The intergenerational effects of forced separation on the social and emotional wellbeing of Aboriginal children and young people

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It is now generally accepted that both forced separation and forced relocation have had devastating consequences in terms of social and cultural dislocation and have impacted on the health and wellbeing of subsequent generations. However, until recently there has been little or no empirical data to scientifically document the nature and extent of these intergenerational effects. In this paper, the authors seek to address this gap in the research.

The 1997 Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children From Their Families, Bringing them home (HREOC, 1997), has documented the past laws, practices and policies which resulted in the separation of Aboriginal and Torres Strait Islander children from their families by “compulsion, duress or undue influence” (HREOC, 1997, p5). Separation took three general forms: putting children into government run institutions; the adoption of children by white families; and the fostering of children into white families. This occurred across the country from the late 1800s until well into the 1960s. Over this period, as many as 100,000 Aboriginal children are believed to have been forcibly separated, or ‘taken away’, from their families. Submissions to the Bringing them home Inquiry also described the immediate and subsequent effects on individuals who were forcibly removed, institutionalised, denied contact with their Aboriginality and in some cases traumatised and abused. The report also includes references to entire communities being forcibly relocated away from traditional lands of special cultural and spiritual significance.

It is now generally accepted that both forced separation and forced relocation have had devastating consequences in terms of social and cultural dislocation and have impacted on the health and wellbeing of subsequent generations. However, until recently there has been little or no empirical data to scientifically document the nature and extent of these intergenerational effects. The recent Western Australian Aboriginal Child Health Survey...
(WAACHS), a large-scale epidemiological survey of the health and wellbeing of 5,289 Western Australian Aboriginal and Torres Strait Islander children, has enabled reliable population estimates to be made of the number of WA Aboriginal children and young people currently living in households where one or more parents/carers and/or grandparents were forcibly separated from family or forcibly relocated away from traditional lands (Zubrick et al., 2005a). More importantly, the survey methodology has allowed systematic comparisons to be made of the associated health and wellbeing outcomes for the survey children and their parents/carers in households affected by forced separation or forced relocation in contrast to outcomes observed in households not affected by experiences of forced separation or relocation.

The Western Australian Aboriginal Child Health Survey

The Western Australian Aboriginal Child Health Survey (WAACHS) was undertaken from 2000 to 2002 by the Telethon Institute for Child Health Research, in Perth, Western Australia (Silburn et al., 2006; Zubrick et al., 2004; Zubrick et al., 2006; Zubrick et al., 2005b). The survey comprised a state-wide representative sample of around one in six families with Aboriginal children living in Western Australia and was designed to build an epidemiological knowledge base from which preventive strategies can be developed to promote and maintain healthy development and the social, emotional, academic, and vocational wellbeing of young people.
The assessment of the feasibility, design and scope of the Aboriginal Child Health Survey was undertaken between 1996 and 1999. Survey methodology and instrumentation were developed in consultation with Aboriginal leaders, key Aboriginal bodies and through extensive community consultations throughout the state. Efforts were made to ensure that the data collected were both scientifically relevant and pertinent to government information needs and policy initiatives. To do this, reference groups were convened during 1997–1998 with representation from various State and Australian Government departments and community agencies that had an interest in the outcome of the survey findings.

Indigenous control. The survey operated with approval of institutional ethics committees meeting the requirements of the National Health and Medical Research Council of Australia. In addition, all phases of the survey and its development, design, and implementation were under the direction of the Western Australian Aboriginal Child Health Survey Steering Committee. Established in 1997, the Steering Committee has the responsibility to control and maintain: cultural integrity of survey methods and processes; community engagement and consultation processes; employment opportunities for Aboriginal people; data access issues and communication of the findings to the Aboriginal and general community; appropriate and respectful relations within the study team, with participants and communities, with stakeholders and funding agencies and with the governments of the day.

Area sampling and scope of survey. Western Australia comprises over one third of the continental landmass of Australia. The northwest and centre of the state includes large tracts of desert and some of the most remote and sparsely populated areas in the world. The more populated southwest of the state includes extensive agricultural and forested areas with numerous small population centres. Over two thirds of the state’s total population and one third of the Aboriginal and Torres Strait Islander population resides in the metropolitan area of Perth. The survey was based on an area sample of dwellings.

