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Breaking the Cycle of Trauma – Koori Parenting, What Works for Us

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Article abstract

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Design: “Yarning circles” involving qualitative interviews with six Aboriginal parents were conducted. Parents who identified as having experienced childhood histories of trauma and historical loss were asked about parenting strategies that helped them to break cycles of intergenerational trauma. Interviews were transcribed and independently coded by Aboriginal and non-Aboriginal psychologists who worked for an Aboriginal Community Controlled Health Organisation.

Results: Parents identified over 100 strategies associated with parenting and breaking cycles of trauma. Some strategies aligned well with research on the protective effects of safe, stable, nurturing relationships. Other strategies focused upon domains of culture, community, and history, and addressed issues such as family violence, colonisation, and the intergenerational links between trauma and parenting. The strategies were collated into a community resource that could be used by other Aboriginal parents.

Conclusion: Parental histories of colonisation and interpersonal and intergenerational trauma can have a significant impact on kinship networks and community environments that Aboriginal parenting practices are embedded within. Parents who identified with having managed to break cycles of trauma reported using a wide range of successful parenting strategies. These strategies serve a diversity of functions, such as parenting approaches that aim to directly influence children’s behaviour and foster wellbeing, manage family and community conflict, and manage parental histories of trauma and trauma responses in ways that mitigate the impact on their children.



Breaking the Cycle of Trauma – Koori Parenting, What Works for Us

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Abstract

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Keywords: Koori; Aboriginal; parenting; healing; intergenerational trauma

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Introduction

Family, extended kinship systems, and community are cultural foundations for the healthy development of Aboriginal and Torres Strait Islander¹ children that pave the way for successful parenting of the next generations (D’Antoine & Bessarab, 2011). Qualitative research exploring Aboriginal experiences and understandings of healthy attachment and parenting values highlights both diversity among Aboriginal cultures and communities in Australia, and common family values centred around collectivism and interdependence (Secretariat of National Aboriginal and Islander Child Care [SNAICC], 2011). These types of values shape understandings of Aboriginal parenting practices, as do other factors such as the impacts that colonisation and current social and health inequalities continue to have on the structure and functioning of many Aboriginal families and parental wellbeing (e.g., Heath et al., 2011; Jia, 2000). One relatively unexplored topic is the way in which Aboriginal parents impacted by colonisation and other forms of adversity manage to overcome these considerable challenges, and break cycles of trauma.

In recent years, like other Aboriginal populations worldwide, the Koori² First Peoples of Victoria in South Eastern Australia have increasingly utilised the related concepts of collective and intergenerational trauma to describe and understand the effects of interpersonal and collective forms of violence on their peoples (Coade et al., 2008; Stolen Generations Victoria, 2008). The Koori clan groups of Victoria suffered brutal and rapid consequences of colonisation, which was rooted in structural violence and resulted in profound loss of life, dispossession of land and resources, fragmentation of Koori families and communities, and the suppression of their languages, knowledge, and cultural beliefs (Barwick, 1984; Howitt, 1904; McKendrick, 1993). Whole clan groups did not survive the ravages of colonisation and many Koori families still hold the stories and remembrance of the massacres and oppression of their ancestors. Aboriginal Victorians report poorer health and social determinant outcomes across most major indicators in comparison to other Victorians (Markwick et al., 2014) and the number of Aboriginal children engaged or placed within the child protection system has reached crisis levels. The number of Victorian Aboriginal children in out-of-home care more than doubled between 2012 and 2017, and is more than 12 times higher than

1 The term Aboriginal will be used throughout this paper to respectfully refer to the many different Aboriginal populations worldwide, including the diverse Aboriginal and Torres Strait Islander cultural groups in Australia.

2 As is customary, the term *Koori* (meaning “people” in Eastern and Western Kulin dialect) is used to refer specifically to any Aboriginal person or peoples that identify as belonging to one or more of the traditional Aboriginal language or clan groups located in Victoria. The term “Aboriginal Victorians” will be used more broadly to refer to all Aboriginal peoples living in Victoria.

the rate for non-Aboriginal children (Commission for Children and Young People, 2016; Department of Health and Human Services, 2018). Victoria has the highest rate of Aboriginal children in out-of-home care, and Aboriginal children placed on care and protection orders, than any other jurisdiction in Australia. For many, these statistics signify a structural system that continues to drive inequality and perpetuate cycles of trauma within families and across generations.

