



Impacts of COVID-19 on Stolen Generations survivors

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Abstract

As with previous pandemics, there was considerable concern that COVID-19 would disproportionately affect Aboriginal and Torres Strait Islander peoples and communities. Despite negative predictions, infection rates have (as of January 2021) been low. However, there is concern that the public health responses to COVID-19 (including social distancing, lockdowns and limits to the number of people at gatherings) will disproportionately affect Aboriginal and Torres Strait Islander peoples. This is because they increase disconnection from family, community, culture and country – key social determinants of health and wellbeing for Indigenous peoples, and especially for Stolen Generations survivors.

This paper examines the impact of COVID-19 and the associated restrictions on Stolen Generations survivors. It highlights how the restrictions aimed at protecting survivors are at the same time negatively impacting their physical and mental health and wellbeing. The issues raised here will need further research if responses to future pandemics are to move beyond individual and community protection to a more holistic concept of care and support for Stolen Generations survivors.



Introduction: risks and protections for First Nations peoples

In early 2021, it is apparent that despite some optimistic predictions, the COVID-19 pandemic is far from over. In fact, at the time of writing, the number of cases globally continues to increase with almost 100 million cases and more than two million deaths. For some European countries (including Spain and the UK), the beginning of 2021 marked both record numbers of cases and deaths. The promise of a vaccine seems close but uncertain at the same time.

As sovereign states continue to respond in different ways, under the guidance of the World Health Organisation, evidence continues to emerge that the pandemic is disproportionately affecting people from minority groups, including First Nations peoples¹. This is not surprising since we know that during previous pandemics, First Nations peoples suffered higher infection rates, more severe symptoms and higher death rates than the general population. This can be traced to alarming and disproportionate differences in social and cultural determinants of health, and the lack of political power that has resulted from colonisation².

During the Spanish flu pandemic in 1918, Māori people in New Zealand died at a rate at least seven times that of the European population. This is a likely underestimation, due to poor documentation at the time. Indigenous peoples in Canada were eight times more likely to die than non-Indigenous people. More recently, the 2009 H1N1 flu (commonly known as Swine flu) pandemic also affected First Nations peoples disproportionately. Pacific Island and Māori people were seven times more likely to be hospitalised than Europeans, and three and half times more likely to die. Mortality rates for First Nations peoples in American and Alaska were four times higher than people from all other ethnicities combined³.

In Australia, Aboriginal and Torres Strait Islander peoples have also experienced poorer health outcomes than the rest of the Australian population during pandemics. During the H1N1 pandemic, diagnosis rates, hospitalisations and intensive care admissions occurred five, eight and three times respectively the rate recorded amongst non-Indigenous peoples⁴. Indigenous peoples in central Australia experienced rates five times higher than the non-Indigenous population⁵.

Needless to say, with this research and evidence in mind, at the very outset of the COVID-19 pandemic, the vulnerability of Aboriginal and Torres Strait Islander peoples was well understood by community leaders and non-Indigenous policy makers and clinicians. Factors that were known to increase the risks of infection include an already high burden of chronic disease, longstanding inequity issues related to service provision and access to healthcare (especially for those living in remote and very remote communities), and pervasive social and economic disadvantage in areas such as housing, education and employment⁶.

1 Kirby, T. (2020), 'Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities', www.thelancet.com/respirology, Vol 8, June accessed 14/11/20

2 Power, T., Wilson, D., Best, O., Brockie, T., Bearskin, L.B., Millender, E. and Lowe, J. (2020), 'COVID-19 and Indigenous peoples: An imperative for action', *Journal of Clinical Nursing*, 29: 2737-2741.

3 *ibid*

4 Crooks, K., Casey, D., and Ward, J.S. (2020), 'First Nations people leading the way in COVID-19 pandemic planning, response and management', *The Medical Journal of Australia*, reprint, April.

5 Power et al (2020) *op. cit.*

6 Crooks et al (2020) *op. cit.*

In March 2020, the Australian Government Department of Health established the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, following the omission of Indigenous peoples from the 2009 National Action Plan in response to H1N. This omission meant those in the community who most needed protection were disadvantaged. The advisory group was the result of engagement with Aboriginal Community Controlled Health Organisations (ACCHOs), who were equal participants in pandemic preparedness, responses, recovery and evaluations. The Aboriginal and Torres Strait Islander Advisory Group on COVID-19 worked on principles of shared decision-making, power sharing, two-way communication, self-determination, leadership and empowerment. The advisory group was co-chaired by the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Department of Health⁷.