Families in selected dwellings who reported that there were Aboriginal or Torres Strait Islander children or teenagers living at this address who are aged between 0 and 18 years, were eligible to be in the survey. Children living within group homes, institutions and non-private dwellings were not in the scope of the survey. However, where a selected household had a child temporarily living away from home (e.g. in a boarding school or hostel), these children were included in the scope of the survey. Once the authority for the survey and the nature of the survey was explained to a responsible adult (usually the carer(s) or head of the household), and consent to participate was obtained, Indigenous status was determined for each person who was reported to ‘usually’ live in the dwelling by asking, ‘Does (the person) consider him/herself to be of Aboriginal or Torres Strait Islander descent?’ Data were gathered on all Aboriginal and Torres Strait Islander children under the age of 18 in each of the participating households.

Survey content. The survey was designed to place as low a burden on respondents as possible while at the same time acknowledging that sufficient time must be spent in gaining access, understanding and a good level of rapport with respondents. The interviews took considerable time, and multiple visits were often necessary to ensure complete data and to minimise respondent fatigue. Interviews were budgeted for a three-hour time period per household in which no more than 90 minutes would be used in formal data collection. Questionnaire content covered child and youth development; health and wellbeing; functional impairment and disability; use and access to health, education and social services; and a selected number of questions about diet. These data were collected from interviews with the parents/carers in the household who were the most knowledgeable about the survey children. In addition to the information collected on children, separate interviews were undertaken with up to two parents/carers per child to gather information about the demographic and social characteristics of the household and family and to ask questions about the dwelling, neighbourhood and community. Consent was obtained from parents/carers and young people to collect separate health and wellbeing information from young people aged 12–17 years.

Pilot, dress rehearsal and main survey. Prior to the dress rehearsal and main survey, a pilot survey was carried out in September and October 1999 and a full dress rehearsal was undertaken in April 2000. These permitted extensive modifications to survey content and process prior to the main survey.

The main survey commenced in May 2000 and was completed in August 2002. Dwellings were selected for screening using an area-based clustered multi-stage sample design. Census collection districts (CDs) were selected with probabilities proportional to the number of Aboriginal or Torres Strait Islander children living in the CD. There were 761 CDs selected containing 166,290 dwellings. Of these, 139,000 dwellings were approached to determine if residents were eligible to participate in the survey. Using this method, a random sample of 2,386 families with 6,209 eligible children was identified throughout metropolitan, rural and remote regions of Western Australia. A total of 1,999 of these families (84 per cent) with 5,513 eligible children consented to participate in the survey. Interviewers gathered useable data on 5,289 (96 per cent) of these participating children. In addition to the data gathered on children, data were also gathered on families from: 2,113 (95 per cent) participating carers identified as
the persons who knew the most about the individual survey child; 1,040 (83 per cent) other participating carers of the survey children wherever this was possible and wherever they were present in the household; 1,073 (73 per cent) participating young people aged 12 to 17 years and the school principal and teacher(s) of 2,379 surveyed children in 410 Western Australian schools.

As a result of this selection hierarchy, the data for individual children in the survey sample violate one of the basic assumptions of traditional regression modelling: that the observations are independent. As a result, multi-level, or hierarchical, modelling was used to account for the hierarchical structure of the survey data. This entailed a modification of the method of Probability Weighted Iterative Generalized Least Squares (see Pfeffermann et al, 1998) for both continuous and binary response variables. This method allows children’s health and wellbeing to be described in terms of not only child level factors, but family and community level factors as well. Full details of the WAACHIS statistical methods may be found elsewhere (Silburn et al., 2006; Zubrick et al., 2004; Zubrick et al., 2006; Zubrick et al., 2005b).

Non-response and refusal characteristics. Non-response characteristics and methods for their adjustment are described extensively elsewhere. With respect to the 387 families who refused participation in the survey, analyses showed that families with older children were more likely to refuse participation. In the Perth region, household size and socioeconomic status were also significant predictors, with families refusing to participate more likely to live in large households and live in more disadvantaged areas. Within the South West and the Midwest and Goldfields regions, the only significant association was with older age of child. In the Kimberley and Pilbara, household size was also a significant factor with non-respondents more likely to come from large families. Because of these findings, age, region and household size are factors that have been incorporated into the weighting design.

