also like to draw to your attention recently published research regarding social and environmental contributors to ongoing trauma reaction in soldiers which may have implications for the Stolen Generation:

Risk factors for the onset of PTSD following combat were evaluated in Vietnam or Gulf War veteran populations. The literature demonstrated that combatants had a markedly increased likelihood of developing delayed PTSD when they experienced:

1. A lack of social support once home (Fontana and Rosenheck 1994; Fontana et al. 1997a; Green et al. 1990; Johnson et al. 1997; Koenen et al. 2003; Stretch 1985; Stretch et al. 1985).

2. After cumulative life stress before or after the traumatic event (Breslau et al. 1999; Brewin et al. 2000; King et al. 1998; Maes et al. 2001; North et al. 1999) ; and

3. Following resource loss and lowering of income (Norris et al. 2002).

In fact more of the variance for risk of ongoing PTSD was accounted for by ongoing life stress and level of social support than by the severity of the trauma (see:

appendix 1). Each of these risk factors may occur commonly in the lives of previously traumatized Stolen Generation victims and aggravate their condition.

For treatment to be of sufficient value to a population as socially disadvantaged as the Stolen Generation to justify capping their lump sum payment there would need to be provisions made to ensure the range of all therapies that might be needed are provided. Clients in the Work cover system can be referred to any treating practitioner for assessment, treatment or second opinion and management advice for existing treating staff. They also have access to subsidized medication. The same option should be available for stolen generation claimants who have had their personal compensation capped to pay for services.

I totally support the concept of specialist trauma centres for the stolen generation but with specified legislated minimum standards from the outset and accompanied by specialist referral options also paid for by the compensation fund. How these services are structured and provided must include input from consumers of the service – members of the Stolen Generations themselves. Special provision also needs to be made for sending victims to centers outside of area if the local units are staffed by their relatives, preventing the normal standards of privacy. I recommend that you also consult with the specialist trauma centers for Vietnam Veterans in Sydney regarding the types of services offered.

Making improvements in what has been collectively called the 'settling environment' (i.e. quality of social support, economic status, ongoing stress, level of resources) is also a valid treatment option. Taking measures to improve the settling environment of Stolen Generation victims would also be an approach totally compatible with the social determinates of health and Indigenous health model.

Though I am suggesting that today it is somewhat safer to consider partial analysis of the stolen generation's health in terms of the trauma model, this would be seen as complimenting emotional, social, cultural, return to country and family reunion strategies in use and defiantly not instead of them. There is still much to done to make mental health services safe. However, I suggest that processes be in place to ensure the model for healing centres is not so restrictive that important forms of help that can be provided safely are not eliminated.

I have observed changes in both the Work Cover system and Victims of Crime compensation in the last ten years. In both systems clients have had the size of payouts receive were capped and a model has been adopted where additional treatment was provided in lieu of their lost payout. I find clients become very distressed about how disproportionate their payout is in relation to the pain and suffering they have endured. This appears to be a genuine reaction as there is no possibility for secondary gain. Claimants often feel insulted and consider their suffering has been ignored, particular when managed care models prevent their access to all forms of treatment they personally find helpful.

When capacity to work has been reduced, this also raises issues for Work cover and Victims of Crime about how they will afford housing when their lump sum is capped. Given the stolen Generation lost a home as a child, they need a stress free home in which to 'settle' and they may have held long term hopes for a home of their own paid for by compensation. A low deposit, low weekly repayment housing scheme

could be a useful adjunct to the other provisions of the Stolen Generation Compensation Bill, as their compensation payout may allow them to participate.

I will conclude by saying I strongly support the concept of compensation for the stolen generation but the base level payout suggested is too low and likely to result in insult and distress. If you are going to legislate to cap the level of compensation paid for services it is not sufficient to build a few centres with nice aboriginal graphics and no real services. You must be willing to fund real services, with a range of expertise and be sure that stolen generation people will use them before the Act is past.

Failure to consult with Stolen Generation people directly could lead to them refusing to use the services established. In fact paying such a low base payment could result in them 'turning their back' on the services established completely. One also needs to be aware that many first generation stolen generation people do not use the existing services. I suggest consultation with representatives of the stolen generation, the starting point is with Aunty Lorraine Peters from the Maramuli program, one of the healing strategies funded following the Bring them Home report.

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Att: Figure 1 Meta –analysis of risk factors for PTSD
Resume

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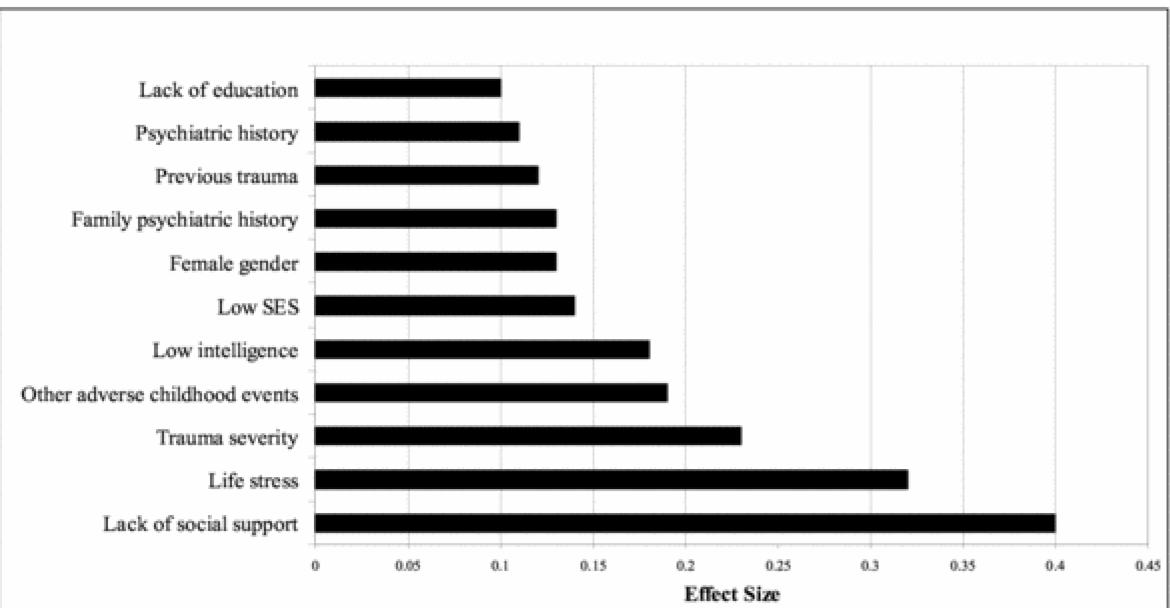

FIGURE C.1 Meta-analysis of Risk Factors for PTSD.
SOURCE: Adapted with permission from Brewin et al. 2000