Data from Aboriginal health surveys highlight the detrimental impacts of childhood removal from families. Adults who reported experiencing childhood removal from their natural families were twice as likely to report their health to be fair or poor, and more likely to report higher levels of psychological distress, in comparison to those who had not been separated from their natural families (Australian Bureau of Statistics, 2002, 2008; Dockery, 2010). These findings suggest an underlying vulnerability to poorer physical and mental health for Aboriginal people who have experienced removal from their natural families. An important question is whether these types of health outcomes are linked in some way to subsequent generations. Data from the 2005 Western Australian Aboriginal Child Health Survey provided correlational evidence consistent with such links (De Maio et al., 2005). The survey found that Aboriginal children living with a primary carer who had been forcibly separated from their natural family were nearly two and a half times more likely to be in the high-risk category for experiencing significant emotional or behavioural difficulties compared to Aboriginal children whose primary carers had not been forcibly separated. Milroy (in Zubrick et al., 2005) proposed that one important part of the intergenerational transmission of trauma resided in the interaction between child-parent relations and disrupted attachment, and Aboriginal children's exposure to high levels of stress and social disadvantage. Similar observations about the way in which intergenerational trauma manifests in the breakdown of families through the loss of parenting roles and skills have been shared over the past two decades (Stolen Generations Victoria, 2008; Swan, 1998).

Despite such health disparities and the historical impacts of colonisation, the resilience of Koori families and communities across Victoria is undeniable. Increasingly, Koori people have begun to write about the different ways in which cultural determinants of wellbeing, and other factors, continue to mitigate the impacts of historical loss and processes of acculturation (Bamblett et al., 2012; Frankland, et al., 2010). More Koori and Aboriginal-led research is needed, however, to develop a greater understanding of the specific ways in which resilience is manifest and transmitted within the context of parenting, parent-child relationships, and histories of trauma across generations.

The international non-Aboriginal research on parenting, now spanning three generations in some studies (e.g., Kerr et al., 2009), provides robust evidence for both continuities and discontinuities in parenting practices across generations. Parental histories of abuse have been linked to a wide range of parenting difficulties (Banyard et al., 2003; Bromfield et al., 2010). Importantly, however, intergenerational associations between experiences of childhood maltreatment in one generation do not inevitably lead to maltreatment in the next. Such findings have prompted efforts to

investigate what types of positive parenting practices are associated with discontinuities in harsh parenting across generations (e.g., Alexander, 2016; Merrick et al., 2013). Parenting characterised by warmth, open communication, low conflict, and consistent discipline has been found to predict the use of constructive parenting by the subsequent generation (Thornberry et al., 2003). Further, intergenerational associations between positive parenting have been found to be mediated by the presence of supportive partners, social support, safe, stable, nurturing relationships, and the development of social competence and academic achievement in second generation parents (Schofield et al., 2013).

However, it is not clear how generalizable these findings are to Aboriginal people in Australia. Milroy (2008) and others have noted that Aboriginal Australian societies involve extended kinship connections, such that child rearing environments can include multiple central caregivers in attending to Aboriginal infants' needs, thereby shaping children's attachment networks, sense of belonging, and relationships to significant others (SNAICC, 2011; Yeo, 2003). Along similar lines, recent cross-cultural, Native American, and First Nations research has argued that attachment theory's dyadic relational focus, as opposed to a communal parenting system focus, is problematic and undermines the proposed universality and applicability of attachment theory to Indigenous parenting patterns (Choate et al., 2020; Keller, 2018).³

From an intergenerational trauma perspective, consideration also needs to be given to how the impact of interpersonal trauma (e.g., emotional, physical, or sexual abuse) and historical trauma (e.g., effects of colonisation and cultural discontinuity) might intersect with and influence Aboriginal parenting practices. Currently, to our knowledge, there is little peer-reviewed literature that has specifically examined: *What is it that Australian Aboriginal parents with histories of trauma do in their parenting skills and behaviours to specifically try to break intergenerational cycles of trauma in their own families?* The aim of this paper is to describe a quality improvement project conducted by the Victorian Aboriginal Health Service (VAHS) in Melbourne, Australia that led to the development of a community resource on parenting and breaking cycles of intergenerational trauma. There was a need for parenting resources based on local Aboriginal knowledge about parenting and healing trauma that could be utilised by Koori and other Aboriginal Victorian families attending the VAHS Family Counselling Services. The parent interviews and the resulting parenting resource were not part of a research project, and were only one of a raft of initiatives run by VAHS as part of a 12-month quality service improvement project that focussed on strengthening trauma informed practice for its staff.

3 The term First Nations will be used throughout this paper to respectfully refer to one of several Indigenous cultural groups in Canada.

Method

This project was conducted between 2013 and 2014, funded by the Aboriginal and Torres Strait Islander Healing Foundation,⁴ and run through the VAHS Family Counselling Services. Four yarning circles were held with Aboriginal parents,⁵ for a duration of 4 hours and 31 minutes in total. As a quality improvement initiative conducted in a community service organisation, formal research ethics approval was not sought. However, ethical processes consistent with Indigenous research methodologies were followed, as outlined below.