Evidence suggests that the work of the advisory group (including legislative changes; national guidelines; health services and workforce planning; health promotion and advocacy; and rapid testing in remote communities) meant the swift public health responses to reduce transmission in the general population also kept COVID-19 infection rates low in Aboriginal and Torres Strait Islander populations. As of January 2021, only minor outbreaks had been detected and were quickly contained.

⁷ ibid

Social distancing and social isolation: mental health impacts



While COVID-19 has largely been contained with little contagion for Aboriginal and Torres Strait Islander peoples, the crisis has nonetheless seen unprecedented disruption to cultural practices and the normal relational and collective practices of Aboriginal and Torres Strait Islander peoples⁸. That is, the Commonwealth and State Government public health responses of lockdowns and social distancing have led to Aboriginal and Torres Strait Islander peoples experiencing difficulty reconciling COVID-19 restrictions with their relationally based cultural obligations⁹.

Stay-at-home and physical distancing protocols led to schools, businesses and workplaces closing – meaning people were forced to work from home – and the cancellation of family and community events. For many Aboriginal and Torres Strait Islander peoples, physical distancing restrictions meant traditional celebrations and ceremonies to mark seasonal changes and transitions in life stages (such as births and funerals) could not occur¹⁰. For example, funerals that often include hundreds of people observing their collective expression of grief as part of Sorry Business rituals were not able to take place¹¹.

It is empirically proven that the cultural determinants of health have an overwhelmingly positive impact on the health of Indigenous peoples¹², so these restrictions have been problematic. Further, Aboriginal and Torres Strait Islander peoples' wellbeing and resilience includes having a sense of connectedness to family, friends and community, and a sense of control over their lives. Social distancing and lockdowns have the potential to create the opposite effect. Not only that, but Aboriginal and Torres Strait Islander identities are centred on the fulfilment of interdependent roles and relational responsibilities within social networks, as in cultural ceremonies and hands-on social support, such as caring for Elders¹³. Therefore, and not surprisingly, by mid-2020, academics, Aboriginal and Torres Strait Islander leaders and mental health workers were increasingly concerned that the strategies implemented by governments to curb the spread of infections had the potential to further and disproportionately place Aboriginal and Torres Strait Islander peoples at mental health risk¹⁴.

With this in mind, it is clear that COVID-19 and the associated social restrictions had potential to put additional pressure on Stolen Generations survivors and their families, who already experienced disproportionate social, emotional and financial disadvantage before the pandemic began. The forced removal of children from their families has had devastating effects on Aboriginal and Torres Strait Islander communities, and the impacts of COVID-19 are, therefore, likely to have an amplified effect on those already experiencing isolation and loneliness, separation from family and friends, and difficulty accessing health services.

8 Power et al (2020) *op cit*.

9 Wainwright, S. (2020) 'Why Indigenous funerals are by-passing coronavirus social distancing rules', Retrieved from www.abc.net.au/news/2020-04-17/coronavirus-queensland-why-indigenous--funerals-break-crowd-rules/12119446

10 Elliot-Groves, E., Hardison-Stevens, D. and Ullrich, J. (2020), 'Indigenous Relationality is the Heart of Indigenous Existence during COVID-19', *Journal of Indigenous Social Development*, Vol 9, Issue 3, pp. 158-169.

11 Furlong, Y. and Finnie, T. (2020), 'Culture counts: the diverse effects of culture and society on mental health amidst COVID-19 outbreak in Australia', *Irish Journal of Psychological Medicine*, Vol 37, pp. 237-242.

12 Power et al (2020) *op cit*.

13 Elliot-Goves et al (2020) *op cit*.

14 Usher, K., Marriott, R., Smallwood, R., Walker, R., Shepherd, C., Hopkins, K., Skeffington, P., Reid, C. and Jackson, D. (2020), 'COVID-19 and social restrictions: the potential mental health impacts of social distancing and isolation for young Indigenous Australians', *Australasian Psychiatry*, Vol 28, Issue 5, pp.599-600.