Analyses. Unlike data collected from a simple random sample, the survey children are clustered within families and communities. The sample was selected in three stages: census collection districts (CDs), families and children. CDs were selected with probabilities of inclusion in the survey proportional to the number of Aboriginal and Torres Strait Islander children living in the CD. A list of all eligible families in each selected CD was prepared, and families were selected at random from this list. Once families had been selected, each Aboriginal and Torres Strait Islander child under the age of 18 years was selected in the survey. As a result of this selection hierarchy, the data for individual children in the survey sample violate one of the basic assumptions of traditional regression modelling: that the observations are independent. As a result, multi-level, or hierarchical, modelling was used to account for the hierarchical structure of the survey data. This entailed a modification of the method of Probability Weighted Iterative Generalized Least Squares (see Pfeffermann et al, 1998) for both continuous and binary response variables. This method allows children’s health and wellbeing to be described in terms of not only child level factors, but family and community level factors as well. Full details of the WAACHIS statistical methods may be found elsewhere (Silburn et al., 2006; Zubrick et al., 2004; Zubrick et al., 2006; Zubrick et al., 2005b).

Experience of forced separation and forced relocation

Households affected by forced separation. The survey asked primary and secondary carers of Aboriginal and/or Torres Strait Islander origin whether they had been ‘taken away’ from their natural family by ‘a mission, the government or welfare agency’. Respondents were not asked to identify which of these entities took them, where or when they were taken or under what circumstances this took place. The only information collected was whether they were taken away. Around 12.3 per cent of primary carers and 12.3 per cent of secondary carers) reported they had been subject to such separation. Carers were given the option of not providing answers to questions relating to forced separations and relocations and 5.0 per cent of primary carers and 3.8 per cent of secondary carers chose not to answer these questions.
Aboriginal carers were also asked whether either of their parents had been forcibly separated from their natural family by a mission, the government or welfare agency. Some 20.3 per cent of the mothers of primary carers (e.g. grandmothers of the survey children) had been forcibly separated. In contrast, 12.6 per cent of the fathers of primary carers (e.g. grandfathers of the survey children) had been forcibly separated. Some 16.1 per cent of secondary carers reported their mothers had been forcibly separated and 11.0 per cent reported their fathers were separated from their natural family.

Of the 29,800 Aboriginal and Torres Strait Islander children and young people living in Western Australia, 35.3 per cent were found to be living in households where a carer or a carer’s parent (e.g. grandparent) was reported to have been forcibly separated from their natural family. While the proportion of households affected by forced separation did not vary significantly by level of relative isolation (LORI), some differences were observed between ATSIC regions. This variation is shown in Figure 1 below where it can be seen that the Broome ATSIC region had the highest proportion of children in families affected by forced separation (53.0 per cent) in contrast to other regions such as South Hedland (27.3 per cent) and Kununurra (26.1 per cent).

Households affected by forced relocation. Primary and secondary carers were also asked if either they or their parents had been forcibly relocated from an area that was their traditional country or homeland. Around 23.8 per cent of children were living in households that had been affected by such relocation. In figure 1 below, this percentage varied by ATSIC region, ranging from 41.8 per cent in the Broome ATSIC region to 14.0 per in the Geraldton ATSIC region.

Households affected by forced separation and/or forced relocation. Around 40.9 per cent of children were living in households where at least one primary or secondary carer had been affected by forced separation from their natural family or forced relocation from traditional country or homeland. The proportion of children thus affected varied across the state with a range from 57.5 per cent in the Broome ATSIC region to 32.1 per cent in the Geraldton ATSIC region.

Mental health and wellbeing of Aboriginal parents/carers

The impact that forced separations may have had on the social and emotional wellbeing of Aboriginal carers of Aboriginal children was investigated by examining the association between forced separations from natural family and carer reports of mental health and wellbeing. This was done by comparing the proportions of carers who reported the following items: a) problems caused by overuse of alcohol in the households; b) problems caused by gambling in the household; c) cigarette smoking, d) whether the primary carer has a partner; e) whether the primary carer was ever arrested or charged with an offence; f) were social support networks available to the primary carer; g) had any children of the primary care ever been placed in foster care; and h) levels of financial strain in the household.

Survey indicators of health and wellbeing. The association between forced separation and the above health and wellbeing indicators was analysed using logistic regression modelling to account for a range of likely confounding factors. Using this method it was found that after accounting for age, sex and level of relative geographic isolation, carers who had been forcibly separated from their natural families were:

- 1.95 times more likely to have been arrested or charged with an offence;
- 1.61 times more likely to report the overuse of alcohol caused problems in the household;
- 2.10 times more likely to report that betting or gambling caused problems in the household; and
- less than half as likely to have social support in the form of someone they can ‘yarn’ to about problems.1

No significant associations were found between forced separation and smoking status or financial strain.