First, all quality service improvement activities, including conducting parent interviews and developing a Koori parenting resource, were approved by the VAHS Board of Directors. VAHS is an Aboriginal Community Controlled Health Organisation, and all Directors are Aboriginal and voted in during VAHS annual general meetings. Second, a reference group was established comprised primarily of senior Aboriginal staff from VAHS and other Aboriginal community controlled services based in Melbourne, all of whom had a shared interest in developing a parenting resource for the Victorian Aboriginal community. The approach taken to conducting the parent interviews and developing the parenting resource was also consistent with community-based participatory action research and principles of Indigenous research methodologies, namely ensuring Aboriginal community control and design of the project, and privileging Aboriginal voices (Rigney, 1995, 2001). This included discussing the draft findings with participants prior to publication, ensuring participants are not identifiable in the publication, and receiving formal approval from the VAHS research subcommittee to submit a manuscript for publication.

The topic of breaking cycles of trauma was deemed highly sensitive by the reference group. Most reference group members belonged to Koori family groups from the Melbourne Aboriginal community, and after lengthy consideration it was decided that the most culturally safe way to recruit potential participants was for reference group members to identify and personally approach local Koori and other Aboriginal parents (including extended kin) whom they knew and thought might be interested in participating. Participation criteria included: parents feeling comfortable identifying as someone who had experienced trauma; identifying with having experienced enough personal healing that they were comfortable talking about healing and trauma recovery within the context of parenting; and parents in each group would need to have pre-existing trusting relationships, and have no current existing conflicts between their respective families.

4 The Aboriginal and Torres Strait Islander Healing Foundation externally evaluated all aspects of the project, see “Social Compass: Training and education evaluations” (healingfoundation.org.au).

5 “Yarning circles” is a term used by some Aboriginal communities to refer to processes of bringing a group of community members together for the purpose of gathering specific information, in accordance with local community and cultural protocols. In a research context, yarning circles share congruence with focus groups.

Participants

Six Aboriginal parents participated in two yarning circles each. Four participants worked for local Aboriginal community controlled services in Melbourne, and two were local community members who worked outside the Aboriginal community controlled sector. Five participants were female and one male, and they ranged between 35–55 years of age. All six participating parents identified with having experienced childhood histories of trauma. This ranged from serious physical abuse, childhood sexual abuse, environments of alcoholism and child neglect, family histories of child removal, and cultural and historical loss involving disconnection from traditional cultural heritage.

Procedure

Parents who expressed an interest in participating were provided with plain language statements and consent forms that described the topic of the yarning circles, how the information would be recorded and used (including consent for a parenting resource to be developed and potential publication of findings), the risks of participating, and safety mechanisms put in place to mitigate these risks. The latter included debriefing following the yarning circles, access to a counsellor if required, and participant confidentiality being protected through anonymity and de-identification of all transcribed data. The yarning circles were co-facilitated by an Aboriginal male and a non-Aboriginal female psychologist, both employed at the VAHS counselling service. Yarning circles were either held at the counselling service or the VAHS community healing centre. The specific aim of the yarning circles was to explore what kinds of parenting strategies the parents used to raise their children to break the cycles of trauma that they, and in most cases their own parents also, had experienced.

A semi-structured tool/dialogical enquiry was devised to explore participants' experiences and perceptions regarding parenting and "breaking cycles" of trauma. Questions were framed broadly and openly in plain language, with no predetermined hypotheses. The yarning circles were designed to capture rich, idiographic data while facilitating rapport, cultural safety, and trust. Participants provided written consent to have their interviews recorded and transcribed. Their experiences and perceptions were explored flexibly and in depth, with minimal prompts. After the yarning circles, debriefing processes occurred and participants were given a \$70 shopping voucher as recompense for their participation.

Data Analyses

A qualitative interpretive phenomenological analysis (IPA) approach (Smith, 2004) was used to examine how parents made sense of parenting after trauma and breaking cycles by exploring in detail their perceptions and the meanings ascribed to these experiences. IPA has been documented as conducive to capturing Aboriginal family complexities and promoting storytelling as a familiar method of communication within Aboriginal communities (Bessarab & Ng'andu, 2010). The yarning

circles were audio-recorded, transcribed (approximately 150 pages of data), and independently hand coded by the two facilitators and the project co-ordinator (a non-Aboriginal female psychologist working at VAHS). The coding of data was focused on categorising the different types of strategies parents used to break cycles of trauma. An iterative process of coding was used, comprising three phases: “open coding,” where strategies were grouped into broad categories; “axial coding,” where codes were more narrowly specified; and “selective coding,” where codes were arranged according to core themes (Flick, 2009). After independently coding the transcripts, the three coders met and reviewed codings to identify common categories, core themes, and sub-themes of parenting strategies. Comparative coding continued until saturation was reached regarding common themes and selected parenting strategies. When consensus was reached, the parenting strategies listed under core themes and subthemes were reviewed by the participants who provided feedback about the cultural appropriateness of the language used to describe the strategies, and whether findings accurately reflected their views.