The pandemic has added an extra layer of complexity to past traumas experienced by Stolen Generations survivors and their descendants, who experience further health and wellbeing disadvantages beyond those already experienced by Aboriginal and Torres Strait Islander peoples who were not removed.

Compared to Aboriginal and Torres Strait Islander peoples in the same age group, Stolen Generations survivors are 1.6 times as likely to be in poor health, 1.5 times as likely to have mental health problems and 1.5 times as likely to have experienced discrimination in the previous 12 months. Their descendants consistently experience poorer health and social outcomes. For example, compared to other Aboriginal and Torres Strait Islander peoples, descendants of Stolen Generations survivors are 2.0 times as likely to have experienced discrimination in the last 12 months, 1.6 times as likely to be in poor health and 1.3 times as likely to report poor mental health¹⁵.

Despite these figures, Aboriginal and Torres Strait Islander peoples have increasingly been taking control of their own response to COVID-19 and the associated social restrictions:

"... despite the unique hazards of the current pandemic, challenges to individual and collective survival are nothing new for Indigenous people. Our ancestors survived many catastrophic events, including colonisation, loss of land and successive epidemics of novel diseases [...] Embedded within Indigenous knowledge systems, therefore, are the solutions we need to ease the physical, intellectual, mental, and spiritual burden of physical distancing protocols..."
(Elliot-Groves et al 2020, p.160)

To inform responses to this and future pandemics for Aboriginal and Torres Strait Islander peoples, the Marumali Program® undertook a survey¹⁶ with Stolen Generations survivors. The survey and subsequent development of this research paper was funded by The Healing Foundation.

The aim of the survey was to better understand how COVID-19 restrictions have affected families and communities. A better understanding of the affect of the pandemic on Aboriginal and Torres Strait Islander peoples and communities is important in helping communities to respond next time and to ensure government responses better meet the needs of Stolen Generations survivors and their families in the future. The survey used 23 social and emotional wellbeing indicators to measure how COVID-19 restrictions have affected Stolen Generations survivors.

The survey was administered online through the Marumali Program® website and the survey link was sent to organisations supporting Stolen Generations survivors and descendants, as well as previous participants of the Marumali Program®. The online survey was administered in November 2020.

The findings presented below are based on 60 responses, all of whom were Aboriginal and/or Torres Strait Islanders and Stolen Generations survivors. Of the total respondents, 65 per cent were female and 33 per cent were male. One respondent preferred not to identify as either male or female. The majority of respondents (90 per cent) came from either New South Wales, Victoria or Queensland. Almost 60 per cent of respondents were 50 years of age or over, with the other 40 per cent presenting an even spread from 19–49 years of age.

Importantly, when analysing the data there were no significant differences when age and/or gender was factored into the analysis.

15 Australian Institute of Health and Welfare (2018), *Aboriginal and Torres Strait Islander Stolen Generations and Descendants: Numbers, Demographic Characteristics and Selected Outcomes*. Cat. no. IHW 195. Canberra: AIHW.

16 See Appendix 1.

Findings

The findings from the survey data suggest that the concerns outlined in the literature presented in previous sections of this paper are well founded. The data presents a concerning picture regarding the impacts of COVID-19 and the associated restrictions on Stolen Generations survivors. The data suggests an increased and heightened sense of vulnerability, significant disconnection from family, community, culture and country, as well as significant impacts on mental health and wellbeing. For an already vulnerable cohort of people who have previously suffered collective trauma, COVID-19 and the restrictions imposed have retriggered trauma for Stolen Generations survivors.

The following were important findings across the 23 social and emotional wellbeing indicators:

- Stolen Generations survivors had a significantly increased sense of isolation and loneliness. Just more than 90 per cent of respondents reported an increased sense of isolation, with nearly half feeling this deeply. Just over 80 per cent of respondents had increased feelings of loneliness, with 65 per cent reporting too much time on their own and just over 70 per cent reporting feeling trapped in their own thoughts.
- Stolen Generations survivors have felt acutely disconnected from family, community, culture and country. More than 90 per cent reported feeling disconnected from family, community and culture, while 77 per cent felt disconnected from country. This is particularly concerning given the degree to which connection to family, community, culture and country enhances health and wellbeing for Aboriginal and Torres Strait Islander peoples, and all the more for Stolen Generations survivors and descendants¹⁷.
- It is not surprising, therefore, that 66 per cent of respondents reported a decline in their physical health during COVID-19; 75 per cent reported a decline in mental health and wellbeing; and 66 per cent reporting a decreased ability to cope with stress.
- 66 per cent of respondents said the degree to which they felt safe was impacted by COVID-19 and just over 75 per cent were worried about not being able to get to places, with 50 per cent worried about being able to get to a doctor/hospital and/or access the service they require.
- Less concerning is the degree to which employment and financial vulnerability increased during COVID-19, with 70 per cent not at all concerned about loss of employment and just over 50 per cent not feeling financially vulnerable.
- In the context of the above, respondents have experienced an increase in family (almost 75 per cent) and cultural (70 per cent) responsibilities, and alongside this, more than 90 per cent of respondents have experienced stress being placed on important relationships.
- Finally, 20 per cent of respondents reported they had no support during COVID-19, while 58 per cent reported having some support. Just over 20 per cent reported having a lot of support.

¹⁷ AIHW (2018) op cit.

While respondents ranked the impact of COVID-19 across the social and emotional wellbeing indicators, they also provided qualitative data to questions that sought to further clarify their rankings. These provide depth and context to the data presented above.

In terms of the type of family and cultural responsibilities respondents had during isolation and/or lockdown, there was some crossover. The most common responses were looking after children (including making sure they were culturally connected).

Examples included ensuring our Elders were safe and still had access to health services and assisting to ensure their mental health was not suffering due to lockdown, and holding cultural online events that people could attend. One respondent suggested:

“As a grandparent and matriarch of the family, we provided moral support to our adult children, connection via FaceTime with our grandchildren, financial support via care packages of food and toilet paper, nappies and essential items they couldn’t get in their hometown.”

Further, in terms of family support during a highly stressful time, another respondent highlighted the serious nature of what was occurring:

“With threats of family, community and clients with suicidal ideation I spent a lot of time on the phone ... supporting others. Supporting people with domestic violence, child protection issues, mental health and isolation and lack of means to get food and supplies.”

Other respondents helped family stay in contact with family members interstate and assisted with mental health issues. One respondent recognised the difficulty of providing social, emotional and spiritual wellbeing over the phone.

As the literature presented in the early sections of this report illustrate, disconnection to cultural activities was difficult. As one respondent suggested, ‘we keep our culture, who we are, where we come from. The disconnection to Sorry Business, community and family functions, the gatherings’ was really challenging.

In terms of who carried the load during lockdown, most respondents (72 per cent) said they did it alone or they shared it with a partner or extended family member. Many respondents found this difficult and suggested it increased their sense of feeling alone.

The survey highlighted that the key supports being offered to respondents were family support (through contact physically or via social media/telephone), followed by workplace support, including flexible working conditions, and maintaining employment and connection with work colleagues. Care packages and assistance, including weekly food parcels and care packs from local services, was noted as being important. In the future, respondents would want additional supports to include help with family support, connection to family, community, culture and country (possibly virtually).

Critically, the survey asked ‘What aspects of COVID-19 triggered or retriggered trauma?’ The most common response (70 per cent) was isolation and being locked down. However, associated with this response was the second highest response – the inability to be with family. Both of these restrictions were amplified when family members were ill or in hospital and respondents were unable to visit them.

Less common but very present in the data was the triggering of memories, with too much time alone:

“My memories of the old days came back.”

“Memories of the past being controlled by government.”

Not surprisingly, almost 70 per cent of Stolen Generations survivors reported that COVID-19 and the restrictions had negatively impacted their healing journey.

Conclusion

From this small research project there is evidence that, while COVID-19 infection rates have been low, the public health response has had a negative impact on Stolen Generations survivors. The very elements that support peoples' healing journeys (connection to family, community, culture and country) and lead to improved health and wellbeing are those most at risk when social distancing, lockdowns and limits on gatherings are introduced. For those Stolen Generations survivors who were part of this study there is an association between isolation, disconnection and a decline in physical and mental health, as well as some (re)triggering of trauma from past and present government policies.