Independent measures of mental health service use. The WAACHS survey methodology included written consent for access to the survey participants’...
hospital and health system records. This enabled an examination of children and carers’ use of WA Mental Health Services by linking survey responses with their administrative health records. Bivariate analysis of these data by forced separation found that a higher proportion of primary carers who were forcibly separated from their natural family had had contact with Western Australian Mental Health Services (29.5 per cent) in contrast to 21.3 per cent among primary carers who had not been forcibly separated. Further analysis by logistic regression modelling taking into account possible confounding factors confirmed that after adjusting for age, sex and level of relative geographic isolation, those carers who had been forcibly separated from their natural family were 1.50 times more likely to have had contact with Mental Health Services in Western Australia.

Emotional and behavioural difficulties in children

Assessment of emotional and behavioural problems. To assess Aboriginal children’s emotional and behavioural difficulties, a modified version of Goodman’s Strength and Difficulties Questionnaire (SDQ) was used. Details of the cultural adaptation, piloting and evaluation of its reliability and consistency by means of confirmatory factor analysis are available in the technical report accompanying Volume 2 of the WA Aboriginal Child Health Survey (De Maio et al., 2005). This measure of Aboriginal children’s emotional or behavioural difficulties was analysed by forced separation of their primary carer from their natural family. This revealed that of the children whose primary carer was forcibly separated from their natural family by a mission, the government or welfare agency, nearly one third (32.7 per cent) were at high risk of clinically significant emotional or behavioural difficulties. This proportion is significantly higher than that found in children looked after by primary carers who had not been forcibly separated from their natural family (21.8 per cent) (See Figure 2). In comparison, 15.0 per cent of non-Aboriginal Western Australian children aged 4–17 years were found to be at high risk of clinically significant emotional or behavioural difficulties.

The relationship between forced separation of the primary carer from their natural family and SDQ scores of the children in their care was also examined by looking at the scores on a continuous scale. As shown in Figure 3, the proportion of children whose primary carer had been forcibly separated from their natural family increased steadily with the increasing total SDQ score of the child. The rate of increase was greatest for children whose SDQ scores were above 22.

Once again, logistic regression modelling was used to analyse the likelihood of Aboriginal children experiencing emotional or behavioural difficulties after accounting for a number of factors. The model adjusted for: a) age group of child (4-7, 8-11, 12-14, 15-17 years); b) level of relative isolation; c) sex of child; and d) birth mother status of primary carer (i.e. natural mother/non-natural mother). This analysis showed that independently of these factors, children whose primary carer had been forcibly separated from their natural family by a mission, government or welfare agency were 2.34 times more likely to be at high risk of clinically significant emotional or behavioural difficulties than children whose carers were not forcibly separated.

Inter-generational effects of forced separation

No significant findings were made with respect to risk of clinically significant emotional or behavioural difficulties in children having a grandparent only (i.e. primary carer’s father or mother) who had been forcibly separated from their natural family by a mission, the government or welfare agency. However, although not statistically significant, the data were suggestive of an inter-generational impact on the child, particularly in cases where the primary carer’s mother was forcibly separated. Among children for whom the primary carer’s mother had been forcibly separated from her natural family, 27.2 per cent were at high risk of clinically significant emotional or behavioural difficulties, compared with 22.3 per cent of children for whom the primary carer’s mother was not forcibly separated from her natural family.

Logistic regression modelling found that after accounting for age, sex and level of relative isolation,
those children for whom both their primary carer and their primary carer’s mother had been forcibly separated from their natural family were over two and a half times as likely (Odds Ratio = 2.62) to be at high risk of clinically significant emotional or behavioural difficulties, while those children whose primary carer was forcibly separated but the primary carer’s mother was not separated were over twice as likely (Odds Ratio = 2.33) to be at high risk of clinically significant emotional or behavioural difficulties. If only the primary carer’s mother was forcibly separated from her natural family, there was no significant difference in likelihood of being at high risk of clinically significant emotional or behavioural difficulties (Odds Ratio 1.17). These results confirm the impact of the forced separation of the primary carer from their natural family on the risk of clinically significant emotional or behavioural difficulties in his or her children, but show no evidence to suggest there is any further impact beyond two generations.

**Inter-generational effects of forced relocation**

With regard to risk of clinically significant emotional or behavioural difficulties in children and the forced relocation of Aboriginal carers from traditional country or homeland, there were no findings of statistical significance. However, the data were suggestive of an inter-generational impact on the child in the case where the primary carer’s parents were forcibly relocated.