Results

In total, 117 different parenting strategies were identified by the independent coders and confirmed by the six parents. These were coded into seven core themes, each comprising two to four sub-themes that reflected different types of strategies employed by parents for different purposes (see Figure 1). The coders and parents both noted some overlaps between themes, highlighting the potentially arbitrary division of some parenting strategies. Overall, however, parents were satisfied with the categorisation of parenting strategies into the respective themes. The strategies included those employed to directly influence children’s behaviour, strategies to manage parents’ own personal trauma responses, and strategies to navigate interpersonal family and community conflict. Many parenting strategies focused on fostering children’s wellbeing, irrespective of histories of parental and family trauma, while other strategies identified were specific to managing parental histories of trauma and preventing the transmission of trauma to their children.

The full list of strategies identified by the parents were compiled into a booklet titled “Breaking the Cycle of Trauma – Koori Parenting: What works for us.” Posters (Figure 1) and postcards summarising the core themes and some key strategies were also developed, and along with the booklet, are being used by various Aboriginal and non-Aboriginal agencies in Melbourne, regional Victoria, and other Australian jurisdictions.⁶ Each theme with example parenting strategies are described below, using a narrative interpretation of the findings, highlighted with direct extracts from the data. Where appropriate, extracts have been edited with additional information inserted in brackets to clarify content. For anonymity, participants’ names have been replaced with numbers.

6 Access the booklet, posters, and postcards at www.vahs.org.au/koori-parenting-resources.

Figure 1

Poster with Themes and Sub-Themes of Parenting Strategies



Theme 1: Safety

The theme of safety emerged throughout all of the yarning groups, with two coded sub-themes: “Safe people and places” and “Safe conversations.” Some strategies were explicitly directed towards creating safe home environments, including P1, who said, “I will not have him raising his voice at her.” Similarly, P2 told researchers, “I just said ‘Look son, ... I don’t want you around all that drugs and alcohol. I don’t have it in my home, and I don’t want you exposed to it.’”

Other safety strategies conflicted with parents’ own past kinship protocols, but were put in place to guard against family violence:

P4: But you know how culturally it’s in the community you acknowledge your uncles and your aunties ... and I remember [the father] growling at the kids because they didn’t go and kiss Uncle so and so ... And I had to say to him “I don’t want them to do that ... if they’re not comfortable.

Moderator: That’s a bit of a cultural change ... isn’t it?

P4: It is a cultural change ... He [the father] accepted it. But it was a bit hard for him to, he didn’t even think for a minute that they could be at risk, but we have to let our kids ... trust their own [feelings around boundaries].

Additional strategies involved decision making about when and how to inform children about the dangers of being abused. This included the need for “talking to our kids about unsafe situations, touching, and secrets,” and “telling someone they trust” if anything happened to them, but also the importance of “only talking to our kids about hard truths when they are ready.”

Theme 2: Healthy Mind

The theme of a healthy mind identified parents’ needs to understand their own relationships with past traumatic experiences and manage recurring trauma responses. Strategies were coded under the sub-themes “Self-acceptance and reflection,” “Developing a strong mind,” and “Managing trauma responses.” Parents stressed the importance of developing self-reflective skills, which included recognising their own resilience, as well as a compassionate acceptance and awareness of familiar recurring trauma responses: “[Sometimes] I’m overstimulated by people and I’ll find myself ... not listening. I now recognise it and I don’t judge myself for it ... I just accept that happens and pull myself back” (P5). Another participant explained, “and I guess that’s [partly] the way I worked through it, to kind of (understand that) bad things happen to good people” (P6).

Managing trauma responses also featured prominently in the yarning circle discussions. One parent described how the different ages of being a parent could trigger memories of their own parents at that age, and in a similar way, the way in which different ages and developmental periods of their

children could sometimes trigger memories of themselves at that same age or stage. Some parents reported still experiencing flashbacks of early trauma and identified helpful strategies such as “understanding what situations trigger our trauma responses,” “trying to observe flashbacks from a distance and not react,” and “rehearsing in our mind what we will do when it happens again.” However, involuntary memories were not always associated with distress. They could also evoke emotions of pride and a sense of achievement associated with the positive differences that parents observed in their children compared with their own experiences at that same age.