Further, for many Stolen Generations survivors in this study, there are increased family and cultural responsibilities that weigh heavily on them and increase the stress of the social restrictions imposed by governments. There is some evidence in the data that this is placing additional strain on relationships.

While this is a small pilot study, there is evidence to support a broader and more in-depth study to ensure the needs, risks and vulnerabilities of Stolen Generations survivors and their descendants are better understood and met when future restrictions are imposed. For example, how can technology and social media be used to not only communicate important public health messages but also feelings of isolation? How can such technologies be used to connect Stolen Generations survivors to family, community, culture and country? What is the reach of technologies like social media for Aboriginal and Torres Strait Islander peoples, and Stolen Generations survivors in particular? If such restrictions are unavoidable and have a negative impact on a person's healing journey, what strategies or policies can be put in place to counterbalance negative impacts? And, most importantly, considering these findings, what do Stolen Generations survivors need right now as Australia emerges from restrictions that have impacted them so seriously?

Appendix 1 – survey



Marumali Program® Stolen Generations COVID-19 Survey

COVID-19 has been/is a difficult time for everyone. Isolating from family and friends to stop the spread of the pandemic has been part of government policy response. For Aboriginal and Torres Strait Islander peoples, where connection to culture, family, country and community is important, this can be particularly stressful. For Stolen Generations survivors we know this can be more than stressful and, as research tells us, disconnection from family, land, culture and community leads to increased upset and trauma and negatively affects people’s healing.

So, in this short survey we want to understand how COVID-19 has affected you and your families and communities. Increasing our understanding of what happened over these recent months is important to helping communities respond next time. It also ensures government responses better meet the needs of Stolen Generations survivors and their families in the future.

The survey is really important, but so too is your privacy. The information you provide will remain anonymous and confidential. Individual survey findings will not be shared. We will put all the information together to tell the big story of how COVID-19 has affected the Stolen Generations and their families.

Demographics

1. Name: (optional) _____
2. Gender: Male Female
3. Are you... Aboriginal Torres Strait Islander Both
4. Current Postcode:
5. Age: 19-24 years 25-29 years 30-34years 35-39 years
 40-44 years 45-49 years 50-54 years 55+ years

COVID-19 Health and Wellbeing

6. During COVID-19, to what level did you have support?

I had no support I had some support I had a lot of support

7. During COVID-19, how would you rate the impact of restrictions across the following areas?

	Not at all		Somewhat		Massively
a. Increased family responsibilities	1	2	3	4	5
b. Increased cultural responsibilities	1	2	3	4	5
c. Fear of infecting vulnerable people	1	2	3	4	5
d. Disconnection to your family	1	2	3	4	5
e. Disconnection to your culture	1	2	3	4	5
f. Disconnection to your community	1	2	3	4	5
g. Disconnection to your country	1	2	3	4	5
h. Your sense of being isolated	1	2	3	4	5
i. Feeling lonely more often	1	2	3	4	5
j. Feeling worried about not getting to places	1	2	3	4	5
k. Loss of freedom and independence	1	2	3	4	5
l. Having too much time on your own	1	2	3	4	5
m. Feeling trapped in your own thoughts	1	2	3	4	5
n. Stress being placed on important relationships	1	2	3	4	5
o. Loss of employment	1	2	3	4	5
p. Feeling financially vulnerable	1	2	3	4	5
q. A decline in your physical health	1	2	3	4	5
r. Mental health and wellbeing	1	2	3	4	5
s. Negative impact on your healing journey	1	2	3	4	5
t. Not being able to get to the doctors/hospital	1	2	3	4	5
u. Access to services you require	1	2	3	4	5
v. The degree to which you feel safe	1	2	3	4	5
w. Your ability to cope with stress	1	2	3	4	5

8. What types of family responsibilities did you have during isolation or lockdown?

9. What types of cultural responsibilities did you have during isolation or lockdown?

10. Who carried the load of supporting your family?

11. How did you stay connected? Social media FaceTime Mobile phone
Other

12. What aspects of COVID-19 triggered or re-triggered trauma?
a. _____
b. _____
c. _____
13. What were the most important supports you received during COVID-19?
a. _____
b. _____
c. _____
14. If there is another pandemic like COVID-19, what would you need to be better supported?
a. _____
b. _____
c. _____

Thank you for your time. Your participation has been important to us.



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