**Age of carer and reason for forced separation**

Since the original publication of these findings the question has been raised whether the parents/carers of the children surveyed in the WAACHS would have been old enough to have been subject to the past policies of forced removal. While our analysis did account for carer age as a possible confounder, this prompted us to re-examine the data to ascertain whether the findings would be modified in any way if the analysis were restricted to carers born prior to 1966, and who were thus at risk of being forcibly separated from their natural families as part of the government policies and practices of the day. While 43 per cent of all Aboriginal carers surveyed were born prior to 1966, these carers represent 63.8 per cent of Aboriginal carers who reported being forcibly separated. Any of these carers forcibly separated from their natural family, are thus likely to have been separated at a time when there was significant change in the practice of forced separation in Western Australia. It is thus of particular note that when we repeated the logistic regression analyses restricted to only carers born prior to 1966 and their children, no differences were found from our originally reported findings (Zubrick et al., 2005a).

**Discussion**

The interview question on forced separation used in the WAACHS survey was identical to that used in the 2002 ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (ABS, 2004). While there are some differences in the methodology of these two surveys, the NATSISS and the WAACHS both demonstrate the links between adverse health and social outcomes and prior forced separation of Aboriginal people from their natural families. While the survey findings are confined to the effects of past child removal policies on the Western Australian Aboriginal population, they help to inform aspects of the national discussion which has followed the release of Human Rights and Equal Opportunity Commission’s *Bringing them home* report (HREOC, 1997).

Much of this discussion has centred on the report’s summary finding that “somewhere between one-in-three and one-in-ten Aboriginal children had been separated from their families between 1910 and 1970”. The “one-in-three” estimate has been widely criticised on the grounds that it over-generalised the finding from a number of local studies in Melbourne, the Kimberley region of Western Australia and the Bourke region of New South Wales (Mann, 2001). The lower estimate of ‘one-in-ten’ was based on the 1994 ABS National Aboriginal and Torres Strait Islander Survey which reported that 10.1 per cent of those aged 25-44 years, and 10.6 per cent of those older than 44 years had been separated from their natural family by missions or government or welfare agency (ABS, 1995). The findings from the WAACHS are consistent with the NATSISS data in showing that a much higher proportion of child separation occurred within Western Australia than occurred nationally.

Given the differences in removal policies which existed between the States and the ways in which these changed in their application over time, it seems unlikely that the number of Aboriginal and Torres Strait Islander people who were separated will ever be precisely ascertained from historical sources. This suggests that the current lived experience of Aboriginal people as reported in representative cross-sectional population surveys such as the WAACHS, NATSIS (1994) and the NATSISS (2002) will have to be relied upon for the best estimate of the minimum number of people and families so affected. The logistic regression analysis in this study did take account of a range of possible confounding factors, such as the carer’s age, sex and the level of geographic isolation. Other potential confounders which were not considered include the age of those forcibly removed at the time of separation from their natural family, and the officially recorded reasons for the removal (i.e. whether for reasons of abuse or neglect, or through enforcement of the then policies of assimilation). While this is a limitation of the study, the historical evidence from official records reported in the *Bringing them home* report does suggest that most of the children who were forcibly removed were removed as young infants, and that that prior to 1969, the greater majority of forced removals occurred for reasons of assimilation rather than reasons of child protection (HREOC, 1997).
In conclusion, we believe the nature of the recent debate about the actual number of Aboriginal children and families where a parent or grandparent experienced forced separation has displaced and excluded from the national discussion the reality that these experiences occurred at all – and the extent to which these past experiences continue to impact on the lives of the current generation of Aboriginal families. It is our hope that the wider availability of the WAACHS findings will enable a more nuanced and compassionate discussion of the enduring impact of past forced separations and why these experiences remains of such deep concern for the affected individuals and families. A more open-hearted acknowledgement of the extent of the suffering and disadvantage which the past policies of separation inflicted on Aboriginal Australians, would in our view, significantly further the process through which these concerns are eventually resolved.

Endnotes
1 Odds Ratio (OR) is a statistical term which describes whether the probability of an event is the same for two different groups. For example, an Odds Ratio of 1 implies that the event is equally likely in both groups. Where the value of an Odds Ratio is greater than 1, this indicates how much more likely the event is in the first group. Similarly, where an Odds Ratio is less than 1, this indicates how much less likely the event is in the first group.
2 Not significant at the .05 level in the bivariate analysis.

References