Theme 3: Healthy Emotions

This theme included two sub-themes of strategies titled “positive emotional skills” and “managing difficult emotions.” Parents talked about “giving ourselves permission to heal,” which was viewed as a pathway to experiencing positive emotions such as hope and optimism, and the value in trying to “see goodness in ourselves and others.” Acceptance of experiencing grief was also identified as important, such as the need for “remembering those we have lost, without forgetting those here.” Strategies for managing negative emotions were discussed by parents in ways that suggested they needed to be constructively managed rather than avoided.

One parent told researchers, “Mum used to flog us when she was wild ... and I’m thinking, if she was calmer, she wouldn’t have flogged us. I just go for a drive for 15 or 20 minutes to cool down” (P2). Another explained, “I’ve got a boxing bag, or I can go to the gym, and I can play basketball. I have alternative strategies I guess, in managing my anger so that it doesn’t come inwards, it goes outwards” (P6).

Managing feelings of guilt or regret were seen by some of the parents as particularly challenging. One parent talked about the important but difficult realisation during her younger years that she had inadvertently re-enacted the relationship dynamics of her mother:

P4: I pretty much copied my mother, as far as relationships, without even realising it back then. Like she married a drunk, and I sought out exactly the same sort of man, and I didn’t know it at the time ... [later in the interview] ... Is forgiveness a skill?

P3: I reckon, it is.

Theme 4: Healthy Actions

This theme included strategies coded under sub-themes of “self-care” and “communication.” Parents acknowledged how difficult it could be to actively practice self-care amidst competing kinship and cultural obligations. However, there was consensus among all parents that self-care was critical for parents with histories of trauma, not only for personal wellbeing but also for modelling to children the need to look after oneself, which in turn enabled effective care of others: “Sometimes I need to

pause and go and be alone for a little bit ... just a couple of minutes quiet really helps me to just stop ... to take time out” (P5).

Other self-care strategies included trying to “avoid reading and hearing about too much violence and trauma” and “maintaining and reaching out to at least one close friend or connection instead of cutting off.” Communication between parents and their children was identified as important, including the need for “being open and honest even about topics we are afraid to raise” and “communicating how we feel to our kids.” However, caution about what information to disclose to children was also highlighted, including the importance of “being careful about how much of our own trauma we share with our children.”

Theme 5: Healthy Parenting

Healthy parenting included strategies coded under sub-themes of “love, respect, and boundaries,” “responsible, not perfect” parenting, “allowing and teaching independence,” and “guiding without controlling.” Many of these strategies revolved around negotiating difficult tensions that parents experienced as a result of their own histories of trauma. Parents highlighted the tension between being overprotective of their children due to past traumatic experiences and understanding the need to allow their children to make mistakes. P4 shared the following:

Another impact is that we over-parent. We want to make everything alright, want to try and fix everything for them. It’s like you become controlling ... without realising it. [We] need to let them make their own mistakes and learn from them.

Parents discussed strategies to counteract being overprotective, such as reminding themselves “not to over-parent and overcompensate” and working on letting their children “stand on their own two feet.” Similar parenting tensions were evident in discussions about the difficulties of setting boundaries for their children that enabled protection but also freedom, and how their own past traumatic experiences contributed to these difficulties: “I always felt that he (the participant’s father) taught me that the world was dangerous ... so I literally cannot stand having the kids out of my vision” (P4). Another participant told researchers, “but I had to stop and realise that (as the) kids are growing up ... you have to let go, cut those apron strings, just hope to god that your teaching ... is going to come into play” (P1).

Parents spoke about balancing respect and boundaries, identifying the importance of “giving our kids more responsibility,” “being able to say no to our kids and follow through,” and “balancing affection with firm but fair discipline.” There was consensus among the parents that each had gone through a significant process of healing and learning to re-parent, and that this had involved making mistakes with their own children that were based on re-enacting dysfunctional or abusive behaviours. However, parents through their own healing processes also appeared to have come to terms with making mistakes. The sub-theme “responsible not perfect” highlighted parents’ self-reflection about

“taking responsibility” and “acknowledging our efforts and achievements” rather than striving for perfection or denying or denigrating themselves for making mistakes. As one participant stated, “It’s part of your healing to ... acknowledge your downfalls.”

Parents also spoke about how important it was to re-establish connection with their children after making mistakes, which included “being able to own our mistakes and say sorry to our kids,” “letting our kids see we are human and make mistakes,” and “talking about our regrets with our kids as they get older.”

Theme 6: Healthy Culture and Community

This theme included strategies coded under the sub-themes “maintaining and renewing culture” and “dealing with community violence.” Some of the participating parents had a continuing connection to their cultural heritage, while others, due to past histories of child removal or historical dislocation from their traditional country, described hard fought and ongoing efforts to reconnect with culture. A common issue discussed by the parents was how important it had been to not only work hard on cultural renewal for themselves, but to also ensure their children were rebuilding and strengthening their Aboriginal identities.

Some of the parents discussed the importance of Aboriginal community controlled organisations as sites where they had been able to re-connect with community, learn more about their family history, and strengthen connections with the Koori community. Strategies to support their children to maintain or renew culture and identity included being able to “identify our cultural values,” “understand our cultural responsibilities,” “renew cultural knowledge and practices,” “connect the kids with elders,” and “encourage our kids to have cultural experiences that we missed out on.”

Several challenging parenting issues emerged with regards to cultural loss. For example, some parents experienced difficulty knowing how and when to disclose to their children the history of violence suffered by the family during early waves of colonisation – including massacres among some of the parents’ families – in ways that would not overwhelm the children and cause too much distress. As P4 explained:

I educated my older ones much more than I did my youngest, and one of the reasons I [hesitate] is I know how much it hurt and how angry [the eldest] is now. How do you educate them about what really happened without damaging them? How do you help them heal from that truth? And that includes racism as well, because when they experience racism, it’s like a death.

Another challenge parents identified was that while feeling a sense of pride as their children’s cultural identity was strengthened through performing dance and ceremony, for example, it could also trigger personal grief and loss: “I feel so proud and happy for them, but (sometimes it) also

triggers my own sense of cultural loss. I (have to) meet the experience of what I missed out on with compassion” (P5).

The sub-theme titled “dealing with community violence” reflected the parents’ need to recognise and respond to the impacts of colonisation, such as cultural dislocation, the forced removal of children from their natural families, and ongoing effects of poverty and adversity within their community. Parents talked about the need to actively resist community lateral violence, referring to unhealed trauma acted out in violence and aggression towards one’s own community. Examples of this included having one’s cultural identity denigrated by one’s own community (e.g., “you’re not a real Black”), as opposed to racism from non-Indigenous Australian society. As P6 explained during one of the yarning circles:

It’s not just the fights, it’s the shallow conception of one another. I remember the days when we [the community] were so united in a lot of things ... [Now] you’ve got to accept that we can be our own worst enemy.

Theme 7: History and Education

This last theme identified strategies coded under sub-themes of “joining the dots” and “breaking the cycles of trauma.” Parents talked about the importance of making sense of the present by understanding the past, and the need to maintain a clear purpose and intent on breaking the cycle of trauma. This helped parents to create meaningful links between traumatic events in the family and across generations. One parent linked her own parent’s removal with a loss of cultural knowledge and family identity, which in turn impacted on her own stable sense of self and belonging:

Because my mum was removed, she didn’t tell us a lot when we were young ... you only had to look at my Mum to know she was Aboriginal but ... she never talked about nothing while we were growing up and maybe that was one of the reasons, because I was torn between two worlds, and that’s when I went off the rails.

Another parent stressed the importance of reflecting early in her parenting years about the way in which her parents’ trauma had affected the whole family, and using that insight as a basis for making strong, deliberate parenting decisions: “We chose the other path ... the opposite direction ... (one thing) I swore I wouldn’t do, and I haven’t done, is the kids would never go without food” (P2).

Parents emphasised the importance of going through a grieving process to help break the cycles of trauma and “if possible, accepting the loss of what we might have missed out on as a child.” Other important strategies identified included “acknowledging even small breaks in the trauma cycle,” “learning from other parents in situations we are unsure about,” and “not protecting abusive partners/parents.”

Discussion

This paper presents findings from yarning circles involving Aboriginal parents from an urban Victorian Aboriginal community that focused on parenting strategies used to help break cycles of intergenerational trauma within their families. Parents identified over 100 strategies that served a diversity of functions, ranging from parenting approaches that aimed to directly influence children's behaviour and foster wellbeing, to managing family and community conflict, to managing parents' histories of trauma and trauma responses in ways that mitigated the impact on their children.

The strategies identified by the parents under the “safety” theme are consistent with international recognition of safety as a universal need and right for children (World Health Organization, 2005), and the emphasis on safety as a foundation for Aboriginal children's healthy development and wellbeing (Aboriginal and Torres Strait Islander Healing Foundation, 2013; SNAICC, 2015). Safety strategies that aim to create safe home environments and avoid exposing children to overwhelming negative emotions, conflict, and drugs or alcohol, are arguably parenting practices that most parents would aspire to. Other strategies discussed by parents were more trauma specific, such as talking to children about “unsafe situations, touching, and secrets.” Arguably, this reflected salient attempts by parents to try and ensure their children did not experience interpersonal victimisation in ways similar to some of the parents.

Under the “healthy mind” theme, it is interesting to note that the strategies identified by parents are primarily focused on managing their own distress and trauma responses. Many of the strategies are practical and skill-based, suggesting that the parents interviewed already had a relative breadth of experience in exploring strategies and processes related to healing trauma. Such strategies could be of benefit to other parents who may be in the early phases of learning how to manage trauma-related distress.

Consistent with the broader trauma and parenting literature, strategies in the “healthy parenting” theme were linked to processes of self-reflection and the importance of healing relationships. For example, some parents spoke of their distress at not being able to adequately protect their children in the early years, and of having inadvertently re-enacted trauma that replicated their own experience of being parented (Appleyard & Osofsky, 2003; Cross, 2001; Scheeringa & Zeanah, 2001). At the same time, making up for mistakes and atonement were also prominent themes in the discussions. Most of the parents identified strategies to repair parent-child relationship ruptures and learn from past mistakes. Being able to identify mistakes and subsequently act upon this insight to repair the relationship with the child suggests that the parents interviewed were self-reflective.

It was noteworthy that all of the parents consistently highlighted a propensity for, and an awareness of the potential for, overprotective parenting practices. It is possible that this could have been associated with unresolved hypervigilance-related trauma responses as a result of parents' past histories of trauma, or alternatively, some of the parents may have been living in community

environments where there was a risk for their children being exposed to violence. In this context, hypervigilance could be viewed as a healthy, adaptive parental response. What is clear is that the parents interviewed were acutely conscious of the potential for overprotective parenting, and they identified efforts to manage anxiety (e.g., distraction strategies) and allow their children autonomy and opportunities to make mistakes and grow.

Some of the strategies identified under the theme “healthy culture and community” specifically addressed parents’ recognition of community dysfunction and lateral violence. For example, some parents spoke of the need to protect children from close family members who were misusing alcohol or drugs and living in home environments that were a potential threat to their children’s safety. These types of protective strategies have received less attention in the broader social and emotional wellbeing literature, where the collectivist, interconnected nature of Aboriginal kinship networks are generally recognised as sources of resilience and wellbeing (Garvey, 2008; Gee et al., 2014; Swan & Raphael, 1995). However, within contexts of family violence and intergenerational trauma, experiences of interpersonal violation and community violence impact upon family relationships and kinship cohesion. This may be a particularly important issue to consider when supporting Aboriginal parents who have experienced histories of trauma, as their extended kinship networks that would normally provide a strong cultural and relational attachment network may be compromised.

The parenting strategies listed under the sub-theme “maintaining and renewing culture” echo much of the Aboriginal literature on the critical role of maintaining and renewing cultural values, beliefs, and practices in strengthening children and youths’ social and emotional wellbeing (Aboriginal and Torres Strait Islander Healing Foundation, 2013; Bamblett et al., 2012). However, some of the strategies touched upon issues less explored in the literature. For example, for those parents who had experienced histories of childhood removal from family and a loss of connection to cultural traditions, attending ceremonies and cultural events could sometimes trigger feelings of grief and loss. This required parents to constructively manage sometimes conflicting emotions (e.g., pride and joy, and loss), and suggests that understanding and being able to contain or integrate complex emotional states is an important part of parenting for those with histories of trauma. Another theme less reported in the Aboriginal parenting literature was the difficulty some parents experienced in negotiating the best way to talk about significant cultural and historical losses with their children, such as past massacres. There was concern about how this information should be shared by parents, and how their construction of personal and intergenerational trauma narratives could potentially shape children’s responses in important ways. One parent’s metaphorical use of the word “death” signified how deeply they felt that the psychological and emotional wounds of racism could impact identity and sense of self. It was clear that with regards to their own children’s developing sense of self, the parents queried to what extent the way in which histories of trauma were communicated might hold similar power. Drawing parallels with the Holocaust survivor literature, Duran et al. (1998) have similarly written about the way in which some Native Americans have experienced interpersonal processes that included an over identification with parental suffering and the compulsion to share in ancestral pain.

The parenting strategies coded under the theme “history and education” appeared to serve two functions. First, for those parents who had been removed from their natural families or had experienced a severance to cultural heritage, re-contextualising their histories of trauma within the broader context of colonisation helped them to reconstruct meaning around past traumatic events, potentially strengthening their Aboriginal identity in the process. Similar research involving First Nations peoples in Canada has documented that re-contextualising trauma within the larger context of colonisation helped trauma survivors reorient themselves toward renewed, meaningful engagement in the world (Gone, 2009). Sinclair’s (2007) description of the Sixties Scoop, for example, documented some of the ways in which First Nations adults adopted as children were able to find healing through “acculturating to their birth culture and contextualizing their adoptions within colonial history” (p.5). Second, the parenting strategies in this theme highlighted that constructing meaningful links between their own histories of trauma, and that of their parents, altered the parents’ relationship to both generations’ experiences of trauma. It fostered greater feelings of compassion and understanding, and strengthened the relationship with their parents, which it can be argued may have potentially helped heal ruptures between the generations with regards to disrupted parenting patterns. Ing (1990) has written about the impacts of the Indian Residential School systems for First Nations survivors and described some similar challenges that survivors faced in trying to heal the rupture and breakdown of cultural child-rearing patterns. While cautious here not to draw too many parallels between different Indigenous peoples’ experiences of colonisation and subjugation, we also note some congruency in the literature about the impact of colonial assimilationist policies of child removal and the impacts on subsequent parenting for survivors among different Indigenous populations.

We believe this project has contributed to the Aboriginal parenting literature and knowledge base in several ways. The first is the development of a community resource. The “Breaking the Cycle of Trauma” booklet and associated resources gather unique perspectives and interpretations of how Koori and Aboriginal parents make sense of parenting after trauma, and what they do to intentionally break cycles of intergenerational trauma. The themes and strategies to emerge from the yarning circles also strengthen findings from the existing broader Aboriginal parenting literature which has highlighted the importance of parenting processes that involve communication, conflict resolution, and parents managing their own distress (Beatty & Doran, 2007; Robinson et al., 2009; Turner et al., 2007). Finally, our findings highlight the need to be cognisant of the potential impact that socio-cultural and historical factors, and interpersonal and intergenerational trauma can have on the extended kinship, relational, and cultural attachment networks and community environments that parenting practices are embedded within. To our knowledge, the evidence base for embedding these considerations specifically within Aboriginal parenting contexts is limited, and we hope that the parenting resource developed will contribute to this much needed area of work.

There are also limitations with the project findings that need to be considered. First, due to the sensitive nature of the topic, a smaller number of parents were interviewed than originally planned. How generalizable these parenting strategies are to the diversity of Aboriginal cultural groups across Australia is not known. We also note several important sample biases related to the social and cultural contexts of the parents interviewed, including: the underrepresentation of males; the Victorian, urban location the parents reside in (versus remote, rural, or other Australian urban locations); the sexual homogeneity among the parents (all parents identified as heterosexual); and the preclusion of broad representation of the Koori and Victorian Aboriginal community by way of the selective recruitment method used. Some of these limitations are due to the fact that the yarning circles and resources developed were only one small part of a short-term community service quality improvement project, rather than an extensive and formal qualitative research study.

It is also important to note that only parents who identified as having experienced significant healing and recovery from trauma were invited to participate in the yarning groups. We do not know how relevant these parenting strategies are for parents who may have experienced little to no healing from trauma, nor how applicable they are across different phases of healing and recovery from trauma. Coping strategies are multifaceted and the effectiveness or adaptive function of strategies can change over time (Walsh et al., 2010).

One way to build on these findings would be to conduct research focused on identifying the most salient and effective coping strategies for parents who report experiencing little to no healing from past trauma. This is particularly important given that, anecdotally, we know those most vulnerable parents and families in communities are often the most deeply entrenched in crises and more likely to be involved in the child protection system. On that point, we wish to emphasise one important caveat in interpreting findings from this paper. Namely, that identifying effective coping and parenting strategies that help to break cycles of trauma should in no way obscure the urgent need to advocate for, and actively work towards, addressing the systems level change that is clearly required to overcome unacceptable inequalities such as the increasing rates of Aboriginal children in the child protection system.

Finally, we suggest there is a need for community driven, action-based qualitative research that explores the experiences of Aboriginal parents in other social and cultural contexts related to breaking intergenerational cycles of trauma. With regards to the resource developed, it will be important to consider some of the ways that it can be used, and to evaluate its use. We believe there is potential for the findings to be applied across different settings and sectors. For example, the resources could be used: as a community tool for education, training, and development; as a guide for community conversations regarding service planning and family wellbeing; in a therapeutic setting as an engagement tool; and in schools where a trauma informed framework is being used. In closing, we would like to acknowledge and thank the parents who generously shared their experiences with us so that their knowledge may help other families in their efforts to break cycles of trauma. We also thank the Aboriginal and Torres Strait Islander Healing Foundation for funding the larger project that these interviews and parenting resource were a part of.

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